Reviewer's report

Title: Acceptance of guidance to care at the Emergency Department following attempted suicide

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Reviewer: Sarah Arias

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The stated goal of this article is to summarize findings on acceptance vs. non-acceptance of a guidance to care facilitation program at an emergency department in the Netherlands. Although this topic could be of interest for implementing guidance to care facilitation programs following treatment for suicide risk, the paper lacks many details on the study design, results, and interpretation of the findings. Revisions and additional analyses are needed to improve the comprehension, presentation, and flow of the manuscript. Please see below for questions and suggestions.

General information

- Grammar and terminology is often not correct (e.g., 7x24-h) making it harder to understand/follow the significance, method, and findings.

- The flow of the introduction and discussion is hard to follow. Many of the paragraphs seem to be a compilation of facts/citations that are stuck together, rather than using those citations to support an overarching theme/storyline. This makes it hard to identify and follow the goal of the paper.

Introduction

- Lines 61-63: Statement indicates that those that received care in the past were more likely to report structural barriers - should this be those who did NOT receive care?

- Line 76 - place abbreviation in parentheses (e.g., Guidance to Care (GtC))

- As the main premise of the article is to test acceptance of GtC in the ED, it would be helpful to have more information in the introduction about the background on the GtC program (who developed it? how and where is it currently implemented? is there any existing literature on its effectiveness?)
- The final paragraph of the introduction mentions acceptance of GtC, but there is no mention that this will be in the context of a suicide attempt. If, as the title suggests, this will be the focus of the study, it should be made clearer in the introduction.

Method

- The background on GtC should be included in the introduction. For the Method section, more information is needed on what "facilitating the guidance to the advised post-discharge care" means in the context of this study. What specific steps were taken as part of the GtC protocol? Also, how does this differ from "standard care" at this facility? Needs to be more clearly defined.

- What constitutes "non-Western ethnicity"?

- Was the training provided to psychiatric residents standardized? Who conducted the training? Was there any check on the proper use/implementation of the procedures by psychiatric residents? If so, how was it assessed?

- How did the residents collect the data? Paper notes? Electronic data entry? During a specific point in the ED visit? After the ED visit?

- Line 135 - "Differences are considered statistically significant…" should be in past tense.

Results

- The results specify that inclusion was based on having a "suicidality related visit", is this different than receiving a referral for a psychiatric evaluation while in the ED? If not, then it should be presented consistently, that it was not simply a suicide-related ED visit, but the visit had to have documentation that a referral for a psychiatric evaluation was made during that ED visit.

- The majority of the results section focuses on general characteristics of the sample, but this section could better serve the manuscript by providing a clearer breakdown of the findings specific to the proposed topic: namely, what are the major differences between GtC accepters and non-accepters. It is also not clear from the text which variables had a
univariate association with the outcome and why specific ones were included in the multivariate regression model.

Discussion

- Additional thoughts about why significant findings occurred (e.g., loneliness having a significant positive relation with acceptance) would be beneficial for understanding the results.

- The authors focus on racial/ethnic differences repeatedly, but there are other significant factors (e.g., high risk suicide patients more likely to accept treatment).

- The authors cite that gender differences exist in the minority populations (e.g., young, female minority groups) - was this tested for the current population? Are these subgroups more/less likely to accept treatment?

- The implications section suggests that interventions are warranted to increase acceptance of GtC, but the paper does not at all address its effectiveness at reducing future suicide risk. The conclusions do not seem warranted based on the data presented by the authors.

- Where is the discussion of study limitations?

Tables

- Abbreviations should be clearly defined in the footnotes (e.g., Table 1 "Abs.")

- Where is the table of the unadjusted (univariate) analyses? It is hard to distinguish from the text what variables were included in this analysis, so a table would be helpful.

- Did you control for other demographic differences (e.g., age, sex) in the multivariate regression analysis? Especially considering other literature suggests that both age and sex play a role in future risk and seeking healthcare for suicide risk.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
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No

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Not suitable for publication unless extensively edited

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