Reviewer's report

Title: Descriptive epidemiology of stigma against depression in a general population sample in Alberta

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Reviewer: Yan Leykin

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In the manuscript titled “Descriptive epidemiology of stigma against depression in a general population sample in Alberta”, the authors examined people’s attitude towards individuals with symptoms of depression via a large-scale phone survey. The authors present item-level analyses of a depression stigma measure, finding a number of differences between genders, age, education, and immigration status in the endorsement of stigma items.

The manuscript has several strengths. The topic of the manuscript is timely and important, and is likely to be of interest to the field. The large sample size makes subgroup analyses possible even after correcting for multiple tests. There are, however, several concerns that will need to be addressed.

Major Compulsory Revisions

1. The sentence “However, the beta coefficients in linear regression models are mathematical values and may not reflect important changes from clinical and public health perspectives” on page 6 is unclear. Unstandardized betas are expressed in the values of the original scale, thus are not entirely “mathematical values”, and it is unclear what is meant by “may not reflect important changes from clinical and public health perspectives”.

2. It was difficult to gather whether participants fully understood that the vignette described someone with depression. The vignette does not mention the word “depression” or depressed”, and the scale items were altered to replace “depression” with “X’s problem”. Because the participants appeared to have needed to diagnose the person themselves, differences between the groups that were found may have arisen due to differences in the ability to recognize a cluster of symptoms as depression. Either the evidence of participants’ understanding of depression in the vignettes, or compelling rationale why this is not relevant, would be very helpful. Otherwise, it is unclear whether stigma scores were related to participants’ ideas about depression, about specific symptoms, or about another medical condition or conditions (or lack thereof) that may have been responsible for the symptoms.

3. A rationale for cut-offs of age groups would be helpful. For instance, why the third group comprised individuals from 55 to 64, and wasn’t merged with other groups? The same applies to the groups based on the income level.
4. In general, it would be helpful to know why the authors chose to split continuous variables (age, income, etc.) into groups. While group means might be somewhat easier to understand, they are also more arbitrary and less informative than continuous data. For instance, lumping persons from 25 to 54 into one group may obscure important within-group trends.

5. More information should be provided on the way percentage estimates were weighted. Also, did estimates of raw percentages differ substantially from weighted percentages? Perhaps consider including raw percentages in the results.

6. More information about statistical tests should also be provided than just the p-value. For instance, the type of test that was performed (ANOVA, chi-square), the value of the test (e.g., F-value), etc.

Discretionary Revisions

7. Because differences between genders in regards to attitudes about depressive symptoms were found, the authors may consider reporting whether using the name “John” or “Mary” in the vignettes also produced any differences.

8. In the discussions, the authors may wish to discuss how the understanding of about particulars of stigma (e.g., specific items) may be useful for anti-stigma campaigns or campaigns to promote mental health literacy.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.