Reviewer’s report

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

Version: 2 Date: 27 November 2012

Reviewer: William E Hartmann

Reviewer’s report:

Thank you for the opportunity to review this manuscript. It addresses an important area in suicide prevention research with indigenous populations: evaluating intervention evaluations. I think this article has several strengths:

1) It applies a systematic review process to highlight strengths and weaknesses of intervention evaluations. This process is particularly helpful in that it can emphasize ways in which current intervention efforts could be improved to establish more of an evidence-base, and warns that without improvement intervention efforts may very well not be achieving long term goals of suicide prevention.

2) It extrapolates important lessons learned regarding the need to work collaboratively with indigenous communities to improve intervention acceptability and feasibility.

3) It offers a helpful window onto the landscape of documented suicide prevention interventions in indigenous communities, listing education, gate-keeper training, and community prevention efforts that employ multiple tactics.

However, the study also has many shortcomings that require attention:

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Major Compulsory Revisions:

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.

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.

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.

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.

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. 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.).

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Minor Essential Revisions

6) 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.

Level of interest: An article of limited interest

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