Sunday, 7 April 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2578 review.doc).

Title: "Treatment priority given to presentations of suicide ideation and behaviours at an Australian Emergency Department" (ESPS Manuscript NO: 2578).

Authors: Allison Milner, Kairi Kõlves, Keili Kõlves, Beverley Gladman, Diego De Leo

Name of Journal: World Journal of Psychiatry

ESPS Manuscript NO: 2578

The manuscript has been revised according to the suggestions of reviewers and comments from the editor. The reviewer comments regarding the statistical method made it clear that we needed to revise the analysis in this manuscript. As they duly noted, the outcome variable was ordinal and sequenced, and, because of this, we chose to re-do analysis using ordered logistic regression. The directions and significance of results do not change. We feel that this new approach is both more parsimonious and appropriate given the study design.

Reponses to reviewer comments can be seen in the accompanying documentation. Changes in the main text according to reviewer requests have been underlined.

Once again, thank you for providing the opportunity to revise and resubmit this manuscript. We hope that changes to the text are acceptable. Please let us know if there is anything more you required from us.

Kind regards

Allison Milner

REVIEWER ONE

Comment one: The manuscript describes what seems to be an explorative study on some of the determinants of treatment priority in Australian Emergency Departments. The manuscript is scholarly written and is informative.

Response one: We thank the reviewer for their comments.

Comment two: Is this truly an exploratory study or did the authors have some ideas (based on previous literature) about the factors that could be of influence? It seems unlikely that there is absolutely no literature that could provide a bit of guidance in formulating some hypotheses. If this really is the very first study on this matter, it's exploratory nature should be made clear in the title, introduction and the last paragraph of the introduction related to the research questions.

Response two: Thank you for this comment. We have inserted the following into the text to describe some of the past research in the area (page 5, paragraph 1):

"There have been past publications on the negative attitudes of hospital staff towards persons who present with suicide methods such as "cutting" (Hadfield, Brown, Pembroke, & Hayward, 2009; Haq, Subramanyam, & Agius, 2010; Hawton, Taylor, Saunders, & Mahadevan, 2011; Shaw, 2002), but limited investigation into the treatment priority given to suicide attempters. This research therefore constitutes a new topic of investigation in suicide research."

There is already a section on this in the discussion on page 13, paragraph 1:

"This is not the first research to shed light on this topic, as several investigators have highlighted issues in the management of persons with mental health concerns in the ED (Broadbent, Moxham, & Dwyer, 2010; McDonough, Wynaden, Finn, Mcgowen, Chapman, & Hood, 2004; Pardey, 2006). However, none of previous studies specifically focused on presentations of suicidality."

Comment three: Please relocate the definitions from the methods section to the introduction.

Response three: We have relocated the text on the definitions of suicidal beahviours to the introduction (page 4, paragraph 2).

Comment four: It is not clear why the authors chose these statistical methods. The authors should give a clearer rationale for their choices. For instance, why use multinomial/Poisson regressions and not other regression methods (Ridge/Lasso/Elastic net regularized regression). This is related to point 1, and linking the analyses to the questions more clearly should easily solve this problem.

Response four: After careful consideration, we have revised the statistical technique used in this paper to ordered logistic regression. The justification for the use of this technique can be seen on page 7, paragraph 2:

"Ordered logistic regression was applied to assess the broad demographic and treatment-related factors associated with more urgent triage categories. This technique of data analysis was chosen as the outcome variable was the categorical and ordinal five-tiered ATS scale"

We have also included a statement in the methods section of the abstract: "O*rdered logistic regression was used to assess the broad demographic and treatment-related factors associated with more urgent triage categories and to investigate which methods of non-fatal suicidal behaviour (NFSB) were prioritised as most urgent*"

Comment five: Please define 'older age' (p.7)

Response five: Age was originally included as a continuous variable. We have now transformed this into a categorical variable with four age brackets (page 7, paragraph 1) to more adequately allow investigation of differences in results by age:

"age (10 to 24 years, 25 to 44 years, 45 to 64 years, and 65 years and older)"

REVIEWER TWO

Comment one: Nicely written paper.

Response one: Thank you for this comment.

REVIEWER THREE

Comment one: I am unsure about why a count model was used in the first place, as the goal is to determine what methods of NFSB were prioritized as most urgent. The outcome seems to be the same categories as that used in the multinomial model, so I cannot understand why the multinomial model was not used instead. Ultimately, IRRs are presented – but I don't really see these are rate comparisons

Response one: We have changed the statistical approach used in this paper to ordered logistic regression. As explained in the response to reviewer one, the justification for the use of this technique can be seen on page 7, paragraph 2:

"Ordered logistic regression was applied to assess the broad demographic and treatment-related factors associated with more urgent triage categories. This technique of data analysis was chosen as the outcome variable was the categorical and ordinal five-tiered ATS scale"

Comment two: I do not agree with the interpretation that the greater prioritization of NFSB over SIC is due to greater emphasis on physical rather than mental pain. I would imagine that a suicide attempt could reasonably be triaged higher than SIC because of greater medical risks associated with the behavior. As the authors point out later, the risks of overdose are often undefined at the time of presentation in an emergency department.

Response two: Thank for this comment. We have revised the text accordingly (page 10, paragraph 2):

"A likely explanation for this result is that staff at EDs seek to first address injuries that cause pain and potentially lead to other health complications."

Comment three: A topic that may deserve discussion in the paper is the issue of stigma. Some of the health professionals working in ER, including those doing triage, may have negative attitudes towards some people with specific forms of mental illness. They may simply prefer to

delay dealing with certain situations because they may prefer to deal with physical health complaints.

Response three: page 11, paragraph 2:

"There is evidence that hospital staff generally have negative attitudes and greater stigma towards those who present after engaging in self-cutting, particularly for repeaters"