Reviewer's report

Title: Service Suspension for Mental Disorders in Armed Forces Draftees in the Penghu Area

Version: 1 Date: 8 December 2010

Reviewer: Abigail Wilson

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Major Compulsory Revisions

1.) Methods, first paragraph: Could you provide an overall prevalence rate? Your study group consists of 152 service members suspended out of 213 who sought psychiatric care. To put this in perspective, we need to know the total population from which this sample was drawn. To arrive at this number, you might look at everyone with an outpatient visit for any reason during the study period. Everyone must have had at least a visit for a physical as part of the military entrance screening.

2.) Methods, first paragraph: Did all 213 apply for suspension and only 152 granted? Please clarify.

3.) Methods, first paragraph: If after six months a control visited an outpatient psychiatric clinic, would that control then become a case? The study period was four years, so clarification on this point is necessary.

4.) Methods, first paragraph: Were the controls randomly selected? This needs to be stated.

5.) Methods, second paragraph; Table 3: Please define high/medium/low willingness to serve/return to camp. Was this exactly how the survey question responses were worded, or was there a numerical scale?

6.) Methods, second paragraph: There is no mention of informed consent. Clearly the study and control groups agreed to participate in the basic data survey, which contained extremely sensitive information. Was there an informed consent process? Did an IRB approve the research? How is this data kept confidential? What identifiers were used to link it to the outpatient data?

7.) Results, general: All analyses conducted were univariate. Multivariate would allow you to assess the effects of diagnoses and Basic Data Survey variables together.

8.) General: I believe a more interesting study, and one that would more accurately meet your objective, would be to use the service members with outpatient psychiatric utilization before service entry as cases, match them to controls without psychiatric utilization before service entry, then follow both groups to see how many have psychiatric utilization during service, presumably
as a result of serving in a stressful environment. This method would allow you to assess what effect the presence of a pre-existing psych condition has; and if it is significant, a statistical authentication for screening out those with pre-existing psych conditions at military entrance. Moreover, it would give a foundation for deciding which diagnoses are most relevant to screen out.

Minor Essential Revisions

1.) Discussion, paragraph 4: The final sentence of this paragraph makes an incorrect inference that low IQ is a result of poor education. The intelligence quotient is a measure of cognitive ability to solve problems and understand concepts. Research shows the score is relatively stable regardless of education.

2.) Discussion, paragraph 5: The final sentence is ambiguous as to whether the lack of service suspension due to alcohol and/or drugs applies to just Taiwan or both Taiwan and the U.S. Please clarify.

3.) Table 1: Could you designate whether or not recurrent episode is mutually exclusive to single episode? (Everyone with a more than one visit also had one visit – if these folks are not included in the Single Episode category, please label “Single Episode Only”). The same issue occurs with the Personality Disorder category – are service members with both also listed individually in the Antisocial and Borderline? If not, add “Only” to these.

4.) Table 2: Could you designate whether or not both alcohol and drug use is mutually exclusive to the individual categories?

5.) Table 3: Are all the survey questions with responses “Ideation/Plans/Attempts” mutually exclusive? If someone attempted a homicide for example, they also planned it, etc. Please clarify.

Discretionary Revisions

1.) Readers may be interested in some discussion on which diagnoses would be screened out at conscription. Would the Basic Data Survey be administered to all candidates? Would the diagnoses be what the U.S. uses? Again, with a prospective design/modeling you could see which diagnoses predict adjustment reaction.

2.) Your finding that the study group was less willing to serve in Penghu is interesting. It would be nice to have some discussion suggesting possible reasons as well as references.

3.) Many of your references are old – there are more recent papers that would support your findings.

What next?

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- Unable to decide on acceptance or rejection until the authors have responded
to the major compulsory revisions.

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

Quality of written English
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- Needs some language corrections before being published.

Statistical review
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- Yes, and I have assessed the statistics in my report.

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