Reviewer's report

Title: Preventing compulsory admission to psychiatric inpatient care through psycho-education and crisis focused monitoring

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Reviewer: Cornelis Mulder

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This is well written article describing an important study aiming at the reduction of involuntary admissions through a combination of psycho-education and crisis focused monitoring. The researchers aim to include a large number of participants.

Major compulsory revisions

On page 5, the authors should also mention the study of Papageorgiou et al. (BJP 2002), describing the negative effects of advanced directives on the number of compulsory admissions.

Page 6. The authors state that "the effectiveness of such tools has been studied only with regard to more or less subjective ...". The authors should include one or more references here.

Page 6 Last paragraph. The authors should also mention the study of Ruchlewska et al. (BMC Psychiatry 2009), of which the results also are to be expected soon.

Page 8 and 9 (Intervention): it would be important to know how the personal mental health care worker, who maintains contact with the patient during follow-up, communicates with the regular mental health care workers. This will be crucial when for example the patient reports suicidal or violent thoughts, and may constitute a danger to himself or others. What happens when the patient asks the personal mental health care worker not to report this to the regular mental health care worker?

In addition, the following information should be included (1) are regular treatment teams informed about the outcome of the randomization?, if so, (2) is there any structured collaboration between the personal mental health care worker and the regular mental health care worker, (3) do the regular mental health care workers also receive a copy of the individualized crisis card? (4) what happens when the patient repeatedly does not answer the phone when the personal mental health care worker tries to call the patient? Is the patient visited at home and/or are the regular treatment teams informed? Potentially, not answering the phone could be a sign of a crisis.

Participants
The inclusion criteria tell us that the patients can be included after they have
been discharged. On page 8 (last paragraph) it is stated that patients are
included during admission. Could this be clarified?

The risk of self harm or threat to others is assessed using the patient's files, as
well as using the HCR-20 in case harm to others is suspected. This is
problematic. The results will depend on the level of accuracy of the clinicians
reporting on their patients' behavior. I would strongly advise to use structured
assessment scales to assess danger to others, suicidal thoughts/attempts as well
assessing self neglect/social breakdown.

Statistical analyses
There is no description of the specific statistical analyses that will be used for
answering the 3 research questions, e.g. to test the effects of the interventions as
well as the effect modifiers.

Minor essential revisions
Why did the researchers not include illness insight as a measure. It is likely that
this will moderate the effects.

The power analyses is based on the length of compulsory inpatient episodes.
Why did the authors chose not to base the power analyses on the number of
compulsory admissions per se, which seems the primary primary outcome
variable?

In the discussion, the authors may want to address the negative findings of the
study of Papageorgiou. Interestingly, the advanced directives developed in this
study were also made during the admission period, before release to outpatient
treatment. One reason for the lack of effect of the advance directives in the
Papageorgiou study may have been that the outpatient clinicians were not
involved in the making of the advanced directive, and therefore the advanced
directives may not have been used in outpatient practice. The authors should
discuss why they are yes or no afraid this is going to happen in their study.

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.