Author’s response to reviews

Title: The predictive value of mental health for long-term sickness absence: The Major Depression Inventory (MDI) and the Mental Health Inventory (MHI-5) compared

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Author’s response to reviews: see over
Our response to the reviewer

Reviewer Niels Smits

The reviewer writes:
“Although in the papers the authors refer to, it is claimed that they estimate prevalence, it is the estimated level of the test they actually provide statistics on.” And “The following strategy should be used to deal with this. Start the introduction saying (i) policy makers need prevalence estimation etc., (ii) what is available is gold standards such as clinical interviews and self report questionnaires, which are much cheaper and more practical than gold standards; (iii) self report questionnaires are valuable and although only at risk proportions may be estimated (next you can cite the statistics of refs Croatia, Canada and Denmark, do not use the terms prevalence and incidence, but the level of the test equivalents!)”

Our answer:
We have rewritten the introduction to “policy makers have an interest in the level of mental health and prevalence of mental health problems in the population. Clinical interviews are the gold standard for measuring psychiatric morbidity, however such interviews are costly. An alternative is self-report questionnaires with items measuring mental health. These questionnaires are cheaper and practical for population surveys and they can provide an assessment of all respondents. Questionnaire data on mental health has been shown to be associated with reduced workability [2,3], lower work performance, and sickness absence [4-7].Questionnaires can, however, not find true prevalence but only estimate risk proportions [8].”

We have removed the term prevalence from the paper when cite the papers from Croatia, Canada and Denmark. We use instead the word ‘risk proportions’.

The reviewer writes:
“The last paragraph on p. 3 shows what one can do to validate a mental health instrument. Could you please give a reason why one would give this overview, and how it relates to what was written earlier?”

Our answer:
It is probably superfluous to mention these different validation techniques. We have deleted the paragraph. We now only mention the validation techniques we use (predictive validity), and argue why we believe this is relevant. We have made the introduction shorter and hopefully more to the point by removing the paragraph.

The reviewer writes:
On p. 6 you state: "According to McNamee[5] is a rule of thumb that specificity added with sensitivity should be above 1.6, if the questionnaire is used for screening”. This was taken out of the context! In MacNamee this was true within the context of two phase sampling, but not necessarily outside this context.

Our answer:
We have removed the reference to McNamee. We use Bech et al. [13] and Forsell[17] as references for validation of the MDI and Berwick et al.[14] ,Cuijpers et al.[19] and Rumph et al.[21] as references for validation of the MHI-5.
Under Minor Essential Revisions the reviewer writes:
“Please delete the word continuous (and note that ‘scale’ is enough).”

Our answer:
We have deleted the word continuous

The reviewer writes:

Quality of written English: Needs some language corrections before being published

Our answer:
We have tried to correct the English, we hope it now is acceptable.