Reviewer's report

Title: Our response to editor and reviewer comments are in the attached Cover Letter and Response to Reviewers files.

Version: 0 Date: 30 Oct 2018

Reviewer: Sabina Abou Malham

Reviewer's report:

Comments:

By Sabina Abou Malham, PhD Public Health

BMC Health Services Research

Manuscript: Mixed methods evaluation of mental healthcare integration into tuberculosis and maternal-child health care services of four South African districts

Manuscript number: BHSR-D-18-01368

General comments:

The article raises an important issue in the field of integration of mental health services in primary care. Interesting article but Major revisions are required to improve the manuscript mainly at the following sections: Background, methods, and results (subsection challenges). The Discussion section is rich and interesting and focuses on a very important and urgent issue to address especially following the tragedy that occurred (the death of at least 94 509 mental health patients occurred in one of the provinces).

1) Background:

- 91, 92, 93: While it is important to present data related to prevalence of mental illness, I think it is important to present more recent data (old data-2003-2004). If it is an important illness, I wonder why more recent data were not presented?

"Data from the South African Stress and Health study, a nationally representative survey conducted between 2003 and 2004, showed a 30.3% lifetime prevalence of mental illness in South Africans"

- 92-93: The sentence needs to be completed, why they did not receive any treatment?

- 123: the authors state that the aim is to assess the progress and challenges in implementation of integrated services within different districts. However in line 102, they have mentioned To
address the inadequate implementation of integrated mental health services, the South African….

It is confusing, this needs to be clarified…. The implementation analysis has already been conducted? or they are talking about another assessment at the district level? It's not clear….what is the difference? This issue needs to be clarified.

- The background is mainly focused on the South African context, it is more appropriate prior to describing the context under study to present the literature related to the implementation and integration of mental health services in primary care, what type of studies have been conducted elsewhere, or in similar contexts, what do the studies show as results? What are the implementation outcomes or health outcomes? What are the gaps in the literature, what this study is trying to add as knowledge? All this information is missing.

We expect to read in the background about studies conducted in this area, this is missing….no studies mentioned… What is the experience of other countries related to implementing and integrating mental health services. It is important to describe the knowledge gap that this research answers and to emphasize the contribution of the study to the existing literature.

In sum, there is a missing part in the background section about the state of the literature and previous research studies conducted on implementation and integration of mental health services (facilitators, barriers/challenges) which are the focus of the study.

In sum, Background information in the introduction should indicate the extent to which previous studies have successfully investigated the problem, noting, in particular, where gaps exist that the present study attempts to address.

2) Methods

131 Design:

The authors need to identify in a paragraph the design of the study.

What is the design of the study: what type of mixed-method is adopted? Sequential, convergent? Exploratory, explanatory?

Please specify which design and the rationale.


- 132 Study Setting: the authors need to describe and present the context and the intervention implemented in the South African context in this section instead of giving too many details about this issue in the background. It would be also interesting to provide a figure showing the main components/activities (screening, referral, training, etc.). of the intervention/strategy (Integration
of mental health services) to help the reader understand the different mechanisms involved in integration.

It is important to justify why the four districts (Mpumalanga, Gauteng, Limpopo, and Eastern Cape provinces) were chosen among others. More clarification about the selection of the clinic needs to be provided. Provide some details about the clinics.

142 Study population: It is not clear who are the key stakeholders involved or having an active role in the implementation and integration of mental health services, and why TB and MCH nurses and MHP were the one targeted by the study team? Why not midwives for example? Who are the mental health practitioners (MHPs)—physicians? occupational therapists, psychologists?, and social workers? What is the profile of MHP? Is there any difference between the profile across districts, this should be clarified because it might explain some part of results. It is only mentioned in line 303 (section results).

This is the reason why it is important to describe in a figure the mechanisms and the key actors to explain who play an active role in the integration and who is involved in the subprocesses/activities of the integration to understand the intervention/strategy. As a reader I am not able to make a judgment whether other key actors to be interviewed are lacking, and if the selection of these participants is appropriate. There might be other rich information participants.

- What is the n?: how many nurses (TB nurses?, MCH nurses? And as total? How many MHP?) Table 1 (study districts and participants) should be transferred to this section instead of results

- 164 Quantitative data collection How the questionnaires were administered? face to face?

The authors mentioned that: Nurse and MHP questionnaires were administered as part of a larger study evaluating implementation of TB and MCH services in study clinics

I think it is more appropriate to provide some details about this larger study? And state what is the difference between the larger study and the present one?

Were the questions similar in both TB and MCH programs? There were no differences? And why?

Provide explanation on REDCap?

Qualitative data collection

How many semi-structured interviews were conducted with DPMs (?) And why? How the size was decided, on which basis, data saturation?

Why only interviewing DPMs, why other rich information participants (nurses, midwives, mental health practitioners. Etc..) were not approached and interviewed to cross validate, triangulate data from multiple sources, participants? Nothing is mentioned on this issue. All these information are missing.
Data analysis

Descriptive data should be more explained (frequencies, percentages, etc.)

Why the authors did not use any implementation conceptual framework to guide their data analysis? How they can justify that?

What are the strategies used to ensure trustworthiness? The authors mentioned, coding agreement for 5 interviews among how many (as a total)? Were there any discrepancies, how it was resolved?

3) Results:

The following information "The team administered questionnaires to 59 nurses in total": should be mentioned in the section study population, we don't have to wait till the Results section to read about the number of nurses who answered the questionnaires:

Same comment for line 232 "In total, we administered questionnaires to 17 MHPs".

Line 372. Section Challenges

How many themes related to challenges emerged form data? It is more appropriate to present the qualitative results according to themes and not the way they are presented.

Challenges are identified at which level? Organizational, what about the outer context, what about the characteristics of individuals? There is a missing part in the implementation challenges. Implementation challenges according to the majority of conceptual frameworks are located at many levels: larger context, organization, individual characteristics, patient's characteristics, intervention characteristics.

The section (Challenges) is very short and not rich despite it was one of the main study's objectives. This section needs to be more developed and enriched with more explanation. Some of the explanation is given in the discussion rather than in the results section.

4) Discussion:

422-423: Results are discussed with reference to literature. I found this section rich and interesting. I advise to add more recommendations and strategies referring to the literature or based on similar studies conducted in this field to overcome the identified challenges form the study. What are the recommendations to improve the management and integration of mental health services?
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?
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I recommend additional statistical review

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Please indicate the quality of language in the manuscript:

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