Reviewer’s report

Title: Service provision and barriers to care for homeless people with mental health problems across 14 European capital cities

Version: 4 Date: 15 April 2012

Reviewer: M. Scott Young

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Major Compulsory Revisions

1. The methods utilized to determine whether services were deemed “homeless-specific” are described in the second paragraph of the “Assessment of services” section. This is confusing and appears very arbitrary. The authors should explain what they mean by, “if necessary, the proportion of clients who were homeless.” When was this necessary?

2. What is the rationale for identifying “Homeless-specific” services as opposed to services with 49% or less of its clientele being homeless? If homelessness is not an exclusionary criterion, than a service can serve homeless individuals. Any service serving homeless individuals is a resource for these individuals, whether the service is “homeless-specific” or not. The services that an agency can provide are typically based on issues like licensing, staffing, and resources, not the client’s condition. The authors need to justify this important methodological and analytical decision.

3. The procedures used to code and analyze interviews are described in the Data Analysis section. Data from the initial 12 transcripts were coded line by line to develop a coding frame, and researchers from multiple centres were involved. The authors should clarify whether any/all of the initial 12 transcripts were coded independently by more than one researcher to examine inter-rater reliability, or if several researchers coded each transcript together as a group utilizing consensus scoring. The authors should also clarify if each of the last 16 transcripts was coded by only one researcher with no inter-rater reliability checks.

4. The authors should specify the recruitment procedures used to identify the PROMO project’s participating services. Were similar recruitment efforts utilized in each capital city? Are we to assume that the capital cities with fewer participating services actually have fewer services? Should there be a relationship between each capital cities’ population size (Table 1) and number of services assessed (Figure 1)?

Minor Essential Revisions

1. The Methods section on “Identification of research areas” indicates that the population size of each area was between 80,000 and 150,000 inhabitants. This does not match the corresponding Table 1 that suggests the range to be 73,207 to 202,824. This should be fixed.
2. In the Assessment of Services area, the first paragraph describes “general health services,” whereas the next paragraph refers to these as “physical health services.” The term should be kept consistent throughout the manuscript.

3. The statistical significance level is specified as .05, but the authors should also clarify whether the Chi-Square and Mann-Whitney tests were one-tailed or two-tailed.

4. The results indicate that 84 services were described as homeless-specific social care services. The breakdown of these does not add up to 84 (i.e., 30 accommodation + 17 day centres + 13 social support + 5 outreach = 65). Seven of the eight homeless-specific physical health services were described as primary care. The authors should specify the eighth one.

5. The results indicate that countries exhibited a high level of variability with regard to provision of outreach services. Were there other areas in which countries exhibited a high degree of variability? If not, this should be stated.

6. The results indicate that generic services reported having a higher number of paid staff. The statistics should be reported.

Discretionary Revisions

1. While the scope is broad by inclusion of 14 European capital cities, limited methods were utilized to gather information from only two highly deprived areas in each city. The authors should explain why only two areas were selected and why only highly deprived areas were selected. For instance, might a deprived area in one capital city actually have more resources than a non-deprived area in another capital?

2. The second paragraph of the Background section points out that a permanent residence still represents one of the main requirements for registering with the health care system. The authors should indicate which health care system(s) this refers to (e.g., some/all European systems, United States)?

3. Although acknowledged by the authors, a significant limitation of the study is that “experts” were not selected to include representation from homeless or formerly homeless individuals.

4. Some services likely serve a larger number of individuals than other services at any given time. It is a limitation of this study that all services were equally weighted in the analyses, with no consideration of their size. Interviewees may have been able to provide a reasonable estimate on the number of individuals they serve. Some descriptive statistics to this effect would be helpful, particularly alongside each country’s Table 1 population size.

5. Results are structured around three types of services: mental health, social care, and physical health. It would be helpful if Table 2 organized relevant results in this fashion.

Minor Issues not for Publication

There are also some minor problems related to spelling, typos, and grammar.
1. The second paragraph under the “Overall quality of care…” section in Methods lists experts’ professions. The term “Educators” should be used instead of “Education” to maintain parallelism.

2. There are some minor typographical errors. In two instances the results comparing percentage differences use the term “v’s” instead of “vs.” The apostrophe should be removed. In the last sentence of a results paragraph that ends with the statement “were less likely to report have a waiting list,” the word “have” should be changed to “having.” In the sixth paragraph of the Discussion section, the ending of the last sentence should be plural: “they often face were highlighted as important ASPECTS of improving access to care.” The second sentence of the seventh paragraph of the Discussion section should add the word “from” – “this can prevent people FROM being linked into the services…”

3. In the bulleted list of the section “Improving service provision,” in order to maintain parallelism the two instances of “provision of” should be changed to “providing.”

**Level of interest:** An article of importance in its field

**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.