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: 20 April 2012

Reviewer: Jennifer Wittwer

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Discretionary Revisions:

1) On page 5, it is noted that "the more severe the level of homelessness the poorer the level of mental health." As a reader I am curious to know what the varying levels of homelessness are, and how people are assigned to each severity.

2) Also on page 5, you note that "less than a third of single homeless people with mental health problems receive treatment." It is unclear why this was relevant, as the study itself did not focus solely on single homeless people, and it left me wondering how families compare statistically.

3) Page 7, it is noted that "Only services which provide care specifically for homeless people were included in the analysis for this paper." Is this because these are the services that homeless individuals access most often? In my own community, homeless individuals are most likely to access emergency room services for care - it seems that to be so exclusive in analysis may in fact be not examining where individuals are actually going for care most frequently.

4) Page 8, the identification of "experts" is of concern. How was the quality of the "expert" ensured, particularly since only one was interviewed in each area? How did the authors account for the potential bias of this one individual?

5) Page 9 - the phrase "semi-structured interview" makes me as a reader question the reliability of the method utilized.

6) Page 12, it is interesting that the majority of services do not employ any professionally qualified mental health staff. Given the high prevalence of mental health disorders among homeless individuals, it would be helpful to know why the entities are not hiring mental health qualified staff. What are the barriers or biases? How can they not see this as a need?

7) Page 14, it was noted that a barrier relating to health insurance was "not being registered with a GP." What is a GP? Is this defined anywhere in the paper?

8) Page 16, the statistic that "20% of homeless people with mental health problems are also diagnosed as having substance misuse problems" seems very, very low. In the United States we would estimate that as many as 80% of said individuals would have co-occurring disorders. I would recommend comparing and contrasting with other sources. Also - in this same area, what defines a substance "misuse" disorder - Is this dependence? Abuse? Could the
phrasing be used consistently with DSM-IV diagnostics for purposes of clarity?

9) Also on page 16, it is noted "The issue of substance misuse as a barrier to care was again highlighted." I would contend that the problem someone has a result of their illness/disability is not the barrier, the system's inability to effectively address it is the problem. We must use caution in blaming individuals for their illnesses, and this language could be construed as such.

10) Page 18, excelltn point that the interpretation of some of the questions may have differed across countries. You give some examples - more would be welcome.

Minor Essential Revisions:

1) Page 19, This may just be an "American" English thing - but we spell it "focused."

Level of interest: An article of importance in its field

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.