

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.

This is very time-befitted research. The impact of internal migration on mental health has little been investigated, especially in LMICs.

Methods

The method section should be rewritten because this does not seem academic. The outcomes and the key variables could be joined together instead of breaking them down into two sentences.

Introduction

- It was claimed that 13.2% of the people with mental disorders live in Southeast Asia. This claim needs a reference.
- Undoubtedly, mental health conditions are inadequately taken into account, but this is not the case all over the world. Some countries, especially developed countries, are paying due importance to this as opposed to the LMICs. Therefore, I would recommend being more specific (e.g., mentioning the gap in LMICs; this also justifies the study) about what the author claimed in the introduction.
- The author mentioned a variety of factors contributing to anxiety and depression and then suddenly moved on to discuss the impact of internal migration. There should be a line or two to connect the impact, which otherwise seemed forced.
- The author should reconsider connecting internal migration with mental health issues. While the current version demonstrates a glimpse of the overall picture, this should be given more importance to justify the study.
- VDC needs to be mentioned in its full form.

Setting

- The mention of seven provinces twice seems redundant.
- The setting should include the influence of economic conditions as well. This is one of the prominent causes of internal migration.
- Since the author mentioned that migration also has a positive impact, I assume that readers might want to know a few. In addition, I would recommend using the consequences related to mental health, excluding others.

Survey Instruments and Data Collection

- If this is a nationwide survey, the number of people involved in the data collection seems very insufficient. In addition, what did they do with participants having no tablet literacy or formal education?

Measurement

Outcome variables: Participants might not have an accurate idea of what depression and anxiety are, despite being diagnosed with either of these conditions. The question asked required participants with mental health literacy to glean an appropriate response. Even if participants have mental health literacy, they might not feel comfortable disclosing the diagnosis with just a very direct question. Therefore, social desirability bias might cause additional problems in the responses.

Results

- The table demonstrates the figures. Therefore, describing the results seems repetitive.
- The oldest age group was found to be 'mentally iller' than other age groups. The use of "mentally iller" seems derogatory and only contributes to the perpetuation of mental illness stigma. Consider using "people with mental illness" throughout the manuscript.
- Regression is sensitive to outliers. There was no mention of outliers, nor of the distribution of the data set. Multicollinearity should also be checked.
- The author should choose either the written description of the results or the tabular representation.

Discussion

- This section requires more attention. It should discuss the significance of the results with relevant studies conducted in Nepal or elsewhere.
- Why was the rate of mental health problems among older individuals higher than in other age groups? Migration and mental health problems are connected; however, the study results suggested no connection. The potential reasons need to be discussed considering the contextual factors. Likewise, all claims in the discussion need to be substantiated. The limitations and implications also need to be discussed.