Reviewer's report

Title: Multicultural appearances of depression - a challenge for the general practitioner: a qualitative interview study

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Reviewer: Carolyn Chew-Graham

Reviewer's report:

This paper reports an important area of primary care work, where primary care practitioners face difficulties in consultations with people of different cultural backgrounds, and where the recognition and labelling of distress does not fit the western model.

The title does not reflect the content of the paper: recognition of depression in people of different cultures: a qualitative study might be more accurate.

The writing style is acceptable.

The paper could be made more useful to an international audience by reference to guidelines about management of depression outside Sweden (eg NICE guidelines in UK).

Was Ethics approval required and gained for the study?

Specific comments:

The abstract accurately reflects the paper as it currently stands.

The Introduction does not adequately cite all relevant work. There is a substantial literature on GPs’ views of depression from the UK and Australia (eg Dowrick, Rogers and May; Gunn). In addition, there is an increasing literature on the need for cultural competence in primary care practitioners when consulting with patients of different ethnic groups and cultural backgrounds (Waheed, Husain, Rahman).

It is not clear how many GPs were given the opportunity to participate in interviews or focus groups. The authors need to state whether they felt their sample was broad enough to capture the many facets of the phenomenon under study and whether there were any limitations to their sample.

The methods of data collection and analysis are satisfactory. The authors need to emphasize that sharing their results with participants at meetings was an attempt to increase the trustworthiness of their analysis. The authors should mention the importance of reflexivity in clinicians conducting qualitative work, and the need for their stance to be considered in qualitative work involving interviews with peers or colleagues (Chew-Graham Perry and May). The authors do cite Coar and Sim in the section “On method”.
In addition, the authors do not refer to their theoretical stance taken during data collection and analysis (Reeves et al, BMJ 2008).

The three major themes presented seem logical when presented at the start of the Results section, but after reading the Discussion, it appears that there are further themes that emerged from the data and are presented in the Discussion but not in the Results.

Currently the Results section is quite descriptive and would benefit from a more analytical stance.

The authors need to identify the data presented by a code – currently it is not clear from where (which focus group, indication of age and gender of participant) the data extracts originated.

The “optimizing management” theme caused most difficulty for me. The first paragraph described a number of different issues:

- Cause of depression
- Language difficulties
- Use of anti-depressant medication (ADs)
- GPs’ feelings of helplessness
- Medicalisation of distress

None of these ideas were supported by any data. The issue of sickness certification was then discussed but the data presented seemed to be illustrative of the use of ADs as the only treatment option.

It is not clear (p 9) who is querying the task of the GP.

The discussion continues to report results and does not really discuss findings in greater depth. The use of sub-headings (e.g. Checklist versus intuition, GPs’ dilemma) is not usual in a Discussion heading – these headings imply themes and should be in the Results section.

Sub-headings that would be acceptable in the Discussion are:

- Summary of results
- Comparisons with previous literature
- Strengths and limitations of the study
- Implications for practice (or research, or policy)

The statement that “GPs with longer experience of multi-cultural patient-doctor encounters expressed a greater security and authority” is not justified with a sample size of 14.

The section on page 11 about “endogenous” and “reactive” depression is quite of place in the discussion section and should be included in the results as a
sub-category of the first theme, and having referred to the literature on the classification of depression in the Introduction.

There is an existing literature on the difficulties GPs encounter in making and negotiating the diagnosis of depression which the authors might usefully cite in the Introduction and then in the discussion.

The issues of gender and patient-centred consultations need to be more fully presented in the Results section and supported by data.

The really important area of sickness certification is not picked up again in the Discussion – again there is a growing literature that could have usefully been cited.

The section titled “on method” is equivalent to strengths and limitations is good but needs to be supported by the literature.

The Conclusions does not adequately sum up the paper. The use of the term “psychiatric care” is inappropriate. The authors need to refer to the growing literature on cultural competence. The authors need to suggest ways in which GPs might be trained to develop cultural competence, modify their consultation styles to meet needs and expectations of people from different cultural backgrounds, and support people with depression irrespective of background and culture.

Suggested revisions

Compulsory
1. The authors need to revise title to better reflect aims of study.
2. The literature review is inadequate and needs revision in light of comments above.
3. I would recommend that the themes presented are revisited and incorporate the results that are presented (erroneously) in the Discussion. I would particularly like to see the following developed:

Cause of depression
Language difficulties
Use of anti-depressant medication (ADs)
GPs’ feelings of helplessness
Medicalisation of distress
Role of sickness certification
GPs’ dilemmas
Issues of gender
Difficulties with patient-centred consultations
4. Data extracts need to be identifiable

5. Discussion needs to be revised using the following (or similar) headings
   Summary of results
   Comparisons with previous literature
   Strengths and limitations of the study
   Implications for practice (or research, or policy)

6. The authors need to consider the relevance of the section on “endogenous” and “reactive” depression.

7. The authors need to consider the relevance of their mention of HADs and the use of instruments to assess severity of depression – if included then it needs to fit with themes presented in the results.

8. The Conclusions needs revising in light of revised Results and Discussion.

Minor essential
1. The authors need to state whether Ethics approval was gained.
2. Clarification of how many GPs were invited to participate is required.
3. The authors need to emphasize that sharing their results with participants at meetings was an attempt to increase the trustworthiness of their analysis.
4. The authors should mention the importance of reflexivity in clinicians conducting qualitative work, and the need for their stance to be considered in qualitative work involving interviews with peers or colleagues (Chew-Graham Perry and May). The authors do cite Coar and Sim in the section “On method”.
5. The authors should refer to their theoretical stance taken during data collection and analysis.