Reviewer's report

Title: Incidence Rates of Sickness Absence Related to Mental Disorders: A Systematic Literature Review

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Review BMC Public Health

Dewa et al. – Incidence Rates of Sickness Absence Related to Mental Disorders: A Systematic Literature Review

The manuscript reviews the literature on incidence rates of sickness absence related to mental disorders. An overview of sickness absence rates over the world may be an approach to identify countries with more or less effective practices. The manuscript is well written, however the typology of countries seems to be included at a later stage. In my view, this can be integrated more into the manuscript. The typology is described in a separate heading called background, is not referred to in the results and discussion section of the abstract and the significance and general role of the typology could be more strengthened.

In my view, the literature is too heterogeneous to reach conclusions regarding countries or type of welfare states with low incidence rates related to mental disorders. The next step, identifying effective practices from these countries with low incidence rates is yet a bridge too far. Conclusions regarding the incidence rates of sickness absence related to mental disorders cannot be reached adequately. In this respect, the findings of this review are disappointing. The discussion should include recommendations for more homogeneity in methodology to study incidence rates of sickness absence related to mental disorders, in order to be able to provide a better overview in the future.

In my view, the introduction and background should be revised in order to integrate the need to use a typology and the main features and hypotheses following from the typology. The discussion needs some rethinking as well. Suggestions are given above and under the heading discussion.

Major revisions

Abstract

1. The introduction of the abstract should be more to the point. In this paragraph the problem should be described or gap in the literature and the objective.
2. The use of references in the abstract should be avoided. Simply describe that
you used a typology to group the countries.

3. Methods: please describe the inclusion criteria shortly.

4. While you introduce the typology in the background of your abstract, there is nothing described in relation to the typology in the results or discussion of your abstract. Therefore the role of the typology in the manuscript is unclear.

5. The conclusion section of the abstract is weak. It starts with the sentence ‘both the causes … beyond the scope of this paper.’ I would suggest removing this and reformulating the conclusion with a focus on incidence rates of sickness absence and countries where potentially effective practices should be identified.

Introduction

6. The introduction is very general about workers’ mental health (first 3 paragraphs), I recommend to limit the general information to one paragraph. In that case there is more space to explain about other reasons for sickness absence beside the diagnosis (environmental and system factors).

7. The authors should be more clear why it is important to study incidence rates of sickness absence related to mental health.

8. Paragraph 4 depicts interesting information about environmental and system factors. Please provide examples of these factors.

9. I recommend introducing the use of a typology for grouping countries in paragraph 4 and the reason for using such a typology, as well.

Background

10. I do not advocate the use of a background section to introduce the typology. I advise to shorten this description and replace the most important information to the introduction and the methods, and all other information to an appendix.

11. As I am not familiar with the typology I was confused by reading the extensive description of the typology. It would be helpful to provide a diagram linking the different groups with countries and the main features of the welfare states.

12. Hypotheses regarding type of jurisdiction and incidence rates belong to the introduction.

Methods

13. What is the reason for excluding papers published before 2002?

14. Why including eligibility criterion 3? (data collected in 2000 or later) There were 3 studies excluded because of this.

15. How did you appraise if study samples were representative of the target populations (criterion 3 of the quality assessment) ?

16. What do you mean by criterion number 6 (quality assessment) about criteria for sickness absence?

17. Even a score of 1 or 2 out of 10 was regarded as fair quality? How was quality taken into account in formulation the conclusions of the review?
Results

Discussion

18. I do not clearly view the clustering between 20-27/1000 workers, that seems only based on the Hybrid countries, actually the paper of Roelen et al 2010 and 2012. All rates of the socio-democratic cluster are <20 or >27.

19. What is meant by the following sentence? ‘Similar to the OECD [24] model, it will be useful for future investigations to develop a typology that could be used to categorize the sickness absence schemes to assist in understanding the differences.’

20. One of the hypotheses was that the Social Democratic countries had a higher rate of sickness absence than the other countries. However, this was not confirmed by the findings in your review. Why?

21. The text under the subheading ‘conclusions’ is more an extension of the discussion. Please replace this to the discussion and focus on the key messages for the conclusions. (see also next remark)

22. In the introduction is stated: ‘Countries with higher rates might be places where further exploration could take place to identify the types of approaches to avoid. In contrast, countries with lower rates may be places where lessons regarding effective practices could be gleaned.’ And: ‘With this review, we seek to lay the groundwork and point to areas for future research to address questions about effective practices.’ In my view, the literature is far too heterogeneous to reach conclusions regarding countries or type of welfare states with low incidence rates related to mental disorders. The next step, identifying effective practices from these countries with low incidence rates is thus, as yet, a bridge too far. The discussion should include recommendations for more homogeneity in methodology to study incidence.

Table 1

23. Study Wynne-Jones, were patients registered in one of 14 or one of 28 GPs?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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