Author's response to reviews

Title: The prediction of discharge from in-patient psychiatric rehabilitation: a case-control study.

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Author’s response to reviews:

Dear Editors,

Re: The prediction of discharge from in-patient psychiatric rehabilitation: a case control-study.

At any time, about 1% of people with severe and enduring mental illness such as schizophrenia require in-patient psychiatric rehabilitation. In-patient rehabilitation has been shown to enable individuals with the most challenging difficulties to be discharged to successful and stable community living. However, there is considerable heterogeneity in the length of in-patient stay required to enable this and the reasons for this are poorly understood.

There are very few case–control studies of predictors of outcome following hospitalisation and none conducted in in-patient psychiatric rehabilitation. In previous case-control studies of general psychiatric in-patient populations the strongest findings were of the difference in illness severity between cases and controls. The rehabilitation in-patient population differs from the general in-patient populations previously studied in that all patients have severe and enduring mental illness. The paper identifies factors that are associated with discharge from in-patient rehabilitation and reports a number of significant findings.

The subject of this study is within the scope of the journal and covers aspects of epidemiology as well as the management of psychiatric disorders. The paper is not under consideration by any other journal and has not already been published in any journal or other citable form. No submitted material infringes copyrights or the rights of a third party. All authors have read and agreed to its content.

This study contributes usefully to the literature around predicting outcomes in those with severe and enduring mental illness. It also identifies important trends in the characteristics of those admitted to in-patient rehabilitation.
Yours faithfully,

Professor Stephen Lawrie

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