Reviewer's report

Title: Posttraumatic Stress Disorder: An exploratory study examining rates of trauma and PTSD and its effect on outcomes in Community Mental Health

Version: 2 Date: 4 January 2005

Reviewer: Rita Rosner

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The manuscript has two major merits: First the study is based on data from an applied clinical setting in Australia and therefore deals with patients of a possibly underrepresented area in research on PTSD. Secondly it explores the relationship between PTSD and other psychiatric disorders.

Major compulsory revisions

Although BMC has no real space restraints, the paper should be more concise in many areas. The background section and the outcome section should be shortened. The specific hypotheses (or as it is an exploratory paper ? research questions) could be formulated more precisely.

Especially the outcome section is not focused on the results of the study. The authors summarize the results of other studies, without discussing their results. An example for this is the section on substance use and misuse, which is already introduced in the introduction of the paper. Yet there are no results (or almost no) of the study concerning substance use. Therefore the discussion is dispensable.

Occasionally the writing follows not the usual scientific style of writing (p. 5: ?The challenge for mainstream psychiatry is clear!?)

In the section on Sample Selection and Procedures a number of issues remain unclear:
1. How many clients rejected participation ? in other words what was the response rate?
2. How many contacts happened between Case Manager and Client? It may well be that there are no results in the WAI, because there were no real contacts? What kind of treatment did the clients receive?

Instruments: A repetition of DSM-IV criteria is not needed in a manuscript and therefore Table 1 can be omitted.

Results:

The demographic information could be presented as a table. Is it correct that 18 subjects completed high school and were unemployed at the time of study? I am not familiar with the unemployment rates in Australia, but as this number is quite considerable, one might assume that this sample is not representative for Australia. Is it representative for this CMHS?

As the authors did not formulate precise research questions it is very difficult to understand the authors choice of presented analysis and results. For example: the analysis on rates of trauma and PTSD for the clients and CMs. Were the authors interested in differences or in the correct recognition of traumatic events and PTSD by CMs? If so, and the writing does indicate this, Cohens Kappa might be the appropriate statistical procedure.
It remains unclear why the authors used a median-split and analyzed it with an Anova. The hypothesis should be explained as well as the chosen methods. Furthermore the data of only 20 clients is included in the analysis. It should be explained, what happened to the other 7 subjects.

Discussion:
The authors state that their sample is representative. Yet the evidence for this assumption is not given in the manuscript. If the sample is representative for clients in this specific CMHS there should be a comparison in terms of demographics with the CMHS-clients in general. If the authors assume it is representative for Australia in general there should be a comparison on general demographics as well.
On the basis of the data presented in the manuscript it seems likely that there has been some kind of selection (maybe the response rate?). Even if one considers the sample representative the number of only 27 client-case manager dyads is very small and as such hardly allows the far-reaching conclusions the authors draw. Furthermore only 17 clients participated at Time 2, which means that the results are even more difficult to discuss.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Many minor spelling and editing mistakes, such as DSM111 instead of DSM-III-R or missing prepositions (for example in the abstract ?levels trauma? instead of ?levels of trauma?), leave the impression that the manuscript has not been carefully edited (Further examples: Over-arousal at page 6; the correct term is hyper-arousal and the authors use it later in the text; missing ?=? on page 16 ) (Table 2 shows that 11 clients described sexual contact under 18 years, while the text (see page 15) mentions 12. The numbers in table 5 are shifted.)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests