Reviewer's report

Title: Treatment received and treatment adequacy of depressive disorders among young adults in Finland

Version: 2
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Reviewer: Frank Jacobi

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Review: Treatment received and treatment adequacy of depressive disorders among young adults in Finland

Remarks to Authors:

The present study’s objectives were to depict treatment rates for depressive disorders, treatment adequacy and dropouts from treatment among young adults (20-34 years) in Finland. The authors studied the relationship between sociodemographic factors (gender, marital status, age, basic education, employment) and treatment. They investigated whether disorder-specific factors (severity of disease, duration of depression, suicidality) and comorbid psychiatric disorders (anxiety disorders, substance use disorders, eating disorders) affected the treatment adequacy. Treatment dropout among young depressed adults was studied considering sociodemographic factors which influence the highest risk of disengagement from mental health services. Further they investigated the relationship between dropouts on the adequacy of treatment.

The authors used multiple sources of information, e.g. questionnaire, mental health interviews and case records from hospital and outpatient treatment of participants and non-participants. The collected data focused on the treatment received during the most recent depressive episode.

The authors evaluated that 40.9% of participants with depressive disorders received minimally adequate treatment. A statistically significant difference of basic education and current employment between genders was found. Furthermore they found an association between dropouts and lower education, suicide attempts and comorbid substance use disorder. The manuscript provides current and valuable data on treatment received and treatment adequacy. It can lead to important consequences for the treatment of depressive disorders among young adults in Finland.

There are no major compulsory revisions needed. Nevertheless, some detailed suggestions to improve the paper can be found in the following.

Abstract

- line 28 “…factors associated with treatment adequacy…”
- Line 32: please add that case records come from the same sample
I suggest to name or at least summarize the adequacy criteria, as well as for “dropout”

Introduction:

- Line 43: What does “highest proportion of total burden” mean?
- Line 59: How was “treatment need” defined?
- Line 62: How was “minimally adequate treatment” defined?
- Line 68: “…to define comorbid psychiatric disorders…” -> “…to identify comorbid mental disorders…”
- Treatment rates etc. highly depend on the health care systems and structures of a country or region. It would be helpful if you added a few sentences (or perhaps references to European comparisons) on the Finnish mental health care situation

Methods:

In general please point out more specific from the beginning what information was used for which criterion. Especially try to clarify the use of “case records” in this study (because in other countries it might be quite unusual to be in a situation linking complete health records to epidemiological studies). E.g., how sure can you be that no positive case record information is “true” non utilization? What was done when self-report was discordant to case records etc.?

- Were data used from the former Health2000 study?
- Fig 1: In my view, one stage/differentiation is missing between “MEAF questionnaire returned” and “Invited to participate”: please insert screen positive vs. screen negatives
- Fig 1: N=432 refusals could be commented a little bit more in the manuscript
- Fig 1: In my view, there should be also information about the case records in the flow chart; but if this should be too complicated perhaps create an own one with participants vs. non-participants with regard to having no case report (e.g. when no consent was given), incomplete, and complete case records.
- Table 1: right column: please add total number of screened persons and/or add a % column
- From the start I felt a bit confused about the operationalization of constructs such as “adequate treatment” and corresponding data sources and suggest to add (at least as supplement) another table where it is stated which information from interview and/or “case records” were used determining the six characteristics in columns of tables 3ff
- Table 2: add footnote to “Major Depression” about time frame (lifetime?) and what depressive disorders were included in the “No” row
- “spesific” -> “specific” (several times in manuscript and tables)
- Line 150: specify “treatment strategy was assessed to be adequate according
to the case records but the patient discontinued the visits “
- Line 159: please specify “high school” (>10 years in school?)
- Line 178: I suggest to skip the topic of dropout as an “independent variable”: since dropout was defined as discontinuing adequate treatment it makes no sense to determine “how dropping out affects the adequacy of treatment”
- Line 181: please make always clear (also in tables) when associations are bivariate and multivariate/adjusted (to determine “independent” associations)

Results:
- Line 196: “Adequate hospital treatment was received...” -> “Any hospital treatment was received by X%, among them Y% with more than four days”
- Line 219: see above “despite appropriate treatment plan” has to be specified, and clarify what it means that dropouts were more likely to have had all included treatments.
- Line 241: please refer shortly to supplemental tables (most severe episode) with short description of differences to the recent variant
- Table 4 and supplemental table 2: I suggest to drop the whole line “treatment dropout”
- Table 4: footnote h is missing
- Table 5: it remains unclear if or if not it was adjusted (for what)

Discussion:
- Line 252: Why mentioning study results which included only persons older than 30 years?
- Line 277ff: Is this conclusion (most complicated cases more often at physicians) a) really supported by the data and b) isn’t it normal that physicians meet complicated cases more often than “the others” (who?)?
- Line 290/295: the gender effect topic should be discussed at the beginning of this paragraph and not just be added as supplemental information in the end (or skip the whole paragraph concerning “other”)
- Line 301: an increase from 14% to 47% in less than 10 years must have also methodological reasons
- Line 306ff: see above: I suggest to skip the topic of association between dropout and treatment adequacy

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