Reviewer’s report

Title: Stress reactions after a patient suicide and their relations to the profile of mental health professionals

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Reviewer: Harry Kennedy

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Referee’s Report

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Research article

Stress reactions after a patient suicide and their relations to the profile of mental health professionals
Dolores Angela Castelli Dransart, Jean-Luc Heeb, Alida Gulfi, Elisabeth Gutjahr, BMC Psychiatry

1. Is the question posed by the authors well defined?
Yes.

MAJOR COMPULSORY REVISIONS

2. Are the methods appropriate and well described?

2.1 The use of cluster analysis is fully justified and in itself adds to the available literature. The two stage clustering process is correct and is correctly described. However the authors have omitted to state clearly which variables were in the clustering process and which were used as ‘criterion’ measures independent of the clustering process. I assume that the authors used the IES-R as the independent ‘criterion’ variable but it is necessary to state this clearly in the methods section, the results section and in the tables, if this is indeed the case.

2.2 The IES-R is not a diagnostic instrument. It cannot in itself distinguish between general distress or dysphoria, an adjustment reaction, an anxiety disorder, depressive illness or post-traumatic stress disorder. The authors must make this clear in the methods section and in the discussion.

2.3 The assumption that a score above 25 on the IES-R represents burnout or stress must be discussed critically. Any self-report score may simply represent the subjective tendency towards overstatement or understatement, neuroticism or stoicism. The symptoms and score may not be due to the suicide at all, they may be due to some other, unrelated life event or difficulty or some endogenous factor.
2.3 The authors should if possible give the IES-R scores for those professionals who returned questionnaires but who had not had contact with a suicide. Mean scores on IES-R sub-scales and total score, and percentage scoring above threshold are all extremely useful as a guide to the population norm for this specific group. An effect size might then be calculated for the difference between this unexposed mean/SD and the means/SDs for each of the clusters.

3. Are the data sound?
Yes

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
N/A

MINOR ESSENTIAL REVISIONS

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
The manuscript would benefit from closer adherence to the STROBE guidelines.

6. Are the discussion and conclusions well balanced and adequately supported by the data?
The discussion should focus much more clearly on the independent outcomes – do they distinguish the clusters, and why? The discussion should focus also on the issues raised in ‘2’ above.

7. Are limitations of the work clearly stated?
The limitations are not sufficiently stated – see ‘2’ above. This should be remedied as suggested above.

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes. More could be said about the advantages of training in risk assessment. That risk assessment training should be protective in this way is an observation that is not widely described and should be given greater prominence.

9. Do the title and abstract accurately convey what has been found?
Yes.

10. Is the writing acceptable?
Yes.

DISCRETIONARY REVISIONS
None
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.