**Revisions for Transcultural Psychiatry**

Professor Laurence J. Kirmayer, MD  
Editor-in-chief, Transcultural Psychiatry

Dear Professor Kirmayer,

Thank you for the opportunity to revise my manuscript, “Cultural Competence in Multi-Family Psychoeducation Groups: The Experiences of Russian-Speaking Immigrant Mothers of Adults with Severe Mental Illness.”I would also like to express my gratitude to the anonymous reviewers for their constructive and helpful suggestions. By incorporating their suggestions, I believe that the revised paper is now much clearer and greatly improved. I have uploaded the revised manuscript to the specified website. Below, please find a detailed outline of the changes and my responses to the reviewers’ comments.

Kind regards,

Evgeny Knaifel, Ph.D.

**Reviewer: 1**  
  
Comments to the Author  
  
I found the manuscript very important and interesting.

The manuscript is very well embedded in current literature and recent developments in the sphere of cultural competence and mental health interventions. I find it important and of a significant contribution on a number of levels and will mention only a few:  
  
On the theoretical level, the manuscript demonstrates the possibility of integration between evidence based interventions and cultural competence. It challenges the often sounded criticism, that evidence based interventions are necessarily not culturally attuned. Contrary to this stand, the manuscript demonstrates that it is quite possible to integrate both approaches and may encourage practitioners to follow its example.     
  
Another "general" contribution of the paper is the notion that families (and mothers) need to be viewed as full partners in the treatment of young people who suffer mental illness and they too deserve to be offered support and other interventions. Especially in Israel, families and parents are too often left behind and neglected by the mental health system and the manuscript is a welcome reminder how important and helpful interventions with parents can be.  
  
The most striking innovation of the manuscript is the ability of the author to capture, analyze and describe the intersection between immigration and mental illness. The paper communicates the complex perception of the respondents as both mothers and immigrants, as coping with the challenges of adjusting to a new country and with the reality of mental illness of their children, and the ways these two processes affect each other. The presentation of this complex view is a major contribution of the paper on the theoretical and even more so – on the practical and clinical levels.     
  
Another contribution worth mentioning, is the presentation of culturally specific characteristics of FSU immigrants that affect their dealing with mental illness and mental health establishment. This information offers practitioners a glimpse into the ex-Soviet culture and is important for those who work with this population. Moreover, the manuscript can be taken as a blueprint for exploring cultural attitudes and explanatory models of other ethnic groups in other countries.  
  
It is very fortunate that these important contents are conveyed in a methodologically meticulous manner. The study design and procedures are clearly described, as is the data analysis. The results are presented, as required in the qualitative paradigm, as a "rich description" – clearly, with much detail and in a way that transmits to the reader a full picture. The discussion section provides a deep insight into the results.  
  
1. It is commendable that the position of the researcher has been disclosed. This position may not only be the basis of empathy with the respondents, but also, possibly the source of the ability for integrating and bridging between different worlds.

*Response: I thank the reviewer for this critique and for the positive feedback about the article. Following the reviewer’s suggestion, I added a detailed reflexivity section, in which I discuss my influences on the data collection and analysis (page 10).*

**Reviewer: 2**  
Comments to the Author  
  
The paper focuses on an important topic and is well written.  The main limitation is that the title raises the expectation that it will focus on the important topic of cultural competence and instead it is more like the experience of mothers who completed a family psychoeducation program (with the cultural issues not being enough the emphasis)

*Thank you for the positive feedback about the research topic and the writing. Thank you as well for raising the very important concern about the expectations that the wording of the title raises. To justify the article’s focus on cultural competence, several steps were taken:*

*a) The purpose and implications of the research were reorganized (pages 5-6), and the cultural characteristics of FSU immigrant mothers were further highlighted in the introduction and discussion sections (e.g., the high educational background of participants).*

*b) I stressed the cultural components that are specific to FSU immigrants in the context of family psychoeducation and added a participant quote that highlighted the importance of culturally-relevant interventions (page 13, paragraph 3).*

*c) Throughout the article, I elaborated on the issue of language (language as a cultural representation) and the important implications of running psychoeducational groups in the Russian language (a key component of cultural competence that was well reflected in the current study’s findings) (for example: page 25, paragraph 4).* *Additionally, I used the term Russian-speaking MFPGs more often in the article, including in the research questions (page 5).*

*d) In the limitations section, I addressed the reviewer’s comment that the article focuses on the general experiences of immigrant mothers, and that a more in-depth investigation of cultural issues is needed in future studies (pages 24-25).*

*e) Regarding a part of critical reflectivity that is crucial for cultural competence, the position of the researcher and his cultural and professional connection to the participants is now discussed in the article (page 10).*   
  
Below are a number of suggestions:  
  
1)      Page 5 should include more details about efforts for cultural adaptation in different countries as well as the adaption of the intervention to Israel (not specific to the Russian population)

*Response: Following the reviewer’s suggestion, additional information and citations about cultural adaptation of interventions were added (page 5, paragraphs 2-3).*

2)      Needless to say more details about the adaption for the Russian population should be elaborated upon

*As recommended, more details about Russian immigrants’ adaptation to Israel were added (page 5, paragraph 3).*

3)      There needs to be a much stronger and convincing argument to justify the purpose of the study (which is currently general and vague) and the specific research questions

*Response: As recommended, I reorganized and revised the purpose of the study and research questions. I also revised some of the research questions to be more specific (page 6).*  
4)      End of page 5 beginning of 6 – be more explicit as to the unique contribution of this study (beyond those published based on the same data)

*Response: As recommended, the unique contribution of this study was more explicitly stated on pages 5-6.*

5)      Page 6 = more information about the inclusion criteria (how 40% disability was determined as well as a SMI)

*Response: I added more information about the inclusion criteria (page 6, paragraph 3).*

6)      More information on the recruitment process is needed and though the goal was not a random sample it is important to mention possible biases

*Response: I added more information on the recruitment process (page 7, paragraph 3; page 8, paragraph 1). Additionally, the consideration of possible selection biases is now discussed in the limitations section (page 24, paragraph 2).*

7)      Page 8, the below sentence (in particular the “me”) is awkward “Data were collected by me at the end of the 15 psychoeducation group sessions.”

*Response: The problematic sentence was removed.*

8)      More information on the rigor (possibly a section within the methods) and ethical considerations is needed

*Response: As recommended, I added a paragraph on ethical considerations (page 9) and a paragraph on reflexivity (pages 10-11) to the article. I believe that the section on critical reflexivity highlights the trustworthiness (rigor) of the results, especially the influence of the author's personal and professional positions on the data collection and analysis.*

9)      Page 18 – i do not think the design and findings support the opening sentence of the discussion “The present study explored the efficacy of MFPGs for Russian-speaking immigrant mothers who care for adults with SMI in Israel”.

*Response: As recommended, I changed the opening sentence of the discussion (page 20, paragraph 1).*

10)     Page 20 – the following is not supported by the data, the finding that mothers tend not to conceal is not evidence of stigma (this is not to say that there is not stigma or that stigma is not likely to contribute to the desire to conceal). “These findings are congruent with many studies that have noted a pronounced public stigma of mental illness in general, as well as stringent and negative stances among FSU immigrants towards the field of mental health that persist after they immigrate to Western countries (Author, 2015a; Dolberg et al., 2019; Polyakova & Pacquiao, 2006)”

*Response: The confusing sentence was removed.*

11)     The limitations need to be more specific to this study and not general (for example qualitative studies are often small so this is not necessarily a limitation)

*Response: As recommended, some general limitations were omitted, others were revised, and new ones were added to address those that are more specific to the current study, such as possible selection bias (page 24).*

12)     The implications of the study need also to emerge more directly from the findings and avoid general statements

*As recommended, some general statements about study implications were revised, and the specific context and needs of FSU immigrant caregivers were emphasized (page 25, paragraph 4; page 26, paragraph 4).*

**Reviewer: 3**  
Comments to the Author  
  
Dear Author,  
First of all sorry for my English, this is not my first language. Here are my comments :  
  
1) What you say is very understandable and coherent, I noticed only one English error : p.5 line 19 you used « to adopt to » presumably instead of « to adapt to »

*Response: The mistake has been revised.*

IMRAD structure of the article : though this is qualitative research, you sticked to the classical IMRAD structure and I can see the progress through the different parts.  
The Results part is really clear and the for main themes seem linked in a comprehensive way. The examples look related to the themes. The Discussion seems well-linked to the Results

*Thank you for this positive feedback!*

2) Data analysis and data collection : While most readers and most articles (and decision-makers?) are more used to the classical IMRAD, I think this might be a little bit problematic when using grounded theory (page 9 l. 12, Glazer and Strauss, 1967) and some procedures of respondent validation (presenting the results before the MH professionals) page 9 l. 31. When you have to build up your own theory (as in classical  Glazer and Strauss 1967) it is recommended to go back to the original respondents (or other similar) with other questions stemming from the analysis or to search for other more specific respondents. Why didn’t you do that ? When you say you presented the results to the MH professionals, why didn’t you rather discuss them ? If you didn’t use the « full/classical » grounded theory approach  in the data collection phase, and therefore in the theory building process, but rather more of an adaptation of the results and theories from existing MFPG/FSU migrants litterature, you should state it more clearly and justify this choice. Some of your findings  are close to the traditional MFPG findings, and you used a preestablished interview.

*Response: Thank you for raising this concern. As the reviewer mentioned, I could not use the classical grounded theory approach (theoretical sampling) and search for more purposive sampling because FSU caregiver immigrants are a hard-to-reach group; it is practically difficult to interview them and to map out their characteristics and needs. Therefore, during the theory building process, I utilized and adapted results and theories from the existing literature on MFPG and FSU immigrants. As recommended, I deleted the problematic reference to grounded theory (in the context of this study) and added an explanation of data collection challenges in the new reflexivity section (page 10) and in the limitations section (page 24). I also added more information about the data analysis process, such that the results were not only presented to the mental health professionals who ran the groups, but were also discussed with them; this was part of the collaborative dialogue that I engaged in with them (page 10, paragraph 1).*

5) You mentioned your background p.9 and said it facilitated your analysis, but you didn’t mentioned how it influenced the data collection, i.e the communication with the participants, the way they saw you.

*Response: As recommended, I added a detailed reflexivity section, in which I discussed my influences on data collection and analysis (page 10).*   
  
Participants :  
6) You didn’t mention the steps you took to ensure that the sample can be reasonably compared to the target population. FSU migrants are an heterogeneous group, and I would like to know for instance : about the sample : were the 2 groups in the MFPG conducted by the same MH professional : if yes the study would be considered a monocentric one. Why did you choose only two centers? How many centers provide Russian-speaking MFPG in Israel?what is the socio-economic status of these 2 particular zones. Is it comparable to the other FSU populations in other cities ?

*Response: Following the reviewer’s suggestion, I added more detailed information about the current study’s sample of FSU immigrants, as well as about the MH professionals, psychoeducation groups and FCC locations (page 7, paragraphs 1 and 3; page 8, paragraph 1)*   
  
7) - why did you select 18 people: How many people could have participated and didn’t reach you ? was it enough to reach saturation ?

*Response: The final sample of 18 participants refers to those who participated in Russian-speaking MFPGs and agreed to participate in this study. This sample size was sufficient to reach saturation; this point was addressed on page 9, paragraph 3.*

8) To give some hint to the reader about the centrality of the five processes, you should state how many people on 18 mentioned each process.

*Response: As recommended, I added this valuable information before I presented each process (for example, in the second paragraph on page 11).*

9) Why didn’t you include the 6 fathers?

*Response: There were no fathers who had both participated in MFPGs and agreed to share their experiences in an individual interview. However, I recommend that future studies attempt to recruit fathers, as well other caregivers (e.g., siblings, spouses) (page 24, paragraphs 2-3).*

        About the target population:  
10) - what proportion of the FSU migrants of this generation are fluent in Russian ( if the percentage is low, then less people would be able to benefit from Russian-speaking MFPG)

*Response: First-generation FSU immigrants are fluent in Russian. It is also known that 1.5-generation and second-generation FSU immigrants tend to preserve their culture and language (see Remennick & Prashizky, 2019). I added this point to the introduction (page 5, paragraph 4).*

11) - does the general first-generation FSU migrant population have such a high proportion of academic degree (89 % in the sample)

*Response: As the reviewer accurately mentioned, about 60% of the first-generation FSU migrant population have an academic degree, which is substantially lower than that of the current sample (89%). It appears that participants in the current study represent more of the Russian intelligentsia than the overall FSU immigrant population. It may be that those with higher education are more likely to partake in psychoeducation interventions and in research in general (also because some of them engage in research themselves). I addressed this possibility in the limitations section (page 24, paragraph 2).*

Other comments :  
12) p. 21 : your finding contradicts other findings but these are from 1999 or 2006, and in 2020 less and less families from the FSU will be in the early stages of coping as the main migration wave is over. Addressing first generation issue issues might also be less and less necessary while their number decrease.

*Response: In line with reviewer’s suggestion, I addressed the different stages of acculturation of participants in previous studies and of those in the current study, as well as the implications that this difference may have on the help-seeking patterns of FSU immigrants (page 23, paragraph 1). In addition, I agree with the reviewer that the issues concerning first generation immigrants might be less necessary; however, in the context of mental health, first generation immigrants may have some unique experiences. As some of participants said, although they have acculturated into Israeli society, they still preferred speaking in Russian and with other Russians when it came to painful mental health issues (see Daria’s quote on page 12, paragraph 2).*

13) p. 22 : as the mothers in your sample seem to lack extended or nuclear family support, can you tell if it’s because of the sample recruitment (people participating in MFPG) or if it’s more a general problem in families from the FSU with a MH patient in Israel in  2020 ? that would mean different strategies for the outreach procedures in the FCC or MH care.

*Response: The literature suggests that the lack of extended or nuclear family support is a general problem for FSU immigrants (see, for example, Remmenick, 2015), and one that is further emphasized in the context of caregiving. I addressed this issue, as well as FSU immigrants’ need for more active mediation by mental health professionals in the implications section (pages 25-26).*

14) p. 23 : you stated in the introduction that over 1 million immigrants arrived from the FSU. That doesn’t say how many suffer from a severe mental health condition and eventually could benefit from the policy change you suggest.

*Response: I don't mention how many FSU immigrants suffer from mental illness because I don't have an accurate source for these statistics (however, I estimate that the number is between 30,000-40,000, given that 150,000-200,000 people suffer from a severe mental illness in Israel in general). Regardless, I believe that some of the benefits from the policy change could also be relevant outside of Israel; for example, for the many FSU immigrants who reside in the US, Germany, and other Western countries. Therefore, I believe that the implications of this study extend well beyond the Israeli context. I addressed this point in the introduction (page 3, paragraph 2) and the discussion (page 26-27).*