Author’s response to reviews

Title: Mental distress and associated factors among Aksum University students, Ethiopia: A cross-sectional study

Authors:

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A point-by-point response to comments

Comment 1: Please explain what how this study adds information compared to Melese et al. 2016 and Dachew Et al. 2015. Both of these articles discuss mental distress in university undergraduates. The only difference in the submitted manuscript are slightly different regions in Ethiopia. Why would you expect to see differences?

Answer

1.1: compared to Melese et al. 2016 with this study (our finding)

- Melese et al. 2016 study was only conducted in one department in Hawassa university, college of health sciences among medical students who represented only students from medical department, where as our finding was conducted by taking 22 sample department as representative of all students at University level.

- Melese et al. 2016 study didn’t investigates academic and social related variables that affects students mental health such as overloaded with classroom lessons, scoring low grade than anticipated, missed too many class or lectures, anticipation of graduation, serious arguments with instructors, and social support, but this study examines all these academic and social related factors as additional input.

- The difference of across regions in Ethiopia (difference of socio-cultural and environmental factors)

1.2. Compared to Dachew Et al. 2015 with this study

- Dachew Et al. 2015 study was almost similar to our study. However, as there are different nations and nationalities with different cultures and beliefs in the nation, and as magnitude of the problem being reported is limited; additional studies are required. One of my justifications of
this paper is limited study done about the prevalence of mental distress and associated factors among university students in Ethiopia (In the background, page-3, paragraph -4, line-14). Out of 35 University in Ethiopia, two sample university (2/35) is not enough to generalized prevalence of mental distress the whole universities of Ethiopia. For example prevalence of mental distress in the studies Melese et al. 2016 study and Dachew Et al. 2015 are 33% and 40.9% respectively. The above two studies are used the same tool (SRQ-20 with cutoff point 8/20). However, the prevalence of mental distress was a wide gap and indicated need more additional studies to strengthen the previous studies in order to influence policy makers to plan an intervention for this group of the population.

Comment 2: You need to cite Dachew et al. 2015.

Answer 2: It cited as reference no 16 (In the back ground, page-3, paragraph -1, line-3, page-3, paragraph -3, line-12,14 &15).

In the methods part, (page-4, paragraph -2, line-12), (page-5, paragraph -1, line-10), (page-5, paragraph -2, line-18), in the discussion part, (page-9, paragraph -2, line-17), page-10, paragraph -2,3,4, line-10,14,18 & 21 respectively, page-11, paragraph -1,2,3 line-5,7,14 & 17 respectively).

Comment 3: Why did the authors choose a cut-off point 8 on SRQ-20 to detect mental distress? Are there any validation studies in the study area? If so, what were the sensitivity and specificity?

The authors' citations include one validation study i.e. Kortmann, F. 1990. However, the study suggests a cut-off of 5 for community sample while 8/9 is set for hospital samples. As the current study is a survey on student community sample, the cut-off used does not seem to be supported by the validation study.

Answer 3

There are validation studies on mental distress in Ethiopia and in Africa in different settings

3.1. Community sample.

Many studies recommended the cutoff point 8 for similar studies. For example, a study in Ruwanda recommended an SRQ-20 cut off point eight and above (with sensitivity 76.0% and specificity 66%) (2). Apart from this the validation study conducted on self-reporting questionnaire and Edinburgh Postnatal Depression Scale in Ethiopia by Charlotte Hanlon et al also recommended that the cutoff need to be 7 and above scores (sensitivity 85.7%, specificity 75.6%) (1).

3.2. Hospital sample.
Other study in developing country in eastern Africa with hospital setup in Zambia with cut off point eight of SRQ-20 with further analysis by sex did not reveal any significant differences (sensitivity 79.0%, specificity 96%).) (3)

See Reference I used for validation of SRQ-20


Comment 4

Comment 4:1 In the discussion section, there are speculative statements that are not supported by research evidence. For example on page 9, lines 8-9, the authors attempted to explain the difference in prevalence of mental distress "...this is explained by improvement of service quality from time to time from programmatic implication." However, there is no research evidence for improved services in the study area.

Answer 4:1: I accept your comments and I omitted it.

Comment 4:2: Also, in page 10, line 21-22, the authors state "the rising cost of stationary materials" as a possible cause of distress. However, there is little evidence from the manuscript or references if this was the case.

Answer 4:2: based on my understanding from experience Ethiopian university students suffer a lot from financial problems, particularly rising cost of stationery materials and photocopy services may create stressful situation. This was supported by a study conducted in Hawassa University, Ethiopia by Tesfaye A. which shows statistically significant higher level of mental distress was observed among students who reported to have an inadequate stationery materials [reference number 15].

Comment 5: Although the authors have attempted to argue that there have been improvements in the attention given for mental health in Ethiopia, there is no robust evidence for improved services in the study area. For example, the development of mental health plan document by the Ministry of Health does not necessarily mean improved mental health services in the study area.
Answer 5: Accepted and removed

Regarding 'Availability of data and materials' section, the data set is uploaded in the supplementary section.