Author’s response to reviews

Title: Understanding Psychiatric Institutionalization: A Conceptual Review

Authors:

Winnie S Chow (w.chow@qmul.ac.uk)
Stefan Priebe (s.priebe@qmul.ac.uk)

Version: 2 Date: 17 May 2013

Author’s response to reviews: see over
Dear Editors,

Thank you for your review of our manuscript and for the very helpful comments. Following revision according to feedback from yourself and the peer reviewers, we would like to re-submit our paper “Understanding Psychiatric Institutionalization: A Conceptual Review”, for your consideration.

The changes we have made are detailed point-by-point on the following pages of this letter. We feel strongly that we have taken on board the reviewers’ comments as far as possible and that the quality of the paper has improved as a result of the revision.

Comments of Reviewer #1:

1) The criteria for inclusion of articles in the review are somewhat unclear, and perhaps a bit narrow. To exemplify: None of the articles on the deinstitutionalization process mentioned in the background section (references 4 to 8) are included in the review. An elaboration on the criteria used for inclusion would improve the article.

As suggested, we have clarified the criteria used for the inclusion of articles. Although we agree that the criteria for inclusion of articles may seem a bit narrow, we also feel strongly that it is essential to focus on the characteristics and functions of psychiatric institutions as well as the experiences and effect of institutionalization rather than the process of de-institutionalization. Furthermore, papers on the deinstitutionalization process in the social sciences has been excluded as the aim of the review is to identify how institutionalization has been conceptualized and understood in the field of psychiatry. We have reemphasized by adding “focusing mainly within the field of psychiatry and medicine” in the second sentence of the last paragraph of the background section to make the focus of this review clearer. In addition, we have edited criteria for inclusion of articles in the third paragraph of the methods section to make this clearer. In a way, we believe that our focus makes the paper somewhat innovative. There already is much literature on de-institutionalization, but much less on what institutionalization means in the first place, how it can be understood in the current context and what the implications are.

2) It is my impression that the articles selected come mainly from the field of medicine, psychology and psychiatry. There is also a wide body of literature on de-institutionalization in the social sciences that seems to have been excluded. This is perhaps due to the selection of data-bases.
included in the search. If so, this should be mentioned in the methods section and/or the limitation section.

As suggested by the first reviewer, we have included additional information in the second paragraph of the methods section that “the focus of the review is on the field of psychiatry, some papers tap also into other disciplines such as history, law, and sociology if there was a direct link through psychiatry found in the papers by the authors”. Also, in the second paragraph of the strengths and limitations section, we specified that not reviewing the deinstitutionalization process in the social sciences as one of our limitations (although as outlined above we also feel that this focus may be a strength).

3) On top of page 4, the authors state that “Motivated by the civil rights movement and the right to receive treatment in the least restrictive environment possible, deinstitutionalization became widespread” This is only one of the several factors contributing to the deinstitutionalization process; others factors include advance in medicine (new drugs), the cost of providing in-patient care, development of the welfare state, introducing services and social benefits making life outside of the hospital possible for chronic patients.

As suggested, we have added the additional factors that led to the deinstitutionalization movement on top of page 4 in the background section.

Comments of Reviewer #2:

Overall, the paper would be improved by folding in the timeline throughout the discussion of the various themes with some critique, as opposed to having a brief section before the discussion. On a very superficial level, the reader will be immediately struck by the patterning presented in Table 1. For example, there is a striking absence of attention to patients’ adaptive behaviour to care in the majority of studies from the mid-1980s, whereas attention to policy and legal frameworks increased dramatically after 2000. Beyond the superficial, there could be a very useful critique provided about this alongside discussion of shifting ideologies, conceptualisations and policies already present in the manuscript.

As suggested, we have now improved the paper by folding in the timeline throughout the discussion of the various themes. For this reason, we have removed the timeline of psychiatric institutionalization section in the original manuscript to the end of the overview of papers section (last paragraph of the overview of papers section on page 9).

The discussion of the policy and legal frameworks needs further development. For example, there is a brief mention of the Mental Health Act in the UK, but no information about the act or any comparisons with similar legislation in the other countries. Also the authors need to provide a more in depth discussion of how mental capacity factors into this area.

As suggested, we have added some information of the Mental Health Act in England and Wales in the third sentence, fourth paragraph of the policy and legal frameworks regulating care subsection on page 13. In addition, we have included information about some of the comparison with similar legislation in other countries in the third paragraph on page 12. Whilst we fully agree with the reviewer that mental capacity is an important issue in this context, we did not address this in the results section as mental capacity did not feature in the included papers. Following the suggestion of the reviewer, we inserted a statement outlining this problem in the discussion (end of second paragraph).
Throughout the manuscript the authors present various models/arguments by researchers focusing on various aspects of institutionalisation, but fail to offer any useful critique. Any critical analysis is contained to a short section in the discussion section. The differentiation between offering a conceptual versus theoretically focused review should not preclude the authors from providing a more analytic review. Adding this element would take this thoughtful work to the level of being thought-provoking.

As suggested, we tried and strengthened the analytical part of the review, providing more interpretations of the findings under the identified themes. We now reported some critiques of the findings under the discussion of the various themes (see last paragraph of each theme - bricks and mortar of care institutions subsection on page 11; policy and legal frameworks regulating care subsection on page 13, clinical responsibility and paternalism in clinician-patient relationship subsection on page 18; and patients’ adaptive behaviour to institutionalized care on page 20-21).

We thank you for the opportunity to revise our work and we hope that the revised manuscript might be acceptable for publication in BMC Psychiatry.

Sincerely yours,

Winnie S Chow