Reviewer’s report

Title: How do men and women with depression articulate their distress and engage with health professionals? A qualitative interview study

Version: 1 Date: 26 January 2007

Reviewer: Suzanne Brownhill

Reviewer’s report:

General

The study has the potential to make an important contribution to the field in that it elicits the experience of depression from men and women and strategies in their engaging with health professionals.

The authors are to be commended for utilising qualitative methods to explore the data. However, greater attention needs to be given to demonstrating the rigour required to address the research question and validation of the study’s findings.

The following supportive comments and suggestions are intended to draw out and emphasise the important points the study makes.

This review is based on the Research Question:

"Are there gender differences in the difficulties respondents describe in articulating their experiences of depression and in the strategies they found useful in engaging with health professionals?"

Note: The RQ has two parts: gender differences in the experience of depression, and useful strategies. The RQ is justifiable and linked to existing knowledge. However, it is posed as a closed question. A qualitative study is generally exploratory.

Comments and suggestions:

1. Title
The sentence is long and the focus narrow (for a qualitative study) and reads more like a closed research question. Suggest a shorter title which is more novel and attention-grabbing. The end phrase aptly describes the method.

2. Abstract
a. Background. ‘It is argued that…’ is superfluous here.
b. ‘This may have consequences for communicating with health professionals’. Suggest something like ‘…..has the potential to hinder the communication process between patients and health professionals’.
c. Methods. Need to state qualitative data analysis used.
d. Results. The reader would benefit from being able to distinguish between the Results and Discussion of the results.
e. Conclusions. ‘GPs’ should read ‘health professionals’ [with reference to the Title and RQ]. Caution regarding prescribing health professional behaviour, for example, ‘need to be’, ‘should be’. ‘Men particularly valued health professionals who helped them to talk about depression’ is a repetition from the Results section. Clinical implications may better be expressed by ‘awareness of gendered stereotypes is more likely to improve communication processes…..’

A search strategy of the literature may help the reader to understand the rationale and justification for the study and methodology and what it aimed to contribute to the field (as inferred by the ‘Keywords’).

3. Background
As the RQ relates to detection of depression in primary care, suggest additional literature that deals with the doctor-patient relationship and barriers to communication, etc. The BMJ has published a number of articles in relation thereto.

First paragraph page 3:
- a. ‘consistently reported’ requires supporting references.
- b. ‘In the past’: The assumption persists in the present.
- c. ‘One approach focuses on the importance of…’: should read ‘impact of’?
- d. ‘…it is hypothesised…’: should read ‘suggests’?

Second paragraph page 4:
- e. ‘…, and so clinicians need to listen to the ‘avoided’ and the ‘unarticulated….’ Is this the conclusion of Danielsson and Johansson? The comma prior to the ‘and’ could suggest an assertion by the authors of this study under review. Also, ‘listening’ to ‘avoided’ and ‘unarticulated’ wordless expression is puzzling.

Third paragraph page 4:
- f. Delete ‘in our analysis’.
- g. ‘We set out to compare’: The numbers (n=16 male, n=22 female) may be too few to claim comparison. Suggest ‘examine’ (appropriate for qualitative studies).
- h. ‘…..is there evidence that women are articulate about depression and men are inarticulate’ (p4): Both men and women who may be considered ‘inarticulate’ are less likely to have volunteered to the study. This may be a biased ‘articulate’ sample as noted in the Limitations.

4. Methods

This section would benefit from reorganisation, and additional detail (eg recruitment process) so that the study may be replicated.

First paragraph page 4:
- a. The first sentence infers a primary goal of the study was to collect qualitative data for the depression module of the DIPEx website. If it was a primary goal then this will impact on the study design. If posting extracts was a secondary goal, reference to the website and short description might suffice as a footnote.
- b. The section ‘Qualitative studies of depression have often relied upon…..’ might better be placed towards the end of the Background section leading in to the reason for this study. Given that the study under review relates to the ‘second phase’ of analysis, perhaps phase one and publications that have ensued therefrom, could also be set up in the last section of the Background which leads into the need to ‘address a new research question’ (p6) in the current study, as suggested by ‘….the raw data were recoded in accordance with the new (?) research question.’(p6).
- c. ‘Hypotheses were formulated, tested against the transcripts, and where necessary re-formulated in a cyclical process.’ This needs explaining and justifying. ‘Tested against the transcripts’ (p6) infers statistical test against qualitative text.

Hypotheses are generally decided upon and formulated for testing (based on literature and evidence) at the study design stage (without modification for the duration of the study). Hypotheses are more commonly formulated for quantitative studies with larger samples and the null hypothesis either ‘accepted’ or ‘rejected’. Propositions are either ‘supported’ or ‘not supported’ in qualitative studies with small samples.

Study design
- d. The qualitative methodology needs to be better described, and justified (eg use of individual open-ended interviews rather than, for example, focus groups).
- e. ‘modified grounded theory’ approach and ‘multiple levels of analysis’ as described elsewhere [citation 9] Ridge et al (1997): The difference between ‘GT’, and ‘modified GT’ needs to be explained and referenced from the original theorists (eg Strauss & Corbin, etc). A GT approach generates a new theory from the ground up. It is a complex process and the reader needs to know and to be confident, by the use of an audit trail, as to how the authors reached their conclusions. GT also requires numeric support for the theory developed, hence the need for the presentation of numerous substantive verbatim quotes. The reader would expect from this study, based on a [modified] GT approach, a sentence which conceptualised the answer to the RQ (although there are two elements to the RQ). Based on the available quotes and analysis, it would seem that content or thematic analysis has been used. The analytic process is unclear from the text.

Participants / setting
- f. A detailed description of the voluntary participants is required to substantiate the claim for the sample ‘representing a wide range of backgrounds, perspectives and experiences’ as represented in Table 1; 30% of the sample reported ‘Bipolar’. Define ‘spectrum’ and cite ref. What is the ‘reported problem’ associated
with depression? There is a body of research on co-morbidity and risk factors. Suggest deleting Table 1 and describe Participants/Responders in text (n, %). In parts, the study states the sample as those ‘with depression’ rather than those who had experienced depression in the past.

Recruitment / selection criteria
g. ‘People were invited to take part….’ (p5). Sampling and recruitment procedure needs to be sufficiently described, eg, how was recruitment conducted following the invitation?
h. Selection criteria: ‘>18 years, having identified themselves as having had depression, and be feeling sufficiently well….’ (pp4,5). Exclusion criteria/selection bias/help-seeking could all link to ‘avoidance’ as a symptom and manifestation of depression with the important comment on page 7, ‘Indeed, respondents noted ironically that the time they most needed help was when they were least capable of asking for it.’

Data collection
i. What year was the data collected? Where were the interviews conducted? How long did they take? Why were 38 interviews deemed to be sufficient to generate the data? The process needs to be demonstrated as systematic and comprehensive.

Interview schedule
j. ‘A topic list was used to ensure consistency. Topics included: life before depression; the depression experience(s); help seeking and personal coping strategies.’ The questions used for the interview schedule need to be justified. Responses to the topic, ‘Life before depression’ are not presented. Yet, the findings generated from this question have the potential to inform, as few studies have examined life ‘before….after’ depression.

Data presentation and reporting
k. The RQ examines gender differences. To assist in gauging validation, the reader would benefit from a table which presents verbatim quotes by sex. Otherwise, three quotes in the text would substantiate the themes. Were there any contrasting views?
l. The reader would benefit from extracts of the ‘summary tables’, or ‘thematic topic summaries’ as produced by author DR and mentioned in the last paragraph on p5.

Data analysis
Statistical data
m. Were the statistics gathered by a pre-interview questionnaire? Socio-demographic questions need to be justified? Eg ‘problem associated with depression’.
n. The study is examining ‘gender differences’. The reader would benefit from knowing percentage of men/women who find ‘talking therapies’ most helpful? Are women more inclined to use, or be prescribed, medication? (There is literature to suggest this). Statistically, however, 22 women and 16 men separately fall below the recommended number for meaningful analysis and interpretation.

Qualitative data
o. ‘…analysis moved from the particular (a detailed analysis of language in each transcript) to the general (a comparison of patterns and themes across of [sic] all the transcripts)’ (p6). The reader may benefit from an audit trail and examples of the analysis to confirm interpretations of results are appropriate, accurate, reliable, valid, and trustworthy. Eg, How were the themes derived from the data (inductive or deductive)? Illumination of context and/or meaning needs to be detailed.
p. ‘…bridging the gap between primary and secondary researchers through extensive discussion about the context of the study and the data collection process.’ (p6); ‘All authors were involved in debating…..and commenting on a number of drafts of the paper.’ What was debated, eg analysis or interpretation? Was this sufficient to minimise researcher bias? How many drafts of the paper?
q. The two phases of analysis need to be clarified. Eg, should the ‘two papers published in the initial phase’ be included in the Background? Do the two papers and the current paper relate to the same sample of 38 respondents? Was the present study embedded in a larger study or was it an intentional or unintentional development from the first/initial phase?
s. ‘explore the underlying reasoning of respondents’ (p6). Was this reasoning explicit? Or was it the researchers’ interpretation of them?

5. Ethical considerations
‘The study was approved by….’(p4); ‘Interviews were recorded…with the consent of respondents.’ (p5): Did Respondents receive payment or incentive? Did any decline involvement after being informed? Any consideration of unintended consequences?

6. Results and Discussion
This section could benefit from an introductory paragraph, stating explicitly the short informative themes (that link to the RQ), and expansion of the themes, followed by discussion with reference to the literature.

Results
a. Themes are stated as:
   ‘1. Difficulties in recognising and articulating mental health problems
2. Finding ways to engage with health professionals’:
   - Finding health professionals who facilitate communication
   - Personal relationships with health professionals
   - Talking to a stranger
   - Getting practical results from talking therapies

Are these themes adequately supported by the data and conveyed in the text? Eg, were there substantive comments to validate a ‘talking to a stranger’ theme? Suggest, for example, encapsulate ‘personal relationships with health professionals’ and ‘talking to a stranger’ under a singular theme drawing out the contrast in the Results section, then discuss in the Discussion section drawing on the literature (eg barriers to/enhancing communication).

b. The reader has the task of having to refer to, or retrieve, published articles. For example, ‘(see 14 for more detail about the men’s accounts) (p6); ‘see also 11’ (p7); ‘see also 14,15’ (p11). Suggest briefly explain or support in the text.

Discussion
c. A number of points could be transferred from the Conclusions to the Discussion (see Conclusions section below).

d. This section links the Results with the literature. Eg, findings in Detecting depression in men (International Jnl of Men’s Health, 2002;1;3;259-280) suggest that some men prefer an ‘indirect questioning route’. Yet, data from this study under review suggest men prefer direct questions. Etcetera. Compare findings with Linda Warren’s (1983) work?

7. Conclusions
This section is too long and could benefit from re-organisation. That is, some points may be better placed in

a. the Background, eg
   - ‘Men with very (?) traditional gender role attitudes…..’ (p13)
b. the Discussion section (citing relevant references/ literature), eg
   - ‘Karp[17] found that some of his respondents…..’
   - ‘The expectation that men…..was not borne out, challenging generalisations that men invariably [?] demonstrate…. (see also 14,15).’ Rather than pointing to refs 14,15 suggest elucidate whether these findings are supported/unsupported by [refs 14,15]
   - ‘It is women rather than men….‘emotional work’…[16]. Carol Gilligan’s work (women as emotional; men as rational) may be useful here.
c. the Clinical implications section, eg
   - (with reference to Good and Wood’s work) ‘Our work suggests that some men are already using this strategy…..’ (p12)
   - The point ‘it could be that it is particularly valuable for women to feel ‘heard’ by health professionals…..’.
d. the Limitations section, eg
   - ‘…..but we are confident that we have a sample that can reveal a broad range of experiences of depression in the UK [11 ?].’ (p13): This may be considered, by some, a bold statement given that the voluntary sample N=38 (out of the population of the UK), and approximately 30% of the sample reported Bipolar (exceeding a national representative sample?). It is also difficult to detect a ‘broad range’ from the relatively small number of verbatim quotes presented. Non-responders may bring a different perspective. The findings cannot be generalised beyond the sample of 38. Suggest rephrasing eg ‘Even though the findings cannot be generalised beyond the study sample, we have succeeded in eliciting a range of experiences that extends current understanding of the experience of depression…..’.

Practical/Clinical implications
a. ‘Our study has implications for health professionals…..’ Caution about prescribing GP behaviour, eg ‘GPs need to be sensitive…..’(p13, second para, lines 5 and 8; ‘it is important that GPs do not assume…..’(p13), etcetera. Suggest rephrasing.
b. If findings were generated from ‘modified GT’, then theoretical implications would also need to be discussed in light of the new theory (?) and linked with the literature.

Further research
Apart from testing the Australian prompt list in other (?) contexts (p13), have findings from this study generated a RQ for further study, eg GP’s role/perspective?
a. The manuscript needs to be edited. For example,
   - Ref 10 (p15) is incomplete.
   - ‘However, in the interviews both men and women….‘(p11) – delete ‘in the interviews’.
   - ‘Our sample consisted of people with depression…’: change to past tense.
   - QSR NVivo 2.0 needs to be referenced (in text and reference list).
   - According to the BMC references style, a space is required before the colon and the first page number.
   - etcetera.....

b. Important points raised in the study worth maximising....eg
   - ‘….universally difficult for people to find the words to describe their experience of depression…’ The data suggest that patients need to be better informed of the symptoms of depression. Did the ‘Defeat Depression’ campaign in the UK achieve an adequate level of public awareness?
   - men’s and women’s roles in helping to identify and express symptoms of depression in each other (practical/rational and emotional).
   - etcetera...

---

**Major Compulsory Revisions** (that the author must respond to before a decision on publication can be reached)

---

**Minor Essential Revisions** (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

---

**Discretionary Revisions** (which the author can choose to ignore)

---

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions