Reviewer's report

Title: Psychological predictors for attendance of post-test counselling and linkage to care: the Umeed cohort study in Goa, India

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Reviewer: Sean Lynch

Reviewer's report:

This is an interesting and well-written article which addresses an important problem, particularly for lower and middle income countries. The article addresses the potential impact of common mental disorder on utilisation of counselling and treatment services after testing for HIV. The length is appropriate and it is clear in structure.

The background literature to this problem is well described with appropriate and recent references and sets the scene well for the study. The methodology is well described and hypotheses to be tested are reasonably well defined. The reasons for exclusion and data loss are very well-described. Ethical issues and approval are well described and considered. The discussion of limitations of the study and the applicability of the results is thorough.

Minor Essential Revisions

There are a few grammatical mistakes e.g. “We used chi square tests were used...” (line 217) ..mutivariable analysis.. “ is this multivariate? (line 227) and possible omissions – what potential confounders were adjusted for? (line 228) which I would suggest the authors amend.

Also, there a few points which I feel need greater clarity and more discussion.

Data on the reasons for patients attending screening and on their preceding physical health and mental states (including alcohol complications) and their interpretation of the level of exposure risk and cause of exposure, would be important to analyse if available. It is possible that participants attending for screening with possible AIDS-defining illnesses or infections have a prior awareness of this already and may have a view on the likelihood of having a positive test result. Were the participants’ expectations of the result of the test identified in any way (this could be inferred from the measures and data collected at baseline), as this would be important to analyse? Another, tentative interpretation is that patients that are already likely to have such illness burden (undiagnosed but likely HIV disease) might have a greater likelihood of having a common mental disorder.

I was not clear what happened in the case of poor literacy in study participants (this is mentioned by the authors even) when questionnaires were administered, as the reading age required for the questionnaires might be challenging for some participants.
The authors must make clear whether the screening questionnaires for mental disorder were only studied at baseline or whether the study used the “two stage” methodology. The term “prospective” study might be interpreted by some readers to indicate a cohort study of psychiatric morbidity and not prospective in terms of the physical healthcare pathway i.e. post-test counselling / health service utilisation. Also the authors imply in the discussion that continuing assessment or awareness of common mental disorder might be important in determining treatment uptake and possible prognosis in this group. If there are any such prospective data on psychiatric morbidity after the test results for HIV are known, this would be a very important addition to the study. This is important as although the instruments used are all reasonably good in terms of their validation characteristics, there is an unavoidable misclassification rate. Also, some “common mental disorder” might be reactive to the stress of assessment and testing, this would be clarified by post-test assessment by the same questionnaires.

In discussion, I would suggest that the authors are clearer on the future research they envisage which will build on the results of this paper.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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