Author's response to reviews

Title:A mixed methods study of collaboration between perinatal and infant mental health clinicians and other service providers: Do they sit in silos?

Authors:

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Author's response to reviews: see over
25th May 2015

Dear Dr Tolhurst,

RE: MS: 1207182601129581, entitled "A mixed methods study of collaboration between perinatal and infant mental health clinicians and other service providers: Do they sit in silos?"

Thank you for your email dated 1st April 2015, suggesting revisions to the above manuscript.

We acknowledge and thank you for the opportunity to respond to the reviewer's comments. All feedback from the reviewers has been incorporated. All changes are highlighted in red. We are happy to incorporate further comments should these be necessary.

Thank you for your consideration and we look forward to hearing from you in due course.

Sincerely,

Karen Myors RN, RM, BHSci (Nurs), MN (Hons), IBCLC
Reviewers’ Comments to Author: Changes highlighted in red font

Reviewer 1:
1. The question posed by the authors is well defined.

ACTION: Thank you, no action required.

2. The methods are appropriate and well described.

ACTION: Thank you, no action required.

3. The data appear to be sound.

ACTION: Thank you, no action required.

4. There does not appear to be any evidence of manipulation.

ACTION: Thank you, no action required.

5. The manuscript adheres to all the relevant standards for reporting and data deposition.

ACTION: Thank you, no action required.

6. The discussion and conclusions are well balanced and adequately supported by the data.

ACTION: Thank you, no action required.

7. Limitations of the work clearly stated.

ACTION: Thank you, no action required.

8. The authors clearly acknowledge any work upon which they are building, both published and unpublished.

ACTION: Thank you, no action required.

9. The title and abstract accurately convey what has been found.

ACTION: Thank you, no action required.

10. The writing is acceptable.

ACTION: Thank you, no action required.
Reviewer 2:

Major Compulsory Revisions:

This manuscript has a lot of relevance to perinatal mental health practice in Australia, but it may be improved by the authors addressing the following issues:

**ACTION:** Thank you, please see below for recommendations and actions taken.

1. The aims of the study need to be discussed explicitly with a separate heading.

**ACTION:** A separate heading for the study aims has been included.

**Study aim**

The aim of this paper is to report the collaborative practices between PIMH clinicians and other service providers from the perspective of PIMH clinicians and managers, key stakeholders, women service-users and documentation in medical records. These data come from a larger mixed methods study examining specialist PIMH services. Other companion papers have been published from this study reporting women service-users' experiences of engaging with a PIMH service [22], the interventions PIMH clinicians use [23] and the strategies PIMH clinicians draw upon to engage women with complex needs [24].

2. The mixed methodology results need to be clarified in either the form of a summary table or a flow chart, particularly in terms of the various contributions of the study populations (clinicians, managers, patients).

**ACTION:** A flow chart of the study themes and data sets has been included as Figure 2. (Attached at the end of this document).

3. What are the roles of the PIMH services and in what way does this study assist in assessing their outcomes?

The author may want to consult with the reference listed here, which has a summary table outlining the roles of Perinatal Mental Health services and perhaps comment whether the PIMH have similar or different aims:


**ACTION:** This question has been addressed in three ways:
a) The role of the PIMH service has been included as a separate heading in the results section:

The role of the PIMH service

Clinicians stated that the PIMH service and their role was focused on the relationship between the mother and the infant, and approaches that strengthened that relationship, as one clinician stated,

my role is to help support [women] in such a way that their mental health can be... in such a place,... that they have the best relationship that they can possibly have with their infant (P5).

Due to the specialist nature of their role, the clinicians see themselves as senior professionals who have specific training and skills in attachment-based therapies.

b) Additional discussion has been included with reference to the above manuscript (Paschetta 2014).

The clinicians reported that their global role was to enhance the mother-infant relationship. This was achieved by working therapeutically with women [23], developing PCPs and collaborating with other services, such as maternity and child protection. Paschetta and colleagues [45] identified six key areas of the PIMH role. These include empowering women, preventing relapse, developing care plans, child protection, referring to other services and liaising with maternity and other services.

One striking difference identified between the results of this study and that of Paschetta and colleagues [45] is that the latter do not mention the mother-infant relationship which was emphasised by all of the PIMH clinicians in this study [23,24].

c) In relation to this study assisting to assess the outcomes of the PIMH service the following was already documented in the Implications for clinical practice:

Integration and collaboration is increasingly being written into health policies. Without clear guidelines, limited understanding as to what collaboration means or how it should be enacted persists. Professionals believe that collaboration is essential for women with complex needs. Perinatal and infant mental health clinicians are skilled at building relationships with women however further support is needed to build trusting relationships with other professionals and services. Additional resources would also assist services to move along the continuum from potential or developing collaboration to active collaboration [20]. Importantly,
collaboration needs to include women and families to enhance person-centred care and shared decision-making so that women with complex needs can become equal partners in their care.

4. The themes identified are quite ambiguous? Do the authors mean

We shouldn’t sit in silos…but we do?
We need to enhance communication?
And it’s hard work to overcome the current paradigm of separateness?

If the results are truly ambiguous, the authors should comment on this perhaps suggest recommendations for further studies?

**ACTION:** The themes have been changed to enhance clarity:

**Themes**

The first theme - *'We don’t sit in silos … but they do'* describes clinicians’ positive perceptions of collaborative practice, compared with the lack of collaboration identified in the medical records and perceived by key stakeholders. The second theme - *'We need to enhance communication'* represents the mechanisms that facilitate communication and how they were used by the clinicians and key stakeholders. The third theme - *'Collaboration is hard work'* illustrates the barriers to collaboration. Figure 2 provides a summary of themes and the data sets.

The results are not ambiguous but are opposite perspectives from different participant groups, PIMH clinicians and managers, key stakeholders, women service-users and documentation in medical records.

5. The authors should consult with the crucial reference listed here, which is a metasynthesis of qualitative studies examining clinician and patient’s attitudes and approaches and comment whether their study correlate with previous findings:


**ACTION:** The above manuscript has been referenced in the Discussion in regard to continuity of care:

Collaboration promotes continuity and seamless care, supporting women as they transition from one service to another. It also protects women from having to retell
their story to multiple professionals. Many women report that they want continuity of care [40] as they are reluctant to retell their personal stories, especially women who have experienced past trauma [22].

And education for non-mental health professionals, especially midwives:

Joint training and professional development is one strategy that may assist collaboration and enhance understanding between services [13,34]. An element of joint professional development was achieved by attendance at case review meetings and case conferences. The midwives in this study identified that they wanted additional support and training to assist them when working with families with complex needs. Other studies [40] have also reported that non-mental health professionals, especially midwives, want more education about mental ill-health.

6. To what extent does interviewing the women assist or not assist with the overall aims of the study?

**ACTION:** Interviewing the women service-users assisted the authors gain a more complete understanding of the collaborative practices of the PIMH clinicians as documented in the Discussion:

The women service-users in this study had little to say about care received from other services. They appeared to only know their PIMH clinician [22] and were not aware of their ‘case’ being linked to other services. Data identified that the women had minimal contact with other services. When other services were involved it appeared that the women had minimal involvement in the decision-making process leading to confusion and disappointment.

Minor Revisions:

1. Table 1 needs to be summarized with regards to the study aims.

**ACTION:** Table 1 has been summarized with regards to the study aims:

Despite the clinicians’ positive comments about working collaboratively, the medical record review identified that the clinicians had minimal contact with other services involved in the woman’s care. Table 1 provides an overview of the medical record review in relation to the services that clinician's had contact with. Of the 244 women who had been referred to the PIMH service, over half of the woman had some aspect of their care discussed by a PIMH clinician with another service
provider either verbally, in writing or face to face. Most of this contact however occurred only once for any individual woman.

2. The word “comprehensive” may be a better descriptor than “holistic”.  

**ACTION:** The word “holistic” on page 26 has been changed to the word “comprehensive”.

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**Figure 2:** Summary of themes, sub-themes and data sets.