Author's response to reviews

Title: Citizenship and Recovery: Two Intertwined Concepts for Civic-Recovery

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Version: 3 Date: 22 November 2014

Author's response to reviews: see over
Dear Dr Carleton,

On behalf of my colleagues co-authors and I, please find enclosed a revised version of the manuscript titled “Citizenship and Recovery: Two Intertwined Concepts for Civic-Recovery” (MS: 1161759139140532). We appreciate the time that the reviewers and you have invested in the review process of our manuscript. In this letter I provide a point-by-point description of the changes made in response to the reviewers, as per Mr. Chua October 28th email.

The first reviewer expressed 17 comments/questions:

1. Since French versions of both the RAS and the CM measurements were to be prepared, it seems psychometric properties of both the measurements should be mentioned in the background section of the abstract.
   - We agree and this sentence has been added at the end of the background section: “The alphas for the factors of the original RAS ranged from 0.74 to 0.87 [15], and the alphas for the English version of the CM ranged from 0.56 to 0.86 [19].”

2. Abstract, background: Since “the interplay between recovery- and citizenship- oriented supportive employment and quality of life at work” has not been addressed in the paper, it seems that the paragraph needs to be changed.
   - The words “and quality of life at work” have been removed.

3. Abstract, methods: What do the authors mean by “severe” mental illness (SMI)?
   - It should be “serious mental illness (SMI)” and not “severe”. This definition of SMI has been included: “Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder and borderline personality disorder.”
4. **Background:** Considering what has been mentioned in the background, have the two measurements been “compared” in this paper? And what do the authors mean by “comparing” RAS and CM?
   - This paper is comparing the factor structures of the RAS and CM a search of convergent validity. The words “and compare” were removed.

5. It should be considered that “restoration of functioning” which has been mentioned as a part of clinical-recovery model in “Background, paragraph 4” includes many aspects, for example social functions.
   - This sentence has been added in the 4th paragraph of the Background: “This clinical model does include social functions, but from a professional point of view”.

6. **Methods:** Did “two” translators translate CM/RAS separately and then two other translators translated each of the measurements backward?
   - Yes, and this information has been added: “Two translators translated the CM and RAS from English to French separately and then two other translators translated each of the measurements backward from French to English for discussion with the English speaking authors of the CM and RAS.”

7. **Methods:** What about face validity of the two measurements?
   - This question will be discussed elsewhere, for this paper is about convergent validity.

8. **Methods:** It has been mentioned that the participants “self-reported a diagnosis of schizophrenia ...”. What were their diagnoses based on medical records?
   - Permission to consult the medical records of study participants was not demanded.

9. **Results:** Some items of the CM did not load significantly on one specific factor. How many items did not load significantly on one specific factor? And how can the finding be explained?
   - This sentence was removed: “On the other hand, some items did not load significantly on one specific factor (<.40) or loaded on more than two factors (saturation problem).”

10. **Results:** What about Cronbach’s alpha of CM?
   - Cronbach’s alpha of the CM are shown in Table 1 and we added the alphas in the first paragraph of the “Results”.

11. It seems that the explanations mentioned in “Results, paragraph 3” and table 3 need clarification.
   - Could this comment be more specific? We feel that Results, paragraph 3 and table 3 are quite congruent as is.

12. **Discussion:** What do the authors mean by “a 47-item questionnaire”?
   - Simply to suggest that if both short RAS and CM were to be used, it could be considered and administered like a single questionnaire (23-item CM and 24-item RSA which can be answered in the same way on a 5-point Lickert scale).
13. **Discussion**: What about comparing findings of the study and psychometric properties of other versions of the two measurements?
   - This would certainly be interesting, but it was not an objective covered by the study that is reported in this paper.

14. **Limitations**: What do the authors mean by having an opinion to share about the content of items?
   - Simply that people who accepted to participate might be more interested because they want to share an opinion on citizenship and recovery, which is not necessarily the case for all persons with SMI.

15. **Competing interests**: What do the authors mean by “All other authors declare that …”?
   - The word “other” has been removed.

16. **Background**: Reference number 7, as it has been mentioned in the text, needs to be corrected.
   - The reference has been corrected (p. 914)

17. **Results**: It seems that the sum of mentioned items of short version of RAS subscales is 25 (instead of 24).
   - We corrected: there are 3 items to the “no domination by symptoms” subscale, not 4.

The second reviewer provided comments and suggestions – but not with numbered points. We propose to answer these with the following:

A- In the literature and as the reviewer mentioned, when using CFA (and EFA), it is better to have a theory driving the analyses, to use two separate samples if EFA and CFAs are conducted (i.e. not the same sample for both analyses), and to have a good sample size (e.g., >150).

First, the following sentence “Exploratory factor analysis (EFA) and CFA were carried on the RAS (long version)” was removed from the manuscript since only two CFAs were carried out on the following five RAS subscales (short and long versions): *Personal confidence and hope* (9 and 12 items), *willingness to ask for help* (3 and 5 items), *goal and success orientation* (5 and 8 items), *reliance on others* (4 and 5 items), and *no domination by symptoms* (3 and 10 items).

Secondly, the original CM and RAS were theory driven by their developers (14,15). Furthermore a previous CFA had already been conducted on a US sample (19 – under review). As such, to conduct CFAs on the RAS with Canadian people with a severe mental disorder was appropriate.

Thirdly, Beavers et al. (2013) mentioned that because the EFA and CFAs are multivariate analyses, a sample of a minimum of 150 persons is a prerequisite for conducting factor analyses. For a smaller sample, (i.e. n < 150), researchers must justify their sample size (e.g., barriers to recruit people) and need to interpret the results with more caution.
Regarding the utilisation of orthogonal rotation, this type of rotation was chosen because “varimax also tends to reapportion variance among factors so that they become equal in importance” [25]. In 2007, the same authors mentioned that Varimax rotation reduces the complexity of factors by optimising the variance of variable loading saturations for each factor [26]. This information has been added.

The confidence intervals for the RMSEA were added for both CFAs (see the new table 2).

This paragraph has been included: “With respect to the value of the alpha, Streiner and Norman [30] mentioned that the alpha should be between 0.70 and 0.90 to have a good internal consistency for the evaluated conceptual dimension. However, if the number of items is inferior to 5, it is possible to obtain a low alpha coefficient (around 0.65) whereas if the number of items is superior to 10, the value of the alpha is higher (around 0.90). Consequently, according to the number of items included in a conceptual dimension, alpha coefficients can vary considerably [31] though DeVellis [32] mentioned that an alpha inferior to 0.60 is not acceptable regardless of the number of items. If we consider the number of items included in conceptual dimensions or subscales from the RAS and CM, all alpha values in our study are satisfactory or acceptable.”

In the hope that the modifications that were brought, Dr Carleton, are at the satisfaction of BMC Psychiatry,

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Added references


