Reviewer's report

Title: A survey of help-seeking for mental distress in a multi-ethnic inner-city area: who is consulted and does 'alternative' help-seeking deter people from using primary care?

Version: 1 Date: 5 November 2007

Reviewer: Peter Verhaak

Reviewer's report:

General
An interesting study, yielding useful information, but the results are inconveniently arranged.
This is due to the reluctance of the authors to do some data reduction, with the consequence of large tables and detailed descriptions which are not all equally relevant. I will add suggestions for improvement at each specific page

I am not quite sure what the authors mean by “reactive” or “proactive” sampling. My common sense tells me, reactive sampling would be sampling of patients already known with mental disorder and proactive sampling would be sampling of a general population. However, from the way the sampling procedures are described on page 7 I conclude that both samples are “proactive sampling” in the sense I understand it. Unless only individuals with known psychiatric disorder were selected from the general practice register but the method section states otherwise.
Incidentally: the authors refer to Shaw et al. 1999 where the discussion on reactive sampling could be found, but in Shaw et al. the concept “reactive” or “proactive sampling” is nowhere to be found.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Method:
Table 1: Not well arranged. I propose to leave the ranges and the absolute figures (except for the total N per ethnic group) and only give means or proportions.
In the text: 114 participants are reported. The table counts up to 117 participants.

Results
Table 2 (and the BEMI-C) really needs reduction. Is it not possible to present figures about the “chapters” in the inventory: Self directed help – Social help seeking – Spiritual help seeking – Medical help seeking and Complementary services? I would prefer figures indicating the proportion of respondents
endorsing one or more of the strategies within the chapter. The many suggestions done in the free interview BEMI-I could be discussed but do not need to be presented in a table.

Furthermore I suggest to limit the whole paper to the psychiatric cases. It is hard to imagine for me how to interpret answers on strategies tried and found to be helpful, given by respondents who in fact do not need the strategy, let alone that they have tried and evaluated it. With these simplifications, text on p.12, second paragraph would be easier to comprehend.

Text: p. 13 second paragraph: this text about the relationship between ethnicity and migration status would be more conceivable when it was stated in a simple table ethnicity x status

Table 3: again: difficult to read because of an abundance of information. Suggestion: Limit the number of strategies to the main chapters (see above). Limit the number of respondents to the psychiatric cases. And make two tables: one for “tried strategy” and one for “found strategy helpful”.

Table 4: In fact, you follow the suggestions made above about “chapters” in table 4, although you report the mean number of strategies within the chapter. In this way it is impossible to compare different chapters. For instance “spiritual” has a range from 0 to 1 and “self directed” has a range from 0 to 8. If you report the proportion of respondents endorsing one or more strategies, you can compare 17% of cases who endorse spirituality with 87% of cases who endorse any kind of self directed strategies. Again: limit the table to cases

Table 5: limit the table to cases.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

Background:
authors state that no surveys have examined how many people use healers. I would like to refer to a large WHO study in the nineties, reported a.o in Psychological Medicine, 1991, p.761-774 by Gater, R. et al. In this study the pathway to mental health care is described for eleven countries all over the world. The native healer played a role in India and Pakistan and was the most important gatekeeper to the pathway of mental health care in Indonesia.

Method:
The Barts Explanatory Model’s domains are very similar to the “illness representations” distinguished by Leventhal in 1976. Maybe the BEM is an
elaboration of this large body of theory in health psychology. In that case it deserves some more explanation.

Discussion:

p.17: what are BME participants?

p.19-20: you give “exercise + medication + herbal remedies” as an example of a strategy that may lead to different outcome than a single item strategy. In the next sentence you give “medication + herbal remedies” as an example of one strategy counteracting the effect of another. Although both are plausible examples, the fact that the combination of “medication + herbal remedies” is present in both of them, might be confusing for the reader.

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**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'