

ICMJE DISCLOSURE FORM

Date: 02/21/2024

Your Name: **Manaswi Sangraula**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

Please place an “X” next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 02/23/2024

Your Name: **Jennifer Diaz**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: Aug 7, 2023

Your Name: Alejandra Cid-Vega

Manuscript Title: Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 02/20/2024

Your Name: **Aline Martins Lanes**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 02/23/2024

Your Name: **Claire Greene**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 02/18/2024

Your Name: Lucy Miller-Suchet

Manuscript Title: Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 02/23/2024

Your Name: **Natalia Camargo**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

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None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Not applicable.

Name: Valeria Merino

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

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Signature waived.

Please place an "X" next to the following statement to indicate your agreement:

N/A I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 02/13/2024

Your Name: Adam D. Brown, Ph.D

Manuscript Title: Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 02/21/2024

Your Name: **Matthew Schojan**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

Manuscript number (if known):

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Date: 02/23/2024

Your Name: **Annie G. Bonz**

Manuscript Title: **Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention**

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJJE DISCLOSURE FORM

Date: 23/02/2024

Your Name: Ana Maria Trejos Herrera

Manuscript Title: Implementation of Group Problem Management Plus among displaced women in Colombia: a qualitative examination of a community-delivered mental health intervention

Manuscript number (if known):

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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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