Reviewer's report

Title: A comparison of mental health policy and direct practice stakeholder perceptions of factors impacting evidence-based practice implementation

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Reviewer: Sarah Hetrick

Reviewer's report:

This paper has been much improved. Descriptions of the clusters are provided, meaning that more can be derived by readers about how factors they may need to consider if attempting to implement evidence into every day practice in their own clinics. I think there is still some work that the authors need to do, so that the reader is not doing all of the work of analysis and application in the real world. Some further explanation, analysis and application to real world settings would make this paper more practical for the reader/end-user.

1. Minor Essential Revisions

The terminology has been greatly improved in terms of the consistency of terms, making it much easier to follow the meaning of the paper. There is still a little bit of work to do in this regard e.g. in the first page of the background, do authors mean ‘multiple system level’ to be the same as ‘multiple levels of stakeholders’. The simpler the language and the less use of jargon the better. On the next page authors then talk about ‘higher system levels’ and ‘macro and micro levels’, which are further terms that need to be explained and their relationship to multiple levels of stakeholders defined.

Still related to terminology – what are ‘evidence based models’(second page of background)? Do authors just mean why implementation of evidence into every day practice hasn’t happened?

Again in this second page – I wonder if the term ‘difficult’ in reference to clients could be seen as pejorative. What do authors mean by this?

There is a need to use consistent terminology throughout the transcript – e.g. facilitating/hindering, barriers/facilitators, facilitators/impediments; use/implemention of EPB.

2. Discretionary revision:

In the background, I think authors do an ok job of explaining what types of barriers might exist at the ‘higher system level’ but are less through in explaining exactly what it is that might mean evidence isn’t put into practice for clinicians and clients. It might be worth giving an explanation of what might act as a barrier and what might act as a facilitator.

3. Major Essential Revisions
I think there still needs to be some synthesis in the background. It still does not lead the reader through what is known broadly, what is known specifically, what isn’t known to the aim of this research. For example, the sentence at the end of the second page (“The current study…..) should lead straight to the methods, but the then the background goes back into factors affecting implementation. The third and fourth page of background need revision in terms of structure. It is unclear why the authors talk about broad findings, i.e. categories of factors; then focus in on only one particular study and particular factors (is this the only implementation study in mental – I believe there are many more; or is it just one example and why was it chosen as the example) and then return again to a discussion of categories of factors. The results from this one study need to be analysed further by the authors and integrated into the background in a meaningful way.

It isn’t clear how ‘implementation innovation’ relates to implementation of EPBs? Is it a different field. Or is this what areas outside of health call evidence implementation? Authors need to guide the readers through their background – giving some reason for why they citing each body of background material and ensuring logical linking between each paragraph.

4. Discretionary revision:
It is still disappointing to see little evidence of searching for research that has been done on implementation of evidence in mental health settings, and in particular youth mental health settings with results discussed in the background.

5. Discretionary revision:
In the methods section – under the participants headings it would be clearer to say in the second sentence “ the stake holder group were made up of …."

6. Discretionary revision:
In the methods section – under the heading ‘concept mapping’ – I wonder if the section about the meeting with a smaller group of stakeholders to come up with ‘focus statements’ might be best placed in the procedure section?

7. Minor Essential Revisions
The second sentence in the second paragraph of the section ‘procedure’ in the methods is not clear. Do authors mean ‘…describing what influences the acceptance and use of….’

8. Major Essential Revisions
In the section ‘analysis’ in the methods section (which is much improved), further clarity could be achieved by further explaining what a point map and a cluster map is and how these two are related (or not?). Also further explanation of what the stress value means i.e. what does it mean when the ‘multidimensional scaling solution map the original data’ well or not well, would be good.

9. Major Essential Revisions
In the section ‘analysis’ in the methods section, further explanation of ‘pattern matching’ would help clarify why this step was necessary or added to the analysis.

10. Minor Essential Revisions

The first few sentences of the results section is repetitive. Decide whether the information about demographics belongs in the methods or in the results.

11. Discretionary revision:

I wonder if a table might be useful for presenting the demographic information? In words you could then simply describes any differences/similarities.

12. Major Essential Revisions

The results section is greatly improved with some explanation of what is contained in the cluster headings. I think this section still needs a little further work. Firstly, you should report each cluster heading in the same order as they are listed above and using the same cluster heading as above e.g. “Clinician’s perception” should be “Clinical Perceptions”; 2. some items and terms need further explanation e.g. what does ‘devaluation’ mean more specifically; what is really meant by “increased advocacy for its use”; it’s not clear what is meant by ‘consumer demand for measureable outcomes’ and how this might relate to implementing evidence; what is really meant by ‘political fairness…support for implementation….concerns for multi-sector involvement….”; 3. More analysis and less simple description of the items contained in each cluster is required e.g. the last few sentences of this section starting “Each statement….”; authors could work at explaining the real meaning of each cluster in terms of what they represent more broadly and whether and how they would act as barriers or facilitators with some examples of what issues they represented. 4. It isn’t clear whether every item is listed for every cluster – and if not how and why each example has been chosen – this relates to item 3 – I think if there was more analysis of what each cluster represents with some examples of items that represent barriers and those that represent facilitators – their could then be a table that lists all of the items included in each cluster. However such a table is meaningless unless there is some description of what these items mean and how they might act as barriers or facilitators in the text of the results.

13. Discretionary revision:

I wonder about restructuring the results section further. This relates to above in terms of having some rationale about what items in each cluster to report. Perhaps authors might start by discussing which clusters were most important and which clusters were most changeable across both policy and practice groups – and for each of these clusters explain what items were contained in each cluster (with some analysis so you can give a more in depth analysis of what these items represent and then some specific examples of salient items that act as barriers and salient items that act as facilitators). Then go on to discuss the clusters that policy makers rated differently from practice groups and again
provide some analysis of items that might act as barriers for policy group and
some items that might act as barriers for practice group.

14. Minor Essential Revisions
The discussion should begin with some really clear statements about where the
similarities are between groups i.e. what are the most important things to be
thinking about (ie. what might act as a barrier) when you want to implement
evidence in your own practice and then some really clear statements about what
different factors you might need to consider for policy makers compared to
practitioners.

15. Minor Essential Revisions
Related to point 14 the sentence in the first paragraph of the discussion starting
‘Each cluster can be considered a facilitator…’ that seem meaningless, can be
expanded with some further analysis about what factors are likely to be barriers
and what are likely to be facilitators i.e. what people need to take into
consideration.

16. Discretionary revision:
There is a statement in the discussion about satisfying both policy and
practitioner groups and I wonder if there can be further discussion about this,
given they differed in terms of their ratings on some clusters – so how is it
possible to satisfy both groups?

17. Discretionary revision:
The discussion contains reference to tailoring the content and delivery of EPB
and implementation information and I wonder if there can be more discussion of
what this means in relation to your results. I guess if they rated things as
differentially important then some things need to be emphasized for one group
and other things for other groups but some examples would be good to distill
your results in to real life examples for the reader.

Level of interest: An article whose findings are important to those with closely
related research interests

Quality of written English: Needs some language corrections before being
published

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