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: 10 January 2008

Reviewer: Joe Westermeyer

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Summary
Purpose of the study was to describe helping seeking among three ethnic groups living in London.
Sample consisted of 268 participants, about half from four clinical practices and half from 14 community groups.
Data collection instruments included a questionnaire regarding demography and ethnicity, type and frequency of care seeking (self report), the CIS-R for common mental disorders,
Special procedures included translation of the data collection instruments into the appropriate languages, and use of research assistants from the respective ethnic groups.
Findings showed that ethnicity influenced the type, frequency, and reported helpfulness of various modes of help. Five tables present the findings and analyses. (However, see below regarding problems inherent in presenting combined findings from two different sampling methods.)
Conclusions were (1) primary care seeking and alternative care seeking were highly correlated, (2) differences were related to ethnicity and migration, and (3) help-seeking strategies may affect outcomes.

Strengths of Paper
This is an important topic from the standpoints of health services research, ethno-medicine, designing and administrating medical services.
The questions posed are research-able.
The sample size is adequate (but more about sampling and analysis below).
The tables are clear and helpful
The method of data collection is well described.

General Conceptual or Design Problems
The authors have joined two samples, one a clinical sample and one a community survey sample. Combining these two samples into a single sample is problematic from several perspectives, as follows:
- Health-related data resulting from these two sampling approaches typically show great differences, even when the samples are structured to hold demographic variables constant;
- The data cannot be clearly extrapolated to either the clinical group or the community survey group;
- The assumptions of most univariate statistical analyses do not apply when combing such different samples.

By the same token, advantage does sometimes accrue from obtaining an “enriched” community sample, that is, a community sample with a higher-than-expected number of people possessing a disease, disorder, or other health-related characteristic (say, a gene). Such samples are obtained by sampling in a community setting and then structuring the sample to include more people with the characteristic under study. This can be done in a wide variety of ways (i.e., excluding some percentage of the “normals” via one or another sampling/screening technique). Thus, in this study the investigators have two separate samples, which should be analyzed separately. Data from the clinical sample can then be applied to clinical groups, and data from the community sample could be applied to community groups. If they wanted to compare those with psychiatric disorder who were obtaining care with those who were not obtaining care, they should utilize community sampling to make such a comparison rather than go to a clinical facility for sample 1 and to the community for sample 2. The latter method confounds two variables, i.e., psychiatric disorder and care seeking, which should be separated if one were to answer the questions posed by the investigators. And there is no way to “un-do” the confound for analytic purposes in the approach used.

Specific Problems
Title could be reduced to about half its current length; this would make it easier for potential readers to consider scanning or reading the article.
Although the CIS-R was used to collect data, no CIS-R data are included in the report.
It is not clear whether “cases” refers to people sampled in the clinical setting, people who are “lifetime positive” on the CIS-R, or people are “currently positive” on the CIS-R.
Certain conclusions and recommendations are not supported by the findings, so that the authors extrapolate from their data to unproven (and unwarranted) extrapolations (e.g., that these different help seeking methods may affect outcomes, it would be useful to conduct more research along the same lines). Examples are present on pages 19 to 22.
The Discussion could be shortened by not repeating the findings in so much detail (although pointing up general trends in similarities and differences is enlightening). The findings are not well tied into the literature: how do these findings support or undermine the studies of others?
New data are presented in the Discussion (e.g. that the site of the study is the
â most deprived borough on page 18, clinical cases tried more strategies than others on page 19).

Areas Needing More or Less Detailed Coverage
Did those who refused to participate resemble of differ from those who did participate in some demographic characteristics?
Did the authors provide examples of â something distressingâ or did they further describe the nature of the distress? One might consider a wide variety of distressful events occurring which might lead to some type of help seeking (e.g., from police, fireman, attorneys, accountants or financial advisers, oneâs work supervisor, etc.) but not health-care-seeking.

The entire title of CIS-R should be written out the first time it is used.
Why did the authors not include more information from the CIS-R?
Primary care services are critiqued from the usersâ perspectives, but the other care-seeking methods are not critiqued. Why did they critique some and not others?

Major Compulsory Revisions: The study should be broken into two separate analysis, one from the clinical sample and one from the community sample. Conclusions should be tied to findings, not to extrapolations from findings. New findings should be presented in the Findings section, not the Discussion section.

Minor Essential Revisions In the Discussion, relating these findings to those of others.

Discretionary Revisions Title change.