

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Psychiatry

**Manuscript NO:** 33853

**Title:** Taking care of suicidal patients with new technologies and reaching-out means in the post-discharge period

**Reviewer's code:** 02445279

**Reviewer's country:** Japan

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-03-21

**Date reviewed:** 2017-03-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This review deals with novel suicide prevention and I believe that it is worthy of publication as is.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Psychiatry

**Manuscript NO:** 33853

**Title:** Taking care of suicidal patients with new technologies and reaching-out means in the post-discharge period

**Reviewer's code:** 00723721

**Reviewer's country:** Spain

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-03-21

**Date reviewed:** 2017-03-27

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This review deals with an important issue, the new-technologies interventions that may be useful in the post-discharge phase, in patients after suicidal behaviour. While it seems to have been conducted adequately, and my global impression about the work is good, I have some concerns about some statements, specially in the conclusions and discussion sections, that the authors should review. The rest of my remarks are only about minor aspects and typos. Title: Taking care of suicidal patients with new technologies and reaching-out means Since the review is focused (and restricted to) in the post-discharge phase (hospital or ED), it seems appropriate and convenient to make this explicit in the title. "We also excluded any articles in which participants who had made suicide attempt and self-harm were not discharged from a hospital." Abstract ED: the abbreviation should not be used without displaying previously what is for. Introduction The sentence "It is critical that mental health professionals acknowledge that a substantial portion of recovery in suicidal patients occurs at the end of the acute

period and then after hospital discharge" is ambiguous and does not make much sense, especially when having in mind the widely accepted concept of "recovery". There is another sentence "In such a model, clinicians and researchers would acknowledge that the majority of the recovery work is likely to be undertaken post-discharge" with the same problem. I suggest the authors either using a different term or clarifying the concept when first used. "According to Cutcliffe, this kind of help..." The sentence lacks the reference "Also, it turns out to be very useful to the patient and specialist(s) develop..." I think that the correct form is "to develop" "All suicides and suicide attempts affect others, with a strong impact on "survivors", such as spouses, parents, children, relatives, friends, colleagues and peers of those who have made a suicidal gesture, both immediately and in the long term". It is confusing when changing the subject from suicide and suicide attempts to suicidal gesture, in the same sentence. The authors should keep the allusion to the first (suicide and suicide attempts) Methods "PubMed/ScienceDirect/ResearchGate/Crisis" The authors should use commas instead. "We excluded abstracts that did not explicitly mention suicide or self-harm". I guess that the authors meant "suicidal behaviour". In they way the authors are expressing it, they are leaving out suicide attempts, and I do not think this be their intention. Results In the study by Vaiva et al it would be advisable to include the statistical significance (p value) of the differences shown. In the study by Fleischmann et al, the control sounds strange, since it seems as if they had not receive any mental health follow-up at all. I advise that the authors include the type of follow-up treatment. Discussion "Although the results of this review showed how brief contact interventions have had a significant effect on the number of episodes of repeated self-harm or suicide attempts, however these brief contact interventions cannot yet be recommended for widespread clinical implementation. " This is a very important statement, and it should be supported by reasoning linked to evidence. The way the message is conveyed leads to confusion. Why not? Because the evidence is inconclusive? because the findings are contradictory? other reasons? Besides, it seems to be contradictory with the sencece of the conclusion "we have seen that new technologies and brief contacts interventions (e.g., letters, green cards, telephone calls and postcards) are useful in the prevention of suicide or still are not inferior to standard treatments" Limitations. In my opinion, there is one limitation which have been omitted; i.e., the restriction to the English-language publications. And another one, although not specifically a limitation, would b