Reviewer's report

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

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Reviewer: Lynda Tait

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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.

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.

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.

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”.

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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’.

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

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’).

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.