Reviewer's report

Title: Levels of stigma among community mental health staff in Guangzhou, China

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Reviewer: Lars Hansson

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Levels of stigma among community mental health staff members in Guangzhou, China

This article focuses on an underinvestigated area, as shown by the review by Schulze a few years ago. Since stigma and discrimination among health care staff has been pointed to as an important issue, the topic of the article is highly important and relevant for improvements of the quality of mental health services and outcome of treatment and rehabilitation. I have the following comments and suggestions to the authors.

Major Compulsory Revisions

1. The results section is not very well structured. It would be a better choice to present results concerning the primary hypothesis first, and then the secondary hypothesis followed by the results concerning the psychometric properties of the instruments. The use of headings and numbered headings in the results section might also be reconsidered.

2. The central theme of the title of the article is levels of stigma among community mental health staff, but very little is presented around this theme. There is a short paragraph in the results section covering this: “stigma scores”. It would be very interesting to learn more about the results in these respects. What do the results concerning RIBS, MAKS and MICA tell us about levels of stigma? Do they tell us about low or high levels of stigma among staff? Since the instruments have been used in several other studies it would be informative if comparisons were made with other studies, especially in the perspective of introducing anti-stigma programmes among mental health care staff.

3. The hypothesis concerning gender differences was confirmed, male participants showing more negative attitudes according to RIBS. But is this statistically significant difference of any importance in terms of focus of an anti-stigma programme? The difference was around 1.5 points in a scale ranging from 4-20. It should be discussed if this difference is of any “clinical” importance. The same goes for differences in mental health literacy according to MAKS. Is a gender difference of 1.7 of any importance in a scale with a range from 6-30?

Minor Essential revisions

1. In the last sentence in the second paragraph on page two it is stated that mental health staff in China would contact patients by phone rather than in
person. What is the evidence for this? Is there a suitable reference to add for this claim?

2. What is the rationale and hypothesis behind coding “Don’t know” in the RIBS and MAKS scale as 3, that is a neutral answer, on the totally disagree-totally agree scale? Would it not be a better option to exclude these participants from the relevant analyses?

3. There is confusion in the use of the MAKS scale. In the methods section it is stated that the first six items covering different mental health literacy areas are used and summarized. On the other hand, in the results section table 3 is in the text presented as showing results concerning these first six items, but is actually presenting results concerning items 7-12 dealing with knowledge concerning different diagnostic categories. This has to be clarified. Which part of the instrument was actually used in for example the correlational analyses?

4. It is not stated in the data analyses what test was used to investigate test-retest reliability.

5. How was the subsample for the test-retest study selected. It is only stated that it used 79 participants. Was this selection based on a power-analysis?

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

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

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