Author’s response to reviews

Title: The Association Between Mental Health Nursing and Hospital Admissions For People With Serious Mental Illness: A Protocol For a Systematic Review

Authors:
Matthew Leach (matthew.leach@unisa.edu.au)
Martin Jones (martin.jones@unisa.edu.au)
Dan Bressington (dan.bressington@polyu.edu.hk)
Fiona Nolan (f.nolan@essex.ac.uk)
Adrian Jones (Adrian.Jones3@wales.nhs.uk)
Kuda Muyambi (kuda.muyambi@unisa.edu.au)
Marianne Gillam (marianne.gillam@unisa.edu.au)
Richard Gray (r.gray@latrobe.edu.au)

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Dear Editor

We thank you and the reviewers for the constructive feedback on our manuscript and for the opportunity to address these comments. We have responded to each of the comments below.

COMMENT #1. On line 112 you state that you will only include articles published in English, although I am assuming that this is due to a lack of non-English speakers Google translate is becoming more commonly used in systematic reviews and can be a useful tool to attempt to incorporate other languages into a review. I would suggest planning on incorporating as many different languages as possible and only excluding at the end of the process based on language after all other options have been exhausted.

RESPONSE: The limitation on English language has now been removed, and the relevant section of the manuscript (page 5, line 112) changed to the following: No restrictions on the date or language of publication will be applied to the searches.
COMMENT #2: The list of databases is quite extensive, which can be a good thing. But it is not usual to search both Ovid Medline and PubMed. Unless there is a good reason to search both of them you should choose one or the other, as they are both essentially the same content.

RESPONSE: Whilst we recognise that Ovid Medline and PubMed essentially contain the same content, the content is arranged differently. Accordingly, an identical search performed in each of these databases can yield different results (and in the experience of the research team, often does). In order to mitigate the risk of missing relevant studies, we have included both Ovid Medline and PubMed in our list of databases.

COMMENT #3: The formatting of the strategy itself seems to be an amalgamation of both Ovid Medline and PubMed…The formatting of the search strategy should be made consistent with one database before it is published.

RESPONSE: We thank the reviewer for identifying this inconsistency in the formatting of our search strategy. We have revised the search strategy so that it conforms to the stylistic conventions of MEDLINE.

COMMENT #4: Most of the content of the search strategy is good, with the exception of line iv starting on line 108. Limiting to publication type only can mean missing some studies and the authors should think about using standardised filters to limit their search to observational studies and trials. Or the authors should approach their library and see if there are experienced health librarians there who are willing to help them. The number of health librarians capable of supporting authors conducting a systematic review is growing and I would suggest this as a viable option for the authors.

RESPONSE: We acknowledge the reviewer’s suggestion to use standardised filters in place of publication search terms. Whilst there are good reasons to use standardised filters for reviews limited to single study designs (e.g. RCTs only), it is somewhat problematic for reviews that include multiple study designs (such as ours). For example, some databases do not have filters (which can potentially yield unwieldy search results), and for many databases, filters for particular study designs may be absent (e.g. epidemiological and cross-sectional design filters are not currently available in PubMed). Thus, given that our review includes multiple study designs, and filters for many of these designs are not yet available, we have retained the publication search terms for this review.

COMMENT #5: On line 166 you state that if similar studies are found they will be combined using a random effects model. I would be interested to know why a decision regarding the model would be made in the protocol. Normally people say they will use a fixed effect model unless the studies are too different in which case they will move to the random effects. Even if the authors are very much aware of the literature on this topic I would still think that it would be prudent to not lock yourself into one model or the other in the protocol.
RESPONSE: This section has been revised (page 7, lines 167-169) and now states that: data will be combined by way of meta-analysis to calculate pooled effect estimates and their 95% confidence intervals using a fixed-effect model (unless there is considerable variation between studies, in which case a random-effect model will be used).

COMMENT #6: Line 10: "Systemically" is probably meant to be "systematically"

RESPONSE: The term 'systemically' has been replaced with the term 'systematically' (page 1, line 10).

COMMENT #7: Line 29: "at" needs to be inserted between disorder and some

RESPONSE: The word ‘at’ has been inserted between ‘disorder’ and ‘some’ (page 2, line 29).

COMMENT #8: Line 216: "educational" should be "educational"

RESPONSE: This spelling error has been corrected (page 10, line 219).

COMMENT #9: Line 19: "This review will explore for the first time......." - I disagree. I think people have explored this but your review has that particular focus.

RESPONSE: The phrase ‘for the first time’ has been deleted from this sentence (page 1, line 19).

COMMENT #10: Lines 27-31: not sure this paragraph adds much - we are not that interested in non-SMI in this paper and it might be that the Background would best start at line 32.

RESPONSE: Whilst we understand the reviewer’s point, we have decided to retain this paragraph as it provides an important introduction to mental health and its global impact. This paragraph also provides the necessary context for SMI.

COMMENT #11: Line 122: I think this should be PsycINFO and the 'h' dropped.

RESPONSE: This spelling error has been corrected (page 6, line 122).

COMMENT #12: Line 172: I think subgroup analysis is likely to be over-ambitious - but there is no harm leaving this.

RESPONSE: The paragraph on ‘subgroup analysis’ has been retained as suggested.
COMMENT #13: I think this is likely to be a limited literature. I think the authors think so too or they would not be proceeding down the non-randomised route. However, it would seem very likely that the broadening of the criteria for entry to non-randomised trials will cause flooding in of bias that we will never be able to properly and confidently offset. This, the authors do recognise and are going to use the Risk of Bias tool that is appropriate but do not really explain what they are going to do with the data gleaned from the risk of bias tool. Furthermore - if going down this route - there is the 'in-for-a-penny-in-for-a-pound' argument. Searches are likely to identify studies that are not controlled - surveys of nursing 'density' with outcomes of relapse over time. Requiring comparative studies will greatly restrict the potential data set - comparative studies using psychologists, for example will be exceedingly rare. However, identifying all studies that have cohorts of people with SMI, nursing data and relapse data could provide quite a large data set to explore nursing ratio/patient or nursing intensity against relapse would make this a much more sophisticated study. As it stands it will do a job but, I expect, still leave considerable questions unexplored that could have been explored.

RESPONSE: As this is a systematic review, it addresses a very specific objective – to determine whether there is an association between mental health nursing and the hospitalisation of persons living with SMI. It would be beyond the scope of this review to examine other objectives. If we were to explore other objectives (e.g. the association between mental health nursing and other outcomes), these would be considered in a separate review.

In terms of risk of bias, we acknowledge that the text does not outline how the risk of bias data will be reported. This section has now been revised to address this oversight (page 7, line 164).

Kind regards,

Dr Matthew Leach