Reviewer's report

Title: Locally adapted problem-solving therapy for depression and common mental disorders in primary care in Zimbabwe delivered through lay workers and a Friendship Bench: a pilot study

Version: 1 Date: 30 August 2010

Reviewer: John Cape

Reviewer's report:

The paper describes an innovative psychosocial intervention programme for people with common mental health disorders delivered by lay health workers in Zimbabwe and provides information on its implementation and impact. While I have no special knowledge of the literature on programmes for common mental health disorders in low income countries, the evidence cited in the introduction suggests that information on this programme would be a useful addition to the literature.

Major Compulsory Revisions

1. My main comment concerns the lack of clarity as to what about the programme’s implementation and impacts the paper aims to present. The stated aim at the end of the introduction is “to explore the potential of integrating this low-intensity mental health intervention into the workload of lay workers”, which might suggest exploration of issues of how this intervention “piggy-backs” and links with the pre-existing HIV/AIDS and TB work of these lay health workers and how this is sustained, but although it is mentioned that the commonest presenting problems for the mental health intervention were HIV related problems (64%) this is not for the most part what the paper presents. Acceptability to the community is mentioned at the beginning of the discussion and there is certainly information on this, although this could be unpacked further (gender differences in uptake are commented on, but I was not clear whether the age breakdown in uptake given reflects underuse by other than younger people). Evidence is given on impact in terms of clinical change, although the authors are appropriately cautious about this.

So, a clearer exposition is needed of (1) the aims of the paper (2) how the three phases presented in the results (the 2 “pilot” phases and the further “ongoing activities” phase) relate to these aims and (3) focusing the discussion in line with what the results tell us in relation to each specified aim, limitations and links with literature. The Abstract should follow accordingly

Two other substantive issues are:

2. Nature of the problem solving + prayer intervention and its implementation in practice: additional information on the nature of the problem solving intervention (including in what ways it is similar to and different from the Nezu/Mynors-Wallis
paradigm, and the rationale and nature of the home based prayer sessions which from Table 2 constitute two out of the six sessions) is needed to understand the nature of the intervention. Also any information as to what the health workers actually did in practice (intervention fidelity) as problem-solving therapy is one of a number of psychosocial interventions where what is delivered may end up varying widely from what is taught or the therapy label and this may be even more of an issue cross-culturally; if no information about intervention fidelity is available, then this is a limitation to be commented on.

3. The analysis of impact in terms of clinical change: if this is retained, the method section needs to give details of when, how and by whom patients were selected, contacted and administered the follow up symptom questionnaire and the discussion should comment on any possible limitation of these methods.

Minor Compulsory Revisions

4. Was the peer-support group different from the weekly clinic nurse group supervision and two-weekly psychologist group supervision? If so, what was the frequency? If not, make this clear.

5. On page 6, under “characteristics of participants in phase 1”, 46% and 43% are not “most” (implies over 50%)

6. Spelling: Should be “complementary” not “complimentary” in Results Section of the Abstract and Results section of the paper.

7. Spelling: Should be “sight” not “site” on page 5, first paragraph under “referral and screening”

Discretionary Revisions

8. On page 4 “ST” is mentioned as the nurse but is not in the author or acknowledgements list.

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