Reviewer's report

Title: Factors explaining priority setting at community mental health centres: a quantitative analysis of referral assessments

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Reviewer: Lars Kjellin

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I find this paper in general well written and structured and I think it gives additional valuable knowledge regarding priority setting in mental health care at the clinical level. It is interesting that clinicians disagreed less on the criterion for severity of illness than on effect and cost-effectiveness. I have some critical comments, though:

1. Conclusions (abstract and p. 15): Saying that variation can be reduced by reducing the variation (p. 3, lines 5-6) is kind of a vicious circle. Anyway, reducing variation for example by leaving the decisions to managers cannot be a sole objective in itself – it might result in low variation but on an ‘incorrect’ or ‘inadequate’ level and thus without achieving vertical and horizontal equity. I think this should be mentioned and problematized. Furthermore, I’m not convinced that this study supports the conclusion about resource availability relative to health risks (p. 15, lines 23-24). A clarification would be beneficial.

2. It is unclear how the questions posed on p. 4, lines 3-7, relate to the present paper. For example, institutional characteristics are not studied. Why are these specific questions, different from the aims on p.6, presented by way of introduction?

3. P. 7, lines 2-3: please exemplify missing values. As is, it is unclear why 840 ratings became 724 and why 14 centres became 13 in the analyses (Table 3).

4. P. 8, line 23-p. 9, line 4. I’m not sure to what degree awareness of guidelines is measured by the index created by the authors, and I think that “are you well informed about the Act…?” is a problematic question with difficulties in interpreting yes/no-answers. To what extent guideline awareness is actually captured by the index could be discussed in the paragraph about study limitations (p. 15).

5. Results, 1st paragraph and Table 1: Presenting mean and std dev for the categorical variables profession, education, etc., with min=0 and max=1, makes no sense to me (what does mean psychiatrist=0.40 mean?). It may also be questioned if it is reasonable to present this kind of descriptive statistics for the ordinally scaled variables. My suggestion is that you omit these data and, instead, place most of the data presented in the 1st paragraph of the results (pp. 9-10) in the table.

6. It would be beneficial to know how the ICCs found (p. 10, lines 6-12) can be interpreted. Is 0.29 considered a low degree of agreement and 0.67 moderate or
7. Table 3: Results are presented as, for example, -0.11 (0.01). It needs to be told what these figures stand for. I'm used to present results from logistic regression analyses by Odds Ratios with Confidence intervals.

8. P. 11, line 23, “… the signs of the coefficients were as expected”: Please elaborate this a bit further. What signs were expected and why? No hypotheses are presented in the introduction.

9. I'm not quite able to follow the reasoning on p. 13, lines 4-15. What exactly is the budget-impact hypothesis? What kind of priority decisions have no budgetary implications? The authors’ conclusions might be well-grounded but perhaps it can be explained more clearly.

I think taking my comments into consideration could clarify and improve some parts of the paper and make the conclusions more convincing.

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

Quality of written English: Acceptable

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.