Reviewer's report

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

Version: 1 Date: 14 June 2011

Reviewer: Pamela Wright

Reviewer's report:

This report contains information that is a welcome addition to the scarce data on mental health in developing countries. A hospital study, as the authors point out, is inherently biased and gives a selective view of the whole issue.

Major Compulsory Revisions

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

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.

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. 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.

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?

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. 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?

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.

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

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

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).

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.

Level of interest: An article of importance in its field

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

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.