Author’s response to reviews

Title: Social prescribing for people with mental health needs living in disadvantaged communities: The Life Rooms model

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Version: 1 Date: 22 Nov 2019

Author’s response to reviews:

Dear Dr Wei Du

Thank you for giving us a second opportunity to address the reviewers' comments for the research article entitled ‘Social prescribing for people with mental health needs living in disadvantaged communities: The Life Rooms model’. We have now addressed the comments and believe to have produced a much stronger paper.

Please see below for detailed changes made to the reviewers' comments:
Reviewer 1:
1- in regards to adding a specific hypothesis would be useful- clarity to the study’s aim was added to both the abstract section page 2 and end of the background section page 4. This study explored the experiences of secondary mental health care service users use of the Life Rooms. In particular, it explored how the support and access to resources provided by the Life Rooms addressed the social determinants of mental health. We hypothesise that knowledge from this
study will provide further insight into the key elements that contribute toward enhancing the effectiveness of the Life Rooms social prescribing approach, which will further inform the implementation of additional Life Rooms hubs and other SP initiatives that operate in similar settings.

2- Strengths to methodological approach - this was highlighted in section strengths and limitation page. One of the strengths of this study is its methodological approach in capturing the really voices and the lived experiences of those experiencing mental health problems in social deprived areas. It captures these experiences in a group interaction between individuals who have been under mental health services and now engaging with community-based service (Life Rooms), creating collective insight and understanding to the key elements that contribute to an effective SP approach for this group.

3- achieve saturation – clarity to the study’s approach in reaching data saturation was added in section study design page 6.Potential participants were invited to attend one of the five scheduled focus group. Data was collected until no new, or repetitive, information emerged from the focus groups. The early process of data analysis and the identification of initial patterns indicated that there was no new emerging information. Although data saturation was achieved with five focus groups, one more focus group was conducted to ensure that no new information was emerging.

4- Elaboration about IMD scores – was added in result section page 7. The IMD score was generated by an online platform (Ministry of Housing, Communities & Local Government English indices of deprivation 2019 tool) which provides an IMD score/quintile for each postcode.

5- SP impact on social determinants – this was highlighted in background section page 4. It is also highlights that SP encompasses a variety of approaches, which is based on creating greater collaboration between healthcare settings and community-based health and social care settings [19]. From signposting to facilitate access to support without formal referrals to a more comprehensive referral from primary care settings to a specific community-based programme, these provide the potential to mitigate and respond effectively to the impact of the social determinants of health [19].

Reviewer 2:

1- in regards to formulation the aim and research question more explicit- this was addressed in both the abstract page 2 and the background section page 2. This study explores the Life Rooms as a social prescribing model addressing the social determinants of mental health by providing support and access to resources in a local community setting. With an aim to identify key elements that contribute toward enhancing the effectiveness of the Life Rooms social prescribing approach.

2- More details to the analytical process – details was added to the data analysis section page 7, Following each focus group, the Life Room’s study lead (CR) and public advisers shared notes captured during each focus group and discussed initial patterns that they found interesting and meaningful to the study. Continuing on this early analysis process followed each focus groups, (CR) and a Life Room staff member (VM), an academic (KB) and the public advisors made notes and highlighted patterns for each transcript. These initial patterns were manual clustered to form codes and potential themes, which were then combined and arranged on Nvivo11 by an academic trained in qualitative research (SH). Codes and potential themes were discussed by research group to identify main themes. They research group identified four overarching themes, these were revisited by (SH) for data validity and credibility.
3- Describe conduction of the focus group- more details were added to the study design section page 5-6. Five focus groups were initial scheduled to take place within a familiar environment to all potential participants. The focus groups were conducted at the two Life Rooms locations at different times of the day, to facilitate flexibility for potential participants to attend. Potential participants were invited to attend one of the five scheduled focus groups, each focus group lasted between 60 to 90 minutes…. Researcher (CR) and one of the public advisors discussed the guide prior to each focus group and agreed on a structured approach into which section they will lead on to facilitate group discussions. This included ensuring flexibility and encouraging participants open responses, this included the use of terms in open ended questions such as ‘how has’, ‘in what way’ and ‘why’/ ‘Can you explain’.

I have also added ARC NWC as an affiliation to one of the Authors CG (title page) and noted on funding section that NIHR CLAHRC NWC is now replaced with NIHR ARC NWC on October 2019.

Kind regards

Dr Shaima M Hassan