

# Linda Gask

## List of Publications by Year in descending order

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Version: 2024-02-01

107  
papers

5,125  
citations

87843

38  
h-index

91828

69  
g-index

127  
all docs

127  
docs citations

127  
times ranked

5753  
citing authors

#	ARTICLE	IF	CITATIONS
1	Collaborative care for depression and anxiety problems. The Cochrane Library, 2012, 10, CD006525.	1.5	624
2	Understanding the implementation of complex interventions in health care: the normalization process model. BMC Health Services Research, 2007, 7, 148.	0.9	495
3	The treatment of somatization: Teaching techniques of reattribution. Journal of Psychosomatic Research, 1989, 33, 689-695.	1.2	209
4	Integrated primary care for patients with mental and physical multimorbidity: cluster randomised controlled trial of collaborative care for patients with depression comorbid with diabetes or cardiovascular disease. BMJ, The, 2015, 350, h638-h638.	3.0	200
5	Clinical effectiveness of collaborative care for depression in UK primary care (CADET): cluster randomised controlled trial. BMJ, The, 2013, 347, f4913-f4913.	3.0	173
6	Evaluating models of working at the interface between mental health services and primary care. British Journal of Psychiatry, 1997, 170, 6-11.	1.7	164
7	Characteristics of Effective Collaborative Care for Treatment of Depression: A Systematic Review and Meta-Regression of 74 Randomised Controlled Trials. PLoS ONE, 2014, 9, e108114.	1.1	158
8	What Do Patients Choose to Tell Their Doctors? Qualitative Analysis of Potential Barriers to Reattributing Medically Unexplained Symptoms. Journal of General Internal Medicine, 2009, 24, 443-449.	1.3	134
9	Access to primary mental health care for hard-to-reach groups: From "silent suffering" to "making it work". Social Science and Medicine, 2011, 72, 763-772.	1.8	118
10	Health technology assessment in its local contexts: studies of telehealthcare. Social Science and Medicine, 2003, 57, 697-710.	1.8	117
11	Why do General Practitioners Decline Training to Improve Management of Medically Unexplained Symptoms?. Journal of General Internal Medicine, 2007, 22, 565-571.	1.3	116
12	Cluster randomised controlled trial of training practices in reattribution for medically unexplained symptoms. British Journal of Psychiatry, 2007, 191, 536-542.	1.7	97
13	Peering through the barriers in GPs' explanations for declining to participate in research: the role of professional autonomy and the economy of time. Family Practice, 2007, 24, 269-275.	0.8	95
14	Evaluating STORM skills training for managing people at risk of suicide. Journal of Advanced Nursing, 2006, 54, 739-750.	1.5	84
15	Reattribution reconsidered: Narrative review and reflections on an educational intervention for medically unexplained symptoms in primary care settings. Journal of Psychosomatic Research, 2011, 71, 325-334.	1.2	83
16	The treatment of somatization: Evaluation of a teaching package with general practice trainees. Journal of Psychosomatic Research, 1989, 33, 697-703.	1.2	77
17	Teaching front-line health and voluntary workers to assess and manage suicidal patients. Journal of Affective Disorders, 1999, 52, 77-83.	2.0	74
18	General practitioners' views on reattribution for patients with medically unexplained symptoms: a questionnaire and qualitative study. BMC Family Practice, 2008, 9, 46.	2.9	74

#	ARTICLE	IF	CITATIONS
19	Access to mental health in primary care: A qualitative meta-synthesis of evidence from the experience of people from "hard to reach" groups. <i>Health (United Kingdom)</i> , 2012, 16, 76-104.	0.9	72
20	Why may older people with depression not present to primary care? Messages from secondary analysis of qualitative data. <i>Health and Social Care in the Community</i> , 2012, 20, 52-60.	0.7	68
21	Overt and covert barriers to the integration of primary and specialist mental health care. <i>Social Science and Medicine</i> , 2005, 61, 1785-1794.	1.8	67
22	Treatment of Patients With Somatized Mental Disorder: Effects of Reattribution Training on Outcomes Under the Direct Control of the Family Doctor. <i>Psychosomatics</i> , 2002, 43, 394-399.	2.5	64
23	Collaborative care approaches for people with severe mental illness. <i>The Cochrane Library</i> , 2013, , CD009531.	1.5	64
24	Developing a U.K. protocol for collaborative care: a qualitative study. <i>General Hospital Psychiatry</i> , 2006, 28, 296-305.	1.2	60
25	Capturing complexity: The case for a new classification system for mental disorders in primary care. <i>European Psychiatry</i> , 2008, 23, 469-476.	0.1	57
26	Qualitative study of patients' perceptions of the quality of care for depression in general practice. <i>British Journal of General Practice</i> , 2003, 53, 278-83.	0.7	57
27	What is the relationship between diabetes and depression? A qualitative meta-synthesis of patient experience of co-morbidity. <i>Chronic Illness</i> , 2011, 7, 239-252.	0.6	56
28	Facilitating professional liaison in collaborative care for depression in UK primary care; a qualitative study utilising normalisation process theory. <i>BMC Family Practice</i> , 2014, 15, 78.	2.9	54
29	What work has to be done to implement collaborative care for depression? Process evaluation of a trial utilizing the Normalization Process Model. <i>Implementation Science</i> , 2010, 5, 15.	2.5	53
30	Screening for anxiety, depression, and anxious depression in primary care: A field study for ICD-11 PHC. <i>Journal of Affective Disorders</i> , 2017, 213, 199-206.	2.0	53
31	Evaluation of a training package in the assessment and management of depression in primary care. <i>Medical Education</i> , 1998, 32, 190-198.	1.1	52
32	Delivering the WISE (Whole Systems Informing Self-Management Engagement) training package in primary care: learning from formative evaluation. <i>Implementation Science</i> , 2010, 5, 7.	2.5	49
33	Turning theory into practice: rationale, feasibility and external validity of an exploratory randomized controlled trial of training family practitioners in reattribution to manage patients with medically unexplained symptoms (the MUST). <i>General Hospital Psychiatry</i> , 2006, 28, 343-351.	1.2	46
34	The effects on suicide rates of an educational intervention for front-line health professionals with suicidal patients (the STORM Project). <i>Psychological Medicine</i> , 2005, 35, 957-960.	2.7	45
35	Long-term clinical and cost-effectiveness of collaborative care (versus usual care) for people with mental "physical multimorbidity: cluster-randomised trial. <i>British Journal of Psychiatry</i> , 2018, 213, 456-463.	1.7	44
36	Evaluation of a mental health training intervention for multidisciplinary teams in primary care in Brazil: a pre- and posttest study. <i>General Hospital Psychiatry</i> , 2013, 35, 304-308.	1.2	43

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37	Training general practitioners to detect and manage emotional disorders. <i>International Review of Psychiatry</i> , 1992, 4, 293-300.	1.4	42
38	Researching the mental health needs of hard-to-reach groups: managing multiple sources of evidence. <i>BMC Health Services Research</i> , 2009, 9, 226.	0.9	41
39	Clinical effectiveness and cost-effectiveness of collaborative care for depression in UK primary care (CADET): a cluster randomised controlled trial. <i>Health Technology Assessment</i> , 2016, 20, 1-192.	1.3	41
40	Beyond the limits of clinical governance? The case of mental health in English primary care. <i>BMC Health Services Research</i> , 2008, 8, 63.	0.9	39
41	Improving access to psychosocial interventions for common mental health problems in the United Kingdom: narrative review and development of a conceptual model for complex interventions. <i>BMC Health Services Research</i> , 2012, 12, 249.	0.9	39
42	Role of specialists in common chronic diseases. <i>BMJ: British Medical Journal</i> , 2005, 330, 651-653.	2.4	38
43	Cost-Effectiveness of Collaborative Care for Depression in UK Primary Care: Economic Evaluation of a Randomised Controlled Trial (CADET). <i>PLoS ONE</i> , 2014, 9, e104225.	1.1	38
44	“Getting back to normal”: the added value of an art-based programme in promoting “recovery” for common but chronic mental health problems. <i>Chronic Illness</i> , 2012, 8, 64-75.	0.6	37
45	Isolation, feeling “stuck” and loss of control: Understanding persistence of depression in British Pakistani women. <i>Journal of Affective Disorders</i> , 2011, 128, 49-55.	2.0	33
46	Effectiveness of collaborative care for depression in Italy. A randomized controlled trial. <i>General Hospital Psychiatry</i> , 2013, 35, 579-586.	1.2	33
47	Multiple somatic symptoms in primary care: A field study for ICD-11 PHC, WHO's revised classification of mental disorders in primary care settings. <i>Journal of Psychosomatic Research</i> , 2016, 91, 48-54.	1.2	33
48	NPM merger mania Lessons from an early case. <i>Public Management Review</i> , 2003, 5, 19-44.	3.4	31
49	Balint-Style Case Discussion Groups in Psychiatric Training: An Evaluation. <i>Academic Psychiatry</i> , 2009, 33, 198-203.	0.4	31
50	Collaborative Depression Trial (CADET): multi-centre randomised controlled trial of collaborative care for depression - study protocol. <i>BMC Health Services Research</i> , 2009, 9, 188.	0.9	30
51	Community Engagement in a complex intervention to improve access to primary mental health care for hard-to-reach groups. <i>Health Expectations</i> , 2015, 18, 2865-2879.	1.1	26
52	Development and evaluation of culturally sensitive psychosocial interventions for under-served people in primary care. <i>BMC Psychiatry</i> , 2014, 14, 217.	1.1	25
53	Dissemination and implementation of suicide prevention training in one Scottish region. <i>BMC Health Services Research</i> , 2008, 8, 246.	0.9	24
54	Collaborative Interventions for Circulation and Depression (COINCIDE): study protocol for a cluster randomized controlled trial of collaborative care for depression in people with diabetes and/or coronary heart disease. <i>Trials</i> , 2012, 13, 139.	0.7	24

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55	Some National Service Frameworks are more equal than others: Implementing clinical governance for mental health in primary care groups and trusts. <i>Journal of Mental Health</i> , 2002, 11, 199-212.	1.0	23
56	Powerlessness, Control, and Complexity: The Experience of Family Physicians in a Group Model HMO. <i>Annals of Family Medicine</i> , 2004, 2, 150-155.	0.9	23
57	Loss of doctor-to-doctor communication: Lessons from the reconfiguration of mental health services in England. <i>Journal of Health Services Research and Policy</i> , 2008, 13, 6-12.	0.8	23
58	Improvements to Suicide Prevention Training for Prison Staff in England and Wales. <i>Suicide and Life-Threatening Behavior</i> , 2008, 38, 708-713.	0.9	22
59	Identifying the patient perspective of the quality of mental healthcare for common chronic problems: a qualitative study. <i>Chronic Illness</i> , 2007, 3, 46-65.	0.6	21
60	Qualitative study of an intervention for depression among patients with diabetes: how can we optimize patient-professional interaction?. <i>Chronic Illness</i> , 2006, 2, 231-242.	0.6	19
61	Patients' experiences of receiving collaborative care for the treatment of depression in the UK: a qualitative investigation. <i>Mental Health in Family Medicine</i> , 2008, 5, 95-104.	0.2	19
62	Primary care mental health workers: role expectations, conflict and ambiguity. <i>Health and Social Care in the Community</i> , 2004, 12, 336-345.	0.7	18
63	Training Russian family physicians in mental health skills. <i>European Journal of General Practice</i> , 2008, 14, 19-22.	0.9	18
64	Core outcome sets for use in effectiveness trials involving people with bipolar and schizophrenia in a community-based setting (PARTNERS2): study protocol for the development of two core outcome sets. <i>Trials</i> , 2015, 16, 47.	0.7	18
65	Qualitative study of an educational intervention for GPs in the assessment and management of depression. <i>British Journal of General Practice</i> , 2005, 55, 854-9.	0.7	18
66	Serious Mental Illness and the Role of Primary Care. <i>Current Psychiatry Reports</i> , 2014, 16, 458.	2.1	17
67	Depression and diabetes: The role and impact of models of health care systems. <i>Journal of Affective Disorders</i> , 2012, 142, S80-S88.	2.0	15
68	Educating Family Physicians to Recognize and Manage Depression: Where are We Now?. <i>Canadian Journal of Psychiatry</i> , 2013, 58, 449-455.	0.9	15
69	An evaluation of the implementation of cascade training for suicide prevention during the "Choose Life"™ initiative in Scotland - utilizing Normalization Process Theory. <i>BMC Health Services Research</i> , 2019, 19, 588.	0.9	15
70	The role of relapse prevention for depression in collaborative care: A systematic review. <i>Journal of Affective Disorders</i> , 2020, 265, 618-644.	2.0	15
71	Qualitative study of an intervention for depression among patients with diabetes: how can we optimize patient-professional interaction?. <i>Chronic Illness</i> , 2006, 2, 231-242.	0.6	15
72	Aiming to improve the quality of primary mental health care: developing an intervention for underserved communities. <i>BMC Family Practice</i> , 2014, 15, 68.	2.9	14

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73	Evaluating a complex model designed to increase access to high quality primary mental health care for under-served groups: a multi-method study. BMC Health Services Research, 2016, 16, 58.	0.9	13
74	Improving access to mental health care in an Orthodox Jewish community: a critical reflection upon the accommodation of otherness. BMC Health Services Research, 2017, 17, 557.	0.9	13
75	Integrating mental health into primary care in Sverdlovsk. Mental Health in Family Medicine, 2009, 6, 29-36.	0.2	11
76	Is depression a chronic illness? For the motion. Chronic Illness, 2005, 1, 101-106.	0.6	9
77	Pilot study evaluation of suicide prevention gatekeeper training utilising STORM in a British university setting. British Journal of Guidance and Counselling, 2017, 45, 593-605.	0.6	8
78	Listening to patients. British Journal of Psychiatry, 1997, 171, 301-302.	1.7	6
79	Retention and future job intentions of graduate primary care mental health workers: A newly developed role in England. Journal of Health Services Research and Policy, 2007, 12, 18-22.	0.8	5
80	The burden of depression in primary care. World Psychiatry, 2003, 2, 161-2.	4.8	4
81	Problem-Solving Treatment for Anxiety and Depression: A Practical Guide By Laurence Mynors-Wallis. Oxford and New York: Oxford University Press. 2005. 206pp. Â£24.95 (pb). ISBN 0198528426. British Journal of Psychiatry, 2006, 189, 287-288.	1.7	2
82	It's time to talk: rekindling the relationship with primary care. Advances in Psychiatric Treatment, 2008, 14, 84-85.	0.6	2
83	Seminars in social psychiatry in Romania. Psychiatric Bulletin, 1992, 16, 340-342.	0.3	2
84	Crisis Intervention: A Handbook of Immediate Person-Person Help (3rd edition) By Kenneth France. Springfield, IL: Charles C. Thomas. 1996. 295 pp. \$49.95(hb)\$34.95(pb). British Journal of Psychiatry, 1997, 170, 587-587.	1.7	1
85	The Patient and Service User Perspective. , 0, , 39-53.		1
86	What Is Primary Care Mental Health?. , 0, , 1-11.		1
87	Overview: The Need for Improvements in Psychiatric Education. , 0, , 1-3.		1
88	Promotion of Mental Health, Vol. 2. Edited by Dennis R. Trent and Colin Read. Aldershot: Avebury. 1992. 642 pp. Â£45.00 (hb).. British Journal of Psychiatry, 1994, 165, 711.	1.7	0
89	Joanna Murray, Prevention of Anxiety and Depression in Vulnerable Groups: A Review of the Theoretical, Epidemiological and Applied Research Literature. Gaskell, London, 1995, 106 pp., Â£7.50, ISBN 0 902 24187 7.. Ageing and Society, 1996, 16, 518-520.	1.2	0
90	Gender and Mental Health By Pauline M. Prior. Basingstoke: Macmillan. 1999. 198 pp. Â£13.99 (pb); Â£42.50 (hb). ISBN 0-333-68762-0 (pb); 0-333-68761-2 (hb). British Journal of Psychiatry, 2000, 177, 286-286.	1.7	0

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91	Teaching consultation skills: a survey of general practice trainers. <i>Medical Education</i> , 2001, 35, 222-224.	1.1	0
92	Mental and General Health Comorbidities in Persons Presenting in Primary Care. , 0, , 197-211.		0
93	Polyclinics and psychiatry: risks and opportunities. <i>The Psychiatrist</i> , 2010, 34, 106-109.	0.3	0
94	Depression in Primary Care: Evidence and Practice Edited by Simon Gilbody and Peter Bower Cambridge University Press, 2010, Â£29.99 pb, 172 pp. ISBN: 9780521870504. <i>The Psychiatrist</i> , 2011, 35, 360-360.	0.3	0
95	Behavioural Activation for Depression: A Clinician's Guide. By Christopher R. Martell, Sona Dimidjian & Ruth Herman-Dunn. Guilford Press. 2010. US\$35.00 (hb). 224pp. ISBN: 9781606235157. <i>British Journal of Psychiatry</i> , 2011, 198, 163-163.	1.7	0
96	Journey Through Anxiety and Depression. By Jonathan Pimm Muswell Hill Press. 2015. Â£9.95 (pb). 146 pp. ISBN 9781908995063. <i>British Journal of Psychiatry</i> , 2016, 208, 501-501.	1.7	0
97	Diagnosis and Classification of Mental Illness. , 0, , 70-86.		0
98	Medically Unexplained Symptoms. , 0, , 138-152.		0
99	Public Mental Health. , 0, , 353-372.		0
100	Improving Access to Care. , 0, , 386-400.		0
101	Undertaking Mental Health Research in Primary Care. , 0, , 459-472.		0
102	Affective and Non-Psychotic Disorders: Recent Topics from Advances in Psychiatric Treatment. Volume 2 Edited by Alan Lee. London: Gaskell. 1999. 159 pp. Â£15.00 (pb). ISBN 1-901242-17-X. <i>British Journal of Psychiatry</i> , 2000, 177, 476-476.	1.7	0
103	Communication and Mental Illness: Theoretical and Practical Approaches Edited By Jenny France & Sarah Kramer. London: Jessica Kingsley. 2000. 478 pp. \$24.95 (pb). ISBN 1 85302 732. <i>British Journal of Psychiatry</i> , 2002, 180, 284-285.	1.7	0
104	The Standardized Patient. , 0, , 167-176.		0
105	Promotion of Mental Health, Vol. 2. Edited by Dennis R. Trent and Colin Read. Aldershot: Avebury. 1992. 642 pp. Â£45.00 (hb).. <i>British Journal of Psychiatry</i> , 1994, 165, 711-711.	1.7	0
106	How can we work more effectively across the interface between psychiatry and primary care?. <i>Rivista Sperimentale Di Freniatria</i> , 2017, , 107-126.	0.1	0
107	Mental: Everything You Never Knew You Needed to Know about Mental Health By Steve Ellen and Catherine Deveny Head of Zeus. 2018. Â£16.99 (hb). 406 pp. ISBN: 97817809540666. <i>BJPsych Bulletin</i> , 2020, 44, 87-87.	0.7	0