

Review of: "Prevalence of Common Mental Illness and Its Associated Factors among Hawassa City High School Students in Hawassa, Sidama Region, Ethiopia"

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Potential competing interests: No potential competing interests to declare.

Title: Prevalence of Common Mental Illness and Its Associated Factors among Hawassa City High School Students in Hawassa, Sidama Region, Ethiopia.

Thank you for inviting me to review this interesting manuscript from Ethiopia. I commend the authors for this well-designed study with a large sample size. I would like to give my input and recommendations below:

1. The abstract is comprehensive. However, there is a minor edit for punctuation. For example, the abstract for "**Objectives:** To assess the prevalence of common mental illness and associated factors among Hawassa City secondary and preparatory school students, in Hawassa City, Southern Ethiopia." Please remove the comma after "students". For "A multistage sampling technique was used to select 634 students and a Self-Reported Questionnaire was used to assess common mental illness." , please add a comma before "a Self-Reported Questionnaire.."

2. Please correct some grammar, i.e., for "institution-based cross-sectional..", please add "An" so that it starts with "An institution-based cross-sectional..",

3. Please spell out AOR and CI and then use the abbreviations in the abstract.

4. I'm suggesting some grammar corrections, i.e., "is," "are", missing "and" etc., and punctuation error correction [many missing commas] (done). Please see below for the Introduction section:

"Mental illness is defined as "any disorder that is generally characterized by a change in mood, thought, and/or behavior. Common mental illnesses (CMI) include depression, anxiety, and Somatoform disorders^[1]. These disorders are highly prevalent in the general community; hence, they are considered 'common' and impact the mood or feelings of victims. The symptoms of common mental illness range from mild to severe, and the duration from months to years. Furthermore, CMI is a diagnosable health condition that is distinct from feelings of sadness, stress, or fear that anyone can experience from time to time in their daily lives^[2]. Mentally distressed individuals manifest with different levels of depression, anxiety, or somatic symptoms. Moreover, the CMI significantly affects social, enjoyment, work interactions, and academic attainment, leading to adverse health outcomes, including death by suicide^{[3][4]}.

Depressive disorders are characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. It can be mild and long-term or severe and periodic, and it usually significantly affects the person's regular tasks at work or school and other life activities as a whole. Depressive disorders can be classified as Major depressive disorder and Dysthymia based on the severity of symptoms and their recurrence. Anxiety disorder is a vague, subjective, non-specific feeling of uneasiness, apprehension, tension (excessive nervousness), fear, a sense of impending doom, irrational avoidance of objects or situations, and anxiety attack^[5]. It includes generalized anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). Psychosomatic disorders are illnesses that manifest as physical symptoms; however, the causes always arise from mental and emotional instead of physiologic disorders of the body. The term also refers to conditions in which a medical examination fails to find any organic cause and appears to result from emotional conditions^[6]. Since many people experience these conditions simultaneously (comorbidity), it is inappropriate to simply add these three figures together to arrive at a total for common mental disorders^[2].

During the adolescence period, a fast-growing child will consistently seek to learn new things, engage in self-experimentation, and initiate an autonomous lifestyle. As a result, adjustments are necessary to accommodate physical maturity and changing roles within families and peers. Compared to adults, adolescents show higher stress levels and fewer coping resources, and often, mental disorders which are diagnosed in adults often begin in adolescence. The stressful process of differentiation and identity consolidation can result in significant psychological distress^[7]. Most adolescents experience a diminished quality of life in practically all areas, with respect to their own bodies, school, their mental state, and their families^[8].

Many longitudinal studies have shown that mental disorders become more prevalent from childhood to adolescence^[9]. One in 5 adolescents aged 13-18 already have or will have a serious mental illness. Mental illnesses that manifest during adulthood begin during adolescence; 50% and 75% of all mental illness cases started by age 14 and 24, respectively. Moreover, it is estimated that intervention for mental illness usually starts eight to ten years later than the onset of symptoms. Approximately half of students aged 14 and above with mental illnesses are expected to drop out of high school. Still, depression is the most common type of mental disorder faced by adolescents, often accompanied by anxiety and mental distress. Back in 2011, almost 29% of high school students in secondary and preparatory schools who took part in a national school-based survey claimed feelings of sadness and hopelessness almost every day for two weeks or longer during the past year- a red flag for possible clinical depression^[10].

Moreover, the consequence of CMI can be short or long-term, and unless the symptoms are too dramatic or rather extremely distressing, they are often neglected by the relatives and are considered to be due to some kind of weakness on the patient's part^[11]. Individuals with mental disorders are also affected by diseases like cancer, cardiovascular disease, and HIV/AIDS. Homelessness and inappropriate incarceration are more common. Stigmatization and discrimination are also observed, and many are deprived of their human right as well as economic, social, and cultural rights, with restrictions on the rights to work and education, reproductive rights, and the right to the highest attainable standard of health. Apart from this, they will be subject to physical and sexual abuse, neglect, harmful and degrading

practices in health facilities^[12].

From the perspective of the magnitude of common mental disorders, studying the distribution and the factors that have contributed to the adolescent age group is of paramount importance for introducing preventive and control strategies at the right time.

5. Please add your study's objectives in the last paragraph under the introduction section. The study objectives were missing.

6. For the methods, please explain how random sampling was used. It was stated, "Finally, by using a roster as a sampling frame, subjects were selected by simple random sampling." Please illustrate how random sampling was performed. Is it using a computer-generated number or drawing lots? An additional flowchart here would be good to explain the multi-stage sampling.

7. How do the researchers deal with ethical issues in providing professional help to severely depressed respondents? Do the severely depressed respondents have an opportunity to get help? Please spell out this pivotal ethical issue.

8. For Table 5, please separate the bivariate and multivariate analyses tables. This is to help the reader understand which significant independent variables were included in the multivariate model.

9. The discussion was fair and comprehensive. However, there is little explanation for why females were more likely to suffer from CMI/CMD. What could be the contributing factors from your literature reading and clinical experiences? Is there a possibility of bias, i.e., males are more indulged in the ganja and drug/substance abuse and masked the depression in males? Please discuss in depth.

10. The majority of the references were old (more than 80%). Only 2-3 references are from 2018/2019. Please add some new references:

Hatta Sidi. *The psychological sequelae during mental health and Covid-19 Pandemic: Learning from the past for today's coping styles.* **Med & Health. June 2020: 15(1): 1-4.**

Luke Sy-Cherng Woon, Mohammad Farris Iman Leong Abdullah, **Hatta Sidi**, Nor Shuhada Mansor, Nik Ruzyanei Nik Jaafar. *Depression, anxiety, and the COVID-19 pandemic: Severity of symptoms and associated factors among university students after the end of the movement lockdown.* **PLoS One 2021 May 27;16(5): e0252481. doi: 10.1371/journal.pone.0252481. eCollection 2021.**

