Reviewer’s report

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

Version: 2 Date: 17 June 2009

Reviewer: Margarita Alegria

Reviewer’s report:

This revised submission represents an improvement over the original manuscript. There is a better focus to the paper and many of the reviewer’s concerns have been addressed. The manuscript holds promise for contributing to the issues of equity in mental health care for immigrant populations. The authors now clarify that they are generalizing “to the composition of the Amsterdam population in 2004.” They have now tested the interactions to determine if there is differential mental health service use between Turkish or Moroccan migrants who need mental health care as compared to Dutch natives with similar need. The section on combining the Moroccan and Turkish migrants in one aggregate group has been omitted and the definition of ethnic groups has been corrected. This makes the paper more readable.

However, there are some central areas that need further consideration. First, the response rates appear to remain incorrect, at least if the authors are using the standard definition (see Groves) of response rates when generalizing to the Amsterdam population in 2004. If I understand the information provided in the text, the actual response rates of this study is 30%, not 67.3% which is the follow-up rate. The authors state that they are trying to generalize to the composition of the Amsterdam population in 2004, which would require multiplying the response rate of time1 by the response rate of time 2.

There is an inconsistency in the results reported in Table 3 and the results and discussion section. In Table 3, Model 4 for the Moroccan migrants, the odds ratio presented is 0.41 with a 95% CI of 0.16-1.01. This results suggests that once SES (as measured by insurance status) is entered into the model, there is no significant difference in the likelihood of receiving primary care services for Moroccan migrants as compared to Dutch natives, adjusting for age, sex, and need measures. However, the authors state (in page 13) that differences in uptake between Moroccan and ethnic Dutch could not be explained by differences in SES, as step 4 in the analyses was highly insignificant. It is not clear how the authors harmonize these apparently contradictory statements. Please explain how the response to #4 in the authors’ letter answers such concern. It was not evident to the reviewer.

Given that the differences in uptake of primary care services for mental health problems between Moroccan and ethnic Dutch seem to disappear once SES is entered, it might be important to confirm that it is actually differences in poverty...
rather than insurance coverage that explain these differences. This would make for a more compelling explanation. At minimum the authors should explain why they did not use multiple imputation or hot deck imputation to deal with the problem of missing data.