Reviewer's report

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

Version: 1 Date: 1 March 2012

Reviewer: Valerie Demarinis

Reviewer's report:

Opening points: This very interesting article has the potential to contribute to five vital areas of research: 1. important knowledge concerning an understudied, semi-nomadic population; 2. new knowledge in the area of investigating explanatory systems with special attention to religious/existential and magical frameworks, and interactions of different systems; 3. contribution to qualitative design research; 4. generation of hypotheses for further research with this population and for application to others; and, 5. implications based on the findings for inclusion of this type of information into a suitable mental health initiative design.

The phrase “has the potential” precedes the five areas above, as attention to several 'compulsory changes' are necessary in order for the article to make these contributions, at the appropriate scientific level. In essence the research questions posed, methods used, thematic categories developed as well as vibrant citations are all clear. The article reads well. However, attention to the following points, discussed below, are needed in the revision: parts of the analysis, placement of background material, generation of testable hypotheses, inter-rater reliability information, fuller reflection on both limitations and contributions, and, some reflection on the implications of the research findings for a suitable mental health initiative design.

The points raised are presented under the following category as they are in general interdependent for the necessary revisions:

- Major Compulsory Revisions

1. The title should include a subtitle to indicate the type of study such as: a qualitative study. It is important for the reader to know the type of study from the title, and this will also be useful in locating the study in literature searches.

2. The Abstract will need to be reworked in light of the text revisions.

3. Background section:

   a. The Background section should be expanded to ALSO include the different areas of research now found in the Discussion section. It is customary that all the areas of relevant research are presented here. This means little more than a cut and paste of these research areas to the Background section. In this way the reader will be better prepared by this overview of the scientific literature, and for the positioning of the study. Including information on the research design/methods used in the different studies is also important to include, so a
reflection on methods can be added to the Discussion section. In the Discussion section the researchers can then more clearly identify their study’s findings in light of prior research and provide critical reflections as to why this study’s results are similar or different due to the nature of the study, population, etc. This will also allow the Discussion session to go further with the development of hypotheses and implications for mental health, both of which are needed. Further reflections on the Discussion section appear below.

b. In the next final sentence of the Background section, “…we hope this study will generate useful information for health care providers as well as policy makers,” the researchers are indicating the type of important critical reflection in relation to implications for mental health initiative design. This needs to be returned to more systematically in the Conclusion and Recommendation section.

c. The final sentence in the Background section: “It was also hoped to generate useful hypothesis for further research,” is very important for maximizing the value of a qualitative study. The researchers need to be clear here in the background section as to the areas for hypothesis generation, and then naturally make sure there are testable hypotheses provided in the Discussion section to match these!

4. Methods section:

a. There needs to be a short section about the cultural structure of the Borana population, where the different societal functions and services: leaders, healers, community health agents, etc. are introduced to help the reader better understand the societal system. Something about gender roles divisions, etc is important to include as well. Also, the operational framework for understanding this population’s usage of: religion, magic, traditional healing, health care is also necessary. It is indicated that there are “no mental health services at all. “, yet in the findings there is mentioned some interaction with such services. This needs to be explained in the description of the setting or somewhere as to the kinds of possible interactions the population may have had with mental health services of any kind. To address these areas of needed information, one solution is adding this material to the Setting section under Methods, or creating a short additional section after the Setting section.

b. In the Analysis section, perhaps this should be entitled, Data Analysis, it is here that all analysis information should be given related to the data analysis program used and steps in the process.

c. In the Codes, themes, and categories sections, the following sentence is not clear: “The two authors independently coded each transcription one of them using the Open code software [18] and manually (ST) and the other (TS) manually”. For the coding by ST what is the point with the manual and Open Code processes? Also, as TS coded only manually, the reader needs more detailed information concerning inter-rater reliability. The usually-preferred statistical correlation for this reliability rating may not be possible here. However, some further information is necessary.

d. The following sentences: ‘A potential source of bias is the researchers’ educational background of being psychiatrists. Maximum possible care was taken to focus mainly on describing the thoughts of the participants and distance
ourselves from introducing our opinion when presenting the results.

e. Were any of the Key Informants, or other cultural representatives, able to give feedback in relation to the study’s findings? Were the themes, categories recognizable to the population?

This is usually an important safeguard in qualitative research.

f. In the Ethical considerations section, it is important to include the specific type of approval given, or approval number, or approval process information. Also, what TYPE of consent was given? Verbal? Written?

5. Results section

a. In general the structure and presentation of information is very good. However, in order to generate hypotheses, and in light of the generally large number of 56 KI, there needs to be more precise information, even to the ‘quantification’ of responses, on the rate of responses for the different themes. Now there is only a vague indication, so the precision of this going back to the data would strengthen the presentation. As indicated, each group participant was given a chance to speak, so some more accurate idea by number or at least by group or at least on a more precise level is necessary. However, even less frequent responses can be important in terms of how the researchers are interpreting the results. Also were there any village differences in the responses?

b. As the groups were divided by gender in each village, a gender analysis also needs to be done here, and this can be for each theme or as an overall reflection.

c. Also, an overall gender analysis in terms of the findings needs to be given in relation to patterns seen related to causes/processes in relation to mental illness/distress, etc.

d. In the section: ‘Seeing Blood and Dirty Water Cause Mental Disturbance’ there is a stress-related connection, but not only stress explanation indicated. To some degree this appears to overlap with the psychosocial factors category. More explanation here is needed.

e. The Biological and psychosocial factors section needs more explanation as to why they are presented together and, as each of the themes presented involves in actuality BOTH of these, more development of the interactions between the biological and psychosocial is needed in each theme. In relation to ‘khat’ especially, the reader needs to understand something about how this might be perceived in terms of ceremonies, rituals, or its usage in general for the population.

f. Prayer, Holy water: ‘The devil will scream and leave the patient!’ Is this a third pattern choice for visiting these religious institutions? In other words is there a progression? This is not clear. Also, how do these Christian/Muslim religious institutions ‘fit’ with the cultural system of the population? How are they viewed?
g. Modern health care as a last resort. Under this theme it is important to indicate the reason why this is a last resort. Is it due to cultural beliefs and/or unavailability? In the Conclusion the reasoning is more towards a lack of availability. More explanation is needed. The ‘pragmatic approach’ finding is a very important one. This should be expanded as this type of flexibility can have very positive implications for designing a mental health initiative.

h. In the final quote in the Modern health... theme, the last sentence “They will try all these means and if he fails to improve, they will leave him alone.”, needs some further information. How should the reader interpret leaving the person alone? Is he/she cared for? Ostracized?

i. Point h points to the need, perhaps in the beginning of the Results section, to provide some information as to how in general persons with these different kinds of maladies or problems are treated by the community. AND if ‘madness’ is ever associated with special gifts and wisdom as in some other cultures. Could the framing of the questions as related to mental illness have excluded other interpretations?

j. It would be better to present theme headings in a more consistent way, so presenting the theme itself, and then a part of a quote to illustrate this. Just now there is a combination of partial quotes and of more categorical headings.

6. Discussion section:

a. Please refer to the specific points already raised above relating to changes in the Discussion section. With the changed structure, there can be a more thorough and nuanced reflection as the ‘location’ of this study’s results in relation to the different areas of research.

b. In the Strengths and Limitations section, the reflection on the psychiatrist’s position as possible bias, etc. should be added here. Any possible limitations regarding analysis of the material should also be included.

c. A reflection on gender patterns/concerns should also be added to the discussion.

d. Reflection on method is needed, and its importance for mental health research in different populations/cultural contexts.

d. The areas of the study’s contributions needs to be added here or in the next section as a closing point: 1. important knowledge concerning an understudied, semi-nomadic population; 2. new knowledge in the area of investigating explanatory systems with special attention to religious/existential and magical frameworks, and interactions of different systems; 3. contribution to qualitative design research; 4. generation of hypotheses for further research with this population and for application to others; and, 5. implications based on the findings for inclusion of this type of information into a suitable mental health initiative design.

7. Conclusion and recommendation
a. In this section there needs to be clearly-stated hypotheses, and the areas of these hypotheses. Here I think the study can generate hypotheses in several areas.

b. In this section it is important to develop the ‘recommendation’ area to also include implications for how a mental health initiative could be designed, or at least the importance of paying attention to the explanatory system of the group, and the problems if a mental health initiative does not make use of this information. Here I can offer one of my recent articles on just this point in terms of mental health structures and approaches (DeMarinis, et al., 2011). (I am attaching the article for convenience, to see if it might be of use.) Of special importance here is the flexibility and pragmatism of the population for trying and perhaps combining different strategies. This opens up many possibilities for an innovative and culturally-informed Mental Health system design.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**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.