Reviewer’s report

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

Version: 3 Date: 22 December 2014

Reviewer: Ursula Read

Reviewer’s report:

The authors have made careful revisions particularly to the intro and results sections which have improved the paper substantially. It will be an important and timely addition to the literature and should be published.

Major compulsory revisions - none

Minor essential revisions
1. In their covering letter the authors make some very important points which should be included in the discussion:
   - the fact that functional scales are more suitable to educated urban settings (p8 point 6).
   - details re literacy, farming, employment - (p.10 point 10) - some of these definitions should be added as footnotes to the table.
   - The details about access to land is important to the point of the paper and should be included in the contextual background about farming
   - the fact that the qualitative study is embedded in a longitudinal study can be highlighted as a strength in discussion

2. p. 7 line 158 to clarify - ‘One-to-one interviews’

3. Discussion has included a more thorough review of the literature but remains a little disjointed and could highlight the value of the paper and its methods more clearly. Need to relate the literature more clearly to the findings - how they are consistent or not with these and what they add i.e. providing contextual detail

So you could summarise findings from literature lines 539-559 and make the point that your study is consistent with these and provides contextual detail which they could not, and which might also shed light on the reasons for these findings

4. pp26-7 line 578 I think you don’t need to be so defensive about generalising – it’s missing the point a bit - your paper provides contextual detail relevant to a specific location - the whole point is that it is not generalisable! So don’t need so much on this, just say briefly how this might inform other studies, need for more of this nature and how similar (or not) to findings elsewhere

5. If recommending family based interventions then should cite some studies which have tried this approach - including from low-income countries – there are
some in India and China – see refs in my paper for example

6. Diagram has been very much improved - but self-care crosses to family domain surely? Restrict to domains in findings – e.g. substance abuse – not mentioned in text, ‘families missed opportunities’ – what does this mean? Grammar?

Discretionary revisions
1. P.5 lines 103-4 rephrase sentence
2. P.6 Lines 128-9 no state welfare system (not just disability benefits but unemployment benefit, sick pay etc?)
3. P.6 132-133 – briefly describe what DSS does
4. P. 7 line 147 biomedical rather than ‘modern’ mental health care
5. P.10 Line 223 – not just differences but whether religious roles e.g. Muslim prayers, important for social function? If not mentioned then ok
6. P. 12 line 267 side effects such as?
7. P.12 Lines 265-266 – not ‘primarily’ but loss of self-esteem and self-efficacy as a consequence of the attitudes and beliefs described.
8. P.20 line 445 - ‘cause? (not factor?) and consequence'
9. P. 20 line 446 - clarify - not that better off are necessarily less impaired but have more access to resources to compensate for loss of functioning?
10. P.21 Line 453 employment choices restricted – presumably don’t need school education for subsistence farming but do for higher status/paid employment
11. P.21 Line 462 + 465 – caring for
12. line 543 – positive and negative symptoms – not mentioned before so omit or explain

**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