Reviewer's report

Title: Implementing an Outreaching, Preference-led Stepped Care Intervention Programme to Reduce Late Life Depressive Symptoms: Results of a Mixed-methods Study

Version: 1 Date: 13 May 2014

Reviewer: Sarah Alderson

Reviewer's report:

This study aims to look at facilitating and hindering factors in implementing a depression stepped care management programme for older adults. Overall it has some interesting results that help explain why routine depression screening does not improve outcomes and some of the difficulties in implementing stepped care approaches to treating depression. It does however have some problems in data collection or presentation, in that facilitating factors and contextualising factors do not appear to have been collected during data gathering, despite this being part of the aim of the study.

Major compulsory revisions

The authors mention in several places that they aimed to look for facilitating and hindering factors in implementing the Lust for Life programme, however facilitating factors are rarely mentioned in the article. The majority of the results focus on the hindering factors and problems identified. The interview guide used a framework so facilitating factors should have been identified during the interviews and focus groups. The results need to be reanalysed to show this data as well as the hindering factors. The authors do acknowledge the lack of facilitating factors identified in the limitations of the study but do not explain adequately enough why these were either not identified or reported.

The change in protocol to reduce the high dropout rates, where patients could choose to start a step-two intervention if desired rather than step one intervention as planned may mean the results are less applicable to ‘real life’ situations of a stepped care approach and this needs discussing as a limitation in the discussion.

Under the qualitative data collection section the authors need to make it clear who was interviewed and whether those who dropped out were included in the interviews as their views are important to this type of study.

The authors also mention in this section that they gathered information from returned screening questionnaires and telephone conversations with those who did not respond or declined participation. Was consent obtained from the older adults regarding this, particularly from telephone conversations? Was this data transcribed and analysed with the rest of the interview data or treated separately? How did this data influence the results?

In the results, section 1.2 (factors relating to health care professionals) needs to
be expanded to include more analysis of the data rather than just descriptive findings of the qualitative data. Particularly the attitudes of nurses towards screening – in what sense were they critical?

Results section 1.4 (context-related factors) again seems to be underrepresented in data given that a framework was used to design the interview guide and so should have been covered in the interviews and focus groups.

Results section 2.2 (health care professionals’ backgrounds) mentions that the lust for life work may have been perceived as burdening and they doubted the suitability of this but no evidence from the data is reported.

Minor essential revisions

The authors describe the PHQ9 as a depression screening tool, however it is designed as a depression severity assessment tool rather than for screening and this needs to be amended in the manuscript.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests