Author's response to reviews

Title: Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review

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Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review Michael King, Joanna Semlyen, Sharon See Tai See Tai, Helen Killaspy, David Osborn, Dmitri Popelyuk and Irwin Nazareth

Thank you for your email of 16th July concerning this paper. The reviewers' comments were helpful and we have revised the paper where we can. All rewording and additions are highlighted in red type in the revised version. However, the changes are as follows:

We have added a section on contribution of authors.

Reviewer Dorte Hechksher:

1. Parameters: we have added reasons in the Background for choosing these parameters as measures of mental health. In fact the whole Background has been revised and lengthened as detailed below.

2. Number of studies included: it is quite common in a systematic review that studies are limited to those which meet strict inclusion criteria. In fact, 25 studies was not unexpected given we sought epidemiological research of a particular type and excluded studies of clinical populations. We now comment on this in the Discussion (Page 12).

3. The sampling methods used were one of the criteria we used to rate quality of each study - thus sampling did indeed influence the quality of the data. We considered this was very important to report and believe it already comes out of the paper. It is referred to again under point 6 below.

4. Explanations for vulnerability of LB women for suicide and drug and alcohol dependence: in fact, we have no evidence that LB women (or LGB people) are
vulnerable to completed suicide as there were no quality studies to support this. Our evidence does not specify the nature of the risks. Although we discuss possible reasons for vulnerability to mental disorder in all LGB people in the Discussion and now more extensively in the Background, we need to be circumspect as our review was strictly limited to documenting whether or not there was an excess of mental health problems in LGB people. It will take other, prospective research to investigate the components of this vulnerability. Unfortunately prospective studies were infrequent among the 25 reviewed here and thus we cannot say much with certainty about the risk factors for mental disorder in LGB people. We have expanded the Discussion to emphasise this point (page 13).

5. Are our results comparable with other review articles? To our knowledge no other systematic reviews have been published.

6. Hidden population of LGB people: we agree with the reviewer and now highlight the lower than expected percentages of LGB people found in some of the population studies reviewed (see page 12). This indicates that there is a hidden LGB population that is missed by most research.

Reviewer Morton Hesse:

1. We have expanded the Background as recommended. We were trying to limit it as we were aware the paper was already very long.

2. Definition of sexual orientation: this is a complex issue that has a body of literature in its own right. We chose the most pragmatic definitions for this review, namely self identity and same sex attraction and behaviour, in order to fit with the commonest usage in the literature. What is most lacking in these definitions is attention to its stability over time and we return to this issue in additions to the Discussion (page 14).

3. Conceptual links between sexual orientation and psychopathology: we used the word “exposure” in the strict epidemiological sense without needing to imply a particular mechanism. As we say in our comments to Dorte Hechksher, we believe that we need to be circumspect here. It is tempting to speculate about these connections but perhaps that is better for other authors. In particular, we are wary of suggesting that being LGB is a coping strategy for being sexually traumatised in earlier life. We know of no evidence that suggests this is true and certainly our review does not address such a question. The possibility that homosexuality is caused by genetic or intrauterine factors, which thereby also disposes LGB people to psychopathology, has been addressed by other authors that we referenced. However, we now make clear that there is there is no evidence to suggest that homosexuality is itself a disorder that is thereby subject to a higher co-morbidity than in heterosexuals (page 13).

4. Future directions for research: we had briefly addressed future research in the Discussion but have now expanded this section (page 14).

5. Public health: we devote a new paragraph in the Discussion to the implications for public health and human rights (pages 13/14).

6. Abbreviations: we have explained the abbreviations earlier. Specifically we
have moved the paragraph explaining the abbreviations that was on page 8 to page 4