Enhancing transparency and validity in psychosocial intervention research for migrant populations – authors' reply

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We want to thank Yongjia Zhou and colleagues[1] for their thoughtful comments on our study.[2]

Concerning the inclusion of second-generation migrants, which may have reduced the applicability of study findings to first-generation migrants, we decided a priori to exclude studies in which second-generation migrants accounted for more than 20% of the randomised participants. Of the 103 included studies, only 3 included less than 20% second-generation migrants. We believe that such a minimal inclusion of this population group did not reduce the generalisability and applicability of the findings.

Second, we acknowledge the variability in the measurement tools used in the included studies, which may pose challenges in fully satisfying the assumption of the standardised mean difference (SMD) method that outcome measures represent linear transformations or incomplete measures of the same construct. However, given the limited number of studies available for specific comparisons, as for the trade-off between methodological rigour and the need to ensure sufficient data for meaningful analysis, we prioritised inclusivity over strict uniformity in measurement tools. This approach allowed us to provide a more comprehensive overview of the available evidence while retaining valuable data, even if some studies were less informative. We argue that future research should seek to standardise outcome measures to increase comparability and the amount of information, as well as to strengthen the validity of SMD-based analyses. In addition, future studies could focus on measurement tool variability to better understand its impact on comparative effectiveness outcomes.

Third, we appreciate the insight regarding the potential variability in tau^2 values between pharmacological and psychosocial interventions. While it is true that the tau^2 values by Rhodes et al.[3] are derived from pharmacological studies, we note that, if psychosocial interventions exhibited greater variability than pharmacological ones, our use of these tau^2 values as reference would result in a conservative interpretation of the heterogeneity in our NMA. This approach would likely underestimate, rather than exaggerate, the extent of heterogeneity vs a benchmark, making our findings more robust against overstating the importance of observed effects.

Regarding subgroup analyses, we acknowledge that the ICEMAN tool[4] was not used. However, we defined subgroups based on widely accepted classifications: migrant definitions, the World Bank income classification for countries, individual versus group interventions and clinical conditions. All information used for the subgroup analyses was extracted in duplicate to ensure accuracy and consistency. All subgroup analyses were preplanned. We believe that our approach met recognised standards to provide reliable information.

Contributors
GT and FT wrote the letter. CB reviewed it. All authors reviewed and edited the letter and had final responsibility for the decision to submit for publication.

Declaration of interests
None declared.

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