Author’s response to reviews

Title: Prevalence and associated factors of mental disorders among prisoners in Mbarara municipality, southwestern Uganda: A cross-sectional study

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Version: 1 Date: 21 Nov 2018

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BPSY-D-18-00327

Prevalence and associated factors of mental disorders among prisoners in Mbarara municipality, southwestern Uganda: A cross-sectional study

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BMC Psychiatry

22nd November, 2018

Dear Editor in Chief,

RE: A RESPONSE TO REVISION REQUESTED FOR MY SUBMISSION TO BMC PSYCHIATRY - BPSY-D-18-00327

We truly appreciate the support you and the reviewers have rendered us in the course of pursuing our objective of publicizing the pertinent findings of our study. We are also thankful for this chance of responding to yours’ and the reviewer’s comments and queries as we implement your edits and recommendations in the current draft of the manuscript. We have implemented all the necessary edits and addressed all the comments as described in the subsequent discourse. The editor in reviewers’ comments and recommendations have greatly enhanced the quality of manuscript thus far.
Comments from the editor and reviewers:

Birgit Vollm (Reviewer #1):

General comments

There are some typos throughout, so a thorough read will be required before resubmission.

We appreciate the reviewer for his/her/their input and any assistance offered to the authorship team thus far. We have edited the manuscript in accordance with your recommendations, corrected the typographical errors and as stipulated in the ensuing discourse;

Introduction

The introduction would benefit from a more comprehensive account of the situation with regards to psychiatric services and prisons generally, e.g. how accessible is treatment for mental disorders in the country generally, what is the imprisonment rate, how does this compare worldwide and with regards to other African countries, what are the options re insanity or diversion for mentally disordered offenders, etc. Also, how is healthcare and screening in prison organized?

We thank the reviewer for noting this ambiguities. We have made all the necessary clarifications in the introduction section on page 3 and 4.

Methods

The methods have to be clarified in some respects:

- Please clarify how many participants were remand or sentenced prisoners

We are grateful for the reviewer pointing the need for this clarification and bearing this in mind, we implemented this recommendation on page 6 line 113-114

- On the other hand the exact physical location of the Mbarara Municipality is not required

We thank the reviewer for making this recommendation and we consequently effected it on page 5 line 101-102

- Please report the refusal rate for participation in the study
Thank you for this comment. We have included the refusal rate in the manuscript on page 6 line 116.

- Were there participants who could not be included due to acute mental illness, as they were either too ill to be interviewed or could not give informed consent

We thank the reviewer for pointing out this oversight and the necessary amendment has been effected on page 6 line 118-120.

- It is not clear who the information from the MINI was followed up, i.e. was there an additional clinical interview based on the MINI to make a diagnosis?

We thank the reviewer for pointing out this lack of clarity and the necessary clarifications has been effected on page 6 line 130 and page 7 line 138.

- In the results there are variables reported for which it is unclear how they were assessed and this should be clarified in the Methods section - i.e. parenting style, traumatic brain injury, category of crime, past psychological trauma. It would also be helpful to explain the available follow-up services - it is not clear, e.g., what outreach refers to - is this after prison?, likewise Referral Hospital.

We are grateful to the reviewer for pointing out these ambiguities and we have amply elucidated them in form of footnotes on page 7.

Results

It is not clear what is meant by "under regular imprisonment".

We appreciate the reviewer for pointing out this obscurity. We have made the necessary clarifications in form of a footnote on page 9.

It is not entirely clear which figures relate to current and which to lifetime diagnoses; maybe in Table 1 two columns could be displayed to present these two figures. In addition, it would be helpful to display ICD10 F categories for the various diagnoses.

We have rectified this accordingly on page 10-12.

From what is said at the beginning of the Discussion, the figures shown in Table 1 relate only to those prisoners who have a single diagnosis only; however, as these are only few, the figures should be smaller. So probably, the figures relate to all prisoners; but this needs clarification. Also the Results section says 82% have more than one diagnosis but the Discussion section says 73%. Also ASPD is reported with a prevalence of 21% in the results section but 7% in the Discussion. These discrepancies have to be ironed out.
We thank the reviewer for pointing out these discrepancies. We have made the necessary clarifications on page 9 line 173-174, line 177; page 10-12; page 15 line 205-210.

It is not clear what is meant by "current episodes" - should this be current diagnoses?

It is not clear what the difference is between "past" and "lifetime" diagnoses.

How was suicidality diagnosed?

Are the cases of "mood disorder with psychotic features" mutually exclusive to the other mood disorders?

We are grateful to the reviewer for shedding light on the obscure terms and as such we have defined these terms in the footnotes as suggested on page 9 and page 10.

Do the authors have figures for other personality disorders, other than antisocial PD?

We are thankful for this query and in response, we do not have such figures due to the fact that the M.I.N.I only allows for the diagnosis of antisocial personality disorders.

Table 2: It is not clear what "Ref" means in Table 2.

Thank you for pointing out this ambiguity and as such we have replaced it with a dash in both table 2 and 3 on page 12 and page 14.

In Table 3 and the associated diagnoses it is not clear how comorbidity was defined here; was it any comorbidity or just the ones listed in Table 1.

Thank you for this comment. We have replaced ‘comorbidities’ with ‘more than one diagnosis’ in the manuscript and we were considering any and all multiple diagnoses on page 13 line 193 and page 14 line 200.

Discussion

Overall the Discussion seems a bit rushed with clumsy formulations in parts and needs to be looked at again with this in mind.

We appreciate this comment and we have implemented the necessary revisions bearing this in mind.

The authors talk about the relationship between suicidality and different diagnoses but this does not appear to have been presented in the results section. Please report all results in the Results section.
We appreciate the reviewer pointing out this obscurity and we had already included these results in table 1 on page 10-12.

The discussion would benefit from a more detailed comparison of the prevalence figures found in this study with those in the general population in Uganda.

We appreciate this concern and we have provided a more detailed comparison of the prevalence figures found in this study with those in the general population in Uganda on page 15 line 212-214.

With regards to the prevalence of substance abuse disorders, the authors state that they attribute the low figures to the rigorous checks with regards to visitors. This would explain low substance use in prison but not necessarily low prevalence figures, even less so for lifetime diagnosis.

We have endeavored to provide a more elaborate explanation for the better understanding of this finding on page 15 line 224 and page 16 line 225 -226.

With regards to the prevalence of ASPD, the authors refer to cultural differences - these need to be explained in more detail.

We appreciate this comment and we have corrected the statement by replacing antisocial personality disorder with psychiatric disorder due to a general medical condition on page 15 line 218 and deleted any reference to it on page 16 line 227.

Again, the authors refer to prior history of mental illness, family history of incarceration and child abuse but these figures are not clearly displayed in the Results section. It is also not clear how exactly the fact that Uganda is a low income country accounts for the difference in these variables compared to other countries.

We have taken note of these discrepancies and addressed them appropriately with all necessary clarifications on page 9 line 169-171 and page 16 line 234-236.

When the authors speak about "dual diagnosis", do they really mean two diagnoses or multiple ones?

We thank the reviewer for this comment and have replaced ‘dual diagnosis’ with ‘more than one diagnosis on page 16 line 242 and page 17 line 251.

Again, there are results reported for the first time in the Discussion with regards to less likelihood of multiple diagnoses. All results have to be reported in the Results section first.

We appreciate the reviewer’s comment and we had already included results on the factors associated with multiple diagnoses in table 3 on page 14.
Last paragraph on Page 12 is unclear, please reformulate.

We are grateful for this comment and all necessary revisions have been made where necessary for better clarity on page 17 line 247-255.

Reviewer #2:

Introduction:

I would suggest to add more information on the Mbarara/Uganda prison system since it is surely one of the first publications on the matter at all. It should be interesting to get to know a bit more about prison system and also mental health services in prison and structural issues.

We appreciate this comment and we have made all revisions for better clarity on page 4 line 67-85.

Methods:

It remains unclear of which profession the investigators were. This is important to know since they draw clinical diagnoses from the M.I.N.I. also and it would hence speak about the quality of diagnoses as well.

We are grateful to the reviewer for pointing out these ambiguities and we have amply addressed them on page 6 line 124-130.

Results:

There is no detailed information on adjustment. For which variables has the adjustment been made? Please clarify.

We thank you for pointing out this obscurity and we have consequently clarified that we adjusted for all variables but reported only the significant findings on page 13 line 192.

We appreciate the efforts and support you have given to us so far as it was all very helpful and has significantly improved our manuscript. We have noted all comments by the reviewers and have made the all necessary revisions, edits and changes as per the reviewers’ recommendations.