

To: Editor in Chief, *Journal of Mental Health and Social Behaviour*

Re: Responses to Reviewers' Comments on JMHSB-240 "Ten Years Later: What have we learned from implementing the WHO designed Problem Management Plus Globally"

Thank you for your careful review of our manuscript and for your thoughtful comments. We have addressed all the comments from the reviewers below:

### **Reviewer 1**

1. I would suggest a table or figure to visualize your findings, particularly findings about the barriers at different levels you mention.

**Response:** Thank you for this comment. To visualize our findings, we have included Figure 6, which captures the barriers at the micro, mezzo and macro levels. Please see figure 6.

2. The discussion should lay the foundation for future studies. PM + is a new thing and deserve attention in mental health study.

**Response:** Thank you for this comment. We have added a couple of sentences at the end of the Discussion section to address future research on PM+.

3. The title is too long.

**Response:** We have edited our title to make it shorter and in line with your suggestion.

4. The discussion section should interpret the findings in the context of the research question, highlight gaps in the literature, and propose implications for research, policy, or practice.

**Response:** Thank you for this comment. We have added language in the introduction and the discussion on addressing the gaps in the literature and implications for future policy and practice.

### **Review comments 2**

1. Insufficient Data Visualization and Quantitative Analysis

**Response:** Thank you for your thoughtful comment. This study is a scoping review of barriers and lessons learned, therefore quantitative analysis of statistical data is beyond the scope of the research questions that this study seeks to answer. We have added some descriptive statistics as this makes sense with our study.

2. Incorporate quantitative statistics, such as the proportion of successful PM+ implementations in different countries and participant retention rates, to enhance persuasiveness.

**Response:** Thank you for your thoughtful comment. This study is a scoping review of barriers and lessons learned, therefore quantitative analysis of statistical data is beyond the scope of the research questions that this study seeks to answer. We have added some descriptive statistics as this makes sense with our study.

3. Compare the key findings of different research methodologies, highlighting the similarities and differences between RCTs and qualitative studies.

Suggested Improvements:

- (1) Include long-term follow-up data on PM+ outcomes, such as participants' mental health status six months or one year after completing the program.
- (2) Examine whether PM+ contributes to reducing the need for formal medical interventions, such as lowering the use of antidepressants.

**Response:** This study is a scoping review and not a comparative analysis. Therefore, comparing study outcomes and methods is beyond the scope of this review.

4. Lack of Discussion on the Long-Term Impact of PM+ Response:

- The article primarily focuses on the implementation process and short-term effects, without exploring the long-term efficacy and sustainability of PM+.

**Response:** This is beyond the scope of the review. Yes, PM+ contributes to reducing the need for formal medical interventions, however this objective is not within the scope of our review. The review addresses barriers and lessons learned within the last ten years. Long-term follow-up data on PM+ outcomes is an area for future research.

**Response:** This paper did not seek to do regional comparisons and cultural adaptability analysis. It sought to identify the barriers and lessons learned in PM+ implementation. Therefore, it is beyond the scope of this review to do regional comparisons. Regarding cultural perceptions of mental health influence on PM+ participation and effectiveness, this is indeed a barrier at the micro and macro levels, and we have addressed this on page 10 and page 15. Cultural stakeholders are cited as key to successful implementation at the micro and macro levels. Cultural adaptation, while a lengthy process, is cited as essential for PM+ accessibility and acceptability.

- Although the article mentions the digital transformation of PM+ during the pandemic, it does not explore the advantages and challenges of digital interventions in depth.

**Response:** This article sought to identify barriers and lessons learned and because the studies that have been done on PM+ during Covid are limited, PM+ Digital Development is not within the scope of this paper to address. For more information about outcomes with the digital version of PM+, please refer to Schafer et al., 2023, cited in our paper on page 3.

For low-resource countries, explore strategies for securing international funding or leveraging support from non-governmental organizations (NGOs) to sustain PM+ implementation. References are sufficient.



**Response:** Thank you for this suggestion. We have added a couple of sentences in the macro level lessons learned section within the discussion, citing examples of how PM+ can be integrated into public health initiatives. We have cited recommendations and lessons learned to scale up the PM+ intervention.

Thank you,

Sincerely,

Shahnaz Savani