Reviewer’s report

Title: The feasibility of implementing recovery, psychosocial and pharmacological interventions for psychosis: comparison study

Version: 5 Date: 22 December 2014

Reviewer: Eric Granholm

Reviewer’s report:

This paper compared the implementation enablers and barriers of pharmacologic, psychosocial and recovery interventions recommended for psychosis by the National Institute for Health and Care Excellence (NICE). This is a very important topic, as many evidence-based interventions are available and recommended for this population in several practice guidelines, but implementation of these interventions (especially psychosocial and recovery interventions) is very limited. Research on factors that may promote implementation is needed. This study contributes important information on how difference classes of interventions for psychosis differ on specific enablers and barriers. I have only a few suggestions to improve the discussion and potential impact of the findings.

Major

1. The Structured Assessment of Feasibility (SAFE) measure was used to rate the interventions based on 127 clinical trial reports, as well as treatment manuals, protocol papers and trial registrations when available. The use of a standardized, reliable measure to evaluate feasibility is a strength of the study. The authors suggested that, in addition to a focus on efficacy and cost-effectiveness, feasibility ratings like these should be used to inform treatment guideline development. It would be helpful if the authors could say more about how the SAFE measure could inform decisions about whether to recommend an intervention. For example, should a cost-effective intervention with high efficacy but high complexity or risk of harm on a feasibility scale not be recommended?

2. Relative to pharmacologic treatments, the psychosocial and recovery interventions were found to have greater complexity and training, time and personnel requirements, but pharmacologic and non-pharmacologic treatments did not differ in costs, cost-savings, or effectiveness. The lack of difference is costs and cost-savings is surprising and seems contradictory, given the greater training, time and personnel requirements of non-pharmacologic interventions. How do the authors make sense of this? Also, pharmacologic treatments are typically implemented much more widely than psychosocial interventions. Do these data suggest this difference in uptake is not due to decreased costs associated with pharmacologic interventions? In general, more could be said about how the findings can inform efforts to improve implementation of
evidence-based practices for psychosis.

Minor

The feasibility profiles are a potentially useful tool to compare different interventions and help guideline developers make decisions or managers plan for implementation. There is, however, no information in the text about how to interpret and use them to inform decisions.

The authors should be commended for taking on the difficult task of quantifying the implementation barriers and enablers associated with these interventions for people with psychosis. My suggestions here are only intended to improve the potential impact of the findings.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.