Author’s response to reviews

Title: Embedding effective depression care: using theory for primary care organisational and systems change

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Version: 2 Date: 27 May 2010

Author’s response to reviews: see over
27\textsuperscript{th} May 2010
Professor Jane Gunn
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Dear Implementation Science Editorial Team,

Re: 1514566666371855 – “Embedding effective depression care: using theory for primary care organisational and systems change”.

Thank you for the opportunity to revise our manuscript and the helpful feedback provided by the reviewers of our paper. I include in the below table the details of the reviewers’ suggested changes and our response to each of these.

I have also provided a tracked changes and highlighted version of the manuscript so that the editors can identify these changes easily.

One reviewer asked about the formatting of Tables 1 and 4, we have left these in portrait as they were per the journal requirements; these could be altered to landscape if the editorial team would prefer this.

I look forward to your response and feedback on the manuscript.

Yours sincerely,

Professor Jane Gunn on behalf of all authors.
### Revisions based on Reviewers’ comments

<table>
<thead>
<tr>
<th>Comment</th>
<th>Reviewers’ Revisions</th>
<th>Authors’ Response</th>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td><em>Gask Review</em> – A clear statement of the aims of the project.</td>
<td>We have included a clear statement of the aims in the final sentence of the introduction. A further sentence within the data analysis section assists to clarify the aims of identifying a model and the development of the conceptual framework to guide embedding and implementation of effective depression care.</td>
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<td><strong>2</strong></td>
<td><em>Gask Review</em> - Clarification on the project aims was it to identify a model and system of practice and/or how to implement the model developed in previously published work?</td>
<td>This is addressed at 1 above. We have clarified the project aims and now state: “The aim of this paper is to report our in-depth work with six primary care organisations to identify the components of an effective model of depression care. We present this work as a conceptual framework to guide how to implement organisational and systems change in mental health care reform in primary care.”</td>
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<td><strong>3</strong></td>
<td><em>Gask Review</em> – Sampling from the research aware practices infers that these practices will be able to inform the model – but are these the best practices in which to fully appreciate the complex issues involved in implementing best practice? The problems with the practices need to also be addressed in the limitations section of the paper.</td>
<td>We agree with the reviewer and have incorporated this point in the discussion (limitations) section as suggested.</td>
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<td><strong>4</strong></td>
<td><em>Gask Review</em> - The PAR approaches and sessions at practices sound like a quality improvement initiative – clarify the aims and objectives and provide more on the range of methodological approaches utilised under the first paragraph of methods.</td>
<td>We agree that this was not expressed clearly. We have introduced PAR early in the methods section as suggested and made some changes to the sections that follow – all are highlighted on the Track changes version of the manuscript.</td>
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<td><strong>5</strong></td>
<td><em>Nemeth Review</em> – Strengthen the</td>
<td>We have provided some examples of</td>
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<td>paper by adding specific recommendations to the constructs of ‘coherence’ and ‘cognitive participation’ e.g. practice nurses and their doubts re skills – who will develop their skills to deliver such care?</td>
<td>recommendations for practice nurse curricula to embed mental health training and for multidisciplinary Balint-style group meetings to be adopted as ways to develop coherence and cognitive participation.</td>
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<td>6</td>
<td>Nemeth Review – How could reflexive monitoring be developed in practices? Some discussion of system re-design for changes to be implemented is warranted – who should lead these initiatives? How can these be sustained so continual process redesign and improvement can be made based upon actual experiences within the delivery system?</td>
<td>We have provided further examples of the need for information systems that can measure and monitor mental health outcomes and also that training to use such systems will be required. This is also complicated by the lack of agreement about the most appropriate measures for depression in primary care. Sustainable redesign and improvement is dependent on organisational practices (such as the Balint style group suggestion) that embed a culture of continuous learning.</td>
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<td>7</td>
<td>Nemeth Review – more is needed in the discussion on how to develop primary care organisations (since the case is well made that system changes is needed more so than individual change to implement an effective model for depression care).</td>
<td>We think that this is a very important point and we have addressed the major issues raised within the discussion; particularly by the examples and recommendations provided for implementation of the constructs of coherence, cognitive participation and reflexive monitoring.</td>
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<td><strong>Minor Essential Revisions</strong></td>
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<td>8</td>
<td>Gask and Nemeth Review – both reviewers ask for Box 1 to be clarified and laid out in a more user friendly way.</td>
<td>Box 1 revised to attend to this and laid out using bullet points as suggested.</td>
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<td><strong>Discretionary Revisions</strong></td>
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<td>9</td>
<td>Gask Review – do Tables 1 and 4 need to be reformatted to make them easier to read?</td>
<td>Tables have been provided in portrait as per the journal requirements we have not changed this as a result but we could alter them to landscape if the Editor would prefer this.</td>
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<td>10</td>
<td>Gask Review – parallels between reflexive monitoring and clinical governance literature can be drawn. Gask et al., BMC HSR 2008 paper provides an analysis of using related NPM and the difficulties of implementing</td>
<td>We have read this paper and include reference to it within the discussion given the important similarities being drawn between the need for organisational change to be addressed as well as systems change.</td>
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clinical governance in primary care mental health may be useful to consider.