Author's response to reviews

Title: Conceptual models for Mental Distress among HIV infected and uninfected: A contribution to clinical practice and research in primary-health-care centers in Zambia

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The Editor, BMC Health Services Research.

Re: Conceptual models for Mental Distress among HIV infected and uninfected: A contribution to clinical practice and research in primary-health-care centers in Zambia

Currently there is much debate about cultural construction of mental distress. These debates have centered on the significance of explanatory models which look at the meaning of mental distress from the patient’s perspective. This stems from the recognition that individual patients, their families and to some extent whole communities often have their own concepts about cause, course and categorization of mental distress. These may differ considerably from those of clinicians and may affect the choices patients make as regards health seeking and treatment options.

This is particularly important in the case of patients who are HIV infected. Studies have shown that mental distress in the HIV infected is associated with poor adjustment to the sero-status thus impacting on coping strategies and health seeking. It has also been shown to affect compliance to antiretroviral drugs. Furthermore if unaddressed mental distress has been shown to independently affect CD4 count and thus having an impact of HIV disease progression.

This paper considers the significance of explanatory models and presents a study comparing the explanatory models of mental distress used by the HIV infected, HIV uninfected and those of local health care practitioners in Lusaka, Zambia. We show that greater awareness of the explanatory models may positively impact on clinical care of primary health care attendees and more so the HIV infected. We feel that this paper is very important as its findings have a two pronged beneficial effect on mental health policy and planning. The first is at national level, where an accurate determination of prevalence and assessment of the burden of mental distress would push the agenda for resource allocation. The second is at primary health care level where health professionals would be sensitized to the patient’s explanatory models and so take them into account as they assess, monitor and determine prognosis of the patients.

Since BMC Health Services Research journal publishes a wide scope of research findings, like these, that directly contribute to health service provision, we therefore feel that it would be the best place for us to disseminate our findings. This manuscript has not been published elsewhere and neither has it been considered before by any other journal. We would be very happy if our manuscript is considered favorably.

Sincerely,

Dr Peter J. Chipimo BSC HB, MB ChB, M.Phil