Reviewer’s report

Title: Feasibility of referral to a therapist for assessment of psychiatric problems in primary care – an interview study

Version: 0 Date: 07 Aug 2018

Reviewer: Amy Blakemore

Reviewer's report:

This paper reports a qualitative study of referral to therapists for diagnosis of depression and anxiety using the MINI in Swedish primary care. Overall it is well written. However, there are some key areas where revisions are required. I have made some suggestions that may improve the narrative of the paper and reporting of methods.

Background

* Overall the background section is clearly written but there were a few areas where clarity and consistency could be improved, as well as widening reference to broader literature.

* The study aims to assess the feasibility of an alternative diagnostic pathway for depression and anxiety in primary care. The authors state that accurate diagnosis can improve the chances of adequate treatment and it would be useful to see them link this to outcome data?

* It would also be useful to see the authors draw on some international literature that discusses the use of patient centred measures for depression and anxiety in primary care. Also in other international primary care systems where similar systems already exist, for example within the Improving access to psychological therapies programme (IAPT) in the UK.

* At the end of the background section the aim is stated as identifying the barriers and enablers of task shifting diagnosis to therapists in FP. However, elsewhere the aim is explained using different terminology. I would like to see consistency and for the title to better reflect this aim.

* Use of the COM-B model is appropriate. Reference to some other literature in this area where the model has been used would be useful.
Methods

* Line 130 - table number is incorrect. Table 2 should be referenced here.

* I have some concerns as Table 2, which outlines the fidelity of each site to the intended process clearly describes how the process was not clearly followed by PHCC 2. I wonder then whether this system is feasible if indeed it cannot be standardised across two sites…

* Why was the training process different at each site? Did the lack of one of the training sessions at PHCC impact on their lack of fidelity to the system?

* Line 155-158 - Rigour and commitment to the process would have been improved had all therapists received the same 1 day training on the MINI, was there an expectation that this should happen?

* Given the list sizes of the practice and the high prevalence of depression and anxiety seems a small number of eligible patients over a 1 year period.

* It would be useful to see the wording used for the VAS satisfaction measure.

* Were interviews and focus groups transcribed verbatim

* What were the inclusion criteria and who applied it? It is not clearly stated anywhere.

Findings

* It would be useful to see more information on the patient sample, perhaps a descriptive table including diagnoses, severity etc.

* Also any data on how the MINI assessment matched up with FPs provisional diagnoses based on patient stories.

* There is little use of the qualitative data in the findings section. I would like to see quotes to back up each of the key points made.

* The use of the COM-B model to present the result is useful and I found that it aided my understanding of the findings considerably.
Discussion

* The authors state that, to their knowledge, there has been no study of referral to a therapist for diagnosis. This may well be the case. However, there are similar systems running in other countries such as the UK for assessment and treatment of mental health problems in primary care and I feel that their relevance needs to be discussed here. Also the authors should look to literature on collaborative care for depression and consultation liaison models.

* Some limitations of this study are considered but there are some other issues which seem to be missed, such as the lack of fidelity to the referral model in one PHCC.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Acceptable

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