Reviewer's report

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

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Reviewer: Gary Cuddeback

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Narrative

This manuscript adds to a growing literature base about function-Assertive Community Treatment (FACT), the Dutch version of Assertive Community Treatment. Assertive Community Treatment is one of the most widely studied interventions for persons with severe and persistent mental illness and there is a wealth of evidence that ACT reduces psychiatric hospitalizations and increases stable housing. Since its inception in the United States in the 1970s, ACT has been applied to address a variety of problems among persons with severe mental illness, such as substance abuse, homelessness and most recently crime and jail recidivism and prison reentry. Also, one of the primary tenants of ACT – those who need ACT need ACT for life – is being challenged by the recovery movement. Indeed, ACT for life is neither realistic nor practical for most communities struggling to match ACT capacity with current demands. Hence, the emergence of interventions like FACT (not to be confused with Forensic Assertive Community Treatment, which is a term used in the United States to refer to ACT teams that are focused on the prevention of recidivism among criminal justice-involved persons with severe mental illness) are important in the sense that a menu of services of varying intensities be made available for persons with mental illness.

This manuscript presents quantitative findings regarding the outcomes of FACT compared to standard care. Overall the article is well written and its findings are important to the field. However, there are a number of methodological issues that the authors should consider addressing, and these are discussed below.

Design

1. With respect to the study design, was there not an opportunity to use propensity score matching here given the wide array of data available through the two administrative databases? [Discretionary Revisions]

2. Matching can be problematic if not done carefully. How similar were the groups before matching began? Also, how reliable and stable were the variables on which subjects were matched? In particular, the GAF has mixed reviews with respect to its reliability and validity. [Minor Essential Revisions]

3. Can the authors describe the services that the patients in the comparison
group were receiving, in general? [Discretionary Revisions]

Sample

4. There are a number of clarifications that could be made about the samples in the study. For example, the authors describe FACT as a service team that will take ACT consumers (i.e., individuals with severe and persistent mental illness [SMI]) plus others who are less severely impaired. How many FACT patients were SMI versus those who were less severe? And, with respect to the additional patients that were added to the sample because of a low GAF and a minimum of 2 domain needs, were these patients also considered SMI? How many of these individuals were in the sample? [Minor Essential Revisions]

5. The authors were forthcoming about their inability to distinguish ACT versus FACT recipients among the four teams. Were the less severely impaired FACT patients eliminated from the FACT sample for the purposes of this study? If not, could this partially explain the findings? [Minor Essential Revisions]

6. Why were there relatively few FACT patients (n = 34) if the four teams have been existence since 2002? [Discretionary Revisions]

7. Can you describe the samples (FACT and comparison) with respect to length of time in treatment? Were FACT patients receiving treatment longer? If available, this information could be added to Table 1. [Minor Essential Revisions]

8. Also, how many FACT subjects came from each team? Were the subjects equally distributed among the four teams? [Discretionary Revisions]

Measures

9. Can the authors provide any information about the convergent validity of the CGI and BPRS? Also, the authors state that when subjects couldn’t be matched on the BPRS, they were matched on the CGI. How often did this occur? [Discretionary Revisions]


Data Analysis

11. Can the authors describe the data analysis in more detail? Was hierarchical linear modeling used? Logistic regression with generalized estimating equations to control for dependent observations? [Minor Essential Revisions]

12. Could more be said about the multiple observations per subject? At what time points were these observations collected? [Minor Essential Revisions]

Discussion

13. The authors state that FACT patients are more likely to be in remission compared to patients who are receiving standard care. However, given the limitations in the design and questions about the comparability of the samples,
the authors should caution their readers that causal inferences cannot be made.

[Minor Essential Revisions]

**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.