Author's response to reviews

Title: 'I am not a depressed person': How identity conflict affects help-seeking rates for Major Depressive Disorder

Authors:

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Author's response to reviews: see over
Dear Professor Marco Menchetti,

Re: MS 1273083558751956

‘I am not a depressed person’: How identity conflict affects help-seeking rates for Major Depressive Disorder. Caroline Farmer, Paul Farrand, Heather O’Mahen

Please find enclosed the revised version of the above manuscript. We are very grateful for the comments by the reviewers, which were very helpful. We have revised the manuscript in response to the reviewers’ suggestions, and our responses to each of the reviewers’ comments are as follows:

Editor’s requested revisions

1. CONSENT: Please state in the Methods section whether written informed consent for participation in the study was obtained from participants or, where participants are children, a parent or guardian.

A statement declaring that all participants provided informed consent to participate in the study has been included in the Methods section (Methods, Ethical Considerations, page 7).

2. Figure titles: All figures must have a figure title listed after the references in the manuscript file. The figure file should not include the title or number (e.g. Figure 1... etc.). The figures are numbered automatically in the order in which they are uploaded.

All figure titles have been displayed after the references in the manuscript, as requested, and figure files have been amended to remove the figure titles and number.

3. Figure cropping: It is important for the final layout of the manuscript that the figures are cropped as closely as possible to minimise white space around the image.

Both images have been cropped, and converted into PNG files so that all white space around the image is now transparent.

Reviewer: Amelia Gulliver

Discretionary revisions

1. For consistency, insert spaces around equals sign e.g., \( n = 7 \) (Results, paragraph 2).

This has been corrected, as requested.

2. It may be of use to make a clearer connection between the names of the themes as described in Table 1, and as described in the Results section (i.e., Theme 2 is described in Table 1 as “AVOIDANCE”, then labeled as “Theme 2 – Prioritising identity and goals” in the results section).

The title of Theme 2 has been corrected to ‘Avoidance’, as was displayed in Table 1.

The authors agree that identifying quotations makes the data analysis more transparent, and participants’ quotes have been identified, as suggested (Results).

**Minor Essential Revisions**

1. **Recruitment methods are described as “including” a number of different methods - Is the methodology for recruitment fully described? (Methods, paragraph 1).**

All recruitment methods employed were described, and the word “including” has been removed for clarity (Methods, page 5, paragraph 1).

2. **Interview schedule: Please describe the changes made to the interview questions (Methods, paragraph 6). It may be of use to include a full list of questions as an additional file.**

We have now included detail of how the interview schedule changed during the research process (Methods, page 6, paragraph 3). As the interview schedule contained only a small number of open questions, these have not been provided in an additional file, but rather described in the text.

3. **Table 2 does not give an indication of how widespread the views were about these barriers. Were any of the barriers more prominent or disputed than others?**

Table 2 has been edited to include the frequency with which each was reported by participants.

4. **A clearer case needs to be made for the statement that the results suggest “that all three barriers (structural, knowledge and attitudinal) may be helpful targets for intervention” (Discussion, paragraph 2).**

This suggestion is based on findings that the factors discussed by participants at the decisional balance stage included attitudinal, structural and knowledge barriers. To clarify this finding, Table 2 has been expanded to include more detail about each of the barriers. In addition, the results now highlight that all three barriers were included in participants’ accounts (Results, page 13, paragraph 3).

5. **Please acknowledge in the limitations section that the iterative change in interview schedule may have influenced the results. In addition, acknowledge that the majority of participants were female, which may affect generalizability (Limitations section).**

The limitations section now acknowledges that iterative changes to the interview schedule may have influenced the focus of the interview and the analysis (Discussion, Limitations, page 18, paragraph 3). A comment on the limited generalisability of the findings to men has also been added, along with a recommendation that future research use purposive sampling to try to overcome any difficulties in recruiting men (Discussion, Limitations, page 17, paragraph 4).
Reviewer: Siow Ann Chong

1. The reviewer would...like to know whether any information brochure, help-lines or referrals were provided to those who had never sought help (there were 3 such participants in the study).

All depressed participants who participated in the study, including three participants who had not sought help at the time of the interview, were offered information on sources of support for MDD on completion of the study. This has been acknowledged in the manuscript (Methods, Ethical considerations, page 7, paragraph 3).

2. Authors could explain further why they did not use additional purposive approach to ensure similar number of men and women (17 women were included while only 3 men participated).

In response to a previous comment, the limitations section now acknowledges the limitations in generalisability caused by the limited number of male participants in the sample. The authors therefore recommend that future research use purposive sampling to recruit more male participants in help-seeking research (Discussion, Limitations, page 17, paragraph 4). This is particularly important considering that poorer help-seeking rates are often observed in men.

3. It would be also important to know how many of the participants had help-seeking delays of more than 10 years for their last depressive episode. The range of 2 weeks to 30 years is quite broad, recall delays are expected for those with a long delay, particularly those with a delay of 30 years.

Four participants reported help-seeking delays longer than 10 years, and this information has been included in participants’ demographics (Results, Demographics, page 8). The authors also agree that it is important to consider that there may be a higher risk of inaccuracies in participants’ accounts as delay periods increase. As long help-seeking delays are common for MDD and other mental health disorders, this is an important consideration for both the interpretation of this and future help-seeking studies. This has been acknowledged in the Limitations (Discussion, Limitations, page 18, paragraph 2).

4. Authors could explain their process of comparison and iterative modification briefly to demonstrate the robustness of data collection.

As described in response to a previous comment, we have now included more detail of how the interview schedule was changed iteratively during the research process (Methods, page 6, paragraph 3).

5. The distinction between identify and goals is...not very clear. How was ‘goal attainment’ or ‘goal theory’ embedded in the analysis? How was it linked to ‘identify’ by the participants? Some verbatim sentences could add more value in understanding this.

The authors agree that this was not clearly explained, and so we have now clarified the results and discussion to focus on how short- and long-term goals are ways of supporting individuals’ identities. For example, “This distress was primarily caused by concerns that symptoms threatened participants’ identity and their related goals” in Results (page 9, paragraph 3), and “Participants in this study discussed how experiencing depressive symptoms threatened their ability to perceive
themselves in a positive way, both in terms of their short and long term goals, and the ways in which
these related to their perceived identity.” In Discussion (page 15, paragraph 1).

Participants talked about how their depressive symptoms interfered with the way in which they saw
themselves and their ability to do things, for example “I want to be a doctor and I want to be seen as
someone who could do it as opposed to people look at me and go ‘oh no, she has problems’” (Results, page 9). We have applied the labels of identity and goals to this process.

6. Authors state that good social support or networks were not identified as important predictors of
help-seeking in their group of participants. A comment on whether this was seen more or less among
those belonging to a certain age group would be helpful. Considerable literature suggests the role of
social support in identifying the change in mood and reducing delays in help-seeking. Consequently
several interventions among parents and peers have also been implemented with the objective to
identity and support those in need of care. Authors should address this lack of relevance of social
support in their study in the discussion. Was this identified during the constant comparison process?
If yes, were any probes included in the interview schedule? Or was it not of interest since the help-
seeking pathways were being explored from the individual’s psychological perspective?

The role of interpersonal factors was not the focus of this study, and therefore we did not include
any additional probes for this in the interview schedule when it did not emerge as a major theme.
However, the authors agree that this is an important issue, and we have now acknowledged the
absence of social support in participants’ accounts in the Discussion (page 16, paragraph 2). As
previous research suggests that social support may influence help-seeking behaviour through
changes in attitudinal barriers (Vogel, Wade, Wester, Larson, & Hackler, 2007; Sheffield, Fiorenza,
Sofronoff, 2004; Bilszta, Ericksen, Buist, Miilgrom, 2010), we further suggest that research exploring
how attitudinal beliefs are formed and changed may be useful for informing the development of
help-seeking interventions.

7. Another limitation that may be added is the use of semi-structured interviews instead of in-depth
interviewing that are more spontaneous and more effective in understanding the individuals’ view of
an event, their terminology and judgments.

This limitation has been acknowledged (Discussion, Limitations, page 18, paragraph 3).

8. A minor observation is a possible typographical error in a sentence (Pg 9, ‘A small number of
participants who failed to notice their symptoms were abnormal experienced extended help-seeking
delays’), which should be corrected.

This sentence has been re-written as “There were a small number of participants who failed to
notice their symptoms were abnormal, and therefore experienced extended help-seeking delays”
(Results, page 9, paragraph 2).

Thank you again for considering our manuscript and to the reviewers for their feedback. We hope
that these revisions and responses are acceptable,

Yours sincerely,
Caroline Farmer