Author's response to reviews

Title: Problem-solving therapy for depression and common mental disorders in Zimbabwe: piloting a task-shifting primary mental health care intervention in a population with a high prevalence of people living with HIV

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Author's response to reviews: see over
The Editor
BMC

Dear Dr Marshall or colleague

Thank-you for provisionally accepting this paper.

We have made the changes you requested as follow:

1. Figure 1 – we have added the consent for the lay workers to reproduce this.
2. Trial registration – this is added
3. Major compulsory revision
   i) We thank the reviewer for bringing our error in Table 3 to attention and sincerely apologise for this. He is correct that the coefficient for rol 1 should not be 1. We have corrected this so that the results in the table tally with the text and the discussion.
   ii) We have corrected the discussion section to say that “4.7 (sd 6.3) on the SSQ was associated with recovery from ‘case’ to ‘non-case’ and with significantly less disability [20] (see Table 3 of the Patel paper).” We have left our previous sentences as it stands “These authors further report that those who experienced a drop in score of 4 or more points on the SSQ were more likely to self-report an improvement in health than those who remained at case-level on the SSQ”.

4. Discretionary revision

We have added “In our pilot, 34% remained cases at 6-8 weeks follow-up after the intervention. In the Patel et al study [20], among primary care attenders scoring at case level on the SSQ who had no specific intervention (but many were recognised to be ‘cases’ and being part of a research study there may have been some enhancement of basic care), 48% of primary health care attenders remained cases.

Comment for reviewer - the 62% recovery that the reviewer refers to from the Patel paper includes 2 other settings including private practice where people are likely to receive antidepressants and traditional healers where everyone would receive an intervention which would include a spiritual intervention and in some cases traditional approaches to counselling.

5. Given the time that has lapsed since our last re-submission and the current date, some information has come to light that we consider important to add to the manuscript for accuracy. Although this information is relatively minor and does not change any of the results or conclusions of the paper, we would like to add it. It is simply that the therapy, while being mainly locally adapted problem-solving therapy also has a component of behavioural activation so we have added that in three places in the manuscript.
6. we have corrected the author order which should place M Abas as final author.

Dr D. Chibanda