Author's response to reviews

Title: Attitudes towards Mental Illness in Malawi : A cross sectional survey.

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Version: 3 Date: 17 June 2012

Author's response to reviews: see over
To,
The Editor
BMC Public health.
Dear Editor,
Re: Submission of revision, “Attitudes towards Mental Illness in Malawi: A cross sectional survey”.

We are extremely grateful to the reviewer for their comments and suggestions. We have made all the changes suggested by the reviewer. Below is a point by point response to each of the reviewers’ comments as well as a response to the overall editorial criticism. For clarity we have written our responses in blue font.

We very much hope that our revised work will be considered suitable for publication in BMC Public Health. We would of course be delighted to make further amendments if felt necessary.

Yours Sincerely

Dr Jim Crabb
On behalf of the authors.
Reviewer 1:

This manuscript describes attitudes towards mental illness in Malawi, a country in sub-Saharan Africa about which there has been little published in the mental health field. Data were gathered via a cross-sectional survey of patients and carers attending various outpatient clinics at a tertiary teaching hospital in the second largest city in Malawi. The revised version is much improved however, as detailed below; there are still some minor issues that need to be addressed. Most importantly, it would benefit from a good edit, both to tighten the text and correct spelling and typographical errors.

*We have corrected the typographical errors and made changes as suggested. We have marked the changes in red.*

Minor essential revisions

• Background, second paragraph, sentence 2: Suggest reordering as follows –Evidence to discredit this view (or “contrary to this view”) began to emerge from Islamic states such as Morocco where stigma was found to be a major burden to families.

*This has been done*

• Background, last paragraph, sentence 3: “overwhelming” – one word.

*This has been corrected.*

• Methods, second paragraph, sentence 6 and numerous times elsewhere: Use of an ampersand in body of text (here: Carers & patients”) is inappropriate and should be replaced with “and” throughout.

*We have replaced the ampersand throughout the text, except when quoting tables.*
• Methods, last paragraph: Hyphen in “Chi-square” and “t-tests”

*This has been corrected.*

• Results, first paragraph: Suggest – A total of 210 participants completed our survey. Three people refused, 15 did not have the capacity to complete the questionnaire due to the severity of their illness and 15 were non-literate. The mean age of the sample was 33.97 years (SD 13.54). The gender distribution was 42.4% male and 57.6% female. See tables 1 & 2 for further clinical and demographic details.

*This part has been replaced as suggested.*

• Results, third paragraph and elsewhere: Apostrophe in “God’s punishment”.

*This has been corrected.*

• Results, last two sentences: Suggest reordering and tightening as follows – Younger patients were significantly more likely to attribute mental illness to illicit drugs and alcohol (mean age 28.38 years versus 35.7, p=0.001) and as God’s punishment (30.5 years versus 35, p=0.047). Older participants were more likely to consider those with mental illness a public nuisance (37.79 years versus 32.98, p=0.037).

*This part has been replaced as suggested.*

• Discussion is still too wordy and could be tightened further; some of it is unnecessary repetition of the results. For example, the first paragraph might read as follows – This was the first study of attitudes toward mental illness to be conducted in
Malawi. An overwhelming majority of participants recruited from mental health and non-mental health clinics at a large general hospital attributed mental illness to substance misuse and spiritual causes such as spirit possession and God’s punishment. [10, 11, 19] Our findings are broadly consistent with those from a large and robust community survey using the same rating scale conducted in Nigeria (Gureje et al 2005). That work found illicit drugs and alcohol (80.8%), spirit possession (30.2%), psychological trauma (29.9%) and genetic explanations (26.5%) to be the most common attributions for mental illness. [10] That such similar results should be found is perhaps surprising considering the different study designs and samples. The Nigerian study involved multistage cluster sampling of households across three separate states whilst our work focused on consecutive attendees at hospital clinics. Though more work is required across Sub-Saharan Africa, these findings would seem to suggest that views on causation of mental illness maybe common across the region.

This part has been replaced as suggested. We have refrained from repeating statistics from the tables as far as possible in the section.

• Discussion, second paragraph: Capital S in “Sub-Saharan” (Be consistent.)

This has been corrected

Discretionary revisions

• Results: Reporting results to the second decimal place is unnecessary in a descriptive study such as this; one decimal place would be sufficient.

We have corrected all decimal places except those of p values to a single decimal place.