

Response letter to Reviewers' Comments

Peer Reviewer 1

Comment: Author may need to introduce the aspects of health disparities as some readers of this journal may not be accustomed to the topic.

Response: Thank you for the feedback. As suggested, we further defined the concept of global health disparities in the introduction. We have also included it on page 3 based on WHO definitions.

Comment: Introduction should include how psychiatric service is affected in general during the pandemic - such as follow up appointment, consultation rates etc

Response: To illustrate the point made by the peer reviewer, the World Health Organization rates of mental health service utilization during the pandemic and issues with service delay were highlighted on page 3.

Comment: A bit of search strategy can be mentioned despite this being mini-review to understand the scope and coverage of the review.

Response: As Reviewer suggested, we have created a new "**Methods**" section to define search strategy for the minireview.

Comment: Mitochondrial stress may need to be introduced.

Response: As suggested by reviewer, we have expanded on Mitochondrial stress in the introduction on pages 4-5. We have also expanded about urban environments due to pollutants affecting the mitochondria on page 16.

Comment: "Blacks should have less physiological and psychiatric complications from COVID-19 based on a reduced molecular expression of ACE-2 (angiotensin-converting enzyme-2), the binding site for SARS-Cov-2 present in the lung, kidneys, and brain" -

The statement should be used with caution, or rephrased as the original paper only posted a theoretical postulation and not a causal-effect experiments.

Response: The authors phrased it as speculative in the form of “should have” but taking into account the cautionary comment will further the speculation with “may have” to illustrate this point per reviewer’s comment (see page 7).

Comment: Poor access to services, stigma, and cultural insensitivity prevent Blacks from obtaining mental health care during traumatic events.³¹ - could there be individual factors as well? The cited paper mentioned that 55% of sample believed they did not have indication to seek care. -

Response: The primary reason respondents gave for not seeking treatment (55% of subsample) was that they did not believe that they had a problem (73%). Therefore, there is unawareness of trauma symptoms. The sentence was rephrased to take this poor awareness of symptoms into account per reviewer’s comment on page 7.

Comment: Many indigenous people tend to handle stress independently of others and many rely on spirituality instead of seeking mental health care.³⁶ - need some link to the current pandemic to fit in the review purpose.

Response: The sentence was linked to the COVID-19 pandemic and the subject clarified in the revised statement. *“During the COVID-19 pandemic, many indigenous people tend to handle stress independently of others by relying on spirituality to guide them, leading to a decline in seeking mental health care services [40].”* See page 7.

Comment: - Some abbreviations need to be introduced - PHQ4, COVID-19

Response: Term Coronavirus Disease 2019 introduced in abstract and introduction on page 1. PHQ-4 introduced on page 8.

Comment: DISPARITIES IN CHILDREN WITH DEVELOPMENTAL DISABILITIES - As this group relies heavily to their parents or carers, author can include whether guardian stress from poor access can further worsen the effect or disparities.

Response: Thank you for bring this important point to our attention. As suggested by reviewer, we have included references on caregiver stress and depression increasing during the COVID-19 pandemic (page 10).

Comment: SEXUAL AND GENDER DISPARITIES - This sentence " A Hong Kong community sample found the one-week prevalence of clinical depression (31.5%) and generalized anxiety disorder (27.9%) in SGM.66" need some rephrasing to link between the previous or following statement

Answer: As suggested, we have revised the sentence on page 11 to the following: "*For instance, a Hong Kong community sample found stressors beyond those of the COVID-19 pandemic, including family conflict due to sexual orientation and disconnection to the SGM community, likely leading to a combined effect on the one-week prevalence of clinical depression (31.5%) and generalized anxiety disorder (27.9%)[73].*"

Comment: DISPARITIES BETWEEN URBAN AND RURAL ENVIRONMENTS - This paragraph ' The urban environment disparity...' has become general and not specific to the psychiatric patients. How does psychiatric patients living in urban become more affected during the pandemic?

Response: We the have expand about mitochondrial stress with urban environment among psychiatric patients (page 16)

Comment: Before conclusion, authors should acknowledge limitation of the review, and possibility of disparities among undiagnosed psychiatric patients who developed mental illness during COVID-19.

Response: A new section named **Limitations** was included before the conclusion section.

Comment: Conclusion may also include proactive measures in antenatal care of psychiatric patients.

Response: As per reviewer's suggestion, we have included proactive measures in the conclusion section (see page 18).

Comment: GENERAL - Author need to check the referencing format. The number for respective citation should be placed before the full stop, not after.

Answer: Formatted to ICMJE standards from Baishideng Publishing style guide for minireviews. Please see manuscript.

Peer Reviewer #2:

Comment: This review focus on the situation of vulnerable populations of psychiatric patients during the COVID-19 pandemic. In general, this is a good review, it points out some of the key issues and the urgency of solving, can arouse more profound and extensive thinking and discussion.

Response: Thank you for the positive feedback about this review.

Comment: However, this manuscript also has some shortcomings. 1. The author claims that this is a global discussion, but they focus on the United States and other occident. There is very little discussion about Asian countries, such as China, Japan, South Korea and India.

Response: Thank you for bringing this important aspect to our attention. In this revised manuscript we have expanded the literature from Asian countries. For example: The discussion about China was cited notably under disparities of sexual gender minorities and mature adults. A paragraph on India and cultural religious minorities was added in the section of ethnic minorities based on the suggestion (see page 9). We have also highlighted about lack of substantiative research in global health disparities from

countries (Japan and South Korea). A table was included with primary literature evidences.

Comment: Please discuss the impact of government inaction and discrimination on vulnerable groups, such as the Trump administration's anti-epidemic policy, which may be one of the main causes of mental impairment among vulnerable groups in the United States.

Response: We appreciate the peer reviewer's comment. However, political ramifications are beyond the scope of this scientific review, which is mainly focuses on the evidence-based scientific literature. This discussion will be best suited for sociopolitical commentary. We will take this consideration for future studies.

Comment: The issues discussed in the manuscript are broad, but many of the viewpoints lack direct evidences.

Response: In the revised version we have substantially revised the text with references (providing evidence for statements) and we have also more focused subsection. We also included a table with primary literature reviewed. We hope this revision is more focused with evidence now.

Comment: The effects of prognosis on psychology should be discussed, and whether there are any differences between the general population and the patients with mental illness and or vulnerable groups.

Response: We would like to thank to reviewer to bring this important point to our attention. As suggested, we have included one recent retrospective study (see table) specifically evaluating mental health diagnosis after COVID infection among individuals without past psychiatric history between patients with mental illness and the general population and need for study to examine these vulnerable group. The discussion was included on page 16: *"The sequelae of COVID-19 may affect individuals with and without a history of psychiatric illness: a recent retrospective study showed that COVID-19 is associated*

with a higher incidence of a first psychiatric diagnosis following 14 to 90 days from exposure in non-psychiatric patients^[11] It is imperative to examine the impact of the COVID-19 pandemic on vulnerable population without psychiatric illness. “

Comment: In the first paragraph of page 7, it is completely unreasonable to say that the “the virus originating from China”. There is more evidences that the virus broke out earlier in countries such as Italy and the United States, but it was not detected in time in these countries.

Answer: Unfortunately, Asian American and Asians are being unjustly affected in the United States by discrimination. As reviewer suggested, we have restructured the sentence and have also provided references for the same. See page 6: *“In the U.S., many Asian Americans are targeted by their ethnicity in response to reports of the emerging virus^[45].”*

Other comments and responses:

Comment: 1 Scientific quality: The manuscript describes a minireview of the global health disparities in vulnerable populations of psychiatric patients during the COVID-19 pandemic. The topic is within the scope of the WJP. (1) Classification: Grade B and Grade C; (2) Summary of the Peer-Review Report: In general, this is a good review, it points out some of the key issues and the urgency of solving, can arouse more profound and extensive thinking and discussion. The questions raised by the reviewers should be answered; (3) Format: There are no tables and no figures; (4) References: A total of 102 references are cited, including 91 references published in the last 3 years; (5) Self-cited references: There is 1 self-cited reference. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer’s ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Two Grades A. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited

manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJP. 5 Issues raised: (1) PMID numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (2) Please add table/figure to this review. 6 Recommendation: Conditional acceptance.

Scientific response: PMID and DOI numbers added. All authors listed. Revised for style guidelines (see manuscript). We took into consideration and added a table before the bibliography as suggested.

(3) *Company editor-in-chief:* I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Psychiatry, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure to the manuscript.

Response: We took into consideration and added a table before the bibliography as suggested.