Reviewer's report

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: 3 Date: 23 February 2012

Reviewer: Geoff Wong

Reviewer's report:

General comments:

Thank you very much for asking me to review this manuscript again. Also my thanks to the authors for taking the time to revise their manuscript after my first round comments. I certainly found it easier to follow what the process of the review was this time round.

Overall I felt that the main messages of this review were ones that are worth while making. Asking researchers to think 'beyond' their field of practice to the wider world (a more systemic approach) is worth shouting about. The observation that what we are dealing with is a complex system is also important.

Minor Essential Revisions

The authors raised the question about further references to realist review (as on page 20). I would suggest that these are removed as though it might be true that UK data is limited, in a 'realist world' this does not necessarily create a problem as data from non-UK studies may be relevant as long as there is sufficient plausibility that the same mechanisms are in operation.

Discretionary Revisions

One aspect that the authors may wish to think about is in how they have laid out the links between the data in their included studies, the inferences they have made about causation and then their section on 'Interventions to improve access in mental health' (page 13 onwards). What I am referring to is the line of argument from data to suggested intervention.

By way of illustration of what I mean, let me give the following examples:

1) Community engagement (page 15)

The links between data to suggested intervention left me wanting to ask more questions. How does community engagement link to the world beyond primary care and in particular candidacy, navigation, appearance?

What you seem to propose is to establish partnerships, and then provide facilitation, training, support and access to resources.

But if you believe that (for example) candidacy is important, then what causes candidacy to 'happen' or not (causation) and how does any one intervention you
have suggested affect this outcome? What, if any, is the influence of the context in which your suggested interventions will be played out in?

It seems at the moment that your claim is that candidacy does not 'happen' because patients are not knowledgeable and so need education about health literacy. Is this the only thing you need to do? Will it work under all circumstances? Is this always the case?

To be able to extrapolate from the specific to the general, we need to have a rationale for any extrapolation. So what assumptions are you making to support your claims? It may also be worth while showing a clear line of reasoning between data to inferences made about what the data tells us about causation and finally how we put our understanding of causation into use - through interventions?

2) Addressing quality in primary care (page 17)

In this section, again, 'education' is suggested as the 'solution'. But based on your analysis of (for example) the concept of adjudication (on page 12), it might be that what causes appropriate or inappropriate adjudication to occur might be due to more than just 'incompetence'?

Causation here seems to run along the lines of poor adjudication judgements are caused by ignorance that can be addressed by training.

Something that struck me in your analysis on page 12 was that in fact little was known about the adjudication process and so attributing causation of the outcome of poor adjudication to 'need more knowledge' might be an inference that might need to be questioned?

I have deliberately made these comments as Discretionary revisions as it is not exactly the case that there is a settled model of causation that we all subscribe to. My comments are not made to devalue any of the inferences you have made, but more to introduce the idea that regardless of whatever model of causation one employs, a clear line of argument helps.

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.