Author's response to reviews

Title: A systematic review of help-seeking interventions for depression, anxiety and general psychological distress

Authors:

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Author's response to reviews: see over
Dear BMC Psychiatry Editorial Department,

Re: MS: 1947764481658756
A systematic review of help-seeking interventions for depression, anxiety and general psychological distress
Amelia Gulliver, Kathleen M Griffiths, Helen Christensen and Jacqueline L Brewer

Thank you for providing the reviewers’ comments on the above manuscript. We have now addressed the issues raised. Our responses to each of the reviewer’s comments are as follows:

Reviewer: Su Yeon Lee

**Major Compulsory Revisions:**

1. Either in help-seeking theory or discussion section, please address how authors’ suggested conceptual model of help-seeking overlaps with and/or differs from other well-established help-seeking models, such as the Anderson model.
   We have now included a description of the Andersen model (p.5-6) and explained the difference between the models designed specifically for mental health help-seeking and the theories that have been applied to mental health help-seeking.

2. Please briefly explain the nine-item EPOC risk of bias criteria in the methods section. Summarizing the risk of bias in scores is less helpful than providing details on which biases are present in the study. In the study quality section, please report types of biases authors noticed.
   An explanation of the EPOC tool has been added (p.10) – “a measure designed to assess potential sources of bias for studies involving a control group. Items are designed to measure bias relating to inadequate random allocation sequence and allocation concealment, differences in baseline outcome measurements and characteristics, inadequate treatment of missing outcome data, researcher knowledge of allocated interventions, contamination between the conditions, and selective outcome reporting as well as any other risk of bias.”. A summary of the biases in the majority of studies is present within the discussion on p.17 (marked in grey) and information on the specific sources of bias for each study has been added to the quality ratings column in Table 1 with explanations of the indicated bias in the table notes.

3. Please provide information on the response rates and attrition in each of the intervention and control group, as they influence the internal validity. Perhaps these numbers can be added to the table in the ‘setting’ column.
   Response rates have been added to the “setting and recruitment” column where possible, and attrition rates are reflected in a new column – “N, Post, FU”.

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4. Please discuss other factors of help-seeking that included studies did not address, but researchers should consider addressing in the future. (This comment is related to #1).
The discussion includes a consideration of areas for future research such as older age groups (p. 17), and those who may be in current need of help (p. 18). In addition to this, we have added a section to the end of the discussion to indicate that future research may benefit from designing interventions framed around a particular model or theory (p. 19-20). – “In addition, only one study [39] in the present research designed an intervention based on a help-seeking model. It may be of benefit to the help-seeking field if future researchers were to use a model or theory of help-seeking as a basis for their intervention design. As Costin et al. noted [39], this may allow the targeting of model-specific factors that could inhibit the progression through the help-seeking process, such as how to contact a mental health professional, and what to expect in a consultation.”.

Minor Essential Revisions:
5. All throughout the paper, please refer to studies by the author’s surname, e.g. “Donohue et al.” rather than simply citing the reference number. This would help readers to compare the written part with Table 1.
As the referencing guidelines for this journal require a numbering system, we have added reference numbers into Table 1 to allow for the identification and comparison of the papers between the table and the manuscript.

6. In the results section of the abstract, please report effect sizes in the parentheses.
Effect sizes for mental health literacy content have been added to the results section of the abstract (p. 2).

7. In the background section, please cite other nationally-representative studies (e.g. NCS, NESARC, ECA, etc.) when reporting the prevalence of mental health service use among adults with mental illness.
An additional relevant reference has been sourced for the National Comorbidity Survey (NCS) (reference 18, p. 5) and the statement has been modified accordingly.

8. When addressing the prevalence of mental disorders and help-seeking, please clarify if each estimated prevalence is point, past-year, or lifetime prevalence.
These have been clarified as 12-month prevalence rates (p. 4).

9. Please clarify the use of words, effectiveness vs. efficacy, and ensure that they are not used interchangeably.
Given that the included studies comprised either efficacy or effectiveness studies, all references have been altered to “efficacy or effectiveness” (p. 2, 7, 9, & 10).

10. In methods, please provide details on the inclusion criteria for “help-seeking from professional sources”. What constitute professional sources?
This has been clarified as “(i.e., general practitioner or a mental health professional)” (p. 9).

11. Quality rating is missing from Table 1 of the PDF version of this paper. Please correct that.
The table has been reformatted to correct for this.

12. In setting and delivery mode section, please provide more details on sampling procedure and types of communities (e.g. household, community centers, etc.) from which the study populations are drawn.
More detailed information on sampling procedures and participants has now been provided in the “setting and recruitment” column (e.g., Community survey sent to random selection of 27,000 people on the Australian electoral roll (compulsory registration), Response rate: 6130 (22.7%); 657 (2.4%) met inclusion criteria). Response rates have been added to the “setting and recruitment” column where possible, and attrition rates are reflected in a new column – “N, Post, FU”.

13. Please provide details on the type of CBT Christensen et al. used.
A description of the CBT content has now been included (p. 12) – “online CBT using cognitive restructuring, behavioural techniques such as pleasant events scheduling, relaxation, and problem solving”.

Reviewer: Nicola Reavley

(Very) minor revisions:
1. The sentences referring to ‘delivering mental health literacy’ (p12 and 14) sound strange and could be reworded as mental health literacy (defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention”) is an individual attribute rather than something that can be delivered.
   This has been reworded to “information targeting mental health literacy” (p. 12-13).

Discretionary revisions:
2. Given that the authors include a section on help-seeking theories and models in the Introduction, it would be interesting to see the results of the review discussed in the context of these theories.
   We added comments relating to the theories included into the discussion as follows:
   “Attitudes or beliefs are widely regarded as theoretically influencing behaviour [22, 24, 26-27, 31]. However, it is not clear what impact altering help-seeking attitudes is discernibly producing on help-seeking behaviour“ (p. 16).

   “It would be expected that help-seeking behaviour would be more likely if the individual is symptomatic and therefore had a perceived need to seek help [26-27].” (p. 18).

   “Providing destigmatising material as well as measuring its effect is particularly important, as subjective norms or beliefs about what others think about help-seeking, are thought to influence intentions [22].” (p. 19).

   In addition, as mentioned above, we have added a section to the discussion (p. 19-20) indicating the need for future research to address a model or theory in their intervention design.

We hope these modifications and responses are acceptable.

Yours faithfully,

Amelia Gulliver