Reviewer’s report

**Title:** Psychosocial risk factors in home and community settings and their associations with population health and health inequalities: a systematic meta-review.

**Version:** 1  **Date:** 3 December 2007

**Reviewer:** Mel Bartley

**Reviewer’s report:**

Psychological factors in home and community settings and their associations with population health meta-review

Insofar as this kind of review is required to establish what kind of literature is out there, the paper under review seems to have done careful and thorough job.

The present reviewer is unfortunately not an expert in the methodology of the systematic review, although I do grasp the general principles. So I suspect that the problems I have with the paper may not arise so much from any inadequacies of the paper itself but from my doubts about this kind of enterprise.

It is clearly a good thing that someone has put together a “review of reviews” that has been able to show the many gaps in the present state of knowledge. A couple of years ago in trying to do an “old-fashioned” style literature review on social support and psychosocial pathways I was not able to locate a single good example. However, I can see that even if there had been one paper that was designed in such a way as to illustrate these processes, it would have been a good idea to take careful note of the details of sample size and so on. The criteria for “good” that I would have used would have been purely based on design rather than size, and I probably would not have considered the composition of the sample (age, gender, ethnicity) carefully enough either.

1. The first problem seems to me to be the great diversity of the concepts of psychosocial effect that are being used. These range from social support through social capital to negative aspects such as racism and neighbourhood violence. Before starting to collect the “relevant” papers to review, I would like to have seen some evidence that we can in fact consider all of these to be the same kind of exposure. [Compulsory revision]

2. A great deal of the studies of psychosocial effects can be put down to measurement effects in which people generally feeling positive about themselves agree with favourable statements on both sides of the equation. I think that these issues might usefully be mentioned. [Compulsory revision]

3. Pathways of effect. If one finds wildly inconsistent results, could this be due, not to the fact that the “exposure” does not always influence the outcome,
but that the mechanisms are different? There do not seem to be clear ways to delineate different kinds of psychosocial factor. Even in terms of levels of analysis, why do we think that individual level relationships such as social support (no doubt measured in different ways in different studies) act remotely in a similar manner to area-level variables such as trust? And then again, some variables such as civic participation may act at the individual level on those who undertake it, but at an area level on everyone else in the area. [Compulsory revision]

4. The fourth issue I might take with the authors is over recommendations. It does not really seem justified to aim any kind of recommendations for policy from the evidence they have reviewed. People do laugh at constant calls for "more research", but actually this paper gives one of the best cases I have seen for just that. Perhaps referees for research funding bodies ought to read it, and only fund future studies that fulfil the criteria that let down so many studies? [Discretionary revision]

5. There is actually quite a lot of information out that that give strong pointers as to what kind of thing improves the public health. One of them is the way in which, once the Surgeon-General’s report in the USA pointed out the link between smoking and lung cancer, men in more advantaged socioeconomic positions quite quickly abandoned the habit. Those in less advantaged situations did so far more slowly, or not at all. Along with this behavioural change went a massive decrease in coronary heart disease mortality and a rapid increase in life expectancy (rather an unintended consequence as it was only later clarified how much smoking affected heart disease risk). If you ask an actuary about these trends they blench at the gills because of the money it is going to cost their firms. Working class men had no financial incentive to carry on smoking (nor did women have one to take it up). These trends in behaviour must have been purely psycchosocial. The increase in divorce, single parenthood and job insecurity of the 1970s and 1980s similarly went along with increases in life expectancy for both men and women (including those in less advantaged circumstances, if at a slower rate). If I were going to set out to understand how best to design interventions to improve the public health, I would start from what epidemiological history undoubtedly tells us, and assess the evidence for different factors in terms of their consistency with the trends. [General comment for authors]

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: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I declare that I have no competing interests.