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DOI	DOI: 10.1177/1363461518764491	
Authors	Herlina Siwi Widiana, Katrina Simpson, Lenore Manderson.	
Title	Cultural expressions of depression and the development of the Indonesian Depression Checklist	

## Email log

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3 Manuscripts with Decisions	>	This section li	sts the five most recent	e-mails that have been sent to you regarding your submission(s).	
Start New Submission	>	ACTION	DATE	SUBJECT	
5 Most Recent E-mails	>	Remove	06-Apr-2017	TP-15-0164.R2 - Request for final combined file	
		Remove	31-Mar-2017	ACTION REQUIRED: Transcultural Psychiatry Contributor Form	
		Remove	31-Mar-2017	ACTION REQUIRED: Transcultural Psychiatry Contributor Form	
		Remove	31-Mar-2017	Transcultural Psychiatry - Decision on Manuscript ID TP-15-0164.R2	
		Remove	21-Dec-2016	Transcultural Psychiatry - Manuscript ID TP-15-0164.R2	
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### **Manuscript History**



### Submission initial version (22 Desember 2015)

## UNIVERSITAS

HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

#### Transcultural Psychiatry - Manuscript ID TP-15-0164

1 message

transcultural.psychiatry@sagepub.com <transcultural.psychiatry@sagepub.com> To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com Cc: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com, lenore\_manderson@brown.edu, katrina.simpson@monash.edu Tue, Dec 22, 2015 at 11:43 AM

21-Dec-2015 Dear Mrs. Widiana,

Your manuscript entitled "Developing the Indonesian Depression Checklist" has been successfully submitted online and is presently being given full consideration for publication in Transcultural Psychiatry.

Your manuscript ID is TP-15-0164.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at https://mc.manuscriptcentral.com/tc\_psych and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to https://mc.manuscriptcentral.com/tc\_psych.

Thank you for submitting your manuscript to Transcultural Psychiatry.

Sincerely, Transcultural Psychiatry Editorial Office

## **Decision initial version (26 April 2016)**

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26-Apr-2016					
Dear Mrs. Widiana,					
We have now received the reviews of your manuscript ID TP-15-0164 "Developing the Indonesian Depression Checklist" which you submitted to Transcultural Psychiatry. The comments of the reviewers are appended	1 to this I	etter.			
The reviewers have suggested that you make major revisions to your manuscript. While I cannot accept the paper for publication in its current form, if you are able to make major revisions, I would be pleased to send if reconsideration.	t to the s	ame revie	ewers for		ł
Please take each of the reviewers' comments or suggestions carefully into consideration in preparing your revision and highlight the changes to your manuscript within the document by using the track changes mode in or highlighted text.	n MS Wo	ord or by u	ising bold,	coloured	
When submitting your revised manuscript, please also include a detailed description of how you responded to each of the reviewers' comments or suggestions in the "Author's Response" field. You can also use this sp made to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to each of the reviewers.	ace to d	ocument a	any chang	es you	
Once the revised manuscript is prepared, you can upload it and submit it through your Author Center. To submit your revised manuscript, log into https://mc.manuscriptcentral.com/tc_psych and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision. You can then upload your revised manuscript.					
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.					
Once again, thank you for submitting your manuscript to Transcultural Psychiatry. I look forward to receiving your revision.					

Sincerely,

Laurence J. Kirmayer, MD

Editor-in-Chief, Transcultural Psychiatry transcultural.psychiatry@sagepub.com

### Reviewers' comments on initial manuscript (26 April 2016)

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Reviewer(s)' Comments to Author:		
Reviewer: 1		
Comments to the Author Manuscript ID TP-15-0164 Title: "Developing the Indonesian Depression Checklist		
Comment to authors		
The effort to developing an Indonesian depression checklist should be highly appraised. The new developed depression checklist included the physical, emotional, social, thought and religious factors, all of which were very important cons diagnosing the Indonesian with depression. The manuscript comes with a well-structured introduction, good methodology, and well discussed. Further, the authors use the CES-D score and the psychologist judgment as the "standard" to e ability of IDC to measure depression. This is an important tool to helping the health professional in Indonesia (or in Java Island), to accessing patients with depression. However, there are some issues that need to be considered by the aut improve the quality of this manuscript.	evaluate the	
<ol> <li>The author might want to mention the prevalence rates of depression in Indonesia in the manuscript, if any?</li> <li>The Authors might describe the previous experiences on how Indonesian usually report their depression symptoms, or it also would be great if the author cited previous studies in Indonesia, if any.</li> <li>The authors might describe the previous experiences on how Indonesian usually report their depression or other mental disorders in Indonesia? ICD, DSM or PPDGJ? What is the advantages/disadvantages of this criterion in the field or daily of this can be linked on the importance of developing IDC.</li> <li>Why written OR verbal consent? Was it difficult to obtain a written consent from the respondents? If so, the author may explain why it is difficult to obtain written consent.</li> <li>Table 5.1 Understand that the authors dropped out many items, but ithink "crying for no obvious reason" is commonly mentioned by the depressed patients, or course it is not always.</li> <li>Before "convergent validity" was tested, had the authors considered the other type of validity tests? Face validity for instance? This statistical test sometimes it just gives us great (significant) p-value, but does it really measure what w measure? Have the authors discussed about this internally? It does not have to be in the manuscript, but I think this is very important in developing a new tool.</li> <li>The author mentioned "from the multiple regression, all factors except social factors contributed significantly to CES-D. Question is, what the authors have been done with this social factor further?</li> <li>Including the religious factor in IDC would be challenging; despite the Indonesian should have a religion, but how about the patients who are not religious? Or those who think that religion is not such an important thing in their life?</li> <li>In conclusion or recommendation, would be great if the authors explain if IDC can be used by other health professional, such as MD,</li></ol>	ve wanted to	
Reviewer: 2		
Comments to the Author		- 1

This competent paper discusses the development and testing of a cultural appropriate depression scale for Indonesians. The psychological measures to assess the correlation with the CEDS-D and other tests for validity are highly appropriate. Drawing on local psychologists from Central Java who work in primary care clinics and on patients being treated for depression, the Indonesian Depression Scale was developed and tested. This is a useful and parsimonious scale to be used for native speakers of Indonesian, the national language of Indonesia, and the fourth largest country based on population.

The authors might note the following: Although there are over 350 local languages the vast majority of Indonesians are educated in Indonesian and most television programs, and national and regional newspapers and magazines and their on line counterparts are published in Indonesian. Indonesian is also a non-hierarchical language so many patients and clinicians prefer to use this language in clinical interactions. (in addition to what they wrote)

The essay slips into using Javanese instead of Indonesian (perhaps they first titled this the Javanese scale?). Or is there a Javanese Scale as well that I am missing? In any case, one the IDS should be reported on here. When should Javanese be used and when Indonesian. Do the authors intend this INdonesian Scale only valid for Javanese and say not for Acehnese? If so must it be named IDS-J? I believe this is a slip, as the population on which the IDS was being develop and tested is Javanese. The authors must clarify.

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#### Reviewer: 2

#### Comments to the Author

This competent paper discusses the development and testing of a cultural appropriate depression scale for Indonesians. The psychological measures to assess the correlation with the CEDS-D and other tests for validity are highly appropriate. Drawing on local psychologists from Central Java who work in primary care clinics and on patients being treated for depression, the Indonesian Depression Scale was developed and tested. This is a useful and parsimonious scale to be used for native speakers of Indonesian, the trainonal language of Indonesia, and the fourth largest country based on population.

The authors might note the following: Although there are over 350 local languages the vast majority of Indonesians are educated in Indonesian and most television programs, and national and regional newspapers and magazines and their on line counterparts are published in Indonesian. Indonesian is also a non-hierarchical language so many patients and clinicians prefer to use this language in clinical interactions. (in addition to what they wrote)

The essay slips into using Javanese instead of Indonesian (perhaps they first titled this the Javanese scale?). Or is there a Javanese Scale as well that I am missing? In any case, one the IDS should be reported on here. When should Javanese be used and when indonesian. Do the authors intend this INdonesian Scale only valid for Javanese and say not for Acehnese? If so must it be named IDS-J? I believe this is a slip, as the population on which the IDS was being develop and tested is Javanese. The authors must clarify.

#### Reviewer: 3

#### Comments to the Author

This manuscript presents a mixed-methods approach to the development of an Indonesian Depression Scale. While promising, my enthusiasm was lessened in large part by reduced or absent coverage of several important details.

1. I found the introduction to be somewhat sketchy, and encourage the authors to provide a much more thorough coverage of the literature on cultural variation in depression and the effects of this variation on assessment and diagnosis. Have there been other successful culture-specific instruments to assess depression, and evidence that use of succh instruments is clinically useful? For example, Fanny Cheung has written a lot about Chinese-specific assessment of psychopathology, and has generated a comprehensive instrument for this purpose (Chinese Personality Assessment Inventory).

2. Also in the introduction, I would have appreciated the opportunity to learn more about the Indonesian context, both in terms of general demographics (e.g., language, religion, ethnocultural composition, history of colonialism and other major cultural influences) and local understandings relevant to psychopathology, depression, emotion, etc.

3. While I appreciated the mixed-method approach, the authors should provide some justification for this approach and for its gualitative and guantitative components.

4. The authors should present the confidence interval for the RMSEA along with the point estimate. This is especially important when the sample size is on the small side.

5. In keeping with the APA style preferred by this journal, study limitations should be built into the discussion section rather than appended to the end of the paper. As well, surely more than one sentence could be dedicated to study limitations. For example, what are the limits to generalizability through other parts of Indonesia, or in the Indonesian diaspora? Are the authors concerned by the measurement limitations created by the fairly low reliability of two of their subscales (in the .60 to .70 range)? What future validation research do the authors recommend to bolster support for their measure? Are there potential issues with discriminant validity (e.g., is the measure also elevated when respondents are anxious but not depressed ... admittedly an issue with 'Western' measures as well)? To what extent could or should a researcher interested in developing a measure for some other form of psychopathology and/or in some other cultural context be able to follow the general approach presented in this paper?

6. There were numerous grammar and syntax errors throughout the manuscript. While they did not unduly compromise the readability of the paper, the author should nonetheless proofread carefully their revised manuscript before any resubmission. I recommend that they do this in collaboration with a native English speaker.

7. In compliance with APA style, statistics bounded by -1.00 and 1.00 or bounded by 0.00 and 1.00 should not include leading-zeroes (e.g., correlation coefficients, many fit indices, reliability estimates, etc. Activate Windows

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### Revision 1 (23 Juni 2016)



### UNIVERSITAS

HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

#### Transcultural Psychiatry - Manuscript ID TP-15-0164.R1 1 message

Transcultural Psychiatry <onbehalfof+transcultural.psychiatry+sagepub.com@manuscriptcentral.com> Reply-To. transcultural.psychiatry@sagepub.com To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com Cc: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com, katrina.simpson@monash.edu, lenore\_manderson@brown.edu Thu, Jun 23, 2016 at 9:04 AM

22-Jun-2016

Dear Mrs. Widiana,

Your manuscript entitled "Cultural expressions of depression and the development of the Indonesian Depression Checklist" has been successfully submitted online and is presently being given full consideration for publication in Transcultural Psychiatry.

Your manuscript ID is TP-15-0164.R1.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to Manuscript Central at https://mc.manuscriptcentral.com/tc\_psych and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to https://mc.manuscriptcentral.com/tc\_psych.

Thank you for submitting your manuscript to Transcultural Psychiatry.

Sincerely, Transcultural Psychiatry Editorial Office

## **Response to reviewers**

Comments	Amendments to manuscript
Comments to the editor from authors	Thank you for your letter, the opportunity to amend the article and extremely helpful comments provided to us by the reviewers. We address specific comments and recommendations below. In addition, as indicated in the version of the article with track changes, we have taken the opportunity when revising this paper to sharpen the writing and correct occasional typographic and other errors.
Comments – Reviewer 1	·
The author might want to mention the prevalence rates of depression in Indonesia in the manuscript, if any? The Authors might describe the previous experiences on how Indonesian	I have expanded the background section including to incorporate comments on this (Indonesia context) Added in the background (Indonesia context)
usually report their depression symptoms, or it also would be great if the author cited previous studies in Indonesia, if any.	
The authors might explain what is the current diagnostic criterion used to diagnose depression or other mental disorders in Indonesia? ICD, DSM or PPDGJ? What is the advantages/disadvantages of this criterion in the field or daily clinical use and this can be linked on the importance of developing IDC.	Added in the background (Indonesia context)
Why written OR verbal consent? Was it difficult to obtain a written consent from the respondents? If so, the author may explain why it is difficult to obtain written consent.	Added in the methods section
Table 5. I understand that the authors dropped out many items, but I think "crying for no obvious reason" is commonly mentioned by the depressed patients, or course it is not always.	Specifically addressed in the discussion
Before "convergent validity" was tested, had the authors considered the other type of validity tests? Face validity for instance? This statistical test sometimes it just gives us great (significant) p-value, but does it really	We explained in the method section, especially in analysis subsection of deriving items for the IDC (page 4 the last sentence) that the list of depression symptoms reported by participants in

measure what we wanted to measure? Have the authors discussed about this internally? It does not have to be in the manuscript, but I think this is very important in developing a new tool.	Group 2 was then confirmed with the information from participants from Group 1. We have now added "This step was undertaken to establish face validity of the IDC: items derived from reported experience from people with depression were confirmed by clinical psychologists." We explained further in the result section, especially in deriving items of the IDC, that only the most common symptoms – items reported by at least ten percent of participants in Group 2 (people with depression) and confirmed by participants in Group 1 (clinical psychologists) – were selected as items of the IDC.
The author mentioned "from the multiple regression, all factors except social factors contributed significantly to CES-D. Question is, what the authors have been done with this social factor further?	We explained in the discussion section (paragraph 6 line 2) that "the Social factors did not contribute significantly to the CES-D, indicating that these items were not captured when clinical psychologists screened for depression using the CES-D." We further note that: Javanese express their depression through an unwillingness to be involved in their social environment, but this was not included in the CES-D. Symptoms of depression included in the Social factors were lack of engagement with the community among people with depression, through three items, "only stay in your room", "lack of motivation to do various activities", and "want to be alone." These symptoms are different from the interpersonal factors in the CES- D, represented by two items, "people were unfriendly" and "I felt that people dislike me". In the IDC, people with depression isolated themselves, while in the CES-D, people described difficulties in interactions with others.
Including the religious factor in IDC would be challenging; despite the Indonesian should have a religion, but how about the patients who are not religious? Or those who think that religion is not such an important thing in their life?	We have addressed this in the discussion, noting the significance of religion in the country (of whom 88% are Moslem), but also the need for further research to allow people to indicate the irrelevance of this question: lack of engagement in religion should not be considered a sign of depression or other pathology.

In conclusion or recommendation, would be great if the authors explain if	We have done this.
IDC can be used by other health professional, such as MD, nurse in their	we have done this.
daily practices or even other researchers in the future?	
I think the IDC is mostly reliable to the Javanese patients, and not (yet) to	We have noted this limitation in the discussion section
the other parts of Indonesia. The People from Aceh or Papua might show	we have noted this initiation in the discussion section
different signs and symptoms of depression than the Javanese. This might	
be mentioned in the limitation of the study.	
The author might also consider suggest to replicate the study using the IDC	We have made reference to this in the discussion section
in other parts of Indonesia.	
Comments Reviewer 2	
Although there are over 350 local languages the vast majority of	Added in the background, Indonesia context
Indonesians are educated in Indonesian and most television programs, and	raded in the buckground, indonesia context
national and regional newspapers and magazines and their on line	
counterparts are published in Indonesian. Indonesian is also a non-	
hierarchical language so many patients and clinicians prefer to use this	
language in clinical interactions. (in addition to what they wrote)	
The essay slips into using Javanese instead of Indonesian (perhaps they first	Added as a limitation in the end of discussion section, as below:
titled this the Javanese scale?). Or is there a Javanese Scale as well that I	,,
am missing? In any case, one the IDS should be reported on here. When	The IDC was developed based on Javanese reports of their
should Javanese be used and when Indonesian. Do the authors intend this	experience of depression and then tested among Javanese who
INdonesian Scale only valid for Javanese and say not for Acehnese? If so	were suspected to have depression. Based on this study, the IDC is
must it be named IDS-J? I believe this is a slip, as the population on	valid to screen depression among Javanese people in Indonesia.
which the IDS was being develop and tested is Javanese. The authors	However, further research needs to be conducted to determine the
must clarify.	validity of the IDC among Javanese people elsewhere in Java, in
	other parts of Indonesia, and among the Javanese diaspora.
Comments Reviewer 3	
I found the introduction to be somewhat sketchy, and encourage the authors	Added in the background section
to provide a much more thorough coverage of the literature on cultural	
variation in depression and the effects of this variation on assessment and	
diagnosis. Have there been other successful culture-specific instruments to	
assess depression, and evidence that use of such instruments is clinically	
useful? For example, Fanny Cheung has written a lot about Chinese-	
specific assessment of psychopathology, and has generated a	
comprehensive instrument for this purpose (Chinese Personality	
Assessment Inventory).	

Also in the introduction, I would have appreciated the opportunity to learn more about the Indonesian context, both in terms of general demographics (e.g., language, religion, ethnocultural composition, history of colonialism and other major cultural influences) and local understandings relevant to psychopathology, depression, emotion, etc.	We are limited by space, and have provided further detail along these lines, particularly in relation to and around local understandings of psychopathology, depression, emotion, in a separate paper.
While I appreciated the mixed-method approach, the authors should provide some justification for this approach and for its qualitative and quantitative components.	Added in methods section
The authors should present the confidence interval for the RMSEA along with the point estimate. This is especially important when the sample size is on the small side.	Added in Table 2
In keeping with the APA style preferred by this journal, study limitations should be built into the discussion section rather than appended to the end of the paper. As well, surely more than one sentence could be dedicated to study limitations. For example, what are the limits to generalizability through other parts of Indonesia, or in the Indonesian diaspora? Are the authors concerned by the measurement limitations created by the fairly low reliability of two of their subscales (in the .60 to .70 range)? What future validation research do the authors recommend to bolster support for their measure? Are there potential issues with discriminant validity (e.g., is the measure also elevated when respondents are anxious but not depressed admittedly an issue with 'Western' measures as well)? To what extent could or should a researcher interested in developing a measure for some other form of psychopathology and/or in some other cultural context be able to follow the general approach presented in this paper?	We have done so, thank you (see above). Related to reliability, we appreciate this feedback. As this research is at the beginning of the development of new instrument, we think that reliability in the .60 to .70 was good. We address the question about extending the approach in the conclusion.
There were numerous grammar and syntax errors throughout the manuscript. While they did not unduly compromise the readability of the paper, the author should nonetheless proofread carefully their revised manuscript before any resubmission. I recommend that they do this in collaboration with a native English speaker.	Edited. We have worked carefully though the paper to ensure readability and to address grammatical and any other errors.
In compliance with APA style, statistics bounded by -1.00 and 1.00 or bounded by 0.00 and 1.00 should not include leading-zeroes (e.g., correlation coefficients, many fit indices, reliability estimates, etc.	Edited

## **Decision Revision 1 (12 November 2016)**

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12-Nov-2016	
Dear Mrs. Widiana,	
We have now received the reviews of your revised manuscript ID TP-15-0164.R1 entitled "Cultural expressions of depression and the development of the Indonesian Depression Checklist," which I am pleased to accept for publication conditional on your making further revisions.	
The comments of the reviewers are appended to this letter. Please take each of the reviewer's comments or suggestions carefully into consideration in preparing your revision. Highlight the changes to your manuscript within the document by using the Track Changes function in MS Word or by using bold, coloured or highlighted text. Please include your responses to each of the reviewers' comments and suggestions in the "Author's Response" field.	
Once the revised manuscript is prepared, you can upload it and submit it through your Author Centre. Please include a cover letter detailing how you have responded to each of the reviewers' comments. To submit your revised manuscript, log into https://mc.manuscriptcentral.com/tc_psych and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision. IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.	
Once again, thank you for submitting your manuscript to Transcultural Psychiatry. I look forward to receiving your revision.	
Sincerely,	
Laurence J. Kirmayer, MD	
Editor-in-Chief, Transcultural Psychiatry transcultural.psychiatry@sagepub.com	
Reviewer(s)' Comments to Author:	- 1
Reviewer: 1	
Comments to the Author	
The authors have improved the quality of the manuscript by responding to the reviewers comments and suggestions.	

#### **Reviewer comment on manuscript revision 2 (12 November 2016)**

Transcultural Psychiatry <onbehalfof+transcultural.psychiatry+sagepub.com@manuscriptcentral.com> Reply-To. transcultural.psychiatry@sagepub.com To: herlina.widiana@psy.uad.ac.id, herlinawidiana@gmail.com

12-Nov-2016

Dear Mrs. Widiana,

We have now received the reviews of your revised manuscript ID TP-15-0164.R1 entitled "Cultural expressions of depression and the development of the Indonesian Depression Checklist," which I am pleased to accept for publication conditional on your making further revisions.

The comments of the reviewers are appended to this letter. Please take each of the reviewer's comments or suggestions carefully into consideration in preparing your revision. Highlight the changes to your manuscript within the document by using the Track Changes function in MS Word or by using bold, coloured or highlighted text. Please include your responses to each of the reviewers' comments and suggestions in the "Author's Response" field.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Centre. Please include a cover letter detailing how you have responded to each of the reviewers' comments. To submit your revised manuscript, log into https://mc.manuscriptcentral.com/tc\_psych and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Under "Actions," click on "Create a Revision." Your manuscript number has been appended to denote a revision. IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Once again, thank you for submitting your manuscript to Transcultural Psychiatry. I look forward to receiving your revision.

Sincerely,

Laurence J. Kirmayer, MD

Editor-in-Chief, Transcultural Psychiatry transcultural.psychiatry@sagepub.com

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author

The authors have improved the quality of the manuscript by responding to the reviewers comments and suggestions.

Reviewer: 2

Comments to the Author

I am satisfied with the authors' responses to my previous suggestions, and only have a few further comments:

1. On page 7: "One hundred and twenty five Javanese adults suspected to have mild to moderate depression and aged 18-65 were recruited as a clinical sample." What is meant here by 'suspected to'? Is this based on clinical judgement, referral, self-report, some kind of objective score on a self-report measure, result of clinical interview, etc.?

2. On page 8: "At the end of the assessment, the clinical psychologists rated the level of depression of each participant (range 1-10). The value was defined on the basis of clinical judgment." It would be helpfull base the anticore trade of the scale (or at the very least, the threshold for clinically significant depression).

3. There are a few minor dysfluencies here and there (e.g., the authors should refer to 'the CES-D' rather than 'CES-D'). The manuscript should be thoroughly proofread before any resubmission

Sat, Nov 12, 2016 at 11:18 PM

### Submitted Revision 2 (21 Desember 2016)

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HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

#### Transcultural Psychiatry - Manuscript ID TP-15-0164.R2 1 message

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21-Dec-2016

Dear Mrs. Widiana,

Your manuscript entitled "Cultural expressions of depression and the development of the Indonesian Depression Checklist" has been successfully submitted online and is presently being given full consideration for publication in Transcultural Psychiatry.

Your manuscript ID is TP-15-0164.R2.

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## **Response to reviewers**

Comments	Amendment to manuscript											
Comment to the editor from authors	<ul> <li>Thank you for your letter, the acceptance of the article, the helpful comments from the reviewers, and the opportunity to amend some points of the article. We address specific comments and recommendation below.</li> <li>We reviewed the names that we had given to the factors, and feel that renaming these would give clarity to our argument and its significance. We amend these as follows:</li> </ul>											
	Previous New labels labels											
	Physical Physical Symptoms											
	Emotion Affect											
	Thought Cognition											
	Social Social Engagement											
	Religious Religiosity											
	We have also amended Yogyakarta Special Province to Special Region of Yogyakarta, as a better English translation of Daerah Istimewa Yogyakarta, where the study was undertaken											
Comments – Reviewer 1												
The authors have improved the quality of the manuscript by responding to the reviewers' comments and suggestions.	Thank you											
Comments – Reviewer 2												
1. On page 7: "One hundred and twenty five Javanese adults suspected to have mild to moderate depression and aged 18-65 were recruited as a clinical sample." What is meant here by 'suspected to'? Is this based on clinical judgement, referral, self- report, some kind of objective score on a self-report measure, result of clinical interview, etc.?	We added on page 7: In PHC centers, clinical psychologists usually assess patients with a clinical interview and observations, and then check these against symptoms for depression listed in the PPDGJ III in order to confirm a diagnosis (Widiana, Manderson, & Simpson, 2016).											

2. On page 8: "At the end of the assessment, the clinical psychologists rated the level of depression of each participant (range 1-10). The value was defined on the basis of clinical judgment." It would be helpful to see the anchors that were used for this scale (or at the very least, the threshold for clinically significant depression).	And revised: One hundred and twenty five Javanese adults, aged 18-65, who were suspected to have mild to moderate depression by clinical psychologists based on clinical interviews and observations, without confirming this by reference to the PPPDGJ III, were recruited as a clinical sample. We revised on page 8: At the end of the assessment, clinical psychologists checked the signs they identified against the symptoms listed in the PPDGJ III, in which depression is classified into three categories: mild, moderate and severe. Clinical psychologists then converted the classification to a score ranging from 1 to 10 to determine the level of depression, as follows: mild (1-3), moderate (4-7), severe (8-10).
3. There are a few minor dysfluencies here and there (e.g., the authors should refer to 'the CES-D' rather than 'CES-D'). The manuscript should be thoroughly proofread before any resubmission	The second and the third authors are native English speakers. The third author read the final version of manuscript thoroughly.

### Final Decision (31 Maret 2017)



### **Contributor Form (31 Maret 2017)**



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31-Mar-2017

HERLINA WIDIANA <herlina.widiana@psy.uad.ac.id>

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# **Combined File (6 April 2017)**

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#### Your article Cultural expressions of depression and the development of the Indonesian Depression Checklist has now been published in Transcultural Psychiatry Volume 55 Issue 3, June 2018 and can be viewed at doi.org/10.1177/ 1363461518764491

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