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OPEN PEER REVIEW

Efficacy of Peer-group Support on Resilience and Self-esteem of Adolescents with Parents with Mood Disorder: A Randomized Controlled Trial

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

3 comments · 15 Apr 2023 – 19 May 2023

Referee 1 Reviewer

MAJOR REVISION 15 Apr 2023

Dear AE,

The goal of this randomized clinical study is to determine whether the provision of support from peers promotes resilience and feelings of self-worth in adolescents aged 12-18 years whose parents suffer from mood disorders. The participants were divided into two groups: intervention and control. In the intervention group, the psychiatric assistant led sessions that lasted for ninety minutes each and took place once a week for eight weeks in a row. Peer group support for teenagers whose parents have mental disorders was shown to boost both the participants' levels of self-esteem and their levels of resilience in only eight weeks, as stated by the authors. These increases did not meet the criteria for significance, and more research with a bigger sample size is required for more reliable results.

1. Please rephrase the following sentence to increase clarity:
"60 adolescents participated in the study according to the inclusion criteria (mood disorder of parents diagnosed according to DSM 5, parents' consent, awareness of illness of parents, and absence of psychiatric illness in adolescents)".
2. How was the sample size determined? Please calculate the required minimum number of participants and report it (the power of your study).
3. What method was used to generate the random allocation sequence? Please explain in detail.
4. What was the type of randomization?
5. Who came up with the random allocation sequence, who recruited participants, and who put them in the appropriate treatment groups?
6. Please make sure to report p-values when mentioning the findings in the results section. For instance, consider the following sentence:
"The results showed a significant difference between the two groups in terms of the resilience score and its subscales".
7. What are the strengths and limitations of this study?

Kind regards,

Associate Editor

MAJOR REVISION 19 May 2023

Dear EIC,

The manuscript has been reviewed, and there are some comments that should be addressed by the author. Based on these comments, the document needs major revision.

Kind regards,
AE

Editor-in-Chief

MAJOR REVISION 19 May 2023

Dear Authors,

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. External peer reviewers have evaluated your paper. Please revise it according to their comments.

After revision, authors are obliged to upload the reviewers' comments in a Word file in which they reply to each comment individually. Please note that revisions must be highlighted in the full manuscript file.

Besides, please pay attention to the word count limitation:
Word count limits are provided at this link: https://brieflands.com/journals/ij-psychiatry-and-behavioral-sciences/knowledgebase/category/tree#word_count_limits

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences.

Kind Regards,
EIC

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewer 1:
The goal of this randomized clinical study is to determine whether the provision of support from peers promotes resilience and feelings of self-worth in adolescents whose parents suffer from mood disorders or in groups of teenagers aged 12-18 years with parents who suffer from mood disorders. The participants were divided into two intervention and control groups. In the intervention group, the psychiatric assistant led sessions that lasted for ninety minutes each and took place once a week for eight weeks in a row. Peer group support for teenagers whose parents have mental disorders was shown to boost both the participants' levels of self-esteem and their levels of resilience in only eight weeks, as stated by the authors. These increases did not meet the criteria for significance, and more research with a bigger sample size is required for more reliable results.

1. Please rephrase the following sentence to increase the clarity:
"60 adolescents participated in the study according to the inclusion criteria (mood disorder of parents diagnosed according to DSM 5, parents' consent, awareness of illness of parents, and absence of psychiatric illness in adolescents)".
*Author's response**: the sentence is rephrased:" Inclusion criteria were: mood disorder of parents diagnosed according to DSM 5, parents' consent, parents being aware of their illness, and no psychiatric illness in adolescents. 60 adolescents participated in the study according to the inclusion criteria."***

2. How sample size was determined? Please calculate the required minimum number of participants and report it (the power of your study).
*Author's response; **no parallel RCT studies were found, so the sample size was calculated according to the obtained parameters of a before-after study; "Outcomes of the ON FIRE peer support programme for children and adolescents in families with mental health problems" using $\alpha=0.05$ and $\beta=0.2$. Using the before-after sample size formula, the required sample size was 40. Regarding probable attrition cases, the sample size increased to 50 in each group. in each group 20 adolescents did not participate to answer the initial questionnaire, so the data from the remaining 60 adolescents were analyzed.***

3. What method used to generate the random allocation sequence, please explain in detail.
*Author's response; **After recognizing the candidate subjects in terms of inclusion and exclusion criteria and ethical issues, each was allocated a unique code and with SPSS software 50 subjects were selected randomly as the intervention group and 50 as the control group with simple randomized allocation method.***

4. What was the type of randomization?

Author's response; ***Please refer to comment 3 (simple randomized allocation method).***

5. Who came up with the random allocation sequence, who recruited participants, and who put them in the appropriate treatment groups?
Author's response; ***the advisor methodologist of study carried out random allocation and for other works a student of psychiatrics did them.***

6. Please make sure to report p-values when mentioning the findings in the results section. For instance, consider the following sentence:
"The results showed a significant difference between the two groups in terms of the resilience score and its subscales".
*Author's response****; In the beginning, the mean of the total resilience score of the two intervention and control 159 groups were significantly different (P=0.005). It is notable, all of the P-valued have been inserted in table.***

7. What are the strengths and limitations of this study?
*Author's response****: The strengths of this study are that the psychoeducational program was specifically designed for adolescents in need and that the study was conducted integratively by mental health professionals. This was one of the first studies in this field in Iran. The fact that this study was conducted at a single center, had a limited sample size, lacked long-term follow-up, and had an inherently limited design may be considered limitations.***

Reviewer 2:
Thank you for submitting your paper to Iranian Journal of Psychiatry and Behavioral Sciences, but I your article needs to be reviewed and completed in some parts, for example;

Title:
1. Identification of the study as randomized should be included in title.
Author's response; **thank you for your valuable comment; the title has been re-write as; "Efficacy of Peer Group Support on resilience and Self-esteem in adolescents with parents with mood Disorder; A randomized control group trial"**

IRCT;
1. Please mention to the registration number and name of trial registry.
Author's response; IRCT20210804052078N1

Introduction
1. The reference of some sentences is not mentioned.
Author's response; the references were added.

2. The introduction needs to mention more detailed explanations about issues such as resilience and self-esteem in adolescents with parents with mood disorders, and previous studies in this field.
Author's response; ***Resilience is the capacity of an individual to overcome the negative effects of a challenging situation. Resilience in adolescents is often known as the power to adapt and grow despite adversity (15-17). Researches suggest that the resilience of these children is increased after psychoeducation (18). Self-esteem is a person's overall evaluation of their worth and value (19). Developing a high self-esteem is essential for developing mental health as it may serve as a buffer against the parental mental illness. Low self-esteem can be a risk factor and high self-esteem can protect the adolescents(18). Many studies show that providing timely and age-appropriate information and support by mental health professionals can help adolescents to shape good coping strategies and support mechanisms (20).***

Methods; The method section needs to explain in more detail;
1. Who and how determined the psychiatric illness of parents and the absence of psychiatric illness of participants?
Author's response; ***clinical interviews based on SCID-5 CV with both parents and then adolescents were conducted by psychiatrists of Kargarnejad Hospital to confirm the inclusion and exclusion criteria.***

2. The used scales need to be explained in more detail, as well as an explanation of how to score.
Author's response; ***The Rosenberg self-esteem questionnaire consists of 10 items, in which the subject is asked to answer them based on a four-point Likert scale from completely agree to completely disagree. The range of scores of this scale is from 10 to 40, and higher scores indicate higher self-esteem.***
Connor and Davidson's resilience questionnaire has 25 statements that are scored on a Likert scale between zero (completely false) and five (always true). Therefore, the range of test scores is between 0 and 100. Higher scores indicate greater resilience of the subject.

3. Description of trial design (such as parallel, factorial) including allocation ratio
Author's response: ***It has been added.***

4. How sample size was determined?
Author's response: ***It has been added****.*

5. In inclusion and exclusion criteria section, existence of psychiatric disorder of adolescents is better to used only as exclusion criteria.
Author's response: ***it changed.***

6.It is better that the adolescents' willingness to participate is included in the inclusion criteria and removed from the exclusion criteria. (Because a participant can only be removed from the study if he has participated!)
Author's response: ***it changed.***

7. Study Design needs to Describe Sufficiently.
Author's response: ***Study Design is described in more detail.***

8. How participants were allocated to interventions.
Author's response; ***It has been added.***

9. Type of randomization; details of any restriction (such as blocking and block size).
Author's response; ***It has been added. It is noteworthy that we did not use the permuted block randomization method, because candidate cases were collected first and then meetings should have been held in the intervention group.***

10. Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned.
Author's response; ***It has been added. Regarding the virtue of intervention, attending at class, binding was not applied.***

11. Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions.
Author's response: ***It has been added.***

12. Dates defining the periods of recruitment and follow-up.
Author's response: ***the recruitment was done in March and the sessions were held from April to July.***

13. Statistical methods used to compare groups for primary and secondary outcomes aren't determined exactly.
Author's response; ***Every used analysis method is mentioned here: "Data were analyzed using descriptive statistical methods …" in program section. In addition, in results section they have been mention in text and tables.***

Results:
1. Accuracy of the interpretation of RESULTS are poor.
Author's response; ***some details were added.***

2. Results aren't recorded appropriately (The result section needs to be edited and mention more details)
Author's response; ***some details were added.***

3. What do you mean by "Parent's Gender" in Table 4-2?
Author's response: ***it indicates which parent is ill.***

4. Tables should be corrected; many data are entered incorrectly.
Author's response: ***the data were checked and corrected.***

5. Considering the significant difference reported regarding the parent's gender, what action has been taken to match the groups?
Author's response; ***No matching was used. Regarding the aspects of some statistical points and what have been mentioned in results section, instead of inter group comparison, the intra group comparison was used, using paired t-test.***

6. What did you mean by the fact that "except for the parents' gender and occupation, the groups were similar and did not differ significantly"?
What is the meaning of “two groups not being similar in the occupation”? And at what point is the p value considered significant?
Author's response: ***Comparing the sociodemographic characteristics of the intervention and control groups, they were homogeneous, with no statistically significant differences between them, except for the gender and occupation of the parent who suffers from mood disorder.***
The occupation variable expresses the fact whether the parent is employed or not.
P-value was set at 0.05.

Discussion; is poor and needs to be completed

1. The reference of some sentences is not mentioned.
Author's response: ***the references were added****.*

2. Needs to addressing sources of potential bias and imprecision.
Author's response: it is mentioned that ***a large number of parents refused to enter their children in the program due to stigma, and a significant number of adolescents continued to drop out, and the sample size was relatively small.***

3. Generalizability (external validity, applicability) of the trial findings
Author's response: ***In terms of gender and age, the adolescents were homogeneous and therefore the results can be considered generalizable. But among the parents who were invited, a large number refused to participate, and also significant number of teenagers continued to drop out, so it is important to note that the sample size was relatively small which reduces generalizability.***

4. Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence.
Author's response: ***One of the reasons for the significant increase in Trust in individual instincts subscales is that the sessions brought greater attention to concepts like problem-solving, decision-making, and basic emotions and adaptive skills in response to participants' demands, which are all related to Trust in individual instincts... In different studies, each program focused on specific indicators of mental health. Each group of adolescents may have different needs and therefore different group sessions, making it impossible to implement the same program and setting for all groups in different studies. For this reason, a***

large sample size is needed, but similar to our study, the results of the different studies indicate that different group sessions can increase different indicators of mental health.

5. What are the strengths and limitations of this study?
Author's response: ***The strengths of this study are that the program was specifically designed for adolescents in need, and that the study was conducted integratively by mental health professionals and this was one of the first studies in this field in Iran. In terms of gender and age, the adolescents were homogeneous and therefore the results can be considered generalizable. But the fact that this study was conducted at a single center, had a small sample size due to a large number of dropouts which reduces generalizability, short-term group counseling, and using only two questionnaires may be considered limitations.***

2 Revision 1

2 comments · 16 Jul 2023 – 2 Aug 2023

Referee 1 Reviewer

ACCEPT 16 Jul 2023

Dear AE,

The study has been reviewed carefully. Based on the comments and the revisions made by the author, this manuscript is accepted.

Kind regards,

Editor-in-Chief

ACCEPT 2 Aug 2023

Dear Authors,

We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in the Iranian Journal of Psychiatry and Behavioral Sciences (IJPBS). Note that the publication of your article will only be finalized with your cooperation in the editorial process.
Thank you for your fine contribution, and we look forward to your continued contributions to the Journal.

Kind regards,
EIC