Qeios

Peer Review

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

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This manuscript presents an ambitious attempt to integrate standardized clinical measurement with economic modeling to evaluate four distinct mental health service innovations within a regional publicly funded system. The effort to apply a consistent quasi-experimental framework across diverse interventions is commendable and addresses an important gap in child and adolescent mental health economics.

Strengths

Integrated clinical–economic framework

The use of a long-standing embedded clinical measurement system (since 2002) linked to standardized per diem costing provides a rare systems-level evaluation infrastructure. This is a significant strength and enhances internal consistency across projects.

Comparative evaluation across innovations

Applying the same evaluative logic to four different initiatives (SMILES, CanREACH, IGS, AAH) allows cross-project comparison and supports resource allocation discussions under fiscal constraint.

Practical policy relevance

The concept of “shaping demand” and creating “clinical space” is operationalized using measurable indicators (readmission rates, LOS, referral quality), offering real-world utility for system planners.

Transparency about implementation challenges

The candid discussion of diffusion effects (SMILES), migration of trained personnel, and imperfect

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baseline capture strengthens credibility.

Methodological Considerations

Quasi-experimental design limitations

Although pre/post exposed vs. unexposed comparisons are appropriate in a service setting, the manuscript would benefit from clearer specification of statistical controls (e.g., covariate adjustment, propensity matching, difference-in-differences modeling). Without detailed adjustment strategies, residual confounding remains possible.

Economic modeling assumptions

The per diem costing approach is practical but likely underestimates total system costs (e.g., overhead, indirect costs). A sensitivity analysis would strengthen economic conclusions.

Heterogeneity of outcome metrics

The four innovations differ in primary outcomes (LOS reduction, readmission reduction, referral increase, referral severity). This limits strict comparability and may overstate the validity of ranking interventions by return on investment.

Selection bias in exposure groups

Particularly for AAH and IGS, inclusion criteria and clinical triage processes may structurally differentiate exposed and unexposed groups, even if overall clinical equivalence is reported.

Interpretation of SMILES outcomes

Increased referrals are framed as favorable, which may be appropriate given unmet need, but the economic implications are not fully quantified. Clarification of downstream cost implications would be useful.

Conceptual Contribution

The manuscript's strongest contribution lies in demonstrating how a centralized intake and measurement system can enable economic evaluation of service innovation at scale. The framing of capacity expansion not simply as budget growth but as efficiency gains ("clinical space") is particularly important for publicly funded systems.

Declarations

Potential competing interests: No potential competing interests to declare.