Reviewer's report

Title: A first national survey of mental health literacy and attitudes toward schizophrenia, bipolar disorder and autism in France

Version: 1 Date: 19 February 2012

Reviewer: John Read

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This is an important contribution to the field, given the paucity of data from France. The sample is large enough and sufficiently random. With a more focussed style of presentation the paper will make an important contribution to the field.

Major Compulsory Revisions

1. The paper as written does not pay sufficient attention to the problems recently identified with the 'mental health literacy' approach to stigma research. The main problem is that it had been thought that more 'information'/'knowledge' will automatically improve attitudes, but we now know that much of the information promoted (especially medical/biological causal beliefs) is making attitudes worse and increasing fear and prejudice. See the Read et al paper (already cited but glossed over) and the more recent review by the lead researchers in this field Angermeyer et al. (attached)
Matthias C. Angermeyer, Anita Holzinger, Mauro G. Carta and Georg Schomerus
Systematic review of population studies
Biogenetic explanations and public acceptance of mental illness:

Therefore:

2. The current paper should highlight the finding that the French public (as is the case in over 20 countries - see Read et al 2006) prefer a psych-social view of schizophrenia to the bio-genetic one adioted by psychiatry, and relate that to the studies from other countries.

3. It would be important to use the important data gathered in this study to actually analyse the hypothesis (supported by many previous studies) that genetic causal beliefs are related to negative attitudes (eg about recovery, ability to live in society etc), and whether psycho-social explanations are relateed to more positive attitudes. This is the core 'debate' in the literature at the moment - with enormous implications for destigmatisation programmes

4. The methods section has inadequate information about the details of the interview schedule/questionnaire.
eg

what is considered 'knowledge' /examples of mental health literacy? (and how was that decided? by whom?)

list the adjectives from which respondents selected

5. Similarly the Results are not presented in sufficient detail throughout.

6. Discussion

The limitations section must acknowledge that using a diagnostic label (vs an unlabelled vignette) (i) increases biological causal beliefs and (ii) increases prejudice/stigma (see Read et al). This is very important.

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