Reviewer's report

Title: A first national survey of knowledge, attitudes and behaviours towards schizophrenia, bipolar disorder and autism in France

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Reviewer: Beate M. Schulze

Reviewer's report:

Review of the revised manuscript on

“A first national survey of knowledge, attitudes and behaviours towards schizophrenia, bipolar disorder and autism in France”, submitted by I. Durand-Zaleski et al. to BMC Health Psychiatry

In their response letter, authors clearly recognize the limitations of their study and of the original manuscript identified by the reviewers. Placing less focus on mental health literacy, as well as using concepts and terms in a more focused and consistent manner, they have visibly improved their manuscript. The discussion has both been trimmed and now discusses study findings in relation to previous research (Discussion; first paragraph) and their practical applications in attempts to modify public attitudes (Discussion; sixth paragraph). Also, the obvious limitations to the survey instrument are being addressed more adequately (Discussion, fifth paragraph). However, despite this marked improvement, some open questions remain.

Below, I will first list the points sufficiently addressed, followed by those where further revisions are needed.

Major compulsory revisions adequately addressed:

Ad 1: Lack of theoretical clarity/ lack clear hypotheses: Authors now state that it was not the aim of the study to explore theoretical models of the stigma process, but rather to conduct “a more basic study”. Given the paucity of attitude research from France, the paper will still be of considerable value.

Ad 2: They paper is now structured more clearly. The key findings, particularly regarding the difference between attitudes towards a disorder/a diagnostic label and an individual suffering from that disorder, are now presented in a more focused manner.

Ad 3: Limitations in the methods of data collection, especially the survey tool used, are now being acknowledged. The additional two paragraphs on the survey instrument and response formats are a very useful addition in making the methodological approach more transparent for the reader.

For future research, authors may wish to consider that
i) It would be preferable to translate validated measurement instruments into French rather than creating new items due to a lack of French versions. Using adequate translation procedures such as the WHO-approach of translation, back-translation, adaptation and pre-testing, can prevent the potential problems in terms of cultural adequacy (“...may change the subtlety of the original meaning in French...”) described in authors’ responses to reviewer 1.

ii) Comparison across diagnostic groups could also be facilitated by varying the stimulus in the original scales (e.g. replacing the term “mental disorder” by the three diagnostic groups investigated in the present study).

Ad 4: Regression analyses are no longer mentioned in the paper.

Ad 5: The term “manic depression” is no longer used. Authors now reassure that their questionnaires actually referred to bi-polar disorder, rather than that they “...employed the term manic depression rather than bipolar disorders as this is more familiar to and more commonly used by the lay public” as was originally stated.

Ad 7: Effectiveness of different treatment options? Authors now state that treatments were only enquired “in very broad terms”.

Ad 10: The discussion has been trimmed and now discusses study findings in relation to previous research (Discussion; first paragraph) and their practical applications in attempts to modify public attitudes (Discussion; sixth paragraph).

Ad 11: Study limitations, particularly those pertaining to the assessment instrument used, are now spelt out clearly.

As 12: Implications for interventions are being discussed in more detail, addressing both the role of interactive approaches and highlighting the role of diagnosis-specific approaches. Relevant references are now being cited.

Points not adequately responded to regarding major compulsory revisions:

Ad 1: Authors changed the title of the study. This is an improvement; however, the new title suggests that the study measured actual behaviours towards mental illness, which is not the case. Avoidance and social distancing (s. Methods section re. Survey questionnaire; second paragraph) are behavioural intentions. These are one dimension of attitudes rather than actual behaviour, which is certainly complex to measure and cannot be captured in an online survey. Please do correct this both in the method section and kindly revise the title of paper. For this, you may wish to draw on your introductory sentence of the discussion section, which gives a more adequate picture:

“These data represent the first population-based survey of current public awareness, knowledge and attitudes towards mental illness in France.”

Ad 3 (iv): Predominant presentation of descriptive data (frequencies and ranked
frequencies) based on individual items/inconsistent response format: Authors state that this is due to the (less sophisticated) design of their study, which cannot be rectified at this stage.

Regardless, please make sure that you use adequate methodological terms:

The yes/no/don’t know responses format is not “forced choice” (s. Methods sections; fifth paragraph). By giving the “don’t know”- option, you opened the dichotomous response format. How did you actually handle the “don’t know-answers”? (see Matschinger & Angermeyer, 1996) Did you recode results into a binary (1;0) format? If not, please specify the percentages for each response category (yes/no/don’t know) in Table 1. You may have to present the information in Table 1 separately in two tables, as apparently different response formats (yes/no/don’t know vs. rank order) were used to enquire views about the course of illness and views about risk factors.

Also, it is unclear what the bold figures mean in Table 1. If they are intended to mark the statement with the greatest endorsement for each disorder, the format is not used consistently (column 2: schizophrenia: 42% - worsen over time is in bold print rather than 74% - requires lifelong treatment). Please explain the figures in bold font in the figure caption or omit the bold formatting altogether.

You describe chi-square and rank order tests as “descriptive statistics” (Methods; sixth paragraph on statistical analysis). However, any statistical testing investigates whether the data allow making inferences about the population studied; thus these tests are inferential statistics. Descriptive statistics serve to summarize the data set (frequencies, mean, standard deviation, etc.).

The last sentence in brackets in the Statistical Analysis paragraph (“any significant findings regarding age and gender are reported in the results”) is redundant and should be omitted.

Ad 7: The method for obtaining responses on associations with diagnostic labels (characteristics typical of diagnostic categories) is now described in more detail. However, two points have to be further specified:

i) How was the list of “adjectives, verbs and expressions” provided to respondents compiled? How and from which sources were these terms selected?

ii) More transparency is needed on the procedure applied to classify responses. Please describe the concrete steps of your coding process, including how the associations were classified into emotional reactions (anger, pity, fear; s. Methods, paragraph 5) and then related to reaction types (sympathetic, empathic or prejudicial; ibid.).

Ad 8: How were the three disorders compared? Did all respondents answer all questions about or three disorders, or was there a random selection of subsamples which were presented with the questionnaire for one disorder each?

This question was not answered, perhaps also not understood correctly. It is not
about the response rate, sample size, or response biases. Rather, the question is whether all 916 respondents answered the 21 questions three times, i.e. for schizophrenia, bi-polar disorder and autism, or whether you divided the sample into 3 sub-samples, each responding to the 21 questions only for the respective disorder.

Ad 9: Comparison between mental disorders in childhood as opposed to adulthood.

How do you know that your respondents actually perceived autism as a typical childhood mental disorder? This could only have been achieved by vignettes actually presenting a child with autism, while the bi-polar and schizophrenia vignettes explicitly portrayed adults suffering from these disorders.

While differences in the age of onset are likely to be known to professionals as part psychiatric expert knowledge, this may not be assumed about lay respondents. The film you give as an example of relatively positive media coverage of autism, Rain Men, actually features an adult with autism. Hence contrasting the three disorders enquired according to age of onset appears too speculative to me.

Rather, simply stating the three disorders studied would be clearer and certainly sufficient.

Also, the three conditions should be labelled consistently throughout the paper, i.e. please always use the term “autism” rather than using it interchangeably with “childhood neurological development disorders” (p. 13) or “major childhood disorder” (p.11).

Your interpretation that the differential perceptions of autism compared to the other two illnesses may be related to age of onset is placed well in the discussion of your findings (Discussion section, second paragraph on p.11) and should be omitted from the introduction/aims of the study sections, since the methods applied would not be appropriate to test this assertion.

Ad 12: The concluding sentence does not make sense as it stands. Please revise.

“...however, it also demonstrates that knowledge, attitudes and behaviours towards mental disorders varies between different presentations, so any new initiatives need to be mindful of trying to take this into account.”

Presuming that authors wish to promote diagnosis-specific approaches in anti-stigma interventions, the sentence might read

“....The study further demonstrates that public awareness, knowledge and attitudes towards mental illness vary between different disorders. Future initiatives to challenge stigma and discrimination should therefore consider diagnosis-specific approaches rather than addressing mental illness in general.”
Points not adequately responded to regarding minor essential revisions:

Ad 3: Use of references in the introduction/discussion.

Authors’ response “This is our reading of the literature – which we believe to be adequate – so we cannot give a reference.” is inacceptable. It is a basic rule of scientific publishing, demanded from any undergraduate student – to back-up assumptions with adequate references.

Regarding the statement that “the majority of studies... conceptualize mental disorders as a single entity or only focus on schizophrenia.”, for example, a number of review articles of attitude research have been published that authors could draw on, such as (Angermeyer & Dietrich, 2006). Here, it is stated that, slightly differing from the authors’ reading of the literature, that “… depression (31 surveys) and schizophrenia (29 surveys) were in the lead of the illnesses addressed in these studies.... Twenty-six studies dealt with mental illness in general.” (Angermeyer & Dietrich, 2006; p. 165).

References/sources must further be given for the following statement:

“A smaller number of studies compare public knowledge, attitudes and/or reactions toward two disorders, usually depression with schizophrenia, and still fewer contrast schizophrenia and depression with other diagnostic groups.” (Introduction, third paragraph, lines 10.14)

Equally, references must be provided for the anti-stigma campaigns mentioned in the discussion (top of section on Implications).

Additional minor essential revisions (mostly in the new sections of text inserted):

1. Method Sections/Description of the survey questionnaire; end of first paragraph:

Authors state that “...we have developed some new question to look at...” whether respondents can spontaneously describe characteristics associated with particular mental disorders.

First, for all other topics addressed in the questionnaire, the number of items is given. Please do this consistently, i.e. also for the questions developed to elicit associations with particular disorders. As this approach to test knowledge about mental disorders may be truly innovative, why don’t you present the full wording of these n questions in a table? Also, please explain how you ascertained that respondents’ associations reflected adequate mental health literacy, i.e. which criteria were used to judge responses against?

2. Results Section/Feasibility of a brief internet survey, end of first paragraph:

It is stated that “916 of the 1000 questionnaires were fully completed or provided sufficient responses to allow some or all the questions... to be included in the
analyses.”

Please describe how you dealt with missing values. The statement that "some or all the questions" could be included is unclear.

3. Results Section/Mental health literacy:

In reporting that “the proportions (of adequate mental health literacy) decreased significantly” (p. 8), information is missing on whether statistical testing was applied to examine this assertion. Please report this information, what kind of test you performed, as well as the relevant coefficients and p-values.

4. The manuscript would benefit from careful language editing. The revision still contains a number of spelling and grammatical mistakes (e.g. “metal” rather than “mental” disorders; Method section; paragraph on the survey questionnaire, fifth line from below; take responsibility -> took responsibility; Methods, first paragraph; stepped -> stepwise; p. 13, sixth line from below; it is know -> it is known; p.,13, final line, etc.). Also, there is tendency to use lengthy sentences, separated by commas. Readability would be considerably enhanced if these were broken up into shorter sentences based on the separate units of meaning.

In responding the requested revisions, please specify in your response letter where exactly in the manuscript you made the changes described. Otherwise assessing the quality of revised manuscript is tedious.

Reference List


Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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.