PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Qualitative study of the perceived causes of depression in South Asian origin women in Toronto
AUTHORS	Samanthika Ekanayake, Farah Ahmad and Kwame McKenzie

VERSION 1 - REVIEW

REVIEWER	name: Mzikazi Nduna position: Lecturer institution: University of the Witwatersrand country: South Africa I have no competing interests.
REVIEW RETURNED	02/12/2011

THE STUDY	The sample excluded, on the basis of language participants who could have provided useful insight. this has been noted to the authors so that they revise their limitations declaration and include it.
RESULTS & CONCLUSIONS	Some recommendations have been made to the authors to the effect of removing claims that the paper contributes a 'model' and has policy implications as not enough data is presented to make that conclusion.
GENERAL COMMENTS	Study title: Qualitative study of the perceived causes of depression in South Asian origin women in Toronto **Abstract**: the title is well written and reflects the contents of the study. The description of the participants suggests, by use of the word 'in', that the participants were recruited in their countries of origin, plea change to 'from' Remove the sentence 'Primary outcome' it suggests that this was a quantitative study and it was not. **Introduction**: *Page 6, paragraph 1*: the view that biomedical models of health care maybe a deterrent to help health seeking is also demonstrated in a paper by Nduna and Jewkes from a non-Western family (Vulnerable child and Youth Studies- Silence: a strategy used by young people from the Eastern Cape South Africa) *Page 6, paragraph 3:* where the authors reflect that Europeans tend to seek formal help and South East Asians prefer traditional healing, rituals or faith healings. They could also add that non-Europeans any also not seek help sometimes when there clearly is a need. (Nduna and Jewkes: Vulnerable child and Youth Studies- Silence: a strategy used by young people from the

	Eastern Cape South Africa) **Methods**: Maybe it should be mentioned that the fact that only those who could speak English in the study were included is a limitation in terms of understanding this phenomenon in the population under study. Allowed non-English speakers to participate in a study on this nature would be enlightening if they speak in their own indigenous language. **Discussion**: in page 19, paragraph 3: 'some of their stories have remained secret for year' this corresponds with findings from a non-European setting in a South African context- refer to the paper by Nduna and Jewkes (in Vulnerable Child and Youth Studies- Silence: a strategy used by young people from the Eastern Cape South Africa). It is useful to say how your findings compare with others, who may share similar cultural values, in the global context. **Summary**: I'd discourage the authors from going as far as suggesting that this study provides a 'conceptual model' and has 'policy implications' as they do in their summary. It requires a lot more data to do that than the authors have presented. . **General**: authors should please correct language/grammar minor stylist corrections such as use of "…", including the age of the respondent in all quotations. When presenting and discussing the data, for example in page 16, paragraph 2: stock to mention the specific participants, avoid use of 'younger' 'many' 'some' but give the exact number of people because the sample size was small to be able to speak in comparison ways.

REVIEWER	Dr Nusrat Husain Senior Lecturer University of Manchester Honorary Consultant Psychiatrist Lead Culture & International Mental Health Research Group Lancashire Care NHS Foundation Trust No Competing interests
REVIEW RETURNED	02/01/2012

THE STUDY	There is quite a large body of data from qualitative research carried out in the UK with the south Asian population I suggest the authors should discuss and compare their findings with those reported from the UK.Some of the useful references are Furnham & Malik (1994), Sheikh & Furnham (2000), Hussain FA & Cochrane (2004), Mallinson & Popay (2007) and Gask et al, (2011).

VERSION 1 – AUTHOR RESPONSE

Reviewer: Mzikazi Nduna

1. the sample excluded, on the basis of language participants who could have provided useful insight. this has been noted to the authors so that they revise their limitations declaration and include it.

We agree. On page 4 limitations we have added:
“This study only included participants who could speak English.”

And on page 22 we add

“The study was conducted in English and this may have imposed some limitations on the findings as the participants may have felt more comfortable describing their perceived causes of depression in their own languages.”

2. Abstract: the title is well written and reflects the contents of the study. The description of the participants suggests, by use of the word ‘in’, that the participants were recruited in their countries of origin, plea change to ‘from’

We have corrected this and on page 3 it now reads:

“Ten women with symptoms of depression aged between 22-65 years of age. Seven were from India, two from Sri-Lanka and one from Pakistan. Four were Muslim, three Hindu and three Catholic.”

3. Remove the sentence ‘Primary outcome’ it suggests that this was a quantitative study and it was not.

We have deleted that sentence.

4. Introduction: Page 6, paragraph 1: the view that biomedical models of health care maybe a deterrent to help health seeking is also demonstrated in a paper by Nduna and Jewkes from a non-Western family (Vulnerable child and Youth Studies- Silence: a strategy used by young people from the Eastern Cape South Africa)

We read the paper and have added it as reference 19. Page seven para 1

“The reasons for the increased rates of depression have not been well documented in Canada but with regards to service use studies report that bio-medical models of health systems may act as barriers to care by conflicting with the views of patients from other traditions. 17,18 19.”

Page 6, paragraph 3: where the authors reflect that Europeans tend to seek formal help and South East Asians prefer traditional healing, rituals or faith healings. They could also add that non-Europeans any also not seek help sometimes when there clearly is a need. (Nduna and Jewkes: Vulnerable child and Youth Studies- Silence: a strategy used by young people from the Eastern Cape South Africa) –

We have added a sentence to acknowledge this. Page 7 para 3

“Though it should be noted that patients may not seek help when there is clearly a need. 19”

5. Methods: Maybe it should be mentioned that the fact that only those who could speak English in the study were included is a limitation in terms of understanding this phenomenon in the population under study. Allowed non-English speakers to participate in a study on this nature would be enlightening if they speak in their own indigenous language.

On page 22 we add

“The study was conducted in English and this may have imposed some limitations on the findings as the participants may have felt more comfortable describing their perceived causes of depression in their own languages.”

6. Discussion: in page 19, paragraph 3: ‘some of their stories have remained secret for year’ this corresponds with findings from a non-European setting in a South African context- refer to the paper by Nduna and Jewkes (in Vulnerable Child and Youth Studies- Silence: a strategy used by young people from the Eastern Cape South Africa). It is useful to say how your findings compare with others, who may share similar cultural values, in the global context. –

On page 21 we add

“Such silence in the face of psychological trauma has been identified in other studies of women in other parts of the world.19”

7. Summary: I’d discourage the authors from going as far as suggesting that this study provides a ‘conceptual model’ and has ‘policy implications’ as they do in their summary. It requires a lot more data to do that than the authors have presented.

We have removed the offending sentence and replaced it with:
“Understanding the perceived causes of depression in the South Asian origin population of Toronto may help in the development of culturally appropriate prevention strategies. ‘

8) General: authors should please correct language/grammar minor stylist corrections such as use of “…”, including the age of the respondent in all quotations.
When presenting and discussing the data, for example in page 16, paragraph 2: stock to mention the specific participants, avoid use of ‘younger’ ‘many’ ‘some’ but give the exact number of people because the sample size was small to be able to speak in comparison ways. –

We have done that throughout the document.

Reviewer: Dr Nusrat Husain
There is quite a large body of data from qualitative research carried out in the UK with the south Asian population I suggest the authors should discuss and compare their findings with those reported from the UK.Some of the useful references are Furnham & Malik (1994), Sheikh & Furnham (2000), Hussain FA & Cochrane (2004), Mallinson & Popay (2007) and Gask et al, (2011).

We had highlighted some similarities and differences between the UK and Canada South Asian populations but we have made this clearer in the document by including most of the references stated above and others as 36, 43, 44, 50,

On page 21
“The results of studies conducted with South Asian immigrant women in the UK are consistent with some of our findings.43 44. The belief that depression has social origins seems to be common in South Asian groups. Many women from these groups link their depression with losses such as bereavement, ill-health or job related events.44.
Immigrants face many challenges in their new countries; however, such challenges can be more profound during the adjustment process for women with less education and power.37 43 “

And on page 22

“There is some evidence that people of South Asian origin in Canada maintain close ties with their country of origin and more strongly preserve their cultural heritage.27 This was confirmed in by the views of old aged group. However, results further indicate that strong attachment to the culture of their own countries has created a cultural distance and conflict between parents and children. The cultural vulnerability faced by immigrants, specially by the South Asian immigrant women has been identified as a main cause for depression by studies conducted in the UK.43, 50 “

Thank you very much for the reviews of the document and pointing us in the direction of the COREQ form as these were very helpful.

We hope that BMJOpen is now in a position to accept the paper.

Yours truly,

Kwame McKenzie