Author's response to reviews

Title: Dissemination and implementation of suicide prevention training in one Scottish region

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Author's response to reviews: see over
Dear Editor

Dissemination and implementation of suicide prevention training in one Scottish region

We believe that we have addressed the very helpful comments made by the referees.

Please find our detailed responses below

Yours sincerely

Linda Gask

Response to reviewers

Martin Voracek

Introduction (p. 4, para 1): for clarity and as a service for readers, it would be good to quantify the amount of the increase in suicide rates seen in Scotland over the last thirty years and to provide a comparison of the current Scottish suicide rate with the suicide rate of England. As for international comparisons, also provide the rank the Scottish suicide rate has among the list of European countries.

This point has been addressed in the first paragraph with additional text

P. 9, first para of Results and Discussion: if feasible, include a non-responder analysis

We have now included an analysis of non-responders (p10).

It would also be interesting to include an analysis of the six-month follow-up data (although the response rate was low, 31%).

This has now been included

Tables 2 and 3: the analysis of the attitudinal data (pre-post training comparisons) is based on single items. Is it possible to sum these items up to yield (and analyze) one composite score (or a few composite scores, should factor analysis indicate that the attitudes probed with these items were not unidimensional)?

We include a total score as well as reporting individual items. The paper reporting the development of the questionnaire (Herron et al) did not make any reference to factors in the final version (although, the existence of 5 was mentioned when the scale was in development these were not identified).
Margaret Maxwell

1. Results and discussion (p10) reports on improvements in attitude and confidence from T1 and T2 T1 and T3 but no data are presented for T3 in tables 2&3. These data should also be presented in the tables if they are referred to in the text.

Included as above.

2. Impact on clinical practice (p11) The figures presented in the last two sentences on this page are a little confusing. Do they mean that 12% of those commenting positively on risk assessment thought the module provided reassurance. The authors present reassurance (12%) and improved confidence (15%) within the risk assessment module - what accounts for the other 73% of positive comments? (My reading of this section may be wrong but perhaps authors need to clarify).

We have attempted to clarify this is in the text (p12)

3. Author's discuss the limitations of Greenhalgh's model but do not discuss the limitations of their own study - such as relying on data collected at T2, presumably with forms being returned to those delivering the training? Data collected at T3 may only capture those who still felt 'positive' towards the training and its applicability.

Limitations of the study have now been included in the discussion.

1. What were the backgrounds of the trainers? Is this important?

We have now made a reference to this in the text (p7)

2. Authors introduce May's 'normalisation theory' without an explanation of this theory or what it adds to Yin's account of 'routinization'. Might this be expanded upon?

Expanded upon in page 22

3. The Choose Life programme and the STORM training and implementation span the health and social care divide (and perhaps even wider into the 'community' via police and nursery nurse involvement) - were there any specific problems/barriers to be overcome in implementing and sustaining a programme with this remit. Both health and social care organisations posed obstacles – which sector provided the funding/infrastructure? Did this impact on who were trained and who attended?

We think this is a very valid point, and have commented on it in the material added on the limitations of the study. We acknowledge that we have not considered the wider implementation of STORM across and within the other agencies so cannot specifically comment on any
challenges/barriers/problems. The health sector provided the infrastructure but we do not know how this impacted on those who were trained and/or attended.

4. Two of the respondents quoted in this study are 'identifiable' to many people in Scotland (Consultant in Public Health in Highland and Choose Life Coordinator). Presumably they are happy to be identified in this paper - one has commented on an earlier draft.

They are happy to be identified.