Reviewer’s report

Title: Mental disorders as risk factors: assessing the evidence for the global burden of disease study

Version: 1 Date: 27 September 2011

Reviewer: Colin Mathers

Reviewer’s report:

This paper presents a very clear summary of the issues involved in identifying and quantifying mental disorders as risk factors for other diseases and injuries with a focus on why so many of the available studies are not useable and the implications of this for future research design.

I think this issue is of importance and this clearly argued and well written paper will hopefully stimulate some improvements in research that in the long term will lead to better understanding of mental disorders as risk factors.

I have only some minor comments, which the authors can address as they wish without need for further review.

Minor Essential Revisions

Page 4. Paragraph 2 misses one of the major criteria for inclusion as a risk factor, though of course the entire paper implicitly specifies this. Namely, that data should exist to quantify the risk of health outcome for given exposures. Also, rather than “interventions being available”, I think the criterion would be more accurately that the exposure is modifiable (in principle if not in practice).

Page 6. Bottom of page. It was unclear to me that the GBD and CRA framework would in principle exclude attribution of health outcomes in people other than those with the mental disorder. The practicalities of calculation might be too hard, or there might have been some pragmatic decision to exclude such outcomes. But I don’t see why the presence of mental disorders in other people could not be treated as an exposure distribution in much the same way as air pollution or other environmental risks. Though I well understand that the confounding issues may too great to allow collection of the required data.

Page 11. Second para. It was not clear to me that mediating effects should be treated as confounders. If the total attributable burden of a mental disorder is to be quantified, then I would argue that intermediate causal outcomes should be controlled. For example, if depression caused high blood pressure which caused raised CVD risk, as the only causal pathway, then controlling for high blood pressure would incorrectly find no association of depression and raised CVD risk.

Discretionary Revisions

Table 2. Is it worth emphasising among the confounders that need to be
measured in studies the importance of identifying (and controlling for) other mental disorders, eg. Depression for studies on anxiety disorders as a risk.

**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