Author's response to reviews

Title: Patterns of treatment seeking behavior for mental illnesses in south west Ethiopia: a hospital based study

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Author's response to reviews: see over
Response to reviewer's report

Title: Patterns of treatment seeking behavior for mental illnesses in south west Ethiopia

Reviewer: Lars Jacobsson

Q1: The major problem is the presentation which needs a lot of editing. There are too many decimals in most of the numbers given in the text - eg 30.21% seek help of traditional healers..
Response: now we have made spelling and grammatical corrections and edited by a native speaker. We have also rounded the decimals in to one digit figure.

Q2: The references given in the background 8-10 seems not appropriate??
Response: now we have corrected them

Q3: The tables need some editing according to the requirements of the journal.
Response: we made editing on the title and font based on the requirements of the journal

Q4: Fig 1 is a bit difficult to understand -either explain in the text or revise in order to make it more easily understood.
Response: we have revised figure one to make it easy and we have described in the text part about the figure

Q5: The reference list should be made more complete eg ref nr 4,5,6,10.
Response: now we have corrected them

Q6: Some findings might be commented on: Written informed consent was given by illiterate people (21%),
Response: the consent form was already prepared. For literate people, they themselves read it. But for those who could not read, the data collectors read for them and obtained their signature or finger print to obtain their consent.

Q7: The mean monthly income seems to be rather high - students and farmers being the major participants.
Response: we asked their family average monthly income for the students. It seems high since it is with Ethiopian currency; the mean monthly income of the family is only around 32 US dollar with current exchange rate.

Q8: Very few patients report psychotic disorders but at least 25% got a diagnosis of psychosis (schizophrenia and other psychosis).
Response: It is true that 25% have received a diagnosis of psychotic disorder after a detailed psychiatric interview. However, our research data collectors are only making note of symptoms that were reported as presenting complaints. Perhaps the respondents might feel too embarrassed to disclose psychotic phenomena to a research interviewer.

Q9: There were quite a lot of suicide attempts (47%). Table 3 is very interesting indicating that the patients had a high symptom load.
Response: yes. Since it is a hospital based study, the burden might be skewed to high symptom load.

Q10: The authors rightly talk about desirability bias - this could be discussed a bit more- the fact that as many as 99% believes that mental illness is curable is probably an example. The findings indicate that the population is rather pragmatic in their help seeking behavior - that could also be commented a bit more.
Response: based on the suggestion we have added the following explanation in the discussion part. ‘On the other hand, the social desirability bias might have contributed for such high figure since the study was conducted in a psychiatric facility and the data collectors were psychiatric nurses. Moreover, the finding indicated that the population was pragmatic in their treatment seeking behavior. Families, although having a traditional explanatory model of illness, might have brought the mentally ill relative to the hospital as a last resort place care (Alem)

Q11: Quality of written English: Needs some language corrections before being published
Response: we have made spelling and grammatical corrections and edited by a native speaker.
Reviewer: Pamela Wright

Major Compulsory Revisions

Q1: In the introduction a number is given for people suffering from mental illness in the world, but no reference is given for that number.

Response: thank you and we have now added the following reference


Q2: Also in the introduction, a report is cited that found a delay of 38 weeks before presentation for mental illness (reference 10) but the title of that paper implies that the patients in that study were presenting at a leprosy clinic, not a mental health clinic. Later that number is used as a reference for delay, while there is no apparent reason to consider that a reference for the population being studied. More information from the international literature could have been used as a reference.

Response: Thank you. It was by mistake. We have exchanged reference 11 and 12. We used his reference as a reference for delay in treatment. This study was conducted in Amanuel mental specialized hospital.

Q3: Participants were enrolled "until the required sample size was obtained" but no detailed information is provided on how that was calculated. Nor on the eligibility criteria. Nor on the study period, also mentioned in the methods section but not specified. These gaps need to be filled.

Response: we have included the following description on how we have calculated the sample size and the eligibility criteria in the methods part

‘The sample size was determined with single population proportion formula by considering 50% proportion of people with mental illness to come early for mental illness treatment at a psychiatric facility (to obtain maximum sample size) with 95% confidence interval. All mental health cases who have attended outpatient departments of psychiatry during the study period with a new episode of illness were included in the study.’
Q4: Although there is mention of asking "care givers" in selected cases it is not quite clear which data came from those people and which from patients themselves. This could also affect the interpretation of the data, for example in the results on the most common signs and symptoms leading to presentation at the hospital.

Response: yes we accept the of the data. All the necessary data about patients was obtained from the care givers whenever the mentally ill him/herself could not respond due to the illness, had expression and hearing problem and whose age was less than eighteen years old.

Q5: In the results section describing the study participants there was data on the number of subjects who had no care givers but not what that means- which ages? Were they the ones who came of their own volition? In fact the data here could more easily be scanned if presented in a matrix or table form. Now it is a string of percentages. The table with more detailed data is also a very long list, and one wonders if it could not be arranged differently to make the information more accessible.

Response: We only saw the effect of having care giver or not on treatment seeking behavior. It could have been better to have the data but we believe that describing what kind of patients did not have care givers will be out of the scope of our study

Q6: The results give 'other patients'as a source of information - its not clear what that means, whether other mental health patients in the community? Former patients? How should we picture the communication in that case?

Response: it is former patients.

Q7: The data appear to be sound in general but more analysis is needed to help the reader really understand the results. For example recall bias is an issue in the cases of mental illness with long duration - with a median time of around one year and a maximum of 38 years it is difficult to accept that the people would remember where they went first for care or some other answers.

Response: yes, indeed our study might have recall and desirability biases and we have described such bias at the last paragraph of the discussion part as follows.

‘There might be recall bias on the onset of the mental illness and settings for treatment were sought.’

Q8: It would help to know a bit more about which patients gave which answers, going farther than the clear but relatively superficial analysis that is presented of statistical associations
between features and early presentation. Or about the role of parents or other family, which would be expected to be higher in younger patients? Was that the case?

**Response:** now we have presented the frequency of patients’ characteristics with delay in table 1. But we did not gather data as to who brought the patient to the hospital; rather we looked at who gave information about the psychiatric facility.

**Q9:** The discussion and conclusions are relevant and useful for programme improvements, considering the limitations in the data collection. More use could be made of the international literature.

**Response:** we have tried to cite all the accessible literature. We have limited access to most international journals. We appreciate the comment.

**Q10:** The title should really include mention of the hospital population as that may give different results than for those who do not come to a bigger psychiatric hospital.

**Response:** we have modified the title as follow based on the suggestion given

‘Patterns of treatment seeking behavior for mental illnesses in south west Ethiopia: a hospital based study’

**Q11:** The authors do describe the limitations of the study and give appropriate interpretation of the data they collected.

**Response:** ok

**Q12:** The figure, a flow chart, is a good way to present the overview of the data on health seeking behavior.

**Response:** ok

**Q13:** The formulation of many sentences and paragraphs in English needs to be revised. It is possible to work out what the authors are saying most of the time but it is awkward (for example, the summary sentence justifying the study could be more clearly formulated to describe what was studied, and the last paragraph under ‘mental health seeking behavior’, starting with 'over a third of the patients' is not clear in meaning).

**Response:** we made corrections with similar explanations and we have modified the above sentences as follows; ‘This study was aimed at investigating the patterns of help seeking behavior and associated factors for mental illnesses. ‘One hundred thirty five (35.2%) of the study participants .....’
Q14: It would be best if the authors were first to sit with a colleague and go through all the text and tables to check that all the statements are clear enough, and then ask a native English speaker to go through the final text to smooth out the English text.

Response: we have edited extensively now

Q15: Quality of written English: Not suitable for publication unless extensively edited

Response: we have made spelling and grammatical corrections and edited by a native speaker of English language