Author's response to reviews

Title: Seeking help for depression from family and friends: A qualitative analysis of perceived advantages and disadvantages

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Version: 2 Date: 14 October 2011

Author's response to reviews: see over
Editor,

BMC Psychiatry.

Dear Editor,

Re: Seeking help for depression from family and friends: A qualitative analysis of perceived advantages and disadvantages. Kathleen M Griffiths, Dimity A Crisp, Lisa Barney, Russell Reid

Please find attached the revised version of the above manuscript.

There were two reviewers. One recommended that the manuscript be published without change. The second requested several changes. We thank both reviewers for their input and have addressed the concerns of the second reviewer as detailed below.

1. It is unclear how the question about help seeking was worded in the questionnaire i.e. whether it asks them to draw on their experiences in presenting their responses or whether it merely asks them to list what they think are the advantages and disadvantages in a more abstract way. (minor essential revision)

The question was included verbatim in the original manuscript at the top of p. 6, in the Methods, Measures section (now highlighted in yellow). The question was designed to elicit the respondents’ actual experiences.

2. (a) In the section entitled ‘participants’ the authors point to the majority of respondents being women but that this is not contextualised in the background, so that the reader is left with insufficient information upon which to judge whether this is important. (b) No further gender comparisons are made in the analysis and yet there when talking about the extent to which family and friends are supportive in cases of depression there is sufficient evidence in the literature to suggest that men and women’s experiences and views could well be different. Not least, because women are more likely to experience violence in the family and violence and abuse are known factors in triggering anxiety and depression. In the same section no further information is given about ethnicity of respondents and recent research from a team at the University of Manchester in the UK indicates that the role of family in supporting women is very different for some South Asian communities. (Major compulsory revision)

Thank you for these comments.

(a) The preponderance of women in the sample reflects the prevalence of depression in women in the general population. A statement to this effect has now been added to p. 6 Participants section (text in red).
(b) It is true (as it was for the Vollmann et al. quantitative paper) that no gender comparisons are made and we acknowledge that the experiences of women and men, people of differing ethnicities and indeed other demographic and clinical characteristics might differ. We have now acknowledged these points in the Limitations section of the Discussion. We consider these questions are best investigated in future quantitative survey research using items developed from the categories reported in this qualitative study and employing appropriate statistical techniques to analyse the independent contributions of these factors and their interactions. We have noted this as follows (see red text, Limitations, p. 27-28).

A final limitation of the current study is that like that of Vollman et al, it did not investigate whether the perceived advantages and disadvantages differed for consumers with different demographic or clinical characteristics. It is possible that the perspectives of men and women, and people of differing ages, educational, social and cultural backgrounds, severity and length of depression demonstrate differing patterns of response. The nature of the relationship of an informal carer to the consumer and caregiver characteristics may also be important factors in determining the perceived benefits and costs of informal help seeking. The categories generated in the current qualitative study can serve as a basis for developing items for a structured survey that investigates quantitatively the independent role of these factors and their interactions in predicting consumer-perceived advantages and disadvantages of informal help seeking.

3. Whilst in the methods the authors refer to using a thematic analysis this seems to be more along the lines of a simple, rather than thematic, content analysis whereby frequency of occurrence is the most important criteria for assessing the importance of a theme. There is not a problem with the way that this approach has been adopted but it would benefit from being described appropriately and also from inclusion of some indication of frequency when referring to how common a response was. (minor compulsory revision)

As requested we have changed all references to themes and subthemes to ‘categories’ and ‘subcategories’. The frequencies of occurrence are recorded in Tables 1 and 2 and were included because reviewers of qualitative research sometimes request this information. Although we are reluctant to duplicate all this information in the text, in response to the reviewer’s request we have now also included the major category frequencies in the text (Advantages p. 7, Disadvantages, p. 16).

4. The findings, whilst interesting, would be enriched by more information about differences in who responded in which way i.e. were younger respondents more likely to respond positively than older ones etc. Qualitative analysis should look for patterns and exceptions as well as rules. (major compulsory revision)

Please see response for Item 2 (b) above.

5. In the second paragraph of the discussion new interpretations of the data are introduced e.g. when the authors refer to 80% of respondents citing an advantage. This approach is at odds with what is reported previously. (minor essential revision)

Thankyou for this comment. The first paragraph of the Results section (p. 7) states that “Of the 417 participants in this study, 240 (51.3%) cited only advantages of consulting a family or friend, 25 (6%) reported disadvantages only and 138 (33.1%) described both disadvantages and
advantages.” We have now added: Thus 84.4% of respondents reported at least one advantage of informal help seeking and 39.1% reported at least one disadvantage. This is consistent with the statement in the Discussion which notes that “Overall, people who sought help from family or friends for depression were more likely to report advantages than disadvantages of this help seeking with over 80% citing an advantage.” However, the statement “Nevertheless, almost 60% of participants reported at least one disadvantage” (p.1, page 23) contained a typographical error. It has now been changed to read: “Nevertheless, almost 40% of participants reported at least one disadvantage”.

6. Much of the discussion is taken over to considering how the findings presented here compare to the recent publication by Vollman et al (2010). The case is not fully made for what this paper adds to this previous work which treats the subject area in some depth by comparing the responses of depressed and never depressed participants (major compulsory revision)
The case is now fully made in the Introduction, see p. 5 (first two paras).

7. The authors suggest that the findings point to the need for an educational programme for family and friends to help overcome the perceived disadvantages. However, the disadvantages cited by participants such as over-involvement, decreased self-esteem and lack of confidentiality could be factors that have led to the depression in the first place. Providing education for family and friends could not only breach confidentiality but could also have implications for the safety and well-being of people with. A more targeted and sophisticated approach, informed by an exploration of the patterns and differences in responses to the questionnaire, would be more appropriate. (major compulsory revision)

We intended to refer here to public health interventions rather than a one-to-one program targeted at specific carers or friends. This has now been made very clear (p. 27). Obviously, there is no confidentiality breach involved in such programs. All interventions have potential safety issues; failure to intervene also has safety implications. We have therefore added in the need to evaluate the outcomes of the program (p. 27) and we have removed the reference to carers providing ‘advice’ in the informational support reference (para 1, p. 27). The incorporation of education around the identified disadvantages such as over-involvement are further emphasised. We agree that different messages might be appropriate for different groups and have inserted commentary regarding this at the end of the Limitations section (p. 29).

Your sincerely,

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12th October, 2011