Reviewer's report

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

Version: Date: 22 September 2006

Reviewer: Judith Green

Reviewer's report:

General

Given the paucity of research on those who repeat self–harm, this is a useful study. It is somewhat under-analysed and, as the authors note, small scale, which may limit its importance to those outside the immediate field, but it is a useful contribution for those with related research interests.

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

There are no major essential revisions

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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)

1. See comments in general on analysis under (2) below, but one claim that does perhaps need changing is the description of ‘open coding’ in the data analysis section. The process describes seems to be a fairly standard thematic analysis rather than any real attempt at detailed open coding, and it may be sensible to reword as something like ‘drawing on some of the techniques of grounded theory approaches such as open coding’. Ditto on axial coding.

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Discretionary Revisions (which the author can choose to ignore)

The following are recommendations:

1. Abstract. This in general conveys the paper, but could perhaps be more specific on findings, which are summarised in the first paragraph of the discussion. One key finding was that many patients wanted to learn to manage their self-harm, rather than stop, for instance, and this could be mentioned in the abstract.

2. Description of analysis methods. It is notoriously difficult to describe qualitative analysis in any meaningful way in a ‘biomedical’ type paper, and this one does have the strength of only claiming to have drawn on grounded theory. However, in general, the data here do seem rather under-analysed in terms of constant comparison, and it may be worth toning down, for instance, the claims in the discussion for aims of theoretical and conceptual generalisation from this data and the . Although there is some suggestion here of, for instance, trying to link together ‘themes’, it is in general a fairly basic thematic analysis, with some quantification of respondents’ accounts.

In particular, there seems to be very little in this that treats the data as contextual accounts, and really asks ‘what is going on here’ in terms of the interaction between interviewer and interviewee. This does not matter in terms of the content of the findings here (on service users’ accounts of services) but does mean that at points there is some over-interpretation. One example is in the second paragraph of the discussion, where alcohol dependant interviewees are described as dissatisfied with encounters because of their drunken behaviour. Presumably the interviewer has no privileged access to exactly what went on in the original A&E encounter, only to the respondent’s account of that encounter, and the analysis should really proceed with an awareness of this. Similarly, at the end of this paragraph, surely these are patients whose accounts are characterised by referrals to psychiatric illness, rather than necessarily whose personal circumstances are characterised by this experience? This may seem pedantic, but presumably ALL of your sample may have some experience of psychiatric illness – all we (as readers) or you as researchers have access to is how
many utilised this information within the interview?

3. Small point following this on the interpretation and use of quantification. In paragraph 2 of the discussion, it is claimed that there is an ‘overall preference for community interventions’ yet 7 (? 50%) of the sample are described as wanting admission. It is unclear whether these are exactly the same 7 patients as those described as referring to psychiatric diagnosis in their accounts. on page 14, it is suggested that the 7 wanting admission are only ‘most notably’ characterised in this way.

4. Reflexivity. In the discussion, it is noted that the ‘social distance’ between researcher and patient was evident in some interviews, and that what has probably been accessed here is ‘private’ accounts. I would have liked a little more information about the context of the interview: how did the interviewer introduce herself? As a student, professional, researcher? Where in the hospital were the interviews done, and when? Although of course it is impossible with one interviewer and one site to account for the interaction of characteristics that might shape the accounts given, it might be useful information for the reader if there is room to include it. It is noted that the hospital setting might have orientated respondents more towards hospital type interventions – presumably, it may also have reduced the amount of dissatisfaction expressed with hospital interventions. Comparisons with other studies might give some purchase on these questions in a more thorough analysis, although may be outside the scope of this paper.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests