Reviewer's report

Title: Toward a Policy Ecology of Implementation of Evidence-Based Practices in Public Mental Health Settings

Version: 1 Date: 11 December 2007

Reviewer: Amy Kilbourne

Reviewer's report:

General

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

The purpose of this article is to review the literature on implementing evidence based mental health practices (EBPs) and propose a framework to support implementation of EBPs at multiple levels (e.g., org, policy, society). Overall, this is a well-written and interesting article that provides a comprehensive literature review of the issues in implementing EBP in the context of mental health services.

The paper includes a substantial amount of jargon that limits its generalizability to a wider audience. It would be beneficial if some of the terms such as toolkits (page 4), incentivizing (page 4), and policy levers (page 5), learning organizations (page 9) were defined more clearly, as these terms in themselves can signify a policy approach (or at least a new way of thinking). On pages 14-15, there is a discussion on the recovery models and “person-level” outcomes but these are not defined clearly. The paper might also benefit from other articles that address the multilevel barriers to implementation—notably Pincus et al 6-P framework (Pincus et al 2003).

On page 4 the authors need to clarify what they mean by “packaged” and “toolkits”- are the authors referring to guidelines, clinical pathways, or behavioral intervention treatment models? There is also literature showing that even “user friendly” toolkits are not enough to facilitate adoption, as some of these manuals are not specific enough to allow someone to implement the intervention without substantial training. For a different perspective on making interventions user-friendly, the authors might want to look into the Replicating Effective Programs framework used by the CDC’s HIV prevention efforts (see Kegeles S et al. 2000, AIDS Educ Prev).

Page 10- Another point of general discussion that should be included is whether EBPs are ready for dissemination and implementation in the first place. Many interventions are based on selective RCTs that enroll relatively healthy patients without complex illness or social problems. These interventions are often
time-intensive, precluding their dissemination into routine care. Perhaps a discussion on how organizations/agencies can inform the development of EBPs that are more user-friendly for their client population would be helpful. On page 14, there should also discussion regarding the length and psychological assessments, and how this can impede implementation, as many of the mental health outcomes assessments are lengthy, and whether they yield valid information compared to shorter assessments is open to debate.

While the paper provides a good overview of the policy issues, it would be benefit to have a table listing in greater detail some examples of recommended strategies at these multiple levels presented in the figure, and any evidence from specific instances that show that they have led to successful or partially successful implementation.

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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)

Page 13- the sentence about disease management programs in public mental health settings needs a citation.

Page 17- the evidence for peer support is sketchy at best and perhaps the authors could use a better example.

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Discretionary Revisions (which the author can choose to ignore)

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: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.