Reviewer’s report

Title: Child mental health care in Dutch general practice: Time trend analyses

Version: 2 Date: 10 September 2011

Reviewer: Sarah Hetrick

Reviewer’s report:

This is a generally well written manuscript.

Discretionary Revisions

1. Authors should state if ethics approval was required.

Minor Essential Revisions

2. Authors need to be clear about the age group for whom this research is relevant. They consistently refer to children, but their inclusion criteria in the methods includes those up to the age of 18 i.e. adolescents. Related, it would be interesting to see how diagnosis rates and treatment data differ (or not) for children vs adolescents.

3. The background sets up the argument well, however, it is very heavily reliant on Dutch data and to ensure the paper has relevance beyond The Netherlands, some corroborating international data would be useful to include. There are a number of other longitudinal and epidemiological studies that have been carried out that would be relevant. A few examples include the Dunedin Multidisciplinary Health and Development Study has excellent data on the long term impact of childhood mental health disorders into adulthood; The two National Surveys of Mental Health and Wellbeing in Australia have data on service use and Gavin Andrews has published data and Ian Hickie has published data from the SPHERE project highlighting how few young people receive evidence based interventions for mental health disorders; finally Lena Sanci has published work looking at the recognition of mental health disorders in young people by their GP.

4. Again in the discussion, there are some interesting points made about limited length of consultations and stigma; however, there is a large body of literature that is relevant here and further discussion would be useful; mental health literacy might be particularly relevant as would the paper by Tylee and Sanci in the Lancet (again, Sanci, Rickwood, Jorm and Annemarie Wright).

5. There is a mention of the ‘basic health insurance package’ and this needs to be described more fully and might sit more comfortably with the description of the health system in The Netherlands where everybody has access to a general practice. There needs to be more explanation of what this health insurance means in terms of access.

6. Authors might consider re-organising the paper such that the methods section
conforms to the more traditional organization with headings for design, setting
(where information about the health system, insurance etc… in The Netherlands
is given); participants where information about the GPs included is given; the
intervention (see below for comments about more detail being needed), and
analysis.

7. Toward the end of the background section there is a statement that doesn't
seem to add anything: 'similar initiatives have been taken in other countries' with
UK being used as an example. Either include relevant data from this initiative,
remove, or it might sit further above in the background in the context of saying
something like “as in other countries, such as the UK, various initiatives to
enhance the role of general practice in caring for those with mental health
disorders have been introduced in The Netherlands'.

8. In the last paragraph of the background, the last sentence might more
accurately read “ We will investigate the rate at which different mental health
problems were identified by GPs.....'

9. In the methods section, Authors should include a statement about why mood
stabilisers were not included as one of the prescriptions.

10. In the methods section Authors should outline which of the referrals were to
primary and which were to secondary settings.

11. The issue of waiting lists in mentioned in the discussion but perhaps should
be mentioned in the background (or in a reorganized methods section where
there is discussion of the context in which this research has taken place). Or it
needs to rephrased e.g. It is also true that waiting lists are long and this may
have an impact on whether a GP gives a diagnosis etc….

12. Authors should probably make mention of the black box warnings and
ensuing controversy with regard to antidepressants for children and adolescents
given the finding of a decrease in antidepressant prescribing (consistent with
Anne Libby’s work).

13. There is mention of Youth Welfare Work Officers in the discussion, which
again isn’t prefaced earlier in the paper – this again would sit usefully in a
subsection “setting” in the methods section.

14. More discussion is required of the finding that 2/3 of children do not receive
medication or psychotherapy – what does this mean – is there a significant under
treatment of disorders?

15. Relevant to the final discussion point made about developing effective mental
health intervention strategies appropriate for primary health care, authors could
include further discussion of the growing body of literature about ‘simple’ or less
intense interventions for less severe/mild presentations e.g. Parker A et al trial of
simple interventions; guideline recommendations for lifestyle interventions,
watchful waiting and psych education for depression etc…
Major Compulsory Revisions

16. Authors need to give further consideration to issues relevant to adolescents in terms of access to and engagement with general practice. This age group are less likely to be reliant on their parents and therefore may not be visiting their GP regularly as authors state. Further discussion and referencing relevant to this point is needed through the background and discussion of this paper. Literature published by authors such as Anthony Jorm, Lena Sanci (especially with Tylee in the Lancet) and Debra Rickwood may be relevant here. This is where data on diagnoses made for children vs adolescents (and treatment data for each age group) might be interesting and shed light on access issues.

17. Both in the abstract and then in the main paper, use of ranges when reporting data is confusing and perhaps even irrelevant. I think the authors mean to report the change over time and should report the data this way e.g. ‘between 2004 and 2008 the percentage of children diagnosed with mental health problems increased from five to seven percent, respectively’.

18. It appears that some of the main results reported are based on a simple ‘eye balling’ of the frequency data in the tables e.g. greater referrals to secondary care compared to primary care. I think some statistical testing of the differences between referral rates would be appropriate here if they are to be reported as such main findings (e.g. in abstract).

19. Authors should further comment on applicability of findings to countries where it is not necessarily the case that most of the population is registered with a general practitioner, both in the background and in the discussion.

20. There needs to be further more detailed description of the measures taken in The Netherlands to strengthen the role of general practice in primary mental health care. I assume it was not possible, but authors should highlight that the ideal method/design for this type of study (after a cluster RCT) would be an interrupted time series design where outcome data were measured least three times before the intervention (in this case ‘measures to strengthen the role of primary care providers for people with mental health problems’) was introduced and at least three times after. This type of design helps to account for confounding factors that might impact on the treatment effect. As it is it isn’t clear that the results found are due to these ‘measures to strengthen the role of primary care providers for people with mental health problems’ but at the very least a more thorough and detailed description of this complex ‘intervention’ should be given (it sounds as though consultation liaison was an aspect; was it in line with collaborative care approaches; what aspects were included etc…).

21. It would be appropriate to make a comment in the discussion about guidelines for the treatment of various mental health disorders in childhood and adolescents in relation to the findings. One weakness of this study (and probably of the available data) is that it isn’t clear if the treatments offered were appropriate to illness severity or stage e.g. it might be that those referred for secondary care weren’t appropriate for care in primary care and thus referrals to
secondary care were appropriate.

22. Overall, I am concerned that the conclusions do not reflect the results, which in my opinion have showed a slight increase in diagnosis and overall considerable under treatment (not withstanding comment above that under treatment may not be the case if in fact the identified mental illness were not severe enough to warrant medication or referral to e.g. psychiatrist); and it isn’t clear of the relationship between these findings and the initiatives to strengthen the primary care role in the identification and treatment of mental health disorders; this is primarily because of a weak study design. As such I am not sure how much it adds to the literature/knowledge in the area. These results need to be more clearly articulated and the conclusion might be more along the lines of the need for further education and other strategies and any such further initiatives would ideally be tested in a robust study design.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests