Reviewer's report

Title: HOPE: Help foR People with money, employment, benefit or housing problems: study protocol for a randomised controlled trial.

Version: 0 Date: 06 Jun 2017

Reviewer: Denise Howel

Reviewer's report:

This is an interesting study. I have a number of queries listed below.

Page 7 line 8-25 : What is the distinction between the Control intervention and Usual care? Are participants in both arms getting usual care?

Page 8 line 15-23 & 30-33: How practical is it to ask liaison psychiatry workers to ask questions about financial, welfare, or employment problems in the context of a visit to ED? Will they know enough about the HOPE model of care to judge whether a potential participant is already receiving similar support to that given by HOPE? Will these inclusion/exclusion criteria be revisited at the baseline visit by a researcher and HOPE worker? They may be in a better position to assess some of them. If so, the Flow chart should reflect this.

Page 9 line 17: The researcher will be informed of the trial arm allocation after the baseline data collection. This presumably means that they will not be blind to arm allocation at the follow-up interview: can this be avoided?

Page 9 line 19: The first two participants are going to be allocated to the intervention arm : i.e. not at random. What is the rationale for this?

Page 9 line 38 : It's planned to have audio recording of recruitment consultations (and this is apparently agreed on the Permission to contact form). I can see that useful information could be gathered this way, but is it necessary for participants to agree to this as requirement to enter the study? Those willing to do so, may not be representative of the client group.

Page 9 line 48 & Figure 1: Data will be collected on the 'number identified as eligible' and 'the number approached by psychiatric liaison staff'. Are these two categories meant to be the same, or might the psychiatric liaison staff choose not to approach all those thought be eligible (e.g. because of lack of time)? If so, the Flow Chart should reflect this.

Page 10 line 1: The intervention will be discontinued if the participant is deemed ineligible due to receiving similar support through another service. Is this similar support to that in the intervention or control arm? How will this be determined, and how often will such checks be made?
Page 10 line 32 & page 15 line 27: On page 10 it is stated that recruitment finished in February 2017, but on page 15, it is stated that recruitment is ongoing: which is it?

Page 11 line 23: The planned sample size is 20. This seems rather small if the plan is to use data collected here to calculate the sample size of a future definitive trial. E.g. Teare et al. Trials 2014, 15:264

Page 11 line 48: "Our questionnaires will also record…” - Our baseline questionnaires…?

Page 15 line 2: There is some thought that the population for a future study could be widened beyond those accessing ED: how will this decision be made, and how useful will the data collected in this feasibility be, if this is done?

Page 15 line 13: The decision to proceed to a full trial will be made by the Study Steering Committee.
1) Will the SSC have independent members other than the trial team?
2) Are there defined stop/go criteria related to adherence, acceptability, recruitment rate, retention etc?

Other queries
1) How will it be decided whether a person is offered the long or short version of the PIS?

2) The trial team has developed good links with a local charity (Second Step) to develop and deliver the intervention. Are there plans within this feasibility phase to explore whether there are other groups elsewhere that could deliver the intervention if it was scaled up to a full trial?

3) Given the inclusion of a health economist on the research team, are there plans to collect data on the costs of the intervention?

4) Consent form: It's planned to have audio recording of (some) intervention sessions and the follow-up interview (and this is apparently agreed on the Consent form). I can see that useful information could be gathered this way, but is it necessary for participants to agree to this as requirement to enter the study? Those willing to do so, may not be representative of the client group.
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