Reviewer’s report

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

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Reviewer: Anne Elizabeth Rogers

Reviewer’s report:

General: This is a well written paper. The study clearly sets out some key issues for understanding depression and peoples’ responses and dilemmas in seeking out help from professionals. An excellent analysis from the data used in the reported study has already been provided by the authors in a paper now published in Social Science and Medicine exploring the associations between depression and men's gender identities. The current paper takes as its focus a secondary analysis of qualitative data in order to explore how people articulate distress and engage with health professionals. The theme ‘talking to a stranger’ constitutes the bases of an interesting and novel theme in this area.

Major comments which require a response

There are two major problems with this paper.

First many of the issues explored in this study have been extensively explored in a number of recent qualitative studies which currently reduces the novelty of the findings presented without a clear argument progressing what has been found before with what this new analysis/study adds. Previous qualitative research has shown that people can’t make use of resources when they might most need it (a point made on p7 in relation to the theme Difficulties in recognising and articulating mental health problems). See for example, Peden A. (1994) Up from depression: strategies used by women recovering from depression. Journal of Psychiatric and Mental Health Nursing 1, 77 83. Similarly a number of studies illuminate that there are difficulties in articulation of the problem of depression (e.g. Lewis; JMH Karpf QHR) and the consequences of this for seeking help and engaging with professionals (e.g.Gask et al 2002 BJGP, Rogers et al 2001 JMH Maxwell 2005 (CI). Differences in gender in help seeking and engagement are mentioned in passing in a number of studies (Rogers et al). Similarly there is now quite an extensive qualitative literature on engagement of depressed patients both with GPs and a range of other primary care health professionals and in negotiating and accepting a range of primary care treatments and therapies for depression (Richards et al 2006 GHPsychiatry; Macdonald etl 2007 Int J. Soci Psych; Grime and Pollack). The issues identified in these and other previous studies can of course provide the foundation for greater illumination and the development of new themes in subsequent qualitative research. What comes through in the paper is a confirmation of previous themes which is certainly useful and worthy of reporting but at present is insufficient without further elaboration of the existing themes from previous studies and or/ the addition of new constructs or themes to promote a line of argument of concepts which builds on the existing knowledge base in this area from published studies (for example those above).

Secondly, the issue of gender differences in the seeking of help and engagement with professionals vis a vis depression remains an under-explored area and one which the paper appropriately attempts to address as a central focus. However, again based on what appears in the paper there is sufficient data and or new themes to provide a robust view of this from the data presented. Perhaps there is more data from which emergent themes could be developed more fully taking into account the comments about existing studies mentioned above (e.g. Getting practical results from talking therapies – talking to a stranger). Certainly a clearer focus on ‘gender’ linking the data to the central question is needed (i.e. 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?).

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

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests