Author's response to reviews

Title: General practitioners' opinions on how to improve treatment of mental disorders in primary health care. Interviews with one hundred Norwegian general practitioners.

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Version: 2 Date: 9 December 2009

Author's response to reviews: see over
Reviewer's report

Title: The opinions of general practitioners on how to improve treatment of mental disorders in primary health care

Version: 1 Date: 11 August 2009

Reviewer: Lynda Tait

Reviewer's report:

Reviewer’s comment:
The issue of improving the quality of mental health care delivered within primary care is of interest to the wider primary care and secondary care community, considering the prevalence and burden associated with common mental disorders, and the recent focus of health policy on widening access to effective psychosocial interventions.

This manuscript deals with eliciting GP suggestions for improving the quality of mental health care delivered within primary care using telephone interviews and the method of qualitative content analysis. The main improvements suggested by GPs included increasing capacity in secondary care, improving collaboration between GPs and secondary care, improving GPs skills and knowledge and increasing consultation time for mental illness in primary care settings. It was concluded that the study did not identify any short-term, cost-effective interventions to improve treatment within primary care.

Reviewer’s comment:

Major Compulsory Revisions

Abstract

1) Page 2: The abstract does not adequately reflect the manuscript to enable it to stand alone from the body of the paper. There are discrepancies between the abstract and the main method section in relation to sampling. In the abstract, “100 GPs were contacted”; but, allowing for the out of scope (n=107), there were 246 GPs contacted from the total number of GPs and 100 GPs consented.
*Action taken:*

We have amended the abstract in accordance to the reviewer’s comment.

*Reviewer’s comment:*

2) Page 2: Further details should be provided on how the study was done. For example, that telephone interviews were conducted and that the method of data analysis was content analysis.

*Action taken:*

We have amended the abstract and included the details suggested by the reviewer.
Reviewer’s comment:

Background

1) Page 4: All claims made should be substantiated more accurately. There is a lack of citation accuracy, where articles are misinterpreted to buttress arguments and support claims made. For example, it is stated that ‘many experts claim that depression is easy to diagnose and treat’. However, this is misleading and the citation (Ref #3) to the Moussavi et al study is not an appropriate one to support the claim. Moussavi et al investigated decrements to health due to depression compared with a range of diseases. What these authors do conclude is that “Depression can be treated in primary care or community settings with locally available cost-effective interventions”. Andrews and Titov in their commentary on the Moussavi et al study added their opinion that: “a disorder that is simple to recognise and not difficult to treat”.

Action taken:

We are sorry about these embarrassing mistakes. We have corrected all of these, and also checked all other references in the document.

Reviewer’s comment:

2) Page 4: There is incorrect referencing in the following sentence, ‘In Australia, it is estimated that less than 30% of patients with depression....asthma is around 90%”. Andrews and Titov’s commentary article on the Moussavi et al study is inappropriately cited here (Ref #4), and they cite Sanderson et al, 2003 and Simonella 2006 as the source of the respective percentages they refer to. This lack of precision would make it more difficult for readers to follow up any references of interest to them.

Action taken:

As mentioned above, all references are now correctly cited.
Reviewer’s comment:

Methods
1) The method section is too short and lacks important detailed information for readers to judge the quality of research. There is a need to convince the readership that the study has been conducted in a rigorous manner. References relevant to content analysis should also be cited.

Action taken:
We have expanded the methods section with details on the procedures and the content analysis of the data, and we have also added references relevant to content analysis. We have also added more information on how the study was presented to the GPs approached, and also how informed consent was collected.

Reviewer’s comment:

2) Page 6: This section needs to contain a more accurate description of the sampling and also needs to provide more detail to support the credibility of the paper.

Action taken:
We applied stratified sampling in this study. Each stratum was defined as a county (19 in Norway in total), and we sampled a number of GPs relative to the population of each county. The vast majority of GPs in Norway are enrolled in the reimbursement system (which we used for sampling). Details are included in the resubmitted manuscript.

Reviewer’s comment:
3) There were a total of 353 GPs. Disregarding the out of scope GPs (n=107), out of the remaining 246, there were 146 refusals (87 not interested, 59 changed their mind). Therefore, the statement that 100 GPs responded should be re-worded, for example, agreed to participate.

*Action taken:*
We have changed the text in accordance to the reviewer’s suggestion. The word “responded” does not occur in the resubmitted manuscript.

*Reviewer’s comment:*

4) Page 6: The description on how the interviews were arranged needs to be clearer; this appears to say that the interviewers arranged to interview the physicians’ secretaries rather than the GPs.

*Action taken:*
This error (the interview with the secretaries) is corrected in the resubmitted manuscript, and further details on how the interviews were arranged are added.
Reviewer’s comment:

5) Page 6: There is a need to be much more explicit in describing and justifying the analytic approach (why content analysis?), and to provide indicators of quality: specify the unit of analysis; describe the coding procedure used to classify the information; were rules for coding into separate categories developed and agreed between researchers? How did the researcher(s) apply a set of codes to the written texts? How were themes derived from the data? I suggest that references are made to methodological work relevant to content analysis.

Action taken:
We wanted to approach the GPs with open-ended questions to avoid directing their attention in any direction as a response to specific questions asked. On the other side, we needed to be able to quantify responses as to the content of the GPs advice, reflections and opinions. Content analysis was therefore the most suitable approach. Categories were made after all interviews were transcribed and on the basis of reading the responses, and two of the authors (AM and AKK) suggested categories independently and compared the categories afterwards. Themes were derived from the data on two levels as outlined in table 1. The unit of analysis was defined according to content, so that the content always should be possible to place in one category only. This resulted in some units consisting of one sentence only, other of few sentences. The coding was performed by one of the authors (AKK), and another author (AM) coded some of the sentences for reliability, and results were compared with very good agreement. (See next paragraph for more information on this.)
Reviewer’s comment:

6) The issues of inference and reliability should be addressed. Did two researchers independently code the information? How were disagreements about categories between researchers resolved? There should be a high degree of agreement to classifications of categories and I would expect to see Cohen’s Kappa value used to measure agreement.

Action taken:
As described above, two of the authors (AM and AKK) independently coded some of the statements, and results were compared with good agreement. Disagreement was minor, and often due to ambiguity or vagueness in the responses coded. We did not then estimate degree of agreement applying Kappa values. However, inspired by the reviewer’s comment, our research assistant (Camilla Løvvik) coded all statements again after reading the manuscript and a short instruction given by one of the authors (AKK). In our opinion, having the reliability tested by someone outside the author group is a better reliability test than having any of the authors do it. After coding, we estimated Cohen’s Kappa values for agreement, which was 0.73 for all categories (as in table 1), and 0.91 for domains (the four categories in italics in table 1). Altman’s book on medical statistics describes these as being good and very good respectively. Information on this is added to the manuscript.

Reviewer’s comment:

7) Was the content analysis completed manually or with computer assistance? Given the size of the data set, I would have thought that computer software would have been used. If so, the software package used needs to be reported.

Action taken:
No, we did not use any computer assistance beyond normal office tools (MS Excel, MS Word and EndNote). We do not believe this to have influenced the results.

**Reviewer’s comment:**

Results
1) Page 7: No information is provided on the characteristics of the sample.

**Action taken:**
Information on gender and number of years as primary health care practitioner is now given in the resubmitted article. Thirty percent of the informants were female physicians, and the average number of years as a primary care practitioners was 17.8 (range 0.5 - 35.0). This distribution is in accordance with another study which has used Norwegian GPs as informants, and which concluded that this distribution is representative for Norwegian GPs in general. A reference to this study is included in the resubmitted article.

**Reviewer’s comment:**

2) It is customary to label the quotations with numbers, for example, so that it is transparent who is providing quotations – the same participant or different participants.

**Action taken:**
In principle, we fully agree with the reviewers comment. However, all the referenced quotations are from unique participants, and this reduces the relevance of this procedure. We have added a comment on this to the methods section.

**Reviewer’s comment:**

3) Page 7: Many of the quotations do not support the researcher’s interpretation.
For example, most of the quotes refer to difficulty in accessing secondary services. The statement ‘many suggested an increase in numbers of psychiatrists and psychologists...’ but this is unsupported by any quotation, rather, the quotation refers to difficulty gaining access. Increased capacity does not appear to be supported by its related quotations: again, referring to difficulty in referring patients to secondary care, waiting lists and accessibility.

*Action taken:*
We agree, and we have therefore allowed for more quotations in the text to illustrate more adequately the various issues raised by the participants.

*Reviewer’s comment:*

Discussion

1) It is reported that ‘some’ GPs compared mental health care with health care for physical health problems. However, this issue is embedded within one quotation only within the theme of collaboration. This finding should be supported by further relevant quotations.

*Action taken:*
Upon the reviewer’s request, we have added more quotations to illustrate this point further.

*Reviewer’s comment:*

2) It is claimed that the sample was representative of Norwegian GPs when discussing the strengths and weaknesses of the study. However, no GP characteristics were given to support this claim.

*Action taken:}*
As mentioned above, we have added sample characteristics of the participants. The issue of the sample being representative is based on the stratified sampling, and the gender and years of practice distribution which is in accordance with another Norwegian study which concluded that this was representative for Norwegian GPs in general. A reference to this study is included in the resubmitted manuscript. We have added reflections on this to the strengths and limitations section of the study.

**Reviewer’s comment:**

3) I do not understand the explanation given for the choice of method, content analysis, being a study weakness, which serves to undermine the overall credibility of the study. It is stated that ‘there is an element of categorisation of the transcribed responses’. But ‘categorisation’ is the hallmark of the approach to conducting content analysis? I suggest that any potential weaknesses that might be relevant relate to problems of inference and reliability and how these are dealt with.

**Action taken:**

Our statement that the method chosen is a weakness of the study, was clearly a misleading statement. What we intended to communicate was that as with all methods, content analysis also has its specific weaknesses. We also fully agree with the reviewers next comment on categorization, and we have rewritten this entire section to remove these misleading statements.

**Reviewer’s comment:**

Minor Essential Revisions

1) In the introduction section, the aim could be re-phrased to more closely reflect the major objective of the study. ‘Opinions about needs for improved treatment’ – ‘needs’ could be replaced with ‘suggestions’.
Action taken:
We have changed the text accordingly.

Reviewer’s comment:

2) In the results section, the second theme – should this be collaboration or co-operation?

Action taken:
We do think collaboration best translates the Norwegian words here.

Reviewer’s comment:

3) There are several typographical errors throughout the manuscript (e.g., page 8, ‘diagnose’ instead of ‘diagnosis’; ‘house office’ instead of ‘officer’; ‘loose’ instead of ‘lose’; page 11, ‘diagnose’ instead of ‘diagnosis’; page 12, ‘corporation’ instead of ‘co-operation’).

Action taken:
We have re-examined the document for typographical errors and corrected these and others.

Reviewer’s comment:

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.
Reviewer's report

Title: The opinions of general practitioners on how to improve treatment of mental disorders in primary health care

Version: 1 Date: 23 October 2009

Reviewer: Paul Walters

Reviewer's report:

Thank you for asking me to review this interesting paper. Overall the paper is well written. The aims of the paper are clearly set out i.e. to explore Norwegian GPs' opinions on how the treatment of common mental disorders in primary care could be improved.

Overall I think this paper is of sufficient interest and quality to warrant publication though there is little surprising in the results. However, I think it needs to be revised before publication.

Reviewer's comment:

Minor amendments

1. The qualitative methodology needs to be described in a lot more detail e.g. who did the coding, how was the data coded, how were the themes verified, what was the theoretical framework used?

Action taken:

This issue was also raised by the other reviewer, and we have added much information to ensure enough details on this. Please see responses to Dr. Linda Tait on this issue.

Reviewer's comment:
2. The background is unfocussed and should be made more relevant to the research. I would have thought it was more relevant to discuss work that has already tried to improve mental health outcomes in primary care here rather than a general discourse on the need to improve outcomes. (though I note this has been discussed in the discussion)

**Action taken:**
We have changed the text slightly, but we feel that the majority of this needs to be in the discussion.

**Reviewer’s comment:**

3. In the discussion the authors state that within IAPT the treatment ‘will largely be group sessions using a cognitive behavioural framework’. This is not true. IAPT is dividing its services into low and high intensity treatment. Treatment is CBT based but not necessarily run in groups.

**Action taken:**
Thank you for this information, we have changed the document according to this information (which was new to us).

**Reviewer’s comment:**

4. There are a number of typos: Page 7. I think the authors mean ‘cooperation’ rather than ‘corporation’; page 11 para 2 ’ A model where the practitioner does....’; Page 12 para1 Samm ‘T’ after the colon; Page 13 last sentence ‘...but so are mental...’

**Action taken:**
We have re-examined the document for typos, these and other errors are now corrected.
Reviewer’s comment:

Level of interest: An article of limited interest

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 interest