Reviewer's report

Title: Mental health service use by recent immigrants from different world regions and by non-immigrants in Ontario, Canada: a cross-sectional study

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Reviewer: Valentina Cabral Iversen

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Mental health service use by recent immigrants from different world regions and by non-immigrants in Ontario, Canada: a cross-sectional study.

A referee’s view, by Valentina Cabral Iversen, Norway, PhD.

I find the question posed by the authors well defined. They want to study service use for non-psychotic mental health disorders by recent immigrants during their first 5 years after arrival in Canada. The immigrants were disaggregated by world regions of origin and sex. The methods are well described and appropriate for this kind of quantitative research. The collection of the extensive datamaterial seems to have been carried out in a proper manner with n=912,114.

The manuscript adheres to the relevant standards for reporting and data depositition. However, there are topics that might have been more carefully developed in the discussion session with reference to the extensive research during the last twenty years on cross-cultural psychiatry/psychology, perspectives that might have added valuable points of view to the interpretation of the data.

The factors mentioned, that immigrants from industrial counties are more accustomed to navigating mental health care systems like the one in Ontario, the limited proficiency in the host country language for some immigrant groups, and the possibility of lower mental health need, due to self-selection and /or screening prior to arrival, are all important. The last point of view was discussed in the litterature a long time ago by Ødegård, Ørnulf (1932): Emigration and insainty. A study of mental disease among the Norwegian-born population og Minesota. Acta Psychiatr et neurol Scand (Suppl IV): 101-151.

It should be possible to look up other perspectives (and other references) for the interpretation of the data in this article.

One should also consider if there are differences in mental health service use among refugees, asylum seekers and immigrants, especially if the data collection cover people from all these categories. Possible (in fact, we know there are) differences in health service use between these groups should be mentioned.

At last, I also think that a sentence or two should be included that adresses more specifically not only those who are familiar with the Toronto health care system and those who are not, but also the variety of the conceptions of mental health among people from different cultures, not only from different world regions, and
how these cultural differences might influence mental health service use. In the conclusion, lines 399-400, the authors seem to think that understanding variation in service use related to world regions of origin and sex may help to adapt and target services to specific sub-populations. In my opinion, there are too many differences between people from the same world region and too many cultural aspects to consider and too many personal factors to take into consideration, before the right treatment can be suggested.