

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Promoting physical health among people with enduring mental illness – a qualitative study of healthcare providers' perspectives
AUTHORS	Collins, Claire; Finegan, Pearse; O'Shea, Marie; Larkin, James; Pericin, Ivana; Osborne, Brian

VERSION 1 – REVIEW

REVIEWER	Nordgaard, Julie University of Copenhagen
REVIEW RETURNED	12-Oct-2020

GENERAL COMMENTS	<p>This is a qualitative study of 34 health care providers— mental health staff and non-mental health staff— perspectives on physical health care among people with enduring mental illness. The study is highly relevant and interesting.</p> <p>The conclusion that a clear placement of responsibility and accountability is of great importance, and I suggest that this should be expanded from just concerning Ireland to concern all places where it is not clearly placed.</p> <p>It is stated several times that the reason for not attending the health care appointments are a lack of 'motivation'. It seems that the GPs are more concerned with lack of motivation than the mental health staff who seem to be more concerned with the lack of time. I wonder if many of the informants actually used this word, it doesn't seem to be reflected in the quotes. 'Motivation' is not a neutral word and it places the responsibility on the part of the patient. There are several other possible reasons (e.g., lack of energy, anxiety, paranoid ideation etc.) for the difficulties, so unless it is the actual word was used by many informants, I suggest the authors to change this. On the other hand, if this word actually was used by many informants I wonder if it is not so important the it endangers the conclusion about the 'key barriers' being systemic? Or perhaps it is more a question of the authors clearly defining the term 'motivation'?</p>
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REVIEWER	Geoffrey Dickens Northumbria University, Nursing Midwifery and Health
REVIEW RETURNED	29-Oct-2020

GENERAL COMMENTS	Thank you for asking me to review this interesting paper. In
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	<p>terms of the criteria for appraising qualitative research:</p> <p>Credibility Yes, the data are clearly drawn from participants' original data. Interpretation is plausible though this could have been enhanced by some form of member checking. I appreciate this is difficult but a small number of participants could have commented on the analysis. I think there is an issue with the description, in places. of the study as one of 'opinions'. One generally associates this with a survey approach and quantitatively presented data. At times, the analysis feels a bit like this (use of terms like 'most participants' etc); coupled also with information suggesting that some of the study was a knowledge test (e.g. you comment about whether the participants were knowledgeable). Surely their knowledgeability was the 'purposive' criteria for inviting them into the study? Since you say that sampling was purposive i.e. meaning that people were recruited on the basis of their ability to elucidate an informed opinion then how was this criteria established or was it simply anyone who answered? You say it is based on location but this is stratified rather than purposive>?</p> <p>The divorcing of sample quotations from the 'thick description' of the data did not for me enhance credibility as I would expect to see more of an integration of the quotes within the context.</p> <p>I don't understand Table 1. Are you suggesting some kind of inter-related matrix indicated by 'bold' text in column 1 and blue shading across columns. I suspect not but suggest this table is really just 3 independent lists and should be presented as such though I think it is probably redundant in entirety.</p> <p>Transferability Clearly the study is dependent on the Irish context and is not really transferable into settings where, as you identify in the Discussion, that the solutions you are suggesting (accountability, incentivisation) already exist. .</p> <p>Dependability See comment about member checking.</p> <p>In terms of the conclusions and recommendations of the study, the Discussion was rather light</p> <p>Confirmability This really comes down to the description of the analysis which I admit I found a little confusing. You used several terms to describe this including 'interpretive', 'thematic' and 'comparative'. I think what you are describing is something like Braun & Clark's 7-step thematic analytic approach. If so I suggest you cite this and make sure your analytic process squares with it.. You talk about 'patterned meanings' but much of the analysis seems to be a straight descriptive account of whether participants express knowledge that accords with 'actual facts'. The Results section consists of many statements about 'quantity' e.g. 'many participants', 'some GPs', 'Several GPs'. While this may be important it must to some degree be independent of the claimed approach of identifying 'meaning'.</p>
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	<p>Additional comments:</p> <p>Abstract</p> <p>Aim: is it opinions? Maybe 'views' to be consistent with the title. Or perspectives? I think this is about more than 'the care of the physical health of' as it seems to be about the organisation of services. I don't think 'opinions' sits very well with the claimed 'interpretive approach'. If I were asked my opinion and gave it and then found out it had been 'interpreted' I would wonder what the researchers' agenda was.</p> <p>Methods section should say what the approach to analysis is.</p> <p>Results: What do you mean by the primary care team? Isn't this the GP? So why then say 'the patient's GP'? Attendance at what and adherence with what? What about communication? Poor presumably?</p> <p>Conclusion: 'crucial' is a bit hyperbolic. You combine clinical accountability and funding, but what I am understanding from your paper is that the latter can only be addressed when the former has been solved. Accountability for what and to what standard to be solved and then this informs funding.</p> <p>Introduction</p> <p>Page 4</p> <p>Line 46 presumably is a reduced 'relative life expectancy'</p> <p>Line 49 'countries with developed health systems'</p> <p>Page 5</p> <p>Line 3-8 Yes, but where are the supporting references? I suggest the first 2 paragraphs here could be combined and shortened.</p> <p>Paragraph commencing Line 23. 'Diagnostic overshadowing can result in..'. Well, yes but this really is what D.O. actually is rather than what it results in i.e. it is the assumption that physical illness is a manifestation of mental illness. I would turn the two sentences around here i.e. start with 'Rates of physical ...' and end with 'higher [18-21] suggesting the diagnostic overshadowing plays a significant role.'</p> <p>What do you mean 'appear in the literature'? You should be more precise. Are they recommended in policy in Ireland? You wouldn't need 'universal' agreement just 'national' agreement. Can you point to any countries where such a stated policy is in place?</p> <p>I'm not sure how exploring opinions' (and again I'm not sure this is what you are doing) will ensure the success of future interventions. Surely it is to ensure that you have correctly diagnosed the problems?</p>
REVIEWER	Jego, Maeva Aix-Marseille Universite Faculte de Medecine, Department of general practice
REVIEW RETURNED	17-Nov-2020
GENERAL COMMENTS	This qualitative study aimed to establish Irish service providers' opinions regarding the care of the physical health of people with EMI.

	<p>The problematic is well positioned. The qualitative method is appropriate for answering the research question. The main limits concern the lack of justification for the number of providers included on this study, and the thematic analysis that limit the depth of understanding of provider's perceptions.</p> <p>Abstract :</p> <ul style="list-style-type: none"> - Lets choose between « severe enduring mental illness » or « enduring mental illness » or « severe mental illness » ? - For methods : it should be better to explain there at least how the analyses were conducted - « Participants indicated that the physical health of people with EMI is not currently addressed regularly » : these quantitative results can not be provided with qualitative methods. <p>Aim : the implication exposed as « to ensure the success of any future intervention or service development aimed at improving the physical health of people with severe/enduring mental illness » could not be reached with only this study.</p> <p>Methods :</p> <ul style="list-style-type: none"> - Concerning the participants : Why did the study included 34 participants, why not less, why not more ? Did the sufficiency of data was ensured ? I don't see it in the chapter methods. It's necessary to discuss the saturation or sufficiency of data. - There is a contradiction concerning the approach exposed for analysis : if a thematic analysis was conducted, then it can not lead to the creation of categories and theories. It just consists to organise the themes, and the meaning of résultats is reduced. - If the authors organised the codes in categories, and created hypotheses, so it seems that the analysis approach may be more inductive +/- inspired by grounded theorie approach ? - The number of questions in the interview guide define more structured interviews than semi-structured interviews (which usually contain between 5 and 10 questions max). This point must be argued. - It would be usefull for the reader to have access to the guide for better understading the study process and data. - Did the interview guide evoluated during the study ? - Who were the researchers for this study/topic, in this research : experience of qualitative research and experience concerning this topic / preconceived ideas or hypothèses of the researchers ? <p>Results</p>
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	<ul style="list-style-type: none"> - This chapter well organise the results of a thematic analysis - The table 1 is hard to read. Maybe lets present it as a coding tree / schema - The integration of verbatims in the text should give more soundness to the results - The thematic analysis limit the depth of the results <p>Discussion :</p> <ul style="list-style-type: none"> - Concerning the strengths and limitations : The thematic analysis chosen for this analysis can not lead to in-depth compréhension of the phenomenon. Undertake the analysis with an inductive approach could led to in depth compréhension. <p>It would be interesting to develop the comparison with littérature, and create 2 or 3 chapters based on main results / hypotheses, to argue them and propose improvements.</p> <p>The reporting checklist with SRQR should be completed when items lack on the text (for exemple : researcher characteristic and reflexivity).</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments to the Author:

This is a qualitative study of 34 health care providers—mental health staff and non-mental health staff—perspectives on physical health care among people with enduring mental illness. The study is highly relevant and interesting.

The conclusion that a clear placement of responsibility and accountability is of great importance, and I suggest that this should be expanded from just concerning Ireland to concern all places where it is not clearly placed.

THANK YOU FOR YOUR COMMENTS AND REVIEW. WE HAVE EDITED BOTH THE ABSTRACT AND MAIN CONCLUSION TO EXPAND THE RELEVANCE AS YOU SUGGEST.

It is stated several times that the reason for not attending the health care appointments are a lack of ‘motivation’. It seems that the GPs are more concerned with lack of motivation than the mental health staff who seem to be more concerned with the lack of time. I wonder if many of the informants actually used this word, it doesn’t seem to be reflected in the quotes. ‘Motivation’ is not a neutral word and it places the responsibility on the part of the patient. There are several other possible reasons (e.g., lack of energy, anxiety, paranoid ideation etc.) for the difficulties, so unless it is the actual word was used by many informants, I suggest the authors to change this. On the other hand, if this word actually was used by many informants I wonder if it is not so important the it endangers the conclusion about the ‘key barriers’ being systemic? Or perhaps it is more a question of the authors clearly defining the term ‘motivation’?

THANK YOU FOR YOUR OBSERVATION – THE TERM WAS USED BY RESPONDENTS (SEE TWO EXAMPLES GIVEN) AND WHILE THIS WAS IN THE MAIN THE GP RESPONDENTS, IT WAS ALSO REFERRED TO BY OTHERS ALTHOUGH NOT USING THE SAME TERM. HOWEVER, WE HAVE EDITED THE RESULTS SECTION MAKING THIS CLEARER AND IN TWO INSTANCES CHANGED THE TERM TO MORE ADEQUATELY REFLECT THE EXACT POINT BEING MADE WHICH RELATED TO ATTENDING APPOINTMENTS. THE SECOND SENTENCE IN THE DISCUSSION HAS ALSO BEEN EDITED FOR CLARITY AROUND THIS POINT.

Reviewer: 2

Comments to the Author:

Thank you for asking me to review this interesting paper. In terms of the criteria for appraising qualitative research:

THANK YOU FOR YOUR COMMENTS AND REVIEW.

Credibility

Yes, the data are clearly drawn from participants' original data. Interpretation is plausible though this could have been enhanced by some form of member checking. I appreciate this is difficult but a small number of participants could have commented on the analysis. I think there is an issue with the description, in places, of the study as one of 'opinions'. One generally associates this with a survey approach and quantitatively presented data. At times, the analysis feels a bit like this (use of terms like 'most participants' etc); coupled also with information suggesting that some of the study was a knowledge test (e.g. you comment about whether the participants were knowledgeable).

WE ACCEPT THE IMPLICATIONS OF WORDING USED AND HAVE ATTEMPTED TO ADDRESS AND CLARIFY. ALL INSTANCES WHERE 'QUANTITY' WAS IMPLIED HAVE BEEN REWORDED. THE TERMS VIEWS/OPINIONS WERE USED INTERCHANGEABLY AND HAVE NOW BEEN UNIFORMLY REPLACED WITH 'PERSPECTIVES' AS THIS MORE ACCURATELY DESCRIBES THE SITUATION. THERE WAS NO KNOWLEDGE TEST AND THE INSTANCE OF THIS IN THE DISCUSSION HAS BEEN REWORDED. IN PROVIDING QUOTATIONS, WE INCLUDED A REFERENCE TO THE SOURCE TO INDICATE THAT THESE HAVE NOT ALL BEEN TAKEN FROM A SMALL NUMBER OF PARTICIPANTS.

Surely their knowledgeability was the 'purposive' criteria for inviting them into the study? Since you say that sampling was purposive i.e. meaning that people were recruited on the basis of their ability to elucidate an informed opinion then how was this criteria established or was it simply anyone who answered? You say it is based on location but this is stratified rather than purposive>?

WE ONLY TARGETED/INVITED THOSE WORKING IN THESE AREAS – THIS WAS TO ENSURE A GEOGRAPHIC MIX AND TO FACILITATE RECRUITMENT/ADVERTISEMENT AS WE WERE RELYING ON LOCAL NETWORKS TO INFORM THE COMMUNITY HEALTH CARE WORKERS. A KEY FACTOR FOR INCUSION WAS THAT THE PARTICIPANT WAS INVOLVED IN THE CARE OF PATIENTS WITH EMI. WE HAVE EDITED THE METHODS SECTION REGARDING THIS.

The divorcing of sample quotations from the 'thick description' of the data did not for me enhance credibility as I would expect to see more of an integration of the quotes within the context. I don't understand Table 1. Are you suggesting some kind of inter-related matrix indicated by 'bold' text in column 1 and blue shading across columns. I suspect not but suggest this table is really just 3 independent lists and should be presented as such though I think it is probably redundant in entirety.

THE BOLD TEXT IN COLUMN 1 HAS BEEN REMOVED. THE SHADING OF EVERY SECOND ROW IN TALBES WAS INTRODUCED TO ASSIT WITH READABILITY TO MAKE IT EASIER FOR THE READER TO DISTINGUISH BETWEEN ROWS. A PREVIOUS VERSION OF THIS PAPER HAD ALL QUOTATIONS IN THE TEXT, NOT IN A TABLE, BUT A REVIEWER ASKED THAT WE REMOVE THEM AND PUT ALL IN A TABLE. WE HAVE RE-INSERTED THEM INTO THE TEXT OF THE PAPER.

Transferability

Clearly the study is dependent on the Irish context and is not really transferable into settings where, as you identify in the Discussion, that the solutions you are suggesting (accountability, incentivisation) already exist. .
AS SUGGESTED BY REVIEWER 1, WE HAVE EDITED AND SPECIFIED IRELAND AND IN COUNTRIES WHERE RESPONSIBILITY IS NOT CLEAR.

Dependability

See comment about member checking.

In terms of the conclusions and recommendations of the study, the Discussion was rather light
Confirmability This really comes down to the description of the analysis which I admit I found a little confusing. You used several terms to describe this including 'interpretive', 'thematic' and 'comparative'. I think what you are describing is something like Braun & Clark's 7-step thematic analytic approach. If so I suggest you cite this and make sure your analytic process squares with it.. You talk about 'patterned meanings' but much of the analysis seems to be a straight descriptive account of whether participants express knowledge that accords with 'actual facts'. The Results section consists of many statements about 'quantity' e.g. 'many participants',

'some GPs', 'Several GPs'. While this may be important it must to some degree be independent of the claimed approach of identifying 'meaning'.

ALL INSTANCES WHERE 'QUANTITY' WAS IMPLIED HAVE BEEN REWORDED. THE REFERENCE TO PATTERNED MEANING HAS BEEN EXCLUDED AS NOT RELEVANT AND ALL REFERENCES TO THE ANALYSIS APPROACH EDITED.

Additional comments:

Abstract

Aim: is it opinions? Maybe 'views' to be consistent with the title. Or perspectives? I think this is about more than 'the care of the physical health of' as it seems to be about the organisation of services. I don't think 'opinions' sits very well with the claimed 'interpretive approach'. If I were asked my opinion and gave it and then found out it had been 'interpreted' I would wonder what the researchers' agenda was.

THE TERMS VIEWS/OPINIONS WERE USED INTERCHANGEABLY AND HAVE NOW BEEN UNIFORMLY REPLACED WITH 'PERSPECTIVES'. THE PROJECT'S AIM WAS NOT IN TERMS OF 'ORGANISATION OF SERVICES' AT THE OUTSET BUT THE PERSPECTIVES OF THE RESPONDENTS ON ALL ISSUES RELATING TO THE CARE OF THE PHYSICAL HEALTH OF THOSE WITH EMI. THE 'ORGANISATION OF SERVICES' EMERGED FROM THE FINDINGS. THE ANALYSIS APPROACH HAS BEEN EDITED.

Methods section should say what the approach to analysis is.

THIS HAS BEEN INCLUDED.

Results: What do you mean by the primary care team? Isn't this the GP? So why then say 'the patient's GP'? Attendance at what and adherence with what? What about communication? Poor presumably?

THE ABSTRACT RESULTS SECTION HAS BEEN EDITED TO BE CLEARER AND INCLUDE ALL ASPECTS.

Conclusion: 'crucial' is a bit hyperbolic. You combine clinical accountability and funding, but what I am understanding from your paper is that the latter can only be addressed when the former has been solved. Accountability for what and to what standard to be solved and then this informs funding.

BOTH POINTS FULLY ACCEPTED AND EDITED ACCORDINGLY.

Introduction

Page 4

Line 46 presumably is a reduced 'relative life expectancy'

Line 49 'countries with developed health systems'

THANK YOU – BOTH EDITED.

Page 5

Line 3-8 Yes, but where are the supporting references? I suggest the first 2 paragraphs here could be combined and shortened.

MISSING REFERENCE NUMBERS INSERTED AND SOME EDITING APPLIED.

Paragraph commencing Line 23. 'Diagnostic overshadowing can result in..'. Well, yes but this really is what D.O. actually is rather than what it results in i.e. it is the assumption that physical illness is a manifestation of mental illness. I would turn the two sentences around here i.e. start with 'Rates of physical ...' and end with 'higher [18-21] suggesting the diagnostic overshadowing plays a significant role.'

THANK YOU – THIS IS ACCEPTED AND WE AGREE; THIS HAS BEEN EDITED.

What do you mean 'appear in the literature'? You should be more precise. Are they recommended in policy in Ireland? You wouldn't need 'universal' agreement just 'national' agreement. Can you point to any countries where such a stated policy is in place?

THE MISSING REFERENCE IS ADDED AND THE SENTENCE EDITED FOR CLARITY.

I'm not sure how exploring opinions' (and again I'm not sure this is what you are doing) will ensure the success of future interventions. Surely it is to ensure that you have correctly diagnosed the problems?

THE SENTENCE HAS BEEN EDITED FOR CLARITY.

Reviewer: 3

Comments to the Author:

This qualitative study aimed to establish Irish service providers' opinions regarding the care of the physical health of people with EMI.

The problematic is well positioned. The qualitative method is appropriate for answering the research question. The main limits concern the lack of justification for the number of providers included on this study, and the thematic analysis that limit the depth of understanding of provider's perceptions.

THANK YOU FOR YOUR COMMENTS AND REVIEW. THE RESTRICTION ON AREAS TO INCLUDE WAS BASED ON RECRUITMENT STRATEGY REQUIRING RELIANCE ON LOCAL COMMITMENT TO DISSEMINATING STUDY INFORMATION. THE GEOGRAPHIC AREAS WERE CHOSEN TO ENSURE VARIATION.

Abstract :

- Lets choose between « severe enduring mental illness » or « enduring mental illness » or « severe mental illness » ?

AGREE – BOTH USED IN THE LITERATURE BUT ALL INSTANCES NOW REFER ONLY TO ENDURING MENTAL ILLNESS.

- For methods : it should be better to explain there at least how the analyses were conducted

- « Participants indicated that the physical health of people with EMI is not currently addressed regularly » : these quantitative results can not be provided with qualitative methods.

THIS HAS BEEN SLIGHTLY REWORDED AS THIS IS NOT FROM QUANTITATIVE DATA SO HOPEFULLY IT IS NOW CLEARER.

Aim : the implication exposed as « to ensure the success of any future intervention or service development aimed at improving the physical health of people with severe/enduring mental illness » could not be reached with only this study.

FULLY ACCEPTED AND THIS HAS BEEN REWORDED – BASED ON COMMENTS BY ANOTHER REVIEWER ALSO.

Methods :

- Concerning the participants : Why did the study included 34 participants, why not less, why not more ? Did the sufficiency of data was ensured ? I don't see it in the chapter methods. It's necessary to discuss the saturation or sufficiency of data.

- Their is a contradiction concerning the approach exposed for analysis : if a thematic analysis was conducted, then it can not lead to the creation of categories and theories. It just consists to organise the themes, and the meaning of résultats is reduced.

- If the authors organised the codes in categories, and created hypotheses, so it seems that the analysis approach may be more inductive +/- inspired by grounded theorie approach ?

- The number of questions in the interview guide define more structured interviews than semi-structured interviews (which usually contain between 5 and 10 questions max). This point must be argued.

- It would be usefull for the reader to have access to the guide for better understading the study process and data.

- Did the interview guide evoluated during the study ?

- Who were the researchers for this study/topic, in this research : experience of qualitative research and experience concerning this topic / preconceived ideas or hypothèses of the researchers ?

ALL POINTS NOTED AND TEXT IN THE METHODS SECTION EDITED TO COVER ALL THESE ASPECTS. THE TOPIC GUIDE IS NOW INCLUDED AS A SUPPLEMENTARY FILE.

Results

- This chapter well organise the results af a thematic analysis

- The table 1 is hard to read. Maybe lets present it as a coding tree / schema

- The integration of verbatims in the text should give more soundness to the results

- The thematic analysis limit the depth of the results

*A PREVIOUS VERSION OF THIS PAPER HAD ALL QUOTATIONS IN THE TEXT, NOT IN A TABLE, BUT A REVIEWER ASKED THAT WE REMOVE THEM AND PUT ALL IN A TABLE. THESE ARE NOT RETURNED TO THE BODY OF THE PAPER.
ANOTHER REVIEWER COMMENTED ON TABLE 1 AND WE HAVE EDITED ACCORDINGLY.*

Discussion :

- Concerning the strengths and limitations : The thematic analysis chosen for this analysis can not lead to in-depth compréhension of the phenomenon. Undertake the analysis with an inductive approach could led to in depth compréhension.

It would be interesting to develop the comparison with littérature, and create 2 or 3 chapters based on main results / hypotheses, to argue them and propose improvements.

THIS HAS BEEN ADDED TO THE LIMITATIONS.

The reporting checklist with SRQR should be completed when items lack on the text (for exemple : researcher characteristic and reflexivity).

THE SRQR CHECKLIST WAS COMPLETED AND IS NOW INCLUDED IN THE SUPPLEMENTARY MATERIAL.

VERSION 2 – REVIEW

REVIEWER	Nordgaard, Julie University of Copenhagen
REVIEW RETURNED	12-Feb-2021
GENERAL COMMENTS	My concerns have been addressed adequately. However, in the ethical statement there is no information about how the participants gave consent to participate (signed consent?). When this information is provided and found satisfactory, I believe that the manuscript ready for publication.

VERSION 2 – AUTHOR RESPONSE

Thank you - we have updated the ethical statement: Ethical approval was provided by the Irish College of General Practitioner’s Research Ethics Committee. Participants provided written, informed consent.