Reviewer's report

Title: How to improve the quality of primary mental health care: developing an intervention for underserved communities

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Reviewer: Anthony Kendrick

Reviewer's report:

This was an admirable attempt by the research team to get into practices in a meaningful way, to start to improve the care they offer to people with mental health problems, having shown in their programme of research that access to services needs improving in underserved communities. However the work is limited in a number of ways, which the authors largely acknowledge.

Minor essential revisions

1. The title suggests more than the work can show, given its limitations. The authors acknowledge they don't present data in this paper on actual changes in e.g. consultation style, referrals, or patient outcomes, but rather indications that some of the staff in the practices thought improvements had taken place in for example receptionist awareness, and staff reactions to people with mental health problems. I think the first part of the title should be removed.

2. Three of the references they give to 'earlier work in the AMP programme' [26, 27 and 28] are actually references to other work, which should be made clear.

Major essential revisions

3. More details of the approach taken to the qualitative interviews needs to be given for readers to be able to judge the robustness of the findings. Was purposive sampling undertaken, and if so which types of respondents were sought actively? How many of the team undertook the primary analysis of the interviews? Did they do it independently? How were the rest of the team involved? Did the analysis proceed iteratively, and was the approach in later interviews changed on the basis of findings from the earlier ones?

4. I think they could and should present more of the difficulties they encountered in engaging meaningfully with practices, as these could be potentially important lessons for other workers in this field. For example, their thoughts as to reasons why a larger number of staff were not interviewed.

5. Robust qualitative research ideally continues until there is evidence of saturation, i.e. no new themes are emerging. Given different practices were likely to have had different experiences of change, across several different staff groups within each practice, an average of just under two per practice seems an inadequate number of interviews. If saturation was reached this should be indicated. If not, attempts to increase the number and range of interviews should be described, together with an indication of their success and putative reasons
for any lack of success.

6. The themes are illustrated with only brief quotes which don't actually give very much detail of what changes if any took place in the practices. If probing revealed more details these should be alluded to. If it didn't then this should be stated and commented upon, as it seems to be a major limitation.

7. The most important message for readers is how should they approach this type of intervention in future? What are the hard won lessons the authors can share? What would they do differently if they did it again? These need stating much more clearly.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have non-financial competing interests, in that I have worked with, and am friends with, four of the authors (Carolyn Chew-Graham, Linda Gask, Mark Gabbay, and Chris Dowrick).