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## Post-deployment screening for mental disorders and tailored advice about help-seeking in the UK military: a cluster randomised controlled trial.

### Authors' reply

Baines and colleagues suggest that our findings could jeopardise military post-deployment screening. It is for others to decide policy in this area, our task was to deliver the first ever RCT to inform this decision. We contend that we have done just that, even if some find the results unpalatable. The UK Armed Forces do not carry out such screening anyway. It would be prudent for countries that do to take a look at their programmes in the light of this new information.

Our study was specifically of currently serving military personnel; therefore comments regarding the implications for veterans are outside the remit of this study.

Baines et al. contend that the PTSD-checklist- civilian (PCL-C) might under-estimate symptoms. If anything the opposite is true. The PCL-C includes both military and civilian exposures. We have shown that both apply in the military.<sup>1</sup> We are in good company as most of the large military studies used the PCL-C.<sup>2</sup>

Baines et al criticise us for not being culturally sensitive. We have published two qualitative studies exploring beliefs about screening for mental disorders in military personnel and providers.<sup>3,4</sup> We piloted all documents to ensure cultural compliance and three ethics committees (including the Ministry of Defence) reviewed the questionnaires, explanations and letters. Furthermore three investigators served in the UK military.

Our communication through letters to participants is dismissed and a recently tested mobile application praised.<sup>5</sup> Tailored advice was communicated twice at the time of the assessment and a week later. UK breast, cervical and colorectal cancer screening programmes communicate results by letter; why would this be appropriate for cancer but not for mental disorders? The use of apps in relation to mental disorders is laudable, but it is currently impossible to implement such a technology for population screening. The cited study used a small sample of volunteers and a waiting list control, two notorious limitations in RCT studies.<sup>5</sup> In contrast, our study was a representative large sample of the deployed UK military based on two contrasting groups with a realistic control condition followed up for a year.

We agree that PTSD has a variable evolution. This might explain the paucity of evidence to support screening. Our study was set up to evaluate post-deployment screening. Mental health screening across the life span would be ideal, but sadly unfeasible, it would be too expensive and we will not be around to report the results.

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