Reviewer's report

Title: Public Views of Acceptability of Perinatal Mental Health Screening and Treatment Preference: A Population Based Survey.

Version: 1 Date: 30 August 2013

Reviewer: Heather Whitford

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Major Compulsory Revisions:

This paper presents some interesting findings but is limited by the low response rate and the baseline characteristics of respondents. These limitations are not fully acknowledged. There is a tendency to over-interpret the findings, particularly the conclusions that are made relating to childbearing women. The Tables are large and do not present the data in a satisfactory manner. Substantial revisions are necessary before publication can be recommended.

Is the question posed by the authors well defined?
1. Brief details of the healthcare system are needed in order to put the survey and findings in context.
2. Background paragraph 2 – ‘women with a history of mental health’ – this is a particular group, with particular issues. Is the literature cited in the background related to this group, relevant to the paper as a whole? Similarly the issues of medication adherence may be different in the antenatal and postpartum periods – these issues have not been clearly explored in the background (however are they relevant to the current study?)
3. If the key reason for carrying out this study was a lack of information about public views on the issues, the background does not clearly explore this literature or establish that there was a need to carry out the study. The background needs to be rewritten to make the gap in the existing knowledge base more explicit. Some of the rationale in the final paragraph suggests a need to explore the views of childbearing women, but does not make clear why the views of the general public are relevant.

Are the methods appropriate and well described? - The methods seem appropriate and well described.

Are the data sound? Does the manuscript adhere to the relevant standards for reporting and data deposition?
4. Results paragraph 1 – the actual response rate as a percentage should be included.
5. Full details of the sample characteristics should be given in Table 1. The age division appears arbitrary and does not give enough information, especially regarding age. 40% of the sample must have been over the age of 64, which
limits the generalizability of the findings to the childbearing age group.
6. Findings for women of childbearing age are reported separately in Results paragraph 2, however it is not clear how many women were included in this group.
7. Results paragraph 3 – details of the multivariate analysis are not given.
8. Table 1 is problematic (4 pages!!) and too much information is included. It should be divided into baseline characteristics (with more detail given) and a separate table presented with attitudinal results
9. Table 2 – the criteria for inclusion in the multivariate model is set at p<0.1, yet the p values are not reported in this table, only the CI for the OR. This is anomalous. A similar problem applies to Table 3. In Table 3 it is not clear what the test of significance applied to.
10. Table 2 is very large and difficult to read. Is this the best way of presenting this information?

Are the discussion and conclusions well balanced and adequately supported by the data? Are limitations of the work clearly stated?
11. The limitations of the study need to be acknowledged earlier in the discussion, particularly the response rate and the characteristics of respondents. There was no attempt to assess representativeness of the sample, so it is not clear what conclusions can be drawn and the survey may be heavily biased by the views of certain groups (over representation of elderly respondents??)
12. The discussion and conclusions are not well balance or supported by the data. There are many examples given below.
13. Discussion paragraph 2 – ‘particularly among childbearing women’ - this should be ‘women of childbearing age’
14. Discussion paragraph 2– ‘our findings endorse the need for low-resource, innovative approaches’ – it is not clear that this conclusion can be drawn from the findings of this study.
15. Discussion paragraph 2– ‘significant provider and system barriers’ – but the study did not investigate these!
16. Discussion paragraph 2 – ‘pregnant and postpartum women’s willingness to be screened’ – but the survey did not ask this group about willingness to be screened.
17. Discussion paragraph 3 – the suggestion that the difference between these findings and those of other studies is due to ‘the implementation of Australia’s National Perinatal Depression Initiative in 2008’ is speculative. The difference may be due to other reasons, including the nature of the sample surveyed.
18. Discussion paragraph 4 – is it concerning that women go to family and friends first? It’s not a surprising finding. This part of the discussion needs to be informed by information about the health service system in Canada in the background.
19. Discussion paragraph 6 - ‘The pattern of acceptability across many forms of
treatment that we observed may be explained by our definition of ‘high’ perinatal mental health, which comprised accurate knowledge of causes and consequences of poor mental health during the prenatal and/or the postnatal period’ – I could find no description of this previously in the analysis.

20. Discussion paragraph 6 - ‘This association between knowledge of perinatal mental health and acceptability of pharmacologic therapy is important to note in that women’s lack of acceptance of taking medication during the perinatal period can be a significant barrier to improvement in women for whom medication is the best choice of therapy’ – this assertion needs to be supported by a reference.

21. Discussion paragraph 6 - ‘Given our findings regarding childbearing women’s’ – the study did not ask childbearing women, only women of childbearing age.

22. Discussion paragraph 9 - how was representativeness assessed? This should have been included earlier and needs to acknowledge any difference in the age of respondents from the age profile of the province. If the age of respondents was generally older, do their views apply to women/families of childbearing age, or childbearing women themselves? This needs to be considered.

23. Conclusion – ‘our findings suggest that literacy may play a critical role as a component of a multi-faceted perinatal mental health strategy that reduces stigma and targets the primary deterrents to obtaining mental healthcare through education for healthcare providers; integrated systems that link assessment, referral, and care; and low-resource, accessible mental health interventions’ – this vastly overstates the conclusion that can be drawn from the study (and is a very long and clumsy sentence).

24. Conclusion – ‘particularly childbearing women’ – NO!!

Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? – yes the literature used is clearly acknowledged.

Do the title and abstract accurately convey what has been found?

25. Abstract needs to state the response rate and the conclusions in the abstract should be revised as the final sentence is not justified by the findings of the study.

Is the writing acceptable?

26. Background is characterised by long paragraphs and long sentences.

27. Discussion – end of first paragraph – incomplete sentence

**Level of interest:** An article whose findings are important to those with closely related research interests

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the
statistics.

Declaration of competing interests:
I declare that I have no competing interests.