Author's response to reviews

Title: Understanding the problems developing a healthy living programme in individuals with serious mental illness: a qualitative study

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Version: 2 Date: 10 January 2014

Author's response to reviews: see over
Reviewer's report 1
Title: Understanding the problems developing a healthy living programme in individuals with serious mental illness: a qualitative study
Version: 1 Date: 23 August 2013
Reviewer: Scott Brunero
Reviewer's report:
Thankyou for the chance to review this paper.
My first point is around method selection ‘grounded theory’, from how you have presented your results I am not sure grounded theory was followed. Did you use constant comparison? Did you produce a substantive or grand theory? The purpose of quoting participants is to reflect the nature of parts of theory you produce, in parts you have provided excerpts of transcripts, which are unnecessary in grounded theory, there is no need to transcribe the questions asked. What is important is the narrative around the ‘themes’ or elements of your theory. Have you in fact completed a content analysis? (Neuendorf 2002).
The discussion needs to be more in depth and reflect the current literature, what can been proposed for future practice, how can we use the theory you have generated to aid practice. What is new about your research, what gap in the literature does it fill? The following studies may help in you discussion:
Level of interest: An article whose findings are important to those with closely related research interests
Reviewer's report 2
Title: Understanding the problems developing a healthy living programme in individuals with serious mental illness: a qualitative study
Version: 1 Date: 14 October 2013
Reviewer: Daniel Bateman
Reviewer's report:
This is a qualitative paper describing attitudes, views and experiences of adults with serious mental illness who declined to participate in a healthy living programme. Thirteen adults with serious mental illness who declined participation in a healthy living programme were interviewed. In the interviews specific barriers to participation, attitudes toward healthy living, and difficulties individuals encountered when trying to improve health practices were explored. Whether being part of a research study may have affected participation in the healthy living programme was also studied.
This paper has several strengths. The topic of early mortality and high medical co-morbidity in adults with serious mental illness and need for psychosocial interventions that effectively address these problems is a very important public health issue. Examining the population who did not participate in the healthy living programme can be an effective way of learning this populations' needs and can potentially lead to improvements in healthy lifestyle interventions. Pearsall’s descriptions of the views of people with SMI toward healthy lifestyle programs, barriers to their participation in and recruitment into these programs is a useful addition to the scientific literature.
Discretionary Revisions
1) Would consider showing some of the patient interview excerpts in a graphic form or table
Minor Essential Revisions:
1) In terms of methods, who did the interviewing?
2) Would avoid the use of the first person, "I", in the writing

Major Compulsory Revisions:

1) The abstract needs to succinctly summarize the methods and results as described later in the paper.
2) Need more data on the patient population. Other than mean age of 54.6, half being female, and all having a diagnosis of either schizophrenia, schizoaffective disorder or bipolar disorder, what are other characteristics of the population (medical comorbidity, education level, etc.). A table 1 describing characteristics of the 13 patients would be helpful.
3) Would try to make the message in the discussion under the “lessons learned” paragraph clearer. Several lessons were described. Which have the potential to be the most important and have implications for future research?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests
Understanding the problems developing a healthy living programme in individuals with serious mental illness: a qualitative study

Dear Reviewers,
Many thanks for agreeing to review this paper and for your helpful comments and suggestions. I enclose the changes made to the original paper.

Method selection ‘grounded theory’, from how you have ….

Use of Grounded Theory

The study was conducted using grounded theory. Each participant was interviewed and tape-recorded. Interviews lasted about 35-40 minutes. Electronic software (N Vivo) was used to assist the process of coding, comparison and clustering, labelling and categorising. Constant comparison of data was used. Data was concurrently collected and analysed. Further data was collected and coded or recoded. The coding of data was continually tested against the themes and hypotheses developed from the data.

I included transcripts and verbatim quotations for several reasons. I perhaps included too much detail including the original questions used in the process of guiding the interviews! Verbatim quotations in reporting qualitative research can be helpful for several reasons. Reporting the findings can give a textual representation of the conversation of narrative account, alongside the researcher’s own commentary and interpretation. Quotations can provide an excerpt of the original data allowing the reader to consider their own judgements about the fairness and accuracy of the findings. Sometimes quotations can be useful to illustrate how a person’s life is affected by the condition or experience. Verbatim quotations can offer greater depth of understanding and show the strength of the individual’s views or the depth of the feeling. Direct quotations may also make an article easier to read, and improve focus of the reader.
The discussion needs to be more in depth and reflect the current literature …

Would try to make the message in the discussion under the “lessons learned” paragraph clearer. Several lessons were described. Which have the potential to be the most important and have implications for future research?

Discussion revised in amended paper.

Would consider showing some of the patient interview excerpts in a graphic form or table

Tables 1 and 2 added to the revised paper.

In terms of methods, who did the interviewing?

Text in amended paper revised:

Procedure

Patients were contacted by their own community keyworker to determine whether they would be interested in speaking to the researcher. Efforts were made to reduce potential barriers such as problems with travel. Interviews were arranged at the patient’s home, if they were unable to attend the community base (location of interviews), or community staff members would assist transportation to the community base. *Interviews were conducted by one member of the researcher team (RP).* Written consent was obtained before the start of the interview, including permission to audio-tape the interview. Interviews of patients were conducted until saturation of data occurred, at a point when no further additional information or themes were generated.
Would avoid the use of the first person, "I", in the writing

Text in amended paper revised:

Attitudes and experiences of patients towards a healthy living programme

The initial part of the interview considered reasons for the patients’ reluctance to participate in the healthy living programme. Nearly half of respondents said either they did not recall receiving a letter about the group, or that they had had mail problems at the time of recruitment (Table 1). *Issues such as problems opening mail, or a dislike of official type mail were not raised as a particular difficulty by respondents.* At the time of the distribution of letters about the groups, corresponding copies of appointments were also sent to the patient’s keyworker in the community mental health team.

Patients in the remaining interviews gave a variety of explanations for their non-response to the invitational letters. Some indicated that they were aware of the invitation letter to the healthy living group, but said that they had had a recent health check and did not feel they therefore needed to attend. One patient said:

*The abstract needs to succinctly summarize the methods and results as described later in the paper.*

Abstract revised in amended paper

**Additional Information about Demographics**

Unfortunately no additional information was collected about individuals that had not attended the programme. We were conscious of the possible reluctance of individuals to attend for an interview given that they had already declined to participate in the healthy living programme. We aimed to make the qualitative study as short in time as possible to encourage participation. We agree additional demographic data would have been helpful. It would have been valuable to compare attenders and non-attenders in a broad range of demographic indices.