PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Community paediatricians' experience of joint working with Child and Adolescent Mental Health Services: Findings from a British National Survey
AUTHORS	Ani, Cornelius Ayyash, Hani Ogundele, Michael

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Dr. Ian Male Institution and Country: Sussex Community NHS Trust, United Kingdom of Great Britain and Northern Ireland Competing interests: None
REVIEW RETURNED	29-Dec-2021

GENERAL COMMENTS	This a very interesting and important paper highlighting the needfor more integrated working between CAMHS and paediatric services, and the negative impact on service provision where this does not occur. Given the survey targeted community paediatricians I would alter the introuction to focus more on child development/community paediatric role andwhere this overlaps with CAMHS,in particular the neurodevelopmental pathways-you could reference NICE guideline on autism describing the role of the MDT in providing an assessment that is able to recognise both the mental health and neurodevelopmental aspects of a child presenting with possible autism-hence ideaaly needs input both from CAMHS and CDC teams-or a single team with access to competencies of both groups. Our own survey of autism service delivery found significant gaps in the assessment where CDC and CAMHS work in isolation eg if in CAMHS child unlikely to be physically examined nor considered for genetic investigation, whilst CDC unlikely to be set up to consider eg attachment disorder, depression. The main paper for this is close to submission, but you could reference the abstract from RCPCH meeting this year. Parr J.; Wigham S.; Farr W.; Reddy V.; Male I.UK childhood autism diagnostic services survey 2020: Evidence for challenges and innovations Archives of Disease in Childhood; Oct 2021; vol. 106 (suppl 1 A238) DOI 10.1136/archdischild-2021-rcpch.414 In intro you discuss the british system-this could be shorter, but maybe more in discussion to say how these results are relevant in differnt health economies and settings-what should a diagnostic/support service look like. I would say more about what you mean by community paediatrician as outside UK we would be seen as specialists in neurodevelopment or neurodisability, and throw in social paediatrics-but we are specialists. IN US, Canada, Australia community pediatrician is a general pediatrician working in primary care role that will often include neurodevelopment and mental health but not as experts-see eg Melanie Penner, and/or Kirstin Sohl (ECHOAutism) on training community peds to deliver asd diagnosis in distant small communities where access to diagnostic team is limited. in talking about neurodevelopmental approach you could also reference new Scottish guidleines for neurodevelopmental pathway

	and welsh guidelines on integrated camhs cdc neurodevelopmental pathway, or our own just published paper on inproving autism service delivery Abrahamson, V., Zhang, W., Wilson, P. M., Farr, W., Reddy, V., Parr, J., Peckham, A. and Male, I. (2021) "A Realist Evaluation of Autism ServiCe Delivery (RE-ASCeD): Which diagnostic pathways work best, for whom and in what context? Findings from a rapid realist review", BMJ Open. BMJ, pp. 1-11. doi: 10.1136/bmjopen-2021-051241. This would help bring references more up to data as quite a few you reference are older papers now. This does focus the paper more on neurodevelopmental pathways but given this is main area that responses in survey talk about would not be a bad thing. you can discuss the broader issues over inegration and service access of paeds and CAMHS more widely still eg access to mental health input for children admitted to acute witth ARFID or more traditional eating disorders, mental health support for children with long term conditions, suicidal ideation etc but also a danger it becomes overly critical of CAMHS as that is common complaint of surveyed community paeds. You are right to say that not counterbablnced with survey of CAMHS professionals which would be interesting, and do point out issues of lack of resources-though this has recently been addressed funding wiseto some degree-and worth commenting that similar issues for CDCs/[paeds-our survey showing doubling of demand 2015-19 (same ref as above) and 70% teams had either no increase in resource or decrease. Also to be up to date CCGs are theoretically no more, with ICSs taking over-though locally still seems to be vestige of the old CCG Aims section starts with continuation of intro, and only at end first paragraph focusses on aims Could also raise in discussion importanxce of commissioning and NHSE recognising that paeds services do alot of CAMHS work-but mental health funding is saved for official mental health services-eg NHSE only had data on autism numbers from mental health trusts and were not aware that much of work done in acute or community ttrusts by paeds and MDT. Clearly your data shows this is the case and that all too often CAMHS not been providing service or supportung this group of children even with secondary mental health issues eg depression and anxiety once autism diagnosed. Who should manage adhd is also bone of contention-not helped by having separate NICE guidleine which overlooks that ADHD and ASD are such common bed fellows-and where they are commissioned in different organisations, as you point out is incredibly inefficient. Well done on the survey and good luck with paper

REVIEWER	Reviewer name: Dr. Rajeev Jairam Institution and Country: Western Sydney University, Australia Competing interests: None
REVIEW RETURNED	16-Jan-2022

GENERAL COMMENTS	The article titled, "Community paediatricians' experience of joint working with Child and Adolescent Mental Health Services: Findings from a British National Survey" is a qualitative thematic study of the perceptions of community paediatricians in the UK of their complimentary CAMHS services. The notion of closer collaborative working relationships between these two and other related services is not new, however identifying the perceptions of one group is an important first step towards looking at solutions for this vexed issue. This study itself is fairly straightforward with the authors being able to achieve their aims and present the results of their survey in a thematic manner. The paper however can be further improved/ enriched. Some suggestions below for the authors to consider • In the first line of the introductions, the authors speak of CYP

	having needs spanning medical and psychiatric diagnoses. This need surpasses the limitations of the diagnostic labels and while there is some reference to it later in the paper, the authors will do well to articulate it better • In the second para of introduction, they state that paediatric settings have become important venues for providing services for CYP with mental health difficulties, however they do not elaborate on the specific kinds of services beyond diagnostic assessments are provided for CYP with mental health conditions (except for those CYP with ADHD and ASD) • The aims of the study can be stated succinctly, with the justification for the aim stated separately. This justification is better placed in the last para of the introduction. • The data analysis section is over inclusive and has some results mentioned in it. It would be better to clearly state the analysis strategy and then mention the findings in the results section. • While there is mention of comments that reached the 30% threshold, it is unclear what happened to those comments that did not. • The results section: o While thematically organized, the authors do not report relative percentages of critical vs positive comments o The assumption is that the themes were chosen because they appeared in over 30% of the comments – this needs to be clearly stated in the results section o It is not clear what criteria the authors used to choose the three quotes per theme to mention o For each criteria, the paragraph merely summarizes the quotes that follow and does not add any other information from other quotes related to the same criteria o All the themes identified contain quotes that are critical of the CAMHS service – it is unclear whether any of these themes were met with positive responses at all o The results in the section on the 'effect of non-joint working on quality care for CYP' are unclear with the quotes open to interpretation. o Difficulties of transition to adult services is an important topical point and will merit mention and elaboration in the discussion section. o The section on good joint working practices could be further elaborated • The discussion section needs significant enrichment. The results obtained should really serve as a launchpad to explore reasons for and generate creative solutions to the perceived shortcomings. o The first para of the discussion is really a summary of the results and can well belong there if needed. It is better for the authors to further discuss the results rather than merely re-state them o While the authors discuss the new findings from this survey, important to qualify/ elaborate how pervasive these difficulties were as they may well represent one unusual service structure or team o The third pare in the discussion is well constructed and demonstrates good discussion points o While the authors present the view of child psychiatrist (who is the lead author), the study would have been enriched by the view of a 'typical' CAMHS service. o The impact of funding cuts to CAMHS is mentioned in at least two places esp as it could have significantly influenced the study findings. Some more detail re the magnitude of funding cuts will give more context to the reader. This is particularly important as the results are predominantly critical of CAMHS. o While some limitations are mentioned, the most obvious one is not – this refers to the responder bias – it is very likely that the 22% or so of the responder paediatricians and services were those who had faced significant challenges with their CAMHS teams. This kind of responder bias is very common with these types of surveys and should be appropriately acknowledged and referenced o The discussion can be further enriched by discussing potential

	solutions rather than a linear response to a problem expressed. o There are a number of different models which can be explored; these include the ECHO model from the USA, other creative cross collaborative joint working practices, by Seierstad (2017) in BMC Res Notes discussing how joint consultations between GPs and Child psychiatrists are effective – all of these need to be referenced and discussed o While the authors discuss the impact of different funding and governance streams on community paediatrics and CAMHS, it is essential to discuss the experiences of those jurisdictions where CAMHS funding is part of the paediatric set up to see how their experiences contrast with the findings of this study • The conclusion appears to be quite simplistic in advocating a relatively unidimensional solution to this multipronged and complex issue. It would be helpful if it is reworded to reflect the predicament and point future endeavors to finding a range of creative solutions understandings that local variations mean that a one size fits all approach is usually not sufficient.

VERSION 1 – AUTHOR RESPONSE

Community paediatricians' experience of joint working with Child and Adolescent Mental Health Services: Findings from a British National Survey

Response to Reviewers' comments

Date = 16-2-22

Dr. Shanti Raman
Associate Editor
BMJ Paediatrics Open

Dear Dr Raman,

We thank the two Reviewers' for their generosity in offering their time to comment and make very helpful suggestions for how to improve this manuscript.

I have enclosed the revised manuscript incorporating tracked changes in response to the Reviewers' comments.

We have presented our responses below. Each comment by the Reviewers is followed by our response.

REVIEWER #1

REVIEWER'S COMMENT
Given the survey targeted community paediatricians I would alter the introduction to focus more on child development/community paediatric role and where this overlaps with CAMHS, in particular the neurodevelopmental pathways-you could reference NICE guideline on autism

OUR RESPONSE
We have altered the introduction to reflect the overlap in community paediatricians' work with CAMHS in relation to neurodevelopmental disorders. He have also cited the NICE guideline on autism. We would like to thank the Reviewer for the helpful references they suggested, which we have read and cited in the revised manuscript.

REVIEWER'S COMMENT

In intro you discuss the British system-this could be shorter

OUR RESPONSE
We have shortened the description of the UK health system. However, having consulted non-UK readers, the feedback is that the current length is required in order to ensure that the context of the study is understood.

REVIEWER'S COMMENT
I would say more about what you mean by community paediatrician as outside UK we would be seen as specialists in neurodevelopment or neurodisability, and throw in social paediatrics-but we are specialists. IN US, Canada, Australia community paediatrician is a general paediatrician working in primary care role

OUR RESPONSE
We have specified that in the UK, community paediatricians are specialists working in secondary level of care. Due to constraints of "word count", we did not feel able to go into more details. However, we believe that we have now clarified the key point, which is that the respondents were secondary care paediatricians (rather than primary care paediatricians).

REVIEWER'S COMMENT
you can discuss the broader issues over integration and service access of paeds and CAMHS more widely still eg access to mental health input for children admitted to acute with ARFID or more traditional eating disorders, mental health support for children with long term conditions, suicidal ideation

OUR RESPONSE
We have added the joint role of paediatricians and CAMHS clinicians in the care of young people with eating disorder, self-harming behaviour, and medically unexplained symptoms. We have also cited the recent joint statement by RCPCH and RCPsych about the joint commitment and joint ownership of the need to meet the mental health needs of children and young people in acute hospitals.

REVIEWER'S COMMENT
Also to be up to date CCGs are theoretically no more, with ICSs taking over-

OUR RESPONSE
We have replaced references to CCGs with ICSs

REVIEWER'S COMMENT
Aims section starts with continuation of intro, and only at end first paragraph focusses on aims

OUR RESPONSE
We have redrafted the "Aims" by moving the first section into the last part of the introduction. The "aim" is now shorter and more precise.

Reviewer: 2

REVIEWER'S COMMENT
In the first line of the introductions, the authors speak of CYP having needs spanning medical and psychiatric diagnoses. This need surpasses the limitations of the diagnostic labels and while there is some reference to it later in the paper, the authors will do well to articulate it better

OUR RESPONSE
We have amended the introductory sentence to reflect that the overlapping needs of CYP seen by paediatricians and CAMHS clinicians go beyond diagnosis. We have also cited some examples.

REVIEWER'S COMMENT
In the second para of introduction, they state that paediatric settings have become important venues for providing services for CYP with mental health difficulties, however they do not elaborate on the specific kinds of services beyond diagnostic assessments are provided for CYP with mental health conditions (except for those CYP with ADHD and ASD)

OUR RESPONSE
The first reviewer suggested that the introduction should show some focus on ADHD and ASD because these are the main areas the respondents commented about. After some reflection, we thought that it might be helpful for the readers to keep the reference to ADHD and ASD in that paragraph; hence we have retained this focus.

REVIEWER'S COMMENT
The aims of the study can be stated succinctly, with the justification for the aim stated separately. This justification is better placed in the last para of the introduction

OUR RESPONSE
As advised by the Reviewer, we have separated the justification and aims, and moved the justification to the last paragraph of the introduction.

REVIEWER #2

REVIEWER'S COMMENT
The data analysis section is over inclusive and has some results mentioned in it. It would be better to clearly state the analysis strategy and then mention the findings in the results section

OUR RESPONSE
We wanted the data analysis to have sufficient details to assure readers of the depth of examination and coding of the data. This is important to avoid any perception that the predominance of negative themes might not be a true reflection of the underlying data. We would therefore prefer to leave the section unchanged.

REVIEWER'S COMMENT
While there is mention of comments that reached the 30% threshold, it is unclear what happened to those comments that did not

OUR RESPONSE
We have made clear in the manuscript that ALL 327 comments were coded (i.e. not only 30% of comments). The reference to 30% relates to data saturation, which is the point after which subsequent responses reflected themes already identified. However, we still examined all the 327 responses to be sure that no new theme emerged

REVIEWER'S COMMENT
While thematically organized, the authors do not report relative percentages of critical vs positive comments

OUR RESPONSE
As we stated in the penultimate sentence of the Data Analysis section, the reflexive thematic analysis we adopted discourages use of frequencies, percentages or number counts. Instead it recommends use of comparative expressions to indicate relative recurrence of particular. We cited reference (40) to support

this practice.

REVIEWER'S COMMENT
The assumption is that the themes were chosen because they appeared in over 30% of the comments – this needs to be clearly stated in the results section

OUR RESPONSE
We would like to clarify that we did not chose themes because they appeared in over 30% of the comments. Instead, ALL the comments were examined and coded progressively until all 327 comments had been coded. The codes were them examined to identify themes. As previously explained, the saturation point of 30% indicates the point at which no major new theme emerged – but it was only after ALL responses were coded that we could be sure that no new theme emerged.

REVIEWER'S COMMENT
It is not clear what criteria the authors used to choose the three quotes per theme to mention

OUR RESPONSE
We have now added extra text to the manuscript to explain that we chose quotes that are most illustrative and representative of the patterns of comments on the theme.

REVIEWER'S COMMENT
For each criteria, the paragraph merely summarizes the quotes that follow and does not add any other information from other quotes related to the same criteria

OUR RESPONSE
Unfortunately, constraints due to the Journal's word count limits means that we could not add more quotes. Otherwise, the manuscript would be far in excess of the recommended word limit.

REVIEWER'S COMMENT
All the themes identified contain quotes that are critical of the CAMHS service – it is unclear whether any of these themes were met with positive responses at all

OUR RESPONSE
The themes presented are mainly critical of CAMHS but that was what the responses showed. There were very few positive comments and we presented these in the last section of results.

REVIEWER'S COMMENT
The results in the section on the 'effect of non-joint working on quality care for CYP' are unclear with the quotes open to interpretation

OUR RESPONSE
The quotes are presented as written by the respondents. We have shown these particular quotes to two pediatricians and two child psychiatrists who are all based in the UK, and their feedback is that they understood what the quotes meant.

REVIEWER'S COMMENT
Difficulties of transition to adult services is an important topical point and will merit mention and elaboration in the discussion section

OUR RESPONSE
We have included transitional difficulties in the summary of results in the first part of the discussion. However, due to constraints of word count, we are unable to add more details.

REVIEWER'S COMMENT
The section on good joint working practices could be further elaborated

OUR RESPONSE
The section on joint working is only limited because responses indicating good joint working were very few.

REVIEWER'S COMMENT
The first para of the discussion is really a summary of the results and can well belong there if needed. It is better for the authors to further discuss the results rather than merely re-state them

OUR RESPONSE
Our understanding and usual practice is to start the discussion section of a paper with a summary of the key findings. We find that this helps to set the scene for the discussion.

REVIEWER'S COMMENT
While the authors discuss the new findings from this survey, important to qualify/ elaborate how pervasive these difficulties were as they may well represent one unusual service structure or team

OUR RESPONSE
We have indicated that we believe that the UK-wide coverage of the survey suggests that these difficulties are widespread and not attributable to local or regional service outliers

REVIEWER'S COMMENT
While the authors present the view of child psychiatrist (who is the lead author), the study would have been enriched by the view of a 'typical' CAMHS service

OUR RESPONSE
We reflected on this comment and consulted our clinical or research colleagues. Unfortunately, we and these colleagues were unsure what a typical CAMHS would look like in this context.

REVIEWER'S COMMENT
The impact of funding cuts to CAMHS is mentioned in at least two places esp as it could have significantly influenced the study findings. Some more detail re the magnitude of funding cuts will give more context to the reader. This is particularly important as the results are predominantly critical of CAMHS.

OUR RESPONSE
We have added an example to illustrate the level of funding cuts, which was severe.

REVIEWER'S COMMENT
While some limitations are mentioned, the most obvious one is not – this refers to the responder bias – it is very likely that the 22% or so of the responder paediatricians and services were those who had faced significant challenges with their CAMHS teams. This kind of responder bias is very common with these types of surveys and should be appropriately acknowledged and referenced

OUR RESPONSE
We very much agree with this point and we would like to thank the Reviewer for bringing this limitation

to our attention. We have included it along with a reference.

REVIEWER'S COMMENT
The discussion can be further enriched by discussing potential solutions rather than a linear response to a problem expressed.
There are a number of different models which can be explored; these include the ECHO model from the USA, other creative cross collaborative joint working practices, by Seierstad (2017) in BMC Res Notes discussing how joint consultations between GPs and Child psychiatrists are effective – all of these need to be referenced and discussed

OUR RESPONSE
We have included potential solutions including from the UK and other jurisdictions such as the ECHO model in the United States and its adaptations elsewhere.

REVIEWER'S COMMENT
While the authors discuss the impact of different funding and governance streams on community paediatrics and CAMHS, it is essential to discuss the experiences of those jurisdictions where CAMHS funding is part of the paediatric set up to see how their experiences contrast with the findings of this study

OUR RESPONSE
Having made the earlier improvements suggested by both Reviewers, the manuscript became longer and in excess of the Journal's word limit. Thus, we did not feel able to include more materials to address this particular comment as the manuscript would then become far in excess of the word count.

REVIEWER'S COMMENT
The conclusion appears to be quite simplistic in advocating a relatively unidimensional solution to this multipronged and complex issue. It would be helpful if it is reworded to reflect the predicament and point future endeavors to finding a range of creative solutions understandings that local variations mean that a one size fits all approach is usually not sufficient.

OUR RESPONSE
We have revised the conclusion to address the concerns raised by the Reviewer

Yours sincerely

Dr Cornelius Ani