Reviewer's report

Title: Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders

Version: 2
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Reviewer: daniel racey

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I enjoyed reading this manuscript. Overall, the study takes an important question asking how is the experience of People with Mental Illness (PWMI) affected by attitudes of themselves and others to Mental Illness. What is exciting and novel about this study is that it looks at the experience of a marginalised PWMI in a culture who psychiatry neglects. The methodological strengths of the study are in the broad cross section of sampling (for a qualitative study) and the depth of its qualitative examination. I am impressed that they managed to perform, transcribe and analyse approx 60 hours of interviews. They use an appropriate qualitative methodology to answer the question. However, the qualitative methodologies depends on an a priori model of stigma which needs to be discussed in this novel context and the limitations of this deductive as opposed to an inductive approach addressed.

Consequently, my main area for suggested revision is the discussion. The study misses an opportunity to explore differences in attitudes and conceptualisation of mental illness which differentiate it from the American/European experience of stigma. This leads to an overconfident discussion with conclusions and recommendations which are too assertive and need some caution applied to them. The study does not sufficiently discuss some of the methodological drawbacks of their approach.

1. Is the question posed by the authors well defined?
   Yes,
   The study’s formal aims are to explore:
   i) the experience of psychiatric stigma and discrimination by service users with mental illness, at the primary health care level as well as within their families and communities
   ii) the perceived causes of stigma and discrimination
   iii) the impact of stigma and discrimination on service users
   iv) perceptions on appropriate interventions to address this problem

2. Are the methods appropriate and well described?
   This is the area where I have reservations which I would suggest require some compulsory revisions. Methodologies are mixed with focus groups for lay
counsellours and individual interviews for others. This will have led to bias as focus groups are prone to normalisation, dominating views et cetera. This difference needs to be acknowledged and discussed.

Was there a topic script? Could it be included as supplementary materials.

It would have been useful when considering the external validity of these results to know more about the people chosen. What were the demographics of the participants? How severe was service users mental illness in terms of symptom burden, chronicity? How old? What ethnicity?

Regarding their main results, how coherent were the themes? What was their internal homogeneity and external heterogeneity? We have a very small sense of this in section 2.2. but it is not tackled. The reports within themes should cluster together meaningfully without major discordance, while there should be clear and identifiable distinctions between themes.

The extent to which the authors bring previous theoretical positions to this piece of qualitative research affects this study markedly and needs to be explicitly discussed. In their thematic analysis it seems that rather than using a an inductive or "bottom up# approach, a deductive approach was used, with a priori conceptualisations of stigma being explored. This can be a valid approach but has limitations. I am left uncertain to what extent these conceptualisations of stigma are limited to the cultural-context in which they are derived (which will have been European/American). Are their other concepts in the culture of old Bophuthatswana? To what extent is this culture “on the same page” as the authors' a priori concepts?

Sangoma’s are mentioned in 2.2 but in the context of pre-formulated ideas of misconceptualisation of mental illness. I would dispute or want to unpick the misconceptualisation attribution, this is a markedly different way that this culture has of discussing mental illness to the biopsychosocial model and needs to be explored.

What thematic analysis misses is the degree to which there is a sense of continuity and contradiction through any one individual account. These contradictions and consistencies across individual accounts may be revealing. This could be highlighted in the discussion of limitations.

What is important is that the theoretical framework and methods match what the researcher wants to know, and that they acknowledge these decisions, and recognise them as decisions. I would suggest a compulsory revision is editing which acknowledges potential limitations of bringing a pre-formed concept of stigma to this culture's attitudes to mental health.

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?
I think the study significantly over reaches itself in its recommendations. What the study needs to discuss more is tackle the complexity of bringing a model of Stigma and Stigma intervention into Northern South Africa. The recommendations can be discussed but I would like the conversation to be significantly more cautious in its recommendations. Currently, the recommendations are presented as (over?) confident assertions. Stigma interventions have evolved in Europe and America predominantly. How can we justify that these interventions as an appropriate use if resources if mental illness is conceptualised very differently in a markedly different cultural, geographical and historical context.

No, the Allport model is discussed at length from line 616. I do not think the study was designed as attest of that model. There are other methodological and cultural issues that I have alluded to which should take priority.

6. Are limitations of the work clearly stated?
No (see section 2)

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes.

8. Do the title and abstract accurately convey what has been found?
Yes

9. Is the writing acceptable?
Yes

I would change “there is scarce research” to “there has been little research” if I was being pedantic.

I would like to finish by saying this a valuable piece of research which deserves publication after taking into account some of the issues raised.

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