Author’s response to reviews

Title: Age differences in mental health literacy

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Author’s response to reviews: see over
Cover letter addressing reviewer comments

Referee 1: Julie Wetherell

Point 1: Paper maybe more appropriately focused on people’s misconceptions of schizophrenia.

This particular paper was intended to focus specifically on age differences in mental health literacy. This focus has been retained but this aim has now been made clearer at the end of the Introduction. We agree that the ‘other’ category is of interest, and as suggested by the reviewer we have coded the open-ended responses in this category and reported age differences in the results.

Point 2: The data reflect an anti-biological bias, which is problematic in light of an overall lack of knowledge about schizophrenia.

This is an interesting point and we have added a comment on it to the discussion section.

Point 3: Hypotheses should be clearly stated.

Given a relative lack of research in this area, it is difficult to formulate specific hypotheses about our data. The paper was designed as an exploratory investigation of the data for age differences, and this aim is outlined in the last paragraph of the background section.

Point 4: High number of “other” responses.

A considerable proportion of respondents endorsed “other” in response to the questions “What would you say, if anything, is wrong with John/Mary” and “How do you think John/Mary could best be helped”. As noted above, most respondents were able to specify their response to this question. Their coded responses have now been reported in the Results section.

Point 5: Table 4 has too many variables.

There are a large number of variables in this table. However, collapsing the items into categories would result in the loss of important detail, especially when items that would fall into the same category are quite different (e.g., GPs and phone counselling). However, to address the problem of too many variables, categories in which there was a response rate of less that 25% in all age groups have been removed from the table. Conservative significance level and effect size cutoffs were used to address the potential for false positive findings and a comment on this has been added as a limitation in the discussion section.

Point 6: Too many age breakdowns.

Again, the use of five age categories reveals some interesting detail that might otherwise be lost if the age categories were collapsed. We were interested in examining the
sample at these different stages across the lifespan, as we believe each age group reflects a unique set of concerns and priorities that might impact on their beliefs about mental disorders.

*Point 7: Not clear from the background what age group is the focus of the study.*

The paper was not intended to focus on a particular age group. The age range under consideration in now specified in the background. The results are discussed from the perspective of various age groups, depending on where the significant differences were found.

*Point 8: Consulting books may not mean treatment (Page 10, Line 7 from bottom).*

The word “treatment” has been removed, and the sentence now reads: “Younger people are also more likely than older age groups to consider consulting books as helpful”.

*Point 9: Be more specific about what types of mental health literacy campaigns would be helpful.*

A comment on specific strategies has been added to the discussion section.

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**Referee 2: Perla Werner**

*Point 1: Include article (Werner, 2005) in references.*

This reference has been added to the background section.

*Point 2: Add additional information regarding response rate and rating scales used to assess beliefs about treatments and causal beliefs.*

Additional information regarding how the sample was obtained and participant drop-out has been added to the method section. Information about the response rate across states/territories and different age groups has been added to the method section.

The survey questions used to assess beliefs about treatments and causal beliefs have been used in a previous national survey of mental health literacy and were developed by the researchers involved in this study. The reference for the study has been added to the method section.

*Point 3: Add reference to sentence about the advantages of early help seeking (Page 3, Line 7 from the top).*

A reference has been added to the background section.

*Point 4: Add information about attitudes elicited (Page 5, Line 13 from the top).*
The additional questions in the survey have been described in more specific detail:

“Although not relevant to the analyses reported here, the survey included questions on the likely prognosis for the person described in the vignette, beliefs associated with stigma and discrimination, attitudes towards contact with people similar to those in the vignette, and the health and sociodemographic characteristics of the respondent.”

**Point 5:** Change “respondents” to “responses” (Page 5, Line 6 from the bottom).

The use of “respondents” was intentional but to minimise confusion, “respondents” has been changed to “participants” and the sentence slightly re-worded:

“Responses were coded into eleven categories and participants were considered correct if they received the depression vignette and answered ‘depression’ or if they received the schizophrenia vignette and answered ‘schizophrenia’ or ‘psychosis’.”

**Point 6:** Not clear why “person must first recognize the problem” is a source of help.

To eliminate confusion, this category has been removed from the analysis. (This category was originally created because some respondents were unable to indicate which treatment would be best for the person described in the vignette unless they first recognised that they had a problem.)

**Point 7:** Not clear why “treating professionals” was considered a belief about treatment and not a source of help (Page 6, Line 3 from the top).

Participants were asked to rate a number of different treating professionals, medications and other treatments as helpful or harmful, and these ratings were taken collectively as their “beliefs” about different treatments and treatment modalities. To make this clearer, “various” has been added to this sentence:

“Beliefs about treatment were assessed by asking respondents to rate: (a) various treating professionals (eg. GP, psychologist), (b) various medications (eg. pain relievers, antidepressants), and (c) other treatments (eg. physical activity, psychotherapy, hypnosis) as either ‘helpful, ‘harmful’ or ‘neither’.”

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**Referee 3: Vanessa Pinfold**

**Point 1:** Define community understanding (Abstract).

To make this clearer, the word “understanding” has been replaced with “knowledge and beliefs” in the abstract.

**Point 2:** Reference to “The Australia-Japan Project” (Abstract).
“The Australia-Japan Project” has been deleted from the abstract.

**Point 3: Include reference to international studies (Background).**

References to a number of international studies on age differences and beliefs about mental illness have been added to the background section.

**Point 4: Comment about the importance of targeting young people (Discussion).**

A comment on the possible cohort impact of targeting the mental health literacy of young people has been added to the discussion section.

**Point 5: Is response rate uniform across all states and territories and age groups (Method)?**

The response rate was mostly consistent across states and territories, with the exception of the ACT and NT, in which the response rates were higher. Response rates were also uniform across age groups. This information has now been reported in the method section.