Author's response to reviews

Title: Local psychiatric beds appear to decrease the use of involuntary admission: A case-registry study

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Author's response to reviews: see over
Dear Editor,                                    29 December, 2013

Revision of MS: 1535002533110929 - Local psychiatric beds appear to decrease the use of involuntary admission: A case-registry study

Attached along with this covering letter you will find a revised draft of our manuscript ‘Local psychiatric beds appear to decrease the use of involuntary admission: A case registry study’. We wish to thank the Editor and the Reviewers for the positive, thorough and insightful comments. We believe our revisions in accordance with these comments have improved the manuscript considerably:

Regarding the comments from Referee 1, Dr. Andrew Molodynski:

Major compulsory revisions

1). Regarding the final sentence about voluntary admission (former page 4 para 1): As suggested, we have now added more information about the topic of perceived coercion and leverage, now also citing some central articles on the topic. However, as we lack data on perceived coercion, this is not a central topic in the present article, and we therefore felt we could not expand this section more than we have now done.

2). Regarding the decision to look at two time points for compulsory treatment: We agree that this could lead to confusion and have now –following the input of both Reviewers- chosen to focus on one time point (i.e. admission). This is also more in line with the literature on the topic from a health service point of view, which typically concentrates on admissions rather than the actual treatments and clinical procedures.
3). Regarding the difference in diagnosis (former page 9 para 1): We have now moved most of this paragraph from Results to Discussion (following the suggestion of Reviewer 2), explained the differences in diagnoses and discussed the implications (i.e. in the Discussion section).

4). Regarding the fact that the DPCs can only accept voluntary inpatients (former page 13 para 2): As suggested, we have now added more information early in the paper (in the Methods) about the fact that only the Central Mental Hospital may legally provide involuntary inpatient treatment.

**Minor essential revisions**

1). Regarding the proportion of detained patients vs. the overall number (former page 3 para 2): We have now clarified in the text that this increase pertains to the proportion of admitted patients and not the total number.

2). Regarding the lack of clarity of former page 6 last para: We have, following Reviewer 2, improved and moved this paragraph to the Strengths and Limitations section.

3). Regarding continuity of care (former page 12 para 3): We have now expanded the discussion regarding continuity of care and added more relevant references, including references to ECHO.

4). Regarding unclear comparisons of two time points (former page 14 para 1): This has been deleted.

5). Regarding the Tables: We have tried to improve the readability of the Tables.

6). We have now improved the language and corrected some spelling mistakes.
Regarding the comments from Referee 2, Dr. Lars Kjellin

Major compulsory revisions

1). Regarding the quality of the data: We have moved the section dealing with this issue (former page 6, last paragraph) to the Strengths and Limitations section and now more carefully describe the strengths and limitations of the case-registry at hand, and the implications for the findings. In addition, the patient populations are also commented on in the Methods section.

2). Regarding the description of the statistical analyses (former p. 8): We have now improved the description of the multi-variable analyses in the Methods (and also moved a paragraph from the Results to the Methods).

3). Regarding the rates of involuntary admission/treatment (at the two time points, former p. 9 and Table 2): As we have now removed the second time point, this issue is no longer relevant. However, the Reviewer is correct in pointing out that some patients that had been referred voluntarily had been admitted involuntarily. As far as we know, this practice has been changed so that this type of conversion of legal status is much rarer today.

Minor essential revisions

4). Regarding the use of the terms “involuntary admission” and “involuntary treatment”: We agree that these are different concepts, and we now make a clearer distinction between them (which is also easier after we chose to focus on admissions only).

5). Regarding explained variance: we have now commented on this issue in the Discussion.

6). Regarding missing ‘p’ (P. 10, 2nd paragraph, 8th line): now corrected.

7). Regarding the Care Need Index (Table 1 and Methods): We have now added more information about the CNI in the Methods.

8). Regarding the p-values below former Table 3 (now Table 4): we have now omitted these, as suggested.
Discretionary revisions

9). Regarding moving former 1st para, p. 9 to the Discussion: Following the Reviewer, we have now moved most of this paragraph from Results to Discussion, explained the differences in diagnoses and discussed the implications (i.e. in the Discussion section).

10). Regarding presenting more of the steps of the regression analysis: We have chosen to focus on clarity, cf. the comment from Reviewer 1 (Minor essential no. 5).

11). Regarding staff qualifications: We currently have little data available regarding staff qualifications.

12). Regarding old studies: Following the Reviewer, we have now cited some relevant older studies as part of the Discussion.

In addition, we have reformatted the Tables and split Table 1 into two tables (new Table 1 and new Table 2), in order to avoid the table-in-table issue.

We believe that the manuscript has been improved considerably and hope that you will find it acceptable for publication in BMC Health Services Research.

Sincerely,

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