Author's response to reviews

Title: The Feasibility, Acceptability, and Effects of an Interprofessional Nurse-Led Mental Health Promotion Intervention for Older Home Care Clients with Depressive Symptoms: A Prospective Study

Authors:

Maureen Markle-Reid (mreid@mcmaster.ca)
Carrie McAiney (mcaineyc@mcmaster.ca)
Dorothy Forbes (dorothy.forbes@ualberta.ca)
Lehana Thabane (thabanl@mcmaster.ca)
Maggie Gibson (Maggie.Gibson@sjhc.london.on.ca)
Gina Browne (browneg@mcmaster.ca)
Jeffrey Hoch (jeffrey.hoch@utoronto.ca)
Thomas Peirce (tom.peirce@hnhb.ccac-ont.ca)
Barbara Busing (barbara.busing@hnhb.ccac-ont.ca)

Version: 3 Date: 14 April 2014

Author's response to reviews: see over
April 14, 2014

Danica Stephanie Lorrein Jose
Journal Editorial Office
BioMed Central

Re: MS: 1039626294116564

Dear Danica:

Thank you for your letter inviting us to resubmit our revised manuscript titled: “An Interprofessional Nurse-Led Mental Health Promotion Intervention for Older Home Care Clients with Depressive Symptoms”. The reviewers’ comments and recommendations were very helpful in revising our manuscript. The following is our point-by-point response to the reviewers’ comments and concerns.

**Reviewer #1**

1. One direct care provider agency supplied the PSWs and the other supplied the RNs who implemented the intervention. This was clarified in the paper in the description of the intervention on p. 10. Because the intervention involved the RN and PSW working collaboratively together, we did not analyze the outcomes related to the RN and PSW agencies separately.

2. We did not collect information on family caregiver outcomes given space restrictions. However, we did capture some qualitative data regarding the perceived benefit of the intervention for family caregivers on p. 21: “Providers indicated that the family caregivers valued the recognition and support they received for their caregiving roles and responsibilities”. A separate manuscript will be prepared and submitted for publication describing the caregiver outcomes.

3. This is an interprofessional (IP) nurse-led intervention in that the nurse and PSW worked collaboratively with the Home Care Case Manager, the Primary Care Physician, and the other home care providers in the delivery of the intervention. This was clarified in the description of the intervention in the paper on p.10. We did not examine the differential impact of the participants who were referred to IP team members versus those who were not referred to the IP team. This was identified as a limitation in the limitations section on p.37: For example, future research is warranted to determine if those older adult participants referred by the RN to IP team members realized more benefits than those who were not referred to the IP team.
Reviewer #2

1. This is an interprofessional (IP) nurse-led intervention in that the nurse and PSW worked collaboratively with the Home Care Case Manager, the Primary Care Physician, and the other home care providers in the delivery of the intervention. This was clarified in the description of the intervention in the paper on p.10. As described in the description of the dose of the intervention on p. 18, almost one-half (42%) of participants were referred by the RN/PSW dyad to other members of the interprofessional team (including primary care). The IP component of the intervention was addressed in more detail in the discussion on p. 32 (para #1) and again on p. 35 (para #1). In these sections, we emphasize the importance of an IP team approach to depression care management for the older adult study participants.

2. The personal support services abbreviation was added to the glossary of terms. We also clarified in the paper on pages 4 and 7 that personal support services are provided by personal support workers.

3. A table was added to the manuscript that describes the key features of the nurse-led intervention compared to usual home care services (See Table 2). In the description of the intervention on p.12 (para#2), we clarified that a one-day workshop was held with the RNs and PSWs together. Then, a two-day workshop was delivered to the RNs and PSWs in two distinct professional groups to address their unique roles and scopes of practice with respect to the intervention. We moved the description of the number of RN/PSW teams from p. 20 to p. 12 (description of the intervention). We added a table that describes the distinct roles of the RN versus the PSW in the delivery of the intervention (see Table 1). The case conferences described in the intervention involved the unique RN and PSW dyad assigned to each study participant, not the entire 13 member team of RNs and PSWs. This was clarified in the description of the intervention on p.11 (para#2).

4. We addressed the finding that about one-third of our sample (31%) had dementia in further detail in the discussion section on p. 32 as follows: An important finding of this study was that it provides preliminary evidence for the effectiveness of the intervention among older home care clients with dementia. This finding is particularly noteworthy given that depression in clients with dementia frequently remains undiagnosed or the depression is considered to be an inevitable and untreatable consequence of dementia. Our findings are consistent with those of previous studies that have shown that dementia in clients with depression does respond to treatment, and appropriate therapy can improve the well-being of these patients [127]. These findings suggest that future IP nurse-led DCM interventions should target older home care clients with dementia.

5. We indicated in the discussion ‘acceptability of the intervention’ section on p. 29 that caring, emotional support, reassurance, and encouragement was perceived as a key factor in treating depression from the perspective of older adult participants. We also indicated that: These findings suggest the need to include a relational measure of some kind in future studies to quantify the impact of this important aspect of the intervention on the outcomes. We indicated in this same section that: Family caregivers indicated that they also valued the recognition and support they received as a result of the intervention. This finding suggests that future IP nurse-led DCM interventions should include a family satisfaction measure of some kind to capture the impact of the intervention on family caregivers.
There was a moderate increase in the study PSWs’ self-reported knowledge and confidence in caring for community-living older adults with depressive symptoms. This was added to the results section on p. 25 of the manuscript. The self-report data was quantitative in nature and was part of the sociodemographic questionnaire administered to the RNs and PSWs.

6. We agree that the lower rate of completion of the IP depression management plan (28%) compared to 78% for depression education could have been related to the small number of RNs compared to PSWs on the team. Indeed, the RNs reported heavy workloads and limited time as a barrier to implementation of the intervention (p. 22-23). We agree that future research exploring the composition, distinct roles and RN: PSW ratio is warranted. This was addressed on p. 28 (para #2) of the manuscript.

7. The sentence in the discussion on p. 31: “Overall, these findings underscore the important role of home care in the prevention, early identification, and management of depression in this vulnerable population” was changed to “Overall, these findings underscore the important role of home care in the “screening”, early identification, and management of depression in this vulnerable population”.

8. As indicated in point 3 above, we included a table (Table 1) that explicates the specific complementary skills that PSWs provided to the intervention that are unique to the contributions provided by the RNs involved in the intervention.

We trust that we have adequately addressed the concerns of the reviewers. We look forward to your response to this revised version and the opportunity of publishing this manuscript in BMC Geriatrics.

Yours sincerely,

Maureen Markle-Reid, RN, MScN, Ph.D.
Associate Professor and Canada Research Chair in Aging, Chronic Disease and Health Promotion Interventions, School of Nursing
Scientific Director, Aging, Community and Health Research Unit
Associate Member, Department of Clinical Epidemiology and Biostatistics
McMaster University
1200 Main Street West, HSC 3N25B
Hamilton, Ontario, Canada L8N 3Z5
Tel: (905) 525-9140, ext. 22306; Fax: (905) 524-5199
E-mail: mreid@mcmaster.ca