

PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 49342

Title: Outcomes of administrative involuntary hospitalization: A national retrospective cohort study in Japan

Reviewer's code: 02989927

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Research Scientist, Doctor, Research Associate, Senior Scientist

Reviewer's country: Brazil

Author's country: Japan

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-06-10 11:27

Reviewer performed review: 2019-06-10 11:47

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

WJP 02989927 - Outcomes of administrative involuntary hospitalization: A national retrospective cohort study in Japan, by Shiina et al., 2019. This a retrospective study on involuntary hospitalization in Japan. Questionnaires were distributed to 939 facilities across Japan, covering data for involuntary hospitalization cases and the treatment provided for them in 2010, 2011, and 2012. The authors examined the relationship between treatment and prognosis for 394 patients with valid data. The study found that (1) Japanese facilities have limited ability to track the prognoses of patients who were hospitalized involuntarily; (2) external discussion with specialists is associated with a good prognosis. The low response rate is a concern to the representativeness of the data and results. This is a under-researched topic in the Asian countries. However, data is limited to the outcome, without a greater description of the type of crime, recurrence of criminal practice and better characterization of the patients (demographics). These data are much in need, but the study has to provide meaningful outcomes in relation to predictors. I missed the regression analyses in a Table for this study. I would recommend to expand the details required to understand the problem of involuntary hospitalization in Japan.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No



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PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 49342

Title: Outcomes of administrative involuntary hospitalization: A national retrospective cohort study in Japan

Reviewer's code: 00784262

Position: Editorial Board

Academic degree: DSc, FRCP (C), MD

Professional title: Emeritus Professor, Professor

Reviewer's country: Canada

Author's country: Japan

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-06-10 11:31

Reviewer performed review: 2019-06-10 11:55

Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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This is a study on an important topic - the outcome of psychiatric patients who are involuntarily hospitalized and, therefore, assumed to be more severely ill than other patients. In this case, the target population had also committed a crime, but not a major crime and were, therefore, governed by specific legislation in Japan. The study tried to ascertain whether any specific treatment while involuntarily detained led to better outcome at one and two years. Patients were not examined but administrative data were collected (hospitalizations, deaths etc) I have several questions: I know the study was ethically, but were the patients told in advanced that they might be tracked in this way after discharge? What is the legal/ethical justification? It seems logical to think that ongoing treatment rather than past hospital treatment would be the determinant of outcome. Why couldn't the patients and/or their families be interviewed? The one item that was associated with better outcome was outside consultation prior to discharge. The authors state: "In cases where such consultation was received, the patient and practitioners may wish to ensure the patient adapts to life in the community. However, careful consideration is necessary before consultation with external specialists. In such cases, dismissal of the prefectural governor's hospitalization order may be considered with various conditions." I don't understand what this means. When and why are such consultations carried out? Why do the authors think that such consultations improve outcome?

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PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

Manuscript NO: 49342

Title: Outcomes of administrative involuntary hospitalization: A national retrospective cohort study in Japan

Reviewer's code: 03887097

Position: Editorial Board

Academic degree: MBBS

Professional title: Doctor

Reviewer's country: Singapore

Author's country: Japan

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2019-06-10 05:12

Reviewer performed review: 2019-06-11 08:40

Review time: 1 Day and 3 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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- Please change "by a grant to the corresponding author from the Japanese Ministry of Health" to "by a grant awarded to the corresponding author by the Japanese Ministry of Health". - "On July 26, 2016, an ex-employee intruded a residence for people with disabilities and killed 19 residents; this act was motivated by his prejudiced ideology." A citation to a news article should be provided here. - More information should be provided in the introduction section regarding the provided treatment and services. What rehabilitation programmes are there? Are there any psychology-based correctional programmes, family programmes, skills training and religious services etc.? - What exactly does "discussion with specialists external to the hospital" entail? Does this often result in changes in the the medication or treatment plan for these patients? Are these mental health specialists or internal medicine specialists? If psychiatric specialists do already exist in the hospital these patients are admitted to, are the authors contending that they provide inadequate services or assessment (hence poorer outcomes) compared to external specialists? - There are several limitations to the present study which should be discussed in the manuscript. The criteria used to determine "good" vs "poor" prognosis is highly contentious. Authors considered "patients who had regularly visited an outpatient clinic" as having a good prognosis. These could be frequent relapsers or non-responders whose symptoms were not severe enough to warrant hospitalization. The next issue concerns the validity of the study sample, i.e. the stage in the course of the illness at which patients were recruited into the study. As this was a retrospective study, it was unclear how long the patients had been ill before inclusion in the study. It is likely that the future course of the illness will be highly influenced by the preceding course—so how can a clinician derive a useful estimate for the individual patient in front of them? To be clinically useful, the study needs to recruit patients at a uniform point in the course of the illness—this will usually be at the onset, or a very early stage, of the disorder—or at a defined point in the condition. Unless prognostic factors have been



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adequately adjusted for confounding and revalidated in an independent sample of patients, then the clinician should be cautious about relying on them. It is usually better to rely mainly on the overall estimate of prognosis for the full cohort (with the CI). I think overall these results provide little new insight to the effectiveness of administrative involuntary hospitalization. Perhaps it could be argued that as a whole, these patients were often sicker and hence had (unsurprisingly) poorer prognoses.

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