Reviewer's report

Title: The South London and Maudsley NHS Foundation Trust Biomedical Research Centre (SLAM BRC) Case Register: development and descriptive data

Version: 2 Date: 10 June 2009

Reviewer: Tom Trauer

Reviewer's report:

This paper reports the development of a large psychiatric case register and describes its potential for research. It will be of interest to those involved in service-based projects. It would benefit from attention to several points.

Major compulsory revision

1. The paper goes to some lengths to explain how patients' identities are hidden in the text reports. Are the identities of clinicians (including referrers) similarly protected? If someone wanted to do a study comparing the outcomes of patients treated by different psychiatrists, would the relevant data be extractable? That is, could one search on a provider's name?

Minor essential revisions

1. Page 6 makes reference to "the principle of 'consent or anonymise' ". I have never heard of that principle and I suspect many readers also. Is there a relevant reference? My understanding is that consent for research includes the freedom to withdraw for any reason without notice. How would identifiable information be handled if consent were withdrawn?

2. On pages 9 and 22, it is the Health of the Nation Outcome Scales, not Scale.

3. Page 13 – 14, Procedural issues. Is approval from the committee that oversees the use of the register additional to the institutional research approval that all research must obtain? Does this mean that a study that wanted to use the register would have to seek two approvals? What is the composition of the register committee, and is there a cost to using the register?

4. Page 14-15. The case register has the capacity for patients to opt out, but that has never happened. This is surprising given that many psychiatric patients are very sensitive about their personal information being held on a mental health database. That no-one has sought to opt out may have to do with the possibility not being well advertised, and the process being awkward. The authors should comment on this.

5. The ethnicity classifications in Table 4 appear to confuse country of birth with "ethnicity", which is usually determined by self-assignment. Presumably patients are assigned to only one ethnic group. It is potentially offensive that a patient classified as, for example, Caribbean, is by implication classified as not British. If
what is called "Ethnic group" is actually country of birth, this should be made clear. If not, the authors should explain how patients' ethnicities are determined.

6. Page 16, Table 5, diagnoses. What allowance made for comorbidities?

7. Page 20. What is "omics data resources"?

8. Some non-ASCII characters have crept into reference 9.

9. The register is promoted as a resource that will support research, but no studies that have used the register are reported. Have there been any?

Discretionary revisions

1. Page 9. The PJS "is a comprehensive record of all clinical information . . ." and examples are given. Does the PJS also incorporate imaging information?

2. Page 10 and Figure 2. I think most readers of a psychiatric journal will have little interest and understanding of the technicalities of database design and structure, and this material could be omitted with little loss to the overall story.

3. Table 3 makes reference to a "security protocol" but this is not mentioned in the text.

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.