Reviewer's report

Title: Mental health: A cause or consequence of injury? A population-based matched cohort study

Version: 1 Date: 23 February 2006

Reviewer: Lois Fingerhut

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General
I think you have access to a dataset that most of us would like to have! I appreciate your work and the questions you pose "to the dataset."

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
I have none to recommend. I am not an expert statistician. I am assuming one has been given this article to review.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Introduction, page 3, para.3- clarify what you mean my "multiple roles of MH."
page 5, para. 2- Can you briefly explain the Dartmouth-Manitoba version of the CCI?
para. 3- do ambulatory physician claims include both emergency dept visits as well as private physician office visits? Please clarify.

Results: pg. 7, para 1. Can you comment here or in the Discussion on the quality of the external cause coding? I was curious as to the variation by age or other factors and that influence on post-injury MH use.
Did you look at severity of index injury? If so, what effect did that have on subsequent MH use?
pages 7-8, The CI's in the text do not match exactly to what are in the tables.

ICD-9 CM subchapters I'm wondering about the dx of "personality disorder" Is that a 1st listed dx for hospitalization? What were the injuries most likely to result with that dx?
I found these 2 paragraphs a bit confusing.
Discussion and Conclusion. There are several places where you use the phrase "mental health may be associated with injury.." Don't you mean something more like "poor mental health", or another word other than poor but with that connotation.

Additional expert opinion related to methodology

The relationships between pre-existing mental health conditions, injury, and post-injury MHSU would have been clearer if the authors separated individuals with pre-existing mental health conditions from those without these conditions in all analyses (as was done in Tables 3 and 4). Pre-existing mental health conditions do not really confound the relationship between injury and post-injury MHSU. Individuals with pre-existing mental health conditions would not be considered “at risk” for post-injury mental health problems since they already had these problems pre-injury (unless a newly occurring post-injury condition such as a personality disorder was distinct from a pre-existing mental health condition such as depression). Separating the consequences of injury for those with pre-existing mental health problems from those without pre-existing mental health problems is important because the effects of injury, based on this study, appear to be two-fold: 1) injuries increase MHSU for those with pre-existing mental health problems and 2) injuries lead to MHSU among those without pre-injury mental health conditions. This is an important distinction relative to intervention.
Also, in the article by Dryden that was cited [reference 19], the authors did, in fact, examine the temporal relationship between injury and psychiatric disorders by examining incident depression (among other diagnoses) following spinal cord injury. They did not need to control for pre-existing depression in their analyses because they excluded respondents with pre-existing depression (among other mental health diagnoses) in order to determine the incidence of depression.

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests.