Author's response to reviews

Title: Improving access to psychosocial interventions for common mental health problems in the United Kingdom: narrative review and development of a conceptual model for complex interventions

Authors:

Linda Gask (linda.gask@manchester.ac.uk)
Peter Bower (peter.bower@manchester.ac.uk)
Jon Lamb (jonathan.lamb@manchester.ac.uk)
Heather Burroughs (heather.burroughs@manchester.ac.uk)
Carolyn Chew-Graham (carolyn.chew-graham@manchester.ac.uk)
Suzanne Edwards (Suzanne.Edwards@liverpool.ac.uk)
Derek Hibbert (dhibbert@liverpool.ac.uk)
Marija Kovandžić (M.Kovandzic@liverpool.ac.uk)
Karina Lovell (karina.lovell@manchester.ac.uk)
Anne Rogers (anne.rogers@manchester.ac.uk)
Waquas Waheed (WWaheed@aol.com)
Christopher Dowrick (cfd@liv.ac.uk)
AMP Group (amp@liverpool.ac.uk)

Version: 3 Date: 14 December 2011

Author's response to reviews:

Dear Editor

We have responded to the referee comments as outlined below. We hope the revisions are acceptable but would be happy to make further changes as requested

Best wishes

Peter Bower (on behalf of the authors)

Title: Improving access to psychosocial interventions for common mental health problems in the United Kingdom: narrative review and development of a conceptual model for complex interventions

Version: 2 Date: 24 May 2011

Reviewer: Geoff Wong

Reviewer's report:

This manuscript is an interesting departure from more 'conventional' systematic reviews and as such has taken me some time to get to grips with. I hope that I
have fully grasped what the authors have intended to do, but if I have not, I
apologies in advance and hope that any of my misunderstandings are addressed
in further revisions.

In a nutshell, the manuscript put forwards the case for the need for a different
and 'better' way to conceptualise access to mental health for specific groups. It
has attempted to do so by summarising current models of access, looked for the
use of these in existing published literature and then gone on to suggest a new
model.

Major Compulsory Revisions

There are a number of issues that I felt, if addressed would help to make the
manuscript more accessible to readers. As I had mentioned earlier, it took me
some time to grasp the various purposes of this manuscript.

1) Methods

I have provided comments before about the methods used in this review so I will
no repeat them again here.

I would agree with the authors' decision to down play references to realist
review/synthesis, but I wonder if complete removal of any such references might
be more appropriate.

RESPONSE: We have removed the final reference to 'realist review' as
requested. We have only mentioned 'realist review' in the discussion, to compare
and contrast with our approach. We hope this is acceptable but would be happy
to remove all reference to realist review if this was preferred.

Review methods provide a systematic means of gathering, analysing etc. data.
As such they are of value as the reader then knows what to expect. Hence if a
researcher undertook a Cochrane systematic review, a reader or peer-reviewer
would expect that a specific set of processes would take place in the research.
Realist review too has a specific set of processes and so any mention of such a
method, would influence a reader or peer-reviewers expectations, of for example,
ontological stance, definition and use of key concepts. So, for example, in this
review, the term mechanism is used but the definition provided is not one that is
recognised in any of the realist literature.

This does not in any way mean that the findings of this review are not 'valid' but
more that the process through which it has been generated may not 'fit' with the
method hinted at in this manuscript.
RESPONSE: We accept that our meaning of 'mechanism' may be different, and accept that it may be confusing. On reflection we have removed explicit discussion of 'mechanisms' because of the potential for confusion, as our model did not focus on these issues. We have more clearly located our model within the health services research and intervention development tradition.

2) Results

I wonder if the results section of the manuscript might benefit from re-organisation. Whilst I accept that this may be a personal preference plus that the authors had provided 'sign posting' earlier on in their manuscript, I kept wondering 'where is this all going?'

RESPONSE: We have re-organised the paper by providing clearer signposting at the beginning, and more explicit headings which we hope will provide greater clarity as to the direction of the arguments in the paper.

This review is essentially a narrative review and in any narrative arguing for change it seems to me important to provide a plausible and coherent/consistent argument explaining why the change is needed. As such, might it be better to start off with a clear explanation of what the problem is (as derived from a review of the literature)? The manuscript could when move on to proposing a 'solution' (in this case the 'new/different' model) AND a plausible and coherent/consistent explanation of WHY this 'new/different' model is needed. Again this explanation would be 'supported' by data drawn from the authors' review of the literature. This neatly brings us on to my final point in this section.

RESPONSE: We have tried to implement the suggestions of the reviewer, highlighting the limitations of the current, supply side focus of access policy in mental health, and proposing a more comprehensive model of the demand side factors. We argue that our model provides a more comprehensive assessment of access issues in mental health, and a better basis for policy and intervention. We accept (as suggested by the reviewer below) that the proposed superiority of that model remains to be determined, and the final section considers the methods by which the utility of the model might be demonstrated (both experimental and non-experimental).

3) Limitations

In this section, the authors rightly point out that what they are trying to do is to synthesis concepts/ideas so as to provide a 'better' / more useful way of thinking about access to mental health. Their point (to me) being that if you can understand the process of access better (for specific groups), then this may help
with the design of interventions that try to improve access.

Understanding is abstract and we cannot see it. We can only ever access it indirectly, just as is the case for explanations and theories. There exists a rich literature on the challenges of proving that such abstract concepts are 'right' and the authors may find that they are able to buttress any inferences they make about the 'superiority' of their 'new' model by looking at such literature.

RESPONSE: We accept the point made here and have tried to provide greater detail on how the ideas presented in the model can be assessed in terms of their validity. Initially, this has focussed on evaluation through experimental methods, reflecting the fundamental aim of the model. However, we have extended this to consider the wider literature and other approaches to this problems as suggested by the reviewer.

Minor Essential Revisions

None

Discretionary Revisions

None

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