Reviewer's report

Title: A qualitative study of decision making at the interface between primary and specialist mental health services: exploring the rhetoric and the reality

Version: 1 Date: 12 March 2007

Reviewer: Jane Gunn

Reviewer's report:

The authors present a qualitative study conducted as a part of a RCT investigating the interface between primary and specialist mental health care around the issue of referral. Referral is an under studied aspect of primary care mental health and as such this paper has the potential to add important information of relevance to mental health researchers, policy makers and practitioners. My most major comment regards the way in which the results are reported and synthesised – from the data provided I believe that significant improvements can be made to the paper and I outline these below.

• Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)
  1. Providing more information about the referral options available in the UK would assist international readers. The authors state that CMHTs are the main vehicle for specialist mental health care in the community. What other options are available?
  2. In the background section more detail could be provided on the usual configuration of a CHMT and the history of their development. I suggest providing enough information to allow a non-UK reader to decide whether or not their setting has a similar service.
  3. Whilst being clear about the purpose and function of the CMHT is required in order to understand the issues around referral the authors could better articulate why the focus on purpose and function is included when the aim is to explore referral.
  4. The results are presented as a content analysis with many examples of interview text. Sometimes this seems to be a little excessive. For example I was not convinced that the large extracts on page 7 of 26 or on page 10 of 26 are necessary.
  5. Page 11 of 26. The section reporting on GPs wanting assessments of patients would sit better under “what is the CMHT for?”

• Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
  o References did not appear to be in the usual BMC format.
  o Page 4 of 26. Design – typo: decision should be decisions
  o Page 8 of 26 – first quote seems to have errors
  o Page 18 of 26 – data were collected
  o Page 19 of 26 – Error – This the flexibility….
  o Page 20 of 26 – Error – availability of psychological therapies

• Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)
  1. The title of the paper does not adequately reflect the content presented. The authors state that the aim of the paper is to explore the referral process. It would be helpful and more accurate if this was reflected in the title of the paper.
  2. In the methods section I think it would be helpful if more information was included on the RCT. How did the intervention and control groups differ, particularly around the issue of referral? What was the timing of the interviews and taped allocation meetings compared with the roll-out of the intervention in the RCT. Comment on the decision to combine interviews from intervention and control groups – how was this made and how is it justified?
  3. Setting. Page 4 of 26. Provide brief statement about the settings in which the study was conducted. How similar or different are they? Provide some insight for international readers not familiar with these locations.
  4. Participants. Page 4 of 26. State the potential numbers available for interview and include information about the characteristics of these groups – especially important characteristics like age, sex, experience and location. A table could be used or this could be described in the text. Information on non-participants would be particularly helpful, if available. The authors state that they used purposive sampling of GPs. How
many GPs were approached for an interview? Were they aware of the focus of the study on referral?
5. Page 5 of 26. It was not clear to me why there were only 4 full sets of meeting data. Can you explain this more clearly? Perhaps a diagram showing participant flow would be helpful.
6. From the quotes included some very interesting concepts are emerging, yet they are they are not fully articulated in the paper as it is presented. The results headings pose questions that are not fully answered. The paper would be greatly enhanced by an attempt to draw out these concepts and synthesise the findings. A number of major themes are hinted at, but not explicitly stated e.g. ‘role confusion’; ‘GP competence’; ‘workload’; ‘flexibility’ and ‘relationships’. I was struck by the profound influence that ‘trusting relationships’ is playing in the functioning of referral pathways – with practitioners being either ‘scrutinised’ or ‘believed’ and by the lack of focus on the patient. The paper would be improved if these issues were explored in more depth, articulated clearly and linked to existing theories (role theory, or the theory of planned behaviour may be useful).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

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.