Reviewer's report

Title: Appropriate interventions for the prevention and management of self-harm: a qualitative exploration of service-users views

Version: Date: 19 September 2006

Reviewer: Allan House

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The research question is not highly specified and the analysis is described as being based on grounded theory. However the results don’t introduce a new conceptual categorization and rather suggest that a sort of framework analysis was used. The authors should indicate the topics used in the original interview and how subsequent analysis (especially axial coding) changed their approach.

2. The early results section describes characteristics of the sample – psychiatric illness, alcohol dependence, life adversity. These aren’t new and the whole section doesn’t add either to our knowledge about self harm or to the framework within which the results are discussed. I’d drop it.

3. I think one element of the results is misleading or at least poorly worded. The finding that the majority had a preference for community-based services seems to clash with the finding that 7/14 valued hospital care. I imagine the real answer is that what you value depends upon your state at the time. Since most of us most of the time don’t want to be in hospital this preference doesn’t say much. It needs rewording for clarification, bearing in mind that only a small proportion of cases receive hospital care anyway.

4. The discussion raises what is, I think, a false dichotomy between usual care and a proposed approach that takes account of clinical heterogeneity. While it’s true that many self harm services are pretty dire, where an effort is made then it is indeed in the direction of responding to diversity. For example self harm teams are frequently multi-disciplinary, and properly-staffed ones offer approaches (like brief problem oriented therapies) that are designed to be individualized. The problems reside in resources and attitudes, not knowledge. This point should be referenced (to support the perspective as currently offered) or changed.

5. There is no reference to the existing literature (much based on personal testimony and available via the internet) on service user perspectives on services.

6. The authors’ assertion that their “principal pursuit was for theoretical or conceptual generalization” is at odds with the rest of reporting of the results, which is theory-free and implicitly claims empirical generalisability. This contradiction needs resolution by either a] a statement of the theory/conceptualization being proposed or b] sticking with empiricism and stating what’s new about the findings.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

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What next?: Reject because too small an advance to publish
**Level of interest:** An article of insufficient interest to warrant publication in a scientific/medical journal

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'