# Review of: "Internal migration and mental disorders among the adult population: a community-based cross-sectional study in Nepal"

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The authors analysed data from a national survey in Nepal. Data were collected to ensure a representative sample. The size of the sample is substantial. The authors' application of appropriate analytical methods is commendable, contributing to the rigor and validity of their findings. However, I do have some specific comments and suggestions for improving the reporting of their findings

Introduction:

The authors conclude the intyroduiction with: "Thus, the study objectives were to assess the prevalence and independent factors for increasing the risk of mental disorders among the Nepali adult population." This is somewhat inprecise, as the obeject is to establish the association of internal migration and mental health, controlling for other variables potentially associated with mental health problems.

Methodology:

The authors write: "Migration has positive as well as negative consequences; it can result in various difficulties, including reproductive and maternal health problems [13]." This belongs tot he Introduction section and should be moved.

Minor: was "being unemployed" distinguished from "being in education"?

Results:

Main finding regarding the research question: There is a bivariate association between internal migration and mental health status, but it vanishes when hierarchical logistic regression controls for the influence of other associated factors. Some additional information of the regression analysis model should be provided, such as total explained variance by the model and model fit.

The lack of an association between unemployment and mental health is surprising as it is common (at least in Western countries) to find a positive association between unemployment and mental health problems, such as depression.

In Table 3 a higher education level does not seem to be associated with mental health (OR = .94), but p < .00?

Is this a typo or error?

Discussion:

In de discussion it reads: "The present study showed that migrants were less likely (aOR=0.98, 0.78-1.22, p=0.86) to have a mental disorder than the original participants, which is similar to the results of a study conducted in China [5]; however, the present study's results were not found to be statistically significant." An OR of 0.98 does not indicate a smaller likelihood of mental disorder among migrants. And the phrase "to have a mental disorder" is not in line with the survey question and this should read "to have (had) a mental disorder" of something similar.

I missed among the limitations mention of the fact that mental health status was rather crudely measured in the survey by the question "Ever been told by a doctor/healthcare worker you have depression and anxiety". The authors should acknowledge  and clarify that this is a far cry from a clinical assessment or a more formalized assessment, such as a score beyond a cut-off on a screener or the outcome of a semi-structured diagnostic interview. Furthermore, this question assesses life-time prevalence, not current mental health status. In describing the results authors should be more careful in how they formulate associations between "ever been told [..] you have depression and anxiety" and risk factors.

The authors write "The age of the participant was found to be a strong factor for developing the risk of mental disorders. The present study results showed that the older the age, the increased risk of mental disorders" I suggest to formulate this more concisely as : "Higher age of the participant was found to be a strong risk factor for the life-time prevalence of mental disorder."

An obvious explanation for this association may be the way in which mental disorder were assessed. With higher age the possibility of ever been told that a mental disorder might be present will rise…