Reviewer's report

Title: Chain of care for patients who have attempted suicide: a follow-up study from Baerum, Norway.

Version: 1 Date: 4 November 2010

Reviewer: August G. Wang

Reviewer's report:

Review:
Chain of care for patients who have attempted suicide: a follow-up study from Bærum, Norway.

The authors have made a study about a very important subject, which is the possible impact of after care after attempted suicide. The Norwegian "Bærum model" has been operating for years, and offers some positive hope. It is therefore needed with studies about the possible impact. However, so far there have only been descriptive studies. It is therefore a bit disappointing that the present study is of historical prospective nature, comparing results for those accepting versus those refusing after care. The authors acknowledge the need for randomized controlled trials, but explain that this has not been possible in Norway yet.

Nevertheless, the study has some interesting points, and therefore is justitified, but can not answer whether this type of after care has some positive impact or not. The editor must decide, whether there is some place for this type of study.

Table 1 is a bit confusing, in fact it is 2 tables in one. The percentage calculated for variables in a horizontal way, could possible be more informative if calculated vertically for each of the two groups.

In the results, it is stated, that 52 % accepted the after care. This is a very low figure and should be more explained in Discussion. It seems especially low for a after care of this nature, where the initiative is from the staff. In this same context, we need some information about the statement saying that patients are contacted shortly after discharge. Is there information about how long time after?

Also we need information about the contacts, what was there form and how many were they? Was it mostly at the hospital, at home visits or otherwise? And was it a possibility for telephone contact?

The repetition rate is extremely low, and it will be almost impossible to bring it to a lower state, and even more difficult to calculate any real difference. We therefore need a description of the catchment procedure for the repetition figure. Where was this information about repetition obtained? And how was this information captured?
The diagnoses at emergency and medical departments used in these cases will possibly cover a broad range. What records were captured and how were the final procedure for decision of a new suicide attempt in this study? Was there any independent committee of evaluators about the repetitive events?

If the Editor is positive more principally for this type of study I will recommend revision as described.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that i have no competing interests.