

Review of: "Modelling the Clinical and Economic Impacts of Foundation-Funded versus Staff-Driven Quality Improvement Mental Health Strategies"

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Potential competing interests: No potential competing interests to declare.

This was an interesting paper which evaluated the economic and clinical impact on mental health services of four innovation projects within the publicly funded regional Child and Adolescent Addictions and Mental Health and Psychiatry Program located in Calgary, Alberta. These were initiatives that were undertaken at a local level so may not be able to be replicated elsewhere. The interventions were of a very different nature, and were undertaken over a varying time period, and it is unclear whether there was any overlap within individual communities (or whether this would have made any significant difference to outcomes).

The outcomes, summarised in table 1, are different for each of the four interventions. This is somewhat confusing. Furthermore, the definition of "exposed" varies between the four groups and while the author attempts to explain this, it remains somewhat confusing, especially for the SMILES intervention. It may have been better to explain each of these in a narrative format rather than to try to assemble disparate data together in a table. All of the interventions had the anticipated positive benefits and these are explained in the discussion, which overcomes the somewhat confusing results table. The authors acknowledge the limitation of the SMILES programme, with the movement of pupils and teachers, therefore making it difficult to attribute the effects of the educational programme at a local level. This is acknowledged, but over time, you are likely to see a "ripple" effect as there is a general increase in awareness of the impact of mental health in the teenage community, and the results from this trial confirm this.

The other three interventions, CanREACH, IGS and AAH focused on community level training and service provision and assessed the impact on admissions and referrals. It was unclear as to why CanREACH (a physician training programme) and IGS (a community health service) measured outcome in terms of economic saving (and it was unclear what this saving was) while AAH, which provided acute support in the community, was assessed according to number of re-admissions. Should this not have also had a health economic assessment?

This paper is interesting in that it provides a snapshot of initiatives that were initiated as part of the publicly funded regional Child and Adolescent Addictions and Mental Health and Psychiatry Program located in Calgary, Alberta. However, it is unclear as to whether it would be reproducible elsewhere because of the lack of detail. Also, there is no attempt made to try to assess the potential interrelationship between the four initiatives which would have been carried out in parallel - figure 1 provides a research design which the authors have used in a number of their publications, but this is not really

explained in detail, and particularly how the four different interventions contribute. Specifically, it shows the four happening at the same timepoint, although they actually happened in different years. Did this have an impact? However, the paper is interesting in that it demonstrates that there are a number of different approaches that can be introduced successfully at a community level to decrease inpatient admissions (and re-admissions) into CAMHS services.