

# Review of: "The Effect of Group-Based Family Orientation to Community Mental Health Services"

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**Potential competing interests:** No potential competing interests to declare.

This manuscript examines various effects of IGS, a family-based mental health intervention. The paper has promise and the results are encouraging but the following considerations need sustained attention. Extensive revisions are needed.

1. The introduction is too short. Please expand that section to include the significance of this particular study. As one possibility, the positive effects of a single orientation session for family members could be a cost-effective means of promoting mental health. The burden of significance (the "So what?" question) is the authors' to bear. This paper does not currently provide a compelling rationale for its publication.
2. The project was implemented since 2016, so the initial intervention is now dated and has likely changed. Has the intervention evolved over the years and, if so, how (especially during and since COVID)? Adaptation is common. If it has occurred, please describe those innovations and refinements. Moreover, the authors should address this circumstance, if present, as a limitation or test for period effects.
3. There is a fairly large body of research underscoring the positive effects of family support/involvement during mental health treatment. Additional attention to that literature is warranted, especially if there are studies of single-session family support interventions similar to this one. The current review is rather sparse.
4. Much more information is needed on the IGS intervention. On what areas does it focus (topics) and how long does it last (half-day, day-long)? Are instructors trained and, if so, how? How are potential participants recruited? What is the recruitment rate (# of participants who attended/# who were invited) and retention rate (# of participants who completed the session/# who initiated the session)? Does anyone repeat the IGS? More details are needed.
5. The study should concede that the IGS may be measuring something other than what the participants learn, such as family motivation to offer support for mental health. This motivation may predate the intervention so there could be selectivity bias. This limitation is important to acknowledge unless there were controls integrated for these types of motivational factors.
6. Please provide more detail on the control group. Was it a wait-list control? In what ways was it comparable to the experimental group? What are the limitations of the control group in terms of incomparability, etc.?
7. Conclude with a reminder about what this study adds to comparable literature on the subject and what remains to be explored.

