Reviewer’s report

Title: Development and psychometric properties the Barriers to Access to Care Evaluation scale (BACE) related to people with mental ill health

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Reviewer: Kim van Zoonen

Reviewer’s report:

First of all I would like to thank you for giving me the opportunity to review your interesting paper. It is well written with a clear abstract. I think your paper defines the need to develop a comprehensive questionnaire that measures barriers in seeking mental ill health which can be completed by individuals with any type of mental health problem, regarding any type of professional care, and covering all types of treatment stigma.

The subject of this article has a great relevance to try and anticipate on the barriers people may encounter when having a mental health problem. When these are known interventions can be adapted or new interventions can be developed in order to lower these barriers. More research is being done on this subject. Especially on the topic of stigma. Therefore, originality is medium. There are some omissions in the discussion/conclusion section (see detailed remarks). This paper has been well written and procedures and decisions are clearly explained.

A strong point is the iterative procedure which they used to develop the questionnaire. This process is clearly explained and can be reproduced. They developed a comprehensive measure that encompasses care avoidance post as well as precontact with services. Also, the questionnaire takes several forms of stigma into account. The questionnaire is flexible in the sense that it can use the mean score and it can make an overview of how often a barrier is experiences and to what degree.

Weak points are its self-selected sample. The use of a “non-applicable box” in some questions and the omission of consequences this box can have for scoring the questionnaire. Also, the rephrasing and use of certain words (e.g. Mental health staff and mental health care) and the influence that has on stigma.

Minor revision:

1. In this paper there is an emphasize on a stigma-subscale. This sounds very interesting, since recent literature suggests stigma being a big barrier in seeking help. However, the paper starts by making a difference between stigma and non-stigma, but later use the terms instrumental (I), attitudinal (A) and stigma (s). In this paper a question is only regarded as a stigma question when there is no correlation with either I or A. I would recommend explaining that you consider I and A as non-stigma somewhere in the beginning and then use either stigma vs
non-stigma or I, A and S as categories.

2. In the BASE questionnaire there has been decided to replace the term ‘professional’ with mental health staff and ‘professional care’ with ‘mental health care’, which affects 6 items. I can imagine this being of influence on stigma levels when filling out this questionnaire. Especially when people do not have a lot of experience with the health care system. Mental health care seems to be more stigmatized than professional care. This is worth investigating in future research and is worth noticing as a potential shortcoming.

Major revision:

1. The BACE v3 is developed for people with any type of mental health problem. However some of the questions posed in the questionnaire may not be relevant for those people (e.g. questions regarding work and/or children). In this paper a solution is posed for this problem, namely a “non-applicable box” for those questions (6 out of 30 questions in total). This might have great influence when scoring the questionnaire. I think this is a rather big concern, but it is nowhere mentioned in your paper. It might very well be wiser to not include the 6 questions instead of using them with a non-applicable box. I would very much like to see these questions and concerns being discussed in your paper. I would like to see the possible consequences mentioned as well as the way people should handle the non-applicable box when they are going to score the questionnaire. There is already mentioning of the shortcomings regarding the self-selected sample.

This shortcoming added to my previous remarks makes me cautious about the conclusion that the questionnaire is a reliable, valid and acceptable measure. Especially since the focus seems to be developing a questionnaire that may be completed by individuals with any type of mental health problem, regarding any type of professional care, and covering all types of treatment stigma.

Level of interest: An article of limited interest

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