Reviewer’s report

Title: The utility of the Historical Clinical Risk -20 Scale as a predictor of outcomes in decisions to transfer patients from high to lower levels of security-A UK perspective.

Version: 1 Date: 28 March 2010

Reviewer: Morten Hesse

Reviewer’s report:

The article presents new data on a relevant question: the prediction of recidivism and rehospitalization of psychiatric patients with a high risk for violence and crime.

Major essential revisions

The introduction is under-developed.

The authors should provide some notes on the scope of the problem. Why is this study interesting? What is the contribution of mental illness to crime?

The introduction does not present the concepts around violence prediction, and presents only the few England/Wales studies. Some mention should be made of studies from around the world, including other countries in Europe and the USA.

In the discussion, the authors should go beyond the local interest, and consider how the findings may be of interest internationally, and compare with other risk measures, such as psychopathy, and other types of risk indicators.

Minor essential revisions:

The group of patients is referred to as a sample. However, in my understanding of the term, a "sample" refers to a subset of a population that is deliberately sampled to represent the population.

This group is better referred to as the study group or cohort. A case in point is that the study group differs from other study groups from England & Wales as described in the discussion.

While I understand from the methods section that the patients in the unit are all there as a result of a criminal justice process, I would like to know of the process in England and Wales, at least in brief terms. Is the hospital stay a criminal sanction? What kind of legislation supports the hospitalization of these patients? what kind of criteria are endorsed to decide if a person is a high-risk psychiatric patient or a criminal who can be sent to prison? This section can well be concise, but it would make my understanding of the patients clearer.

The description of the HCR-20 could be expanded somewhat, given that there is no word-limit in this journal.
No description is given of the process to diagnose mental illness at the hospital. I take it that the patients were diagnosed without a standardized procedure, and that the reliability and validity of the diagnoses has not been studied for this particular hospital. While this is not essential for the validity of this study, it is never the less and important limitation. A case in point is that a maximum of 62% had a history of alcohol or drug problems according to table 1 (31%+31%). With my limited experience with the kind of patients described in the study, I suspect that this may be an under-estimation. Also, the term "primary personality disorder" is not logical given the multi-axial system, used in DSM-IV. The clinical judgment that is the basis of this diagnosis should be described.

The authors should describe whatever can be said of the diagnostic procedure at the hospital.

The HCR-20 may be confounded with, for instance, age. While regression analysis with such a small sample is likely to lead to a high risk of type II error, the authors should correlates of the HCR-20 that are also likely to be indicators of risk.

The limitations section must include a number of other issues, including representativity and the lack of other potential predictors for comparison.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.