

Identifying Factors Shaping Help-Seeking Behaviors in Individuals With Depression

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

In paragraph 4 (“Help-seeking is additionally shaped by experiences within healthcare pathways...”), the text summarizes prior studies but does not explicitly state what specific gap remains unaddressed in the literature. Please articulate what is unknown, contradictory, or understudied, and explain how the present study fills this gap.

Several introduction paragraphs (e.g., paragraphs 5–8) exceed one page in length and combine multiple themes such as stigma, discrimination, cultural norms, and digital health. Consider breaking these into clearer sub-sections or shorter paragraphs to improve readability and thematic coherence.

In the Measures section, paragraph 1 (“An interview guide with open-ended questions was developed based on existing literature and expert consultation.”), the authors should describe:

In the Study Design paragraph (“Sampling continued until theoretical saturation was achieved...”), please specify how saturation was determined (e.g., monitoring of codebook stability, absence of new themes after a specific number of interviews). A saturation table or short explanation would strengthen credibility.

Although independent coding is mentioned, other trustworthiness criteria—credibility, transferability, dependability, and confirmability—should be explicitly described. Consider adding details on audit trails, reflexive memos, peer debriefing, or member checking.

Paragraph 2 of the Discussion (“The first major theme, personal and psychological influences...”) reiterates findings from prior studies extensively but provides limited critical interpretation of how the present study extends, contradicts, or nuances this prior work. Consider deepening interpretive analysis.

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

Paragraph 3 includes the sentence: “Such studies reveal that internalized stigma, emotional barriers, and limited mental health literacy reduce the likelihood of seeking care...” but the supporting citation (Baldofski et al., 2024) appears only after the next sentence. Please reposition the citation directly after the claim to prevent ambiguity regarding source support.

In the Methods section, paragraph 1 (“This study employed a qualitative research design using a phenomenological approach...”), the authors should specify which phenomenological tradition was used (e.g., Husserlian descriptive, Heideggerian interpretive) and justify why this specific orientation was selected for exploring help-seeking.

The statement in paragraph 3 (“Axial and selective coding were subsequently used...”) requires clarification: axial/selective coding terminology derives from grounded theory, not phenomenology. Please justify the appropriateness of using these methods within a phenomenological framework—or revise terminology.

In the Findings section (“Participants ranged in age from 19 to 62 years...”), consider presenting demographic information in a standard demographic table (with frequencies, percentages, and means) rather than embedding all details in text form for improved clarity.

Although some participant quotes are used, many subthemes described in Table 1 (e.g., “Self-Efficacy and Perceived Control,” “Community Attitudes and Awareness”) lack direct quotations in the narrative text. Including at least one representative quote per subtheme will enhance credibility and depth.

In Table 1, several concepts overlap across themes (e.g., “Fear of judgment” appears under both Internal Barriers and Community Attitudes). Consider clarifying decision rules for coding or reorganizing concepts to avoid redundancy.

Response: Revised and uploaded the manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.