

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Perceived effects of the economic recession on population mental health, well-being and provision of care by primary care users and professionals: A qualitative study protocol in Portugal
AUTHORS	Antunes, Ana; Frasilho, Diana; Cardoso, Graça; Pereira, Nádia; Silva, Manuela; Caldas-de-Almeida, José Miguel; Ferrão, João

VERSION 1 - REVIEW

REVIEWER	Nikos Christodoulou Department of Psychological Medicine, Notts Healthcare NHS Foundation Trust and University of Nottingham, United Kingdom
REVIEW RETURNED	20-Apr-2017

GENERAL COMMENTS	<p>The suggested study is part of a larger project and as such, its aims and objectives must be seen in the context of the larger project, and are wholly appropriate. The study's protocol presents a conceptually excellent approach to a very complex topic. Complex topics are often best approached qualitatively, and in my view this is an appropriate approach in this case.</p> <p>I feel that the introduction will benefit from greater depth on mental health issues in addition to the pertinent macroeconomic mentions. This will give the study a broader European perspective, given that the protocol is carried out within a European programme. The authors may wish to consider consulting the recently published European Psychiatric Association's comprehensive review and Guidance on the topic (Carrasco et al 2016).</p> <p>Also, the study is looking at the systemic Mental Health effects of economic crises, but the protocol offers little bibliographical support to justify the need.</p> <p>Methodologically, the setup is robust and planned analyses are appropriate.</p> <p>There is relative sparsity of considerations of limitations for the study, and brief mention might be warranted.</p> <p>Overall, this excellent protocol promises a needed contribution towards a very important issue internationally.</p>
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REVIEWER	Charitini Stavropoulou City, University of London United Kingdom
REVIEW RETURNED	25-Apr-2017

GENERAL COMMENTS	Overall assessment: Portugal has been one of the countries hit hard by the 2008 European financial crisis, yet evidence on the impact of recession on the country's health outcomes and health care is
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	<p>limited. Therefore, I was interested in reading the paper and finding out more about the study. Yet, I was left unclear about the new insights that the study will offer and its contribution to the wider literature. There were also a number of methodological points in the protocol that need clarification.</p> <p>Introduction: Portugal is seen in isolation from the wider literature. The authors present clearly the effect of the European crisis on the country's macroeconomic indicators. But the introduction should go beyond that and more importantly explain to the reader what we know so far in the area of recessions and mental health from other countries and what a study in Portugal would add.</p> <p>A systematic literature review on the European financial crisis and health outcomes showed that in fact the majority of evidence has been on mental health (http://www.bmj.com/content/354/bmj.i4588). Indicatively, there are a number of studies from Spain (see Aguilar-Pallacio et al 2015; Bartoll et al 2014; Gili et al 2013), Greece (Drydakis 2015; Economou et al 2013) and other European countries (Malard et al 2015, Astell-Burt et al 2013). As it currently stands, the paper fails to show a significant contribution to the wider literature.</p> <p>Aims and Objectives: There is a clear confusion in this section. The authors state (line 42, page 4) that the objective of this study is twofold. I believe they mean that the aim of the Mental Health Crisis Impact Study has two objectives, not the current study. The current study tries to address the second objective only. If my understanding is correct, the authors need to make this clear.</p> <p>Study design and setting: I am a big advocate of qualitative studies, however in this current setting I am not sure why a qualitative approach would be the most appropriate method. The main themes the author investigate include access to services, quality of care, changes in mental health and risk factors. All these issues can be explored perhaps more appropriately quantitatively, by comparing indicators before and after the crisis, unless of course there is lack of data. Is this the case? Why does exploration of perceptions add more than secondary data analysis? The authors need to strengthen their justification for the selected design.</p> <p>Also, why interviews with health care providers and focus-groups with users? Statements such as "the research team decided that the best methods were interaction with users in a group setting (focus group interviews) and direct interaction with professionals on a one to one basis through semi-structured interviews" are not robust enough to support the choice of the methods.</p> <p>The authors state they aimed to select "areas of higher probability of economic recession impact". What does this mean? How is this information actually used to choose the areas? Table 1 is not informative in this respect.</p> <p>Participants: How many participants are the authors looking to recruit? What does "random and heterogeneous sample of users" (line 8, page 7) mean? How does the recruitment process ensure random selection and over which characteristics do the authors wish to achieve heterogeneous sample?</p> <p>Data collection procedures: How were the broad themes for the focus groups and individual interviews chosen? Is it from previous literature conducted in similar settings? It feels rather arbitrary. The abstract talks about a conceptual framework, but the main text does not present one.</p> <p>Data analysis: There is no distinction between the analysis of individual interviews and focus groups.</p> <p>Ethics and Dissemination: There is very little on the dissemination of results.</p>
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	Paragraphs 2-4 on page 9 are too abstract on the study's contributions to the wider literature, and as with the introduction there is no reference to other studies in the field.
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VERSION 1 – AUTHOR RESPONSE

Reviewer number 1:

"The suggested study is part of a larger project and as such, its aims and objectives must be seen in the context of the larger project, and are wholly appropriate. The study's protocol presents a conceptually excellent approach to a very complex topic. Complex topics are often best approached qualitatively, and in my view this is an appropriate approach in this case. I feel that the introduction will benefit from greater depth on mental health issues in addition to the pertinent macroeconomic mentions. This will give the study a broader European perspective, given that the protocol is carried out within a European programme. The authors may wish to consider consulting the recently published European Psychiatric Association's comprehensive review and Guidance on the topic (Carrasco et al 2016). Also, the study is looking at the systemic Mental Health effects of economic crises, but the protocol offers little bibliographical support to justify the need. Methodologically, the setup is robust and planned analyses are appropriate. There is relative sparsity of considerations of limitations for the study, and brief mention might be warranted. Overall, this excellent protocol promises a needed contribution towards a very important issue internationally."

On behalf of the authors, I thank the reviewer for his feedback and contribution to the manuscript. The introduction was updated following the suggestions provided by the reviewer. The limitations of the study were included in the "discussion" section, from which we highlight those inherent to qualitative methodology itself, as well as potential limitation in the data collection, since there is a possibility that certain groups of people (such as retired or unemployed) are more likely to be able to participate in the focus groups.

Reviewer number 2

"Overall assessment: Portugal has been one of the countries hit hard by the 2008 European financial crisis, yet evidence on the impact of recession on the country's health outcomes and health care is limited. Therefore, I was interested in reading the paper and finding out more about the study. Yet, I was left unclear about the new insights that the study will offer and its contribution to the wider literature. There were also a number of methodological points in the protocol that need clarification. 1. Introduction: Portugal is seen in isolation from the wider literature. The authors present clearly the effect of the European crisis on the country's macroeconomic indicators. But the introduction should go beyond that and more importantly explain to the reader what we know so far in the area of recessions and mental health from other countries and what a study in Portugal would add. A systematic literature review on the European financial crisis and health outcomes showed that in fact the majority of evidence has been on mental health (<http://www.bmj.com/content/354/bmj.i4588>). Indicatively, there are a number of studies from Spain (see Aguilar-Pallacio et al 2015; Bartoll et al 2014; Gili et al 2013), Greece (Drydakis 2015; Economou et al 2013) and other European countries (Malard et al 2015, Astell-Burt et al 2013). As it currently stands, the paper fails to show a significant contribution to the wider literature."

On behalf of the authors, I thank the reviewer for his feedback and contribution to the manuscript. We agree with the reviewer that the introduction of the manuscript should be improved by adding more information about the relevance of a study of this nature conducted in Portugal, one of the countries

most affected by the economic recession. Therefore, the introduction of the manuscript was updated following the suggestions of the reviewer. We focused not only on the results found in another countries, but also on the fact that on the systematic literature review indicated (Parmar et al. 2016), there are no studies included conducted in Portugal, and only two qualitative studies conducted with health professionals under this subject were conducted in Spain were found. We think this section highlights now, more clearly, the need to conduct this study in the Portuguese context.

2. "Aims and Objectives: There is a clear confusion in this section. The authors state (line 42, page 4) that the objective of this study is twofold. I believe they mean that the aim of the Mental Health Crisis Impact Study has two objectives, not the current study. The current study tries to address the second objective only. If my understanding is correct, the authors need to make this clear."

Thank you for this suggestion. This study integrates a project funded under the objectives of the Public Health Initiatives Programme (EEA Grants) which included an epidemiological follow-up study of the National Mental Health Survey conducted in 2009, and a qualitative study, described in this protocol. The description of the objective was clarified following the suggestions of the reviewer.

3. "Study design and setting: I am a big advocate of qualitative studies, however in this current setting I am not sure why a qualitative approach would be the most appropriate method. The main themes the author investigate include access to services, quality of care, changes in mental health and risk factors. All these issues can be explored perhaps more appropriately quantitatively, by comparing indicators before and after the crisis, unless of course there is lack of data. Is this the case? Why does exploration of perceptions add more than secondary data analysis? The authors need to strengthen their justification for the selected design."

The study protocol of the present study aims to contribute to the data of the epidemiological follow-up survey, part of the MH Crisis Impact Study, in which the mentioned indicators will be compared before and after the economic crisis. The qualitative data design added value lies on the complexity of experiences associated with the economic crisis. By integrating the perspectives of primary health care users and health professionals, the identified challenges and potential solutions are likely to positively contribute to social and health policies, particularly regarding the accessibility and quality of primary health care. This topic was updated in the introduction.

"4. Also, why interviews with health care providers and focus-groups with users? Statements such as "the research team decided that the best methods were interaction with users in a group setting (focus group interviews) and direct interaction with professionals on a one to one basis through semi-structured interviews" are not robust enough to support the choice of the methods."

The decision to apply different methods with users and health professionals was based, regarding the focus groups, on the interest in the comparisons between the perspectives and experiences of the participants. Considering the semi-structured interviews, the decision was made based on consultations with health professionals, who referred that they were likely to not feel comfortable sharing their honest opinion in the presence of other colleagues. This was clarified in the text and the justification can be found under "study design and setting"

"The authors state they aimed to select "areas of higher probability of economic recession impact". What does this mean? How is this information actually used to choose the areas? Table 1 is not informative in this respect."

The areas were chosen based on the results of a study that evaluated which were the municipalities

where the impact of the economic crisis was higher (study only available in Portuguese) and on the socioeconomic typology of the Lisbon Metropolitan area, as described under study design and setting. This information was not included in the Table 1 because there is a description of the three case studies in the main text.

"Participants: How many participants are the authors looking to recruit? What does "random and heterogeneous sample of users" (line 8, page 7) mean? How does the recruitment process ensure random selection and over which characteristics do the authors wish to achieve heterogeneous sample?"

We apologize, but it was a mistake on our part. Thank you for noticing. A convenience sampling strategy with users will be followed and the manuscript has been updated.

"Data collection procedures: How were the broad themes for the focus groups and individual interviews chosen? Is it from previous literature conducted in similar settings? It feels rather arbitrary. The abstract talks about a conceptual framework, but the main text does not present one."

In the case of the focus groups, the topics for the interviews were based on overall literature regarding the impact of the economic crisis on mental health. Regarding the health professionals, the interview guide was developed also based on other qualitative studies in the area conducted in other countries. The manuscript has been updated in this regard.

"Data analysis: There is no distinction between the analysis of individual interviews and focus groups."

As a first approach, focus groups and semi-structured interviews will be analysed separately, through a detailed description and interpretation of the main themes. In a subsequent approach, comparison and analysis of common themes between data from the focus groups and semi-structured interviews will be carried out, in order to identify how the perspectives of users and health professionals may converge or diverge in specific subjects. The manuscript has been updated in this regard.

"Ethics and Dissemination: There is very little on the dissemination of results."

The dissemination of results has been updated, however, the main strategies were already present in the manuscript.

"Paragraphs 2-4 on page 9 are too abstract on the study's contributions to the wider literature, and as with the introduction there is no reference to other studies in the field."

The manuscript was updated in this regard, focusing particularly the contributions this approach may provide for health policy.

VERSION 2 – REVIEW

REVIEWER	Dr Nikos Christodoulou Notts Healthcare NHS Foundation Trust University of Nottingham UK
REVIEW RETURNED	15-May-2017

GENERAL COMMENTS	This revision offers important improvements over areas previously highlighted. It furthers its elaboration on methodology and clarifies some of the many limitations such a qualitative study is expected to
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	<p>have. Its introductory scope is also enhanced, and now includes a more international vista.</p> <p>Nevertheless, as pointed out in my previous comments, it still fails to address the systemic perspective. I explain why this is important: Primary care health professionals and service users (either in focus groups or through SSIs) are expected to highlight principally two things: 1) the effect of the crisis on the mental health of the population (anxiety, depression, suicidality etc) and 2) the wider systemic effects of the crisis (i.e. strain on the system of healthcare, effects on society, effects on stigma etc). Arguably, both groups - professionals and service users alike - will most likely focus on the latter. In fact, one of the aims of the study is "... to explore users' and primary care health professionals' perceptions on... mental health care delivery". Despite this, the paper still fails to provide a background context on the systemic effects of the economic crisis, and that represents a logical gap in the argument. This has a knock on effect on the paper's aspirations to be a contribution towards the drafting of policy and measures, implied in the penultimate sentence. Also, regarding this aspiration, caveats need to be added in the limitations to delineate the extent to which this evidence is responsibly capable of shaping policy.</p> <p>I am still happy with the methodological robustness of the paper, taking into account that such qualitative studies need to be robust, but not necessarily very stringent. However, further systemic considerations and an elaboration on limitations are necessary. I would suggest:</p> <p>1. A brief bibliographical review of the systemic effects of the crisis in the introduction, at least for those issues expected to be highlighted by the participants. Consider consulting the following papers and book - please do not feel obliged to include in your references. Hyphantis T. The 'depression' of mental health care in general hospitals in Greece in the era of recession. <i>J Psychosom Res.</i> 2013 Jun;74(6):530–2. Christodoulou NG, Christodoulou GN. Financial crises: impact on mental health and suggested responses. <i>Psychother Psychosom.</i> 2013;82(5):279–284. Crises and disasters: mental health context and responses. Cambridge Scholars Publishing ISBN (13): 978–1–4438–8944–5; 2016. Zavras D, Zavras AI, Kyriopoulos I-I, Kyriopoulos J. Economic crisis, austerity and unmet healthcare needs: the case of Greece. <i>BMC Health Serv Res.</i> 2016;16:309. Anagnostopoulos DC, Giannakopoulos G, Christodoulou NG. The synergy of the financial crisis and the refugee crisis in Greece: Impact on mental health. <i>Int J Soc Psychiatry.</i> 2017</p> <p>2. elaboration of limitations as above. Otherwise, this is a very promising study, and I look forward to seeing its results.</p>
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REVIEWER	Charitini Stavropoulou City, University of London UK
REVIEW RETURNED	30-May-2017

GENERAL COMMENTS	<p>The authors have been very receptive to the feedback and have addressed most of the points the reviewers and the editor raised. The manuscripts has now a clearer aim and the contribution of the study is more evident. I have a couple of points I would like the authors to clarify.</p> <p>- Conceptual framework: The abstract states that “A conceptual framework and methodology to assess perceived effects...”. There is no single reference to a conceptual framework in the main text. I would therefore suggest that the authors remove “conceptual framework” from their abstract or otherwise present this framework in the main text.</p> <p>- Recruitment of participants The recruitment of participants remains unclear to the reader. The authors state “All health professionals ... will be contacted by the delegate of the collaborating primary health care centre...”. But it is not clear how they will be contacted. Is it by email, telephone, a written invite sent to them? The same questions I had regarding the recruitment of the users.</p> <p>- Data analysis It is implied, but not clearly stated that the main method of data analysis is narrative analysis. If this is correct, please state it. If not, explain how the interviews and the focus groups will be analysed. Also, in the Data Analysis section, please replace the word “approach” with “stage” both in line 33 and 37 of page 10.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer 1

“This revision offers important improvements over areas previously highlighted. It furthers its elaboration on methodology and clarifies some of the many limitations such a qualitative study is expected to have. Its introductory scope is also enhanced, and now includes a more international vista. Nevertheless, as pointed out in my previous comments, it still fails to address the systemic perspective. I explain why this is important: Primary care health professionals and service users (either in focus groups or through SSIs) are expected to highlight principally two things: 1) the effect of the crisis on the mental health of the population (anxiety, depression, suicidality etc) and 2) the wider systemic effects of the crisis (i.e. strain on the system of healthcare, effects on society, effects on stigma etc). Arguably, both groups - professionals and service users alike - will most likely focus on the latter. In fact, one of the aims of the study is "... to explore users' and primary care health professionals' perceptions on... mental health care delivery". Despite this, the paper still fails to provide a background context on the systemic effects of the economic crisis, and that represents a logical gap in the argument. This has a knock on effect on the paper's aspirations to be a contribution towards the drafting of policy and measures, implied in the penultimate sentence. Also, regarding this aspiration, caveats need to be added in the limitations to delineate the extent to which this evidence is responsibly capable of shaping policy.

I am still happy with the methodological robustness of the paper, taking into account that such qualitative studies need to be robust, but not necessarily very stringent. However, further systemic considerations and an elaboration on limitations are necessary. I would suggest:

1. A brief bibliographical review of the systemic effects of the crisis in the introduction, at least for those issues expected to be highlighted by the participants. Consider consulting the following papers

and book - please do not feel obliged to include in your references.

Hyphantis T. The 'depression' of mental health care in general hospitals in Greece in the era of recession. *J Psychosom Res.* 2013 Jun;74(6):530–2.

Christodoulou NG, Christodoulou GN. Financial crises: impact on mental health and suggested responses. *Psychother Psychosom.* 2013;82(5):279–284.

Crises and disasters: mental health context and responses. Cambridge Scholars Publishing ISBN (13): 978–1–4438–8944–5; 2016.

Zavras D, Zavras AI, Kyriopoulos I-I, Kyriopoulos J. Economic crisis, austerity and unmet healthcare needs: the case of Greece. *BMC Health Serv Res.* 2016;16:309.

Anagnostopoulos DC, Giannakopoulos G, Christodoulou NG. The synergy of the financial crisis and the refugee crisis in Greece: Impact on mental health. *Int J Soc Psychiatry.* 2017

2. elaboration of limitations as above. Otherwise, this is a very promising study, and I look forward to seeing its results.”

We thank the reviewer for his feedback and suggestions. After reading his comments, we agreed that our introduction needed better clarification regarding the wider effects of the economic crises.

Following his advice, we re-organized the introduction (paragraph 4) and specified the effects of the economic crisis in population mental health, through deteriorating socioeconomic conditions, and the additional pressures faced by the health system, particularly due to cuts in public funding, that faced additional challenges in the provision of care despite growing health needs in the population.

2. Elaboration of limitations as above. Otherwise, this is a very promising study, and I look forward to seeing its results.

Following the previous changes, based on the reviewer suggestions, we added to the limitations of the study the fact that our study design does not allow to fully assess the impact of the economic recession in the health systems, particularly in the provision of specialized mental health services. This can be found in the second paragraph of the Ethics and Dissemination section.

Reviewer 2

The authors have been very receptive to the feedback and have addressed most of the points the reviewers and the editor raised. The manuscripts has now a clearer aim and the contribution of the study is more evident. I have a couple of points I would like the authors to clarify.

- Conceptual framework: The abstract states that “A conceptual framework and methodology to assess perceived effects...”. There is no single reference to a conceptual framework in the main text. I would therefore suggest that the authors remove “conceptual framework” from their abstract or otherwise present this framework in the main text.

- Recruitment of participants: The recruitment of participants remains unclear to the reader. The authors state “All health professionals ... will be contacted by the delegate of the collaborating primary health care centre...”. But it is not clear how they will be contacted. Is it by email, telephone, a written invite sent to them? The same questions I had regarding the recruitment of the users.

- Data analysis: It is implied, but not clearly stated that the main method of data analysis is narrative analysis. If this is correct, please state it. If not, explain how the interviews and the focus groups will be analysed. Also, in the Data Analysis section, please replace the word “approach” with “stage” both in line 33 and 37 of page 10.

We thank the reviewer for her feedback and suggestions.

Regarding the first topic we aimed to indicate that the theoretical background justifying the study and methodology were presented, however, we followed the suggestion of the reviewer and excluded “conceptual framework” from the abstract, which we acknowledge might generate confusion to the reader. We thank the reviewer for her suggestion.

Regarding the recruitment of participants, it is dependent on each specific context of data collection. For instance, the health professionals may be invited individually by the delegate or in a staff meeting. The strategy will be defined with each delegate according the health centre characteristics. Regarding users, two strategies have been agreed. Participants will be invited to participate in the study by their GP in the week prior to the focus group, who were also asked to reiterate that participation is voluntary. In case of agreement, the GPs will provide a list of contacts to the research team who will contact them by telephone in the day of the focus group to confirm their presence. If the number of participants confirming their presence is not enough to conduct the focus group, participants in the waiting room during the day of the focus group may also be invited by the delegate and members of the research team to participate in the study.

These strategies were described in more detail in the first paragraph of the Participants section and we thank the reviewer for her feedback regarding this topic.

Finally, concerning the third topic, as stated in the abstract and described in the data analysis section, we will conduct thematic analysis. As stated in data analysis “a hermeneutic analysis of the transcripts, using constant comparison and category building procedures, will allow the researchers to identify major themes supported with QSR NVivo 10 Software”. However, we added “thematic analysis” to the second line of the section to make this topic more clear to the readers. Finally we agree with the reviewer and replaced “approach” by “stage” as suggested in the data analysis section.

VERSION 3 – REVIEW

REVIEWER	Nikos Christodoulou Dept of Psychological Medicine Notts Healthcare NHS Foundation Trust UK
REVIEW RETURNED	28-Jun-2017

GENERAL COMMENTS	The authors have addressed concerns properly. I look forward to seeing this piece published.
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REVIEWER	Charitini Stavropoulou City, University of London
REVIEW RETURNED	19-Jun-2017

GENERAL COMMENTS	The authors have addressed all the points I have raised. I wish them good luck with their study.
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