Reviewer's report

Title: Participants' perspectives of weekly telephonic mood monitoring: A feasibility study

Version: 1 Date: 25 Nov 2017

Reviewer: Meha Bhatt

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Reviewer's Comments on Participants' perspectives of weekly telephonic mood monitoring: A mixed method feasibility study:

This study is interesting as it outlines the feasibility of a low-cost non-professional assisted intervention. However, the study should be referred to as a feasibility study rather than a mixed methods study since the authors are reporting the qualitative interview results (not the effectiveness of the intervention). It addresses an important question however revisions and additional intervention details are required. Please refer to the comments outlined below:

Introduction:

1. The authors provide a rationale for this intervention by indicating that it would be useful in developing countries. Throughout the duration of the study, the researchers are conducting mood monitoring. Who would be expected to conduct mood monitoring if the intervention was used in clinical practice (i.e. in the absence of a structured study)? Is administering questionnaires the only way to conduct mood monitoring and is that feasible for the uptake of this intervention in clinical practice or in the community in developing countries?

Methods:

2. The major concern is that additional details on the telephonic inter-episodal mood monitoring intervention are needed. As this is a behavioural intervention, it is recommended to report the intervention details using a reporting statement: https://www.equator-network.org/reporting-guidelines/credeci/. What did monitoring consist of? What were the processes in place if participants reported declining mood?

The authors report in the Discussion that improving mood was not the intention of monitoring; then it is important to clarify in the Methods what are the purpose and expected outcomes of monitoring? If the intervention details for this study have been reported in a detailed protocol elsewhere, then the authors can provide a citation.
3. Provide the location of the study and hospital where participants were recruited. It seems the study was conducted in South Africa but location details would be helpful for the readers in the Methods section.

4. Semi-structured interviews were conducted at Week 13 but the study continued for 26 weeks. Were completers considered those participants who made it to Week 13?

Quantitative Analysis

5. As mentioned above, it is recommended to include this section under general data analysis or qualitative analysis since interview responses were coded into categories. It is not purely a quantitative analysis.

Results

6. While the authors report the baseline sample characteristics in Table 1, it is helpful for readers if the Results section begins with the total number of participants included in the study and general sample characteristics (mean age, sex).

7. It is difficult to follow this section because it begins with the number of dropouts without knowing the total number of participants. It would be helpful to restructure this section to improve overall flow.

Feasibility Study Adherence

8. Page 6, Line 131: Authors state "Most of the participants dropped out at three weeks." It is helpful if exact numbers and % are presented in the Results section.

9. It is unclear if the following is related to dropouts from the study or if this is reporting adverse events: "Fifteen cases of known re-hospitalization and six known suicide attempts were recorded during the study."

Were these participants excluded from the study at the time of event? Or did the re-hospitalized patients complete interviews? Intervention details would help determine the benefits and risks of mood monitoring as well (i.e. Could weekly discussion about mood and completing questionnaires be related to reliving trauma?)
Discussion
10. Page 12, Line 281: Authors state "Participants also perceived taking part in weekly mood monitoring as an opportunity to share necessary information with doctors that will enable better care for future participants." It is unclear when there was interaction with doctors during mood monitoring. Please clarify.

11. Page 12, Line 285: "Additionally, similar to findings by (27,28)…" Please report the authors names followed by the references.

Participants and Researchers
12. Page 13, Line 316: It seems that many participants were unclear on the role of the researcher vs. a trained clinician who can provide therapy. In this case, what was the protocol in place if participants disclosed immediate crisis or suicidal thoughts to the researchers? This should be included under intervention details in the Methods.

Conclusion - Full-scale study
13. The authors have outlined the essential modifications for the full-scale study very well. One concern is regarding the shortened duration of the study. It is expected that the initial study was designed to be 26 weeks for a purpose; perhaps mood monitoring is most effective at 26 weeks. It may be important to consider the effects of shortened duration of the study to 16 weeks.

Limitations
14. The authors acknowledge as a limitation that interviews were not audio recorded. However, it is suggested that authors also comment on how typing the interview after it was completed can affect the phenomenological framework such that researchers may summarize the participants' responses based on their own perspectives.
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