Reviewer’s report

Title: Internet-based Self-Assessment as Valuable Monitoring for Public Mental Health

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Reviewer: peter van der velden

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This manuscript analyzed “the outreach and usefulness of an internet based screening instrument after a large disaster” (the method on which the first paper was based). I believe that the use of internet in post disaster mental health care programs opens new additional ways to meet potential needs of victims, so I have read the manuscript with much interest.

First question I had in mind after the reading the abstract was: how did the authors define a.) outreach and b.) usefulness. Explanation of these terms is crucial for understanding the outcomes of this project: was there outreach and was it useful? In the manuscript these two crucial terms were not explicitly defined, limiting the interpretation of findings and offering conclusions (especially the term usefulness).

Another important comment on the first sentence of the abstract is: is there no resilience among victims? Should all victims seek help? I assume that the authors meant to say “many victims with severe ongoing mental health problems do not or wait to seek professional care, while they may have benefit from it” (that is something completely different in my view) (Cf. Bonanno, 2004).

Background

The Background paragraph starts with a brief overview of possible mental health disturbances after traumatic events, instead of directly focusing on disasters. I believe that the studies of Norris et al, 1999, 2005, and Galea et al. (2005) are more of interest for this paragraph. Stating that 5% will develop PTSD after a natural disaster is misleading.

It was unclear why attention was paid to risk-factors: were they used to give advice and is that the reason why they are mentioned here?

The authors assume that “early” screening stimulates victims with severe mental health problems to seek mental health services (MHS) care, but did not explain why such a screening procedure increases MHS utilization. One could expect that those who fill in a screening instrument and have severe symptoms, are already aware that they do have problems (especially after a few months, since posttraumatic during the first weeks are considered normal reactions to abnormal events). In addition, the authors wrote that they were offered early interventions: was the advice to seek help when symptoms did not decrease after 1-2 months or when victims were uncertain about their health, not part of the early
intervention? Just referring to the NICE guidelines is insufficient.

I disagree with the simple statement that victims do not seek treatment because of avoidance. Systematic reviews have show that PTSD symptoms are the most robust predictors of MHS utilization (Cf. Elhai et al. 2005, 2007; Jankovic-Gavrilovic et al., 2005).

In addition, if (what I question) avoidance as a PTSD symptom is a reason why victims with severe symptoms do not seek treatment, why should they seek screening (a rather confronting act) and seek treatment afterwards?

Several pro’s and contra’s for internet based screening are discussed. I believe that the manuscript will improve when both are discussed in much greater detail, because it serves as fundament of the project. In addition, the authors should pay more attention towards the fact MHS is definitely not the only intervention that may improve health: when victims are facing enormous practical, medical, financial etc. problems, other interventions may be very much more effective. In addition, NPV’s and PPV’s form a more serious problem than the authors inform us about.

The authors refer to Katrina web site. The authors should explain better the differences between this site and the site of the authors, and stress the enormous differences between the two disasters, i.e. American and Swiss survivors.

Methods

Population

I suggest that the authors provide a clear flow chart of respondents, based on time assessment (f.i. month), country of origin, age, etc., instead of the current description. Furthermore, I would like to see a table summarising all efforts (with time table) to let the Swiss public know that a special site was available. I will give the readers a good impression about what is needed to be successful. I far as I can understand, it is possible that people participated two or more times. If so, this should be noted explicitly!

With respect to the term “outreach”, a clear distinction should be made between knowledge of the existence of the site, and use of the instrument.

ONSET

The manuscripts needs a more structured and detailed description of all measures (plus number of items of each scale, and cronbach’s alpha), and how the scales were translated (forward and backward?).

Aim of the project was, as far as I can see, to stimulate victims with severe symptoms to seek help. This is especially relevant for those, who did not already seek MHS of visited their GP for this reason (did they talk with professional care providers about their problems?). Don’t the authors have any information about these highly relevant activities of the victims? If not, I believe that they missed crucial information.
At the end of the procedure respondents were given advice. Have the authors any information about the experiences of the respondents with the screening/outcomes, about their future plans given the outcomes? Were they, in case of a positive advice (contact GP) inclined to visit their GP?

In my personal view, without this information (previous use of MHS/GP and inclined to seek help), it is almost impossible to draw any meaningful conclusion about the usefulness of this project (and should, in my view, not be the aim of the manuscript).

Moreover, we learn nothing from the manuscript which algorithms were used to give advice to visit their GP. This information is essential. In case the authors had discussion about several possible algorithms, I suggest that the authors offer a brief overview of these possible algorithms and why the one which was used was the best according to the authors. We might learn something from this discussion.

Analyses

I have read the analyses paragraph, but could not discern any relationship with the aim of the study. Of course I can speculate on that, but that is not my task.

Results

Nevertheless, with the general aim of the study in mind, I had some questions. It seems that a large proportion of the Swiss tourists participated (estimated 2000-3000, while in this study 2219! Swiss participated). I would suggest that the authors solely focus on Swiss participants. Much attention, and not without success!, to the site was given in Switzerland. However, we must assume that they were from Switzerland.

During a period of 6 months victims could fill in the screenings list. Assessing outreach was one goal of this study. I assume that the authors meant; use of instrument given the knowledge of the existence of the site. Another reason to focus on Swiss.

In the manuscript, several exposure groups were compared. One of the groups was described as no-exposure, when they did not meet the criteria of the exposure sub groups. I have serious concern about this group. The 5 questions are important, but hardly cover other relevant exposure. In addition, for me it was unclear what was meant by “witnessed the tsunami” (the water, other victims, messages in the MEDIA, the destructions, the aftermath, etc?).

For me, the reason why comparisons were made between the five exposure groups was unclear (see above). I can not interpret the findings, because I do not know the structure of the sub scales depression, anxiety, etc.

In the perspective of outreach, I expected analyses of differences between respondents who participated at months 1,2,3,4,5 and 6 (Cf. Donahue et al. 2006), Results might inform us about the outreach and characteristics of victims at different time intervals. In addition, for each period the number of respondents
who are advised to seek help should be provided.

Discussion

Given the above described comments, I believe that a review of the current discussion is not very useful.