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 of effectiveness

Version: 2 Date: 16 January 2011

Reviewer: John Cape

Reviewer's report:

The revision of this paper now has a clearer focus – as a pilot of the effectiveness of the intervention - and is much the better for this. The focus is not as fully worked through as it could be, in particular with respect to:

- The section on “Lay workers evaluation” some of which is about feasibility of delivering the intervention (LWs views about their capability of doing the intervention) which subtracts rather than adds to the focus on effectiveness
- The discussion, little of which picks up the effectiveness focus

With respect to my other 2 main concerns about the initial draft:

- There is a much clearer description of the intervention, but still no mention of issues of intervention fidelity
- There is still no information about how the follow up measures were collected. The authors say this is addressed in the revision, but it is not. However, it may be that my recommendation on this was not sufficiently clear

Major Compulsory Revisions

1. While the administration of the baseline measures is adequately described, there is no information about how the follow up questionnaire information was obtained. Were the questionnaires given to their clients by the lay workers who carried out the intervention or by someone else? When, where and with what instructions were they given to clients? If the follow up questionnaires were given by the lay workers who gave the intervention, the potential limitation of clients seeking to please their workers by filling out the questionnaires in a way that showed they were helped needs to be commented on.

2. From the figures given, it would appear there is no missing data from the 320 people who had 3-6 sessions. Is this correct? If so this is the first published trial in my memory where there has been no attrition which is an aspect that should be commented on and how this was achieved.

3. An unusual aspect of the results is that the standard deviation at follow-up (2.8) is only slightly higher than the standard deviation at baseline (2.4). As at baseline scores are constrained (in this case have to be 8 or above) but not at follow-up, one would usually expect a much greater variance of scores at follow-up than at baseline. This is beyond my statistical expertise, but I wonder if
there might be a way for the authors to plot the before vs after data to understand why this is the case which would throw light on the impact of the intervention

Minor Compulsory Revisions

4. As noted in my previous reviewer comments, is there any information as to what the health workers actually did in practice (intervention fidelity)? If no information about intervention fidelity is available, then this is a limitation to be commented on in the Discussion. What I mean by this is that where the Discussion attributes the improvement to problem-solving therapy, the authors should indicate that there as there was no observation of the workers, it is possible what they did in practice differed from their training and some other aspect of this complex intervention could be what helped the people seeing the lay workers

5. Delete reference to Table 1 in section on Training of lay workers, as Table 1 describes the intervention rather than the training

Discretionary Revisions

6. On page 4 it is stated that 10 lay workers were selected at random to be trained and participate in the pilot study, out of the 20 working in Mbare. At bottom of page 5 it is stated that high scorers eligible for the intervention were referred to the worker covering the geographical patch of the participant. What happened if this geographical patch was covered by a worker not selected for the study?

7. Bottom of page 4 – was it 3 benches, one in each clinic or 3 benches in one clinic? I assume the former, but the text here suggests the latter

8. Page 7 section on Lay Workers Evaluation: consider whether to delete or modify this section – in its present form it is anecdote rather than analysis of quantitative or qualitative results

9. Table 4 – this adds little to the pre-post scores given in the text of the Results section. If the wish is to present a Table that gives additional information, I would suggest presenting remission data i.e. the number and % of each of these 4 subgroups (male/female X Moderate/High scores) who had a sub-threshold SSQ score (< 8) at follow-up

10. In Discussion section, consider whether there is literature that can be referred to which puts in context the 5 point mean drop in SSQ score found in this study (plus number of people in remission if this information is added as suggested above for Table 4). How does this drop in scores compare to other studies?

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the
statistics.

**Declaration of competing interests:**
I declare that I have no competing interests