Author's response to reviews

Title: Perceived causes of severe mental illness and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study.

Authors:

Solomon Teferra (soloteferra@yahoo.com)
Teshome Shibre (shibreteshome@yahoo.com)

Version: 2 Date: 30 April 2012

Author's response to reviews: see over
April 29, 2012

Dear Editor,

It is a great privilege for us to submit the revised version of our original work with the title ‘**Perceived Causes of Severe Mental Illnesses and Preferred Treatment for the Mentally Ill among the Borana Semi-Nomadic Community, Southern Ethiopia**.’ for possible publication in your journal which enjoys a wide international readership.

We shall present the reply to the three reviewers as follows:

**Reply to referee-I**

**Reviewer: Robert David Schweitzer**

Dear reviewer, we took the pleasure of revising the manuscript based on your insightful comment. We present here a point-by point-response to your comments. We hope you will be satisfied by our effort.

1. **Title:** use participant’s indigenous terms instead of western biomedical view. **Answer:** Title is modified as is addressed as suggested by the reviewer. Since the term ‘madness’ is slightly derogatory, we preferred not to put it in the title.

2. **Background:** comment is addressed in the manuscript. We noticed the belief system in any society is a kind of spectrum and there are people in the west who endorse non-western beliefs but we took the predominant view and that is the basis for calling it a ‘dichotomy’.

3. **Methods:** The information on setting is expanded to give an overview including cosmology. Other comments on issues of mental health service and consent are addressed.

4. **Results:** use indigenous terms of ‘mental illness’ instead of the western concept e.g. madness (marata), ‘indigenous healers’ instead of ‘traditional healers’, "the severely mental ill" what names are given e.g. marata. Use ‘intervention’ instead of ‘treatment’; ‘religious-magical’ may refer to ‘interpersonal’ and this should be acknowledged. **Answer:** An attempt is made to address the way the results section is suggested to be modified. But, since the authors have understanding of the culture, instead of packing the results section with Oromo language descriptions, their interpretation into scientifically sound concepts of the issues was chosen.
5. Editorial corrections: According to Kleinmann instead of 20, Et al should be ‘et al’ ‘child birth’
   new section. **Answer:** Corrected as suggested.

6. Strength and limitation: for qualitative study ‘probabilistic sampling’ may not be relevant here.
   **Answer:** Corrected as suggested

7. Conclusion and recommendation: We agree with the reviewer comment of utilizing indigenous
   knowledge and psychosocial interventions and not idealizing the western model of reliance on
   psychotropic medication. But, we also believe in making evidence based interventions and
   making sure that our society has access to the best possible medical care.

**Reply to referee-II**

**Reviewer: Valerie Demarinis**

Dear reviewer, we are very impressed with the constructive feedback you gave us and the
thoroughness of your evaluation. We tried to address most of the points you raised in the
revised manuscript and we will present our point by point response as follows:

**Compulsory revisions:**

1. The title is revised to include the type of method used,

2. Abstract is revised

3. a/ the background is expanded with more references added, b/ comment is addressed
   in the conclusion and recommendation section c/the main hypothesis generated was
   the heterogeneous nature of their explanatory styles and their pragmatic approach to
   treatment which potentially encourages expansion of mental health service in the area,
   and this is covered very well in the discussion section

4. a/the background is expanded to include detailed description of the Borana
   demographics, belief system, governance and gender roles, b/ corrected, c/ coding
   method was based on the author’s preference, and this is included in the text  d/ moved
   to limitations section as suggested e/ data analysis and collection was going on hand in
hand ‘respondent evaluation’ was conducted with some of the themes (the earlier interviews). f/ verbal consent was given

5. a/ although we agree with the number being big, we opted for a more descriptive presentation instead of quantifying it. We used descriptive terms to emphasize more common or less common responses. b/ the gender issue is addressed in the text. We didn’t notice major difference in both sexes except in some areas and we emphasized this in the revised text. c/ apart from what we mentioned in section b above, we did not see the need for detailed gender analysis, and we believe this will not affect the overall outcome of the study. d/ ‘seeing blood and dirty water’ is perceived to have both psychosical and spiritual implications. So, it encompasses both areas and this is indicated in the revised text. e/ Khat use is sporadic, and it is not considered part of the mainstream Borana culture. Some people chew it for recreational purposes. f/ generally there is a peaceful coexistence of religions and indigenous beliefs all over Ethiopia. The recent census showed that a significant proportion of the Borana people converted to Christianity and Islam. So, these religions are well respected and embraced by the Borana people. It is difficult to put hierarchy here. For instance, Christian believers would take the sick to church first while the animists would likely consult the indigenous healers first, but their decisions can be influenced by many factors. g/ issues related with modern mental health care is addressed in the revised text. The pragmatic nature of their approach to healing is emphasized in the revised text with its potential implications for policy and mental health intervention. h/ this issue is addressed in the revised text. Families give up hope on patients after they try every means. Patients either stay at home and provided with their basic needs or leave their village and wander in the streets of towns. As such there is no systematic abuse of mentally ill patients. i/ we agree the point raised, but we were interested mainly in the narrow sense of understanding their illness attribution and preferred treatment. We didn’t hear them mention the mentally ill as having ‘special gifts’. j/ theme headings are revised based on the comment.
6. a/ the point is addressed  b/ addressed  c/ the issue of gender is presented in the results 
section as described above  d/ addressed in the revised text  d (e)/ the points are 
incorporated in the revised text.

7. a/ the main hypotheses are incorporated in the revised text.  b/ your article is 
informative and indeed our health policy says due attention shall be given to indigenous 
health related knowledge.

Reply to referee – III
Reviewer: Susan Rees

Dear reviewer, we took the pleasure of reading your very constructive feedback. We have addressed the 
typographical issues that you raised. We hope you will be satisfied by our effort.

Thank you

Kind regards

Solomon Teferra, MD, PhD