Reviewer's report

Title: Internalized stigma among patients with schizophrenia in Ethiopia: a cross-sectional facility-based study

Version: 2 Date: 12 October 2012

Reviewer: ilanit Hasson-Ohayon

Reviewer's report:

Dear Prof Lysaker,

Thank you for sending me the revised version of the paper entitled “Internalised stigma among patients with schizophrenia in a low income country: a cross-sectional facility-based study” to review. In this paper, the authors responded to the reviewers comments. While most of the responses were appropriate and satisfactory, new information was added regarding the administration of the ISMI which raised a major concern. My main concern is that while the authors responded to the reviewers' comments they wrote that they used the ISMI as observer rate by the psychiatrist. They state it in the cover letter but not in the manuscript. I am not familiar with this version of the scale and cannot find data on such a scale. I cannot understand the reason for not using it as a self report. This is a popular valid self report scale – and any reason to use it as observer rate should be justified. Unless this version was proven valid – the study results are also questionable for their validness.

1- ISMI reliabilities were requested by 2 reviewers and the authors replied by providing kappa. Why kappa? Alpha cronbach for reliability – internal consistency is more appropriate for self-report continuing variables. Kappa is for nominal data- inter-rater agreement. The authors actually write in their response to one reviewer that the ISMI was observer rate by a psychiatrist. I am not familiar with this version of the scale. Usually, this is a popular self report scale – and any reason to use it as observer rate should be justified. Unless this version was proven valid – the study results are also questionable for their validness. This is a main issue that should be addressed. How can the psychiatrist report the self-stigma of their patients? Why not administrate it to the patients?

2- It is not clear why the authors thought that low insight into the illness is related to the possibility of providing informed consent. It would be helpful if they can provide a rationale or references to justify this.

3- 2 reviewers comments that self-stigma and public stigma are not well differentiate. There are still some places that instead of stigma it should be written internalized or self-stigma and not just stigma.

4- It is not clear why the authors think that the comparison to European countries is valid- as they responded. It might be beneficial if they can explain why they
think so.

5- Additional comments regarding the presentation of results and discussion cannot be inferred until the first major comment will be clarified.

**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