Reviewer’s report

Title: Assessing service use for mental health by indigenous populations in Australia, Canada, New Zealand and the United States: A rapid review of population surveys

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Reviewer: Lawrence Palinkas

Reviewer's report:

The study was based on a systematic review of published surveys as well as a review of the gray literature. Nine studies were identified and the authors went through each published report of variables collected to determine how much overlap occurred and what information could have been collected but was not. The conclusion of this manuscript is that epidemiological surveys measuring service use for mental health among indigenous populations have been less comprehensive and less standardized than surveys of the general population, despite having assessed similar content.

The manuscript is quite lengthy and could be reduced in size. However, in order to place the findings in context, several important questions must be addressed. First, the manuscript provides little information on the aims of each of the nine surveys examined. It would make sense to make comparisons about what information is being collected if each survey had the same or similar aims. However, differences in the type and quality of information being collected could be attributed to several factors, including, 1) the specific questions being asked; 2) the relevance of the questions to the particular indigenous population (while all the populations reside in former British colonies, the countries represented have different needs and different resources available to address those needs); 3) whether the surveys were intended to assess needs, test hypotheses, and/or monitor performance; and 4) the willingness of indigenous populations to provide the information or assign priority to the information being collected. It appears that some of the surveys listed were collected as part of specific research projects designed to ask specific questions about mental health services, while others represent administrative data sets designed to monitor health and health services use. It would not be surprising, therefore, that they collect different types of information.

This relates to a second important question left unanswered by the manuscript, which is why were all the data recommended by the authors not being collected by these surveys. The authors suggest that indigenous surveys are not collecting the same or as much information as "mainstream surveys" on mental health services, but offer no explanation as to why this is the case. Even if we are to agree that such information is important, it is important to understand the reasons why such information is not being collected. The manuscript argues that sample sizes of indigenous populations in mainstream surveys are too small to make meaningful comparisons,
but this precludes determining whether such information can be used to assess patterns of mental health services use in such populations.

The manuscript summarizes the type of information being collected and not collected across all nine surveys. Despite the small sample size, it would have been helpful to know if there are differences across the countries examined. For instance, is more information available from the surveys conducted in the United States or Canada than the surveys conducted in Australia or New Zealand? Did the indigenous peoples represented in these surveys participate in decisions as to what information would be collected and how it would be collected?

Finally, while the manuscript identifies a host of variables that should be incorporated into mental health surveys of indigenous populations, it would be helpful to know if there exist mainstream surveys that currently collect all of this information in the study countries and whether oversampling of indigenous populations in these surveys would address the problem. The manuscript should address the strengths and limitations of this approach relative to the design and implementation of indigenous surveys.

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