Author's response to reviews

Title: Stigma in response to mental disorders: a comparison of Australia and Japan

Authors:

Kathleen M Griffiths (kathy.griffiths@anu.edu.au)
Yoshibumi Nakane (yonakane@niu.ac.jp)
Helen Christensen (helen.christensen@anu.edu.au)
Kumiko Yoshioka (yoshioka@niu.ac.jp)
Anthony Jorm (ajorm@unimelb.edu.au)
Hideyuki Nakane (nakaneh@mbc.ocn.ne.jp)

Version: 2 Date: 24 April 2006

Author's response to reviews: see over
Dear Dr Newmark,

**Stigma in response to mental disorders: A comparison of Australia and Japan**

Please find attached our revised paper. The three papers in the series comparing Australian and Japanese mental health literacy focus on different topics. The first paper focused on recognition of mental illness and beliefs about the helpfulness of treatments and the second on perceived risk factors and causes of depression. The current paper is concerned with stigma. At the outset the Australia-Japan team planned three papers and this is the third and final paper in that planned cross-cultural series. I believe the Japanese team may also produce a book based on the study.

I would like to thank the reviewers for their comments. Responses to their comments are as follows:

**A. Reviewer: Paul S Appelbaum**

**Minor essential revisions:**
As requested, the fact that this is the third in a series of studies is now clearly noted (see Introduction, final paragraph, sentence 2).

**B. Reviewer: Wulf Roessler**

4. **Issue of multiple testing.** The reviewer’s main concern relates to the large number of variables that are significant, the possibility that some may be spuriously significant, and the consequent complexity of reporting/discussion. We considered conducting a series of logistic regressions concluded that this would not solve the reviewers’ concern. Instead, we have focused on **effect sizes** and I have added the following paragraph to the Statistical Analysis section:

_Theoretical and computer simulation studies show that this is equivalent to a pairwise comparison error rate of approximately 1% [28]. Even using this conservative approach to significance testing, it is likely that a small number of comparisons will be spuriously significant due to the large numbers of comparisons involved. There is also the likelihood that very small, and not necessarily meaningful, effect sizes will be significant due to the large sample size involved and the contribution of language differences between the two countries. Accordingly, only those comparisons which attain at least a small effect size (Cohen’s \( h \geq 0.2 \) [29]) are discussed in this paper. In addition the paper focuses on patterns of findings rather than isolated effects._
By reporting only results where effect sizes were small, and avoiding reporting isolated findings, the results section is less complex and there is now much less emphasis on individual isolated results as opposed to overall patterns. See for example, the “Pattern for endorsement for stigma items” in the Personal stigma section (Results). I believe this should address the reviewers’ concerns with respect to overemphasis on potentially spurious results.

5. The discussion - This section focuses on the results that are ‘meaningful’ according to procedures outlined in (3) and on broad trends in the findings rather than specific isolated findings.

With respect to the comment that ‘it can always said this way around or that way around” we do agree. The Discussion, para 2 does acknowledge the point made by the reviewer that the direction of causality could flow in either direction by stating: “Notably, however, the latter acknowledge, that the model of institutionalization in Japan might reflect, rather than determine community attitudes.” We have changed it to read: “However, as the latter acknowledge, the model of institutionalisation….,” thereby more clearly offering this as an alternative explanation for the results. In addition, to further emphasize the point we have acknowledged that the presence of stigma reduction programs may themselves be an indication of lower levels of structural and community stigma.

In addition, due to a translation error, it has been necessary to make some changes to the social distance scale sections, but these do not alter the overall conclusions.

Yours faithfully,

Kathy Griffiths.

23rd April, 2006.