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

Norhafizah Sahril[1]

1 Ministry of Health Malaysia

Potential competing interests: No potential competing interests to declare.

This study is interesting but some amendments need to be done.

1. Introduction section (paragraph 5): 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 (Please add the references for this statements)

2. Inclusion Criteria:  Students who are enrolled in high schools of Hawassa city in 2020/2021GC. (Please verify the enrollment year, either 2019/2020 or 2020/2021, as the study setting mentions 2019/20.) What is GC?

3. **School belongingness:** In this study students who scored above the mean were considered a high sense of school belonging and those below the mean score were considered a low sense of school belongingness. Could you please provide clarification regarding the specific mean score threshold that denotes high or low belongingness?

4. Could you please provide an explanation about "chew khat"? Not everyone is familiar with the term "khat."

5. Substance use characteristics of the participants section:  Furthermore, about 14(2.3%) had ever used ganja/cannabis and 5(0.5%) were current users of ganja/cannabis. Kindly make the adjustment from 0.5% to 0.8% as indicated in table 2.

6. Result section Prevalence of common mental illness: Of the 127 participants with common mental illness, 119 (93.7%) had moderate CMD and 8 (6.3%) of them had severe CMI. It's important to note that the 93.7% refers to CMD or CMI. In the second paragraph of the Discussion Section, it specifically pertains to CMI. Kindly please check.

Additionally, to provide a clearer understanding of the severity classifications for CMI and CMD, including the operational definitions and cutoff points, could greatly benefit the reviewer's comprehension. This would involve elaborating on the specific symptom criteria or measurement scales used to determine the distinction between moderate CMD and severe CMI.

7. Figure 1: The information in Figure 1 requires further clarification. The labels <5, 5-9, 10-14, and >15 seem to denote

severity scores. It would be beneficial to provide an operational definition that elucidates these categories. Moreover, replacing the number of respondents with prevalence values would enhance the significance of the figure.

8. Table 5: I've observed that certain crucial variables, such as mother's education and family history of mental illness, are not incorporated into the model. It would be intriguing to include these two variables together, as previous research has demonstrated an association between them.

9. Discussion Section (paragraph 3-5): There appears to be an extensive comparison of the prevalence in the current study with findings from other studies. Perhaps it would be more effective to cite references published within the last 10 years for these comparisons.

10. Discussion section (paragraph 4): The difference might be due to socio-economic, cultural, and school environment characteristics differences among study populations and differences in data collection tools (some of those studies use K10 CIDI or GHQ). It would be beneficial to expand the full terms of K10, CIDI, and GHQ in this section and also include them in the abbreviation section.

11. Discussion section (paragraph 6): Possible reasons for higher mental distress among older than younger adolescents include increasing demands, and physical and psychosocial changes. Additionally, romantic relationship stress, school performance, peer pressure (substance use) and life decisions drive added stress and relate to increased levels of mental distress. Please cited any reference for this statements.

12. Discussion Section: Additionally, it would be valuable to incorporate an analysis of the strengths and limitations inherent in this study. Furthermore, offering recommendations stemming from the study's findings could provide further depth to the discussion.

13. Conclusion: It would be advantageous to highlight the potential benefits of this study for stakeholders and policy makers in this section.

14. Ethical consideration: Written informed consent was obtained from participants after a detailed explanation of the purpose and benefit of the study right before the individual data collection. It's important to address how the informed consent process was handled for participants under the age of 18. Was parental consent acquired along with the participants' assent?

15. References: Please ensure that the references utilized are from sources published within the past 10 years.