Reviewer's report

**Title:** Attitudes of clinical staff towards the causes and management of aggression in acute old age psychiatry inpatient units

**Version:** 3 **Date:** 7 August 2013

**Reviewer:** David Pulsford

**Reviewer's report:**

I note that this is a revision of a paper previously reviewed by others; my comments refer to the version before me.

**Major Compulsory Revisions:**

1. It isn't clear to me what the real focus of this paper is. This is because 'Attitudes' are not mentioned in the introduction other than to comment on the lack of research on staff attitudes in older adult settings. The introductory section considers conceptual models of aggression and the role of restraint and seclusion in its management (why not other management strategies?), but doesn't say where staff attitudes come into the equation. This also makes the discussion section hard to interpret: are the authors using their findings as evidence for the validity of the Frustration-Aggression model and for the value of the particular management strategies mentioned? If so, this is surely not valid, as these are just the views of a small sample of staff. The study is really about what those staff believe and the implications of their beliefs for how they look after older people in their care and I feel the paper should be reworked to reflect this more clearly.

2. The authors don't state whether the wards in which the study took place were for people with dementia or for other severe mental illnesses, or both. All older people with mental health needs are lumped together, but the issues for those with dementia are not necessarily the same as for those without. Staff may have different attitudes towards people with dementia and believe their aggression has different causes. Different explanatory models may be appropriate (e.g. the Needs-related dementia-compromised model). Management strategies may also vary - medication may be appropriate for someone acutely psychotic but not for a frightened person with dementia who is struggling to meet her needs and I can see little justification for seclusion with people with dementia. The authors should be more discriminating regarding these two groups and be clear about which is being referred to (and please don't label their issues as 'organic' and 'functional').

**Minor compulsory revisions:**

1. The explanation of the frustration-aggression model, if it is to be retained, should be more clearly stated. Also in the introduction, the authors state that the evidence for a link between pre-morbid personality and aggression is equivocal then give only examples that support such a link.
2. The authors state that they are using the most recent version of MAVAS, but the version I have uses a five-point Likert scale, not four points and the question on gender mix relates to staff gender, not patient gender. Can the authors please clarify the version they have used?

3. Can the authors please clarify the cut-off between an 'agreeing' mean score for a question and a 'disagreeing' one - is it 2.5?

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

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

**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