Reviewer's report

Title: Enhanced Relapse Prevention for Bipolar Disorder: A qualitative investigation of value perceived for service users and care coordinators

Version: 1 Date: 19 July 2008

Reviewer: Amy Kilbourne

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The goal of study was to determine what the perceived values of an enhanced relapse prevention program were based on the perspectives of service users and mental health professionals using a qualitative approach. This is an interesting account of the barriers and facilitators of implementing psychosocial program at the provider level- and is unique as it includes perspectives of patients and service providers. However, there are a number of concerns that need to be addressed. Notably, the results need to be placed within the larger context of implementing behavioral interventions in routine practice.

1. Background- page 4- “in many health care systems . . . there is no established means of service delivery charged with the responsibility of delivering RP interventions” I would generalize even further and suggest that to date no organizations have a systematic way of disseminating and implementing psychosocial interventions, because the barriers include “market push” (providers find them irrelevant, lack of training and linkage to professional credentialing (CMEs in US) and lack of means to monitor fidelity in a way to hold organizations accountable. The VA and SAMHSA in the U.S. have both attempted to do this by requiring licensures and using toolkits but still, perhaps a bigger “market push” by intervention developers might be needed. This paper addresses the market push aspect because it actually asks the important questions of implementation- what are the perceived values of such programs at the front line provider levels? Hence, greater discussion of these findings within the context of implementation of psychosocial interventions in general would strengthen the paper.

2. The paper might be strengthened if, based on the qualitative results, specific recommendations could be made regarding the key elements to look when assessing acceptability of an intervention. At the very least, are there key questions one could ask in future endeavors that could gauge the perceived value of an intervention program before it actually gets developed, tested, and implemented?

3. Methods – pages 6-7- provide more information on the experience of CCs in training clients in EPR, and make table 3 more clear in how the purpose sampling was done- ie how many were sampled in each category our of the total number of SUs and CCs?

4. It would be important to emphasize in the abstract and results that a knowledge deficit was perceived by CCs (page 9). Also, page 10- further
discussion regarding staff perceptions regarding the generalizability of the model to other conditions would be helpful. There are too many psychosocial interventions developed for specific conditions, even though the core elements of the interventions (e.g., relapse intervention) can be applied to other conditions (i.e., besides bipolar disorder). To what extent did providers consider the training to be applicable to other conditions? Demonstrating that an intervention can be applied to other conditions is an important selling point given that many agencies may be reluctant to adapt and implement disease specific interventions.

5. It would be helpful to organize the results by CC and SU separately- it was sometimes confusing, especially on pages 10-11, which perspective belonged to which group; and a lot of the key messages were lost.

Minor changes:
1. Page 3 in background, first line- change per cent to “percent

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.