Reviewer's report

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

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Reviewer: Michael Kauth

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Enhanced Relapse Prevention for Bipolar Disorder: A Qualitative Investigation of Value Perceived for Service Users and Care Coordinators

Major Compulsory Revisions

1. This is an interesting and potentially relevant study for clinicians who treat Bipolar Disorder. This qualitative study attempts to determine the perceived value of Enhanced Relapse Prevention (ERP) for care coordinators and service users with Bipolar Disorder. The study methodology is appropriate. It would be helpful to put the current study in context: what was the outcome of the randomized control trial for ERP training? The authors do not say. The authors note that 8 of 14 service users who received ERP training had experienced a relapse, but it is not clear whether the 8 did or did not employ the relapse intervention. How many service users in the ERP condition actually used the intervention? The only data in the manuscript that suggests the outcome of the training study is the relapse data reported in Table 3 (p. 30). It appears that 43% of the ERP trained group experienced a relapse compared to only 29% of the treatment as usual group. If we are to assume that everyone trained in ERP actually used it, then it would appear that the intervention was ineffective. If the intervention was not successful, the approach should be to interview end users (providers and consumers) to determine barriers to adoption of ERP. If the ERP trained group failed to use the techniques to prevent relapse, then it would be worthwhile to interview service users about why they didn’t use the intervention and whether low perceived value may have played a role. It is puzzling why the intervention group experienced a higher rate of relapse. However, if I am reading the table wrong and the ERP intervention was successful, the authors should indicate this clearly. Then the approach should be to interview end users about facilitators to adoption of ERP, as well as barriers for non-adopters. This confusion about the outcome of the current study needs clarification and will reshape the paper.

2. Related to the original study, how long after the training were service users interviewed? In other words, how much time did service users have to practice ERP before they were interviewed about its use or non-use?

3. The authors want to know the perceived value of ERP to promote generalization of the practice. They note that perceived benefits of the intervention should outweigh the perceived barriers (p. 5). Thus, I would expect
to see a table that compares Benefits and Barriers of ERP. Table 4 does not help to convey how the perceived value of ERP could be exploited to promote generalization.

4. How strong was the perceived value of the intervention? The purpose of qualitative work is to complement and explain the quantitative data. More precisely, state for whom the intervention had high perceived value, and for whom it had low value. As presented, the reader is unable to evaluate the relative merits of the comments provided.

5. The authors raised the issue of “catalytic” validity and then ignored it. If the goal of identifying perceived value of ERP is to enhance generalization of the intervention, I would like to see a table of ERP facilitators and ERP barriers based on perceived value.

6. One important limitation of this study is that research participants often want to please the researcher by telling them what they want to hear. The authors should comment on this possibility as a bias, or challenge it.

Minor Essential Revisions

1. The paper would read better if it was more concise. I don’t see the necessity of providing a quote to illustrate each theme. A few illustrative, incisive quotes can make a powerful impact. Further, there appeared to be more quotes from care coordinators than from service users. For me, a quote from a service user about ERP makes a strong statement, and a quote from providers about service users is more easily dismissed.

2. Although this is a qualitative study, some reference to the frequency that certain themes were raised would help the reader evaluate the importance of the theme.

3. “Deprivation indices” may be a vernacular term that is not immediately clear to an American audience. Is this a poverty index? I suggest that the authors substitute a more descriptive term here.

Discretionary Revisions

None

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.