Reviewer's report

Title: The performance of the K10, K6 and GHQ-12 to screen for present state DSM-IV disorders among disability claimants

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Reviewer: Jennifer Green

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Review of: The performance of the K10, K6 and GHQ-12 to screen for present state DSM-IV disorders among disability claimants

This is an interesting and well-written study of K10, K6, and GHQ-12 screener validity for predicting DSM-IV disorders among disability claimants. The primary strengths of the manuscript are the use of the CIDI structured interview to establish screener validity and the exploration of a range of cut-points and discussion of how they could be used to inform practice.

Major Compulsory Revisions:

1. The authors describe the use of mental health screeners in disability claims cases. However, I think it would be important to include a discussion of how the results in this disability claimant study compare to validity estimates in other populations and how the cut-points established here differ from cut-points previously established. This seems particularly relevant in the choice of the K6 cut-point of 14, which differs only marginally in its dichotomous AUC value \(((SN+SP)/2)) from the Kessler et al. (2003) K6 cut-point of 13 in a community sample.

2. More information is needed about sample selection and study design. First, the authors describe this study as part of a larger prospective cohort study with one-year follow-up. Were these data collected as part of the initial wave, or in the follow-up? What was the purpose of the larger study and might that have influenced the respondent sample? The authors note that there were a total of 1544 “eligible” disability claimants. What were the eligibility criteria? How do the 293 participants in this study compare to the 1544?

Discretionary Revisions:

1. The authors note that the imperfect overlap of the 30-days assessed by the CIDI and 30-day screeners could potentially decrease validity estimates, but are unlikely to because of the nature of chronic disability conditions. To test whether this is the case, the authors could also compare the screening scales to 12-month CIDI DSM-IV diagnoses. This comparison may, actually, be a more important one than comparison with the 30-day CIDI diagnoses, because it would provide information about the extent to which screeners identified disorders affecting claimants in the past year, which is perhaps a more useful time-period for service planning.
2. Readers may benefit from a discussion of whether to use the K6 or K10 – in terms of the balance of screener length vs. validity results.

Minor Essential Revisions:
1. Abbreviations such as IP and RTW should be defined.
2. On page 7 and in Table 2, the authors note that ICD-10 classifications are “a primary cause for disability.” Are they the only cause of disability, or one of many? What are the other causes of disability?
3. On page 9, it would be helpful to clarify that the analysis of internal consistency is again using the sample of 293. Related to this, the sample size should be included in Tables 3 and 4 for clarity.
4. In Table 1, types of mood disorders add up to 17.7%, but any mood disorder is listed as 25.2%
5. “Educational level”, included in Table 1, should be defined.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I have no competing interests.