Author's response to reviews

Title: Promoting recovery-oriented practice in mental health services: a quasi-experimental mixed-methods study

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Author's response to reviews: see over
Dear Prof Emmelkamp,

I am writing to submit the above manuscript for your attention subsequent to receiving the reviewers reports. We would like to thank the reviewers who highlighted a number of important points all of which we have endeavoured to address. Please find our point-by-point response below as requested.

Reviewer 1: Tom Trauer

1. All regions are covered by a single health provider and are comparable in terms of the services and staffing they provide. A sentence has been added to this effect (p6 – site and respondent selection).

2. We have added the total number of staff eligible to take part in the training and reasons for non-registration. The text highlighted by the reviewer (p10) has been edited to reflect the additional information requested. The number of staff not registering is small and there is no suggestion that the generalizability of the research was adversely affected.

3. The authors agreed with the reviewer that there was some ambiguity regarding the outcomes that were measured. The text has been edited as suggested (p6) to reflect that behavioural intent was measured, and that attitudes were explored via qualitative interviews in the intervention group.

4. The researchers were not blinded to site during the care plan audit. The authors recognise this is as a limitation of the study and this is now reflected in the strengths and limitations section in the discussion (p28).

5. Amended as suggested
6. Amended as suggested
7. Amended as suggested

8. The authors agree that the care plan audit and interviews with staff only provided information about in the impact of the intervention on staff and that this may not necessarily translate into actual changes in care for patients. However, we would consider this less of a limitation of this study which sought to examine behavioural intent, but rather a suggestion for future research. As such, we have added the recommendation that future research address additional stages of change, including translation into patient care (p28 – conclusions)
9. Since the purpose of the Table 4 was to highlight changes in the number and distribution of attributed responsibility of action points, we have amended the table to include percentage change by responsibility which enables valid comparison of the intervention and control groups.

Reviewer 2: Brenda Happell

1. The authors recognise the importance of highlighting the origins of recovery within the user/consumer movement and we have added a sentence at the start of the introduction to reflect this (p4).

2. The authors share the concerns of the reviewer that recovery may become increasingly detached from its original roots, and as such the research project was based on a foundation of considerable user involvement. The project was supported throughout by the involvement members of a substantial steering group. This comprised a number of service users and carers. This group were involved in developing the shape and content of the training intervention as well as overseeing the conduct of the research. The main component of the intervention, an established training package ‘Psychosis revisited’ was originally developed in collaboration with service users, and service users and carers were involved in delivering a number of elements of the training as well as sharing their lived experience with staff participants. Finally, the lead author is a service user herself and provided expertise to the team at the analysis stage, although it should be recognised that the interviews were undertaken with members of staff. The description of the intervention (p7) has been amended to highlight the service users involvement including their role in developing and delivering the training.

3. The methodology section has been amended as suggested to provide an overview of the design in the opening paragraph (p6).

4. While we believe the discussion provides an insight into the data overall and provides possible explanations for our findings, we have taken on board the reviewers comments that the description was insufficiently embedded in the literature and endeavoured to rectify this. We have further explored the findings in context of the developing field of implementation science and behavioural change (p24); added reference to another paper addressing critiques of recovery (p25); and highlighted relevant literature regarding the process of systematic change in relation to measurement of recovery (p26).

Both reviewers additionally offered suggestions regarding the length of the paper, although these are identified in each case as discretionary and for consideration. However, their comments are rather conflicting with one suggesting consideration of two papers in order to expand the qualitative element and the other a reduction of the qualitative results section. We believe that one of the strengths of the paper is in its mixed methods design, providing the reader with both an overarching picture of the intervention and a understanding of the process of implementation through the voice
of participants. Given the unique capacity of online journals such as BMC to publish such articles, we have chosen not to split or substantially edit the paper beyond the reviewer’s essential revisions. In our view this maintains the overall value of the mixed methodology, maximises the breadth and depth of knowledge available to the reader, and relevance to services seeking to implement similar programmes. We have added a sentence to the strengths and limitations section of the discussion (p28) to support this position.

We hope that this addresses the reviewer’s comments sufficiently and we look forward to receiving your response.

Yours Sincerely

Helen Gilburt