

Response to the Reviewers

Name of Journal: World Journal of Clinical Pediatrics

Manuscript NO: 66251

Manuscript Type: Review

Introduction:

It gives us a great honour and privilege to respond to the Reviewers' comments and submit another updated version of the manuscript.

NB:

Reviewers' comments are in **brown text**

Our responses are in **blue text**

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The article provides an extensive review of the literature on mental disorders and child neurodevelopment, demonstrating the difficulty of using a more universal classification. They demonstrate that the current classification systems are conflicting in terms of categorization, which can make it difficult to plan the necessary actions for prevention and treatment and what role each professional should play in a work that should be joint. The authors suggest that the ICD-11 appears to be an adequate tool for shared classification and that primary and secondary diagnoses must be addressed simultaneously. It is important to discuss the difficulties encountered by pediatricians and professionals who deal with the mental health of children and adolescents. These discussions can pave the way towards better categorizations and better understanding of these problems/disorders and how best to address them.

We appreciate the Reviewer's kind comments and no changes to the manuscript have been suggested.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors analysed the data from literature and discussed a brief overview of the aetiology and prevalence of Neurodevelopmental, Emotional, Behavioural, and Intellectual disorders (NDEBID). The text is clear and well-organized. However, I have few comments for the authors:

- Introduction: In this section, the statement "Fragmented service provision presents problems for patients with NDEBID multi-morbidity. This is often due an out-dated division of CYP's health problems into "Physical" or "Mental Health" disorders, with the former managed by Paediatricians and the latter by CAMHS." seems to me not essential for the topic: I suggest to delete it.

We agree with the Reviewer and have deleted this sentence from 'Introduction'.

- Peculiar case of sleep disorders. In this section, the authors state "This should encourage the use of common terminologies to define sleep in the future.": what do they mean with the term common terminologies?

We are grateful for the Reviewer for this comment. We have reframed the sentence as follows:

"This should enable a more consistent approach to the labelling of sleep disorders in the future."

- Value of a unified classification of Mental Health and Neurodevelopmental Disorders. In the first para the authors should report the possible comorbidity of autism and epilepsy: I suggest to read and cite the recent paper by Operto F et al. Brain Behav. 2019 May;9(5):e01250.

We appreciate the Reviewer's comment about the high prevalence of comorbidities of most Neurodevelopmental and MH disorders in many neurological conditions including epilepsy.

However, we feel that it would be outside the scope of this mini-review paper to explore the wider aspects of other individual comorbidities. We have therefore cited Epilepsy as one of the most significant examples of neurological co-morbidities.

We have added a new sentence in the first paragraph to emphasise the importance of comorbidities between NDD and MH disorders, without going into too much details outside the scope of the paper. "Finally, comorbidity between Neurodevelopmental and MH disorders well recognised as a factor in the care of children with certain neurological diagnoses, with epilepsy the most prominent example (Åndell J 2021), thus grouping them together could help to better enhance the study of the scientific basis and epidemiology of their co-occurrence, as well as improving clinical management.

- Conclusion: The statement "Several problems associated with the current classification of NDEBIDs have been highlighted, including confusing use of terminologies and definitions, non-uniform findings from epidemiological research, issues of sub-threshold diagnosis, inherent complexities and impairments of the NDEBID conditions, overlapping clinical roles of CCH and CAMHS" seems to me useful for the abstract and not for Conclusion: I suggest to delete it.

We appreciate the Reviewer's comment and agree that this sentence should be omitted.

(1) Science editor:

1 Scientific quality: The manuscript describes a review of the classification, prevalence and integrated care for neurodevelopmental and child mental health disorders. The topic is within the scope of the WJCP. (1) Classification: Two Grades B; (2) Summary of the Peer-Review Report: The authors analyzed the data from literature and discussed a brief

overview of the aetiology and prevalence of neurodevelopmental, emotional, behavioural, and intellectual disorders. The text is clear and well-organized.

The questions raised by the reviewers should be answered;

We have carefully considered all the Reviewers' comments and provided responses and necessary modifications of the manuscript as recommended.

(3) Format: There is 1 table and 1 figures; (4) References: A total of 123 references are cited, including 51 references published in the last 3 years; (5) Self-cited references: There are 11 self-cited references. 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;

We have carefully considered all the cited references and ensured only the most relevant papers have been cited, including self-references. We have kept the level of self-citation to less than 10% as recommended.

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 WJCP.

5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

We provide a Powerpoint file for Figure 1.

and (2) PMID numbers are missing in the reference list. Please provide the PubMed numbers to the reference list and list all authors of the references. Please revise throughout.

We have revised the references and provided PubMed and or PMC numbers where available

6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade B (Very good)

(2) *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 Clinical Pediatrics, 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.

Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

We provide a Powerpoint file for Figure 1.

Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

We have edited the table to comply with the journal requirements.