Author's response to reviews

Title: More age-care staff report helping care recipients following a brief depression awareness raising intervention

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Author's response to reviews: see over
Responses to reviewers’ reports

Reviewer's report
Title: More age-care staff report helping care recipients following a brief depression awareness raising intervention
Version: 1 Date: 3 December 2012
Reviewer: David Mellor

Reviewer's report:
Review of the manuscript entitled: More age-care staff report helping care recipients following a brief depression awareness raising intervention.
This paper reports on an important topic. With the population aging, and the rates of depression increasing, it is vital that those who provide care for the elderly members of the community be aware of the signs of depression and how best to address this disorder. It is particularly important that aged care staff feel competent to engage in these activities. Many programs have been developed to achieve this end, but mixed results have been reported as far as the actual achievement of the end point aim of having care recipients’ depression appropriately addressed. The current paper provides a reasonable summary of this state of play and reports on the effectiveness of a new one session training program. In addition, the paper reports on the state of knowledge and efficacy of the participants pre intervention.
It is puzzling why general staff and managers were included in the study. Can it be demonstrated that they have a role in direct patient care, and that their responsibilities would allow them to intervene with depression? The inclusion of these group may have distorted the findings. See changes bottom of page 6

The coding of the helping responses raises some issues in that they are described as evidence-based or not. Staff were asked what they would do if a resident was showing symptoms of depression. In the Results, these responses are described as “correct help”. No information is given about these responses, especially examples. Is this variable assessing knowledge of the efficacy of CBT, pharmacology, activity scheduling etc. ? Or does it relate to interventions the individual care provider could deliver? What evidence-based interventions can a manager, admin officer, or PCA deliver? What do they see their roles and the limits of their roles to be? Is talking with depressed care recipient an evidence based intervention? Does reporting to a SN equate to an evidence-based intervention? See changes pages 7 and 12 (full list of coding of responses available on request)

It is a bit of a shock to find that those with training in mental health do not report greater confidence than other groups in dealing with depression at baseline. Should this be discussed? See changes made at bottom of page 14

The helping behaviours are also limited by role responsibility. Given that aged care facilities are generally very hierarchical organisations, it is uncommon for a PA or admin person to feel that they can engage in at least 5 of the six prescribed helping behaviours. Further, in nursing homes, from which 32 participating staff came, residents cannot take many of the actions included in the list. Referrals to specialist service for example, involve senior staff or GPs making necessary arrangements. It is well documented that aged care staff find it
very difficult to convey any suggestion to a GP. See changes page 16

While there is some analysis of dropout by demographics, it would be useful to determine if the dropouts differed on the outcome variables at baseline as well. Overall, the results seem to tell the story that staff have some knowledge of appropriate interventions that doesn’t change over time. However, confidence in responding to depression increases, as does frequency of actions following training. This seems to suggest that increasing confidence is what is required to improve helping behaviours. Such increases may unleash the knowledge. This argument does not seem to have been made. Instead, the Discussion is a long list of baseline differences without much interpretation. It may have been better to deal with the baseline analyses first, and then discuss the outcomes of the training. See changes pages 10 and 13

Other issues
It would be useful to describe the length and nature of the training in the Abstract See change page 2

On page 4 the sentence “For example, a recent study [18] investigated staff knowledge and self-efficacy related to recognizing and responding to depression also looked at whether training improved numbers of referrals for depression” seems to have a grammatical error The following sentence refers to “they”, presumably referring to the authors. See changes made page 4 and 5

On page 5 it is stated that “very little previous work has looked at staff self-efficacy around providing assistance to depressed care recipients”. I am not convinced that this is the case. The authors might look into their own reference list as a start. See page 5, wording changed

Page 6: it may be important to describe what a hostel is to help international readers. High care and low care are terms often used. It may also be useful to describe the demographics of the sample in more detail at this point. See changes page 6

Level of interest: An article of limited interest
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 no competing interests
Reviewer's report
Title: More age-care staff report helping care recipients following a brief depression awareness raising intervention
Version: 1 Date: 20 January 2013
Reviewer: Nigel Wellman
Reviewer's report:
Major Compulsory Revisions
1) The tables contain numeric errors and I think that it is essential that all numeric data in the paper is reviewed and corrected. For example: A footer to Table 1 states that not all participants answered all questions. Even with this caveat, many of the numbers seem wrong. For instance the table states that there were n=19 nurses and 94.1% of these nurses (n=16) were female, but 16/19 is 84.2% not 94.1% and the table is riddled with similar errors. I also think that many of the percentages given in Table 3 are incorrect and that the authors need to check all of the numbers given in the paper, correct where necessary and provide clear explanations where numbers diverge because of missing data. See revised Table 1 page 23. Figures should now make sense with info on missing data. Figures in Table 3, p 25 are correct

2) This reviewer is UK based and in the UK one would expect a very high percentage of residents in nursing homes and residential care settings or otherwise receiving elder care to have varying levels of cognitive impairment due to dementia and this certainly complicates the recognition of depression. The study ran across a range of care-settings and for an international audience I think it would be helpful to have some brief description of the clinical populations managed by these services and perhaps some discussion of the issues and difficulties faced in detecting and responding to depression in older adults. Paragraph added page 3. Populations described on page 6

Discretionary Revisions

1) Although not the main focus of this paper, this reviewer (a mental health nurse academic by background) was both troubled and perplexed by the poor performance of the nurses, particularly the mental health nurses in detecting and managing depression in their patients and some extra discussion of this issue would be welcome. Concern has been expressed over the poor response of the nurses see top of page 14

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: Yes, and I have assessed the statistics in my report.
Declaration of competing interests: I declare that I have no competing interests.
Reviewer's report

Title: More age-care staff report helping care recipients following a brief depression awareness raising intervention

Version: 1 Date: 17 January 2013

Reviewer: Mark Haddad

Reviewer's report:

Overall comments: The study by Atkins and colleagues addresses a topic of public health importance, and of interest to service providers and educators. The questions posed by the investigators are clearly delineated – and are examined by methods which are adequate and well-reported.

The focus on self-efficacy in relation to providing support and assistance for older people with depression appears relevant to this area and an addition to scientific knowledge.

The study methods and approach to data analysis are clearly described and appropriate for the data type and study design. Likewise, the presentation of data, analyses and findings are clearly presented.

The discussion of the results would merit from some alteration, with a more cautious interpretation of some of the findings – which are derived from an uncontrolled study utilising novel and untested measures of the key variables. Overall, I recommend this work publication in BMC Nursing with minor revisions.

Minor issues not for publication: Not usually necessary or appropriate to note ‘e.g.’ prior to a referenced work (e.g. 5…): citation/ referencing per se notes the relevance of the cited work. Egs removed throughout paper

Discretionary Revisions:
The term ‘low care.. staff’ (introduction, third paragraph) although commonly used in Australia, possibly requires a brief explanation at point of first use for an international audience. See page 6 for description

Minor Essential Revisions:
The background paragraph (5) that remarks upon improving detection rates does not necessarily translate to changes in clinical responses would be usefully amplified by reference to meta-analyses that have indicated that case-finding or screening questionnaires for depression appear to have little or no impact on its management by clinicians e.g. Gilbody et al 2008 CMAJ 178: 997-1003 Added to page 4

The statement in the final section of the background that - ‘… no previous research appears to have explored unprompted knowledge of appropriate help giving behaviours or examined the knowledge and confidence of staff in high care environments.’ somewhat overstates the point and may merit some further consideration: a number of other studies have explored knowledge and attitudes (including confidence/ self-efficacy) among clinicians and care staff in relation to this client group. For instance Ayalon et al (2008) Correlates of knowledge and beliefs about depression among long-term care staff. Int J Ger Psych 23: 356-63; Butler & Quayle (2007) Training primary care nurses in late-life depression: knowledge, attitude and practice changes. Int J Older People Nurs 2:25-35. Consider change to e.g.’… Although other research has examined the knowledge and confidence of staff…, to our knowledge other studies have not
explored unprompted knowledge of appropriate help giving behaviours...’changes made page 5 and references added

In the Results, change/ add e.g. - Table 3: Proportion of staff who REPORTED PROVIDING ASISTANCE TYPES before training (BT) and six month follow up (FU). Changes made p 25

In the Discussion section (paragraph 2), the authors note that: ‘.. In addition, nurses were no more likely than other staff members to help care recipients who were potentially depressed. This is of concern as it is may be the nurses’ role to liaise with GPs and ensure that care recipients receive help.’ The discussion of this finding should be couched more tentatively: e.g. ‘... nurses reported they were no more likely... If this accurately indicates their actual clinical responses it would be of concern as it is likely to be nurses’ role to liaise...’ Similarly with this paragraph, the authors note: ‘...In the current study ...it is of considerable concern that they did not have either greater knowledge of depression or were more likely to help than other groups of staff.’ Changes made bottom of page 13 and top of page14

The study measures did not examine knowledge of depression per se – so an alteration to e.g. ‘greater knowledge of appropriate responses to depression’ This clarification would also be helpful in the 4th paragraph where the authors state: ‘Those with previous training ... did not have greater levels of knowledge.’ (i.e. ...of appropriate ways of assisting care recipients with depressive symptoms.’ Change made page 14

Consideration of the study limitations should (rather than simply stating the design was no an RCT) note that because this study was a single group pre-test post-test design, - so - because there was no comparator group - any changes identified in the measured variables may be due to historical, maturation, and testing effects. Changes made page 16

The authors should also note that the generalizability (external validity) may be limited by both the selection of staff from a specific geographical location, as well the response/ participation rate. Changes made page 16

The authors rightly note potential deficits in the approaches to measurement. Major Compulsory Revisions:
None.

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

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of
Reviewer's report
Title: More age-care staff report helping care recipients following a brief depression awareness raising intervention
Version: 1 Date: 11 January 2013
Reviewer: Kuruvilla George
Reviewer's report:
No revisions recommended
Level of interest: An article whose findings are important to those with closely related research interests
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 no competing interests

No changes required