Peer Review Report

Review Report on COVID-19 pandemic and food insecurity fuel the mental health crisis in Africa

Original Article, Int J Public Health

Reviewer: Rahim Badrfam Submitted on: 21 Oct 2023

Article DOI: 10.3389/ijph.2023.1606369

EVALUATION

Q 1 Please summarize the main findings of the study.

This cross-sectional study, based on telephone calls with 23,943 people (response rate about 50%), investigates the prevalence of GAD and the risk and protective factors related to it, along with a comparative study of the effects of COVID-19 and food insecurity on the state of mental health in Africa.

This study was conducted in 2021 in 4 African countries Mozambique, Sierra Leone, Tanzania, and Uganda with low- and middle-income economic conditions. The adult participants were older than 17 years. The participants were selected randomly and the composition of the population in each country was calculated based on the desired variables in each round.

The overall prevalence of GAD in these 4 countries is estimated at 23.3%, the highest in Mozambique (40.2%) and the lowest in Sierra Leone (17%). COVID-19 exposure and food insecurity (to a greater extent), both have been reported independently and significantly as predictors of GAD.

Q 2 Please highlight the limitations and strengths.

Paying attention to one of the most important mental health disorders (GAD) in the population prone to psychiatric disorders and multi-national evaluation along with considering the situation of the pandemic left behind, is the positive points of the recent study.

Providing limited information regarding the methodology used in the study, the use of telephone calls for interviews (and results such as the unexpected rate of direct exposure to COVID-19), and the uncertainty of the way of obtaining informed consent are limitations of the study.

Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

The introduction part has dealt well with the background of the study and has shown the hypotheses related to the study well. The cultural conditions related to the places where the study was conducted and the studies conducted in the field of GAD are presented in the text with proper order and structure. The causes related to the possible impact of risk factors on the condition of GAD have also been well explained. In the methodology part, the way to choose the target countries and people participating in the study is well described. The institutions involved in the collection of information have been mentioned. Interviewers and their training methods are mentioned.

The following points need attention:

The translation of the English version of the questionnaires into different languages has been mentioned, but has their validation been done in each country before or in this study? Related explanations with appropriate details should be provided.

More details of the telephone interview conditions also need to be provided. How many calls were usually made to ensure the interview? How long was each call? What were the usual times for making calls? And things like this

Also, considering the fact that information was collected by telephone, how was the method of obtaining informed consent from the participants in the study? What kind of explanation was given to the participants and how was consent obtained? These are points that should be presented in a more detailed and precise manner in the methods section.

The implementation of the study has lasted for about a year. The first time to start the study has been more than a year since the start of the pandemic. However, based on the results of the 4 study questions, the amount of direct exposure to COVID-19 has been reported as only 8.4%! Did the questions asked have full coverage of the possibility of direct exposure? Have there been any obstacles and limitations to the self-expression of exposure (such as stigma or any other factor)? (more specifically in Tanzania and Sierra Leone – even considering the difference in the spread of the pandemic based on the information provided by WHO) If there is a limitation in this field, don't the comparative results need to be carefully interpreted? In this case, explanations must be provided in the discussion/limitations section so that readers can gain more knowledge about the relevant background.

This point is also relevant to FI to some extent, which of course is mentioned in the limitations section.

According to the statistics provided about the level of access to mobile phones among the population of the studied countries, has this method of collecting information been the most desirable method among the methods that can be used? Is this method a common method in studies with similar dimensions? More specifically, why has this method been used to collect information? Explanations in this field may help the readers of the article to make the study more transparent. Explanations in this field may lead to more transparency of the study for the readers of the article.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

Yes. The references used are appropriate and relevant and have acceptable comprehensiveness.

QUALITY ASSESSMENT Q 9 Originality

Q 10	Rigor				
Q 11	Significance to the field				
Q 12	Interest to a general audience				
Q 13	Quality of the writing				
Q 14	Overall scientific quality of the study				
REVISION	LEVEL				

Q 15 Please make a recommendation based on your comments:

Major revisions.