Reviewer's report

Title: Suicide without utilization of psychiatric services

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Reviewer: Jerneja Sveticic

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General Comments

The authors present an interesting study that addresses an important issue of (mental and physical) health care provision to people with mental illnesses that die of suicide. The authors use standard methods employed in previous psychological autopsy studies. The design follows a widely acknowledged Andersen's behavioural model with an individual level focus in explaining health services use, and the findings carry significant practical implications for suicide prevention efforts.

The study makes an original and important contribution to available knowledge and I am happy to recommend publication of this article. However, there are some major and a few minor revisions required.

Major Compulsory Revisions

1. Title may lead the reader into thinking the study explored suicides in persons without any recognised mental health problems, when in fact all cases included in the study did receive (albeit retrogradely) psychiatric diagnoses. It would be worth conveying this message already in the title. The same applies for the last sentence of the Background in the Abstract.

2. In describing independent variables, authors state that 'predisposing variables' include socio-economic characteristics, yet they include employment status, income level and financial debts in the 'enabling variables'. Are they placed in this category because they are believed to facilitate access to health care services via individual's financial means? If so, this should be explained.

3. Why did authors group mental disorders into psychotic vs. non-psychotic categories? This needs to be explained.

4. The first paragraph of the Method (up to reference number 21) would be better placed at the end of the Background. The rest of this paragraph is suggested to be merged with the description of the sample (currently paragraph 2), which should also include the total number of cases included in the analysis (n=119) and the explanation why 2 cases were omitted.

5. In Statistical analysis (under Methods), it is unclear where the sample of 879 cases originated from. Do they represent the sample from the previous
publication using psychological autopsy data or are they the total number of suicides that occurred in 2003? Also, authors compare the included 121 cases with the total sample of 150 cases; however, I do not see much relevance of these comparisons, as the aim of the paper was not to compare the characteristics of suicide cases with mental disorders to those without such disorders.

6. In Results, page 7, 2nd paragraph, 4th sentence: The relevance of this information is unclear. Who made this diagnosis? What is the relevance of the time period in which the diagnosis was made? Why is not the same percentage presented for the ‘contact group’?

7. In Results, page 7, 2nd paragraph: Numbers and percentages of cases (both in ‘contact’ and ‘non-contact’ group that sought help with specific care providers do not add up. For example, in the non-contact group percentages are calculated against a total number of 63 cases, but in the first sentence the authors report of 67 cases in this group? I suggest re-structuring this paragraph so it reads more clearly and matches the results presented in Figure 1.

8. Figure 1 is in its current form very hard to decipher, and some numbers seem to be missing from it (e.g. number of cases that received help only from psychiatric service). It might also help if authors used more distinct colours for each circle and for marking cases that belong to ‘contact’ / ‘non-contact’ group.

9. In presenting Results, use of the term ‘emotional problems’ is badly chosen; a better word for it would be ‘mental health problems’. Same applies to ‘emotional treatment’.

10. The discussion could benefit from a more detailed discussion of the differences between evaluated and perceived need for receiving help in people with mental illnesses and those experiencing suicidal ideation. Authors may want to consider including findings a recent publication by Pagura et al. (2009)*.

11. First sentence of Discussion is unclear. What group are persons with mental illnesses being compared to?

12. In Discussion, page 9, authors cite results from an American community survey as a comparison of percentages of mentally ill people that have sought/received psychiatric care. Perhaps a more valid comparison could be made with results of some studies that employed the psychological autopsy approach and examined frequency of contacts with mental health care professionals in suicide victims, and if available, from Asian cultural background.

13. In Discussion, page 11, authors state that observed differences in enabling factors between ‘contact’ and ‘non-contact’ group may suggest either that the latter group had more enabling resources or had higher levels of problem solving competency, which often serves as a barrier to psychiatric services (references needed). This reads as circular reasoning, and authors are encouraged to re-phrase this conclusion.
14. In conclusions authors present several good suggestions for engaging people with psychiatric disorders in seeking appropriate help by mental health professionals, particularly in non-medical settings. However, I feel that the specific cultural factors, significant for Asian countries, are insufficiently included in the discussion (pertaining, for example, to the availability and affordability of psychiatric services and general population's preparedness to seek help for mental health problems).

Minor Essential Revisions


17. Page 10, 5th sentence in the 2nd paragraph: Please reference the studies that found similarities between the ‘contact’ and ‘non-contact’ group.

18. There are a few mistakes in the referencing styles used (e.g. some journal names are not abbreviated or do not have capital letters of all words in the title).

19. In Tables 1 and 2 results of Chi square statistics should be reported with degrees of freedom.

20. Columns in Tables are not aligned which makes it hard to read. Also, careful scrutiny of all cells in Tables is recommended as there are several missing brackets, some percentages are presented with no decimal number, etc. Omit the symbol <= after ‘p value’ from both Tables.

21. Note stating “According to the HK government, those who live in HK for more than 7 years are considered resident” should be placed below Table 1.


Level of interest: An article of importance in its field

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.