Reviewer’s report

Title: A follow-up on patients with severe mental disorders in Sardinia after two changes in the regional policies: poor resources still correlate with poor outcomes

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Reviewer: Antonio Preti

Reviewer’s report:

Authors investigated a very important topic in the field of Community Mental Health.
I think the paper should be focused on the main aims and findings of the study.
Here some suggestion to improve the manuscript.

1. Major Compulsory Revisions

Introduction
“…some regions of southern Italy have implemented complex networks of care”. Please, explain what do you mean: Italian southern regions had better quality care than northern regions? This seems unlikely to me.

“…an excess of suicides and compulsory admissions to psychiatric units”: I do not think there is one single study investigating the impact on the risk of suicide – or the frequency of compulsory admissions – of the reorganization of psychiatric services in Italy. A very old study found a negative correlation between suicide and the provision of general hospital psychiatric beds: as greater the available resources as lower the suicide rates.


You should also consider that in the period from 1980 to 2000, suicide rates rose all over the worlds, principally as an effect of better recording of suicide deaths and decrease in underreporting. This should be taken into account.

“Assertive treatment of the severely ill”: do you mean assertive community treatment or assertive outreach?

Is there any published evidence that the official Italian Society of Psychiatry was an opponent of the Italian psychiatric reform? If there is this evidence, please, refer to it. If not, avoid unsupported statement (which could be considered calumnious). Moreover, you should indicate at least one article summarizing the alluded “debate”.

...
“...the reform of the mental health care should cease”. What do you mean? The Sardinian Regional authority abolished the Law 180?

“The study was carried out during 2010-2011, just at the end of the reform period”. Please, specify what kind of “reform” you are taking into account: the Law 180 (which I think is still in place in Italy), or the reorganization of the mental health departments planned by the unknown psychiatrists from Trieste? Do you have any evidence that this project was implemented all over the Sardinia region? Is there any published evidence on this?

Aims

“We aimed to investigate whether the amount of resources available for patient care may be a determinant of the social and clinical outcomes in this patient cohort”.

The aim should be better linked to the introduction. You should explain how the “psychiatrists from Trieste”’s plan was related to the amount of resources available for patient care. Did they provide additional funds for patient care?

Methods

Please, specify how many people were covered up in the participant CSM.

“Psychiatric diagnosis was made by clinicians, using ANTAS which is a semi structured interview”. You should specify for doing what this structured interview is aimed to: diagnoses according APA DSM criteria?

Please, report at least a reference to validation studies on the GAF.

It is not clear whether the assessment was made by the clinicians under evaluation (those working in the participant CSM) or by independent raters. Some information on how the raters were instructed to use these tools should be provided.

Results

Table 1 has incongruent data. For example, total number of participants is 259, available data on parenthood is: yes = 6, no = 19, not reported = 38. And the others? Your total percentage by variable should always be 100%.

“In all areas studied human resources were below the standard suggested by the Italian Ministry of Health”. What is this standard? The information should be in the methods. You refer to 1 staff in 1500 person: is it indifferent that the staff personnel are a psychiatrist, a psychologist or a nurse?

Before comparing the DSM with the MANOVA you should introduce some statement about what DSM has better resources than the others. This is essential to your aims.

Moreover, you reported data on staff, but no information on accessibility (hours open per week) and beds were reported in the manuscript. Accessibility (keeping community care facilities open 24 hours a day) and additional beds for care
(providing beds for patients within the community care structure) was the core of the plan advanced by the unknown (and unnamed) psychiatrists from Trieste, as you described it in the introduction. You did not have really tested the impact of such a plan to be fair with these psychiatrists from Trieste. Resource staff depends on hiring people, opening hours is more a matter of organization. Of course, you need money to have staff personnel working more hours per week, and you need money to have more available beds. Was this money provided by the plan developed by the psychiatrists from Trieste?

Discussion

“The study shows that, despite a heated ideological debate about how to organize mental health services in Sardinia, public services remain very resource-poor, at least in terms of human resources”. You did not report any reference about this debate. There is no comparison with data from other Italian regions. Did they have done better than the Sardinia region?

“Both the health managers inspired by the model of Trieste who have governed the public health services up to 2009 and the opponents of the Trieste model have failed to provide citizens with a minimum of resources required for an acceptable level of quality of care”.

This is a too hard statement. To evaluate the impact of both models you should have investigated a much larger time interval. Moreover, you should provide evidence on staff hiring, since all your study is on this (how many people did work in each participant DSM). Was staff hiring expected by the plan developed by the psychiatrists from Trieste? Was expected by the plan developed by the opponent of the Trieste model? Do you have any hard evidence on this?

Since you did not specify whether the assessment was done by the clinicians or by independent raters, it remains unclear what is the reason for the links between better staff resources and better outcome on the HoNOS. In the case the treating clinicians made the assessment, it could be merely an effect of them having more time to fill in the tools in a center with more personnel, so they were more precise in differentiating the patients.

You found no link between staff resources and GAF or CGI scores. So, the finding concerning the HoNOS might be a chance finding. This should be discussed.

2. Discretionary Revisions

There is no information on the inter-rater reliability. This is essential to assure that the compared scores are reliable. Poor rating may lead to unreliable comparisons.

It is not clear what is the point of the authors. They found some links between staff resources and health problems on the HoNOS. What is the consequence? What kind of recommendation they can advance?
There is no discussion on the limits of the study.

3. Minor Essential Revisions

English should be improved in both the style and the grammar.

For example “it installed a more traditional system of mental health care have introduced in 2009.” This means nothing (it seems to me that two different versions of the phrase were collapsed into one sentence).

Other example: “eight like sector areas”.

There are many typos, which should be corrected: e.g., “… I standards of epidemiological research…” What is “I”?

Other typo: “Thus t, the debate”.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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