

## Peer Review Report

# Review Report on Pre-pandemic adversity buffers the role of social loneliness in caregiver mental health during the COVID-19 pandemic

Original Article, Int J Public Health

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### EVALUATION

#### **Q 1** Please summarize the main findings of the study.

Associations between family profiles established pre-pandemic and changes in mental health outcomes suggest families in the highest-risk profile do not report greater increases in poor mental health outcomes compared to families in the low risk, high strengths profile.

Families in the high neighborhood risk, higher strengths profile, however, do show significantly greater increases in depressive feelings, stress, and the impact of stress compared to families in the low risk, high strengths profile.

The interaction between social loneliness and family risk and resilience profiles showed interesting patterns, suggesting families in high-risk profiles and experiencing higher levels of social loneliness report reductions in stress and depressive feelings compared to families in the low-risk profile experiencing high levels of social loneliness.

Regarding covariates in multi-level models, Hispanic caregivers reported increases in depressive feelings compared to white caregivers.

#### **Q 2** Please highlight the limitations and strengths.

One important strength of this research is that it was evaluated mental health prior and during COVID-pandemic. One more strength is that it was considered que income and employments status od caregivers. It is important to know the number of children and age of children of those families as well as was made for caregivers. It is important to know the number of adults that conform the family and how many of them take care of the children.

#### **Q 3** Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

It is necessary to explain in the text how were classified the families in the four groups of the MTS study, ideally including a graphic with such data compared with the subgroup that was studied during COVID-19 pandemic.

Results in Table 1 are divided in groups by columns -All (n=243) 2 (n=17) 1 (n=59) 4 (n=43) 3 (n=124-, but it is not clear for me, what means those groups. It is necessary to explain it in the text.

In table 1 must simplify data and rename de columns. I suggest to include another table or figure whit the information of the columns -2 v 1 -2 v 4 -2 v 3 -1 v 4 -1 v 3 -4 v 3. What that it means?

### PLEASE COMMENT

#### **Q 4** Is the title appropriate, concise, attractive?

The title is too long, suggestion: Family risk and resilience among caregivers of infants during the COVID-19 pandemic

**Q 5** Are the keywords appropriate?

It is necessary to include "Children caregiver"

**Q 6** Is the English language of sufficient quality?

It is

**Q 7** Is the quality of the figures and tables satisfactory?

No.

**Q 8** Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Yes, it do does

#### QUALITY ASSESSMENT

**Q 9** Originality



**Q 10** Rigor



**Q 11** Significance to the field



**Q 12** Interest to a general audience



**Q 13** Quality of the writing



**Q 14** Overall scientific quality of the study



#### REVISION LEVEL

**Q 15** Please make a recommendation based on your comments:

Minor revisions.