

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

(This paper received three reviews from its previous journal but only two reviewers agreed to published their review.)

ARTICLE DETAILS

TITLE (PROVISIONAL)	The psychological and psychosocial interventions offered to forensic mental health in-patients: a systematic review
AUTHORS	MacInnes, Douglas; Masino, Serena

VERSION 1 – REVIEW

REVIEWER	Emma Motrico Universidad Loyola Andalucia, Spain.
REVIEW RETURNED	08-Jun-2018

GENERAL COMMENTS	Thank-you for inviting me to review this systematic review "The psychological and psychosocial interventions offered to forensic mental health in-patients: a systematic review". Comments: 1. PRISMA checklist was provided and followed 2. The authors should justify the focus of the review was to examine only psychological or psychosocial interventions. They found psychoeducational interventions. 3. The searched should be update until June 2018. 4. The authors should provide the degree of agreement between the reviewers. 5. In Figure 1, the authors should provide the "records reviewed by title and abstract".
-------------------------	--

REVIEWER	Dr. Domenico Giacco East London NHS Foundation Trust, Queen Mary University of London, United Kingdom
REVIEW RETURNED	20-Jun-2018

GENERAL COMMENTS	This is a well conducted review of psychological and psychosocial interventions for forensic mental health patients. My suggestions for improvement/clarifications are as follows: • The abstract should provide at least a line on the findings on the interventions and their effects. For example on page 15 the authors write that "this review suggests that psychoeducational and psychosocial interventions did not reduce violence/risk in this group of patients though there is some tentative support for the view that the interventions may improve mental health symptoms". I believe this is a preliminary conclusion based on the current (very
-------------------------	---

	<p>preliminary) evidence and can be of interest for the reader. Then the authors can say that the evidence is not enough to draw definite conclusions.</p> <ul style="list-style-type: none"> • Page 5: What do you mean by “Psychosocial or psychosocial interventions”? Is the first “psychosocial” a typo for “psychological”? It appears to be so, but it is important to rectify as it is in a key point of the methods section • Page 5: Please give a reason why you have limited the inclusion to the ten stated outcomes. • The discussion seems to focus predominantly on implications for future research. Is there any clinical implication for the evidence found? And how the classification of the tested interventions and of their effects can inspire or inform the development of further, more effective (and better tested) interventions?
--	--

REVIEWER	Vicente Tort Herrando Penitentiary Psychiatry Dpt Parc Sanitari Sant Joan de Deu Sant Boi de Llobregat (Barcelona) Spain
REVIEW RETURNED	22-Jun-2018

GENERAL COMMENTS	<p>Reference search only in English , left some french and german-written articles (Canada,Germany ;Austria , etc) outside of the references Study design was describe as a meta-analysis and results were presented from a navarrative point of view.</p>
-------------------------	--

VERSION 1 – AUTHOR RESPONSE

Comments	Response
Reviewer: 1 Reviewer Name: Emma Motrico	
The authors should justify the focus of the review was to examine only psychological or psychosocial interventions. They found psychoeducational interventions.	We have now clarified our definition of the terms psychological and psychosocial interventions on pg 4. Psychoeducational strategies are included within our definition.
The searched should be update until June 2018.	Thanks for pointing this out. The search has now been updated to 31 May 2018 and, as noted above, this added a further 2620 hits with two further papers added to the review.
The authors should provide the degree of agreement between the reviewers.	We have included a sentence on page 5. <i>“There was an average of 1-2 domain ratings per study where there was an initial disagreement. In all cases, the reviewers discussed and agreed the ratings without involving a third party reviewer”.</i>
In Figure 1, the authors should provide the “records reviewed by title and abstract”.	Thanks for raising this point. Unfortunately, we have not kept records of the number that were reviewed by title and abstract. While we

	cannot be more precise, out of over 31,000 hits, approximately half the results were reviewed by the abstract in addition to the title.
Reviewer: 2 Reviewer Name: Dr. Domenico Giacco	
The abstract should provide at least a line on the findings on the interventions and their effects. For example on page 15 the authors write that “this review suggests that psychoeducational and psychosocial interventions did not reduce violence/risk in this group of patients though there is some tentative support for the view that the interventions may improve mental health symptoms”. I believe this is a preliminary conclusion based on the current (very preliminary) evidence and can be of interest for the reader. Then the authors can say that the evidence is not enough to draw definite conclusions.	We have added “ <i>This review suggests psychoeducational and psychosocial interventions did not reduce violence/risk but there is tentative support they may improve symptoms</i> ”, to the abstract.
Page 5: What do you mean by “Psychosocial or psychosocial interventions”? Is the first “psychosocial” a typo for “psychological”? It appears to be so, but it is important to rectify as it is in a key point of the methods section	Thanks for pointing this out: it is indeed “psychological” and it has now been corrected
Page 5: Please give a reason why you have limited the inclusion to the ten stated outcomes.	We have added in the methods section on pg 4: “ <i>The outcomes were based on the rated importance of outcome domains for forensic mental health research and the suitability of assessing these outcomes in forensic in-patient settings</i> ”.
The discussion seems to focus predominantly on implications for future research. Is there any clinical implication for the evidence found? And how the classification of the tested interventions and of their effects can inspire or inform the development of further, more effective (and better tested) interventions?	We have noted on pg16 “ <i>Table Three gives some indication of areas where particular interventions may have a positive benefit though, with the lack of significant differences recorded, these findings need to be treated with caution. In general, psychoeducational approaches reported improvements in recovery and symptom outcomes and poorer findings for quality of life outcomes. The CBT interventions noted improved findings for absconding and symptoms outcomes though the impact on violence/risk was more equivocal. A similar finding is noted in relation to the SFT intervention with an equal amount of better and worse outcomes recorded for measures of violence/risk. The DBT intervention show promising results for reducing violence/risk while the SFBT</i>

	<p><i>approach reported improved quality of life, therapeutic relationships and reduced disturbed behaviour”.</i></p> <p>We have also added to the conclusion:</p> <p><i>“These interventions may have the potential to improve some outcomes, particularly symptoms, using CBT or psychoeducational approaches. The individual DBT and SFBT studies also report promising results”.</i></p> <p>The last paragraph of our conclusions detailed some of the implication this review has for future interventions. We have added to that to make the implications more clear and explicit. The paragraph now reads as follows:</p> <p><i>“The studies’ low risk of bias assessments supports the view that good quality RCTs are able to be undertaken to evaluate the effectiveness of these interventions. If more RCTs are undertaken, the evidence base will become clearer. As highlighted in our analysis, the existing evidence base is too diverse for it to be reliable. A key priority for the future is that efforts are placed in devising a standardised framework of reference for study protocols. More specifically, future trials would benefit from: a larger sample size, ensuring participants are representative of the overall forensic in-patient population, using standardised outcomes and clearly detailing control group interventions that are similar in treatment intensity to the intervention. Further work would also be helpful to look at ways of addressing problems concerning rates of recruitment and attrition”.</i></p>
<p>Reviewer: 3 Reviewer Name: Vicente Tort Herrando</p>	
<p>Reference search only in English , left some french and german-written articles (Canada,Germany ;Austria , etc) outside of the references</p>	<p>We have acknowledged in the limitations section on pg18 that <i>“The review excluded non-English language publications which may have led to some relevant research not being included in the review”.</i></p>

<p>Study design was describe as a meta-analysis and results were presented from a navarrative point of view</p>	<p>We were unable to undertake a meta-analysis due to the heterogeneity of the studies.</p> <p>This is noted in the abstract. <i>“The heterogeneity of the identified studies meant that meta-analysis was inappropriate”.</i></p> <p>We have stated on page 6 that <i>“Meta-analysis was initially planned but was considered inappropriate because of the heterogeneity of the identified studies due to: the different characteristics of the participant in-patient populations, the different types of approach used by the intervention and control groups, and the different outcome measures being used. We therefore present the results in table form together with a narrative synthesis”.</i></p> <p>We also note in the Main Findings section on pg 16 that <i>“The studies were heterogeneous resulting in a narrative review of the main findings”.</i></p>
---	--

VERSION 2 – REVIEW

REVIEWER	EMMA MOTRICO Universidad Loyola Andalucia, Sevilla, Spain.
REVIEW RETURNED	23-Aug-2018
GENERAL COMMENTS	All comments have been addressed.
REVIEWER	Domenico Giacco East London NHS Foundation Trust - Queen Mary University of London - United Kingdom
REVIEW RETURNED	26-Aug-2018
GENERAL COMMENTS	I am happy with the revisions made
REVIEWER	Vicente Tort-Herrando Parc Sanitari Sant Joan de Deu Sant Boid e Llobregat (Barcelona) Spain
REVIEW RETURNED	01-Sep-2018
GENERAL COMMENTS	The reviewer completed the checklist but made no further comments.