Reviewer’s report

Title: Social Support and Social Network of People with Self-Harm: A Case-control Study

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Reviewer: Sarah E Knowles

Reviewer’s report:

The authors present a case control study examining social isolation and self harm, employing an interesting measure of social isolation. Although the study could make a valuable contribution to our understanding of social risk factors for self harm, I think that more consideration of confounding factors is necessary, as is recognition of the limitations of cross sectional data. The authors could also elaborate on the cross cultural aspect of the study and perhaps relate the findings more explicitly to theoretical models. Suggestions below are to improve the manuscript.

Major compulsory revisions:

The authors raise in the introduction a very interesting cultural comparison – whether social support is more important regarding suicide in non-western cultures. However no comparison data between cultural groups is offered and the authors do not return to this issue. Could the authors elaborate on this question, which has interesting implications for the important of social support and also for the need for culturally specific risk prevention?

In terms of interpretation from the data, the authors conclude “It is likely that active and regular social contact makes a person free from self-harm behavior.” I think this is over reaching from the data, in particular I don’t think that sufficient consideration is given to the directionality of these effects (does self harming lead to people isolating themselves) or the possibility that they are correlates but not causally linked. I also think some consideration of the possibility that mental health status would account for the differences is necessary – there is no evidence provided that social isolation is specific to self harm – this at least needs to be considered in the limitations section. For example, in choosing the controls, the authors note they excluded patients with a psychiatric history, but this could risk the findings relating only to psychiatric populations (as we would assume the participants who self harm would qualify for psychiatric treatment) rather than relating to self harm specifically – was a psychiatric, non self harming control group considered? (Further to this, could the authors justify their choice of family medicine outpatients – would a comparison of A&E attendees who attended for different reasons have been better?)

The study is atheoretical. How might these findings on social support relate to recent theories of self harm?
In the discussion, the authors refer to several ‘reasons for social isolation’ such as unemployment and major life events – were these factors examined in the study? Could social isolation be a mediating factor leading to their impact on self harm? I think defining more specifically how the authors think social factors impact on self harm would help to identify what further data is necessary and draw out whether the conclusions are supported by the correlational data.

Finally, the introduction mixes references to suicide and DSH. The authors need to be clear which they are investigating, and if they are arguing that investigating DSH has implications for reduction of suicide, this point needs to be made explicitly and with references (the majority of people who engage in DSH do NOT attempt suicide, though the risk is higher, and it has been debated in the literature whether they can be viewed as the same population or not.) These points would be helped by providing a clear definition of the terms as used in the manuscript. A focus on attempted suicide would more clearly link to suicide prevention but the authors state ‘cases’ were defined regardless of suicidal intention. I think these definitions could therefore be clarified to make the objectives and population clearer. For example, the first sentence says that deliberate self harm has a risk of ‘fatal repetition’ but this confuses the terms (deliberate self harm is by definition without fatal intent). Should this say ‘is linked to risk of completed suicide’? A second example is the sentence “The degree and aspect of social risk factors related to completed suicide may not be the same as those of DSH. Studying social attributes among people who have harmed themselves is important for early prevention of suicidal behaviour.” If the risk factors for suicide are different from those of self harm, then studying factors prevalent among people who self harm does not necessarily lead to prevention of suicide. Clarifying this will make it clearer to the reader where the study sits in terms of suicide reduction.

Minor essential revisions:
It could be clearer throughout the manuscript which specific social factors authors are referring to – sometimes the authors refer to specific component subscales, other times they refer to the generic measure, and other times use the umbrella term ‘social factors’ – given the multitude of measures this gets somewhat confusing, so being consistent with which terms are used, or referring back to the specific measure or subscale referred to would be useful.

Methods section:
The definition of a ‘case’ is taken from Hawton’s work on English students – is this appropriate to use for a non-western population? Could the authors reference studies with Taiwanese participants that have validated this definition?
Measurements, paragraph 1: could the authors justify the change in the measure from asking about 2-4 close persons to asking about 1?
Main findings – could the authors account for why their finding contrasts with other studies?
The authors state several times that ‘more evidence is needed for firm conclusions’ – could this be elaborated on – what future studies are necessary to provide firmer evidence?

Discretionary revisions:
The statement “the above-mentioned factors are among those that need to be considered for intervention in order to gain protection for vulnerable people from harming” is very broad, and it is also unclear how factors such as “ageing” and “societal position” can benefit from intervention. I think the findings might more clearly relate to identifying those at risk (being aware that more socially isolated people may have higher risk) and focusing on identification may be preferable to a focus on prevention.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests'