Author's response to reviews

Title: The assessment of depression awareness and help-seeking behaviour: experiences with the International Depression Literacy Survey.

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Author's response to reviews:

Reviewer 1

Major Compulsory Revisions
1. The questionnaire has now been appended to the manuscript, and rationale for item inclusion has been reduced.
2. The discussion now includes acknowledgement of and references concerning the broader context of cross-cultural attitudes and concepts of depression, as well as noting limitations of the current study, especially the sampling technique.

Minor Essential Revisions
Nil.

Discretionary Revisions
Nil.

Reviewer 2

Major Compulsory Revisions

A) Sample description
It is now stated in the sample description how many of the Chinese students had a medical or healthcare background and how many of the medical students had an ethnic background.
Re: Table 1. It was suggested that more information should be included, such as nationality and length of living in the country. The latter information was not collected in the survey. The issue of nationality is now addressed in the text.

We are unsure what was meant by the comment "(What signifies: 76% of Chinese lived outside the country?)", however, reviewing these data have alerted us to the problematic nature of this item. Whilst all subjects completed the survey in Australia, and were studying in Australia, not all subjects answered 'Australia' when asked the question "In which country do you live?". For instance some ethnic Chinese students answered 'China'. Consequently the question "Have you ever lived or studied outside the country in which you now live?" for some meant outside of Australia, and for some outside of their 'home country' or 'country of origin'. Because of this confusion, this item is no longer reported in the manuscript, and has been modified in version 1.2 of the questionnaire.

Participation
Unfortunately participation rates were not routinely documented (a consequence of convenience sampling), however, detailed information on how many students completed all sections of the survey is now provided in the results section. The convenience sampling resulted in unequal sample sizes.

Discussion
The discussion now includes a section on the limitations resulting from the sampling methodology.
B) The reviewer suggested that "in order to establish sensitivity to culture and training, effects of culture and training have to be disentangled".

While the reviewer did not suggest ways to address this issue, we have attempted to do so by conducting two sets of analyses (instead of comparing all four groups at once). The first set of analyses examines the effect of culture (comparing the ethnic Chinese students with the ANU students); the second set examines training effects (comparing the 2nd and 4th year medical students).

C) re: use of Chi-square, and issues of multiplicity
The revised analyses facilitate a more straightforward interpretation of the chi-square results, a significant departure from the null hypothesis now pertaining to a two group rather than a four group comparison. The issue of multiplicity has been addressed by imposing a Bonferroni correction on each family of analyses, making the alpha more conservative.

D) re: rationale for item inclusion
We hope that inclusion of the actual questionnaire will go some way to clarifying the inclusion of both "Major health problems" which are broad health categories as well as "Specific illnesses". The rationale for inclusion of items such as "road traffic accidents" is described in the methods section, examining the salience of mental disorders in the context of other disorders also imposing substantial burden, and inclusion of various health problems or specific illnesses is based on World Health Organization DALY (disability adjusted life year) calculations. Determining the salience of depression can only occur in comparison with other disorders.

The demographics were included in two sections - one at the start of the survey, and one at the end - as items considered essential were included at the start (to maximise responses), and those considered less important (living arrangements and employment status) at the end of the survey, which some respondents may not complete if they decide to terminate the survey during one of the previous sections.

Minor Essential Revisions

Page 18: Table 8 not 6b - now corrected.
Legend of tables: more information is now provided regarding missing values.
Table 1: Test statistics. P values are now provided.
Table 2 and 3: "It might be helpful to refer in the title to the instruments used, in order to suggest a reason for the discrepant variable labels". It is envisaged that the inclusion of the survey with the manuscript will address this issue.
Table 6: The row containing drug and alcohol dependency has now been expanded to reveal 'sedatives'.
Page 19/Table 9: the legend now contains explanations of K10 and SPHERE.
Language: Much of the results section has been rewritten. More emotive language, such as "particularly striking" and "again surprising" has been replaced. "Likely" is now only used in the context of survey questions posed as "how likely would you be to ......".

Discretionary Revisions
- asterixis are now no longer used to indicate significance of P values.
- The information on prevalence, helpful treatments for depression and views on people with depression have now been included in extra tables, and the wording in the last paragraph of the "Common behaviours" section has now been changed.