Reviewer's report

Title: Perceived Causes of Severe Mental Illnesses andPreferred Treatment for the Mentally Ill among the Borana Semi-Nomadic Community, Southern Ethiopia.

Version: 1 Date: 5 January 2012

Reviewer: Robert David Schweitzer

Reviewer's report:

This study involves an examination of beliefs around the causes of "mental illness" by members of the Borana nomadic population who reside in Southern Ethiopian. As such, this study provides a rare and unique insight into the beliefs of a nomadic group who have had limited contact with Western models of services and hence Western notions of causes and treatment of mental illness.

Overall, the paper has much to commend it. However, in my view the authors need to also acknowledge that the dominant model, which draws upon a Western biomedical approach, is also culturally determined, and hence provide the paper with greater balance. As it stands, the paper privileges a Western biomedical approach and compares the indigenous approach to a Western medical approach in a non-critical manner. If this issue is addressed, I believe that the paper has the potential to make an important contribution to our understanding of culture and constructions of mental illness across cultures. My specific suggestions follow.

Title: the current title, "Perceived Causes of Severe Mental Illnesses and Preferred Treatment..." conveys the authors' "world view" rather than acknowledging the problematic nature of "mental illness" among the semi-nomadic Borana community in Southern Ethiopia. As one reads the manuscript, it becomes increasingly evident that the community refer instead to "madness". I would argue that it would be more respectful to the community to acknowledge their indigenous knowledge and to compare such knowledge rather than simply comparing their knowledge with the dominant Western paradigm which is assumed to represent a standard against which other ideas are compared. This proposal has implications for many parts of the manuscript and also the language of the paper. The authors are in a better position than most to understand the indigenous knowledge, and also the indigenous terms and to use these terms where they are relevant. This will provide a very rich and useful contribution, both at this time, and in time to come. The paper will thus document ideas and beliefs as they existed at the time of the research.

Abstract: Generally, this is well done. I do not know if there is a dichotomous belief regarding the causes of severe mental illness. I believe that this is quite a contested terrain. The dominant biomedical model is also being increasingly contested as researchers look at the psychosocial causes of mental illness as well as the potentially pernicious impacts of some of the more common
antipsychotics in the treatment of conditions such as schizophrenia. Several papers draw attention to the "placebo effect" for instance, see Mario Álvarez-Jiménez, Alexandra G. Parker, Sarah E. Hetrick, Patrick D. McGorry and John F. Gleeson (2011) Preventing the Second Episode: A Systematic Review and Meta-analysis of Psychosocial and Pharmacological Trials in First-Episode psychosis Schizophr Bull 37 (3): 619-630.doi: 10.1093/schbul/sbp129.

Please be more specific in relation to the nature of the qualitative methodology, I assume this refers to a thematic analysis.

The term "traditional healers" is used throughout the paper, I wonder if "indigenous healer" including the indigenous term may be helpful in describing the healing practitioners within the Borana community?

Background: This section provides an overview of Western approaches and also refers to some of the transcultural literature. It would be useful to add some background in terms of Borana cosmology. Additionally, the contested nature of theories concerning the causation of mental illness in Western cultures should be acknowledged.

Setting: Within this section, the authors write that there are "no mental health services at all" within the rural remote Borana community. I suggest that this be qualified to acknowledge that there are no "biomedical mental health services" in the community. I would suggest that all communities have "health services' which are defined in terms of cultural norms.

Methodology: Generally this section is well done, other than the need to specify more clearly the qualitative methodology used.

I do have questions round the notion of investigating "the severely mental ill" within a community which no doubt has its own conceptualisations of human experiences. I would have liked to be informed as to the names of such experiences which may accord with Western notions of mental illness, but nevertheless, acknowledge indigenous knowledge.

Please include the interview questions asked or include as an appendix.

The process for achieving rigour is commendable.

Ethical considerations: I suggest that you indicate that participants provided verbal consent.

Results: As the study refers to Borana concepts and as "mental illness" is a Western concept, I suggest that this section be edited to refer to the participant's conceptualisation of what is being investigated. This may be "madness" and the indigenous term may be quoted together with a literal interpretation of the term (or its variants). I assume the term is marata. In fact, a revisioning of the paper as an investigation of marata would address all the issues raised in relation to the privileging of one discourse over another.

The ethnography refers to "mental illness". I suspect that this is based upon predefined ideas, as the authors have previously referred to marata as referring to "madness". I suggest that marata may be a better term than the notion of
"mental illness" which is a western construct based upon a biomedical cosmology. It is these subtleties which I suggest, need to be addressed. In fact, the authors do this on pg 13, when referring to the ideas that "Madness may be inherited" which reads well.

A similar argument may be used to address the issue of the use of the term "treatments" (pg 13). I would suggest that the term "intervention" may be a better term and less saturated with particular meanings.

Discussion: Pg 16, second paragraph, According to (20) needs to be changed to refer to Kleinman.

The notions of "religious-magical" may also refer to interpersonal. If so, this should be acknowledged.

Et al should be et al.

Section on child birth should be a new paragraph.

Strengths and limitations: This section is well done though I am not sure that the fact that probabilistic sampling was not used was a significant difficulty based on the fact that the study was essentially a qualitative study.

Conclusion and recommendation: The issues covered are both important and complex. How does one strike a balance between respecting indigenous knowledges and the benefits of biomedical approaches? We are seeing increasing concerns in the West in relation to the potentially pernicious impacts of certain medications and an increasing interest in psychosocial interventions which deal with mental illness. Balancing these issues is complex in planning health care in developing regions. The authors are obviously grappling with these issues.