

ICMJE DISCLOSURE FORM

Date: 9/14/2021

Your Name: Professor Emily Simonoff

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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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.

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Gillian Baird

Manuscript Title: Improving Outcomes for people with Autism spectrum disorders by reducing mental health problems, the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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.

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Bryony Beresford

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Tony Charman

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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ICMJE DISCLOSURE FORM

Date: 9/4/2022

Your Name: Martin Knapp

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 12/12/2022

Your Name: Andrew Pickles

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems

Manuscript Number (if known): RP-PG-1211-20016

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	<input type="checkbox"/> None <table border="1"> <tr> <td>IAMhealth NIHR Programme grant, NIHR Senior Investigator Award, NIHR BRC at SLAM and KCL.</td> <td>All to Institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	IAMhealth NIHR Programme grant, NIHR Senior Investigator Award, NIHR BRC at SLAM and KCL.	All to Institution				Click the tab key to add additional rows.															
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Time frame: past 36 months																						
2	<input type="checkbox"/> None <table border="1"> <tr> <td>UKRI, NIHR, US NIH</td> <td>All for other studies and to Institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	UKRI, NIHR, US NIH	All for other studies and to Institution																			
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr> <td>WPS and OUP publishing royalties</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		WPS and OUP publishing royalties	To me						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Travel to UCLA to deliver lecture</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Travel to UCLA to deliver lecture	To me						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> </table>									

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	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 9/9/2022

Your Name: Carol Povey

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems

Manuscript Number (if known): RP-PG-1211-20016

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Tom Purser

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 688 1516 789"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 9/13/2022

Your Name: Professor Paramala Santosh

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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		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)
		NIHR (NIHR203684)	Digital Sleep Support for Children with Attention-Deficit/Hyperactivity Disorder (The DISCA study).
		NIHR (NIHR131175)	CLEAR: (Clozapine in EARly psychosis) A Multi-Centre, Randomised Controlled trial of Clozapine for Young People with Treatment Resistant Psychosis in Real World Settings. Payments to SLAM.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Anavex Life Sciences Corp.	To KCL
		Newron Pharmaceuticals S.p.A.	To KCL
		GW Pharmaceuticals	To KCL
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>HealthTracker™ Limited (Health monitoring platform)</td> <td>Chief Executive Officer</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		HealthTracker™ Limited (Health monitoring platform)	Chief Executive Officer				
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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.

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Vicky Slonims

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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	To me										
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 501 1516 636"> <tr> <td></td> <td>To me</td> </tr> <tr> <td></td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>			To me		To me				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 722 1516 823"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1715 1516 1816"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1906 1516 1940"> <tr> <td></td> <td></td> </tr> </table>									

		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)						
	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

Date: 9/8/2021

Your Name: Stephen SCOTT

Manuscript Title: Improving outcomes for people with autism spectrum disorders by reducing mental health problems the IAMHealth research programme including one RCT

Manuscript Number (if known): RP-PG-1211-20016

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.

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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 type="checkbox"/> None <table border="1"> <tr> <td>National Institute for Health Research (NIHR)</td> <td>Grant funding for the research project to my institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	National Institute for Health Research (NIHR)	Grant funding for the research project to my institution				Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>NIHR grant to develop a personalized parenting programme for children with conduct problems</td> <td>Grant funding for the research project to my institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	NIHR grant to develop a personalized parenting programme for children with conduct problems	Grant funding for the research project to my institution				
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 688 1516 789"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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