Reviewer's report

Title: Uptake of health services for common mental disorders by first-generation non-Western migrants in the Netherlands

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Reviewer: Margarita Alegria

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Reviewer's Comments:
This paper promises to contribute to understanding equity in access to mental health services for migrants in Western countries. The paper is well-written with a comprehensive literature review of previous findings from European countries. Some of the salient strengths of the study are that it is focused on two unique populations, Turkish and Moroccan migrants, for which there is limited mental health services use information. Additional strengths are the use of standardized measures to assess common mental disorders and service use and the use of instruments that have been previously tested with these migrant populations. The mainly negative findings of the study (e.g. the lack of differences) appear quite interesting and deserving of reflection. These findings could have implications for the design of disparities interventions in the US and other Western countries, if the way mental health services are configured in the Netherlands promotes equity in care.

Major Compulsory Revisions

However, some very serious concerns warrant attention. The most troublesome is the sample description and size. More information is required to determine whether the lack of differences observed in service use can be explained by limited power due to small sample sizes. Because the sample size changes across the text and tables (from n=725 in page 11, 640 in page 24 and 586 in page 26), it is impossible to have a clear idea of how many respondents by ethnicity are being included across the study. For example, Table 1 indicates that only 16 Moroccan migrants would have a diagnosis for depression or anxiety, and only 31 Dutch natives would have a diagnosis of depression or anxiety. Because this is a second stage stratified sample, we actually do not know the response rate for the eligible population and if the weighing was done for general population of the Netherlands or only for those that agreed to the second wave. The absence of a detailed description of how the sample was selected to ensure inclusion and representation of the migrant population is also of concern. This makes difficult to determine to whom these findings generalize.

Another problematic issue has to do with the analysis strategy and what question it answers. The questions posed on page 6 convey that the purpose of the study is to determine whether migrants access mental health services at lower or higher rates than the ethnic Dutch. However, these questions are for the general
population, independent of whether they need or not mental health care. In the analyses depicted in Table 3, the odds presented are comparing the use of mental health services of ethnic Dutch as compared to the Moroccan migrant or Turkish migrant, adjusting for differences in demographic, socioeconomic or health status differences between the groups. So these analyses tells us if on average there are differences in mental health service use across the migrant groups compared to the ethnic Dutch. What the analyses do not tell us is whether there are differences in access to service use for ethnic Dutch as compared to the Moroccan migrant or Turkish migrant that have mental health need (either assessed by K10 or by the diagnostic battery or by both). According to page 12, it appears as if CMD and psychological distress are driving the service use and important in explaining use of care. This is a major limitation and should be clearly spelled out.

Also of concern is how the regression analyses are conducted. On page 10, the authors mention that to increase statistical power, each regression analyses was repeated with Turks and Moroccans in one non-Western migrant group. What is not stated is what happens to the other migrant group; is it included in the non-migrant contrast group or is it taken out? If it is left in and mixed with the ethnic Dutch, it might be making the migrants more similar to the non-migrants.

A more serious issue is how the results are interpreted. On page 13, the authors state that the uptake of mental health services was lower among migrants, which could not be explained by differences in SES. However, according to results in page 26, once need is included, there are no differences between migrants and ethnic Dutch, and actually the lack of differences appeared to be explained by the need and the SES. In addition, it is not clear why the authors discuss the results as if they did separate analyses for psychological distress from CMD but that was not the case in Table 3. The authors mention in the discussion the possibility that for those with psychological distress, there might be differential uptake of primary mental health services. The authors have the data to test this speculation. Why not do so?

There are other concerns that warrant attention. Given that the procedures to classify first-generation Turkish or Moroccan migrants required for the person to have both parents born in Turkey or Morocco and be him/herself from that country, it is not clear how migrants who are born in Morocco (or Turkey) and had only one parent born in that country (and the other parent born in a different country) are classified. Are they in the “other” category? How might these strict requirements impact the results in that some Moroccan and Turkish migrants are in the other category if both parents are not from the same country?

More elaboration is needed for why income is not included as an SES variable, given that it was collected as shown in page 10. This is particularly important since the social capital linked to education is not necessarily transferrable to the host country for migrants and therefore, might not be a good proxy of SES. For the current analyses, there seems to be the possibility that much of the differences observed are due to poverty and how it might be correlated to greater mental health problems or severity of problems.
Minor Essential Revisions

The models are very sensitive to model specification. This should be discussed in greater detail. The authors should also limit their results to significant comparisons (p<.05), given the multiple contrasts, as a way to avoid Type II errors.

There are a series of sentences that are difficult to understand. For example, on page 10: “Differences regarding socioeconomic status did not indicate a selective response, but could not be tested.”

Level of interest: An article of importance in its field

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