Reviewer's report

Title: Divorce and professional care seeking for mental health problems in Europe: a cross-sectional population based study

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Reviewer: Inez M.A. Joung

Reviewer's report:

This could be an interesting paper in its field. However, my main objection to the current paper is that in my opinion the variable country should have been taken into account in the analysis. Since the data of the different European countries are now pooled in the analysis, it is conceivable that (part of) the findings could be explained by unaccounted differences between countries. Secondly, based on these data with different time frames for the variables for professional care seeking and health, it cannot be concluded that ‘the higher professional care seeking of the divorced cannot be attributed to mental or physical health factors’.

Major Compulsory Revisions

1. the data consist of face-to-face interviews with citizens of 30 countries in Europe; these countries might differ with regard to, among others, divorce rates, permissiveness towards divorce, inclination toward reporting mental health problems, health care system, health care insurance systems, educational system. By not taking country into account in the analysis and checking for interactions between country and the determinants, the outcomes are likely to be biased. The outcomes might show spurious associations or might seem to point to the absence of associations where they do exist. E.g., the mental health problems might be larger among divorced people who live in countries that are less permissive of divorce, thus in countries in which divorce is still stigmatized, whereas mental health problems might be absent in countries permissive of divorce. How many divorced people from the sample live in countries that stigmatize divorced people relative to those from countries that are permissive of divorce? Could the fact that educational level was not related to professional care seeking be explained by differences between countries: are there countries in which people with a high educational level are more inclined to seek professional care for emotional or psychological health, whereas in other countries people with a low educational level might be more inclined? Could the fact that the higher professional care seeking of divorced people was not explained by educational level be explained by an interaction effect between divorce and educational level and country? Thus what happens with the outcomes when country is added to the models and when the models are tested for interaction effects between country and the determinants of professional care seeking?

2. with regard to the limitation in reference to time, the authors only mention that they cannot rule out a possible selection effect, but state to believe that at least a
part of the differences in mental health care use is a consequence of the divorce. However, in my opinion there is a more important problem with regard to the time frame which is not addressed. The outcome measure, total mental health care use, pertains to the period of the last 12 months. Mental health is measured with regard to the last 4 weeks. By adjusting the differences in mental health care use in the last 12 months between the divorced and married by their mental health in the last 4 weeks, the effect of mental health is likely to be underestimated. Mental health problems are presumably largest in the period surrounding the divorce, but will decline in time (partly as an effect of successful help by mental health care professionals). By using variables with different time frames, the effect of mental health is likely to be underestimated. Is it likely that the differences in mental health care seeking could be totally explained by mental health when similar time frames would have been used?

3. it seems that there could also be residual confounding by other factors, such as religion and degree of urbanisation. Have the authors information on these variables? How could these variables effect the outcomes?

4. is the categorizing of educational level valid? This might differ between the school systems in the different countries. In the Netherlands for example, if you would go to university that would take you 8 years of primary school, 6 years of 'high school' en 4 years to obtain your university degree, making a total of 18 years, so hardly anybody would fall in the highest category. If this is different for other countries, depending on country, people with a university degree would be categorized in the category 16-19 years or in the category 20 or more years.

5. widowed people were also found to have higher rates for seeking professional care, however the higher rates disappeared when adjusting for work status. This might be an effect of multicollinearity between widowhood and retirement. This should be mentioned in the discussion section

Minor Essential Revisions
- there seems to be some Dutch English in the paper. Please check. E.g. 'much research has been occupied with...', 'the stigma on divorce', 'as concerns gender'  
- I was surprised to find a pharmacist among the list of health professionals the respondents could have contacted for an emotional or psychological health problem. Are there countries in which a pharmacist is consulted for emotional or psychological health problems? It seems more like self help, going to a pharmacy and buying unprescribed medicines to alleviate emotional problems  
- on page 8 it is mentioned that the sample consisted for 49.4% of women and 50.4% of men; these % do not correspond with the % from table 1

Level of interest: An article of importance in its field  

Quality of written English: Needs some language corrections before being published
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