Reviewer’s report

Title: Adolescent self-harm and suicidal thoughts in the ALSPAC cohort: a self-report survey in England

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Reviewer: Paul Yip

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The paper adds to the growing body of knowledge in the suicide risk factors among those who have self-harm behaviors. It particularly addressed the missing data and potential biased results by using a data imputation method. Nevertheless, a number of methodological limitations have to be noted:

Abstract

The lines 3-5 of the results paragraph (i.e. “Among those who had self-harmed and wanted to die, 90.4% had ever had suicidal thoughts, compared to 37.6% of those who had self-harmed but not wanted to die, and 7.8% of those who had never self-harmed (#2 =102.3, p<0.001)” need to be reworded for clarity.

Method

1) Line 7 of paragraph 1: “focussed” – typo error, please correct.

2) The sample for this study appears to be only part of the sample of the ALSPAC cohort. The authors need to explain why this is the case and possible biases that could have been introduced because of this selection.

3) Second paragraph line 3-4: did the screening question for self-harm include a list of possible methods that could have been adopted? Or were only 2 examples of it given to the participants? If a method was not mentioned, the participant may not have recalled but used it in the past, do the authors take this as a limitation?

4) Second paragraph of the methods section subtitled ‘Outcome measures’ does not explain the questions that were asked in the survey in a comprehensive manner. For example, there is no mention here of the wording of questions about presence of suicidal intent in the last self-harm episode or about treatment being sought in the last self harm episode. Yet these figures are reported in results.

5) The question of self harm listed in page 5 concerns the lifetime experience of self harm. The discussion part argued that the prevalence is higher than that reported by Hawton (2002), in which the results actually referred to a past-year prevalence. Please make sure the current findings are comparable to the prevalence of other studies, especially among those you cited in the section “Relevance to wider literature”.
6) By the way, did the questionnaire contain items about past-year self-harm behaviors? It would be better to have results of past-year self-harm behavior.

7) In page 7, variables including home overcrowding and financial problems were used to assist the modeling and missing data imputation. Any evidences from existing literatures to support the association between these variables and self harm? What is the rationale to include these variables? A number of variables (e.g. mother’s social class) is related to self harm experience. Did you include them for the imputation process?

8) According to statistical method in page 7, only univariate logistic regression is conducted in table 2. Can you also include the results from multivariate analysis to interpret any confounding relationships between some predictive factors?

9) For the four figures, can you include any statistical test results to support the associations?

10) Multiplicity of methods used for self-harm among those engaging in NSSI has recently been shown to have a relation with suicide attempts. The authors only asked about the method used in the last episode of self-harm. This is a limitation of the study that needs mention.

11) Was any protocol observed for a participant who reported depression or self-harm episodes in the past, especially those who has the intention to die? Was any information on resources to contact given to the participants?

12) Why was imputation done for participants who had already dropped out of the study before the postal survey sent at age 16? Could the use of auxiliary variables not have introduced a bias greater than the selection bias resulting from omission of the drop-outs from analysis? Moreover, how were these auxiliary variables selected?

Results

13) Can the authors provide use with some information on amount of missing data for each key variable of the study?

14) Can the expression “ever wanted to die” be replaced by “lifetime prevalence of death wishes”?

15) In table 5, among the 229 self-harmers wanted to die, it is sensible that 100% of them has thought of killing self. Can you explain why some of them (about 10%) had no thought of dying? Also, about half of them had no plans to kill, but they do want to die in the self harm behavior. It confused readers to understand.

Discussion

16) First para Line 5: “Poor mental health…..non-suicidal self-harm”. What do the authors mean by poor mental health? Which variable was this? Also the sentence needs to be clearer.
17) Can the expression “ever thought” be replaced by “lifetime prevalence of”?

18) Although the authors have grouped participants into self-harm with and without desire to die, there is high degree of overlap as the measures used were not accurate enough. For example, a person who has harmed himself 10 times or more may have done it only once with the intention to die but is still grouped under self-harm with desire to die. They need to discuss this.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.