

## Peer Review Report

# Review Report on Characterization and evolution of mental health problems attended to in a telephone helpline during the lockdown and de-escalation by COVID-19

Original Article, Int J Public Health

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### EVALUATION

#### **Q 1** Please summarize the main findings of the study.

The people who needed more telephonic psychological assistance during the initial lockdown and de-escalation (march-june 2020) were middle-aged women who seek help for unspecific anxiety symptomatology derived from multiple stressors other than COVID19 (which represented 13.0% of consultations), without any being clearly prevalent over the others (interpersonal conflict 10.8%, grief 11.9%, queries related to other 10.8%). Phone calls nearly quadrupled from the first week of lockdown (78 calls/day) to the first week of de-escalation (298 calls/day). Then, they slightly decreased by the end of the study period (250 calls per day). Compared to the lockdown phase, in de-escalation grief and "queries related to others" related calls decreased, while work problems related calls increased.

#### **Q 2** Please highlight the limitations and strengths.

Limitations:

- Short study period: only the first 12 weeks of COVID19 first wave were evaluated. Then, it is not possible to study if this rise in the number of calls was partly derived from a seasonal pattern.
- Unspecific reasons of consultation: more detail about how the included categories were created and what it is the exact meaning of, for example "COVID19" or "Different COVID19 symptom concerns". This point is very important since it directly relates with the reported frequencies.
- Lack of data regarding personal characteristics of subjects. It is somewhat difficult to elaborate a profile of the patients attended without having enough information about past psychiatric illness, civil and work status, grade in which COVID19 affected them (death of a relative, job loss...)

Strengths:

- Large number of subjects
- Real world-data

#### **Q 3** Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

I founded the study of great scientific value given the real-world nature of the data. However, I would recommend the authors to review methodological and redaction issues. Here are some proposals:

- Introduction:

While authors describe with great detail psychological impact of COVID19, it seems slightly reiterative. All first three paragraphs are dedicated to explain that COVID19 has risen unespecific depressive-like psychological symptoms (levels of worry, stress, hopelessness, poorer quality of sleep, symptoms of depression / levels of irritability, mood swings, anxiety attacks / symptoms of depression / feelings of depression, guilt, loneliness,

irritation, mood swings / maladaptive, depressive, anxious responses, intrusive thoughts / symptoms of depression ...). Since psychological symptoms rather than psychiatric diagnoses data are analyzed, I would recommend authors to focus on the first ones and not mixing them with more specific psychiatric diagnosis. Maybe, a more detailed revision of analyzed psychological reasons of consultation in the introduction section will provide readers a broader understanding of the findings.

- Although the study design is simple, elegant and straightforward: (cross-sectional analysis of sociodemographical characteristics and reasons of consultations of persons seeking for telephonic psychological assistance during the initial 12 weeks of COVID19, combined with a time-series analysis of number of calls within the same period) the way in which it is described is somewhat confusing. While in the introduction it is stated that one aim of the study is to "describe the evolution in calls", in the discussion the study is described as cross-sectional. A concise description of the study design in the introduction and materials sections will help the readers understanding of the paper. For example, the increased of "intrusive thoughts" are highlighted, but there are not later analyzed. On the other hand, grief is not mentioned in the introduction.

- More background about the characteristics of the lockdown in the setting in which the study is performed is required. In the discussion "phase 0.5 or phase 1" is mentioned, with no other explanation.

- The description of the the study aims is somewhat long and not reflected in conclusions. Normally two of three aims are enough for the reader to achieve a general idea of the purpose of the study.

#### Methods:

- The first paragraph shows results rather than methods.

- I recommend using either consistently either one or two decimals places

- Age should be expressed either with mean and sd or median and interquartile range, depending on whether they follow a normal distribution or not

- It is not necessary to report % of woman and men, I recommend to select one

- The rationale for using certain reasons of complain should be reported. Are they used in similar studies?

Was there any qualitative analysis of the calls?

- If data regarding the need to activate alternative resources was gathered, it should be reported. If not, I would recommend withdrawing this information from the text since it can lead to confusion

- IMPORTANT: Authors should explain the rationale of using Odds Ratio rather than Prevalence Ratios. In cross-sectional studies the latter are normally used since, as they do in both tables, frequencies are reported in percentages rather than odds. OR are normally used in case-control studies when prevalences / incidences are not available.

- IMPORTANT: Figure 1 is, possibly, the most relevant result of the study. Authors do not apply any quantitative method to analyse trends. They seem to rely on visual inspection of the figure, which can be misleading in searching for inflex points. Using and estimate of the population covered by "Salut Respon", they could use a joinpoint analysis. I suggest this free software: <https://surveillance.cancer.gov/joinpoint/> . Another approach will be to compare pre and post de-escalation percentages in both reasons for consultations and daily calls.

- They do not report which statistical software they are using

#### Results:

- Reporting Chi2 values, degrees of freedom or any other statistical result rather than p value adds any valuable information to the reader. I recommend reporting percentage differences or prevalence ratios as effect size measures and maybe p-values.

- In order to ease interpretation, reasons for consultations reported in both tables could be sorted by frequency.

- Figures: y-axis measure should be explicitated in the description (average number of visits per day). Instead of week number (week 1, week 2...) I would recommend to insert dates and/or to highlight when lockdown finished (week 5 I believe).

#### Discussion:

- First paragraph could include, apart from a brief summary of aim and design, an overview of main results.

- In the discussion (and abstract) authors emphasise that the most prevalent profile is a middle age women with responsibilities for care for others. However, they do not describe gathering any variable regarding this specific issue. If they deduct this particular feature from their data, they should explain the reasoning process.
- IMPORTANT: For the first time in the manuscript they report data from the previous year. However, they stated that the study period covered three months. They should explain the source of this new data and argue under which terms it is comparable to their results. Does data from last year come from the same population? Was the data gathering similar?
- They usually cite the term "fatigue", which could be a very sloppy concept and they do not describe any specific variable related to it.

Abstract:

IMPORTANT- They cite "above all, problems of fatigue and emotional management of the population". However, they do not included any specific variables about "fatigue" or "emotional managment"

- Authors focus on psychological consciences and not psychiatric diagnosis, which I found really appropriate given the nature of study. However, they include the term "clinical course" in the conclusion, which is oftenly reserve for diseases in a more medical perspective. This also is not in line with the possible interpretation of their results when they consider that the observed symptomatology could part of an adaptive response rather than a psychiatric disorder.

#### PLEASE COMMENT

##### Q 4 Is the title appropriate, concise, attractive?

The term "purpose" seems confusing. I would recommend simplifying the title. An alternative, more or less modified to the author's liking, could be as follows "Characterisation and evolution of mental health problems attended to in a telephone helpline during the lockdown and de-escalation."

##### Q 5 Are the keywords appropriate?

I miss "help line" and/or "Psychological distress"

##### Q 6 Is the English language of sufficient quality?

The revision by a native would be an indispensable criterion to facilitate the reader's comprehension of the text.

##### Q 7 Is the quality of the figures and tables satisfactory?

No.

##### Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Generally yes. There are, however, many quotations from books and state reports.

#### QUALITY ASSESSMENT

##### Q 9 Originality



##### Q 10 Rigor



##### Q 11 Significance to the field



**Q 12** Interest to a general audience

**Q 13** Quality of the writing

**Q 14** Overall scientific quality of the study

**REVISION LEVEL**

**Q 15** Please make a recommendation based on your comments:

Major revisions.