Reviewer’s report

Title: Entrapment as a Mediator of Suicide Crises

Version: 0 Date: 01 Sep 2017

Reviewer: Christopher R. Hagan

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Thank you for this opportunity to review this manuscript that seeks to clarify the role of entrapment in suicide, specifically through the lens of suicide crisis syndrome (SCS). The authors tested the hypothesis that entrapment mediates the relationship of components of SCS (i.e. ruminative flooding, panic-dissociation, fear of dying, and emotional pain) and suicidal ideation (SI). They tested this in a relevant population of recently hospitalized psychiatric inpatients. This manuscript was well written, interesting, and used a highly relevant and informative sample of higher risk individuals. Despite these strengths, I have several concerns and questions that I would like to see addressed prior to publication.

Primary Concerns

1) The introduction would benefit from an additional paragraph early in the manuscript clearly explaining SCS. The first paragraph makes it appear that SCS just states that having suicidal thoughts and being very upset leads to attempts.

2) Please remove all instances of "committing suicide" and "completed suicide" from the manuscript and use terms such as "died by suicide," "seeks to escape through suicide," etc., and just "suicide," rather than "completed suicide."

3) The statements at the end of the introduction that SI is one of the strongest predictors of death by suicide are incorrect. The citations used to support it are 17 and 12 years old. David Klonsky and Jessica Ribiero (and their coauthors) have published several papers in the past several years showing that suicidal thoughts are not great predictors of death by suicide and that risk factors identifying suicidal ideators are largely different from those that identify those who will attempt and die by suicide. While SI is correlated with suicide attempts and is an important topic to study, I believe the second to last paragraph of the intro overstates the ability of studying suicidal ideation to measure "suicide risk." Ideation is not a proxy for, but rather one aspect of risk for death by suicide or serious suicide attempt. This same comment also applies to the last paragraph of the discussion.

4) I would like to see the statistical analyses computed with the bootstrapping method rather than the more conservative Sobel test. Given that Sobel is more conservative, I doubt that this would make any of the findings non-significant. The same PROCESS macro can be used for these analyses. David A Kenny's website (http://davidakenny.net/cm/mediate.htm) includes some good basic information on this, and Hayes' book (Citation 43) also goes into detail about this method.
5) The discussion does a good job of relating these findings to multiple theories of suicide. I am most interested though in how these findings relate to Klonsky & May's newer Three Step Theory (3ST) of suicide. The 3ST focuses on the interaction of pain and hopelessness in predicting suicidal ideation that in conjunction with capability for suicide leads to suicide and suicide attempts. These results seem like they may provide support for that theory if entrapment (which is somewhat connected to feeling hopeless, although certainly not the same) and emotional pain are coming out as the two factors most directly tied to suicidal ideation. I am also interested in a more explicit discussion of what these findings mean for the validity or utility of SCS if most of the factors are mediated by entrapment.

6) From my understanding of the methods section, the SCI and BSS were administered up to 72 hours apart from each other. If they were administered at the same time, this point is moot and that should just be clarified in the methods section. If the BSS was administered up to 72 hours prior to the SCI, this is a major limitation of the study that should be explicitly noted. Suicidal crises often quickly abate, resulting in substantially lower suicidal ideation and BSS scores within hours to a day of the peak of the suicidal crisis, which often occurs prior to arrival at the hospital. Of course, the problems leading to the crisis, in part captured by the SCI do not abate as quickly in most cases. Are there any data available to indicate if SI decreased from the time of BSS administration until SCI administration? If not, the concern that SI had decreased between administration of the two measures should be addressed.

7) Are there any data to assess if these results differ between those admitted for suicidal ideation and those who actually attempted suicide?

Secondary Concerns

1) I am unclear about what "material factors" means in the 1st paragraph of the introduction.

2) Please clarify the number of items on the SCI. Initially, it is listed as having 49 items, but the breakdown by subscale only sums to 36. Also, the in text citation in the SCI paragraph needs to be converted to a number, consistent with other citations.

3) Please include the percentages of Latino and Asian participants.

4) Please include a correlation table of the primary variables. I would like to see the univariate relationships between SCS variables, entrapment, and SI.

5) On the top of page 11, "Our data also supports" should be "Our data also support."

6) Citation 52 has some odd underlining at the end of the citation (this may just be the formatting of the document I received also)
7) Unless otherwise specified by the editor or journal, the tables should be formatted according to APA standards.

8) Tables 2 & 3 are missing a definition of "SCS"

9) The Figures are missing a definition of "SI" (SI is also a common abbreviation for self-injury which is sometimes is used including suicide attempts, so precision here is important to prevent any misinterpretations of the data).

10) Figures 2-5 would benefit from being made to look more like publication ready figures (e.g. remove boxes around a, b, & c’, make all lines solid black, center words within boxes, uniformly connect ends of arrows to lines of boxes, etc.)

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

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?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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