Reviewer’s report

Title: Demographic and need factors of early, delayed and no mental health care use in major depression: a prospective study

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Reviewer: Frank Jacobi

Reviewer’s report:

This is a valuable longitudinal analysis on treatment use and related need factors in depression - however, we see three shortcomings which might not be really solvable but (if not solvable) should be at least addressed more detailed in the discussion:

1. People diagnosed as having a major depression at T0 and reporting mental health care use in the last 12 month are being ascribed as "early treatment users". We do not know if the depressive problems lasted longer than these 12 months (i.e. onset might have been before >24 months). Thus, early and delayed treatment users might be mixed up in this group and are not distinguishable. Perhaps this might be related to the finding that the identification variable was not significant in the comparison between delayed and early treatment users (p.11)?

2. Mental health care was defined as having at least one contact with any doctor etc.. Although this very pragmatic and quite rough definition of "mental health care use" is common in epidemiological articles it should be mentioned that there might be a huge treatment variability within this group and that adequacy of treatment is completely neglected in this definition. It would be great if you could model "treatment adequacy" (e.g. via incorporating treatment dose, e.g. psychotherapy > a certain number of sessions, or antidepressant medication > a certain time, or other indicators that might be a rough estimate for meeting treatment guidelines) - if not possible, please discuss this point.

3. A major problem of the manuscript is that only need factors are addressed and not barriers etc. stemming from treatment supply and (variable) local treatment options and structures. This focus on need factors should be made clear in title and abstract and be included in the discussion. We know from health service research that local variations on treatment use are often huge (although prevalence might be the same across regions; Wennberg JE (2010) Tracking medicine: a researcher's quest to understand health care. Oxford University Press, NewYork.). We conducted such an analysis with regard to mental disorders and treatment supply for Germany (Jacobi et al., 2016, attached - sorry that this is available in German language only); and for depression there is a great variability in administrative (= treatment) prevalence that does not at all correspond to prevalences in epidemiological studies (e.g. Melchior H, Schulz H, Härter M(2014) Faktencheck Gesundheit - Regionale Unterschiede in der Diagnostik und Behandlung von Depressionen. Bertelsmann, Gütersloh, https://faktencheck-gesundheit.de/fileadmin/files/BSt/Presse/imported/downloads/xcms_bst_dms_39547_39548_2.p
df). Although the Netherlands might not be really comparable to Germany with regard to regional differences in treatment services and structures, the effect of such regional variation is so strong (also in other international research on regional variations in health care) that it is hard to believe that this should play only a minor role in the Netherlands.

Further, not as a mandatory request but as an information: rates reported from epidemiological studies in Germany (see Mack et al., 2014, attached) are much lower although in Germany (where access to mental health care is also quite good) - do you have an explanation for that seeming discrepancy?

Note: My (FJ) review was supported by a colleague (M.Sc. Christina Jung, Psychologische Hochschule Berlin)

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

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