Reviewer's report

**Title:** Clinical characteristics in schizophrenia spectrum disorder patients with or without suicide attempts and non-suicidal self-harm - a cross-sectional study

**Version:** 1  **Date:** 23 April 2013

**Reviewer:** Christopher Gale

**Reviewer's report:**

In general, this is a very well written paper that is dealing with an important issue. The data is taken from a survey and at present is descriptive and describing correlations only, but in doing this the authors have suggested a classification, methods of measurement, and a risk group that would allow further research. Given the controversy as to the meaning of "Suicidality" (which all too often is a proxy measure taken from the PANNS) this paper is also timely.

The statistical approach is appropriately conservative and reasonable with one exception, noted below.

I have very few suggestions, only one of which is major.

**Major Compulsory Revisions.**

1. I would redo the multinomial logistic regression analysis using NO self harm as the reference group. It appears that the authors used the Suicide attempt and deliberate self harm (NISSH) groups as the reference, and this makes the table difficult to interpret.

**Minor Essential Revisions.**

1. The authors are using a population with schizophrenia by the narrow, neo-Kraepililian definition. However the title uses the words schizophrenia spectrum which imply a broader group. I think adjusting the title to make it clear we are discussing people with Schizophrenia with a narrow definition would be wise.

**Discretionary Revisions.**

1. The authors, quite correctly, included the probe questions for self harm and suicide attempt. A sentence indicating if they were taken from the SCID or similar, and if these questions were semi-structured or part of a fully structured interview would help. (I have seen the response outcomes in both Structured interviews such as the CIDI and semi-structured such as the SCID).

2. In table 3 there is no significant difference between medication use between the three groups. The authors may want to comment on this.
3. I'm used to using the term deliberal self harm (DSH) in a very similar manner to the authors NISSH. The authors need to consider if these two terms are equicelent (DSH is not uncommon, and there is a literature on this.

4. In the discussion, the authors need to consider the most recent published papers relating to DSH and suicidality and recovery, suicide and schizophrenia. Most of these papers ahve similar designs to this, but htere are also some follow-up studies that may be of interest.

The followup study I found was:


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I have written papers in a parallet area.

I have been paid by Douglas Phamaceuticals for PK trials involving an antipsychotic.

I have no drug shares, I have not been on a speakers bureau for any pharmaceutical company for over five years, nor have I accepted monies for conferences for five years.