

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Factors associated with perceived coercion in adults receiving psychiatric care: a scoping review protocol
AUTHORS	Lessard-Deschênes, Clara; Goulet, Marie-Hélène; Pariseau-Legault, Pierre Pariseau-Legault

VERSION 1 – REVIEW

REVIEWER	Sashidharan, Sashi University of Glasgow Institute of Health and Wellbeing, Institute of Health & Wellbeing
REVIEW RETURNED	11-Jul-2022

GENERAL COMMENTS	<p>This is a protocol for a scoping review. The topic is important and the review will fill a gap in the existing literature.</p> <p>The following issues need addressing:</p> <p>(i) No rationale is given for confining the review to publications in English and French. The topic is of global importance and there is huge international variation in the rates of compulsion in mental health care. In Europe, for example, the lowest rates for involuntary admissions are in non-English / non-French speaking countries (Italy and Portugal) and the highest rates, similarly, are in non-English / non-French speaking countries. Japan, probably, has the highest recorded rates of compulsory admissions. The authors must state how they intend to address any bias that may be introduced as a result of limiting their review to English and French. This is a problem with reviews in general - see, for example: https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-018-0786-6</p> <p>(ii) It is not clear why forensic mental health care is excluded from the review. I believe that this is likely to bias the findings. The authors may have very good reasons for excluding forensic mental health from the scope of this review in which case they should set these out.</p> <p>(iii) Strongly recommend that people with lived experience are involved from a very early stage in this work and not just in reviewing the results. In particular, people with LE should be consulted before finalising the search terms.</p>
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REVIEWER	O'Callaghan, Aoife Trinity College Dublin, Psychiatry
REVIEW RETURNED	12-Jul-2022

GENERAL COMMENTS	<p>Introduction</p> <ul style="list-style-type: none">•The authors are aiming to establish a scoping review protocol to assess factors associated with perceived coercion in adults receiving psychiatric care. This is an essential and timely piece of research and I note the thorough and appropriate study design, and inclusion of grey literature.
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	<p>Major Comments</p> <ul style="list-style-type: none"> •I note thorough methodology chosen and detailed by the authors. It may be useful to further outline why these methods were chosen in further details. Some further specific comments to provide more specific detail would enhance this paper. •Page 2 Line 19 of Abstract, “no literature reviews have focused on this precise subject” and Page 3 Line 14-16, “This will be the first scoping review presenting the association between perceived coercion in psychiatry and different factors (human, organizational, etc.)”. I am aware of a number of literature reviews in this area, it may be worth referencing these papers even if they have not specifically focussed on this area. •Page 5 Line 16, “all mental illnesses will be included”. Is this Axis 1 mental illness? Information on how mental illnesses are categorised should be included. •Page 5 Line 19, “While no upper age limit will be applied, literature focusing specifically on gerontopsychiatry will be excluded, as will the one on forensic psychiatry considering the particularities associated with these subspecialties”. Were other subspecialties such as intellectual disability, rehabilitation, eating disorders, perinatal included or disincluded? Include reference to same. •“Concept” Page 5 Line 27. Further detail required on why/how factors were chosen would be helpful as noted above. •Do the authors envisage any further limitations than those listed on Page 3? There are a number of further predictable limitations worth mentioning that exist in such a study design (e.g. over/underinclusive search terms, variance between authors etc). <p>Minor Comments</p> <ul style="list-style-type: none"> •Abstract Methods and analysis Page 2 Line 39, “their association to perceived coercion by adults (18 and older) in psychiatry will be included”. Please specify inpatient or outpatient settings or both. •Page 3 Line 21, “The target population, including adults...” should read including not only adults. •Introduction Page 3 Line 43 should read, “While coercion can be broadly defined as using pressures to make a person act according to another person or organization’s wishes...” •Page 4 Line 31, “The following research questions will be asked:”, I note that only one question follows this so this statement should be altered to reflect this. <p>Conclusions</p> <ul style="list-style-type: none"> •This is an important paper and I hope to have an opportunity to read the subsequent review described by this protocol, which will add significant value to this area of research. On the strength of this I recommend publication of this article following the minor amendments noted above.
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VERSION 1 – AUTHOR RESPONSE

August 18th, 2022

Dear Dr Fuentes Perez,

We would like to thank you and the reviewers for the constructive comments that allowed us to significantly improve the manuscript. Please find below our responses to the comments; the changes made within the text are in red font.

Reviewers' Comments	Authors' answers
Reviewer 1 - Dr. Sashi Sashidharan	
1) No rationale is given for confining the review to publications in English and French. The topic is of global importance and there is huge international variation in the rates of compulsion in mental health care. In Europe, for example, the lowest rates for involuntary admissions are in non-English / non-French speaking countries (Italy and Portugal) and the highest rates, similarly, are in non-English / non-French speaking countries. Japan, probably, has the highest recorded rates of compulsory admissions. The authors must state how they intend to address any bias that may be introduced as a result of limiting their review to English and French. This is a problem with reviews in general	The restriction to French and English literature was due to the authors' ability to understand and evaluate the quality of the literature reviewed in a timely manner. Upon discussion, we have decided to not use language restrictions during the searching stage, but will restrict the study selection to French and English. In doing so, the excluded studies will be listed and may be consulted by the readers or future reviewers interested in this very topic ¹ .
2) It is not clear why forensic mental health care is excluded from the review. I believe that this is likely to bias the findings. The authors may have very good reasons for excluding forensic mental health from the scope of this review in which case they should set these out.	We thank the reviewer for this comment. After reflection, we have decided to include this population in our review. The appropriate changes have been made to the manuscript.
3) Strongly recommend that people with lived experience are involved from a very early stage in this work and not just in reviewing the results. In particular, people with LE should be consulted before finalising the search terms.	Thank you for this very relevant comment. This protocol was initially developed in a PhD class, which is why a person with lived experience could not be involved in the initial stages of this project. Considering this, and in order not to fall into tokenism, we have decided to not involve a person with lived experience in this particular project. This scoping review will guide the development of a larger clinical research project, in which a person with lived experience will be involved in every stage of the project as a co-researcher.
Reviewer 2 - Dr. Aoife O'Callaghan	
4) I note thorough methodology chosen and detailed by the authors. It may be useful to further outline why these methods were chosen in further details. Some further specific comments to provide more specific detail would enhance this paper.	Further specification was added (under "methods and analysis") to explain why the authors chose this methodology.

<p>5) Page 2 Line 19 of Abstract, “no literature reviews have focused on this precise subject” and Page 3 Line 14-16, “This will be the first scoping review presenting the association between perceived coercion in psychiatry and different factors (human, organizational, etc.)”. I am aware of a number of literature reviews in this area, it may be worth referencing these papers even if they have not specifically focussed on this area.</p>	<p>We thank the reviewer for this comment. We have referenced other reviews that have explored perceived coercion in the “introduction” section and have adjusted the “abstract” section accordingly.</p>
<p>6) Page 5 Line 16, “all mental illnesses will be included”. Is this Axis 1 mental illness? Information on how mental illnesses are categorised should be included.</p>	<p>The target population includes persons (adults) who have or are receiving psychiatric care, regardless of their diagnosis. For the studies that explore the association between perceived coercion and the person’s diagnosis, the diagnosis will be taken into account during the data extraction and analysis phases of the review and will be reported according to the way that is was originally mentioned in the literature. If needed, the DSM-5-TR categorization of mental illnesses will be used (which no longer uses multiaxial diagnosis) to present the results.</p> <p>We have adjusted the “participants” section to increase clarity. We believe that the changes made to the inclusion criteria will also provide more specifications.</p>
<p>7) Page 5 Line 19, “While no upper age limit will be applied, literature focusing specifically on gerontopsychiatry will be excluded, as will the one on forensic psychiatry considering the particularities associated with these subspecialties”. Were other subspecialties such as intellectual disability, rehabilitation, eating disorders, perinatal included or disincluded? Include reference to same.</p>	<p>Changes have been made to clarify the inclusion criteria.</p>
<p>8) “Concept” Page 5 Line 27. Further detail required on why/how factors were chosen would be helpful as noted above.</p>	<p>The exact factors have not been chosen, as we expect them to emerge from the data during analysis.</p> <p>A sentence has been added to this effect for greater clarity.</p>
<p>9) Do the authors envisage any further limitations than those listed on Page 3? There are a number of further predictable limitations worth mentioning that exist in such a study design (e.g. over/underinclusive search terms, variance between authors etc).</p>	<p>Many limitations are implicitly associated with the scoping review methodology (e.g., variance between authors). We have listed the main limitations that we anticipate for our specific review.</p>

	Changes were made to the “strengths and limitations” section.
10) Abstract Methods and analysis Page 2 Line 39, “their association to perceived coercion by adults (18 and older) in psychiatry will be included”. Please specify inpatient or outpatient settings or both.	Specifications on the included care settings have been added to the abstract.
11) Page 3 Line 21, “The target population, including adults...” should read including not only adults.	The change has been made.
12) Introduction Page 3 Line 43 should read, “While coercion can be broadly defined as using pressures to make a person act according to another person or organization’s wishes...”	The change has been made.
13) Page 4 Line 31, “The following research questions will be asked:”, I note that only one question follows this so this statement should be altered to reflect this.	The statement was adjusted.
Editorial requests	
14) Please revise the ‘Strengths and limitations of this study’ section of your manuscript (after the abstract). This section should contain up to five short bullet points, no longer than one sentence each, that relate specifically to the methods. The novelty, aims, results or expected impact of the study should not be summarised here.	The “Strengths and limitations of this study” section has been revised to relate only to the method of the review.
15) As per our submission guidelines, please include the registration details as a final section after the abstract.	A “systematic review registration” section was added after the abstract.

16) Please include the study search dates in your abstract and methods section.	The initial, exploratory search was conducted in September 2021. Since the source of evidence selection is planned to begin in September 2022, the search dates will be updated at this point. The changes have been made in the abstract and methods section.
17) Please include, as a supplementary file, the precise, full search strategy (or strategies) for all databases, registers and websites, including any filters and limits used.	The full search strategy was included as a supplementary file and referenced in the manuscript.
18) Please include the planned start and end dates for the study in the methods section.	Planned start and end dates have been added.
19) Please remove the possible clinical implications from ethics and dissemination sections (both after the abstract and in the main text)	The clinical implications have been removed from both sections.
20) Please describe for the readers' benefit, the current status of this study.	A description of the status of the study has been added in the "methods and analysis" section.

1. Pieper D, Puljak L. Language restrictions in systematic reviews should not be imposed in the search strategy but in the eligibility criteria if necessary. *Journal of Clinical Epidemiology* 2021;132:146-47. doi: <https://doi.org/10.1016/j.jclinepi.2020.12.027>

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VERSION 2 – REVIEW

REVIEWER	Sashidharan, Sashi University of Glasgow Institute of Health and Wellbeing, Institute of Health & Wellbeing
REVIEW RETURNED	03-Sep-2022

GENERAL COMMENTS	I am satisfied the authors have addressed the reviewers' comments and made the necessary changes in this revised version.
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REVIEWER	O'Callaghan, Aoife Trinity College Dublin, Psychiatry
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REVIEW RETURNED	16-Sep-2022
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GENERAL COMMENTS	The authors have incorporated all suggested changes from previous review and I am satisfied that this paper is suitable for publication in its current form.
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