Reviewer's report

**Title:** Barriers and facilitators to primary care for people with mental health and/or substance use issues: A qualitative study

**Version:** 2  
**Date:** 5 August 2015

**Reviewer:** Allison Ober

**Reviewer's report:**

Review Summary:
The authors have prepared an interesting manuscript that aims to elucidate barriers and facilitators to primary care for people with mental health and/or substance use “issues.” Although this clearly is an important area of exploration and intervention, I think the paper has some flaws that, unless corrected, will prevent its usefulness. First, definitions are unclear and the language used for each construct varies throughout the paper. For example, is a mental health “issue” the same as a mental health disorder? How is this defined? Next, in some cases the authors seem to over-interpret quotations and draw conclusions that may or may not be associated with the intent or spirit of the quotation. Further, I think the organization of the results could be improved and perhaps should be presented with subheadings within each type of factor (Client, Provider, Health System) that matches those in theoretical model (Figure 1). In addition, it would be useful to know how the authors determined which concepts would become themes and about how many client or provider quotations supported each theme. Finally, although I am a strong advocate of qualitative research and its utility in informing policy and intervention, I think the authors have perhaps understated the limitations and overstated the implications of the study.

**Major Compulsory Revisions**

1. Lines 48-50: “However, minimal research …” Surely there has been some research on barriers and facilitators to access primary care for people with mental health (and possibly substance use) disorders that can be cited here. Even a quick internet search yields a number of publications. And, if there is a dearth of literature, the few studies that have examined this should be cited and the larger literature on barriers and facilitators to primary care (in general) also should be cited. (I see there is one cited in the discussion section, but I believe there is more than one study on this important topic.)

2. Lines 161-163: “In addition to finding and maintaining a family physician who was willing to follow an unstably housed patient …” The previous quotation is used to support he statement that many clients experience unstable housing and do not have a fixed address. This line implies that the quotation supports the idea that clients have difficulty finding a physician who was willing to follow them. While I’m sure there is great difficulty following patients who are unstably housed (and, I suppose some providers might not even be willing to try), neither this quotation nor any of the others provided, supports this concept.
3. Lines 163-164: “These practical barriers also determined the extent to which clients considered primary care to be a priority relative to more acute issues …” This statement is problematic for two reasons. First, it seems to over-interpret the quotation. Although “practical issues” may have been commonly cited by clients and providers as a barrier to care, the study does not examine the extent to which clients considered primary care to be a priority. Next, the statement attempts to interpret client sentiment from a provider quotation. Just because providers perceive that basic needs that must be met does not mean that clients do not consider their health care to be a priority.

4. Line 450: This states that the sample is diverse and includes individuals with substance use issues, but the results section indicates that the study only included patients with mental health issues. Either the results section needs to state that individuals with substance use disorders were included in the study (if they were) or the focus on people with substance use disorders needs to be dropped.

5. Lines 451-460. It is a given that findings from a qualitative study with a convenience sample is not going to be transferrable or generalizable. Thus, a discussion of lack of generalizability because of the sample being from an urban area of Canada is not necessary. More appropriate would be to remind the reader that the results are not generalizable because of the sampling method, selection bias, the exploratory nature of the questions, etc..

6. Line 464: I am concerned about concluding that primary care providers lacked knowledge about mental health and/or substance abuse when only 2 physicians participated in the study and no quotations to this effect by any providers were included or discussed.

7. Line 471: “… results of this study point to the value of interdisciplinary models of primary health care.” Although I personally believe that these models have value, I don’t know that this study alone actually points to their value. At most, the study suggests that lack of this type of care might be a barrier to access to and quality of care and that further research may be warranted.

8. Line 494: “This study has elucidated some of the mechanisms for disparities in morbidity and mortality …” I think it would be more accurate to say that the study has identified barriers and facilitators to access to primary care for people with mental health and substance use disorders. Eventually, reducing these barriers could facilitate access to care which could, in turn, increase healthcare and ultimately improve morbidity and mortality. I think the sentence as it is presented is an overstatement.

9. Line 498: “The results support the greater availability of collaborative models…” I think this also is an overstatement. More accurate would be something like “the results support further testing of collaborative models of care for this population …”

Minor Essential Revisions

10. Line 26: “Mental health and/or substance use issues.” These should be defined. Any disorder? Severe mental illness? Substance abuse or dependence?
Addiction?

11. Line 36: This sentence begins with a statement about treatment rates for mental illnesses but not substance use disorders but then notes the unmet need for substance use problems as well. Are substance use problems being considered a mental illness? If not, the beginning of the sentence should also mention substance use disorders/problems/issues (whatever term the authors decide on).

12. Line 40: An example is provided for the under-screening of people with mental health issues. Is there also evidence of under-screening and under-treatment of those with substance use disorders?

13. Lines 45-46: “…quality of primary care …” I believe these studies refer to access as well as quality of primary care.

14. Lines 47-48: This is a strong statement. Is there a citation to support it?

15. Lines 69-70: How was “serious mental health and/or substance use issue” defined for eligibility purposes?

16. Lines 82-83: “…field-tested with members of the research team who identified with the participant groups.” It is not clear to me what this means.

17. Line 98: An explanation of the “modified grounded theory approach” would be helpful.

18. Line 104: “In keeping with the community-based participatory action approach …” This approach also should be explained.

19. Line 118: Was an inter-rater reliability statistic calculated when the independently coded transcripts were compared? If not, why not?

20. The Analysis section should include some mention of the criteria for a concept being included in the paper as a theme.

21. Lines 138-139: “… and self-identified as having a depressive, anxiety or psychotic disorder.” You state earlier that the clients had either a mental health or substance use disorder. Were there none with a substance use disorder? If so, this is important to point out earlier when describing your sample (e.g., in the abstract, in the methods section).

22. Lines 208, 216, 222, 232: The authors refer to “participants” where elsewhere they are more careful to distinguish between client and provider participants. Was it both types? Just clients? This distinction should be made throughout the paper.

Discretionary revisions

23. Line 10: “Practical” is vague. I think the authors are referring here logistical barriers? Something more descriptive than "practical" would be preferable.

24. The authors may wish to consider adding subheadings to the Results/Discussion section that correspond to the main themes in the theoretical model. For example, under client-level factors, include “practical (or logistical) barriers” and “mental health experiences and side effects.” Also, as you do in the “Provider-Level Factors” section, I would start each section with a brief overview
of the primary themes you found.

25. Line 388: Models of care. The way I read this section, it seems to me like the barrier is the lack of collaborative, interdisciplinary care, not the more general “models of care.” The authors may wish to change the way they describe this barrier.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

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