Author's response to reviews

Title: Some peace of mind: assessing a pilot intervention to promote mental health among widows of injecting drug users in north-east India

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Version: 4 Date: 26 June 2008

Author's response to reviews: see over
To the Editor

26th of June 2008

RE: Response to review of manuscript: “Some peace of mind: assessing a pilot intervention to promote mental health among widows of injecting drug users in north-east India”

The reviewers were very supportive of the quality of the manuscript and the subject reported as the mental health of women in India is an important global public health issue. The findings also contribute to the literature on community participation and the promotion of mental health. While there are reports in the literature that explore community participation interventions that relate to improving the health outcomes of populations, this is the first manuscript to document an effective participatory mental health promotion model to improve the mental health of widows of injecting drug users in a complex setting such as is found in north-east India. In addition, the findings presented in the manuscript have the potential to contribute to policy development in the field of mental health and address the growing burden of depression by improving the lives of women.

We thank the reviewers for their comments as they have strengthened our paper. We have responded to all their comments and endeavoured to include most of the recommendations in the revised manuscript.

Version: 3 Date: 29 May 2008

Reviewer: Carl A Latkin

Reviewer's report

Title: Some peace of mind: assessing a pilot intervention to promote mental health among widows of injecting drug users in north-east India

Reviewer's report:

This paper integrates qualitative and quantitative methods from an evaluation of an innovative participatory action pilot mental health intervention for widows of IDUs in Northern India.

Discretionary Revisions

Comment: The statement “Poor mental health predisposes people to mental illness, which is common in all populations." appears to be tautological.

Response: This comment relates to the point that mental health is not simply the absence of mental illness – it is more than this – so it is possible for a person to have poor mental health but not have a diagnosable mental illness. However, for people not familiar with mental health promotion concepts, this statement does indeed appear tautological, so the sentence has been removed from the paper.
Comment: The statement that drugs and alcohol reduce risk perceptions could also be clarified. The authors may want to provide additional references on community based participatory research.

Response: This statement has been re-worded and now reads as follows: “Interactions between drug and alcohol use and depression are common, and studies in India indicate that the former is associated with engagement in HIV risk behaviours, especially among those with mental health problems [15,16].” This statement is supported by evidence referenced in the paper.

Methods:

Comment: How did the NGOs recruit the women?

Response: We have inserted additional information in the Methods section explaining how the NGOs recruited the women. It reads as follows: “The NGOs contacted IDU widow’s known to them, and through these women’s networks, contacted other widows. All interested widows attended an information session where the nature of the study and intervention were explained, and those women interested in participating were recruited.”

Comment: Little information is provided about the intervention. More information would be useful in the actual manuscript. The reference provided by the author provides only a very brief outline of the sessions. Was the intervention manualized? If so, is a manual available? If not what were the dynamics of a typical session?

Response: Supplementary information about the intervention is included in the text. Additionally, Table 1 outlines the intervention, there is a published paper that provides more detail, and the authors can be contacted for more information. The facilitators of the intervention were provided with written guidelines for each session and adapted these. Some suggested changes to the intervention based on feedback from facilitators and participants will be incorporated the next time we implement it i.e. the content of the intervention is a work in progress, but we are very happy to share the current intervention guidelines with interested people (and have indicated this in the paper).

Comment: More information on the scoring of the GHQ and the cut-off used would also be useful.

Response: More information and a reference for the GHQ cut-off has been inserted.

Comment: Was there sufficient statistical power to examine attrition?

Response: As this was a pilot study, the sample size was small, so statistical power is limited. However we did compare the women who dropped out of the intervention with those who remained on a number of demographic characteristics and the GHQ12 score, and found no difference. This is already reported in the paper.

Comment: Who analysed the qualitative data? Were any software programs used?
Response: The MSC qualitative data were thematically coded and analysed by one of the principal investigators. No software program was used.

Discussion:

Comment: Which of the specific themes that emerged from the analyses of qualitative stories were also the focus of the intervention and which themes emerged that were not intervention targets? Moreover, what intervention topics did not emerge in the data?

Response: The themes that emerged through the MSC process that were explicitly part of the intervention were ‘social inclusion’, ‘discrimination’, and ‘economic participation’. All of these themes were addressed expressly through the course of the intervention. The themes of ‘improved physical health’ and ‘future orientation’ were indirectly addressed by the intervention, but clearly something directly experienced by the women (as evidenced in their stories of change).

Comment: In the discussion section the authors could link more of the intervention (method of development, session process, content, and group dynamics) to the outcomes. Was risk reduction and/or family relationship a major focus of the intervention? What domains should future researchers examine when evaluating similar interventions?

Response: HIV risk reduction and family relationships were not explicitly addressed during the course of the intervention, which focused primarily on mental health promotion. In the course of the intervention, the women requested information about topics such as anger management, and enquired about training in group facilitation, income generation, advocacy and community mobilisation. It also became apparent to the facilitators that even though most of these women’s husbands had died from AIDS, their knowledge of HIV prevention was not as good as expected, so subsequent interventions should plan to include some HIV prevention education. A comment to this effect has been inserted into the discussion section as follows: “In relation to the intervention, we would also recommend that some HIV prevention education be included as even though these women’s husbands had mostly died from AIDS, their level of HIV knowledge was poorer than expected. Extending the intervention to include training in advocacy and community mobilisation is also worth considering”.

Reviewer's report

Title: Some peace of mind: assessing a pilot intervention to promote mental health among widows of injecting drug users in north-east India

Version: 3 Date: 29 May 2008

Reviewer: Morten Hesse

Reviewer's report:
This article is well-written, and addresses important questions both in relation to mental health, women's health, and the impact of substance use disorders. It is methodologically sound. My few comments below are related to statistics, and three should be very easy to do, the fourth will require an extra statistical analysis that may not be possible with the SPSS.

**Minor Essential Revisions**

**Comment:** The authors should report what can be done concerning the reliability of the psychometric measures used in this study. In this context, the authors could report at least the internal consistency of the measures (Cronbach’s Alpha, or similar).

**Response:** Both the WHOQOL-BREF and the GHQ12 have been widely used and validated. The Cronbach’s alpha for the GHQ12 is estimated to be between 0.82 – 0.86. Cronbach alpha values for each of the domain scores in the WHOQOL range from 0.71 to 0.86, demonstrating good internal consistency. This is now reported and referenced in the paper.

**Comment:** The authors should also report means and standard deviations of the somatic symptom scale at baseline and follow-up.

**Response:** The means and SDs for the somatic scale are now included in the manuscript as Table 6.

**Comment:** The authors discuss difference in attrition between groups, but do not provide data on this matter. The proportion who completed treatment should be reported by group, with a statistical analysis of the heterogeneity (i.e., a simple chi-square analysis will do). If there is not statistically significant heterogeneity in the completion rates between groups, these remarks should be made more tentatively.

**Response:**

The information on attrition by the different groups is summarised in Table 2. The chi-square test for heterogeneity was significant for differences at both the group (p = 0.04) and state levels (p = 0.002) This point has now been included in the paper.

**Discretionary Revisions**

**Comment:** I strongly recommend that the authors consider doing a different type of statistical analysis for pre-post changes. What I recommend is a random effects regression model, where subjects are seen as nested within groups, to see if the slopes of the symptom scales vary significantly within groups. If so, this would indicate that the groups had significantly different effectiveness.

**Response:** As this is a pilot intervention involving relatively small numbers of women more sophisticated analyses may be asking too much of the data. The analyses we did undertake have sufficiently indicated that the intervention was feasible and had an overall positive impact on the women’s lives. The next step is to scale-up the intervention and undertake a more comprehensive evaluation of the intervention. We are currently seeking funds to do this.