Reviewer’s report

Title: Measuring Engagement in Deliberate Self-Harm Behaviours: Psychometric Evaluation of Six Scales

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Reviewer: Paul L. Plener

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Review for BMC Psychiatry
Latimer et al.

Measuring engagement in Deliberate Self-Harm behaviours: psychometric evaluation of six scales

This paper deals with methodological issues of DSH research, namely measuring DSH through different scales and evaluating whether the six scales used, measure the same DSH construct. The authors examined a diverse sample (n=586) of university students, mental health patients and community members. More than half of the sample answered three questionnaires, 236 had to answer five questionnaires. This is an interesting paper which has its merit in the field of methodology. Although I acknowledge that the focus of this paper is clearly on scales and evaluation of DSH, I would strongly suggest to include more detailed results (such as prevalence of DSH, differences between groups,..). This paper is acceptable for publication after these minor essential revisions.

Introduction

The authors provide a comprehensive overview about the current discussion on nomenclatory issues. They may want to add, that at the moment there´s a proposed NSSI syndrome for inclusion in the upcoming DSM-5.

The authors argue, that the number of methods can provide a total score. I would appreciate if they could also include a short discussion about frequency of DSH as another factor for consideration, since it has been shown in several (latent class) analyses, that number of methods used - as well as frequency - seem to determine the severity of DSH.

Method

The authors state their criteria for selection and have clearly included some of the most widely used scales. Although I can understand that the Self Harm Behavior Questionnaire is missing, since it does not provide information about specific DSH methods, it seems strange not to include the Functional assessment of self-mutilation (FASM; Lloyd et al., 1997) which is one of the most widely used assessment instruments so far and psychometric properties are available (e.g. Nock & Prinstein, 2004). Please comment on why this scale was not included.
The authors include both scales that were meant to assess DSH concepts, and other clearly meant to assess NSSI. This should be mentioned. Furthermore it would be helpful if the assessment time frame (lifetime, one-month, six-month) for these behaviors were mentioned for each scale. Please provide age for all of the three subgroups. What was the percentage of participants of the three subgroups in Sample 1 and Sample 2?

How where community participant sand university students recruited? Did they receive any compensation?

Results:
What was the prevalence of NSSI or DSH?
What was the prevalence in the different subgroups?

Discussion:
It was reported in a systematic review by Muehlenkamp et al. (2012), that studies using only single items yield lower prevalence rates than those using multiple items to assess for DSH or NSSI. I’m interested if the authors found differences between scales to be attributable to the number of questions used?

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests