Author's response to reviews

Title: Low validity of self-report in identifying recent mental health diagnosis among U.S. service members completing Pre-Deployment Health Assessment (PreDHA) and deployed to Afghanistan, 2007: A retrospective cohort study.

Authors:

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Author's response to reviews: see over
Dear Dr. Norton,

I am in receipt of recent correspondence dated September 2\textsuperscript{nd}, 2009 from Ms. Natalie Pafitis, containing three final reviewers' reports for manuscript 7200930162964107, entitled “Low validity of self-report in identifying recent mental health diagnosis among U.S. service members completing Pre-Deployment Health Assessment (PreDHA) and deployed to Afghanistan, 2007: A retrospective cohort study”.

As with earlier revisions, I appreciate the three reviewers' consideration of this manuscript, and am pleased that the most recent revision appears to have been able to address the principal concerns identified in prior reports.

I trust that the enclosed final revision will now have addressed the few remaining concerns of the reviewers. A detailed discussion of each individual point of discussion is provided in the enclosed rebuttal letter.

Sincerely,

Dr. Remington Nevin
Reviewer Comments:

"The finding is, as I finally understand it, that the self-reported mental health problems ("PreDHA") do not show an acceptable agreement with the other data stored in the Defense Medical Surveillance System (DMSS)."

This is correct. A comparison of this type does provide an accurate reflection of how self-reported data compares against the actual diagnoses provided by health care providers during health care visits, and for this reason is particularly valid in assessing the validity of the specific questions contained in the PreDHA.

As with other large administrative databases, the diagnostic data contained within DMSS and similar DoD enterprise-level systems are increasingly important to senior healthcare leadership in resource planning and allocation, and ensuring accurate coding of diagnoses is a high priority. Within the DoD, significant resources have recently been expended to improve data accuracy and quality, including the increasing use of dedicated ICD-9CM coders who compare the final code assignment against criteria contained within the detailed encounter note contained within the individual's medical record to ensure accuracy and validity.

While significant opportunities for improvement remain, the existing quality of data is considered adequate for analyses of this type. A more detailed discussion of the particular limitations of this data in various contexts is clearly beyond the scope of this report. The references describe these limitations in greater detail.

"Also, I have asked several times for any information on the possible consequences for future military career (e.g. deployment or not, promotion, pension) of a "mental" label."

A detailed discussion of the career consequences of self-reporting mental health concerns is beyond the scope of this manuscript, although these issues are alluded to in various places in the Discussion section. The references include a detailed report by a special DoD Task Force established, in part, to address these issues in greater detail. As noted in the manuscript, the Task Force final report stated that “.. service members underreport their mental health concerns…”

Readers are encouraged to review this report to appreciate the context and significance of the findings of this report in relation to existing policies and recommendations.

"The result may be helpful for an administrative decision to scrap the "PreDHA". I cannot see that it adds to the clarification of the problems we struggle with in medical and psychiatric epidemiology."
I appreciate these concerns. The findings of this analysis were not intended to be generalizable outside of its specific context; as such this paper may not prove particularly valuable to those with specific interests in psychiatric epidemiology; although the analysis described here should prove useful to various organizations, including military organizations, evaluating or already implementing similar screening programs.

"I am fine with the changes that the author made regarding my concern about the inclusion of ADHD as a mental health diagnosis. I only ask that in the discussion of this as a limitation of the study that he also acknowledge that " while ADHD is recognized professionally as a mental health diagnosis, the public frequently views it as an attention problem or learning disability and not a "mental health issue or problem", and would therefore not respond affirmatively to the question on the screening questionnaire. Future analyses should address to what extent public perception of the condition could have influenced the results of this study."

This is a reasonable request and I believe the inclusion of an approximately similar statement makes for a stronger paper. These changes have been made to the discussion of ADHD included on page 16.