Author's response to reviews

Title: A real-life observational study of the effectiveness of FACT in a Dutch mental health region

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Author's response to reviews: see over
Author reply

Please find enclosed the second revised version of our manuscript "A real-life observational study of the effectiveness of FACT in a Dutch mental health region". We have incorporated all comments. Below we give further details per comment.

REVIEWER 1 J. Remmers van Veldhuizen

We thank J. Remmers van Veldhuizen for his positive comments.

1. At page 5: the study of Sytema et al (17) is cited by you as a “FACT” study. The authors always have stated that they have worked with a model fidelity ACT model. Also page 18: studies 12 and 17 are now cited as FACT studies, but they are “ACT” studies. We changed FACT into ACT when discussing study with number 17 (introduction page 5, line 13) and we made clear that studies 12 and 17 studied ACT. Page 18, line 7.

Two other ACT studies studied changes in symptom severity [12, 17] and these studies did not show any effect.

2. Page 15-16: Perhaps it is informative to add that in the FACTs (2008, Bähler, van Veldhuizen, van Vugt et al) some items regarding addiction and IDDT (Integrated Dual Diagnosis Treatment) already have been integrated. For example two teammembers have to be specialist addiction worker (possibly in combination with their original profession as casemanager, psychologist or psychiatrist).

In Maastricht the fidelity to ACT guidelines is acceptable (see below), but addiction ‘specialists’ were not yet available during the study assessment period. SMI patients with comorbid alcohol addiction may be more difficult to treat than other SMI patients, resulting in increased use of crisis services and higher percentages of self-harm [24]. In a London study, dual disorder patients were more often hospitalised or involuntary admitted and the authors speculated that these patients might benefit from specific interventions, such as a specialized FACT team for dual disorder patients [25]. Fidelity guidelines for FACT-teams in the Netherlands do list Integrated Dual Diagnosis Treatment as a core feature and FACT-teams in other Dutch regions did integrate these. Currently Integrated Dual Diagnosis Treatment is progressively implemented in the Maastricht FACT teams. It is expected that this would improve outcomes for dual disorder patients.

3. Page 16 “a specific FACT scale etc (personal communication) etc. Maaike van Vugt is not the first author of the FACTs. Field tests are being conducted by CCAF (see text proposal here under) FACT fidelity scale : FACTs (2008) M. Bähler, J. R. van Veldhuizen, M. van Vugt, Ph. Delespaul, H. Kroon, J. Lardinois, N.Mulder; The most recent version will be

We now added the suggested reference, rather than referring to personal communication.

4. Major Compulsory revisions:
   My former remarks have been integrated rather well, but perhaps not sufficiently to make it clear for the reader who isn’t informed on the Dutch situation. My suggestion is to mention first the service for the 100% SMI group (versus 20% for ACT): see under

We incorporated all changes in these paragraphs as requested. In the final editing process the exact wording was slightly changed, but the content of the changes remained.

REVIEWER 2. Gary Cuddeback

We thank Gary Cuddeback for his positive comments.