Author's response to reviews

Title: Internet-based Self-Assessment after the Tsunami: lessons learned

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Version: 7 Date: 24 November 2010

Author's response to reviews: see over
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Version: 6 Date: 11 November 2010

Author’s response to reviews: see over
Reviewer's report
Title: Internet-based Self-Assessment after the Tsunami: lessons learned
Version: 4 Date: 10 March 2010
Reviewer: peter van der velden
Reviewer's report:

Manuscript
RE-REVISED version of manuscript: Internet-based Self-Assessment after the Tsunami: Lessons Learned (Vetter1, Rossegger, Elbert, Gerth, Urbaniok, Mueller1, Rossler, & Endrass).

I will describe my comments below (major compulsory revision).

Abstract
".......in order to provide an additional choice in mental health care...". This suggest more than the study/project provided: it “only” provided an online screening and advice to seek care.

"Onset helped a significant proportion...". We do not know from this study if it helped participants. This may be true from the view of the researchers, but no data was presented to support this conclusion. The aim of this study was to present “lessons learned”. When reading the results and discussion I believe other findings are much more important to mention here (see below).

We have revised the abstract and deleted the passage that it „helped a significant proportion“.

Sample
I still don’t see why all non-Swiss respondents were included in the analyses. The introduction public campaign took place in Swiss media. In the aforementioned paper of Vetter (2008), the authors exactly used this strategy (Focusing on Swiss). Attention to this aspect in the discussion (a practical lesson) that people from outside Switzerland also used ONSET seems enough.

This question has been answered in previous reviews and was not found to be problematic by two other reviewers. We decided to use the data of the larger sample and we therefore traded homogeneity for sample size.

Since no validated questionnaires on depression, anxiety, obsessive-compulsive disorders could be used, it seems much more appropriate only to use terms such as symptoms instead of disorders.

Thank you for pointing this out and we changed the text accordingly.

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The authors present transformed scores on mental health problems (PTSD, anxiety, etc). To able to interpret findings raw scores should be presented as well (see previous review). The authors called this paragraph: Psychiatric consequences of the Tsunami. In the cover letter as well in the revised manuscript, the authors note that the PTSD symptoms were not necessarily related to the disaster. This was also true for examined symptoms such as depression and anxiety. Besides the fact that a clear presentation of these measures is almost absent (and should be provided), this indicates (see also comment on page 8) that this sub-title should be revised (for instance into Examined mental health problems).

As suggested by the reviewer, we changed the sub-title into “Examined mental health problems”

In the cover letter the authors stated “We do not believe that the questions about exposure were insufficient”: in other words they believe the questions are sufficient. This suggest that 59% filled in ONSET but were not directly (not witnessing themselves, no injured friends/acquaintance, no lost friends acquaintance, no lost property, not injured, not lost family member, no injured family member) affected by the disaster. PTSD scores could be attributed to other potential traumatic events. Although I do not see why so many non-affected people would fill in an questionnaire related to the disaster while they were not directly affected (perhaps a very important lesson the need to be discussed much more in detail), it would be consequent to consider this large group explicitly as a control group of Swiss since they had no exposure (see tables).

As suggested by the reviewer, we stated in the result section, that the group of non-exposed subjects
could be interpreted as a control group.

Please provide a table of “advice to seek help” for each of the 5 exposure groups.

We added this information into table 3.

Discussion
After reading the discussion, I compared it with the Vetter et al. (2008) paper. Several topics that were mentioned here, were already mentioned briefly in the earlier paper. This brings me to the question: what's new and does it justify a full new paper?

I believe a new paper is relevant, but in that case the authors should discuss all pro's and con's of ONSET, important solved and unsolved problems, important examined and non-examined topics, much more in detail, critical and moreover in structured way than the current discussion does. The aim of the present study is “lessons learned”. Thus: what are the lessons concerning topics such as media campaigns, use of used questions and questionnaires, absence of norm-tables or comparison groups, response in and outside Switzerland, algorithm for the decision to advice to seek help, the interpretation of results, non-examined topics that appear to be important to interpret findings.

For example: Given the remarks on the PTSD-symptoms in the discussion, a critical reader could think: If it is so unclear what this measure presents, why was it used at all in the perspective of this project? The respondents were given advice on the basis of these scores, but given the (unclear) status of these scores is this ethical? ONSET was organized for Tsunami victims: why wasn’t the PTSD measure exclusive related to the disaster (as in many other studies). If the authors had a second chance (for example a new Tsunami with many Swiss tourist): which measures/topics/questions should they use/address again, which should be abandoned, and which new measures/topics/questions/etc. should be incorporated? If more than half was not directly affected, and 4 out of 10 was given advice to seek help, what does this tell us about the Tsunami effects and about the general mental health status among the Swiss population?

In other words: the paper could much be improved if the authors provide a clear list of themes/questions/decisions/etc. that are accompanied when starting/using a online screening instrument after a disaster, and ((partly)based on their own experiences) provide/discuss a list suggestions/answers, etc. Perhaps it would help the authors if they asked themselves to following question: what would you advice others who want to start such a program after a new disaster?

In this way the manuscript could add really interesting and relevant information for researchers, mental health professionals and policy makers.

Though the reviewer raises interesting questions, these issues go beyond the scope of this paper.