Reviewer's report

Title: A two way street: bridging implementation science and cultural adaptations of mental health treatments

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Reviewer: Shannon Dorsey

Reviewer's report:

I appreciate being asked to review this paper. The authors raise an important area for integration—implementation of EBP for mental health problems and cultural adaptation of EBP. These areas and researchers do tend to operate separately, and as the authors state, attention specifically to culture has not tended to be a focused aspect of implementation models and strategies.

Major Compulsory Revisions

However, to make the greatest impact, I believe the paper could benefit from greater integration. In its current form, the paper seems to focus more on describing cultural adaptation (CA) models and implementation models somewhat independently, with less of a focus on the actual integration of the two, and how and when one might consider or do CA within implementation frameworks or how one might situate CA within implementation strategies.

For Implementation Science (IS), a journal whose readership will likely be familiar with the goals and various models of implementation (although not necessarily be familiar with those coming from the mental health field), the integration of if, how, when, and what to adapt is the novel contribution of this paper. I wonder if the overview of implementation models is shortened, could the authors spend more time on situating CA within implementation? I do think presenting CA models is a good focus for IS (the readership is likely less familiar with these models, and the paper would serve as a nice resource).

Although this is an important topic, at the same time, findings still seem to be somewhat mixed in terms of the outcome benefits of cultural adaptations (in comparison to the more universally positive statement on page 4 that adapted interventions “have documented the promise and effectiveness of culturally adapted interventions”). Benish et al. (2011), which the authors cite, is the most recent and shows that CA interventions outperform “non-adapted” models, but with the differences moderated by illness myth adaptation. This is a great example of a non-core element that can be adapted to make a treatment better fit a population, and I wonder if the authors should comment more on this as an example. Other than the Benish paper, sometimes culturally adapted interventions outperform “non-adapted models,” in some cases outcomes were equivalent, in others differences were only in preference of the CA version, and in some cases adapted models only slightly outperformed non-adapted models. It might help to simply add a few statements that this is still an empirical
question—do, and how well, might CA models outperform “non-adapted” models—and are there a range of areas that are important to D&I that go beyond clinical outcomes (acceptability, adoption, etc.). I know the child literature the best, so I am mostly speaking to that, but would be good to present the balanced view. I would suggest reviewing and integrating some of Huey and Miranda’s work (e.g., Huey & Pollo, 2008—see page 286-289 specifically & 292-294; Miranda, Bernal, Lau, Kohn, Hwang, & La Fromboise, 2005; Pan, Huey et al., 2011). In the Pan, Huey et al., 2011, acculturation status played an important role in whether the CA CBT was more effective (or not). In integrating CA into implementation models, acculturation would be worth mentioning (as factor to consider for if you adapt or not). Some of the global mental health research would also be applicable (Bolton et al., 2003, 2007; Patel et al., 2011, Kaysen, Lindgren et al., 2011, Verdeli’s work).

The Cultural Adaptation Specialist is not mentioned until page 21, and the authors state the person has a critical role in CA. It seems this role should be mentioned earlier and explained, if it is critical to CA.

Discretionary Revisions
The authors raise important points on page 8 that often people mention adaptation, but not what was adapted or the process of adaptation. Potentially, given provider concerns about the cultural applicability of many EBP, you might add a need for future research directions, such as, how much might including culturally adapted interventions in initial trainings and consultation change provider attitudes towards EBP? Or organizational interest in EBP? The authors appropriately mention the need for cost analyses. A potential added direction would be to call for cost effectiveness analyses, to examine whether adaptations result in better outcomes compared to costs. To date, there have been few head-to-head comparisons even of clinical outcomes, limiting our ability to determine their clinical benefit (and particularly their benefit in comparison to any associated cost).

Again, this is an important topic, and I hope the authors can further hone the focus so that the paper could truly serve as a guide for researchers who are attempting to consider and integrate attention to culture, and any needed CA, into their implementation efforts.

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.

Declaration of competing interests:
'I declare that I have no competing interests