Reviewer's report

Title: The Delivery of Stop Smoking Support to People with Mental Health Conditions: A Survey of NHS Stop Smoking Services

Version: 1 Date: 30 March 2010

Reviewer: Peter Gariti

Reviewer's report:

The study examined the extent that NHS guidelines are followed for smokers with mental health problems. British Guidelines for Stop Smoking Services include assessing for mental health problems and coordinating with mental health providers. The results suggest that guidelines have been inadequately implemented. The prime implication of the study is that smokers with mental health problems may not be receiving adequate enough care due to gaps in service delivery and disincentives. The continuing failure to integrate smoking cessation treatment into mainstream mental health treatment is an important issue.

On the whole, the study is well presented with some notable exceptions. To strengthen the study, both the abstract and background section need to be better developed and integrated (Discretionary Revisions). There are important statements made in the abstract that aren’t mentioned in the main text. For example, “...withdrawal can mimic or exacerbate symptoms of mental illness....” doesn’t appear in the main text (Compulsory Revision). The use of jargon can compromise specificity (e.g., strategic driver, ring-fenced, etc). Other specific comments, questions, and suggestions are made by manuscript section.

Abstract

1. Both treated and untreated nicotine withdrawal can mimic or exacerbate symptoms of mental illness such depression and anxiety (added). There is considerable individual variability for reported nicotine withdrawal symptoms experienced while taking approved first line smoking cessation medications. Further, there are “black box” warnings for possible negative effects associated with some smoking cessation medications (i.e., varenicline and bupropion) on mental status such as exhibiting changes in behavior, depressed mood, and hostility and having suicidal thoughts while using these products. These points serve to more strongly underscore the need for appropriate screening for mental health problems, careful monitoring during smoking cessation treatment, and coordinating with mental health providers (Discretionary Revisions). As mentioned anything appearing in the abstract should appear in the main text (Compulsory Revision).

2. What are strategic drivers? (Discretionary Revision)?

Background
3. Is the acronym NHS well enough known so that the abbreviation need not be fully stated on first presentation (Discretionary Revision)?

4. See point 1 about the potential changes in mental status associated with a quit smoking attempt (Discretionary Revisions).

5. The metabolism issue needs a citation (Minor Essential Revision).

Results

6. By mental health status or mental problems do you mean current or lifetime history of mental health problems (Minor Essential Revision)?

7. Do mental health problems include mood disorders, anxiety disorders, substance use disorders, and psychotic spectrum disorders (Minor Essential Revision)?

8. What are targets (Discretionary Revision)?

9. Missing verb were, referring to few community mental health referrals for smoking cessation treatment (Minor Essential Revision).

10. What is the definition of the four levels (Minor Essential Revision)?

11. What is ring-fenced (Discretionary Revision)?

12. Does ‘quit targets’ mean percent that stopped smoking during a treat attempt (Discretionary Revision)?

Discussion

13. What is a strategic driver (Discretionary Revision)?

14. The phrase “if not as poor as perceived by respondents” is unclear (Minor Essential Revision).

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 no competing interests.