Author’s response to reviews

Title: Anticipated and experienced discrimination amongst people with schizophrenia, bipolar disorder and major depressive disorder: a cross sectional study

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Author’s response to reviews: see over
Anticipated and experienced discrimination amongst people with schizophrenia, bipolar disorder and major depressive disorder: a cross sectional study

Authors’ responses to reviewers’ comments

Reviewer 1

Please accept my apologize due to the delay for reviewing the manuscript. Hereby please find the review report.

It's a great article.
1. Is the question posed by the authors well defined?
   - Yes, the question is posed by the authors.
2. Are the methods appropriate and well described?
   - The methods are appropriate and well described.
3. Are the data sound?
   - Yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   - Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data?
   - Yes
6. Are limitations of the work clearly stated?
   - Yes

Authors’ response
- none required

Reviewer 2

Reviewer: Piotr Switaj

This paper describes an exploratory, cross-sectional analysis of anticipated and experienced discrimination among a sample of 202 service users from South London. The topic is highly relevant, since stigma and discrimination are widely recognized as major barriers to recovery from mental illness. It is often argued that counteracting their harmful effects poses a significant challenge for public health. Hence, identifying factors related to the extent of discrimination anticipated and experienced by people receiving psychiatric treatment is vital for increasing the effectiveness of therapeutic programs and for developing interventions promoting social inclusion of people with mental illnesses. Generally, the paper is well written, concise and easy to follow. The results obtained may have important implications for research and clinical practice. While the issues raised by the authors are not new and have already been investigated by a number of studies, the present paper has strengths which distinguish it from most research in this field. Its main advantage is the use of well-validated measures comprehensively assessing the phenomena of anticipated and experienced discrimination related to mental illness. This is in contrast with many previous studies that have used psychometrically untested or weak measures of discrimination, which may have contributed to conflicting results or difficulties in interpreting the findings. Another strength of this study is an attempt at comparing the intensity of self-reported discrimination across various psychiatric diagnoses (schizophrenia, depression and bipolar affective disorder) and various ethnic groups. Overall, I find the paper to be an interesting and useful addition to the existing literature on mental health stigma and discrimination. Below I offer comments that the authors might wish to address in their revision of the manuscript.
Minor Essential Revisions:
1) Since the analyses presented in the paper are exploratory in nature, I think that the formulation of specific, formal hypotheses and predictions is not absolutely necessary. However, I would recommend that the authors justify in the introduction in somewhat more detail why these and not other variables were selected as potential predictors of anticipated and experienced discrimination. Why are they particularly important and worth investigating in this context?

Authors' response
The reviewer is correct – there are many variables that could potentially be selected as predictors of anticipated and experienced discrimination. We have chosen predictors with particular face validity the literature in these exploratory analyses, but others could certainly have been chosen. We have presented references in the final paragraph of the introduction, where possible, that have called for research to answer particular questions– for example Tony Jorm’s commentary in the LANCET regarding the need to understand the potential influence of severity of impairment or depressive cognitions on people’s reporting of discrimination.

2) From the introduction and the methods section it is not clear what the purpose of using the Internalized Stigma of Mental Illness Scale (ISMI) in the study was. The reason for using the ISMI is not justified by any of the research questions and the instrument is not used in the main analyses. It seems that the authors only made use of it in an attempt to explain the increased severity of experienced discrimination in the mixed ethnicity group. I would suggest that the rationale for using all the instruments, including the ISMI, should be clearly stated before the results are reported.

Authors’ response
This manuscript represents a sub-study of the MIRIAD study. There were several hypotheses in the MIRIAD study that required the use of different measures such as the ISMI scale. The reviewer is correct that the ISMI was not part of the original research questions posed in the introduction and methods section of this manuscript and indeed was part of post-hoc analyses to aid understanding of the main findings. We have clarified that these were post-hoc analyses in both the data analysis section of the methodology and in the relevant section of the results. We believe that these post-hoc analyses aid the interpretation and implications of our findings and are a useful addition to the manuscript.

3) Given that the Brief Psychiatric Rating Scale (BPRS) has no formal subscales and various factor models are proposed in the literature, the authors should specify what the basis of distinguishing the subscales they used was.

Authors’ response
We have now referenced the psychometric paper from which we drew our definitions of the subscales. These definitions have acceptable psychometric properties and also make intuitive sense – for example, the anxiety and depression subscale includes somatic concern, guilt, depression and anxiety.

4) The authors decided to investigate specific areas of experienced discrimination by ethnicity and areas of anticipated discrimination by gender. Please give the reason for this, since there were also other variables significantly associated with the two aspects of discrimination.

Authors’ response
In each case, and as outlined in the discussion, we chose to investigate the predictor with the strongest effect.
5) In the discussion (first paragraph), the authors state that the lack of difference in the overall severity of experienced discrimination is consistent with previous research and cite one survey to support their claim. However, I believe this statement may be somewhat misleading, since there are also important studies demonstrating significant differences in the magnitude of experienced stigma or discrimination between various types of mental disorders. For example, in a study by Angermeyer et al. (2004) patients with schizophrenia and patients with depression did not differ in terms of anticipated stigmatization, but the former reported more frequent concrete stigmatization experiences than the latter. Similarly, Verhaeghe et al. (2007) reported the association of a diagnosis of psychotic disorder with more frequent social rejection experiences and no impact of psychiatric diagnosis on stigma expectations. Another example is a recent study by Ilic et al. (2013), who found that some forms of discrimination (hostile and benevolent discrimination) were more frequent among people with severe mental illness (i.e. psychosis or bipolar disorder), others (experiences of denial and taboo) among people diagnosed with depression or anxiety disorders. Thus I think this issue merits a somewhat broader discussion in the light of the literature, also taking into account studies yielding results contradicting those of the authors.

Authors’ response
We thank the reviewer for mentioning these papers. We have now extended our discussion of the literature in relation to our finding of no difference between rates of experienced discrimination according to diagnostic group.

Reviewer 3
Reviewer: Mohabbat Mohseni
No revision is needed.

Authors’ response
- none required

Reviewer 4
Reviewer: Per B Vendsborg
The article answers interesting questions with good methods and have sufficient discussion. I have only minor suggestions for the authors for revision:

1. Table 4 is missing.
   Authors’ response
   - We thank the reviewer for pointing out this error. There is no table 4, the manuscript should refer to table 3. We have now corrected this error.

2. Second line should be: ....11.8 billion per year in England
   Authors’ response
   Again, we thank the reviewer for pointing out this error – we have now corrected the text as suggested.

3. The article has been submitted a little year ago and hopefully the references not published will be so now (Gabbidon, 2013 and 13, 27, 28) as unpublished references should not be used
   Authors’ response
   We have now updated these references.
4. The very high degree of (self) selection (200 out of more than 1300) and selection (all in treatment) is partly commented on but could be discussed more as it could be a very special population treated in the article.

   Authors’ response
   We agree that the high degree of self-selection may pose a threat to generalisability. However, in the first paragraph of the results section we provide analyses comparing the consenting to non-consenting sample and found that there were no differences between the two groups on diagnoses, age, gender and ethnicity. In this context, we believe our sample of 200 adequately represents the overall population that we targeted. We have also raised this as a limitation of the study in the discussion section. In this context, we believe we have adequately addressed this concern.
   In relation to the second point, we did select only those who were engaged in treatment and agree that this creates a particular type of sample. We have now commented on this in the limitations area of the discussion.

5. The finding of no influence of diagnosis on experienced stigma should be further commented on as the public often is found to discriminate differently with schiz. on top and depression lowest.

   Authors’ response
   We have now added a brief reflection on this disparity to the initial paragraph of the discussion.