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

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Reviewer: Mark Tomlinson

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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
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At the outset let me state that I believe that this is an important paper that is, in principle, certainly publishable. At present however it requires substantial revision and should be re-submitted almost as a new paper.

Major compulsory revisions
My main difficulty with the paper as it stands is that I am not sure if it is a feasibility study, a quantitative study of effectiveness, or a qualitative exploration of experiences of implementation. It is as if the authors are trying to do too much and end up doing a little on a lot of things, rather than doing sufficient work on one.

Linked to this are the data on lay worker experiences of the intervention. The results are not analysed in a comprehensive way at all (see below) and in many cases are vague and general so as to be almost meaningless. The sentence for instance at the bottom of page 6 “All ten lay workers (100%), found the Friendship Bench to be complementary to their work, and 9 (90%), found the problem-solving therapy approach easy” is vague and I would argue tells the reader very little.

In the last paragraph of the discussion section on page 9 the authors state that one of the main limitations is the lack of a longer follow up therefore not allowing conclusions to be drawn on sustained recovery. In the introduction, the authors use as the justification for their study the fact that others do not measure longer term follow up. You cannot have it both ways. If your study is improving upon poor longer follow up studies then you need to have a longer follow up study. If you do not have a longer study follow then you definitely need to change the justification for your study.

Compulsory revisions
1. At a number of points in the manuscript the authors talk about ‘cost-effective’. No data are presented regarding cost effectiveness. Perhaps mention low cost
alternative to professional intervention but do not mention cost effective as this has a particular meaning.

2. There should not be any statistics in the abstract.

3. In the conclusion in the abstract there is a leap from Zimbabwe to the rest of Africa. I think this is premature and the authors should be more conscious.

4. It is very difficult to understand the concept of the ‘Friendship bench’. Where did this originate? Are these actual benches scattered around hospital grounds? If so, what are the implications of this for confidentiality?

5. Page 3 – 3rd line of second paragraph. Sentence “….that improving mental health cost effectively improves quality of life…..” Grammar needs to be worked on here. One can improve quality of life and mental health expensively quite easily. It is not the cost effective nature that improves mental health. Grammar also needs to be checked throughout the paper. Limitations paragraph on page 9 – the second sentence is very difficult to understand because of the grammar problems.

6. Page 4 – Heading; ‘Community awareness of the intervention’. The authors speak of addressing ‘kufungisisa’. This has implications for generalisability (see point 3 above).

7. The authors need to problematise/locate/describe the 1-2 home visits for prayers (near the bottom of page 5). Regardless of the religiosity of this community this is not very presumptuous in terms of the recipients religion, but more importantly in terms of what people actually need.

8. The issue of prayers also runs the risk of becoming a huge confounder. Is the improvement shown due to problem solving therapy or is it prayer?

9. Page 6 – 4th line from the top – people are not ‘subjected’ to a questionnaire. In terms of this questionnaire – how were these data analysed – if qualitatively what was the method used – thematic analysis, narrative etc.

10. I am not sure of convention but I do not like sentences starting with a number.

11. Top of page 7 – the threshold for referral was changed. Why was it changed? This is not discussed.

12. The long paragraph at the end of page 7 is out of place. I understand why the authors have included it but there is no lead in, as stated above no description of the method used for analysis of these data.

Conclusion
This is an important area of investigation, an important one and one that I enjoyed reading. The paper as it stands however is in need of substantial revision before it can be accepted.

Yours
Prof Mark Tomlinson
**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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