Author’s response to reviews

Title: Roles and effectiveness of lay community health workers in the prevention of mental, neurological and substance use disorders in low and middle income countries: A Systematic Review

Authors:

Byamah B Mutamba (byamamutamba@yahoo.com)
Nadja vanGinneken (nadja.vanginneken@lshtm.ac.uk)
Lucy Smith Paintain (Lucy.Paintain@lshtm.ac.uk)
Symon Wandiembe (symon.wandiembe@lshtm.ac.uk)
David Schellenberg (David.Schellenberg@lshtm.ac.uk)

Version: 4 Date: 6 July 2013

Author’s response to reviews: see over
5th July 2013

Dear Editor,

Thank you for the opportunity to respond to the comments and thoughtful suggestions of the reviewer. They have been very useful in improving the Journal article entitled: **Roles and effectiveness of lay community health workers in the prevention of mental, neurological and substance use disorders in low and middle income countries: A Systematic Review**

Please find below our responses to the reviewers’ report. We outline the specific issues raised by the reviewer together with the response and where possible, cite references.

We hope that they are satisfactory and make the article eligible for further consideration.

Sincerely

Dr Byamah B. Mutamba
1. **Reviewer’s comment:** The literature search is until August 2011, which needs to be updated.

The literature searches were repeated in June 2013 and the review has been updated to reflect this (Figure 1).

2. **Reviewer’s comment:** The major problem I have is that authors aim to review the studies on primary and secondary prevention programmes. They define this as studies in which community members of all age groups with no previously diagnosed MNS disorders (primary prevention) and those with early stage (my emphasis) of the illness (secondary prevention) were included. While former is easy to understand, I am not clear how the second was defined i.e. how early stage of the illness was defined? Did they rely on the definition of early stages of illness provided by the included study? As far as I understand, most studies in this area do not define do not define stage of the illness.

Thank you for pointing this out. We agree that the definition of secondary prevention can be ambiguous, particularly with respect to early stage of illness vis a vis an illness that has not fully developed in the context of mental disorders which may have a prodromal stage. In this review, early stage of illness referred to symptoms of a MNS disorder that did not meet criteria for a diagnosable MNS category.

Indeed the challenge was determining whether a study used targeted primary prevention or secondary prevention strategies and we acknowledged this limitation in the discussion of our results. For purposes of this review, we used the definitions of primary and secondary prevention put forward by Mrazek & Haggerty (1994) and these were predefined in the protocol before we conducted the review [1].

See Introduction: paragraph 5; *In this review, primary prevention was defined as programmes that had services directed toward reducing incidence or prevalence of MNS disorders, and secondary prevention as programmes involved in the early identification, referral and treatment of persons with symptoms of a MNS disorder aimed at arresting a disorder before it fully develops.*

Like you mention, most studies do not define stage of the illness. We did not rely on the definitions provided by included studies but used the description of illness in the identified literature to determine whether it was early stage of illness or a fully developed MNS disorder in accordance with our predefined inclusion criteria.

3. **Reviewer’s comment:** None of these studies define the stage of illness and that would be true for most other studies. I would suggest that authors analyse and report these two types of studies separately. The studies which focus on no previous diagnosis can be reported as primary prevention studies. While other studies are reported as treatment studies, which is perfectly valid outcome. This will also need slight changes in introduction and perhaps the title.
Thank you again for highlighting a difficulty we encountered in categorising studies into either primary or secondary prevention. We have considered reporting the studies as primary prevention versus treatment as suggested, however, the challenge we met was reporting the studies on secondary prevention as treatment studies. This is because both secondary and tertiary prevention includes treatment [1-3]. Further to this; tertiary prevention was not part of the review question from the onset and, including studies involving this type of prevention would overlap with another review that was on-going at the time [4].

4. Reviewer’s comment: There are important studies missing in the analysis such as Rahman et al (2008). Please make clear why this and similar other studies are excluded.

We appreciate the reviewer’s concern in raising this comment and also for noting the importance of the study by Rahman et al (2008). We deliberated extensively and laboured as to whether we should include this study and similar ones. We eventually excluded these studies because, in our assessment, they involved tertiary prevention strategies as per the review’s definitions of prevention. Rahman et al (2008) involved the use of lay health workers in the treatment of major depression (DSM IV Criteria) which we considered to be a fully established (diagnosed) mental disorder (Figure 1). We state this challenge in our discussion section:

Paragraph 6: It is possible that the review’s definition of secondary prevention, with a focus on treatment of early stage of illness and not a fully developed disorder, could have been restrictive and may have resulted in the exclusion of some studies from the review [8, 12]. For example, studies by Carlo et al (2013) which targeted children with birth asphyxia [45], Rahman et al (2008) and Bolton et al (2003) which targeted adults with major depressive disorder [46-47], were considered to be tertiary rather than secondary preventive strategies.

References: