

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The psychological impact of COVID-19 outbreak among Jimma University Medical Centre visitors in southwestern Ethiopia: a cross-sectional study
<b>AUTHORS</b>	Yitayih, Yimenu; Lemu, Yohannes; Mekonen, Seblework; Mecha, Mohammed; Ambelu, Argaw

## VERSION 1 – REVIEW

<b>REVIEWER</b>	Alexander Bäuerle University of Duisburg-Essen, Germany
<b>REVIEW RETURNED</b>	07-Aug-2020

<b>GENERAL COMMENTS</b>	<p>Thank you letting me reviewing the article. In my opinion, this article is of low quality. Therefore, my recommendation is to reject this article. There are several reasons of this decision. In the following there are just some of them. Nevertheless, I think the authors should revise the manuscript and resubmit it. The research gap is present therefore, with an appropriate article it should be possible to publish this work.</p> <p>Generell: I think the English (e.g. "Currently, the knowledge missed and what is not known is how the community views and responses to too many complex issues related to the COVID-19 outbreak is not appropriate for publication." Please consider to use special editing services.</p> <p><b>Abstract:</b></p> <ul style="list-style-type: none"> <li>-The aim does not match the title of your study. What is your primary goal? To investigate hospital visitors (title) or the general population of Ethiopia?</li> <li>- at what point of the ongoing pandemic did you conduct the study? Please state the investigation period</li> <li>- Why did you use principal component analysis? Just use the instruments to state the prevalences. You may lose a lot of variance by using principal component analysis.</li> </ul> <p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>- Ref. 3 is inappropriate; 1. you should provide a link to the online ref. 2. This was not the date, when the WHO declared the spread of COVID-19 as a pandemic. This was in March.</li> <li>- the introduction lacks data regarding mental health during the COVID-19 pandemic.</li> <li>- please state the research question.</li> </ul> <p><b>Measurements:</b></p> <ul style="list-style-type: none"> <li>- Are the versions of the instruments used validated in your language? The section limitation is not present. There are several more limitations than the one you stated at the beginning of the</li> </ul>
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	<p>manuscript.</p> <p>Conclusion and recommendations</p> <p>- I think your findings may contribute to the global awareness of mental health issues during the COVID-19 pandemic, but definitely not "raise the global awareness of 348 the psychological impact of the COVID-19 outbreak". Please, do not use such hyperbolic statements. There are several more studies which show similar results.</p> <p>-Maybe you should cite some interventions developed to support people during the pandemic</p>
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<b>REVIEWER</b>	<p>clare pain</p> <p>University of Toronto, Canada</p>
<b>REVIEW RETURNED</b>	07-Sep-2020

<b>GENERAL COMMENTS</b>	<p>This is an important topic especially from a LIC, and it is thoughtfully presented.</p> <p>I am aware that English is not the first language of the authors, however the paper needs editing to improve the English. Similarly, some of choices of words and emphasis needs similar editing expertise. E.g. the use of mental disease/illness.</p> <p>With regard to the content of the paper. The choice of acute stress reaction raises some questions:</p> <ul style="list-style-type: none"> <li>• ASR is noted for its severe but brief symptoms, which last for a few hours -days, resolution occurs without any formal treatment. This throws into question the authors recommendations for policy because there is no justification for "the crucial and pressing need for brief psychological response screeners" if no treatment is needed. Perhaps a recommendation that those screened can get in touch with the study team if they did not feel better within a month would then direct treatment to this group. However, if the authors believe 44.1% of the population measured have a significant health vulnerability what measured had they considered to assist this group?</li> <li>• Clarity is needed with regard to the use of the term ASR: why it was chosen to study and how it relate to diagnoses in the DSM and ICD10. The term acute stress reaction syndrome is used – is it a syndrome – where is this term found? The DSM5 has the diagnosis of Acute Stress Disorder, but there is no such disorder in the ICD10 which describes the Acute Stress Reaction. <ul style="list-style-type: none"> <li>o A transient disorder that develops in an individual without any other apparent mental disorder in response to exceptional physical and mental stress and that usually subsides within hours or days. Individual vulnerability and coping capacity play a role in the occurrence and severity of acute stress reactions. Reference: The ICD-10 Classification of Mental and Behavioural Disorders; World Health Organization</li> </ul> </li> <li>• The choice of scales was streamlined and thoughtfully chosen. I believe the scales are all validated on Ethiopian populations – this would be worth noting.</li> <li>• I am not clear how stigma was measured.</li> <li>• Another limitation to the study is that it is not clear how many of the people screened were patients – if many were already ill, this might account for their distress.</li> <li>• Wording of the ethics section needs attention.</li> </ul>
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## VERSION 1 – AUTHOR RESPONSE

### Response to reviewer 1

1. The aim does not match the title of your study. What is your primary goal? To investigate hospital visitors (title) or the general population of Ethiopia?

Response: The comment given is accepted and the aim is to study hospital visitors and amended in the manuscript.

2. at what point of the ongoing pandemic did you conduct the study? Please state the investigation period

Response: Thank you, and we added information on the manuscript accordingly.

3. Why did you use principal component analysis? Just use the instruments to state the prevalences. You may lose a lot of variance by using principal component analysis.

Response: Thank you for your concern. It is true that some variables could be dropped. However, we have checked that all the variables contributed a score for the 1st component. The component had a higher percent variance (39.9%). To state the prevalence, we just used the instrument. The component score was used to determine the distribution of psychosocial distress among categorical variables using box and whisker plots (Figure 2) and paired permutation test. We have included an explanation of why we used PCA in lines 191-193.

4. Ref. 3 is inappropriate; 1. you should provide a Link to the online ref. 2. This was not the date, when the WHO declared the spread of COVID-19 as a pandemic. This was in March

Response: Thank you for the comment and we have amended the manuscript accordingly.

5. the introduction lacks data regarding mental health during the COVID-19 pandemic.

Response: We are grateful for this comment and we have added about mental health in the introduction section.

6. please state the research question.

Response: We are grateful for the comment and we have added the research question in the manuscript .

7. Are the versions of the instruments used validated in you language?

Response: Thank you and yes, it is validated in our local language

8. The section limitation is not present. There are several more limitations than the one you stated at the beginning of the manuscript.

Response: Thank you and we have added the limitation section in the manuscript.

9. -I think your findings may contribute to the global awareness of mental health issues during the COVID-19 pandemic, but definitely not "raise the global awareness of 348 the psychological impact of the COVID-19 outbreak". Please, do not use such hyperbolic statements. There are several more studies which show similar results.

Response: The comment given is accepted and we have amended the manuscript accordingly

10. Maybe you should cite some interventions developed to support people during the pandemic

Response: The comment given is accepted and we have amended the manuscript accordingly

### Response to reviewer 2

1. I am aware that English is not the first language of the authors, however the paper needs editing to improve the English. Similarly, some of choices of words and emphasis needs similar editing expertise. E.g. the use of mental disease/illnessonse to

Response: The comment given is accepted and we have edited the language

2. ASR is noted for its severe but brief symptoms, which last for a few hours -days, resolution occurs without any formal treatment. This throws into question the authors recommendations for policy because there is no justification for "the crucial and pressing need for brief psychological response screeners" if no treatment is needed. Perhaps a recommendation that those screened can get in touch with the study team if they did not feel better within a month would then direct treatment to this group. However, if the authors believe 44.1% of the population measured have a significant health

vulnerability what measured had they considered to assist this group?

Response: Thank you, and we have added what intervention will help to prevent psychological distress under conclusion and recommendations.

3. Clarity is needed with regard to the use of the term ASR: why it was chosen to study and how it relate to diagnoses in the DSM and ICD10. The term acute stress reaction syndrome is used – is it a syndrome – where is this term found? The DSM5 has the diagnosis of Acute Stress Disorder, but there is no such disorder in the ICD10 which describes the Acute Stress Reaction.

Response: The term ASR is related to DSM-IV diagnosis of acute stress disorder, and the tool that we used was the IES-R is, according to an article by Weiss and Marmar (at:

[www.ptsd.va.gov/professional/assessment/adult-sr/ies-r.asp](http://www.ptsd.va.gov/professional/assessment/adult-sr/ies-r.asp)), a 22-item self-report measure (for DSM-IV) that assesses subjective distress caused by traumatic events. In general, the IES-R (and IES) is not used to diagnose PTSD, however, cutoff scores for a preliminary diagnosis of PTSD have been cited in the literature.

4. The choice of scales was streamlined and thoughtfully chosen. I believe the scales are all validated on Ethiopian populations – this would be worth noting.

Response: Thank you and yes, it is validated in Ethiopian populations

5. I am not clear how stigma was measured.

Response: We have assessed the perception of people that COVID -19 infection leads to stigma by the following question: Do you think the coronavirus disease (COVID-19) is generating stigma against people?

6. Another limitation to the study is that it is not clear how many of the people screened were patients – if many were already ill, this might account for their distress.

Response: Thank you for the comment and we did not test how many people were positive and we put this in limitation of the study in the manuscript.

7. Wording of the ethics section needs attention.

Response: The comment given is accepted and we have amended the manuscript accordingly