Author's response to reviews

Title: A Systematic Review of Suicide Prevention Interventions targeting Indigenous peoples in Australia, United States, Canada and New Zealand.

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Author's response to reviews:

The Editorial Team
BMC Public Health

Dear Editorial Team,

Thank-you for the opportunity to resubmit the manuscript entitled ‘A systematic review of suicide prevention interventions targeting Indigenous peoples in Australia, United States, Canada and New Zealand,’ and respond to reviewers’ comments. Please find below responses to reviewers’ comments and suggestions.

Yours sincerely,

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Authors’ Responses to Reviewer 1

1.1 Discretionary

Abstract

1) I suggest removing most of the method section from the abstract, provide 2 line summary of actions leave detail to methods section

Response: The description of methods in the abstract has been reduced (Page 2, paragraph 2)

1.2. This paper identifies 4 previous reviews: They need to explain why a fifth review is required, what will this review add. (I suggest these 4 reviews are included in the introduction along with the explanation of what this review will add)
Response: The four reviews identified are cited and an explanation on what this review adds to these previous four reviews is provided in the Background section (Page 5, paragraph 2).

1.3. In Results (effectiveness of interventions) about 2/3 way through paragraph there is a line which states the multimedia achieved significant results ... although these were not significant Please explain or rewrite this to remove the contradiction

Response: The anomaly in the relevant section has been corrected (Page 14, paragraph 2)

1.4. in same paragraph indicated that intervention reduced 'some' suicidal behaviours (please describe briefly)

Response: The types of suicidal behaviours are now specified (Page 15, paragraph 1).

Discussion

1.5. The overall very poor rate of evaluation, and the few generally inadequate evaluations identified by this review, is an appalling state of affairs, the strength of the discussion needs to reflect this to a much greater extent.

Response: The implications of the lack of rigorous evaluations of suicide prevention interventions in Aboriginal and Torres Strait Islander communities is now more strongly reflected in the discussion. (See Page 15, paragraph 2; and Page 18)

1.6. Based on Australian Bureau of Statistics report there appears to have been an increase in ATSI suicide in the last decade, this suggest 1) drivers of ATSI suicides are increasing and/or 2) that intervention programs are failing ATSI peoples (I am happy to share these results with the authors) given this: it is critical that this paper clearly identifies the need to properly "research" not just evaluate intervention programs and that this point is crystal clear

Response: The importance of other types of quality research alongside intervention research is now acknowledged (Page 18, last sentence).

1.7. Minor Essential Revisions

need reference for PRISMA guidelines

Response: A reference for the PRISMA guidelines is now provided (Page 6, paragraph 2 and Page 23, Reference 29).
1.8. reference 28 assume it is Kirmayer (please check spelling)

Response: Spelling of Kirmayer has been corrected (Page 22, Reference 29)

Authors’ Responses to Reviewer 2

Major Compulsory Revisions:

2.1 Key methodological issue: Although mentioned as a limitation that the review may not have captured all relevant studies, not including the extremely common labels such as “First Nation*,” “Alaska Native*,” and “American Indian*” within the search terms is more than a footnote. The impact of excluding these terms is then magnified by restricting the database searches to only “key words.” For example, searching key words “suicide” and “American Indian” NOT “Native American” in PsycINFO alone returns 47 articles that would have been excluded. That’s comparable to the number of returns from “Native American” and “Suicide” (49). This suggests that they studies incorporated into this analysis could be roughly half on the extant literature.

Response: The reviewer appears to have the impression that the database searches were restricted to the string of keywords noted in the search strategy. This list, however, is not comprehensive as it only indicates search groups or concepts. In addition to keywords, the appropriate subject headings were also searched in each database. Both keywords (natural language) and subject headings (controlled vocabulary) were used to search the databases, but where possible, subject headings were used as they are more precise. All subject headings were exploded so that narrower terms were included. For example, the attached spread sheet titled ‘Search strategy worksheet’ shows that both the terms ‘alaska natives’ and ‘american indians’ were exploded in PsycINFO. While we acknowledge that ‘first nation*’ may not have been used in the search string, in all cases the specific subject heading for Indigenous people and the keyword “indigenous” were used in searching all databases, which should have captured references with ‘first nation’ in the title or abstract. (Please refer to Page 7, paragraph 1 for minor revisions clarifying the above point).

2.2 Key conceptual issue: Much of the commentary on suicide prevention interventions in indigenous communities could be equally applied to non-indigenous community prevention work in the same area. Thus, although it is clear that the results are specific to indigenous populations as they came from a limited segment of the literature, in your discussion it might help readers to acknowledge what trends observed parallel strengths/weaknesses in the wider suicide prevention literature and what stand out as particular to indigenous communities.
Response: Where appropriate and relevant, the key findings of this Indigenous-specific review are compared with those reported in reviews of suicide prevention strategies targeting the broader population (Page 16, paragraph 2; Page 17; paragraph 1 and 2).

2.3. Key conceptual issue: The discussion section dedicates a long paragraph to commenting on the existence of non-existence of an evidence-base for particular intervention strategies (e.g. gate-keeper training versus educational programs). This commentary is very important, but I think it needs to be qualified with regard to where certain evidence-bases come from. For example, if one form of intervention has a strong evidence-base for working with White Australians living in metropolitan centers, this may not be much better than another form of intervention that has a weaker evidence-base within aboriginal Australian communities. Emphasizing the importance of drawing from an evidence base is important, but qualifying that evidence can be more or less valuable depending upon where or with whom it was developed is also important.

Response: That the weight of the evidence for suicide prevention interventions comes from non-Indigenous populations is clarified on Page 17, paragraph 2 and Page 17 paragraphs 1 and 2. The importance of tailoring evidence-based strategies with Indigenous communities to optimise their acceptability and feasibility is acknowledged on Page 18, in recommendation 2.

2.4. Key conceptual issue: Lack of funding for community interventions, and community interventions for indigenous populations in particular, might also be important to touch on. The discussion section would really be bolstered if it at least introduced this issue, that decisions have to be made as to where to invest money in intervention work, and the lack of high quality intervention evaluations may be the result of an interaction between researcher priorities, the interests of indigenous communities they work with, and limitations set by funding agencies. Without discussing this as an interaction between multiple players, the discussion may leave readers with the impression that researchers working with these communities are simply incompetent. While this may be true in some cases, more often and more likely this is a product of how the interests of researchers, communities, and funding agencies intersect.

Response: Key factors likely to interact to impact upon the ability of researchers to undertake high quality intervention evaluations in Indigenous communities are now identified. (Page 15, paragraph 2 and Page 16, paragraph 2, last two
2.5. Additional conceptual issue: I would also suggest making two additional conceptual shifts. First, simply acknowledging that although suicide rates are elevated across the indigenous populations discussed, suicide is not a problem for many indigenous communities. Making explicit that some indigenous communities have no problems with suicide is important for avoiding potentially misleading and harmful overgeneralizations.

Response: The variability between regions and communities in rates and patterns of Indigenous suicide deaths is now explicitly acknowledged on Page 4, Paragraph 2.

2.6. Second, along the same line of acknowledging diversity, I would suggest reframing the link across indigenous communities at the bottom of page 5. What makes lessons learned from interventions with one indigenous population potentially insightful for work with another is less about similar histories or and degrees of disadvantage and more about current relationships with settler colonial societies. Thus, some important similarities exist in that they exist as formerly colonized peoples that receive a significant portion of their mental health services from members and institutions of their settler colonial society, and this leads additional similarities in their relationships to the research process and mental health interventions (e.g., they often prefer participatory action research). This shift might help to avoid homogenizing important differences between communities and populations (e.g., experiences with colonialism, histories of working with research collaborators, current relationships with settler colonial government, degree of cultural vibrancy, etc.).

Response: The relevant section on Page 6, Paragraph 1 has been revised in line with the above suggestion.

Minor Essential Revisions

2.7. Additional methodological issue: It would be helpful to get a better sense of the types of articles being eliminated at each stage of winnowing down the large search return to only nine interventions. Just brief characterizations.

Response: The types of articles excluded in Step 1 are already characterised on Page 7, last paragraph and 8, paragraph 1. The types of articles excluded in Step 2 are now briefly characterised on Page 8, paragraph 2. They types of
intervention articles excluded in Step 3 are now briefly characterised on Page 8, paragraph 3.

2.8. Quality of written English: Needs some language corrections before being published
Response: Manuscript has been proof read for language corrections.

Authors’ Responses to Reviewer 3

Response: A reference for the PRISMA guidelines is now provided (Page 6, paragraph 2 and Page 23, Reference 29).

3.2. Page 8: Step 2: Classification of studies – It stages that step 2 resulted in ‘38 intervention studies for further examination’. It is unclear as to whether those 38 comprised the n=38 from(i) Intervention studies’ earlier described in that paragraph, or comprised some of those 38 and some of the n=4 from (ii) Reviews.
Response: The relevant section has been revised for improved clarity (Page 8, paragraph 2).

3.3. It seems strangely coincidental that Step 2 (i) resulted in n=38, and Step 3 also resulted in n=38!! It is suggested therefore that how the 38 in Step 3 are comprised should be spelled out better.
Response: Step 2 identified 38 intervention publications. In Step 3, the journal articles of these 38 publications were obtained and examined to identify studies that evaluated an intervention. Step 3 identified 9 intervention evaluations. This point has been clarified (Page 8, paragraph 3).

3.4. Also in Step 3: Identification of intervention evaluations – currently it reads ‘The journal article of intervention studies ....’. Should this say, ‘The full texts of journal articles meeting step 2 were examined ....'?
Response: ‘The journal article of intervention studies’ is correct. That these included those identified in Step 2 is clarified on Page 8, paragraph 3.

3.5. The last sentence of Step 3 states, “Step 3 identified 9 intervention evaluations
for methodological review [32-41]. Counting the numbers 32 to 41 inclusively would suggest that 10 studies met the criteria. This is again suggested on page 10 in the first sentence under the sub-heading Intervention Strategies, where references are included: ie, [37, 38, 40, 41]; [33-36]; [32, 39]. My guess is that a tenth article was found to meet the criteria, but previous iterations had found only nine, but this arithmetical adjustment was not made throughout the whole manuscript.

Response: Two publications (now references 35 and 36) reported outcomes for the same suicide prevention intervention. The main publication (reference 35) reported short term outcomes and the follow-up publication (reference 36) outcomes at two-year follow-up. This point has now been clarified on Page 8, paragraph 3).

3.6. Page 11: sub-heading Education. This paragraph reports on four studies, whereas the introductory sentence on page 10 (as indicated in my preceding sentence) references only two studies. This inconsistency should be remedied.

Response: Two publications employed an education strategy as a main component and two employed it as a minor component. This point is clarified on Page 12, paragraph 1.

3.7. Page 14: Heading, Effectiveness of Intervention. This sentence begins, ‘Due to methodological deficiencies …’. I wonder whether a better word would be ‘differences’ rather than ‘deficiencies’ as deficiencies seems more value-laden, and we are not made aware through the literature review of any of the limitations or constraints that were placed on the studies being critiqued.

Response: The sentence has been revised in line with the above comments (Page 14, paragraph 2).

3.8. Also in that paragraph, six line down, the sentence begins, ‘For education interventions, ….’. This sentence seems to be contradictory: it mentions ‘statistically significant improvements …’ but at the end of the sentence states, ‘although these were not significant’. This needs consideration.

Response: The anomaly in the relevant section has been corrected (Page 14, paragraph 2)

3.9. Page 15: Sub-headings, Methodological adequacy of intervention evaluations,
and strengths and limitations of intervention evaluations – these are more appropriate placed within the Results section of the article than Discussion, being critiquing of the reviewed articles.

Response: The discussion sections, ‘methodological adequacy of intervention evaluations,

and strengths and limitations of intervention evaluations’ do more than present results, but rather the discuss key results in the context of the broader literature. As such, the authors’ strong preference is to keep both these sections in the discussion.

3.10. Throughout these two paragraphs, for consistency, it would be necessary to add

in references after each point being made, eg, on page 15 - ‘Five of the nine intervention evaluations were conducted in the US [?, ?, ?, ?, ?]; on page 16 –

Response: This section has been removed in restructuring the discussion so the above comment is no longer relevant.

3.11. ‘Seven of the nine studies targeted Indigenous people [?, ?, ?, ?, ?, ?, ?]; ‘ .... Only one ..... measured the impact of an intervention on suicide-specific outcomes [?]. (Bearing in mind the above query that the 9 is in fact 10!)

Response: As per response query 3.5, two studies [35 and 36] reported outcomes for the same intervention.

3.12. The sub-headings, Potential limitations of the review and Implications of suicide prevention in Indigenous communities, I suggest belong in the Discussion, perhaps in reverse order.

Response: The discussion has been restructured in line with the reviewer’s suggestions (Page 17 and 18).