Reviewer’s report

Title: Development of mental health first aid guidelines for Aboriginal and Torres Strait Islander people experiencing problems with substance use: a Delphi study.

Version: 1 Date: 8 August 2010

Reviewer: Richard Spence

Reviewer’s report:

REVIEWER REPORT

Overview:
The authors state the purpose clearly and provide a good rationale for the study and its significance in developing first aid guidelines for indigenous persons with alcohol or drug use problems. The background provides a good case of the extent of alcohol and drug usage and related problems in Australia and the specific geographical areas targeted. Epidemiologic survey findings and other sources were cited to indicate that Australians generally and Aboriginal Australians specifically are unlikely to seek help for substance use problems. Accordingly, there is a need for first aid interventions which are responsive to needs and culturally appropriate.

The mental health and substance use disorder terminology in this report could be improved to avoid confusion about whether substance use expertise and services are assumed to be specifically and appropriately addressed under the general rubric of mental health.

The Delphi method is appropriate for developing consensus among experts to glean views based on their practice wisdom and their accumulated experience and insights. Given the need for practice guidelines in the topic area of the study, it is a reasonable approach to identify those who have the knowledge and lead them through a process to document the areas in which they can reach substantial agreement. The authors provide a good description of previous studies and work which were the foundations for the present study.

The present study accomplishes these methods appropriately; however adequacy of the design is questioned due to insufficient documentation of panelist expertise, an insufficiency of representatives from the Aboriginal cultures which are the focus of the study, and the lack of representation of service recipients as experts.

The data analysis procedures are appropriate and conclusions are reasonable although weakened by problems in the makeup of the expert panel.

Discretionary Revisions:
1. Using the term “mental health” as the inclusive category throughout the article to cover substance use disorders as well as psychiatric disorders such as depression, psychosis, etc may be confusing to readers who are mindful of the distinctive characteristics of substance use disorders and their treatment. This problem is reflected in some of the other comments below. “Behavioral health” may be considered as an alternate umbrella term to include substance use disorders as well as the other types of psychiatric disorders.

Minor Essential Revisions

2. Background, last paragraph
The stated purpose of the study is to provide “mental health first aid to a person who is experiencing problem drinking or problem drug use”. This language may lead readers to mistakenly think the intention is to provide generic psychiatric care instead of specific substance use disorder care.

Major Compulsory Revisions

3. Methods: Participants, first paragraph
This paragraph does not provide adequate assurance that participants have sufficient expertise regarding development of culturally appropriate guidelines for first aid for persons with substance abuse or dependence. The inclusion criterion specifies that participants must be working in or to have had previous experience in the fields of mental health or (my emphasis) drug and alcohol.” This criterion permits inclusion of participants who have no work or other experience in substance use disorders.

4. The second part of the criterion in the same paragraph reads “and to have an excellent knowledge of Aboriginal substance and the issues involved when Aboriginal people seek assistance for problems with substance use.” This criterion of “excellent knowledge” is not operationalized. There is no description of the method used by the researchers in determining whether prospective participants had sufficient knowledge in this area.

5. Results: Participants, first paragraph
Only 2 participants were identified as representatives of the Aboriginal and Torres Strait Islander population and culture. This is a significant weakness.

6. Results: Participants, third paragraph
The authors need to clarify whether the experts had employment relative to expertise in alcohol and drug services. According to the list of participant work settings, some participants were employed in fields that do not necessarily imply expertise in providing relevant assistance to persons with substance disorder problems. The list of work settings included universities, government health services, social services, prisons, and forensic services.

7. This paragraph states that panel members experience in the mental health field was extensive, with 15.8% having 21 or more years of experience in the
mental health field. However no information was provided about the extent of participants experience in alcohol or drug problem services. Experience in treating persons with psychoses for example, should not be represented as experience in working with persons with substance dependence.

8. There were no panel members who were noted to be recipients of drug or alcohol services. This problem was correctly identified as a study limitation in the Discussion section. The absence of a customer perspective, and the scarcity of participants (only two) who were Aboriginal or Torres Strait Islander people, are flaws which compromise the credibility of the study.

MINOR ISSUES FOR PUBLICATION

Methods: Participants, first paragraph
The phrase, “and to have an excellent knowledge of Aboriginal substance and . . .” seems to be incomplete.

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

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

**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.