

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)	Primary Care Experiences of Providing Mental Health Care for Children in the COVID-19 Pandemic. A Qualitative Study
AUTHORS	Garbutt, Jane Dodd, Sherry Rook, Shannon Ericson, Lauren Sterkel, Randall Plax, Katie

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Alexandros Maragakis Institution and Country: Eastern Michigan University United Kingdom of Great Britain and Northern Competing interests: None
REVIEW RETURNED	23-May-2022

GENERAL COMMENTS	I would like to thank the authors for researching such an important topic. Better understanding the impact that COVID has had on pediatric patients and providers is of utmost importance. There is one major concerns that I had while reading the manuscript. Beyond being written in the context of COVID, it is not clear what is novel or unique about the findings. For example, it is well known that PCPs are addressing a large proportion of mental health concerns and that they typically feel overwhelmed and that they are not adequately trained to handle these concerns. It is also known that access to mental health providers is limited and typically a barrier to care and that integrated care solutions may be an important option moving forward. These qualitative data may be further augmented with clinic data (pre/peri-COVID) that highlights changes in mental health concerns or potentially with some metric potentially related to burnout (e.g., sick days used by providers pre/peri-COVID). The data collected are a solid foundation to an important paper, but at the moment are limited to help provide novel or unique information that will help push the field forward.
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REVIEWER	Reviewer name: Dr. Luis Rajmil Institution and Country: Homer, Spain Competing interests: None
REVIEW RETURNED	26-May-2022

GENERAL COMMENTS	This study presents a qualitative work that analyzes the experiences of primary care pediatricians in child and adolescent mental health care and how it has affected pediatricians themselves during the pandemic. 1- The objectives, methods and results seem to be understandable. 2- From a conceptual point of view, and although the authors mention the non-generalization of the results in the limitations, it would be of interest for the readers to understand, even in a summarized way, how the primary care system works in general in the USA and in particular in the region where the study has been carried out. In the introduction, the viability of the work/business is
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	<p>mentioned as an influencing factor. Could it be argued that part of the professionals' limitations could be related to the care model, the organization and the payment /coverage system?</p> <p>3- Apart from the limitations mentioned it could be taking into account that the professionals included had some experience in PCP, a percentage had direct access to Psychiatry specialists, and/or that they had participated in the PRBN QI. Could this be reflecting an even greater lack of access and more needs in child and adolescent mental health in the majority of pediatricians, especially in rural areas?</p> <p>4- Although the impact on professionals and burnout is mentioned, an important part may also have been manifested by the lack of access to other health problems, not only emotional and psychiatric disorders, i.e. chronic health problems, the lower access to face-to-face consultation and the increase online consultation services, etc.</p>
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REVIEWER	<p>Reviewer name: Dr. Luis Rajmil</p> <p>Institution and Country: Homer 22 1st 1, Spain</p> <p>Competing interests: None</p>
REVIEW RETURNED	07-May-2022

GENERAL COMMENTS	<p>The manuscript is interesting and addresses an important topic. Some minor changes are necessary to improve the presentation:</p> <p>Introduction</p> <p>1) The references should be revised. References start with reference number 2.</p> <p>Methods</p> <p>2) Is it possible to better explain the procedure carried out, for example, how was the ISSOP database analyzed? Were unpublished articles included? If this is the case, how were they identified and finally included?</p> <p>3) The explanation of the analysis procedure could be improved, besides the inclusion of the theoretical model on which the study was based</p> <p>4) The figure should be revised: for example $n = 5514 (+ 201)$, and after excluding duplicates $n = 6214$?</p> <p>5) The table of the Preferred Reporting Items of Systematic reviews Meta-Analyses could be included as supplementary material</p> <p>6) Table: references of included articles should be added</p>
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VERSION 1 – AUTHOR RESPONSE

Response to the reviewers Reviewer: 1 Alexandros MAragakis, Eastern Michigan University

Comments to the Author I would like to thank the authors for researching such an important topic.

Better understanding the impact that COVID has had on pediatric patients and providers is of utmost importance. R1, 1. There is one major concern that I had while reading the manuscript. Beyond being written in the context of COVID, it is not clear what is novel or unique about the findings. For example, it is well known that PCPs are addressing a large proportion of mental health concerns and that they typically feel overwhelmed and that they are not adequately trained to handle these concerns. It is also known that access to mental health providers is limited and typically a barrier to care and that integrated care solutions may be an important option moving forward. These qualitative data may be further augmented with clinic data (pre/peri-COVID) that highlights changes in mental health concerns or potentially with some metric potentially related to burnout (e.g., sick

days used by providers pre/peri-COVID). The data collected are a solid foundation to an important paper, but at the moment are limited to help provide novel or unique information that will help push the field forward. Response: We thank Dr Maragakis for his suggestions to improve our manuscript. Unfortunately, it is not feasible for us to collect the pre/peri-COVID clinic data he suggests as study participants are from 17 different practices with different EMRs, documentation and billing practices. Also, practices typically do not track sick days used by providers. We believe this manuscript contributes to the literature in three areas: 1) the study highlights the real-world challenges and opportunities identified by pediatric primary care providers in mental health care and treatment that have not previously been described in this detail; 2) participants' pragmatic response to the increased demands for care demonstrates their resiliency and tenacity even with limited resources and are inspirational; and 3) the responses described suggest pragmatic solutions that could be implemented immediately to optimize mental health care and ease the burden on PCPs. To better state the contribution to the literature, we have added the following statements to the introduction and conclusion: "This study aims to describe pediatric PCPs experiences in providing mental health care during the pandemic and identify pragmatic solutions to optimize care." "Actions taken by participants to improve their capacity to meet the increased demands for care could be implemented immediately to optimize mental health care for teens and ease the burden on PCPs."

Reviewer: 2 Dr. Luis Rajmil Comments to the Author 2 This study presents a qualitative work that analyzes the experiences of primary care pediatricians in child and adolescent mental health care and how it has affected pediatricians themselves during the pandemic. R2, 1. The objectives, methods and results seem to be understandable. R2, 2. From a conceptual point of view, and although the authors mention the nongeneralization of the results in the limitations, it would be of interest for the readers to understand, even in a summarized way, how the primary care system works in general in the USA and in particular in the region where the study has been carried out. In the introduction, the viability of the work/business is mentioned as an influencing factor. Could it be argued that part of the professionals' limitations could be related to the care model, the organization and the payment /coverage system? Response: We thank Dr. Rajmil for his comments and address them below. The study sample comprised PCPs from a variety of practices including independent practices (n=4), those funded in part or owned by a healthcare system (n=12), and 1 federally qualified health center (FQHC). This information has been added to the results. We have also added it to Table 1 so readers can quickly see that access to resources varied across practice type in the study sample. Providers in independent practices had no access to on-site or off-site care coordination or mental health providers whereas providers from the FQHCs and safety-net clinics reported more integrated, team-based care. Reports from providers from practices in 4 different health systems suggest access to mental health resources is variable, maybe because of type of affiliation or system size. An important point is that regardless of practice type, all providers reported increased demand for mental healthcare and increased stress for providers. As this is one of the main points of the manuscript, and the wordcount is limited, we have elected to simply provide the information in the table for interest and not discuss variability in access to resources by practice type in the manuscript. R2, 3. Apart from the limitations mentioned it could be taking into account that the professionals included had some experience in PCP, a percentage had direct access to Psychiatry specialists, and/or that they had participated in the PRBN QI. Could this be reflecting an even greater lack of access and more needs in child and adolescent mental health in the majority of pediatricians, especially in rural areas? Response: Although all providers were experienced primary care providers (mean years in practice=14.5 years), we cannot directly assess the accuracy of the

reviewer's supposition that they are more representative of providers with easier access to mental health resources. To address the reviewers' concerns, we have added more information to the limitations: "As participants were a convenience sample of local volunteers, our findings may not be generalizable to all PCPs in our community or to PCPs in other locations such as rural settings or with more or less access to resources." R2, 4. Although the impact on professionals and burnout is mentioned, an important part may also have been manifested by the lack of access to other health problems, not only emotional and psychiatric disorders, i.e. chronic health problems, the lower access to face-to-face consultation and the increase online consultation services, etc. Response: We agree with the reviewer that PCPs likely will experience stress when they lack access to any needed care for their patients including specialist care and face-to-face consultations. However, we did not include questions about this in the semistructured interviews and have no data to report.

VERSION 2 – AUTHOR RESPONSE

We added the phrase "in the United States" to the title and removed abbreviations from the summary sections.