Author's response to reviews

Title: Psychosocial stressors contributing to emergency psychiatric service utilization in a sample of ethno-culturally diverse clients with psychosis in Toronto.

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Author’s response to reviews:

Thank you for the comments and feedback from the two reviewers. All comments are addressed point by point below and changes to the text have been made where relevant and with track changes. A new table 1 has also been uploaded.

Reviewer reports

Gerald Jordan (Reviewer 1):

The purpose of this work was to examine the role of stressors and ethnicity in service use for people experiencing psychosis in Toronto. The authors conducted a very extensive chart review of almost 1000 clients. There is a lack of knowledge concerning stressors leading to service use among people with psychosis in general, and even less is known about how ethnicity factors into this, particularly within Canada. This paper is especially important as it adds weight to claims that social stressors, in addition to genetics and biology, are important to human suffering. Hence, despite the limitations of the chart review method—which the authors acknowledge—this paper fills an important knowledge gap and can help researchers plan future studies exploring this area. I recommend this work for publication.

Introduction

Please remove the comma in the first sentence of the introduction.

The text has been edited to reflect this and now reads “The Mental Health Commission of Canada argues that...”

Page 4, line 33, replace 6 with "six"
The text has been edited to reflect this.

Methods

Replace 6 with six on page 4, line 60.

The text has been edited to reflect this.

On page 5 and 6, the authors should report the categories examined in sentence-style, instead of in point form, vertically down the page.

The categories are now reported in sentence-style in the text.

When scoring the severity of psychosis, did the authors rate each item from 1 to 14 (to reflect severity), or did they rate the presence or absence of each category (e.g., hallucinations, ideas of reference)? It seems easier to rate the presence of each one rather than severity if the authors were only relying on charts—unless severity was captured within the charts in a systematic way. Also, how many researchers reviewed the charts? It seems like 2 were involved in reviewing the number of stressors, but what about the rest of the charts?

The presence or absence of each of the 14 categories was rated to create a measure that reflects severity. This method of rating severity is similar to previous ER studies that have looked at similar populations using a similar chart review method.

A researcher trained research assistants to review the charts and code all data that was used in this study. However, as outlined in the text, 2 of the authors reviewed the stressors and both coded them to corresponding Axis IV categories. Further details on the sampling methodology and data collection are outlined in the reference Rotenberg et al. 2017 (which is highlighted in the 3rd paragraph on page 5).

Results

Can the authors clarify how much data was available vs missing, and if any procedures were done to compensate for missing data?

The following text has been added to 3rd paragraph on page 9:

“Of the 175 stressors categorized as none indicated only 5 were categorized as such for either being illegible or marked with a question mark. The majorities of the none indicated category were left blank, or were medical or psychiatric issues, rather than psychosocial ones.”

No specific procedures other than noted above were utilized to compensate for missing data in this study.
Readers are referred to the reference Rotenberg et al. 2017 in the 3rd paragraph on page 5 for full details on the sampling methodology. Charts which were missing data on major variables which included ethnicity, diagnosis and a documented mode of arrival to the ED were excluded as per study inclusion criteria which are described in the paper referenced.

The authors should reference the tables in the results section in every paragraph that is linked to the table.

Table 1 is referenced at the start of the 3rd paragraph on page 9 where psychosocial stressors are referred to.

Table 2 is referenced at the start of the 4th paragraph on page 9 where the results of the regression models are presented.

Can the authors provide a breakdown of diagnoses? Only schizophrenia is mentioned.

A breakdown of diagnoses has now been added to the last paragraph on page 8, and now reads: “The majority of clients were diagnosed with schizophrenia (47.6%), followed by schizoaffective disorder (14.4%), Psychosis NOS/NYD (22%), a combination of diagnoses of which one included schizophrenia or schizoaffective disorder (8.4%), and all other diagnoses (7.7%) including brief psychotic episode, schizophreniform disorder, brief psychotic episode, first episode psychosis and substance induced psychosis.”.

When listing percentages reflecting psychosocial stressors, can the authors also include the numbers?

Table 1 has been revised and now includes both percentages and numbers in the body of the table. Furthermore when percentages of psychosocial stressors are presented in the body of the text a number is also presented, specifically in the 3rd paragraph on page 9.

Merritt Dean Schreiber (Reviewer 2):

This is an interesting idea to test however the methodology used does not support answering the important questions being considered.

1) retrospective chart review design and suffers from the issues associated with inferring causality from a retrospective process including relative risk estimation

Thank you for the comments and feedback. We agree with this point. In this observational study we are not talking about causation, but rather associations between psychosocial stressors in a diverse population with psychosis, and presentation during crises to an emergency department in a large multicultural city. This is now highlighted more clearly in the text on page 11, paragraph 1 as a limitation.
2) Uses DSM IV multiaxial system which is no longer in use for at least 4 years, so comparison to the new system for classifying stressors is precluded.

This is a limitation raised in the discussion section in the last line of the limitations sub-section (Page 11, paragraph 1). Given that this study is looking over a long period of time and that the DSM V is new this is a problem that will occur with historical cohorts. At our institution, which is a large clinical and research facility, standard use of DSM 5 only started in 2017.

3) Dependent not a standardized measure of life event stressors but rather degree to which clinicians documented Axis IV:

The study has utilized clinical ratings in a real life setting that is looking at real life situations. Such clinical ratings are important and have been part of standard clinical practice for many years. As commented on further in sub-point b, clinical rating include clinician perceptions, however these clinical perceptions and ratings are important as they can change the treatment, care and life trajectories of clients that present to the ED in crisis.

a) no evidence that the clinicians demonstrated adequate inter-rater reliability on this dimension, there any differences found could be differences in the clinicians accuracy and/or tendency to evaluate Axis IV.

Many unique clinicians are involved in assessing clients in the ED and many unique charts were reviewed. Being a retrospective study, there would be challenges with respect to doing this from a feasibility perspective. Real or systematic bias may exist but further assessment of this was not a focus of the study and such bias is commented on as a limitation in the limitations section of the discussion.

b) this is not an independent measure of patient stress exposures, this is a measure of clinician ratings/perceptions since no evidence that it relates to standardized and validated methods of patient life event stress is presented

It has been clarified in the text the rating of stressors may be more so a measure of clinician perception of stress in paragraph 1 on page 11. This is further supported by the citations listed in the limitations section which highlight some of the challenges that clinicians have that relate to their perception of stressors and that there even may be an interaction between clinician and client ethnicity with respect to how stressors may be perceived.

c) this serious confound is not addressed by the authors

Many of these concerns are raised in the limitation section of the discussion. Furthermore additional limitations that are highlighted from the feedback and comments have now been added to the manuscript in the 1st paragraph on page 11.