Reviewer’s report

Title: School functioning and internalizing problems in young schoolchildren

Version: 0 Date: 21 Jun 2019

Reviewer: Ana Beato

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BMC Psychology

School functioning and internalizing problems in young schoolchildren

The present study had some important strengths, such as include children self-reported as at risk for internalizing problems, accomplished good response rates and integrate both children and teacher's reports.

However, some parts need to be improved and clarified. The following list of questions have some of my doubts and concerns about the article.

1. In the Abstract, the sentence "This study used baseline data from a comprehensive randomized controlled intervention study" seems unnecessary for the purpose and for the comprehension of the current study. In the abstract, the authors should also specify the most pertinent characteristics of the participants (e.g., age rank, children's gender, number of teachers and their gender), instruments and design.

2. Give a rationale for the selection of children between 8 and 12 years, endorsed on adequate references from the literature.

3. Line 131 - The authors wrote: "However, some studies also suggest that self-report surveys of internalizing" and cited a book reference to sustain that idea. It seems poorly supported, the specific studies aren't sufficiently described, and they fail explaining why children from that early ages seems good informants about their anxiety. Moreover, the authors do not reflect about the difficulties and disadvantages that self-report with such young ages might effectively have.
4. Line 129 - The title Sources of information about internalizing symptoms looks inaccurate because the authors only focus their attention on the role of the teachers, rather than on other informants. Further, the authors should improve their reflections about possible congruencies and discrepancies between informants. For instance, parents and teachers might be good informants about anxiety problems associated with overt behavior (e.g., performance anxiety, panic, separation problems…) whereas children might be better informants about covert symptoms such as preoccupation, rumination, depressed mood… Plus, there is an accumulation of studies that involve data from multiple informants and careful investigations into the patterns of results depending on the specifics of the samples of participants recruited, revealing a number of interesting specifications to the patterns of agreement and disagreement between different informants on different aspects of psychopathology. For example, there is variability in the patterns of correlations between informants depending on whether a clinical or a normative sample of children is evaluated (Stanger, MacDonald, McConaughy, & Achenbach, 1996). Authors should present succinctly those consistent and already well studied findings. In conclusion, this section should more detailed and complete.

5. In my perspective Introduction and Discussion do not need subtitles.

6. Authors must describe concrete flaws, limitations or contradictions from the previous studies that conducted to the development of this study. State the importance of the problem, including theoretical or practical implications. The theoretical and practical relevance should the clarified to highlight it’s pertinency and novelty. In my opinion, the biggest weakness of the present study is the lack of justification for its uniqueness and contributions.

7. Can the authors rephrase and be more specific about this aim: "What are the characteristics of 8-12-year old children with respect to school functioning and internalizing problems, analysed by gender?"

8. Did the authors analyzed the consistency/discrepancy between teacher's and children's evaluation of internalizing symptoms? I wonder why isn’t that among the aims and/or hypotheses of the study…

9. Why did the authors administered both TRF and BPM-T, given that the second one corresponds to an 18-item short version of the TRF?
10. One inclusion criterion was that children who considered themselves more anxious or sad than their peers were invited to participate in the study. This might represent an important bias in the selection of the sample and compromise the external validity of the study. How did the authors consider to overcome this limitation? Why did the authors exclude parents and teachers from this selection?

11. Authors should use the same terminology among the article and, especially, along the description of objectives and hypotheses of the study. It's not clear if "school functioning" is the same as "school adaptation" and "academic achievement"; and the concepts "internalizing symptoms" and "anxiety/depression" are considered synonymous? Is they do, consider to use always the same names?

12. Line 176: Please, describe the "web-based questionnaires" used do screen your participants.

13. Line 177: Give a rationale and theoretical ground for the criterion you used to select the participants (i.e., "873 scored one standard deviation or more above a predetermined mean on 178 self-reported anxiety and/or on depression scales").

14. Can the authors give the Mean and standard deviation for children's age?

15. The sociodemographic information, mentioned in the section "Demographic information" among the instruments, should be integrated in the description of Participants

16. Major demographic characteristics as well as important topic-specific characteristics from teachers (e.g., sample size, sex, age, experience, function in school) were completely omitted. Why is that?

17. Please, clarify the eligibility and exclusion criteria, including any restrictions based on demographic characteristics.
18. Authors should describe the settings and locations where data were collected.

19. How sample size was determined (i.e., power analysis, or methods used to determine precision of parameter estimates; explanation of any interim analyses and stopping rules)?

20. Authors must clarify the institutional review board agreements, the ethical standards met, the safety monitoring (is applicable).

21. The authors should supply a correlation matrix crossing all the main variables entered in the analyses.

22. Why did the authors analyzed children's performance based on teacher's subjective perspective rather on their objective academic results?

23. Line 324 - In the section Results, the authors wrote: "However, the teachers reported fewer internalizing problems than the children themselves did". If both teachers and children used different measures to evaluate anxiety and depression symptoms, how was this conclusion derived from data?

24. Line 317 - In line with this, the authors affirmed: "Furthermore, the associations between the children's self-reported symptoms and teacher-rated school functioning were weak". Where are the analyses that sustain this idea?

25. Did the authors compared these results by age subgroups?

26. Line 404: Authors wrote: "The level of depressive symptoms in our sample, as measured by the SMFQ, was also higher than in a large population-based study of 10-19-year-olds (Mean age = 13.8) from Norway (Mean 9.92 vs. 4.50)." This comparison seems inaccurate given that this study integrate school aged children and the larger study was made with teens and young adults.
27. Line 413: Please give an hypothesis to explain this result ("The mean total score in school adaptation was much lower in our sample of children with elevated symptom levels of anxiety and depression than in the same national sample of children with comparable age range (Mean 12.15 versus 17.19), presented by Larsson and Drugli").

28. Line 435: Can you give alternative explanation to this on "This indicates that the children who consider themselves anxious do not always struggle at school."

29. Discuss the results derived from the analyses about the gender's differences.

30. Authors always consider internalizing symptoms as a possible risk factor for school problems (e.g, "Findings from our study support the idea that prevention of depressive and anxiety symptoms may positively affect school domains such as academic achievement and school adaptation"). Do you consider the opposite direction as also valuable?

31. Please, describe the central contributions and their significance in advancing disciplinary understandings.

32. Describe how findings can be best utilized.

33. Improve the implications for future research, policy, or practice of this study.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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