Reviewer's report

Title: A rapid screening tool for psychological distress in children 3-6 years old: results of a validation study

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Reviewer: Mark Jordans

Reviewer's report:

In general, the authors have answered very adequately to the issues raised. The paper has improved significantly. As mentioned before, this study is an important contribution to the field, especially given the young age that the study focuses on. Introduction and discussion are strong and convincing.

Major compulsory revisions:
- While the authors are much clearer in providing a rationale for the instrument and validation thereof, they fail to clarify the core goals, or intended use, of the instrument in settings such as Niger. Is it primary screening to be followed up by clinical assessment? This would beg the question whether instrument is planned to be used on a population level. Or is to screen for provision of services? In which case it is unclear what services are to be offered after such screening (especially as it concerns a non-specific construct that is being assessed). Especially as the RST-22 will be made available to all health actors in Niger, the question as to what will be done upon use of the RST-22, in settings with no available treatments, remains largely unanswered.

Minor compulsory revisions:
- The authors refer to ‘standard cross-cultural validation’ several times throughout the article. I have two issues with that. First, it is not clear what is meant by a standard cross-cultural validation? Does the standard refer to the golden standard, or otherwise? While, I agree that the authors follow the correct steps for validation in a different cultural context, I am not sure what they mean with ‘standard’. Second, rather than validation across cultural settings (and comparisons between these), the present study is the first to validate the RST-22 in a cultural setting that is different from the one where it was developed. If I am not mistaken the label of cross-cultural validation is misleading.
- On page 6, the authors refer to existing instruments that are mainly trauma-focused. I think it might be good to also demonstrate that work has been done in conflict affected settings with instruments that focus on non-specific psychosocial distress (such as the CPDS).
- The authors make reference to ‘three validations’ (page 7). I think this should be ‘three steps in the validation process’. But more importantly, it is not quite clear what the ‘principle validation’ is that is presented in this paper. What are the two secondary steps, if they are not included here?
- Page 13, two clinical psychologists carried out the interviews. If these were part of the team of authors, it would be good to include their initials.

- Page 14, the authors state that they use the ‘cut-off of 17 based on prior use’. This is not clear. How was this cut-off used and why was it used, as the purpose of the validation study should be to establish this.

- How do the authors explain the result that the optimal cut-off is 9 (with differences between indicated and non-indicated groups of ‘only’ 4.7 points), with regards to the large response-scale of 0-44?

- Related to the previous point, it is not clear that the response scale of the reduced RST is 0-44 (instead of the 0-80 as mentioned in the methods section).

- Table 2 does not include the statistics/results on the comparisons between the RST-22 scores compared with the indicated/non-indicated group.

- In the conclusion the authors refer to the need to further test the ‘post traumatic component of the tool’. It is not clear to me how the authors come to this conclusion as results and discussion do not really make mention of this.

- Also it is not clear from table 2 or analyses paragraph in the methods section whether the ROC analyses were done against the CGI results or the response on the question “Does the child need psychological/psychiatric care?”

Discretionary revisions:

- Page 8; rather than ‘hetero-questionnaire’, it might be better to use ‘multiple informants’, if that is what the authors mean.

- The authors have explained that the item reduction process and the factor analyses results will be presented as a separate paper. I think it would be better to mention that in this paper, so that the reader does not interpret this as a potential weakness of the article.

- Page 17-18; the first two limitations are very clear and very pertinent, but I would still argue that both are not necessarily limitations, but rather discussion points. Should the authors not consider presenting both points as discussions rather than limitations (a lengthy translation process I believe is a pre-requisite, and using clinical assessments are often the chosen method over other self-report instruments). The authors have answered in their reply that this is because there is still debate about this, but about the former point I am not familiar with that debate, only with the recommendation for thorough translation.

- In the paragraph in the conclusion on non-golden standard validation, it would be good to refer to some other literature on this topic (e.g. Bolton et al, reference # 41).

- Not sure whether figures 2 and 3 are needed, I would consider omitting these.

**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, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.