Reviewer's report

Title: The use of routine outcome measures in two child and adolescent mental health services: a completed audit cycle

Version: 1 Date: 13 August 2013

Reviewer: Riittakerttu Kaltiala-Heino

Reviewer's report:

on the manuscript The use of routine outcome measures in two child and adolescent mental health services: a completed audit cycle by Hall et al. (BMC Psychiatry 7044541949754229) reviewed by Riittakerttu Kaltiala-Heino

1. Is the question posed by the authors well defined? Yes it is.
2. Are the methods appropriate and well described? Yes they are.
3. Are the data sound? Yes.
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes.
5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes
6. Are limitations of the work clearly stated? Yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes
8. Do the title and abstract accurately convey what has been found? Title could be more informative.
9. Is the writing acceptable?
Yes.

- Major Compulsory Revisions

I really hesitated to call my comments “major compulsory revisions”, but my discussion is perhaps nevertheless more than what is defined as “minor compulsory revisions”, so here it goes:

Even if this paper is rather a service development rapport than scientific research, I think it should be published in BMC Psychiatry, because the topic or routine outcome measurement is of outmost important to the development of (child and adolescent) psychiatric services. Enormous working hours are used in psychiatry all the time in carrying out activities and interventions of which it is actually not known if the patients benefit of them or not.

The text is difficult to read throughout because of numerous abbreviations. The authors could make it easier to read by considering throughout whether in some sentences they could express themselves differently. For example here:

“To help support the implementation of routine outcome measurement (ROM) within CAMHS, the CAMHS Outcome Research Consortium (CORC) was created. CORC originally recommended…”

CORC in the latter sentence could be replaced with “The Consortium”.

Or here:

“As ‘generic’ outcome measures, they are applicable across a wide range of clinical conditions seen in CAMHS and can be used routinely regardless of the client’s condition”

In this sentence you could easily replace “CAMHS” with “child and adolescent psychiatry”.

Or here:

Since 2011, CORC have been commissioned by the Department of Health to support the analysis of outcome measurements collated through the Children and Young People’s Improving Access to Psychological Therapies (CYP-IAPT; www.IAPT.nhs.uk). The CYP-IAPT aims to improve services for families and young people attending CAMHS by routinely assessing their opinion on the quality and experience of services.
This is really difficult to understand not being an insider in the British system. Is the CYP-IAPT and initiative? programme? project? by whom? Please shortly state what it is, for example here:

… collated through the Children and Young People’s Improving Access to Psychological Therapies (CYP-IAPT; www.IAPT.nhs.uk), an initiative (or whatever)…. The…

In the next sentence you could then replace CYP-IAPT with “the initiative (or whatever it is)”

Please consider this throughout the text. Using abbreviations is of course exact, but it is tiring to read a text full of abbreviations.

This paragraph could perhaps also be edited to be more reader friendly:

“Our aim is to provide an update of the current use of outcome measures and assess whether recent government strategies, (e.g., increase in the provision of administration support to collect these measures) and local initiatives (e.g., Commissioning for Quality and Innovation (CQUIN) target early CYP-IAPT trials and the CLAHRC-NDL [Collaborations for Leadership in Applied Health Research and Care Nottinghamshire, Derbyshire and Lincolnshire] outcome measures research) have improved the uptake of outcome measures. This research was conducted as part of the National Institute for Health Research (NIHR) CLAHRC-NDL.”

• Of course you are being very precise in your expression, but it took me many minutes to understand this paragraph.

Methods

“Patient records were examined in three tier 3 (specialist or highly specialist) CAMHS clinics across two participating CLAHRC-NDL Trusts”

• I did not understand in the aims paragraph that the CLAHRC-NDL is a trust…?

# Indeed please consider how to make the expression more reader friendly and understandable for those outside of the British service system

“For the original audit, 20 case notes were examined in Derbyshire and North Nottinghamshire, and 21 in South Nottinghamshire. For the re-audit 20 case notes were included from each clinic that participated in the original audit.”

• it would be interesting to know what proportion the 20 case notes per site were of the total case load of the sites

“For the original audit, only paper case notes were accessed to determine the
use of outcome measures. Given the advancement of electronic records between the original and reaudit timeframe, both electronic records and paper case notes were viewed to determine the use of outcome measures for the re-audit. In Nottinghamshire, this reflected the local commissioning policy’s CQUIN target requiring Time 1 (T1) and Time 2 (T2) measures to be completed electronically. Unless otherwise stated, measures were considered to be present if they were found in either electronic or paper format. “

• I may not understand this thoroughly. Do you mean that in the original audit, outcome measures in electronic records were ignored even if they were used, so that only paper copies were kind of considered valid? Or is this perhaps unnecessarily detailed – if a service goes from paper case notes to electronic case notes, then everything is later in electronic form – contents are surely the essential issue, not the paper/electronic form…?

Results

The detailed description of to what extend measures were used in electronic form is perhaps unnecessary for international readers. The information is surely useful for the services themselves.

Discussion

“Our findings reveal a significantly greater uptake of HoNOSCA, SDQ and C-GAS, which are measures advocated by CORC and crucial to fulfil CQUIN targets outlined in local commissioning policy.”

• perhaps you could here remind the reader of what the CORC and CQUIN were, something like this:

“Our findings reveal a significantly greater uptake of HoNOSCA, SDQ and C-GAS, which are measures advocated by a national child and adolescent mental health services Outcome Research Consortium (CORC), and crucial to fulfil targets outlined in local commissioning policy (CQUIN).”

Nonne, Honosca ja gas oli suosituimmat mittarit – onko niisrtä jotakin kliinistä hyötyä? mainitaanko tästä diskussa?

GBO ja CHI-ESQ ei vetäneet, mitäs hyötyä niistä olisi?

“However, it is interesting to note that NHCT withdrew their CORC membership after the original
audit but
increased their use of outcome measures, suggesting that any practical support provided by
CORC was less influential."

• indeed the use of the measures should primarily serve the improvement of
treatment of the patient, not serve primarily administrative desires or occur because there happens to be practical support available!

• Could you emphasize more how the use of these measures could benefit the
patient, both in the Introduction and in Discussion! What kind of benefit the
treatment of the patients can gain of repeated use of the measures found most
accepted here (HoNOSCA, GAS)? What benefit could there be of using the
measures not so accepted (GBO, CHI-ESQ)?

• A detail: the popularity of the ADHD scales had decreased. I wonder if this
illustrates that ADHD is falling “out of fashion” in Britain? In my country ADHD is
still on the rising arch…

“Since the original audit, CLAHRC-NDL has conducted
significant work to promote the use of outcome measures across the East
Midlands.”

• In this stage, the reader has already lost track of what was CLAHRC-NDL.

“It is possible that the option of electronic inputting
of data may have contributed to the increased use of outcome measures,
allowing clinicians to
quickly input clinician-completed outcome measures (HoNOSCA and C-GAS)
without having to
find paper-versions”

• I though previously that the effort put on describing measures used in electronic
vs. paper form was not interesting for international readers. Here you have a
point for explicitly studying the use in electronic vs. paper form. However, I think
you could essentially shorthen the electronic vs. paper form recording in Methods
and Results, and still express this point in Discussion.

“Previous research has highlighted barriers such as low return rates with the
SDQ,
additional burden on administration teams with self-completed measures, lack of
timely feedback
on the measures and lack of training [11, 13, 14]. The increase in provision of
administration
support to aid the collection of measures may also explain the increased uptake of
outcome
measures. Furthermore, initiatives such as CORC and CYP-IAPT have increased
clinicians
awareness of ROM. However”
• This has all been said earlier, please do not repeat, the paper is already long
given the simplicity of the research question.

“However, in order for an outcome measure to assess any changes that may
have resulted through an intervention it is imperative that the same measure is
used at baseline
and at least once thereafter.”
• indeed, and at baseline it is actually an assessment, not yet an outcome
measurement
• perhaps you could already in the Introduction mention the difference between
the concepts of assessment at intake, and outcome measure at follow-up

I would like you to emphasize in conclusion also the point that it is important to
increase clinicians’ understanding of why outcome measures are clinically useful
and important.
• it is really a shame that (child and adolescent) psychiatry even resists
structured assessments and outcome measurements; this means that we do not
actually care whether or not the patients benefit our activities… or then our
profession is so omnipotent that we know what happens without measuring it…?
(I don’t think an internist would feel confident that he knows blood cholesterol or
CRP or the level of whatever other biomarker without laboratory tests.)

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a
statistician.

Declaration of competing interests:
I declare that I have no competing interests.