Reviewer's report

Title: Predictors of quality of life among inpatients in a forensic hospital. Implications for occupational therapists.

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Reviewer: T.H. Pham

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This article aims to analyze the predictive factors of QOL among patients hospitalized in a forensic psychiatric hospital.

This study consists on a naturalistic, observational study. Fifty-two patients with schizophrenia or schizoaffective disorder were included in the study. QoL was measured using the WHOQOL-brief, the Engagement in Meaningful Activity Survey (EMAS), the institutional atmosphere was measured using the Essen Climate Evaluation Schema (EssenCES) social and occupational functioning was assessed using the Social and Occupational Functioning Scale (SOFAS). Security levels, length of stay and exit data are considered.

Regression analyzes show that the level of safety and the caregiver's interest in the clinical course of the patient (EssenCES) account for 40% of the variance of QOL. The commitment to activities contributes largely to the 30% variance on QOL.

The introduction insists on the importance of considering QOL for patients to improve their mental health. Since the study is concerned with schizophrenic patients, the authors may mention different researchs on general psychiatric populations (eg Karow, A., Wittmann, L., Schöttle, D., Schäfer, & Lambert, M. (2014). Dialogues in clinical neuroscience, 16 (2), 185-195) in order to considerer the specificities of the QOL perception among these patients within the different environments.

In the introduction, the literature on the assessment of QOL in forensic psychiatry is rather limited and needs more references (eg. Trizna, M., & Adamowski, T. (2016). Assessment of needs and clinical parameters in forensic patients in low and medium security wards. Archives of Psychiatry and Psychotherapy, 3, 48-57.)
This study demonstrates that the achievement of patient-oriented activities, the level of institutional security (pavilions / neighborhoods), and the caregiver's interest in the patient's clinical outcome contribute to QOL among forensic patients.

Method:

Participants are patients with schizophrenia or schizoaffective disorder from the National Forensic Mental Health Service. They are divided into three groups according to the level of security of the pavilions. They are between the ages of 20 and 65. The diagnosis is made by clinicians on the basis of the DSM-V criteria.

The Method part is well written and includes enough elements to test the hypotheses. Ethical aspects are well described.

There is a need to justify the rationale for using a generic rather than a specific measure (whereas the study includes specific population) that were used in several studies mentioned in the introduction (Eg. the quality of life scale used in Skantze et al. or the Schizophrenia Quality of Life Scale used in the study by Long et al.).

Results:

Mentioning the acronym "SCID" is confusing as diagnoses were not based on a structured interview such as SCID-I. ("SCID") (see p.12).

Table 1. Descriptive characteristics need to be improved by providing more detailed statistical data (SD, range) for the age and duration of stay while the only median is mentioned.

As for table 2, the descriptive statistics relating to the four WHOQOL-short domains could have been added (Physical Health, Psychological Health, Social Relation, Environment).
Tables 1 and 2 are just described, a further comment is needed.

With regards to the significant results on the WHOQOL-Brief total score, there is a necessity to carry out the same analyzes on the different factors / domains of the WHOQOL-short. This may provide a clearer picture for the QOL dimensions instead of the conceptually limited total score only!!

Discussion:

It would be important to begin by resuming the aims of the study before discussing its principal results. The discussion mainly focuses on the positive impact of occupational activities on QOL while ignoring other dimensions.

In term of the writing sequence, the limits of the study should follow the interpretations of the results.

The discussion did not include several important limitations.

Let's first mention the sample size question (52 patients). Moreover, both the emotional state and the social desirability of the participants at the time of the QOL evaluation have not been controlled despite their potential effect on QOL perception. There is no control of axes I and II comorbidity. Finally, the study did not consider the cognitive profile of patients nor the intensity of positive and negative symptoms (see article by Karow, A., Wittmann, L., Schöttle, D., Schäfer, M., 2014). The degree of insight can also influence the outcome (eg Karow, A., & Pajonk, FG (2006). 637-641.)

Formal aspects:

Orthographic verifications are needed (eg. variables, opportunities).

The authors may avoid repetitions:
-p. 9: clinicians who were not working directly with service users to minimize response bias.

-p.10: Participants were provided with questionnaires by clinicians who were not working directly with service users

-at the section study size: service users.

The title of Table 1 should be revised

In Table 2, column N is unnecessary. It is enough to specify the number in the title for example in order to lighten the picture.

References need to be corrected according to the standards of the BMC Psychiatry.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
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No

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