Reviewer's report

Title: Public beliefs about treatment and outcome of mental disorders: a comparison of Australia and Japan

Version: 1 Date: 23 February 2005

Reviewer: Wulf Roessler

Reviewer's report:

General
REVIEW

1. Is the question posed by the authors new and well defined?

In the meantime there are quite a few surveys on the public’s mental health literacy. The authors quite rightly point out that it is worthwhile to address this question as the public’s mental health literacy has an impact on their choice of treatment if they choose treatment at all. In a next step it seems important to compare those results across different countries and try to find out what makes the respective differences (i.e. cultural differences, differences in access to care etc.) Therefore I highly support such a comparison especially if the countries compared differ greatly in culture and provision of health care.

With respect to the last point it would be useful to describe the cultural, sociological differences and differences in provision of health care between Japan and Australia in more detail. This critique refers to the last paragraph in the introduction. Why is it that in Japan there is more emphasis on hospital care with much longer in-patient stays etc.? There is especially one point I would like to mention. To my knowledge the stigma of psychiatric illness in Japan is much more attached to the families of the affected persons compared to western countries. As such the whole family takes up the shame of having mentally ill family members. In order to avoid public shame, psychiatric illnesses are concealed not only by the families but even from the affected persons themselves. They prefer to be treated in remote psychiatric hospitals. I’m not sure but I remember to have read this in an article from Manderscheid in the International Journal of Law and Psychiatry some years ago. If the Japanese authors of the submitted article do not agree, it would be very useful to get some more information from them to understand the Japanese preference for hospital treatment etc. At least in western countries the preference of out-patient care is based on the principal of the “least restrictive alternative”, indicating that any kind of treatment should go along with as few restrictions as possible for the affected. Getting here some more information in the introduction also would make the discussion more fruitful for the reader.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The interviewers described especially the Australian part of the interview in detail. The details are well known from other publications. Again the Japanese part of the method section is a little bit on the short side.

I assume that the Japanese counterparts as mentioned in the Japanese vignettes were not and Does one present the given name of person in such an interview in Japan? And are the respective descriptions culturally appropriate for Japan? If deviant behaviour of a person becomes obvious for the boss of person, would it be appropriate in Japan for the boss
to talk to his co-worker? All in all I would like to know more about the difficulties to translate such an interview so that it is appropriate to be used in Japanese culture. Last but not least I would like to know if the interventions or institutions offered for treatment in the interview are even available in Japan.

It also should be mentioned that the authors address the problem that the Japanese interview does not fulfil the complete criteria of a representative survey. But considering all the difficulties of such a comparison the compromises made seem to be acceptable. Nevertheless the authors should describe in more details what these shortcomings mean for the representativity of the study.

3. Are the data sound and well controlled?

The statistical analyse are according to the professional standards. In this section the authors shortly mentioned cultural differences relevant for statistical tests. I think that the short remarks made in this section should be more elaborated in the previous section.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The results are well presented most of the detail are incorporated in tables. As such the results section is short and includes no redundancies.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion is well written but quite restrained. Considering my previous remarks it would be useful for the reader if the authors would generate some more hypotheses for the future comparisons.

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

Title and abstracts are adequate.

7. Is the writing acceptable?

Yes.
Discretionary Revisions (which the author can choose to ignore)

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

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**
I declare that I have no competing interests.