Reviewer's report

Title: Age differences in mental health literacy

Version: 2 Date: 25 October 2007

Reviewer: Julie Wetherell

Reviewer's report:

General
This is a well-designed study on a very important topic in a large, population-based sample. It is likely to be of interest to the readers of this journal.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The findings on age differences don't seem to be the most interesting findings from this paper. For example, fewer people of all ages report that the schizophrenia vignette describes mental illness than "other". Furthermore, all respondents report that something "other" than a GP, Psychiatrist, Medication, or counseling might be more helpful for schizophrenia! All age groups had a tendency to misidentify schizophrenia as depression. This article might be more appropriately focused on people's misconceptions of schizophrenia, with age differences as a subtopic.

Another feature that emerges from the data as a whole is that the population seems to have an anti-biological bias (e.g., not thinking genetics are as important as environmental factors, even for SCZ; preferring counselors to psychiatrists). This seems particularly problematic in conjunction with the overall lack of knowledge about SCZ, for which biologically-based treatment is essential.

Hypotheses should be clearly stated; e.g., older adults will be less likely to recognize depression....

The high number of "other" responses for all the questions is surprising, given the wide variety of response options that were offered. This should be commented on. If participants were able to specify what they thought "other" might be, these data should be reported in some summary fashion.

Table 4 has too many variables, which not only increases the probability of false positive findings but is confusing to the reader. Is it possible to combine items into "professional help", "medications," "lifestyle variables", and "other"? Moreover, it's not clear that it's as important for people to understand differences among antidepressants, antipsychotics, tranquillisers, etc. as it is to recognize that medications can be effective treatments for mental disorders.

Along similar lines, there are too many age breakdowns, making some of the
findings difficult to interpret (e.g., why should 40-54 year olds rate naturopaths as more helpful than do other groups). Possible to categorize as younger, middle-aged, older? Or if, as authors point out on p. 9, the differences were primarily between oldest and others, dichotomize as old vs. younger?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

It’s not clear from the Background what age group is the focus of the study.

p. 10: Consulting books may not mean treatment, as in bibliotherapy. Lots of people seek understanding about a condition by reading about it, e.g., consulting the Merck manual, without expecting that that alone constitutes treatment.

The authors may want to be more specific about what types of mental health literacy campaigns would be helpful.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests.