Author’s response to reviews

Title: Public stigma against family members of people with mental illness: Findings from the Gilgel Gibe Field Research Center (GGFRC), Southwest Ethiopia

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Response to Reviewer's report

Title: Public stigma against family members of people with mental illness: Findings from the Gilgel Gibe Field Research Center (GGFRC), Southwest Ethiopia

Reviewer: Roger Gibson

Reviewer report:

Comment: The authors have addressed most of my comments. However, the following issues remain to be fully addressed (Major comments refer to Major Compulsory Revisions; Minor comments refer to Minor Essential Revisions):

Response: Thank you dear reviewer and we addressed the remaining as stated below.

1. (Original Major Comment 4): The use of the English language is still below an acceptable standard. Perhaps the authors could consider a professional language editing service. Otherwise, the Journal may consider making the necessary amendments in-house.

Response: We have now made corrections on grammatical and editorial problems.

2. (Original Major Comment 5): The changes made to provide greater detail on the concepts of perceived signs and explanations of mental illness were not enough. The authors should give examples of biogenetic, psychosocial and supernatural explanations of mental illness and elaborate on how they may mediate the development of stigma.

Response: Thank you. We provided the examples of the above explanations and we already elaborated how they may mediate the development of stigma in the background section.

3. (Original Major Comment 6): The hypothesis should ideally convey an expected outcome, grounded in the literature that has been reviewed. The authors should therefore mention what their expected “prevalence” of family stigma was (e.g. on average participants would strongly endorse stigmatizing attitudes). It should also be pointed out here that their use of the term “prevalence” is inappropriate since prevalence refers to a rate and no rates were calculated or reported. The second hypothesis should identify what correlates of stigma were expected to be found.

Response: Thank you and now we added the following statement at the end of the background section. “It was hypothesized that the study population mean stigma would be more than the mean stigma (2.5) score and the psychographic (such as perceived explanations, signs, etc)
and socio-demographic (example: age, sex, residency, etc) were expected correlates of family stigma.”

4. (Original Major Comment 7): Restricting the description of the sampling method to a citation of the previous paper is not acceptable unless all readers of the current paper have free access to the previous paper. If this is the case, then this should be clearly stated and a description of how this access may be obtained should be provided. If this is not the case, then even a brief description of the sampling method (in addition to the citation) would be helpful. Paraphrasing the sampling method as described in the previous work (while retaining the citation) is another possibility.

Response: yes, the previous study can be obtained freely by anyone. In addition to the citation, we also inserted the PubMed ID of the previous study.

5. (Original Major Comment 10): In the response given to the original comment (major revision item 10), “evil spirit” is given as an example of a biological/psychosocial explanation. It would seem that this was an error and that “evil spirit” should have been given as an example of a supernatural explanation.

Response: Thank you. Now we took “evil spirit” as an example of supernatural explanation. It was by mistake that we took it there.

6. (Original Major Comment 17): In response to the original comment (major revision item 17), the amended text states that in the multivariate analysis, there was no correlation of stigma with sociodemographic characteristics. This is not entirely correct since rural dwellers were found to exhibit more stigmatizing attitudes with this analysis. “Many sociodemographic characteristics…” might be a better way of conveying the intended point. In addition, the fact that on applying the multivariate analysis, many sociodemographic characteristics were not significantly correlated with stigma should have first been mentioned under the appropriate heading in the Results section.

Response: thank you. We included ‘many’ in the discussion section and the above statement in the result section of predictors of stigma.

7. (Original Minor Comment 4): In response to the original comment (minor revision item 4), the caption of Table 3 has been changed. However, one further amendment is needed: the word “differences” should be deleted. (The use of the word “score” is now acceptable because it refers to stigma; previously it had been referring to people).

Response: We deleted “differences” now.

8. New Minor comment: In the second paragraph of the results section, the range of scores given should be double-checked:
a) Based on the information in the Methods section, the range for biological and psychosocial explanations should be 0-6 and not 0-7 as presented.

b) The range for reported signs of mental illness is not given and should be stated (i.e. 0-12)

**Response:** thank you. We corrected the biological and psychosocial explanations range from 0-6 and added 0-12 range for reported signs.

9. New Minor comment: A footnote should explain the meaning of the asterisks in Table 4.

**Response:** thank you, we included the following as a footnote. *’P<0.05, ”P<0.01, ””P<0.001’*

10. New Minor comment: In the third full paragraph on page 9, the following text appears: “Exposure to PWMI and persons with mental illness was very low…” There appears to be some redundant phrasing which should be addressed.

**Response:** thank you, now we stated as ‘Exposure to PWMI was very low in the current study which calls for mental health awareness interventions in the study community’.