Author’s response to reviews

Title: Using the WHO-AIMS to inform development of mental health systems: The case study of Makueni County, Kenya

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Author’s response to reviews:

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The Editor,
BMC Health Services Research

Dear Dr. Maria Elisabeth

Thank you for the opportunity to revise and resubmit our manuscript entitled “Using the WHO-AIMS to inform development of mental health systems: The case study of Makueni County, Kenya” for consideration as a revised submission.

We have responded to comments and suggestions from the reviewers and made the appropriate corrections and recommendations in the manuscript text. We believe this article has substantially improved as a result and that you will consider it for publication.

Below please see response to the comments from reviewers.
Reviewer reports:

David McDaid (Reviewer 1): The authors have worked hard to revise and reshape the paper and it is much improved. That said, one of the challenges of this paper is that is often documenting the lack of availability of services; which of course is appropriate as it reflects reality on the ground. This lack of activity may limit the interest of the paper to some readers, even though it is very important to map the existence of services as well as barriers and facilitators to change. Response: We agree with the reviewer that documenting the lack of availability of services may limit the interest of the some readers. We reported the reality on the ground. This reality is the more important and interesting, not only to researchers and readers, but also to policy makers who have to come to terms with the degree and extent of lack of services and therefore the need to do something. Secondly, it is in line with the WHO-AIMS which calls for a baseline upon which future developments can be monitored and evaluated. There are several things that I feel the authors need to do to maximise the value of this paper. Fundamentally they include consideration of whether or not any changes in policy and practice were due to baseline work alone rather than the whole range of engagements that have already been documented.

Some specific comments below:

1. There is the issue of implementation of MHGAP-IG; I think it needs to be clearer that this baseline analysis was one of the first steps in undertaking this implementation. This is not clear when reading this manuscript, although this is clear from Mutiso et al. Int J Ment Health Syst (2018) 12:57. Response: We had actually attempted to do exactly this in the first two sentences of the last paragraph of the Introduction. In order to re-emphases this point as put in the first sentence, we have rephrased the 2nd and 3rd sentences of last paragraph under Introduction to introduce the overall and specific aims and research questions.

2. In general I think the authors need to be careful to make sure that they are not going over too much of the same territory as in some of the related papers. Response: In order to make a clear distinction between this baseline research and the subsequent research that has already been published, we have introduced a new sentence at beginning of 3rd paragraph and 3rd sentence under Discussion to emphasize this study was used to inform the main implementation of TEAM that resulted in the published papers.

3. How specifically did the baseline analysis shape the later stages of the project including the theory of change work and can the authors say something about the timing - did the baseline work precede the theory of change and wider stakeholder engagement or did it happen concurrently? Response: The WHO-AIMS preceded the main study of TEAM. We have specified this under Methods. In order to underline this we have inserted the words “first step and initial” in the first sentence of the last paragraph of the Introduction.

4. The paper notes that the process of implementing MHGAP-IG in Makueni was underway; one thing that is not clear is how the objectives/chronology of this paper fit in with the papers 24-28 that have already been published. This paper is focused on the policy making environment, but policy makers may be to some extent already engaged as
part of the wider stakeholder engagement that was undertaken in order for implementation of MHGAP-IG to happen. That is why the chronology is important. Did the WHO_AIMS work influence participation in this wider stakeholder engagement or did the wider stakeholder engagement influence participation in the WHO-AIMS work? Response: We have already explained under comment #3 and made it clearer in the text that this baseline analysis came before subsequent research that resulted in the publications. Also under comment #2, we have clearly removed any ambiguity as to what time the analysis took place in relation to subsequent work.

5. The title I would suggest is still far too long. Response: We have shortened the title.

6. The authors note on line 29-31 that only 7 South East Asia countries have made use of AIMs - it is worth clarifying that there only 11 countries in that constellation - so is 7 of 11 that bad? Response: We have rephrased those sentences referring to South East Asia to one sentence which appreciates the efforts made in that region.

7. The section on data analysis states that "recorded interviews were transcribed and summarized using content analysis" but the previous paragraph states "None of the interviews with particular respondents were recorded". This appears to be a contradiction? Response: We have clarified that they were not audio recorded but written by paper and pencil.

8. Is there any danger that because the decision was made in partnership with the County Chief Officer of health that the key informants and facilities to visit may not be as representative as they could be but rather more likely to present a more positive perspective on the baseline than might otherwise have been the case. Is this something to be discussed in limitations? Response: This is most unlikely. As a matter of fact, nobody including the community chief officer of health said much, if anything that was positive or in praise of the system. On the contrary all of them nearly all the time identified and articulated gaps rather than positive things. We think this is a strength, not a limitation. We have pointed out this and highlighted it in the first paragraph on Discussion.

9. For Figure 2 there needs to be a scale on the Y axis to help the reader understand the magnitude of contacts. Response: We presume the reviewer meant the X-axis (horizontal) and not the Y-axis (vertical). We have however labeled both X-axis and Y-axis appropriately.

10. Just before the beginning of the discussion section that paper states "This study had immediate outcomes detailed under the results and summarized as follows: (1) decision to fund training of mental health specialists, (2) setting up of a psychosocial section to coordinate psychosocial interventions, and (3) availability of any psychotropics on demand paid for by the county". I could not see any detail for these outcomes earlier in the section, what happened, when and is there any evidence at all to link it to the authors engagement with local policymakers. What evidence is there that these changes occurred prior to the Theory of Change process that is documented in Mutiso et al. Int J Ment Health Syst (2018) 12:57? Or would the changes not have happened if there had not also
been a TOC process? Response: We have deleted this paragraph (last paragraph of Results) and confined ourselves to the findings of the baseline analysis.

11. The change in "availability of any psychotropics on demand paid for by the county" documented here sounds like the same thing as the Mutiso et al paper which states "An important policy change was expansion of availability of psychotropics by the Makueni County Government beyond the essential list to meet the newly identified needs and demands. These needs and demands arose during the implementation of mhGAP-IG in order to treat the identified DSM-IV/ICD 10 diagnoses. This justified and allowed for stocking of the following additional psychotropics (some of which previously had only been allowed at hospital level): Carbamazepine, sodium valproate, amitriptyline, fluphenazine, fluoxetine, citalopram, haloperidol (both tablets and injectable) and lithium carbonate. These were fully paid for by the Makueni County Government as their contribution to the study." If this is the same thing my question is how this can be attributed solely to the baseline data mapping alone as it seems to also be linked to wider stakeholder engagement set out in the other paper. Response: We have deleted this as part of response to #10

12. If this is the same thing it also suggests that this psychotropic access change may be a temporary measure linked to the study rather than a long term change in policy? Response: Although we have already deleted reference to availability of drugs, the only way to scientifically test this is a repeat of WHO-AIMS. Indeed, WHO-AIMS recommended the repetition of surveys to document any emerging changes over the previous analysis. However, though redundant as far as the aims of this study are concerned, the reality on the ground is that Makueni County continues to fund mental health services, including free supply of psychotropic drugs. But as already said the only way to objectively document this is to do what WHO-AIMS recommended i.e. a repeat.

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?

Yes - there is a clear objective Response: We agree

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?

Not sure - key details are missing from the manuscript Response: We have provided the details to the effect that WHO-AIMS is designed for program evaluation for mental health; one program at a time, therefore no controls needed. The analysis protocols are inbuilt within the WHO-AIMS which we described. They do not provide for statistical analysis.
EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?

Not sure - key details are missing from the manuscript Response: Same as above

STATISTICS - Is the use of statistics in the manuscript appropriate?

N/A - there are no statistics in this study Response: Agreed

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?

No - there are major issues Response: We have confined our interpretation to the findings and made no assumptive conclusions beyond the findings of this study.

OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?

Maybe - with major revisions Response: We believe we have expanded the methodology and in particular provided more technical details on the instrument used.

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: The study appears to have an improved introduction and discussion section, however, evaluating the revised paper is difficult because a letter outlining the revision was not provided, nor were any revisions highlighted within the manuscript. Response: Indeed we sent two versions of our revised manuscript, one with track changes and the other one without track changes. It is quite apparent that the reviewer did not see the one with track changes.

My overall impression of the study is that it identifies a large problem within the Kenyan county under study as it has no established policies or procedures to care for the mentally ill. The introduction appears to have an improved literature review and the discussion identifies some areas for improvement for the county. There are still large problems with the manuscript in regard to methods. There still is a lack of adequate information and references about the WHO AIMS measure (e.g. references, psychometrics, reliability, validity, literature using the measure) Response: We have introduced a new paragraph under methods on “study Instruments WHO-AIMS” in which we have responded to these observations by the reviewer. We have argued in the text that WHO-AIMS as a tool has no known psychometric properties and provided reference to that effect. We have also explained in the text how the instrument was developed. Further, under the Introduction, we gave references to the studies that have been done in LMICs from what we could obtain from the literature search and a summary of what we found. In summary,
little has been done and ours is one of the more comprehensive studies to be reported in the literature. and the description of sample items is still lacking. Response: we have provided this.

The authors provide very little information about the participants (e.g. demographics, how they accessed them for interviews). Response: We have re-written and given details on how we identified and engaged with the participants. We have emphasized that WHO-AIMS deals with offices related to systems rather than the socio-demographics of those who holds those offices.

There is very little information in regard to analysis. Interview procedures are not identified, nor are there any references or procedures listed for the qualitative content analysis for the records and quantitative data they collected. Response: We have explained in the text both under the participants and in Data analysis, that WHO-AIMS is unique and has its own prescribed objectives for the KII from various respondents. These are to expound on and validate the data obtained from the records. The illustrative narratives from the respondents are meant to give a contextual expansion to the information collected via the WHO AIMS guide. Quantitative data from records was entered into prescribed WHO-AIMS excel sheet and appropriate proportion and frequencies calculated and summarized in figures and flow chart.

Lastly, the discussion still lacks a clear call for action for the county. The authors provide a list of action items - but I think these should be more prominently displayed and made a central component of the discussion. Response: We have created a paragraph that addresses this.

REQUESTED REVISIONS:

There continue to be problems with the manuscript that prevent it from being suitable for publication. As mentioned, there needs to be a much better methods section that: (1) better identifies psychometrics of the WHO Aims measure; Response: We have responded to this - WHO-AIMS has no known documented psychometric properties

(2) provides information on the sample and how they were accessed; Response: We have done that

(3) identifies specific interview and analysis procedures with appropriate references. Response: We have explained that

Second, the discussion still needs to be further revised that better highlights and expands upon the areas and steps needed for improvement identified by the authors. Response: We have done this.

This should be the centerpiece of the article. Lastly, the title remains unacceptable. It needs to be shortened and refined. Response: We have shortened it

Kind Regards,