Reviewer’s report

Title: Barriers to Mental Health Service Utilisation in Sudan - Perspectives of Carers and Psychiatrists

Version: 2
Date: 7 July 2015
Reviewer: Sharon Kleintjes

Reviewer’s report:

Reviewers report: Barriers to Mental Health Service Utilisation in Sudan - Perspectives of Carers and Psychiatrists

1. Is the question posed by the authors well defined?

Major Compulsory Revision: Substantiation of the research question requires more attention.

The statement/assumption that “In order to scale up mental health care nationally, barriers to health services utilisation need to be identified and addressed” is not sufficiently motivated in the introductory literature.

Line 80 This statement could be supported with a brief overview of or referencing key papers in the international literature, before moving to examples. Barriers are noted for each paper discussed, but a clearer idea of what the key barriers are across the literature, for different informant groups (are these reported as similar or dissimilar, for e.g.? noted in the study (carers, patients, professionals, policy makers) would give a more substantive overview for the reader.

The literature notes the differences in interests and viewpoints of carers, practitioners and patients opinions on mental health care, as was found in this study to a certain degree as well. Internationally there is increasing agreement regarding the importance and necessity of including the views of people with disabilities, including people with psychosocial disability, in the development of mental health policy and in the planning of mental health services. The authors should note their awareness of this literature and motivate their exclusion of service user perspectives in the research.

The introduction and discussion would benefit from consulting a wider range of literature than referenced in the study at this point

2. Are the methods appropriate and well described?

Major Compulsory Revision

Conceptual framework

The study has chosen the Health Belief Model as a conceptual framework to inform the study, a model which is premised on the notation that health behaviors can be explained and predicted by focusing on the attitudes and beliefs of
individuals. The authors note that this model is reported to be appropriate for the research focusing on service utilization barriers, but do not elaborate how this is so, for this particular study. This is important as, while barriers to service utilization are the focus of the study, the authors have not included the beliefs and experiences of service users themselves to inform their central question? Further, there does not seem to be any actual use of the model in reporting or discussing the study?

Elaboration on the choice of conceptual model and its suitability for the focus of the study is needed

Minor Essential Revisions

Study questionnaire

It would be helpful to note whether the authors reviewed the availability of similar questionnaires which have been developed what was found, and how used? What the motivation was for self development

It is recommended that the authors reference sources/literature used to develop the questionnaire?

Interview schedule

The interview questions: How were these selected? Did they emerge from questions which arose from the survey or were they chosen for another reason (key issues in the literature? Other?)

The three interview questions could be included in the article for clarity

Sample

Line 141 what is the total population list referring to? Is this study part of a larger study?

contextualise please

Data collection/analysis

Who conducted the interviews, what is their level of skill in qualitative data translation, collection, analysis? Did participants or researchers complete the survey form?

Discretionary Revision

What were the main areas of enquiry addressed in the survey?

3. Are the data sound?

The results make interesting reading and is in line with the international trends reported in the literature.
4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
Yes

Discretionary Revision
Table 2 could be deleted and elaborated in the text, as with the employment figures.

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Minor Essential Revision
In the results, subheadings could be used to indicate reporting of the survey, and reporting of the interviews (qualitative results).

More clearly note carer and psychiatrist data in reporting the results. Noting the differences in psychiatrist and reported carers views, for example in Line 249 “In contrast, medications were addressed”—need to specify that this is the psychiatrists views.

6. Are the discussion and conclusions well balanced and adequately supported by the data?

Minor Essential Revisions
The discussion raises most of the important issues which emerge from the results, but as noted earlier, could be better contextualised through examination of the international literature on similar trends elsewhere in the world.

A couple of key issues which the authors could more fully address in the discussion include the issues of:

Alternative practitioners: The authors note the need for change through education. An important alternative perspective reported in the literature pertains to recommendations regarding the role of traditional healers in mental health care, the need for and barriers to collaboration of traditional and mainstream psychiatric in the best interests of patients, and the training needs of traditional healers (task shifting) and mainstream psychiatry (cultural accommodation).

Carer views and practitioner experience with medication compliance: Lines 409-412 Carers reported positive attitudes toward financing medications while psychiatrists noted noncompliant behaviour of families, and in the literature of other proximal countries. I suggest the authors examine the literature on medication compliance with full or co-payment in the treatment of psychiatric conditions in poor communities to throw light on this contradiction in reported and actual behaviour?

7. Are limitations of the work clearly stated?
This is not addressed in the manuscript

8. Do the authors clearly acknowledge any work upon which they are building,
both published and unpublished?
Yes

9. Do the title and abstract accurately convey what has been found?
Yes, it is acceptable, with inclusion of revisions pertaining to suggested corrections.

10. Is the writing acceptable?
The entire document would benefit from editing. There are several grammatical errors. A non-exhaustive list is noted below:
Line 74 Suggest the authors use the term mental disorders consistently throughout.
Line 92 relatives should read professionals (psychiatrists)?
Line 182: an indication of the estimated value of the Sudanese pound in international currency (dollar or British pound) would be helpful.
Line 196 should read residence?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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