Reviewer's report

Title: Dissemination and implementation of suicide prevention training in one Scottish region

Version: 2 Date: 29 September 2008

Reviewer: Margaret Maxwell

Reviewer's report:

General comment:
The authors correctly identify the gap which this paper attempts to fill in relation to identifying key factors to successful implementation of innovations in health service delivery and organisation. To that end this paper adds new knowledge in the field in general and also in relation to the specific intervention of STORM training.

Minor Essential Revisions

1. Results and discussion (p10) reports on improvements in attitude and confidence frm T1 and T2 T1 and T3 but no data are presented for T3 in tables 2&3. These data should also be presented in the tables if they are referred to in the text.

2. Impact on clinical practice (p11) The figures presented in the last two sentences on this page are a little confusing. Do they mean that 12% of those commenting positively on risk assessment thought the module provided reassurance. The authors present reassurance (12%) and improved confidence (15%) within the risk assessment module - what accounts for the other 73% of positive comments? (My reading of this section may be wrong but perhaps authors need to clarify).

3. Author's discuss the limitations of Greenhalgh's model but do not discuss the limitations of their own study - such as relying on data collected at T2, presumably with forms being returned to those delivering the training? Data collected at T3 may only capture those who still felt 'positive' towards the training and its applicability.

Discretionary revisions

1. What were the backgrounds of the trainers? Is this important?

2. Authors introduce May's 'normalisation theory' without an explanation of this theory or what it adds to Yin's account of 'routinization'. Might this be expanded upon.

3. The Choose Life programme and the STORM training and implementation span the health and social care divide (and perhaps even wider into the
'community' via police and nursery nurse involvement) - were there any specific problems/barriers to be overcome in implementing and sustaining a programme with this remit. Both health and social care organisations posed obstacles - which sector provided the funding/infrastructure? Did this impact on who were trained and who attended?

4. Two of the respondents quoted in this study are 'identifiable' to many people in Scotland (Consultant in Public Health in Highland and Choose Life Coordinator). Presumably they are happy to be identified in this paper - one has commented on an earlier draft.

**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