Author's response to reviews

Title: The Burnaby treatment center for mental health and addiction, a novel integrated treatment program for patients with addiction and concurrent disorders: results from a program evaluation

Authors:

Christian Schutz (christian.schutz@ubc.ca)
Isabelle A Linden (ilinden@cheos.ubc.ca)
Iris Torchalla (itorchalla@cheos.ubc.ca)
Kathy Li (kathyli668@gmail.com)
Michael Krausz (m.krausz@mac.com)

Version: 3 Date: 18 March 2013

Author's response to reviews: see over
REVIEWER’S 1 REPORT:

[A1] A major limitation is that the follow up results are based on the minority of patients who were still present in the facility at 6 months – rather than 6 months follow up in general. It seems highly probable that these patients are not representative of all clients of BCMHA at 6 months follow up. As such, the follow up results of Table 3 and 6 though interesting (and I acknowledge that these are preliminary results) is at best suggestive. The description in the results section in the abstract “… that patients have reduced psychopathology and almost no substance use after six months of treatment” is misleading without this context.

Response: We fully agree that the follow up results are a major limitation to this study; as such we have highlighted this in the limitations section. We have mostly kept the tables as they are, as we feel they present the findings in the best way possible. Although the follow up data is unlikely representative, we felt it may be important to present it. Nevertheless, the primary purpose of this paper is to present the baseline data, i.e., the psychopathology of this population, while only a secondary purpose was to present the follow up data. However, we do have this data and feel it may potentially be beneficial to present them, even if they are at best suggestive. In addition, we have revised the abstract to focus on baseline psychopathology and not on the follow up data.

Minor essential revisions

[B1] “Development of a treatment model for individuals with CD in British Columbia, paragraph 1, page 4”. You wrote, “The BCMHA was deemed to be a tertiary care program and given the mandate to provide comprehensive care to individuals with severe substance use, mental health and physical health problems…” It is unclear in this section whether the BCMHA was to provide care for individuals with individuals who concurrently had ALL these issues, or combinations of these issues. It wasn’t clear to me until 2 pages later (paragraph 2, page 6) in the paragraph starting “The Provincial Health Services Authority (PHSA), who established…” This section should be clearer.

Response: Referral to the BCMHA; as established by PHSA, is that a patient must meet all 4 of these issues (severe mental health, physical health, substance use, and behavioural issues). We have revised this sentence so that it reflects this more accurately.

[B2] “Paragraph 2, page 5”, in the paragraph starting “The program is laid out for…” In the first sentence, you state that clients can stay up to 9 months in the inpatient facility. However, in the second sentence, you state that the centre does not have strict and arbitrary time limits. Although I recognise that 9 months is a very long period of time in this context, it is (at least) an arbitrary time limit. Either some additional explanation or a change in word choice is needed.
Response: The program has been designed for long term care, up to 9 months. And although clients are encouraged to stay for the full 9 month, due to the individuality of care and treatment plans, not all patients stay for 9 months, while others stay for longer. Paragraph 2, page 5 has been revised, so that it reflects this arbitral time limit in attrition to how the program and treatment care team is provided as per the points in B3 and B4 below.

[B3] “Paragraph 2, page 5”, in the paragraph starting “The program is laid out for...” In the third sentence, you note that the treatment team consists of care providers that include practitioners of alternative medicine. In the next sentence, you claim that treatment is based on “best evidence”. Some additional explanation is required.

(see response for B2)

[B4] “Paragraph 2, page 5”, in the paragraph starting “The program is laid out for...” In the sentence, “The treating team consists of...”, “art and music therapist recreational worker” either needs to be plural, or if singular, the insertion of “an”.

(see response for B2)

[B5] “Participants and procedures, paragraph 1, page 7”. You started a sentence with “128 clients”. This should be written out in words if you are starting the sentence with a number. It was also unclear in this section why you chose to do an assessment only on 128 clients. Furthermore, the time period of this study is unclear and not reported until quite late in the describing the results.

Response: Thank you for noting our misuse of APA numbering and style, we have made this correction and written 128 in words. Additionally we have written out the time period in the methods section. The time period that was originally described in the ‘follow up results’ section, has now been moved to the methods section.

[B6] “Results, paragraph 4, page 9”. The sentence starting with “The MINI revealed that...” Your last sentence states that “The complete list of life time prevalence of mental illnesses and addictive disorders can be found in Table 6”. This is actually TABLE 7 in your list of tables.

Response: Apologies for the mislabelling, we have made this correction.

[B7] “Discussion, paragraph 1, page 10”. The claim that your data as compared to normative data provided by the authors of the BSI, demonstrates psychopathology distress that is beyond that of the general population and psychiatric inpatients needs a citation.

Response: The citation has now been included.

[B8] “Discussion, page 11”. You wrote, “With one in four injection drugs, the number of injectors is relatively low”. This sentence seems out of place and doesn’t flow with the rest of the paragraph.
Response: Agreed this is an awkward sentence, we have rewritten the section regarding polysubstance use so that it is clearer and flows.

[B9] “Discussion, last paragraph on page, page 11”. “CCD clients” should be “CD clients”.

Response: thank you, this typo has been corrected.

[B10] “Conclusions, page 13”. In the paragraph, “most of the patients who participated in this study were never, in the course...” you introduce new results/discussion findings. Discussion about the apparent lack of appropriate assessment is probably better placed in the discussion section of this paper.

Response: Apologies for any confusion here, this was not meant to present new finding; but rather point out that before patients were administered to BCMHA, in their treatment history, they have rarely (if at all) be fully assessed, and thus were unlikely to ever have received appropriate care. This sentence has been changed to reflect this better.

[B11] “Table 3”. *, **, *** needs to be explained

Response: Based on a request of the second reviewer, we have removed all asterisks and replaced them with the actual p-values.

Discretionary revisions [C1 – C 6]

Response: Thank you for taking the time to review the paper and provide such detailed suggestions and corrections. We have taken all of your suggested re-writes from C1 through to C6 and made the changes in the manuscript.

----------

REVIEWER 2’S REPORT:

Major Compulsory Revisions

1. Ninety two participants completed the minimal baseline assessment with 47 clients completing the follow-up assessment. This attrition is a major issue and needs to be addressed in the Discussion under the Limitations section. It is likely that those participants lost to follow-up represent those with poorer outcomes and this is likely to affect the validity of the findings.

Response: We fully agree that attrition is a major limitation to this study. We have highlighted this issue in the limitation section.

2. It is stated under the “Follow-Up Results” that “Baseline data were collected from June 2009 to January 2010. Follow up assessment was completed in March 2010.” Can the authors clarify whether all follow-ups occurred in March? If so, the follow-up assessment would have had a significant time range, occurring
between 3-9 months after the initial assessment rather than being a true 6-month follow-up. Again, this would be expected to impact upon the results.

Response: The follow up interviews occurred 6 months after the baseline interview, so an individual who was interviewed in June 2009 then had a follow up interview in December 2009, we tried to keep follow up interviews as close to the 6 month time point as possible for those that were available to complete the follow up interview. We can see how what we wrote does not clearly explain this, when what we meant to write is that the follow up interviews were completed up until March 2010. This sentence has been re-written to better reflect when the follow up interviews took place.

3. Within the Instruments section, can the authors please provide some information about the interpretation of the test scores (e.g. range of scores).

Response: We have revised the instrument section to include more details on range of scores, interpretation of the test scores and any other information we deemed important regarding the assessments.

4. I think the results section needs to be more detailed. In particular, full test statistics for significant results need to be presented in the text rather than just p-values in some of the tables. Also, the results shown in Table 6, which are quite impressive are barely reported in the results section.

Response: We have revisited the results section and the tables, and provided more details for the chi square and the t-tests in the text as per your suggestion. Additionally we have combined table 5 and table 6.

Minor Essential Revisions

5. Some of the grammar needs revision, particularly the incorrect use of commas. There are also some spelling mistakes in the paper.

Response: Spelling mistakes and grammatical errors have been corrected.

6. At the bottom of Table 3, the authors need to explain what the asterisks represent. Preferably, they should report the actual p-value as presented in Table

Response: As noted in our response to point 4, we have expanded the level of detail in the results section, and have replaced all asterisks with the actual p-values.

7. In the discussion, it is stated “as shown by the improvement in psychopathological symptoms, decreased substance use and reduction in crime”. Can the authors please explain where the crime rate data is derived from?

Response: Thank you for drawing out attention to this - the inclusion of crime data was from an earlier version on the manuscript, however, we decided to omit data regarding crime as the paper’s focus is on psychopathology and substance use in this population. Additionally data on crime in the populations is very limited due to the
nature of the sample being at an in-patient facility. Unfortunately it appears we had not removed everything that discussed this data. As a result we have removed this from the discussion section entirely.