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Reviewer 1

In this retrospective study, the authors focused on prevalence, types and factors associated with intentional self-injurious behaviors, known as non-suicidal self-injury (NSSI) in western studies, in child and adolescent patients that received inpatient psychiatric hospital treatment in a tertiary psychiatric facility located in China. The prevalence of deliberate self-harming behaviors in the sample was noted to be low (16.9%) when compared to prevalence rates in western populations. The authors explained this by stating that the rates of deliberate self-harm are likely expected to be higher in outpatient populations. The authors should consider adding a reference to a study comparing the self-harming rates in inpatient versus outpatient populations to shed more light on this.

Answer: Due to the large population of china, relatively lack of medical resources, serious mismatch between medical services and demand, and the large number of outpatients, outpatient doctors must see all the patients on the same day within a limited time frame. Therefore, many information in the records of outpatient cases is incomplete, and the information and relevant data required for the study are not detailed, so it is impossible to obtain all the information and data required for the study. Therefore, outpatients are not the research object.

Certain findings of the study are consistent with other published large-scale studies such as strong co-relation of intentional self-harming behaviors with female gender, associated depressive disorder and parental marital status. Though anxiety disorders were not considered as a separate factor in this study, several studies have shown robust co-relation between them and intentional self-harming behaviors. Interestingly in this retrospective study, a strong link between deliberate self-harming behaviors and family history of psychiatric illness or past history of abuse was not found. The authors



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attempted to explain the possible under-reporting of positive family history of psychiatric illness by mentioning cultural influences such as Chinese societal norm is to look down upon psychiatric illnesses therefore people do not openly acknowledge that. However, the other reason given to explain this was that people with family history of psychiatric illness will be more vigilant in identifying psychiatric illness in young members of their family which would prevent intentional self-harming behaviors in them. This explanation does not seem to have a solid scientific or cultural basis and appears to be a simple observation of the authors. Adding a reference for an established study implying this recommended.

Answer: Delete content:

“Secondly, with the development of the society, people's cognition about psychiatric illness is gradually deepened and more attention is paid to psychiatric illness. Therefore, parents of patients with a family history of mental illness will know more about related mental illness and coping measures, and they will give their children more attention to mental behavior, once their children have abnormal mood and behavior, the parents will recognize in time and give them corresponding treatment to avoid the occurrence of DSH. However, the parents of patients without a family history of psychiatric illness may lack relevant knowledge and necessary sensitivity to their children's mental health, and fail to accurately judge their children's abnormal emotions and behaviors, which will cause the occurrence of DSH.”

Added content:

“Of course, there may be other reasons, and more research is needed to clarify this conclusion.”

Similarly, lack of evidence suggesting a strong link between self-harming behaviors and



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past history of abuse is alarming. Several studies have established that history of child maltreatment is associated with increased risk for deliberate self-harm and suicide attempts. (Miller AB, et al. The relation between child maltreatment and adolescent suicidal behavior: a systematic review and critical examination of the literature. Clin Child Fam Psychol Rev. 2013;16(2):146-172.) Is it possible that history of abuse was also under-reported due to cultural reasons or other factors? This should be addressed in the discussion. Authors mentioned personality traits or disorders playing a role in increased risk for deliberate self-harm. Certain personality traits/disorders are also associated with child maltreatment. Expanding on the role personality disorders will be helpful.

Added content:

But a 2013 systematic review on the relationship between maltreatment and adolescent suicidal behavior suggested that abuse, whether sexual or physical, or emotional abuse and neglect, was associated with suicidal ideation and suicide attempts in children and adolescents[34]. A recent study showed the same conclusion: child maltreatment in the form of emotional abuse may be distinguishing characteristics of female patients with DSH in psychiatric settings[35]. Therefore, it should be theoretically concluded that DSH is associated with physical abuse, but no such correlation was found in this study. There are two possible reasons: First, due to the Chinese people's "Mianzi", as mentioned above, "Mianzi" is very important in the eyes of Chinese people, and some private or difficult things are reluctant to reveal to others [27]. Secondly, for children and adolescents, they may think that things have already happened, it is useless to say, and it is such a private thing (which is also what we often hear children and adolescents express in clinical work). In summary, this study may not reach the same conclusion as before.

Authors mentioned 'bad habits' such as smoking, alcohol use, substance dependence



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and gambling as a factor that did not influence deliberate self-harming behaviors in children and adolescent populations. The use of non-scientific term bad habits/behaviors lowers the standard of this scientific publication. Who decides good or bad? This seems to be in line with cultural standards of the Chinese population but may be a different phrase such as substance use may be more appropriate.

Replace “bad behavior” with “substance use”

The authors gave 3 explanations for this. Use of references of studies will be helpful. As the authors rightfully state, child and adolescent self-harm has become a public health problem in Asia and the world, this retrospective study highlights the associated factors but fails to direct the readers towards any concrete measures that can be taken to address this global issue. Education of parents and teachers is a decent point but more work is needed in the conclusions section discussing the possible interventions.

Answer: Added content:

Especially within the family and school, recognized as the primary ecological environments for children and adolescents, family education and school education play pivotal roles in fostering the healthy growth of children. Family caregivers should ensure children receive ample emotional support and values, paying close attention to their psychological upbringing. Meanwhile, schools need to create a healthy and joyful learning environment, with a focus on each student's mental health. Strengthening the management of bullying and peer discrimination within schools is also essential.