Reviewer's report

Title: Protocol for a pragmatic randomised controlled trial to evaluate effects of a brief intervention for emergency department attendees who present with moderate and high levels of non-specific psychological distress

Version: 6 Date: 3 January 2015

Reviewer: Georges Brousse

Reviewer's report:

Thank you for your response accordingly to my comments.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

Introduction:

What do you mean exactly by “neglected” about the detection of mental health issue in EDs setting? A state of art seems to me necessary to clarify the importance of this negligence. I think many articles investigate this point, even if is in subpopulation of EDs.

Consider adding references in the end of the last sentence: “This is consistence with the recommendations…”

Background:

The restructuration of the introduction and background parts make clearer the reading and understanding of these parts.

Following my comment about the % of admission for MH disorder in ED, you wrote in the third paragraph the number of presentations to public EDs, and the increase of this number, but what is a part of MH disorder in ED admission? What is the evolution of it? I think this information can allowed the reader to understand the importance of the phenomenon: Admission for mental illness, results of screening works in EDs setting of the non specific psychological distress.

Pilot Study:

You wrote in this section the data of pilot study. I think you could specify how How was characterized mental health problems (K10 ? DASS-21? , clinical evaluation?)
Later in the text, you wrote others results, please making it clearer: With what instruments did you measure this 37 %?

Intervention:
Second paragraph:
What “booster” MI is and consist? What are the differences between initial MI and booster?

Follow up:
Do others studies use this type of follow up in their protocol?
End of the paragraph: Consider specifying “other studies”.

Recruitment and randomisation:
End of the paragraph: Is it always the same RA through all the times of the follow up?

Data collection:
Second paragraph: When and where participants complete the K10 in the ED? Are RA present or absent?

Measures:
First paragraph: Consider specifying table 2 instead of table below
End of this paragraph: consider adding references in the end of the last sentence.

I understand that K10 are self reported in the ED and then completed by phone at all times of the follow up. Is K10 have been validated when completed by phone? (if it is not the case you could give precisions)

I don’t think that your design tests the effectiveness of a method of intervention in particular but the effectiveness of an intervention.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I declare that I have no competing interests