Reviewer's report

Title: Triggers of suicide ideation and protective factors of actual executing suicide among fresh cases in older psychiatric outpatients: a qualitative study

Version: 2

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Reviewer: Margda Waern

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Twenty-four psychiatric outpatients aged 65+ with first onset suicidal ideation were recruited by convenience from two outpatient clinics and took part in semi-structured interviews. Content analysis was used to identify themes regarding triggers as well as reasons for not committing suicide. Suicidal ideation was attributed to own illness, illness in family members, conflicts with family members, bereavement and loneliness. The support of friends and family members, treatment, finding ways to shift attention, fear of increasing pressure on one’s children, religious beliefs, and not knowing how were reasons for not ending life.

Studies that apply a qualitative approach to examine suicidal ideation in older people are relatively few and this paper contributes with an Asian perspective. Some comments and suggestions are listed below.

Major compulsory revisions

1. The abstract covers the content well. However the abstract conclusion might be tempered a bit, since it is not clear how the results of this study can facilitate rapid and accurate treatment in busy clinics.

2. The Introduction could be improved by acknowledging the work of other authors. While not numerous, there are several excellent qualitative studies that capture reasons for death wishes and suicidal ideation and behaviors in older people (Rurup et al, Crisis 2011; Crocker et al, Aging Mental Health 2006), as well as qualitative data regarding completed suicide in older people (see works of Kjölseth I, et al).

3. On a similar note, specific findings from Asian-based quantitative studies on suicidal ideation and behavior could be presented (for example Yip et al, Int J Geriatric Psych 2003), pointing out salient findings and comparing with results from Western settings, in order to set the scene for the current paper.

4. Overall, the methods need to be presented more clearly. It is stated that illness-related information was collected in a structured form. It would be helpful if this were presented in a table to characterize the sample. Are data available for depression scores at the time of the interview? Ongoing treatment at the time of the interview? Etc.

5. What was the rationale for limiting the study to new onset cases? My point is
not that this is “inappropriate”, but rather a question of whether the authors anticipate that triggers and protective factors would differ in older persons with and without history of suicidal ideation with first onset that took place more than one year ago? Or was there some other reason for limiting the study to new onset cases?

6. How was suicidal ideation defined? Was there any attempt to examine the intensity of the experience (vague ideation, concrete plans)? There is no mention of suicide attempts. Were persons who made an attempt during the past year excluded?

7. The limitation section is very brief; only one limitation is mentioned; the pros and cons of using a convenience sample are not discussed. Qualitative studies often employ purposeful sampling in order to elucidate a broad range of experiences, but it seems that this was not the case here? 71% of the sample was female, most were relatively “young” older people and relatively few were single. Does this simply reflect the distributions of these variables in the patient population or was it difficult to recruit males, “older older” and singles for the study? Might a purposeful sampling yield other results? This could be discussed.

8. It is stated (page 6, Rigour) that inter-rater reliability between the first two authors was 94%. Reliability for what? How was this tested?

9. The discussion requires deepening. For example, a brief section comparing the current findings with those of previous qualitative works could be included. See for example the above mentioned paper of Rurup et al for a discussion of the negative sides of living, and reasons for rejecting suicide as an option. A further example would involve the finding that suicidal ideation was not attributed to burdensomeness. This is mentioned but this finding is not actually discussed in the detail warranted by such an unexpected result (ie what might help to explain the observed disparity when comparing results with previous studies-most of which focus on older persons in Western cultures ?

11. The conclusion section is rather long and makes some claims that are not actually supported by the data (“When older people encounter these triggering life events, suicidal ideation should be carefully assessed”). Physical illness and physical discomfort, illness and death in family members are extremely common events in later life. Is it reasonable/feasible that all older persons such experiences should undergo assessment? If the authors deem so, how would this be undertaken?

Minor essential revisions

1. The title would benefit from language editing. For example, “First onset” or “recent onset” would be preferable to “fresh” cases.

2. Suicide in not “common” in any age group. The opening sentence could therefore be modified.

3. It is stated that studies sites were randomly selected but it is not clear how randomization was carried out.
Discretionary revisions
1. Financial problems did not surface as a theme. Was this unexpected?

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

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 interest