Reviewer's report

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.

Version: 2 Date: 2 July 2009

Reviewer: Holger Ursin

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Discretionary Revisions

You are certainly right in your statement that screening programs are often developed and implemented with minimal evidence as to their efficacy. The result reported in your paper is not very surprising, the questions as to whether one has sought counselling or care for mental health problems prior to deployment has a low predicting value for who is actually seeking help during deployment.

In order to evaluate these findings, it is not only the validity of the pre-deployment scale that is questionable. How valid is it to accept seeking medical assistance for anxiety and depression as “mental illness” if you are engaged in combat activity that may appear totally without meaning and involves acts from yourself or your officers or fellow soldiers that are violating ethical, moral or other norms? These are very difficult philosophical issues, and it is hard for anyone like myself outside the US- NATO military/political establishment to escape the question as to who should really have his or her head examined.

Related to this issue is the question as to from what part of the US population do you presently recruit combat personnel? You state that the standards for acceptance of recruits into the military are lowered. You also point out, and find, that repeated deployments are risk factors for mental health disorders, and these are on the increase. Do you have any data on the social and educational background for those that end up with repeated deployments, and that the military recruits from? Given the possibility that the military is a way out of social misery or difficulties, how can you expect that they will state that they have a mental problem pre deployment?

Upon entering the US as a foreigner, one is asked whether you enter to commit terrorist acts. The reason for asking this question is, I believe, not the validity of the answers, but a necessary element in throwing people out if they later appear to have such motives after all-

Holding on to conventional professional critique: how valid are the various medical diagnoses given during deployment? The ICD numbers look impressive until you examine them, and consider the comorbidity between the impressive numbers. Am I right in assuming that the actual diagnoses given does not really matter, it is the fact that they do seek medical assistance. If so- perhaps some of
your long discussion is somewhat an overkill?

You mention the potential side effects of mefloquine - any interaction? Did all soldiers take the drug? Always?

What are the potential benefits for seeking such care? As I did my army medical service many years ago, it was always a potential problem that sick leave and “mental” problems were a potential free ticket home and out of the service, and we were not even at war at that time.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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'