

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

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Potential competing interests: No potential competing interests to declare.

The decision to increase specificity by limiting participants who had ever had a mental disorder to those who had been told by a physician or a healthcare professional created several challenges in the interpretation of the data collected. The YES group was very small (5%) and thus made the statistical analyses more difficult. It also likely underestimated the true prevalence (even in high-income countries, many of those with mental health problems do not seek professional care) and may have affected the degree to which the independent variables significantly affected the outcome of interest or not.

It was confusing to see the various terms used in the text in addition to mental disorders: mental illness, mentally unhealthy, mental health problems, mental health condition. It would be easier for the reader if it was consistent.

The introduction needs to have more references to the statements made. For example, the sentence about empirical studies from multiple North American and European countries, yet the only reference was from a study in central Asia.

Need to clarify that the definition of migrant did not include international migration. In the introduction and methodology, the authors seemed to infer that both were included, yet in the results and discussion, the text indicated internal migrants only.

Need to clarify the definition of nuclear vs. extended family. Is a family with more than 2 children considered an extended family? If so, that is an uncommon definition of an extended family.

The term "dose-response relationship" is not an appropriate usage of that term. The term "gender" in the text is also inappropriate - if you only classified male or female, then the term is sex.

A very weak part of this manuscript is the discussion. Most of it is a repetition of the results section. It needs to really reflect, interpret, and suggest potential explanations for their findings: a 5% prevalence rate is not a high prevalence (as stated in the opening statements), their hypothesis is not supported, the relationship of increasing age and increased risk (may be because the data collected reflects lifetime prevalence, so older age groups would likely have more accumulated incidences of mood and anxiety disorders). In one paragraph, it was stated that migrants were less likely to have indicated a mental disorder compared with non-migrants, although not significant. It is inappropriate to indicate any likelihood, as the relationship did not even show a trend ($P=0.86$).

The last paragraph of the discussion referred to the perception of general health data, yet the data was compared to Chinese data about 2 very specific health conditions.

For future research, it would be important to take a more intersectional approach to data analyses and begin to look at the intersections between, for example, age and sex and mental illness, geographic region and culture, and migrant status and attitude regarding mental health problems. It seems there are multiple quantitative and qualitative approaches needed to fully understand the issue of mental health and mental disorders in a given country.