Reviewer's report

Title: The situation of former adolescent self-injurers as young adults: A follow-up study

Date: 20 March 2015

Reviewer: Giles Newton-howes

Review

Thank you for the opportunity to review this paper. It looks at the outcome at ~21 years of a small sample of patients with a history of NSSI.

Generally
1. Although I cannot identify any specific problem with the introduction I find the English a little difficult to read and somewhat ponderous. It’s off putting the way you have structured your argument (for example in para 2 you justify the known steep decline in NSSI throughout adolescence by mentioning Paul’s excellent population based study and follow this with your systematic review and then a somewhat throw away comment about two studies for rates of NSSI comparing adults and adolescents. I get the notion of what you are trying to say but it could be done significantly more neatly.

2. The sample is small and opportunistic. You present data on ~10% of respondents (although I’m not sure how you chose your patients to ask, see below point 3) and this is so small I am led to significantly distrust your findings and struggle to see to whom they are generalizable. This is clearly not a proof of hypothesis paper. IF you cannot make the applicability of the paper very clear at best is suggests a line of further investigation only, at worst it adds little to the literature.

Specifically
Intro
1. It’s a small point but NSSI isn’t a symptom of BPD, deliberate self-harm is.

2. I’m not sure reference 3 supports your statement (although again it’s a minor point and its interesting to see how these terms are used. For example in the most recent draft guidelines for management of DSH published by the RANZCP they state its not easy to clearly define this and don’t!)

Methods
3. I have no idea how you recruited patients. As I can’t tell who you recruited I can’t work out what your ‘denominator’ (or population of relevance) is. Whose
archived notes did you scan (every single child and adolescent through these two services ever?)? Over what time period? What are these areas like (urban, rural, social deprived, ethnicity, etc.)? Why did you choose these patients and not others? Did they have to now have no psychiatric contact (you state they are former patients)?

4. How did you identify NSSI from the notes? Did you also review ED notes? Did you consider self poisoning? Did you consider spontaneous drug intoxication? I’m unclear and this seems important if you are going to narrow your description to the DSM outline.

5. Recruitment results are results and should be described in the results section.

6. I’m worried that you misquote yourself when discussing the utility of the SITBI. You looked at its utility in 12-19 year old inpatients, a group that seems quite different from your current group. You identify construct validity (and should state it is this) that is modest at best. Your excellent test retest reliability data from ref 21 is of little relevance here as you use this as a one off. This seems a little sloppy to me.

7. When discussing % in the results section please add absolute numbers also. 41% isn’t so helpful without us seeing you are referring to 21 patients by this.

Results
7. Am I right in thinking ~16% of your sample is 19 or younger?? (ave age 21 w a SD of 2). Not sure they would count as ‘former adolescents’ and your numbers are very small.

8. I’m confused by the ‘psychological impairment section’. I am struggling to see how this relates to your discussion. It would be useful to know this information for the two groups you plan on analyzing to help us see what covariates and confounders there might be.

9. Its interesting to note anxiety disorder are most prevalent but you specifically measure for depression and not this. This seems to be a limiting factor to discuss.

10. I can’t see any mention of personality disorder or measurement of personality traits. This seems to be a major problem. As you note in your intro there is a strong link here. I don’t understand why you don’t present personality data.

11. Am I right that each participant on average reported 334 episodes of NSSI, with a median of 50. How is this data collected? If its self report by recollection I would be very concerned about its accuracy. Do you look at the geometric means of the self report that may be more accurate? This needs to be clarified.

12. Section 6 of your results needs to be tempered by the lack of personality diagnosis.

I’m not comfortable commenting on the discussion in light of the above considerations.

**Level of interest:** An article of insufficient interest to warrant publication in a
scientific/medical journal

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 I have no competing interests