Author’s response to reviews

Title: A mixed methods evaluation of an integrated adult mental health service model

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Author’s response to reviews:

Dr Lennart Reifels
BMC Health Services Research

Dear Dr Reifels,

Re: Manuscript BHSR-D-19-00480 “A mixed methods evaluation of an integrated adult mental health service model”

Thank you for considering our manuscript for publication in BMC Health Services Research. We appreciate the opportunity to submit a revised version, based on the reviewers’ comments.

We have addressed these comments, where they have been specific, as indicated below and have also made minor edits to the manuscript (see tracked changes) to correct some formatting errors. The revised manuscript is necessarily somewhat longer than the original, although we have tried to be as concise as possible in our revisions.

We hope you find this revised manuscript suitable for publication, and look forward to your response in due course.

Kind regards,

Imogen Page

(on behalf of all authors)
Reviewer comments — Reviewer 1

Comment:


Response:

Thank you for this comment. Our failure to cite the manual was an oversight that we were happy to remedy by including the reference at the end of paragraph 1 on page 11.

Comment:

Page 18, line 45 - 48. The statement "Use of GP services also decreased; however, this may be attributable to the difference in timeframes." Should be revised. The figures suggest that average (presumably median) number of GP visits was 12 over 12 months and 6 over 6 months, so seemingly no change at all, which is probably a good thing... Use of mental health services should not replace regular visits to the GP.

Response:

We agree with this comment and have replaced the last two sentences of the paragraph with the following: “To the extent that we can assume that use of such services is evenly distributed over time, findings suggest that use of GP and community services remained fairly stable.” Please see page 18, paragraph 3

Comment:

On a note related to the points above, "average" should be replaced with whatever measure of central tendency was used (e.g., presumably medians were used) for the following elements of Table 5: "Average no. of consultations (range)" and "Average no. of consultations for mental health reasons (range)"

Response:

Thank you for drawing our attention to these errors in Table 5. We should have reported on the median number of consultations due to the distribution of the data, and Table 5 (page 35) has been updated accordingly. We have also inserted “mean” instead of “average” in the second paragraph on page 18.
Comment:

Page 19, line 16 to 21: The authors state "Among Floresco clients who completed the RAS-DS on two or more occasions, significant increases in self-reported mental health recovery were seen across three of four domains (all but 'Connecting and belonging')" - however looking at the data reported in Table 6, it would appear that there was in fact significant change over time for "Connecting and belonging". It seems like the domain without significant change was "Doing things I value". These figures should be checked and the text updated.

Response:

Thank you for noticing this error. We did indeed refer to the incorrect domain and have now revised the text in the third paragraph of page 19 to show that it was in the domain of ‘Doing things I value’ that there was no significant change.

Reviewer comments — Reviewer 2

Comment:

Methods

"The Floresco intake officers determined the eligibility of clients at the intake appointment, and then introduced the client to a researcher (IP or DB). Where possible the researcher waited onsite at the time of intake appointments; otherwise, telephone contact was used."

When discussing recruitment, it is imperative to state that informed consent was obtained. The authors need to describe how informed consent was obtained with the participants. I was also unable to find a statement or details of ethics approval for this study.

Response:

The details of the ethics approvals can be found in the “Declarations” section of the manuscript. However, we acknowledge that in our attempt to minimise the length of the manuscript, we provided too little information in both that section and the “Methods” section about how informed consent was obtained. To remedy this, we have expanded the “Declarations” section a little (see page 2) and added some clarifying detail to the “Methods” section (see page 11, paragraph 2). Should any further detail be required in either section, we would be happy to add it.

Comment:

Results
"However, the average number of diagnoses per client was higher in the follow-up study group, as were the rate of psychosis, suicide risk and the prevalence of additional factors affecting mental health at intake to Floresco"

No possible explanation is given for this change.

Response:

Thank you for this comment. We expected that the follow-up group would have more severe and complex mental illness than the Floresco cohort as a whole, given that they were referred from the public mental health service. However, we acknowledge that this would not necessarily be obvious to readers. Accordingly, we have added an extra sentence at the end of paragraph 2 on page 18, as follows: “These differences in the severity and complexity of mental health problems among the follow-up study group were consistent with them having been referred to Floresco from the local MHS, rather than being self-referrals or referrals from GPs or community services.”

Comment:

Discussion

It is well known that service system integration is possible only when certain conditions are met. These conditions are not easy to meet and successes have been documented in very few circumstances where passionate individuals decide to make it work despite the odds. This study does not report anything new in that sense.

Response:

We take this to be a general comment, rather than one that requires any specific revisions to the manuscript. However, as indicated in the “Background” section of the manuscript, we believe that the ‘certain conditions’ required for successful service integration are not yet well known, particularly when it comes to intersectoral integration. Moreover, the Floresco service model was new in that it attempted horizontal integration across multiple organisations and providers from three sectors (government, private and not-for-profit non-government). Given this, we believe the evaluation findings are a useful addition to the currently limited evidence on what does and does not work in mental health service integration.

That said, after reviewing the manuscript, we felt that the nature and extent of integration attempted at Floresco could perhaps have been made clearer in the “Discussion” section. We have therefore inserted some additional words on page 21 and page 23.

Comment:

Overall impression
The topic for this study continues to be one of interest because although it is necessary for multiple agencies to work together, to provide recovery oriented care to persons with severe mental illness, there is still no formula on how this can be implemented across different settings. This study provides yet another example of how some people have tried their best to make it work with little to show for their efforts. My main concerns however are as follows:

1. A lack of ethics approval statement and informed consent from participants

2. Major gaps in available data making it difficult to make sound conclusions

Response:

Again, we take this to be a general comment, with the exception of the point about ethics approval and informed consent, which we have addressed above. We note that the statement that “there is still no formula on how this can be implemented across different settings” seems to contradict the reviewer’s previous comment that “It is well known that service system integration is possible only when certain conditions are met.”

Editor comments

Comment:

In line with Reviewer 1 comments, please double-check the p-value for “Connecting and belonging” (p=0.063) against Table 6 and revise the related statement regarding significant results accordingly.

Response:

We thank you for drawing our attention to several errors in the “Abstract”. In checking the p-values, we found that we had mistakenly reported the results from the follow-up study group rather than the whole cohort. We have now amended paragraph 2 on page 4 to report the correct p-values for all domains of the RAS-DS.

Comment:

Methods (data analysis)

Further detail is required regarding the qualitative data analysis and coding process (including, a supportive literature reference, justification of single coder only, and any quality controls or validity checks put in place).

Response:
Thank you for these suggestions. We have amended paragraph 2 on page 12 so that it now reads as follows (reference included in the revised manuscript). “Constant comparative analysis of qualitative data was undertaken throughout the evaluation (by DB). Analysis of program documentation and meeting observations informed the question guide and probes for the stakeholder interviews. All transcripts of interviews were checked against the audiofiles to ensure their accuracy and to identify any sections where intonation was significant to the interpretation of the speaker’s meaning. An initial coding framework was developed on the basis of this first review of the data, and in light of the research questions and purpose. This framework was gradually refined with additional codes based on repeated close readings of the transcripts. Coded data were organised to identify themes and sub-themes and to highlight both common and differing perspectives among interview participants.”

In regard to the use of a single coder only, we have revised the “Limitations” section to include an additional two sentences, as follows (reference included in the revised manuscript). “Analysis of the qualitative data by two or more members of the research team might also have enhanced the perceived quality of the process component, although it would not necessarily have led to different findings. Either way, resource constraints limited our quality controls for this component of the study to triangulation (multiple sources of data), the use of a professional transcription service, and verification of the transcripts. Researcher bias was not an issue, given that this was an independent study.”

Regarding the latter point, we noted that we had not elsewhere made it clear that this was an independent evaluation, and have now done so in both the “Abstract” (page 3, final paragraph) and the “Background” section (page 7, paragraph 2).

Comment:

Results

Question 5: In view of differing baseline and follow up timeframes examined (12 months versus 6 months, see also Table 5), the in-text interpretation of findings regarding a drop in suicidality should be revised (e.g., as per Reviewer 1 comment) and worded much more cautiously.

Response:

Thank you; we agree with this comment and have revised the comment about the level of suicidality in the follow-up group to read as follows. “At baseline, the follow-up study participants reported high rates of suicidal ideation in the previous year (see Table 5). Suicidality was less evident in this group during the six months between interviews; however, this finding should be interpreted with caution, given the non-comparability of the time-frames.”

Comment:
Results

Question 5: As per the related Abstract comment above, please double-check all significant RAS-DS domain results report in text against Table 6, and revise the related statements as appropriate.

Response:

All reported RAS-DS results have now been double-checked. Please see the revisions in the second paragraph on page 19.

Comment:

References

The reference list requires minor formatting to align with the journal style (e.g., consistent use of abbreviated journal titles)

Response:

We apologise for these formatting errors and hope that the reference list is now consistent with the journal style.