Reviewer's report

Title: Help-seeking behaviour in Sami and non-Sami adolescents in North Norway: A population based survey

Version: 1 Date: 18 July 2009

Reviewer: Urban Janlert

Reviewer's report:

Major compulsory revision

1. One of the most critical questions in research regarding Sami is the definition of the concept Sami. The authors are however not quite clear regarding their concept. They use three different levels, parentage, self-identification and language (incl. identification) but they also use, as their first concept, Sami ethnicity. It is unclear how this concept relates to the other. It could also be pointed out that the concept is defined different in the Nordic countries; for Norway (and Finland) language is the strongest component, while Sweden also have additional criteria, according to their reference 2 (Aubert).

2. An important determinant of use of health service is the distance to the health service facilities. It could be so that the Sami group lives further away from this service than the non-Same, and I think it would be interested if the authors could comment upon that.

3. It is unclear, in Sample and procedures, whether non-responders are the “real non-responders” (i.e. the 24.2% who did not participate) or only those who did not respond on the ethnicity questions. This must be clarified. It is unlikely that there were no socioeconomic differences between responders and non-responders.

4. Could anything be said regarding the non-response for Sami and non-Sami (with reference to the discussion in point 3 above)? Were there differences?

5. How is testing performed in table 1 regarding the three Sami groups, where 3 cells are empty? Significance “0.000” is impossible value (give < 0.001 if this is true).

6. Reference category in Table 3 should be given. Which gender is =1? Which SES? etc It is not the coding of the variable but the references that are interesting. Table 3 should be much nice with the following design:

Boys 1
Girls 3.38 (2.69-4.24) 1.64 (1.37-1.97) …

etc
7. Is it meaningful to use the SES-scale which surely is not an interval scale in the regression? Wouldn’t it be better to use a dichotomous scale?

8. Unexplained abbreviations (GP and SES) are used in the abstract. Abbreviations are not needed in the abstract, and should generally be avoided if possible. What does RR on page denote?

Minor Essential Revisions

9. Although the title of the manuscript focus on “help seeking behaviour” no clarification what this includes is given. In the text they use “health service” so my suggestion is that they use this term also in the title.

10. The author use wrong sign for genitive (grave accent [´] instead of apostrophe (’)).

11. The text says that “female gender was associated with use of the school health service and GP”. How (compared to men)?

12. Table 1: 54/403=13.4%, not 13.9%

Discretionary Revisions

13. Is “The Norwegian Arctic Adolescent Health Study” a repeated study or a study only performed once?

14. That the Sami group is characterised by “traditional employment” (in my reading reindeer herding etc.) is not correct according to the Aubert reference (No. 2) and it is not supported by your own data (table 1).

15. The age of the participants could be mentioned earlier than on page 18.

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.