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:** 21 December 2010

**Reviewer:** Mary-Anne Cotton

**Reviewer's report:**

This is a well written and thorough description of the implementation of Crisis Resolution Teams in Norway.

**Major Compulsory Revisions**

1. I am not sure that the authors can conclude that because the CRTs took on fewer people deemed to be psychotic compared to UK teams that they are necessarily not reaching the target group. This can only be one interpretation and I recognise was covered further in the discussion but perhaps should not be cited in the abstract conclusion.

2. On page 7 under the heading of 'sample', the authors refer to the fact that since their study there are now 35 CRTs in Norway. It is suggested that these new teams do not 'seem' to differ in the way they are organized and operate. This needs to be further qualified so that the results of the original 8 teams can be generalized.

3. The authors comment that the diagnosis was missing for 54% of patients in one team- it is not clear who was responsible in the team for making the ICD10 diagnosis and also whether the data on 'psychosis' was drawn from this or HoNOS. This does place a question on the reliability of the proportion of patients with a diagnosis of psychosis seen by the CRTs and needs to be firmed up.

**Minor Essential Revisions**

1. Throughout the paper there is reference 'to mental problems' - a more preferable term would be mental health problems

2. All the tables could be more compact by making them more tabular

3. I am not sure of the usefulness and accuracy of subdividing the HoNOS items in table 2

4. There is a minor typo error in the last sentence at the end of the 'Variation between teams and their patients' - the 'hads' are in the wrong order!

**Discretionary revision**

1. It would be useful if the authors have any data on whether the introduction of CRTs has had an impact on hospital admissions

2. It would also be useful to clarify why the teams with the extended hours seemed to take longer to assess patients compared to those operating within office hours - I would have thought that they would have been able to see
patients in a more timely fashion.

**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.