**Title:** “We had to sell the buffalo to pay for the brain scan”: a qualitative study of the experiences of people with mental distress attending private health providers in Uttar Pradesh, India

**Review comments:**

Comments of Reviewer 1:

1. **Abstract**: *the care provided was biomedical, irrational, excessive*.

This sentence appears to suggest that biomedical care itself is irrational. I suggest, modifying this sentence suitably.

1. Review
   1. *with fewer than 1000 clinical psychologists across India in 2011* (2).

**Why only psychologists? India has a dearth of all medical professionals, not only psychologists. Either, the sentence is better removed, or include information on Psychiatrists, social workers and nurses as well**

* 1. *While several authors have discussed the negative impacts of unregulated private health service provision in India, almost none have examined the vulnerability of people with mental distress to private health services that are often predatory*

**Though the authors have mentioned that several authors have discussed the negative impacts of unregulated private health service provision in India, this assertion is not supported by references. Suggest, references need to be given for this.**

1. Sample selection:
   1. **More details about sample selection. Particularly, what methods did the authors use to identify potential participants.**
2. Help-seeking is syncretic and persistent
   1. *Several participants adopted the explanations given by private health providers, purportedly representing Western bio-medicine such as ‘mental imbalance’ and ‘thickening of the nas (nerves*)’

**Mental imbalance and thickening of nas (nerves). I don’t know if these represent western biomedicine. Also, more important issue is that these words have come out because of the distress emanating from no-help and the symptomatic/disability status of the patient. If on the other hand, proper treatment had got instituted, we would not be concerned by the explanations. Suggest, removing the above sentence and replace with a suitable sentence**

1. ***Investigations and care provided were inadequate, bio-medical, irrational and excessive***

**Consultation records of participants revealed private services as characterised by irrational investigations, polypharmacy and unethical care As the medical records were reviewed by one author, I wonder if that particular person is a medical doctor or not. If not, then, I think that the said person should not comment on the suitability of irrational investigations. Either, the authors need to modify the sentence or, some medical doctors should take the responsibility of revisiting the records**

1. *Disciplinary boundaries such as between psychology and psychiatry, divide mental health professionals making them reluctant to empower or build capacity in areas such as primary care.*

**Though these comments are true, what is missing is the recent efforts by the governments to bridge the gap. For example, the Central Government has started the Digital Academies at institutes such as NIMHANS, Bangalore, CIP Ranchi and LGB Institute, Tezpur. These need to get a mention in discussion section. Also, centres of excellences have been funded, 25 in number throughout the country. The positive aspects of say, Mental Healthcare Act, 2017, casts obligations on states to make available affordable care at the district level, else, the state is supposed to provide compensation. These positive vibes (albeit recent) need to come in the discussion**

1. *Government of India has endorsed the goal of providing “universal access to good quality health-care services without anyone having to face financial hardship as a consequence” which is set out in the National Health Policy of India of 2017.*

**National Mental Health Policy is dated 2014 and not 2017. This may please be corrected. Related issue: public mental health delivery systems is awfully inadequate is a known issue. What is more important is that things have started to change for good. This aspect needs to be captured in discussion**

1. *Thus, a predominantly bio-medical practice of psychiatry often fails to meet the needs of the person with mental distress who is not provided with the effective care for depression which should include talking therapy, family support, and building skills and knowledge for mental wellbeing*

**On the one hand, authors criticize the woefully inadequate human resources and the least amount of time spent by medical doctors (5 minutes) and on the other hand, also point out that patients should receive psychosocial care in terms of talking therapy, family support, skill building etc. These are seemingly contradictory to one another. How can inadequate resources cater to comprehensive biopsychosocial care? The authors would be aware, the number of patients’ doctors (public funded primary health care physicians) see per day. Also, the authors would be aware of reasons for inadequateness of the public health delivery systems. It may be better to have a nuanced and balanced approach in discussing about the systemic failure rather than painting only the negative aspect**

**Reviewer 2:**

1. The paper deals with an important issue of unethical practices by medical professionals, but the findings do not allow for any new contributions to practice or policy changes. The findings need to be grounded further with more focused study presenting different perspectives, but is a starting point to build from this which can definitely present an entry point to make meaningful recommendations to policy or practice.
2. It is not providing novel information concerning mental health care in India although it may be relevant in the specific context. The Results section brings in certain findings that are not coherent with what has been argued in the section that gives the context of the research. This is a part of a larger study and may be one objective have been sliced to make this paper which may be a reason to it being less coherent. The authors discuss at large about the alternative therapies not being provided to the participants and this is not being reflected in the narrative of the findings.
3. The discussion section is too vague and does not discuss the actual findings in detail.

Specific points:

1. The authors state that ‘*the catastrophic impacts of seeking care (loss of land, and income) described by participants in this study, almost certainly increased rather than eased mental distress.*’, with what certainty can such statements be made?   
     
   6. The article does not discuss the findings in terms of what was previously known and not known about the focus of the research. Whether the findings hold together and/or contrast with previous findings do not allow for any new contributions to practice or policy changes. The findings need to be grounded further with more focused study presenting different perspectives, but is a starting point to build from this which can definitely present an entry point to make meaningful recommendations to policy or practice.
2. ‘*People with mental distress in Northern India are marginalised and their distress is augmented rather than relieved through the unethical and exploitative care of private health service providers*.’ This how the conclusion begins and it seems a very generic statement and that concluding that the distress is augmented, which has more of a quantitative connotation, is out of the scope of the present study as the authors have not measured the distress at any point in the study. Hence, I think the interpretations are unwarranted.

General points:

1. The methodology is not rigorous. Results section lacks clarity, especially the second theme which needs to be relooked at, because it is confusing taken with what has been mentioned in earlier sections. The process of coding, the development of the themes is not mentioned in detail and also it is important to state who the researcher is which is important understand the interpretations drawn by the researchers. Please give the rationale for selecting a qualitative design in general and why the thematic analysis was used in particular for analysis and discuss how these choices are appropriate to answering the question under study.
2. The Discussion part is vague and certain parts in the discussion do not seem to emerge from the findings of the study. The authors have not mentioned the limitations of the study. This is very important and they need to also state how they overcome or limit the limitations.
3. The methodology can be strengthened by adding why this particular design was chosen and how this design can be the appropriate choice for the objectives under study, Discussion and Conclusion sections have to be rewritten.

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