Author’s response to reviews

Title: Police and clinician diversion of people in mental health crisis from the Emergency Department: A trend analysis and cross comparison study

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Author’s response to reviews:

20th May, 2015.

The Editor,
BMC – Emergency Medicine.

Dear Dr Wilson,

Thank you to the reviewers for their constructive and thoughtful comments about our manuscript (MS – 1737202327158339). We have addressed each comment in an attempt to strengthen the manuscript.

Reviewer: Richard Weinert
Reviewer's report:
Discretionary Revisions

1. In the first paragraph of the Background sentence in last sentence around line 65 an Oxford comma should be placed after the words calls.
Response: Was added.

2. In the paragraph under NPACER in the first sentence in line 105 Northern Health may need an Oxford comma.
Response: Was added.

3. In the fourth sentence under the NPACER paragraph in line 111 there should be an Oxford comma after the word immigrant.
Response: Was added.

4. In the first sentence of the second paragraph in the discussion section around line 188 it may help to clarify the point to refer to a figure. This in turn could the
reader a point of reference for the findings of the study.
Response: The following was added to the manuscript at the end of the sentence; (see figures 2 and 3)

5. In the first sentence of the fourth paragraph in the discussion section it may help to clarify by stating which table or figure gives the number of people transported to the police station.
Response: The following was added to the manuscript at the end of the sentence; (see figure 3)

6. In the limitations paragraph some other limitations of the study to consider are no formal means to assess matching background characteristics of the sample. This leads to the possibility of selection bias or duplicate entries from the same person at different times in the study. One further consideration of is history (in the broader context of societal zeitgeist) and its interaction with possible selection bias.
Response: The limitations section was modified to read:

Limitations
This study relied on retrospective data collected for reporting purposes and may be susceptible to selection bias as duplicate cases across the period were treated as independent episodes.

Minor Essential Revisions

7. In the fourth sentence under the NPACER paragraph in line 111 there is an extra “and” before the phrase high immigrant that should be deleted.
Response: Was deleted and an Oxford comma inserted as per comment 3.

8. In the first sentence of the Conclusion delete the first “and” before the word collaboration in line 230.
Response: Was done

Reviewer: Michael Wilson
Reviewer's report:
Please address the following points:

1. Please describe more fully the qualifications of the mental health nurse, so that others may replicate your results.
Response: The following was added to the manuscript:

NPACER
The NPACER team is collaboratively supported by NorthWestern Mental Health, Melbourne Health, Northern Health and Victoria Police. A senior mental health clinician and a member of Victoria Police act as second response to acute mental health crisis in the community. Clinicians are drawn from a limited pool of senior emergency mental health nurses in the service, while the police officers are
drawn from a wider pool of rostered staff, cognisant of experience and support for the NPACER initiative.

We hope we have addressed the reviews to your requirement. Brian Mckenna,

2. If you know how many people were improperly diverted out of the ED (ie, then had to return to the ED for further treatment), please report this. Otherwise, please more fully address this limitation.

Response: As the transportation of people is subject to mental health legislation “to an appropriate location for specialist mental health assessment” (lines 70-71) improper ED diversion is unlikely. We mentioned in the discussion the following and have added in yellow additional text;

Despite these benefits, a minority of people in mental health crisis in the current study were transported to a police station for assessment. Presumably, transportation to the police station was for safety reasons initiated by the front line first responder police. A further presumption is that this experience was transitory as most people were transferred to acute inpatient service or returned to their communities following assessment by NPACER. However, this study tells us little about the experience of people transported to police stations or the appropriateness of this diversion. Such diversion should be averted given the potential criminalization of those who are mentally ill through exposure to the criminal justice system [14,18,19]. Anecdotally, transportation to a police station in the current study was attributed to geographic efficiency so that the first responder police and NPACER could meet in a timelier manner. However, further investigation is required to thoroughly describe the pragmatic, circumstantial, and procedural processes that may explain this diversion to a potentially restrictive environment and if such diversion required subsequent presentation to an ED.

3. Please see the second reviewer report below for more stylistic changes.

Response: We have attempted to address all of the stylistic comments

We hope we have addressed the reviews to your satisfaction.

Yours sincerely,

Brian McKenna,
Professor of Mental Health Nursing,
Australian Catholic University,
Melbourne, Australia