Author's response to reviews

Title: Utilization of health services in relation to mental health problems in adolescents: A population based survey

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Version: 2 Date: 13 January 2006

Author's response to reviews: see over
Dear BioMed Central Editorial Team

We are most grateful for the two peer reviews on our manuscript “Utilization of health services in relation to mental health problems in adolescents: A population based survey”. Both reviewers provide thoughtful comments on our manuscript which we have attempted to comply, and which has improved the manuscript. As requested by The BioMed Central Editorial Board, we have formatted the manuscript in accordance with the checklist.

Reviewer 1 had some comments rather than suggestions for improvement of the manuscript, which we have discusses below.

Reviewer 1 comments initially that “these data (...) add primarily to potential policy planning within the Norwegian system rather than to increased knowledge regarding adolescent treatment seeking for mental health problems.” We find this rather odd, as mental health services and distribution of mental disorders are similar across several European countries, e.g. Great Britain, Scandinavia, and Germany. Due to sample size and response rate, our data provides a unique opportunity to address research questions not previously studied, and to refine and strengthen existing knowledge.

Reviewer 1 comments that “there is some interest in the fact that about 2/3 of those at the extreme 99th percentile on symptoms of anxiety and depression had not sought help”. We are in total agreement with the reviewer that this is our single most important finding, which we also highlight in our discussion. It is our opinion that this finding illustrates why the conventional use of cut-offs needs the supplement of symptom load analyzed as a continuous variable. Studies finding limited use of health services among distressed adolescents when applying cut-offs on symptom checklists might easily claim that such services would probably be sought by those with highest symptom pressure. Our data shows that this is not the case.

Reviewer 1 further comments, however, that these findings are of less importance because “they were not asked whether they had wanted such help, would know how to get such help, or what their parents’ attitude toward such help might be”. We are in agreement with Reviewer 1 that follow-up questions would have provided us with an opportunity to go even
further into help-seeking among adolescents. The wording of the question, however, includes intention to seek help. Participants were asked whether they during the last 12 months had “had a mental health problem for which help had been sought”. Response categories were “yes” or “no”. This formulation includes those who intend to seek help, and those whose parents or other network have intended this. What is not covered by this item might really constitute another research question. If we followed the reasoning outlined by Reviewer 1, we would very easily move into another field of related research questions concerning predictors and moderators for help-seeking (e.g. parental attitudes). Our interest in this paper is what proportion of adolescents with mental health problems who seek help and to whom they seek help, not predictors and moderators for help-seeking. We will therefore claim that the follow-up questions suggested by Reviewer 1 do in our view not hamper the importance of or findings.

Further, Reviewer 1 argues that “[b]ecause the Norwegian health care system requires referral to specialists from one’s general physician, even the most modest elevation of GP service (OR = 1.11) on the part of such youth is of unclear meaning.” This modest elevation is thoroughly discussed in the manuscript, and interpreted as GP’s having a marginal role in treating symptoms of anxiety and depression. This is important, as GPs are in the front line of treating (and in severe cases, also referring) mental disorders in adolescent. This is a common organization of mental health services in many European countries. Our finding of a weak association (having adjusted for comorbid somatic symptoms) between symptoms of mental disorders and help-seeking at GPs indicate that adolescents are not following the outlined path for help seeking for mental disorders. This finding has obviously public health implications.

Reviewer 1 concludes that our manuscript represents “too small an advance to publish”. We will rather argue, as we have done above, that our findings add to the knowledge base on help-seeking for mental health problems among adolescents. The “Background” section of our manuscript provides a brief literature review calling for further research on several topics. In addition to the dose-response relationship, these were the hierarchical arrangement of health services (table 1), and our adjustment for somatic and psychosomatic symptoms (table 2). The latter two are not entirely new ideas on the literature on help-seeking as a whole, but address important questions in adolescent populations. Our research questions therefore consist of one new and important contribution (the dose-response relationship), and two other
(hierarchical organization and controlling for somatic and psychosomatic conditions) that refine and extend existing knowledge. In our view, this is an advance big enough to publish.

Reviewer 2 provides several important major and minor suggestions on how to improve our manuscript and clarify the message. We have complied with all major suggestions, and most of the minor ones.

Reviewer 2 points out one major concern pointing out that “[i]t is not clear from the method section exactly what was asked about service use and which variables were used in the analysis”. After rereading these sections, we fully understand that our presentation is vague on these points. As suggested by Reviewer 2, we have therefore rewritten the description of the dependent variables “Use of health services” and “help-seeking for mental health problems” in the Method section. The original wording of the questionnaire and the lay-out of the response categories are cited, which we hope is in accordance with the reviewer’s demand. We might add that the interpretation given by Reviewer 2 in the response letter is quite correct. In accordance with the Reviewer’s suggestions, we have also revised the Statistical analysis section. The labellings of the dependent variables are rewritten in order to clarify whether they referred to “use of health services” or “help-seeking for mental health problems”. The labelling of the dependent variables in the results-section is further specified to avoid confusion in accordance with the statistical analysis section.

Reviewer 2 points out that “the 1st paragraph of the results is unclear. Are “non-responders those who did not respond to the question or those who did use any health services?” The 1st paragraph of the Results-section is rewritten in order to clarify that non-responders to the question of whether help had been sought for mental health problems had been sought were excluded from all analyses including this question.

Table 1 was perceived by the reviewer as unclear. We have supplemented the heading in order to clarify its meaning.

Further, Reviewer 2 suggests some minor revisions by listing several sentences in the manuscript which need revising. We have complied with all of these suggested revisions.
Finally, Reviewer 2 suggests some discretionary revisions. The first of these is extraction of a GP level in our hierarchical arranging of health-providers. The arguments in favour of this are clear and logical. We have attempted to comply with this suggestion, but the organization of the health care system precludes dividing the group for physicians beyond specialists in psychiatry versus all other; this for the following reasons: First, GPs have the primary responsibility as a first line service for mental health care among adolescents. Second, all inhabitants in Norway are assigned to a GP if not actively preventing this. Many adolescents do however have little contact with their GP (due to rare need of health services, etc.), and the GP might in many cases also be the family doctor. Consequently, emergency clinics commonly do GP functions (e.g. seeing patients simply having the flu). Third, formally everyone attending medical specialists must be referred through a GP. We have added a comment about this in the methods section. Along these lines, Reviewer 2 suggests that the logistic regression reported in table 2 should be run according to this hierarchical organization. We think that our sample size gives us the opportunity to specify this analysis according to each health service provider. This is informative because the results differ within each hierarchical level.

A third minor point addressed by Reviewer 2, was our statement that “an important strength of our study is that students are blind to the specific hypothesis”. This has been deleted in accordance with the Reviewer’s suggestions.

We hope that our effort to meet the comments made by Reviewer 1, and to comply with revisions suggested by Reviewer 2, seem satisfying for The BioMed Central Editorial Board. These two reviews have given us an opportunity to rethink and revise our work, and we are convinced that these reviews have been invaluable in improving our manuscript.

Sincerely yours,

On behalf of the authors,
Henrik Daae Zachrisson