Reviewer's report

Title: An implementation study of the crisis resolution team model in Norway: Are crisis resolution teams fulfilling their role?

Version: 1 Date: 25 September 2010

Reviewer: Lars Kjellin

Reviewer's report:

Systematic evaluations of national programs for mental health are called for, and I welcome this examination of the nationwide implementation of CRTs in Norway. Even though I didn’t find the data presented to come up to my expectations, I think it is of interest to present comparable data from different countries. I have mainly some suggestions in the category discretionary revisions.

1. Aims and study design. Reading that one aim (d) was to examine if the implementation was successful, and that it was a prospective study, led me to believe that this was a study of patient outcomes. I think that ‘… successful in relation to the international model …’ should be clarified. Successful in what way?

2. Sample, second paragraph. I think the subordinate clause ‘… but the way …. are still representative’ should be deleted. It is not convincingly shown that the eight CRTs are representative for all 35, and the matter is sufficiently elaborated in the discussion.

3. Registration form, … Are the reliability data presented referring to the Norwegian version of the HoNOS? It is said that scale 8 was excluded from analyses, but still this scale appears in table 2.

4. Data analysis, second paragraph. A great number of analyses were done, but it appears as if Bonferroni adjustment was applied only for the ANOVAs. If so, why?

5. Results. I think there are some unnecessary repetitions in the text of data presented in tables. On the other hand, in ‘Patient characteristics’, fourth paragraph, some clinical measure data could be presented, and not just the range of p-values.

6. Discussion, Patient characteristics, first paragraph. It seems to me that there are some unnecessary repetitions from the Background.

7. Discussion, Patient characteristics, second paragraph. I don’t understand in what way the sentence “This might give … criticized” can be derived from the preceding text.

8. To me, the most interesting finding of this study is that the national health authorities decided to implement the CRT model nationwide, but that other kinds
of services than CRTs were established. How come? Lack of resources following the decision? Unspecific national guidelines for CRTs? The authors have some comments on this here and there in the discussion, but I think this could be more elaborated (even though a further investigation of barriers to implementation is recommended).

Minor issues not for publication:

9. Some references in the text do not seem to be correct, for example [18] p. 7.

10. Results, second paragraph and table 1. Three or four teams with a full time psychiatrist/doctor?

11. Variation between teams …, second paragraph. It is stated that there was a significant difference regarding waiting time for admission, but in table 2 the p-value is 0.137.

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.