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: 21 March 2007

Reviewer: Mike Hazelton

Reviewer's report:

General
This is a useful, well written paper that will ring true to readers involved in either side of the primary-specialist divide. There are also lessons here for those involved in making and enacting policy, and service managers. The methods used to collect and analyse the data follow accepted qualitative research protocols - the research design and approach to analysis is perhaps best described as qualitative descriptive research. Whilst the study was undertaken in the UK, I believe it has broader applicability and will be of interest in other countries that have adopted CMHTs as a central component of a comprehensive mental health service that has been mainstreamed. The phenomenon of interest that is the focus of the study: the interface between primary and specialist mental health services is certainly relevent to the service context in my own country - Australia.

Another useful aspect is that the paper provides an example of how the incorporation of a qualitative component can add value to a larger quantitative study.

Nevertheless I believe the paper could be improved by undertaking a number of revisions as set out below.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

My major criticism of the paper is that in a number of instances the qualitative data reads as if it has been 'forced'. That is, in a number of places the excerpts of interview transcript don't seem to support the claims made in the surrounding text; or seem to provide evidence contrary to the claims made in the surrounding text. I suspect that for the most part such instances may have resulted from the editing of transcripts, and could easily be rectified by replacement with more appropriate excerpts, a careful reworking of the text, or some further analysis. Let me give a few examples.

Page 8: 'I feel that secondary care should at least offer guidance in how we're supposed to manage these patients.' (gp 369) This excerpt is presented as evidence of variations in GP views regarding the clarity of referral criteria but seems to be addressing the need for specialist guidance in GP management of patients with mental health disorders - I'm not sure this nis the same thing.

Page 11: 'if you don't get a tick in the right box you're in real trouble and you ...swearing at people' (GP 616); '...but you don't want to say somebody's dangerous...I wouldn't do that'. (GP 638) Rather than illustrating GP views that CMHTs try to avoid taking on referrals, these excerpts seem to me to be more specifically addressing the tactics GPs use to engage or force greater responsiveness out of a CMHT. While the necessity of employing such tactics may well imply the reticence of a CMHT, I think the point is more strongly made if greater focus is given to the idea of GP tactics used in dealing with CMHTs - I think this brings greater nuance to the analysis.

Page 12: 'I...don't feel that they should have [? to]make those decisions ... to do that... ' (TL 23/1.6); '... GP might be inclined to, on the referral, ...makes it difficult...' (TL 23/1.7) Rather than providing evidence of a CMHT view that GPs should do acute assessments these excerpts seem to me to be indicating a view that GPs should not have to do, or are unlikely to have sufficient time to undertake such assessments.

Page 15: '...part of the team as opposed ...pyramid...' (GP 643)The specific point being illustratrud in this
Page 15: '...Occasionally they'll make kind of unilateral decisions ...the need to...' (TL 10/3); '... they have the sort of final say ...or not appropriate...' (TL 23/1.2) Rather than indicating the extent to which psychiatrists behaved as leaders (which seems a little glib), I wonder might these excerpts be indicating (at a deeper level of analysis) the ways in which psychiatrists might function as leaders by default - i.e. the real leader of the team. It might also be argued that rather than behaving as a leader, making unilateral decisions and failing to communicate effectively might imply a challenge to formal leadership, or a kind of informal leadership (based on expert knowledge/know how). Again, I believe there are interesting opportunities for a more nuanced analysis here that builds on rather than detracts from your central line of argument.

Overall I enjoyed the paper and hope these comments are helpful.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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.