Reviewer’s report

Title: Conceptualizing and contextualizing functioning in people with severe mental disorders in rural Ethiopia: a qualitative study

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Reviewer: Ursula Read

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This is a potentially important paper on a neglected area of mental health research providing some useful insights on the ways in which mental illness impacts on functioning within a low-income rural setting. However the paper would benefit from some re-structuring and more indepth contextualisation and analysis of the issues, as well as the implications for assessment and treatment.

Major compulsory revisions

1. Though the authors state their intention to gain an ‘indepth understanding of functioning and disability’ in people with severe mental disorders in Ethiopia to inform the development of socioculturally appropriate measure of functional status this aim is not clearly fulfilled. The authors do not make a clear argument as to the limitations of current measures of functioning other that that the concept is ‘contextual’ (p6 line 116). This interaction of functioning with context is acknowledged in the ICF definition cited by the authors in the previous sentence, making their argument rather tautological. The limitations of current measures of functioning in this particular context are not fully elaborated, nor are there any recommendations provided for alternative approaches. In fact the paper is in part constructed along the domains of the ICF. If this was used consistently, this could usefully provide a structure for the paper with the authors describing under each heading the contextual details of these domains in the society under study, as well as any possible areas where these domains are insufficient.

2. The depth of the paper is compromised by a lack of background on the social, cultural and economic context of the study. An outline of the research setting would allow the reader to understand how mental illness impacts on individuals compared to the sociocultural ideal. What is the broad socio-economic context – how easy is it for a healthy person to find work for example? What are the norms and expectations of healthy social functioning? e.g. expectations of marriage, parenthood, employment, social responsibility, gender roles? Include an explanation of key community structures and expected social roles including the examples on p12 (idir, kebele). What are the local notions of health and wellbeing/illness and disability? E.g. It seems from the quote on p.11 that illness may be defined in part by being unable to work. What are the local conceptions of mental illness/madness? – this should include information on attitudes and explanatory models, as well as a brief outline of healing options. What are Holy Water sites for example? Are there Islamic healers? Islam not mentioned though
about half of people with mental illness and caregivers are Muslims.

3. p.19 line 415 Whilst it is true that there is a limited literature in this area there are some studies which the authors should include in their review –
Read, U M’s paper on family caregivers of people with psychosis in Ghana in Ghana Studies 2013.
Kim Hopper’s work on marital prospects after psychosis (2007)
Thara and Srinivasan’s work from India
Ohaeri’s work on quality of life among people with mental disorders in Nigeria
Balaji et al 2012 Outcomes that matter
Bolton and Tang 2002

4. There are significant problems in the way in which the results are organised. There is some overlap between the ‘broader context’ as the authors conceptualise it, and the ‘consequences’ of functional impairment. Also the headings are too broad and do not always reflect the content. The authors could more usefully categorise their findings with greater specificity and theoretical coherence using subheadings under the following suggested domains:

1. Context
1.1 Symptoms and treatment – commonly experienced symptoms impacting on functioning, treatment successes and limitations, variations in functioning over time (relapse/recovery)
1.2. Socio-economic context – of the country and local area.
1.3. Attitudes to mental illness – including stigma, concepts of healthy functioning and functional expectations of people with mental illness. The section on ‘under-estimation of one’s own capacity’ on p11 should be combined and analysed with material on stigma and carers’ expectations of the functioning of relatives with mental illness, as well as broader social attitudes as these are likely to intersect. The ‘under-estimation of one’s own capacity’ could perhaps be thought of in relation to concepts of loss of self-efficacy and self-esteem as the meaning is rather unclear as it stands.

2. Impact of mental illness on functioning
These could be sub-divided under headings derived from WHODAS
2.1. self-care
2.2 education and work
2.3 family life – including marriage and parenting
2.4 interpersonal relationships
2.5 community participation

3. Consequences of functional impairment
3.1 Poverty
The sections on p.17 and p11 seem to muddle poverty as antecedent and
consequence of mental illness so these points need to be clarified – is it that poor people are believed to be more likely to be mentally ill? Or that mental illness leads to poverty? Or both?

3.2 Failure to fulfil aspirations
3.3 Family burden
3.4 Social status

5. Importantly there are no quotes provided from the interviews with people with mental disorders. Why is this? Needs to be explained. Also some brief demographic detail on the speaker should be provided underneath each quote e.g. gender, age, occupation, religion, urban/rural residence

6. The authors point to gender differences in functional roles but were there any other differences? There is nothing on the impact of mental illness on religious practice for the different religious groups for example.

7. The discussion is very brief and rather thin analytically. The authors need to summarise how the findings fit within the literature on the impact of mental illness on functioning in other high and low-income settings and the specific contextual factors impacting on function and outcome in Ethiopia e.g. compare material on marriage with research in India and in high-income settings. This section should also discuss the limitations of existing measures of functioning in the light of the study findings.

8. The conclusion is weak – need more on the implications of the study for measuring functioning in LMIC and the implications for treatment and rehabilitation

9. The conceptual model (fig 1) is muddled and repetitive and does not add to the paper as it stands. It should be re-designed using sub-headings including the WHO-DAS domains. The authors might usefully look at Occupational Therapy models of functioning to inform this diagram as they use concentric circles to illustrate domains of functioning in the intrapersonal, interpersonal and environmental spheres.

10. The table is also unclear. Participants should be grouped into numbers by age range and the number of males/females, rural/urban residents stated rather than leaving the reader to do the maths.

Education –highest level reached? Read/write only – did these people have no education? Unclear.

What is the relationship of carers to the person with mental illness? E.g. mother, father, sibling

‘employed’ – what does this mean?

All the participants with mental illness were working? So more highly functioning sample?

Don’t need duration of interview/FGD here. Summarise in methods e.g.
‘interviews lasted between x and x mins’

Minor essential revisions

1. P7 methods – how many participants in each focus group? Gender mix?
What was the rationale in using focus groups for some participants and interviews for others?

2. P9 the authors state they obtained written informed consent but from the table on the sociodemographics of participants it is stated that some are unable to read or write. How was informed consent obtained for these participants?

p.21 line 455 – reviews suggest variability in long-term outcome in schizophrenia. Need citation on long-term outcome, not baseline findings.

p.21 combine material on outcomes in Ethiopia with material on p.19 – some repetition. Some of this would fit better into the introduction.

p.22 Limitations – need to be further elaborated e.g. bias in sample
Findings are likely to be generalizable to some extent to other low-income settings as a thorough literature review will illustrate.

p.22 line 493 – the impact of mental illness on functioning is likely to be similar to some extent in urban settings e.g. family burden, poverty, stigma, so this sentence is not correct

Discretionary revisions

P5. Line 103 – better reference would be to ICF

p.20 line 433- respondents may not have focused on pre-disposing vulnerabilities because these were not the topic under investigation.

P20 line 437 - need to contextualise comment on healers

p.21 line 453 – compared to physical disorders?

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests