Reviewer’s report

Title: The psychosocial impacts on families caring for relatives with mental illness: A qualitative urban based study in Dar es Salaam, Tanzania

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Reviewer: Charlotte Hanlon

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BMC Psychiatry review

The psychosocial impacts on families caring for relatives with mental illness: A qualitative urban based study in Tanzania

Major compulsory revisions

1. Abstract Conclusion: I am not clear why it is relevant to discuss the burden on ‘mental health professionals’. Also the conclusions do not seem to follow on from the findings as presented in the abstract. It seems that improving access to treatment for the patient (including, but not restricted to, psychosocial interventions) would help caregivers. Prevention and promotion does not seem so relevant in the context of this study because the patients already have the condition.

2. Lines 139/141: The justification for such a small number of in-depth interviews is not clear and needs to be detailed. Why only two interviews? If the purpose of using in-depth interviews was to triangulate the findings from the FGD or to add a different dimension through being located in the person’s home then a larger number of interviews would have been required.

3. Line 144: Please say more about the composition of the FGDs. How heterogeneous? How many in each group? If there were a total of 14 people, 2 who had in-depth interviews, then that means 12 caregivers were divided across 4 FGDs. Is that correct? It would mean that the FGDs were rather smaller than is recommended. Please comment on this and consider it as a potential limitation in the discussion.

4. Lines 567/568. There are many good arguments for integrating mental health into primary care but I think you could explain further how it would help social support. Also, the recommendations that the policy should be implemented more rapidly etc, while legitimate, seem not to come from the findings of the study. There is a need to link this recommendation more carefully to the actual findings.

5. The limitations of the study need to be included in the discussion, particularly pertaining to the overall small numbers, the small FGD size, heterogeneity of FGD participants and issues of generalisability when recruiting from a hospital setting.

Minor essential revisions
Abstract

6. Background: In what sense is Tanzania affected disproportionately by mental and neurological conditions? The relative and absolute total burden of mental and neurological disorders is actually lower in low-income countries, although it is still a very much neglected problem.

7. Methods: Focus group discussion not ‘focused’

Background:

8. The opening sentence is not the reality in most countries, although it is possible to make the argument that this should be the case.

9. Update the global burden of mental disorder reference (new estimates published in the Lancet in 2013 and 2014). Also, there is inconsistency in the % of global burden of disease attributed to mental disorders between paragraphs one and two.

10. The introduction goes into some depth about the overlap between HIV/mental illness/family burden, but the relevance of this to Tanzania is not made very clearly. Instead, the authors note a high burden of mental disorders (especially CMD) in urban settings but discuss this in relation to substance use. The relevance of this to the paper is not very clear as the focus is on caregivers of people with severe mental disorders/developmental disorders and there is little mention of HIV. Consider cutting back or making the relevance clearer.

11. Line 99: Instead of ‘drug abusers’ say people with substance use disorders

Methods

12. Line 116: Study design: consider replacing ‘qualitative descriptive’ with ‘exploratory qualitative’


14. Line 119: Please give some context about the health facility from which people are recruited (Temeke Municipal Hospital). Is this a general hospital with psychiatric facilities or is this a higher level referral hospital. How typical would patients (and families) be?

15. Lines 134/135: Ethical approval: please describe the consent process (and documentation) in people who were not literate.

16. The process of data analysis has been described well and it is helpful to have the example of theme building that you give in Table 1. Lines 180-183 are probably not necessary. A manual approach to coding and data handling is perfectly acceptable but you might consider using electronic software, such as OpenCode (freely available from Umea University, Sweden) to make your life easier in the future and to facilitate other people reviewing the process that you followed.

Findings

17. Line 224: I understand the point you are making is that, due to stigma, people are obliged to take more expensive forms of transport. If I understood correctly
then you could make this a little clearer.

18. Line 267: disrupted family functioning. The first section seemed to also be about financial consequences (needing to work but not being able to because of the need to look after the affected relative) and also about being the only people who can look after the person (links with the theme on managing symptoms). However, the family harmony part does seem worth emphasising as a distinct theme. Do you have more quotes to elaborate this part more? Were there any caregivers whose spouses had left them because of an affected child, for example?

19. Line 434: conflict with neighbours. This could be merged with the handling patient symptoms theme.

Discussion

20. The following papers from Ethiopia are relevant to your discussion. The five year follow-up study found that caregiver burden decreased markedly once their affected family member had received treatment and their symptoms had decreased. That supports your findings.


21. More generally within the discussion you might want to make the point that, in Tanzania, wider family support takes on an even more critical importance when compared to high-income countries due to the lack of disability payments/social safety net for people with severe mental disorder.

22. Table 2: In my view, it is not necessary to present individual level data and could risk a person being identifiable. Can you summarise the sample with aggregated data? For the individual quotes, the relationship to the person would probably be more useful than their age. (e.g. man aged 58)

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