

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Psychiatry

ESPS manuscript NO: 16005

Title: AN AUDIT STUDY OF THE NEW HOSPITALIZATION FOR ASSESSMENT SCHEME FOR FORENSIC MENTAL HEALTH IN JAPAN

Reviewer's code: 02445261

Reviewer's country: Italy

Science editor: Yue-Li Tian

Date sent for review: 2014-12-21 17:05

Date reviewed: 2014-12-30 02:18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is, in summary, a paper aimed to investigate the components of hospitalization for assessment and the management changes from 2005 (when a new forensic mental health legislation has been introduced) to the present using mailing questionnaire surveys between 2005 and 2013. The study is interesting and well-conducted. The authors may find as follows my main comments/suggestions. First, when throughout the Introduction section the authors stated that in order to ensure an accurate verdict by the judgment panel, the offender is required to be hospitalized for 2 to 3 months to undergo psychiatric examination and treatment. Here, more details are needed. When the offender is generally hospitalized? How the panel usually arrive at the three possible verdicts? How the offender is obliged to accept special psychiatric care in case of hospitalization orders and/or community treatment orders? Also, when they stated that the status of hospitalization for assessment is rarely reported, so they conducted an annual, national audit study to monitor hospitalization for assessment facilities and subjects. I believe that the authors should add more clarifications for the general readership. How they usually carried out this annual, national audit study? Furthermore,

within the Methods section, what they intended for “the facility organizer”? The authors should also describe what is the relevance of this potential indicator to design the facility characteristics that may influence the status of hospitalization for assessment. Also, when the authors within the same section listed the number of information which were collected in 2012 and compared them with those listed in 2007, they may summarize these information in a specific Table. Results section, when the authors stated throughout the Results section that they received responses from 134 facilities with a response rate of 65.4% in the case questionnaire and 284 cases with a response rate of 48.8% in the 2007 survey, what are the main reasons for the missing responses? Also, the main psychiatric diagnoses and the issued offenses in both case questionnaire and 2007 survey throughout the same section may be more appropriately summarized in a Table. Other two points need further explanations. First, the authors should report throughout the Discussion section the main limitations of the present manuscript. Finally, throughout the Discussion section, the authors stated that fewer offenders received injectable psychotropic drugs during hospitalization for assessment in the 2013 data compared to those in the 2007 data and suggested that recent offenders may be more adequately treated with oral medication and did not need injections. Here, considering that most of the offenders were diagnosed with schizophrenia, in my opinion it's important that the authors may also refer to the importance of long-term efficacy of long-acting injectable compounds in order to increase treatment adherence in chronic psychotic patients. To clarify this point, I suggest to cite and discuss the prospective open study of Girardi et al. *Pharmacopsychiatry* (2010), in which risperidone long-acting resulted as an effective and well-tolerated treatment-option for chronically psychotic patients during the 18 months of follow-up.

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

- paper in a specialized area of psychiatry - report and findings from mental health legislations in Japan
 - based on clinical observations - offers suggestions for structural problems