Author's response to reviews

Title: Applying knowledge translation tools to inform policy: The case of mental health in Lebanon

Authors:

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Author's response to reviews: see over
Dear Editor,

We would like to thank you and the reviewers for taking the time to review our manuscript entitled "Applying knowledge translation tools to inform policy: The case of mental health in Lebanon". We are delighted to provide below a detailed response to the helpful comments with reference to the specific edits in the manuscript text as necessary.

Response to 1st reviewer: Amanda J Baxter

1. Comment: The first 3 paragraphs in the section ‘Framing the of the problem and its underlying factors’ appear to draw on findings from the preliminary reviews (as evidenced by citing of references) but the author prefices this section as being results from the policy dialogue discussion. It needs to be made clearer for readers which findings came from which source: a) from the literature review, or b) from the policy dialogue discussions? This comment also applies to subsequent sections in Results.

Response: To clarify, we have added the following sentence to the preface of the Results section: “The below results describe findings based on the synthesized evidence in the policy brief, followed by findings from the discussions that took place at the policy dialogue.” All referenced results stem from the policy brief, and findings stemming from the policy dialogue are indicated in the text using phrases such as “During the policy dialogue, participants confirmed…” on pages 13 to 17.
2. **Comment:** An important aspect of knowledge translation is the timeliness of response, that is, time between stages of the KT process. An indication of time periods between the policy dialogue and some of the results from the post dialogue survey results would be informative, and also allow readers to make some assessment of whether survey results are actually an outcome of the KTP process, or just occurred in parallel. For instance, when (month & year) was the policy dialogue held? And then when, for instance, was the subsequent WHO mental health Gap Action Programme (mhGAP) workshop held (month & year) and the 20 million euro grant secured?

**Response:** We agree. We have indicated the month and year of every major event or development, as can be seen in Track Changes throughout the text. You may also find a revised version of Figure 2 attached, to which the dates of the KTP stages have been added.

3. **Comment:** Abstract- In the Methods paragraph: the authors say “…..development of a policy brief to address the mental health problem”. You need to be more specific, do you mean “…policy brief to address the lack of access to PHC for people with mental health issues”?

**Response:** Yes, we agree. This clarification has been made on page 2.

4. **Comment:** Background- In the second paragraph, give full acknowledgement of the definition for knowledge translation e.g. Straus and colleagues (2009) (Ref)

**Response:** Correction has been made on page 4.

5. **Comment:** Methods- In section 2 ‘Development of Policy Brief’, the first sentence sounds nice but doesn’t tell us much. This info needs to be more specific, for instance WHAT information was sought in the search? Was it a systematic search? If so, what were the inclusion and exclusion criteria?

**Response:** The following clarification has been added to pages 8 and 9: “The first step in the search strategy was a literature review aiming at identifying the specific problems and its underlying factors. This was done by seeking information about the mental healthcare system arrangements (in terms of governance, financing and service delivery), indicators of the burden of mental illnesses, and relevant legislations and developments in the field of mental health in Lebanon in recent years.”
6. **Comment:** Methods- Development of Policy Brief- Second paragraph, the sentence is confusing because of excessive punctuation.

   **Response:** We agree. The sentence in question has been divided into two, as indicated on page 9.

7. **Comment:** Methods- Development of Policy Brief- Second paragraph, the authors mention that when systematic reviews were not available, meta-analyses were sought as well. Presumably any meta-analyses would include a systematic review therefore this actually falls within your primary category of study type.

   **Response:** We agree, thank you for pointing out this linguistic error. Correction has been made on page 9.


   **Response:** We agree. References 7 and 8 have been replaced accordingly in the text and reference list.

9. **Comment:** The sentence “In addition, mental disorders are costly to national economies in terms of expenditure and loss of productivity” is referenced to 11. This is not an appropriate source, it appears there was a mix-up in citations?

   **Response:** Yes, thank you for pointing out this mix-up. This sentence is now referenced to: World Health Organization (WHO): Mental health financing. Mental Health Policy and Service Guidance Package 2003. 

**Response to 2nd reviewer: Fahmy Hanna and Melissa Harper**

1. **Comment:** To elaborate more on limitations of the study e.g. other factors that had possibly contributed to the positive change that the authors noticed regarding policy makers following presenting the policy briefs. Another key limitation was the absence of service user or their representatives from the stakeholders group consulted.

   **Response:** We agree. The limitations section has been modified accordingly on pages 24 and 25.
2. **Comment:** To provide briefly some data in a paragraph describing the mental health system in Lebanon.

**Response:** The following paragraph has been added under section ‘The case of mental health in Lebanon’ on page 6: “The private sector provides most of the mental health services in Lebanon, and the MOPH contracts with private hospitals to pay for needy patients who need inpatient care. Three mental hospitals and 5 psychiatric units within general hospitals exist. The essential list of psychotropic medications includes anti-psychotics, anxiolytics, mood stabilizers and antiepileptics, which are supplied by the MOPH to PHC centers for free. Lebanon does not have enough psychiatrists (1.5 psychiatrists per 100,000 population), with the majority of those working in private practices or for-profit institutes. Two-thirds of other psychosocial professionals (psychologists, other medical doctors, nurses, social workers) work in the public sector according to the WHO AIMS Report of 2010. Financing mental health remains mainly Out-of-Pocket.”

3. **Comment:** Was policy changed about whether PHC staff can now prescribe the meds that have been added to the NEML?

**Response:** Medical doctors at PHC centers were already authorized to prescribe essential mental health medications. However, they are now being trained on prescribing adequate medication, following up appropriately and referring for advanced care.

4. **Comment:** P5 - 6 pre-2014, what was the situation? No plan/policy at all? A couple of lines would be helpful here.

**Response:** The following paragraph has been added to pages 6 and 7: “Prior to 2014, a dedicated mental health program did not exist within the MOPH, despite the eagerness of the ministry to be more active in this area. Initial efforts at training non-specialized PHC staff first began in 2008 by the International Medical Corps but were discontinued due to several challenges, and in 2012 WHO restarted preparations for integration of the mental health Gap Action Programme (mhGAP) at PHC level. Mental health legislation (Lebanese Act no. 72-9/9/1983 “Welfare Act and Protection and Treatment of Mentally Ill Patients”) was outdated, not implemented and did not fully guarantee the rights of mentally ill patients to proper access to care. A draft law was prepared in 2008 to update Law 1983/72, however it has been pending parliamentary approval ever since.”

5. **Comment:** P6 – tenses (present then past) is it that regular priority setting was happening pre-2014 or was this a result of the K2P only?
Response: The regular priority-setting exercise we were referring to is the one started by K2P in 2013. We use the term ‘regular’ since this exercise is to be repeated by K2P center on a periodic basis (once every year) to revise national health priorities and anchor research production and KT activities accordingly. The sentence has been modified as follows on page 7: “In September 2013, the K2P Center partnered with the MOPH and identified mental health as a top health policy priority through a priority-setting exercise that the K2P Center aims to conduct on a regular basis. In parallel, the MOPH had been devising a National Mental Health Program, which was officially launched in April 2014. The integration of mental health into primary care was one of the program’s key priorities.”

6. Comment: I think the 2nd para in “The case of mental health in Lebanon” section should come first…to read more like a journey.

Response: We agree. The order of the first two paragraphs under this section has been reversed accordingly on pages 5 and 6.

7. Comment: P8 - Search strategy, second step: Are you confident that Health Systems Evidence, Cochrane and the Database of SUPPORT summaries would capture all evidence (including single studies)...why not use MEDLINE here too?

Response: Thank you for pointing out this out. In fact, MEDLINE was indeed searched in cases where single studies where needed because of insufficient systematic reviews. A search limited to the time period 1996 to 2014 was conducted. This has been corrected in the manuscript on page 9 and in the revised version of Additional file 1.

8. Comment: P8 - You mention quality checking of the retrieved studies...you have not mentioned what the quality of the body of evidence was.

Response: The quality of the retrieved evidence is already indicated in the Policy Brief, which can be accessed via the link provided at the end of the manuscript. In the Policy Brief, the quality level is indicated for every cited systematic review (high, medium or low according to the AMSTAR scale). The quality of the journals from which each single study was retrieved is also indicated using the Journal rankings of the ISI Web of Knowledge.

9. Comment: You mention findings were summarized - how? Was there a particular qualitative research methodology used?
Response: Thematic analysis was used for qualitative data. Clarification has been made on page 10.

10. Comment: P14 - Diagnosis: add a line on identification of cases, given there will be no screening.

Response: The following sentence has been added to page 15: “PHC providers learn the general principles of care and the key actions such as establishing communication and building trust, conducting assessments, management of cases, referrals and follow ups for priority conditions.”

11. Comment: P16 – why only 9 participants? (I see this is covered in limitations, but a sentence on p9 would be good.)

Response: Modified accordingly on page 17 under ‘Policy brief and policy dialogue evaluation results’.

12. Comment: To add a table providing more descriptions on the policy makers group consulted.

Response: A table of the profiles of policy dialogue participants who filled out the evaluation surveys is available in Additional file 2, specifying the role category of each. Nevertheless, we have added a table (Table1) at the end of the manuscript describing the groups who were consulted in the Litmus Test as well as those who attended the dialogue.

13. Comment: P9 - Political litmus tests: Add a line to explain the concept applied to health policy making (what is the McMasters test and how the test used here differed from it).

Response: The following has been added on page 10: “The Litmus Test is somewhat similar to the method used by the McMaster Health Forum in that it is a key informant interview approach which allows the researchers to: a) gather input about the draft outline for the policy brief to support a stakeholder dialogue, b) help frame the problem, and c) identify other key informants who might be able to provide further input. The test was translated into Arabic and its questions were contextualized according to the topic at hand (in this case, the issue of mental health in primary care settings).”

We hope that our response adequately addresses your enquiries and look forward to your response in due course. Thank you for your consideration.
Sincerely,

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