**Reviewer’s report**

**Title:** Family-centered depression treatment for older men in primary care: a qualitative study of stakeholder perspectives

**Version:** 0  **Date:** 16 Apr 2017

**Reviewer:** Bianca Brijnath

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This is an important topic investigating ways to better engage with depressed older men and their family members. The authors make a concerted effort to better explore this underdone research area, however there are several limitations to their analysis that need addressing before the ms can be considered for publication:

1. The biggest obstacle in this ms is its superficial discussion of findings. Many quotes are provided; clearly this is a rich but underused dataset. Findings are presented descriptively without illuminating their underlying rationales. For example, when exploring when men ought to be engaged about family-centred care, participants suggest often after treatment has commenced. Yet other family members, especially women, are often major catalysts for men initiating mental health-seeking to begin with. How is this apparent contradiction reconciled by participants?

2. Likewise, managing one's medications emerges as an important daily practice for preserving autonomy at a life-stage where many men experience a loss of identity and independence through retirement, infirmity, illness etc. Much more could be made in the findings and discussion about how medication management has therapeutic benefits beyond the material properties of the pills themselves.

3. Despite more than 50% of the sample being Latino and non-White, no cultural comparisons are made either in the findings or discussions across the cultural groups. I find this remarkable as considerable literature documents that there are different kinship arrangements and notions of family support across culturally diverse groups. The authors ought to make more of these comparisons in the analysis as it would add considerably more rigor to their work.

4. There is no discussion of gender vis-a-vis the feminization of care. From what I can tell from Table 1, 50% of the patient/carer sample were married. Again, reflecting the literature on the feminization of care, I would assume a portion of the children (25% of careers) were also women. This is a missed opportunity especially when paired with the cultural comparisons. Research shows that gender dynamics influence men's health-seeking as well as how involved they might wish women to be in their mental healthcare. There are also generational
issues at play here - i.e., discussing sensitive topics (depression and sexual dysfunction) with daughters/children present in the room etc.

5. Finally, given the difficulties the researchers experienced recruiting the patient sample (~6% response rate), yet 80% response rate from their careers tells us something about the methodological challenges associated with this area of research. Again, this is an important contribution which ought to be more fully discussed in the limitations section.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Yes

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Not relevant to this manuscript

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Acceptable

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