Author's response to reviews

Title: Mental health priorities in Vietnam: A mixed-methods analysis

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Author's response to reviews: see over
Authors’ response to the reviewers’ comments:

We have found the reviewers’ comments very helpful for the revision of this paper and we would like to express gratitude for their work. Along with the revised manuscript, we here submit our considerations (in bold letters) of the reviewers’ comments.

We would like to note that the number of comments has necessarily led to information being added to the text, while very little was omitted. This has thus contributed to the revised text becoming longer than the original text. However, we did not want to remove much text to compensate for this added length, because this may have resulted in loss of relevant information. In addition to the main changes listed below, some minor changes have been made to the text after copyediting. Those changes can be seen in the manuscript as a ‘tracked changes’.

Reviewer #1, Mohan Isaac:

Reviewer’s report:
The stated aim of the study is “to generate systematic, integrated report on the mental health priorities in Vietnam”. While the paper has discussed a variety of “strengths and weaknesses” of the mental health system in Vietnam, prioritized listing of what needs to be done to improve mental health system in Vietnam (based on the findings of the research) will add value to the report. It could be in the form of a set of “recommendations” emerging out of the study.

In the conclusion, we have changed the wording so that our listing of weaknesses of the Vietnam mental health system has been changed to a listing of recommendations that have been drawn out of the main weaknesses found through the study. Thus the passage: “However, there are a number of shortages still found including the lack of treatment interventions apart from medication, the high proportion of treatments to be paid out-of-pocket, prominence of large tertiary psychiatric hospitals, and a lack of preventative measures or mental health information to the public.” Was changed to the passage: “Drawing from the findings of the present study, we would like to make the following recommendations for improving the mental health system in Vietnam: 1) development and provision of locally feasible and effective non-pharmaceutical treatment interventions; 2) increased health insurance coverage of treatments, including pharmaceuticals for common mental disorders; 3) replacement of care in large tertiary hospitals with other, less stigmatising forms of service provision; and 4) increased commitment in preventative measures for mental illness including increased mental health information provision to the general public.”

As a foundation for recommendation #1 we have changed the following sentence in the first paragraph of Discussion/Outcomes: “a number of studies have shown that locally feasible depression interventions can be effective and cost-effective among the poorest people in a low-income country...” was changed to “a number of studies have shown that combining medication with locally feasible psychological interventions can be effective and cost-effective among the poorest people in a low-income country...”

Reviewer #2: Judy Taylor

Reviewer’s report:
Minor essential revisions
This is an important paper for those interested in analysing the mental health system in developing or middle income countries.
1. Methods:
A Qualitative content analysis should be explained and some reference to the process of coming up with what to include in the domains and sub domains. This should be in the methods section.
We have added the following passage to the methods section: “…where the interview transcripts and collected documents were first read through several times to attain a picture of the whole, and later, meaning units in the material were identified. Subsequently the meaning units were condensed into codes and divided into categories in accordance with the elements of the mental health policy template.”

B How did the study identify relevant documents?
We have added the following sentence to the methods section: “Thus any officially published documents or presentation overheads that were mentioned by the interviewees as relevant to the research question were included in the analysis”

2. Results
A. The section under Governance (1. Structure of health System in Vietnam) is confusing and difficult to understand.
We have re-organized some of the text in this passage for clarity (see tracked changes in the manuscript).
Perhaps a description of the mental health system would help with reference to the levels of provision as well as the staff available at each level. The levels in the system are under human resources (second paragraph)
We have moved the following passage of text from “Human resources” to “Governance/Structure of health System in Vietnam”: “The health care system is organized into four levels, the central, provincial, district and community level, and psychiatrists work at the central and provincial levels (i).”
and there is more information under Provision (first paragraph).
We have moved the following passage from “Provision” to “Governance/Structure of health System in Vietnam”: “More mental health services in Vietnam are provided in hospitals than in the community, but follow-up usually occurs at the community general practice (i).”
I think this would be more coherent if it was placed together.

B. The section on social capital (under Resources) is needing clarification as to what is meant in this study by the term “social capital”.
We added the following explanation under the heading: “(Here we refer to any resources that are available for mental health management in terms of mutually advantageous connections between individuals or within social networks)”
I think this would be helpful with each of the sub domains in this template.
We have provided the following explanations for the following headings:
Personal mental health services: “(Here we refer to the mental health initiatives that are aimed at the individual at a personal level)”
Population-based mental health services: “(Here we refer to the mental health initiatives that are aimed at the population as a whole, or specific groups within the population)”
Governance: “(Here we refer to all bodies that act as to govern/exercise an influence over the national mental health services)”
There are inevitably overlaps between sub sections of domains and I think spelling out how this study has defined them would be helpful to the reader (see above).
We deem the other domain headings to be self-explanatory, and have thus not explained them more in the text. This choice was partly in order to exceed the journal word limit as little as possible.

Discussion
There are two aspects of the discussion that are important and these should be made more explicit. 1 The process of completing the template and then the analysis of the adequacy of policy and provision.
We added some discussion on the process of completing the template: “There were some challenges involved with using the mental health policy template as a framework for the content analysis, mainly due to that the domains and elements of the template are not explicitly described in the literature [11]. We tackled these challenges through an inductive process whereby already published Mental Health Country Profiles that have used the template were read thoroughly in order to understand the meaning of the domains and elements. In order to clarify this issue in the
present paper, we have made an effort to explicitly describe those element titles of the template that we did not deem self-explanatory.”

We also added a statement about the analysis of adequacy of policy and provision: “In the following section we discuss the results with special regard to the adequacy of the policies and provision of mental health services in Vietnam, mainly in light of international recommendations and findings from research in cross-cultural contexts.”

Both of these areas are addressed in this paper but I think the limitations of trying to conduct this assessment should be spelt out and how the template may be adapted if other countries are to use it. Then with the findings from the template I would think some statement about the value of the template in translating findings into practice and policy might be appropriate.

We have added the sentence: “We hope that these clarifications will assist others who would like to apply the template in future research, as we deem that the template is in many ways useful for the logical structuring of the different components of a Mental Health Country Profile.”

Discretionary revisions
1. In is uncommon practice to start a sentence with a numerical percentage. The figure should be written in full. -eg Background paragraph 2 line 4 50% and throughout the manuscript
We have changed all these instances so that the numerical percentages are now spelt out in the beginnings of sentences.

2. All Abbreviations - eg WHO CBMHP should be written in full in the first instance with the abbreviation in brackets.
We have now spelt out all the abbreviations when they appear for the first time.

3 Some paragraphs are confusing for those unfamiliar with the topic area.- see Background paragraph 2 line 2
Unfortunately we fail to see why the following sentence is unclear, thus we have chose not to make any changes: “For example, 45% of countries in South-East Asia have no mental health policy and one third have no national mental health program or mental health legislation.”

and Under Results - Context - Public policy First sentence - What is the Law of healthcare - The reference does not tell me much?
We removed the passage “and is included in the Law of health care” as we did not deem it necessary or informative.

Under resources - financing - final paragraph
We changed the following sentence “compared to approximately 46 million USD and no allocations in 2004 in neighbouring Thailand and Laos, respectively” to “compared to 46 million USD allocated in Thailand and no allocations in Laos in 2004”

4 The reference list needs editing for consistency - eg use of capitals but I am sorry I am not familiar with the journal style.

We have done some corrections to the reference list; “W.H. Organization” was changed to “World Health Organization” and “the world Health Report” was changed to “the World Health Report”

This is explained in the beginning of the results section: “Information from interviews is indicated with “(i)”, but the interview which it comes from is not specified in order to ensure interviewee anonymity.”