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.

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Reviewer: Holger Ursin

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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).

I still have problems understanding what this means. The author appears to accept the DMSS as "correct". I cannot find any answers to my questions as to why he accepts that as a golden standard. I have questioned the diagnostic labels, who gives these diagnoses, and why are they "correct"? If someone with the proper clinical qualifications adhere a label on me, why should I accept it? Would I know that I had this diagnosis? In my country I have access to all clinical data registered on myself, that is probably not true in the US? In particular, not true in the US military??

Even more puzzling, if I am asked for information on myself, and I know this is going into a large data base, why would I lie about questions like my mental state? It could be that these men and women are more stupid than I would expect. It could be that their memory is awful and unreliable, as suggested by the author. It is also possible, but not discussed, that the subjects do not accept the diagnosis, or do not know about that whatever they have said at whatever encounter by someone ends up as "information" in the DMSS that they have a "mental" problem. 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. In short, my position and my questions are the same, why accept the DMSS as a golden standard?

It does not impress me that they receive a detailed ICD diagnosis, I know too much about diagnostic systems to accept the numbers without knowing more about how the conclusion is reached, by whom, with what qualifications, and based on what data. Just one brief point: There are good reasons for thinking of the DSM as a system that is NOT for "diseases", while the ICD may be thought of in those terms. Therefore, the understanding of the person for his or her "problems" ("disorder"- with gradual differences from everyday problems) may differ from the categorisation system of the military organisation (disease and/or mental illness).

A representative sample of the Nordic populations will tell you that over the last
30 days 50 % have had "tiredness" complaints, 42 % headache, 37 % anxiety/depressive thoughts, and 35 % low back pain. The majority does not regard themselves as "sick", the majority regards themselves as "healthy". I do not know, but I am reasonably sure that even if they have complained to others, they would not fill this in on any forms asking seriously about their health state, at least not the employer?

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.