Author's response to reviews

Title: Connection to Mental Health Care upon Community Reentry for Detained Youth: A Qualitative Study

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Author's response to reviews: see over
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We are thankful for the opportunity to revise the manuscript.

BioMed Central editorial policies specific to qualitative studies (RATS guidelines) have been reviewed and our manuscript is in accord with those guidelines. We could not find a RATS checklist online and have not completed the RATS checklist. We have included the title page with the required information. We have also referred to both financial and non-financial competing interests in our competing interests section.

We have included the reviewers’ comments below. Under each reviewer comment, we then describe how we amended the manuscript (see sections in italics).

**Reviewer:** Yanying Huo

This paper by Matthew Aalsma and colleagues explored the perceptions of youth and their caregivers in accessing mental health care at the time of community reentry through qualitative research method. The work is both interesting and informative which found that the time period immediately after reentry was as important for youth and caregivers of motivation for behavior change and a coordination between the family, mental health, and juvenile systems was critical which can facilitate connection to mental health care. The method which used in this paper is appropriate and well described, the title and abstract accurately convey what they found, the discussion and conclusion are well balanced and adequately supported by the data, and the authors clearly acknowledge all works which they are building.

Discretionary revisions: It is good for authors to clarify that
1. In a total of 19 youth, how many were getting connected to mental health care after detention release, and how soon?

*Twelve of the 19 youth were connected to mental health care after detention release (see page 7, in the Participants paragraph). We recruited families based on the youth being released at least 30 days from detention. Hence, although we did not receive the date of release from detention or date of first mental health care after detention release, we do know that 12 of the 19 youth were engaged in mental health care at the time of the interview which occurred at least 30 days post-deten tion release. This is highlighted in the results section.*

2. In the current study, the median time period between community reentry and receiving communication from court officials.
Dr. Huo identifies an important issue for families in the current study. In an effort to minimize burden on families, we did not ask them to specify dates for juvenile justice interactions. Hence, we cannot quantify the median time period between community reentry and communication from court officials.

Reviewer: Melissa Haswell

This may be a cultural or national issue, but there are a few places in the paper which present young people as delinquents and their behaviours and choices as the whole problem, and that accessing mental health services is the ‘cure’. As a researcher steeped in social determinants approaches, I think it is helpful to use language that acknowledges the many systemic issues well beyond many young people’s control that promote risk of incarceration. There are also many barriers to good, effective mental health care for most people. Please note I am mainly referring to non-judgmental wording that can broaden beyond the individual perspective for the academic literature, and not to a problem in the study. It would be valuable to see more depth in the presentation of the data – it sounds like a unique body of information relevant to such a challenging time – if not in this paper it would be great to see this in subsequent, more focused papers, perhaps giving some stories of the experiences of youth and carers through the post-release journey. In this paper, one or two mini case studies that provide a continuity of individual experience could be highly valuable to give a greater sense of how these challenges are experienced on a personal and family level.

We appreciate Dr. Haswell’s suggestion and hope to describe the post-release journey of youth in future manuscripts. A case study has been included in the current manuscript (see pages 7-8). We placed this case illustration after our description of the overall sample. This case study illustrates nicely the complicated process of community reentry from detention as well as the experiences of youth and families in receiving care.

Methods section – I suggest that the ethics approval statement go up front as the reader doesn’t have to wonder while reading, also I think it needs to be specified that the Institutional Review involved full ethical review of the protocol, especially as these are vulnerable youth.

A statement regarding ethics approval is now the first sentence of the Methods section.

Reviewer: Anonymous

The study has some real positives – a good research question, its qualitative approach, talking to dyads of family and young person, the early post release timing of the interviews, and an appropriate analysis framework. The findings are interesting and important and the discussion is well done. Many excellent points
are made throughout the paper and the data are clearly valuable for informing change within the system.

Some areas I suggest would benefit from improvement:

**Overall**

It is important to discuss the limitations of the study based on the response rate and considering what subset of the target population were likely to have been represented – one might suggest that it was those with a more positive or negative experience and not necessarily a typical experience. This needs to be considered. Working from positives can also be seen as a strength of the study, as what goes wrong in these situations is often more obvious than what is working well and why.

*We have included a Limitations section within the Discussion. In the limitations we discuss the possible impact of the response rate on the project.*

Page 3 – last line it would be good to have more information on this study – the word service needs to be inserted between mental health and usage. Also a bit more detail on the 8% would be helpful – e.g. out of what % that were identified as being likely to benefit from mental health care.

*This study conducted by Linda Teplin and colleagues at Northwestern University explored mental health care utilization among detained youth US youth from Chicago, Illinois. Dr. Teplin and colleagues assessed how many youth with a mental health need (meaning they were diagnosed with a mental illness) actually utilized services upon detention release. They found that 8% of youth with a need actually utilized mental healthcare six months after release. We have added more detail regarding the study in the manuscript.*

The next section where is says ‘previous mental health services’ does that mean those that they had accessed or having a preexisting idea that mental health services are generally ineffective? Please clarify.

*Previous mental health services does mean that youth that received mental health services in the past did not view them in a positive light. We have clarified the statement in the Introduction.*

Methods section – I suggest that the ethics approval statement go up front as the reader doesn’t have to wonder while reading, also I think it needs to be specified that the Institutional Review involved full ethical review of the protocol, especially as these are vulnerable youth.

*We have moved the IRB approval statement to the beginning of the Methods section. We also included a statement that it was reviewed by the full IRB board.*
Results section page 6 - it seems strange to have the three results sentences starting ‘Youth identified a detention experience’ and ending with ‘importance of systemic coordination’ within the methods and the model presented up front. This is confusing as the reader is not clear whether the model was developed before the data were analysed (and if so it needs to be clearly stated where it was derived from) or whether the findings guided the development of the model. This needs to be clarified and perhaps the model moved to the end of the results section if it was derived from the data.

The results section has been amended based on feedback from Dr. Haswell and we modified it further based on the above feedback. First, we described the sample. Second, we included an illustrative case study. Third, each of the themes were described. And lastly, we described the model (Figure 1) since it was developed after analyzing the data.

Results page 9 – it would be interesting to know if the lack of carer involvement in mental health activities during incarceration impacted on the ability to communicate needs with their young person post release – whether any data were captured to suggest this for some or all of the carers.

This is an interesting point. We agree that this may have happened. However, upon reviewing the quotes from carer’s and youth, we did not find clear evidence through their own words that this occurred. Hence, we were unable to include any data to describe this phenomenon.

Discussion – the first paragraph could make the point that accessing mental health care could be difficult for anyone, much less a young person just released from prison. The sentence referring to policy concerns about providing mental health care to youth in prison is somewhat shocking as written, and needs clarification as to what this means – does it mean there is a view that services should not be offered at all in the setting?

We have included a sentence to start the Discussion section highlighting that mental health care utilization can be difficult for people in general.

The sentence that the reviewer is referring to is accurate. A significant concern for some criminal justice policy makers is that since community-based mental health care is poor in the US, then it is important to not allow the criminal justice system to be the de facto mental health care system. The implication of this is that some policymakers argue that very little mental health care should be offered in detention centers and prisons in order to limit the possibility that families will turn to the juvenile justice system in order to receive mental health services. We have clarified in the discussion section that this motivation is due to the relatively poor community-based mental health care system in the US.
Abstract
The abstract could definitely be improved as it seems disjointed, losing the power of the data rather than enhancing it.

The first sentence is both grammatically awkward and an over-generalization without any evidence-based parameters. The three sentences within the Background are choppy, and the lack of flow between them limits meaning and therefore, in my opinion, sells the study’s importance short and doesn’t well define how the study fit into the context. The first sentence of the results belongs in the methods. In the next sentences the theme of the parents feeling pushed aside needs to be explicitly linked to its relationship to their ability to assist engagement post-release. The conclusion is also not quite consecutive in its statements, the second sentence seems out of place and not covered in the results, in that the call for youth-specific interventions would come from a recognition of the unique aspects of youth reintegration.

*Thank you for the thoughtful suggestions regarding the abstract. We have amended the abstract substantially given this direct feedback.*

Thank you for your time.

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