Reviewer's report

Title: A new approach to child mental health care within general practice. An Evaluation study

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Reviewer: Evelyn Vingilis

Reviewer's report:

I have reviewed the paper entitled: A new approach to child mental health care within general practice: An evaluation study. The paper describes an intervention to increase assessment and treatment of mental health problems among children.

Minor Essential Revisions

First this paper presents an evaluation so it would be helpful to have information on the standard program evaluation procedures and type of evaluation conducted. It seems as if it is a process and outcome evaluation with the "process" to measure implementation fidelity and the outcome objective to “shift” referral, etc., but not enough information is provided on what specific questions need to be answered for the evaluation. A process evaluation does indeed assess whether an intervention has been carried out as designed, as per objectives; yet very little of these process measures are presented. A logic model or similar type of evaluation tool would be helpful to formulate and present in the paper so that the reader could follow the process and outcome objectives of the intervention.

Major Compulsory Revisions:

My main concern with the paper is that far too little detail is provided on the intervention, methods and measures. First, no detail is provided on the types of “psychological and social problems” that were considered. Mental health problems for children and youth are far ranging and it is not clear whether the focus was on actual mental disorders, such as ADHD, autism, learning disabilities, or complaints a parents may have that their child sometimes has temper tantrums. The term “psychological and social problems” is very vague and provides the reader no information on the types of problems that were seen. The reader should not need to go to the International Classification of Primary Care to identify the overall list of diagnoses. The paper should provide a table with a list of the quantity and frequency of different diagnoses provided in the study. It would also be helpful to see the differences in diagnoses pre and post intervention and with the comparison groups.

Second, it is unclear why GPs would be doing the assessments and treatments if the practices include social workers and psychologists, who would be better trained to do them. It would be important to present more information on the choice of GPs rather than professionals specifically trained in assessment of
psychological disorders, and if the GPs in the Netherlands have substantially more training in child and adolescent psychopathology than GPs in other countries, because published research indicates GPs have limited training in this field.

No information is provided on whether the assessments and treatments, etc., were based on evidence-based practice. For example, despite the use of psychotropic medications with children, surprisingly few randomized controlled studies have been conducted, so what psychotropics were prescribed and why. Additionally, evidence-based psychotherapies are also manual-based and again no information is provided to the reader on what “treatments” were conducted. Nor is information provided on what methods were used for assessing problems. There are available a broad range of standardized interviews and psychological tests that generate DSM and ICD diagnoses with good reliability and validity. No information is provided on whether standardized interviews and psychological testing was used. It may be that more were identified and treated, but were the GPs well enough trained to provide the state of art treatment for the problems? (See Hoagwood et al. 2001, Evidence-Based Practice in Child and Adolescent Mental Health Services in Psychiatric Services)

P. 5, line 127, it is not clear what “by short lines” means.

p. 5, line 133, more information is needed on the “lump fee”. As written, this system could encourage many children to be assessed for problems by the GP and limit inclusion of other professionals. I am not clear that I understand this system.

P. 7, again more information on what types of psychological and social problems entered the Eureka program would be helpful. More information on what was done with the children in Eureka would be helpful. This paper presents the intervention as one of increasing numbers for assessment and intervention. Yet no information is provided on the validity and quality of the assessments and interventions. A reader is left wondering whether this was simply an exercise of processing children through a system with limited consideration of whether the problems identified were clinically significant, whether the interventions were evidence-based and whether the interventions actually lead to better functioning of the children.

Tables 2 and 3. It is really not clear what these tables represent. In tables 2 and 3, it seems that a smaller proportion on children in the deprived practices were diagnosed and medicated compared to the non-deprived. This seems counter-intuitive. Please provide some explanation or speculation on why this is so. Also why was there no change in diagnoses for children 4-10 years of age?

In summary, I would suggest the authors follow and describe the program evaluation methods used and provide much more detail on the intervention, diagnoses, etc., so that the reader has a much better understanding on what the GPs were actually doing. If this is an “exploratory” evaluation to assess whether “the intervention was carried out as designed”, then much more information is needed to described what specifically was done, how, how many were diagnosed with what problems and disorders, etc.
Level of interest: An article whose findings are important to those with closely related research interests

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'