Reviewer's report:

Title: Development of a mental health care package in Nepal: a formative study

Version: 2
Date: 19 October 2013
Reviewer: Alex Cohen

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Discretionary revisions:

p3: Need for explanation of the sentence. "There is also a need for the implementation of packages of care that combine evidence-based treatments for specific mental disorders rather than stand-alone interventions [7]."

p3: While it may be true that training results in increased uptake of mental health services, the real question is whether the training results in improved care and better clinical outcomes...and there the evidence is lacking.

p5: What is meant by the "track records" of experts on the panel?

p6: Using perceived feasibility is generally a reasonable strategy for setting priorities but in this case it results in the exclusion of the treatment of psychoses, a condition that received the highest score for cultural relevance. The notion of feasibility is useful but can also limit ambitions.

p9: It is curious that developmental disorders scored so low on cultural relevance, especially given that these disorders were seen quite often in an earlier primary care mental health program in Nepal (see below).

p10: It is reasonable to be concerned about securing a reliable and regular supply of medication, but it is also necessary to be concerned about the quality of the medication supply.

p10-11: What is the evidence for various strategies to change public attitudes to mental disorders? And how will PRIME employ the most effective methods for this?

p13: Although mine is a minority opinion, there is little practical evidence and fewer lessons about how to integrate mental health services into primary care. The descriptions offered are usually devoid of evidence that the programs described have improved clinical outcomes.

p14: PRIME may have, overall, has prioritized the treatment of psychosis, but the PRIME iteration in Nepal has not. This requires some comment.

p14: The plan in Nepal includes stigma reduction, but what strategies will those efforts employ? And what is the evidence that those strategies are effective?
Major points to consider:

First, The TOC model (figure 1) includes reduction of symptoms of psychosis as one of the outcomes. But psychosis is not a priority. Explain.

Second, the intervention model is not delineated. How much training and for whom? How much supervision and by whom?

THIRD, efforts to integrate mental health services into primary care in Nepal began over 25 years ago. Yet, there is no mention of these efforts and the lessons that they might offer. For example, Acland (2002, World Mental Health Casebook) provides a detailed account of one program, including citing the need to provide services for children with developmental delays (called mental retardation in the chapter).

FOURTH, although it is dangerous to impose service models from high income countries, ignoring the research evidence about what works and doesn't work is even more dangerous. There is a need to recognize the difficulties entailed in providing mental health services in primary care even in the best of circumstances and with extensive resources.

Level of interest: An article of importance in its field

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