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:

Dear Editor,

We have found these comments extremely helpful. We are pleased to submit the revised manuscript with responses to the reviewers as detailed below. We believe that we have covered all the issues raised by the reviewers and responded to their individual comments.

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: The authors have largely addressed my concerns in the manuscript in the following ways: (1) they have provided a detailed letter of revisions and have clearly indicated their changes within the manuscript; (2) The methods section is improved in that it discusses more specifically the properties and sample questions of the WHO AIMS measure and they have indicated in the much improved limitations section the lack of psychometric properties for this measure. The authors also provided additional information on the sample and how they accessed people in the study. They also provided an explanation for how data was interpreted vis a vis the WHO AIMS measure; (3) they improved their discussion section so that it better highlights and expands upon the areas and steps needed for improvement identified by the authors; and (4) the title has been adequately shortened and refined.
REQUESTED REVISIONS:

The only revisions I would recommend is to:

Provide a number of medical records that were reviewed:

Response: We reviewed the records of the preceding calendar year. It is not possible to quantify the records as they are segregated into many different variables and most of them were manual records (see Study design under Methods).

I do not recall this being provided and to also provide some demographics of the interview sample. While the authors identify the position of the interviewee's and indicated that their role was to confirm or deny what they found in the records, it would be helpful to have an idea of the age, gender, years of experience and professional background of the interviewees (if it is available).

Response: We have included this as part of the limitations of the study (Limitation 1). WHO-AIMS was designed for program evaluation, and not the socio-demographics of the interviewees. It is therefore not possible to provide psychometric properties of the instrument, nor collect data on the socio-demographics of the interviewees. However, it is worth noting that all the professionals interviewed had been hired for more than five years – since 2010 promulgation of the constitution by the sitting governor and were all above 18 years.

The manuscript also needs some revisions and editing in regard to English grammar and syntax.

Response: We have revised the manuscript for the English grammar and syntax.

ADDITIONAL REQUESTS/SUGGESTIONS:

None at this time.

Rahul Shidhaye (Reviewer 3):

1. Abstract: The methods section provides the objectives of the paper and the research questions while there is nothing about the 'methods' used in the study (e.g. document review, qualitative study). Please revise. Response: We have found these comments extremely helpful. To address them, we have revised the abstract in track changes for easy review. We have also in the process clarified the following: (i) This study was conducted through audit of DHIS records of the year preceding the data collection and that we used strictly the WHO-AIMS guidelines without deviating from the limits of WHO-AIMS. (ii) WHO-AIMS prescribes (a) a mixed methods approach for very specific data (does not include socio-demographics, but is focused on the official positions held by the interviewees ) qualitative interviews to affirm the accuracy of the records and any comments the interviewees had in relation to the data; (b) analysis of the data
which included mixed methods and processed using WHO-Aims 2.2 excel spreadsheet for quantitative data and qualitative data using thematically grounded theory approach. Specifically, WHO-AIMS data collection does not prescribe in-depth interviews. (See methods under Abstract section).

2. A strong rationale is still warranted given that at least four different papers highlighting the mhGAP implementation challenges are already published. Response: We have indicated that this WHO-AIMS was conducted before collecting the data using the mhGAP-IG. Although not published before the mhGAP-IG papers, we were aware of the results of the WHO-AIMS study. However, we have clarified that WHO-AIMS lasted from October 2015 - February 2016; data for mhGAP-IG was collected in the rest of 2016 and followed by analysis and write up of papers. Also see response to #3 below (see background paragraph 6).

A couple of sentences in introduction doesn't really do the justice for the readers. Please revisit comments # 1-4 from reviewer 1. Response: We have carefully gone through all the comments of the reviewer #1 and the responses that we provided in track changes in the previous revision. In this new revision, we have further clarified on the time lines of this study in relation to other events / activities before and after the study. We have also in this revision emphasized that we strictly confined ourselves to the data collection prescribed by WHO-AIMS. (see background paragraph 6).

3. I would strongly recommend to include a timeline graph to clearly explain the chronological relationship between this work, mhGAP implementation and other published papers. This will help the readers to understand the bigger picture. Response: We have provided a chronological graph and context of this study under introduction (see background paragraph 6).

4. It is apparent from the methods section that several documents were reviewed. Response: We appreciate this observation which arose because we did not make ourselves clear. We only asked for and reviewed documents that were relevant and specified in the WHO-AIMS. These are summarized under the different sub-headings of the results. All of this information is detailed in the WHO-AIMS referenced in our list of references, but for our purposes, we lifted all those that were relevant to Kenya. The data extraction form that we used is attached under supplementary materials. Please can you provide the details of how you selected these documents and also list all the documents (in supplementary material). Response: Covered above under #4. Kindly provide the details of the data extraction forms (in supplementary materials). This will ensure that your methods are reproducible. Response: We have included data collection forms. Data was extracted from District health information system a software (DHIS2) which is a free and open source health management data platform.

5. Quotes from various stakeholders are included in the manuscript, but it is not clear how the in-depth interviews were analysed once they were transcribed. The qualitative data must have been analysed in some way and it will be good to see the details. Response: The qualitative data was
used to corroborate data extracted from the records and the DHIS. Thematic analysis was used and this was guided by the six domains stipulated in the WHO AIMS. However, this being an analysis to provide information to inform implementation, exhaustive qualitative analysis was not conducted. Only key quotes to support and corroborate the information collected from the records were used ie. we did not use in depth interviews. As explained in the text, detailed notes were taken by paper and pen from the interviews. We did not conduct recorded interviews.

6. In the discussion, it is mentioned that this is the most comprehensive study using the WHO-AIMS. This statement is based on literature review, the findings of which are not presented. In absence of evidence, this statement becomes an opinion, not supported by data. Kindly revise. Response: We have rephrased the introduction to the discussion, and provided the evidence and how we obtained the evidence to the effect that our study is the most detailed in Kenya up to date according to literature.