Author's response to reviews

Title: Factors associated with reported service use for mental health problems by residents of rural and remote communities: cross-sectional findings from a baseline survey

Authors:

David Perkins (DPerkins@gwahs.health.nsw.gov.au)
Jeffrey Fuller (Jeffrey.Fuller@flinders.edu.au)
Brian J Kelly (Brian.Kelly@newcastle.edu.au)
Terry J Lewin (Terry.Lewin@hnehealth.nsw.gov.au)
Michael Fitzgerald (mickfitz170186@gmail.com)
Clare Coleman (Clare.Coleman@gwahs.health.nsw.gov.au)
Kerry J Inder (Kerry.Inder@newcastle.edu.au)
John Allan (jalla@doh.health.nsw.gov.au)
Dinesh Arya (Dinesh.Arya@hnehealth.nsw.gov.au)
Russell Roberts (RRoberts@gwahs.health.nsw.gov.au)
Richard Buss (Richard.Buss@ncahs.health.nsw.gov.au)

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Author's response to reviews: see over
Response to Reviewers’ reports. Responses highlighted in bold.

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Editor’s comments

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal’s manuscript structure will help to speed the production process if your manuscript is accepted for publication.

1. Name of ethics committee

Please update your ethics statement to include the name of the ethics committee that approved your study.

The following statement has been added to clarify the ethical statement on page 8:

This project was approved by the Human Research Ethics Committees of the University of Newcastle, University of Sydney, Greater Western Area Health Service, Hunter New England Area Health Service and the North Coast Area Health Service.

2. Tables

Please ensure that the order in which your tables are cited is the same as the order in which they are provided. Every table must be cited in the text, using Arabic numerals. Please do not use ranges when listing tables. Tables must not be subdivided, or contain tables within tables. Please note that we are unable to display vertical lines or text within tables, no display merged cells: please re-layout your table without these elements. Tables should be formatted using the Table tool in your word processor. Please ensure the table title is above the table and the legend is below the table. For more information, see the instructions for authors on the journal website.

The order of the tables has been checked. All tables are cited in the text using Arabic numerals. Vertical lines have been removed and the layout of the tables has been altered to meet requirements. The tables have been renumbered as follows:

Table 3A-> Table 3; Table 3B-> Table 4; Table 4-> Table 5; Table 5-> Table 6

Previous tables have been deleted and replaced with new tables. Track changes have not been used for this component.
This manuscript reports on the findings of a study of mental health service use in a sample of residents of rural and remote areas. Overall, the paper is interesting and well written, and the study was well conducted. The abstract is appropriate, the aims are clear, the data analytic methods appropriate and adequately described, and the tables are informative. The key measures employed in the study are robust and well validated. The Provisional Service Need model, developed for the study, seems a reasonable proxy for direct measures of met and unmet need for specific professional services. I have some minor comments.

Minor Essential Revisions

1. Recruitment, paragraph 1. I found this section somewhat unclear. “The baseline survey used self-report measures administered in two parts (Survey A and B) mailed two weeks apart.” Later in the paragraph it is stated that participants over 65 were screened using a telephone interview, and that non-English speakers and those with a hearing impairment were excluded. Were all participants contacted by telephone to gain consent (and possibly data collection) or only the over 65s? Was some data collected by telephone and some by paper and pencil survey? This should be clarified.

Paragraph one of Recruitment, page 8, has been altered as follows (changes are underlined):

The baseline sample was recruited between 2007 and 2009 and comprised residents aged 18 years or older living in private dwellings. Households were identified from Australian electoral rolls and sent a letter informing them of the study. Matching telephone numbers were found from an electronic directory and households were called requesting consent for the study and to identify a contact person. Consent papers and questionnaires were sent to those who agreed to participate.

Participants aged 65 years or over were screened for cognitive impairment using the modified Telephone Interview for Cognitive Status (TICS-M) [43] and those with a TICS-M total score < 17 were excluded. Non-English speaking members of a household, those with significant hearing impairment that impeded consent and/or interview, and those with no identifiable telephone contact number (after directory and electronic database search) were also excluded. The baseline survey used self-report measures, administered by post in two parts (survey A and B) mailed two weeks apart and excluded special dwellings (such as
hospitals, nursing homes, prisons, hotels and hostels) and overseas visitors usually resident outside Australia.

2. Study Limitations, paragraph 1. At 27% the study response rate is low and may limit the interpretation of the findings. This warrants some additional more explicit comment in the limitations section.

A sentence has been added to the paragraph on limitations on page 17 as follows:

While the response rate to ARMHS at baseline is low (27%), it matches other population based surveys in rural communities (Banks et al., 2008, Judd et al., 2006) and those using telephone based recruitment (O'Toole, 2008).

Discretionary Revisions

3. Background, paragraph 4. The significant increase in mental health service use (other than from GPs), reported by Parslow et al is almost certainly the result of the significant Federal government policy initiatives to improve access to services (i.e. the Access to Allied Psychological Services initiative, and later, the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule) the occurred between the 1997 and 2007 National Surveys. This may be worth mentioning.

Thank you. A comment regarding this has been added to the Background, page 5, as follows:

This increase in mental health service use has been influenced by Federal programs to improve access to mental health practitioners including the Access to Allied Psychological Services and the Better Access to Psychiatrists, Psychologists and General Practitioners initiatives introduced in 2001 and 2006 respectively [26: AIHW 2012]. GPs are key providers in rural areas with specialist shortages and are the first choice for many people seeking help for a mental health problem [26: AIHW 2012].

Level of interest: An article of importance in its field

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.
This manuscript examines the patterns of self-reported mental health problems and service use by rural and remote residents in New South Wales, Australia. An existing database (The Australian Rural Mental Health Study) was used to provide descriptive characteristics of mental health need and service use and to compare the findings to those previously published for an urban Australian population.

The manuscript is well organized and written, has a logical and appropriate literature review, and used appropriate measures and statistical techniques to answer the questions posed. It appears to make a substantive contribution to the literature on Australian health service delivery as well as serving as an example for methods that could be used elsewhere with rural populations.

Major compulsory revisions: None

Minor essential revisions:

1. The reader needs a succinct description of the NSW mental health services “system” - unless this journal’s readership is exclusively in NSW among those who are familiar with the delivery of mental health services.
   a. In the text it mentions that psychologists and psychiatrists (P&P) are not necessarily part of the public health system. What does this imply regarding service access?
   b. Do Primary Care Providers refer to P&P?
   c. How are services paid for when delivered by P&P?
   d. And what is the availability of P&P, particularly when compared to urban areas so that the comparisons on service use are made. The authors need to generate the number and rate per 1000 of P&P in rural, remote, and urban NSW so that the reader can understand if the comparisons are reasonable.
   e. There is a similar question regarding specialty substance abuse services but the authors refer to another article for the details on that issue.
   f. Related, the text says “most rural and remote residents have access to primary health care and GP whether resident or visiting” (p. 15) – there needs to be a citation to a resource for more information on this issue if not included here in the manuscript.

To address these issues the following has been included under the sub-heading ‘Health service context’ on page 7:
Context

Australia is a federation of 6 states and 2 territories, where public hospitals are funded by state departments of health and admission to public hospitals is free. The majority of GPs and medical specialists, including psychiatrists, are self-employed and their fees are subsidised or paid in full by the Federal Medical Insurance system. GPs act as gatekeepers for accessing specialist services, and patients can be referred to psychiatrists, psychologists and other allied health professionals, including social workers, mental health nurses and occupational therapists [26]. While the number of full-time equivalent GPs per 100,000 members of the population is reasonably similar across all categories of remoteness in Australia, the number of medical specialists decreases with increasing remoteness. For example, there are approximately 18 full-time equivalent psychiatrists per 100,000 people, comprising 23 (per 100,000) in major cities, compared to 7 for inner regional, 5 for outer regional, and 3 for remote and very remote areas [40]. In rural and remote areas, access to GPs is also complicated by distance and sometimes by cost, through the use of co-payments.

2. The role of stigma in accessing specialty mental health care is not mentioned (2nd paragraph p. 16). In fact, community-level factors are not included. Despite excellent documentation and citation of related research regarding mental health need and service use, this important paragraph does not contain a single reference to the existing literature in this area.

This paragraph has been revised with community level factors and references added as suggested, see the middle of page 17.

3. What are the policy implications of these findings? What are the practice implications? This is an excellent descriptive study but needs translation to the “so what” and “now what” questions. Might these include the need for a rigorous ethnographic study to better understand the context or rural/remote service need/access and the factors influencing service use or non-use?

The section on ‘Implications and future research’ (page 15) has been revised to clarify the policy and practice implications of this work.

Discretionary revisions:

Please clarify the relationship of the urban data to which comparisons are made. Was this a related survey using exactly the same measures?

The urban data referred to is data from the 2007 National Survey of Mental Health and Well-being (NSMHWB), under representative of remote populations. The ARMHS survey used a selection of the same service use questions as the NSMHWB. This is stated at the bottom of page 9.
Recent service use for mental health problems was investigated primarily using items from the 2007 Australian NSMHWB.

However to clarify this, the last sentence of the background (page 7) has been changed to:

This paper examines the impact of remoteness on the patterns of service use for mental health problems in a rural community sample, how they compare with national data for urban residents from the 2007 Australian NSMHWB, and the relationship between self-reported service use and estimates of the potential need for services.

Throughout the discussion (for e.g., page 15, main paragraph) ‘national survey’ has been replaced as follows:

In the 2007 Australian NSMHWB (see Table 4 of reference [10]), almost all participants (96.5%) ...

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests