Reviewer’s report

Title: An Asian Study on Clinical and Psychological Factors Associated with Personal Recovery in People with Psychosis

Version: 0 Date: 13 Jan 2019

Reviewer: Mona Eklund

Reviewer's report:

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Re Manuscript number BPSY-D-18-00777
Thank you for the opportunity to read and review this paper. It describes a generally well-designed study to address psychometric properties of QPR-15 in an Asian socio-cultural context. It needs substantial revision, however, before it can be considered for publication. The different parts of the paper are below addressed in order of the manuscript.

Title:
- It could possibly be included that the study was conducted in an Asian setting.

Abstract:
- The results part of the abstract is hard to follow. Was QPR-15 the dependent variable in the multiple regression analysis? Which were the independent variables? Only psychological and clinical? Was it a linear regression analysis?
- The last sentence is unclear. I guess the brackets refer to the two time points, but the first bracket should be moved so it comes after ‘time point 1’.
- Comparing correlations ('higher than') without testing if there is indeed a statistically significant difference is not correct, which is further commented on below (results part).
- Related to this, but also to a vague rationale for the second part of the aim, the last part of the conclusion (the longer last sentence) does not hold.

Introduction:
- The introduction is short but relevant.
- Page 4, line 9 says QPR-15 was only validated in the UK. But a very similar version was arrived at in the Swedish study you refer to as #21.
- Line 16-17 - strange wording here.
- Line below - what does 'All of these' refer to?
- The first part of the aim expressed on page 4 is clear. But the rationale for examining associations between personal recovery and clinical and psychological factors is not clear.
Methods:
- The study is principally well designed. I applaud that you selected validation measures for all CHIME aspects. You also used a smart design to avoid exhaustion of participants. I cannot see any problems with the fact that some analyses build on baseline data and some on T2. But that should be better clarified, which I return to below.
- Page 6, line21 - maybe IT should be inserted (and IT proves to be…)?
- Line 38 - should it be 'different SYMPTOM severity'?
- Pages 6-8 - generally, for all measures, please clarify if you used sum scores, subscales etc.
- Page 8 - regarding WHOQOL-BREF it was not clear to me when reading this section if you used only item 6. Please describe this clearer.
- Line 22 - please substitute 'will be used' with some other wording.
- Regarding statistics, you explain why you used Pearson correlations for the test-retest, but not why you used Spearman for other associations. You also have used multiple linear regression. Thus mix of parametric and non-parametric statistics seems a bit puzzling.
- Still on page 8, lines 50-54 - please reference the source(s) for the criteria mentioned here.
- Page 9, regarding the factor analysis - rotation with only one factor does not seem adequate. Please explain further.
- The sample is too small for a factor analysis. This is acknowledged among the methodological concerns in the discussion, but still makes this analysis problematic.
- You should describe how data from T1 and T2 were used, other than for the test-retest. Table 2 is informative in this respect, but it should be clarified in the text outlining the statistical analyses.
- You should also specify in the statistical analysis section which independent factors were entered in the regression model. And I assume you used linear regression? This is not said anywhere, and if I have misunderstood, that indicates you really must be more explicit with the methods you used. Did you use enter model for both steps? Or some method for eliminating variables? That could also be clarified.

Results:
- Page 9, line 28 - I assume 'sample' should be deleted.
- Page 10, Table 2 - not clear why you present both means and medians, which seems redundant. Since you have used what I perceive as linear regression model and Pearson correlations it would be logical if you stick to parametric statistics throughout. I agree that non-parametric statistics should generally be used for ratings scales, but a mix between statistical approaches, without a clear rationale for why, seems worse than choosing parametric tests here. Especially since opinions on the preferred statistics when using rating scales tend to vary.
- Not sure Table 4 is necessary.
- A piece of information you could add is that all factor loadings in the factor analysis were >0.4.
- Page 13, section 3.4 - you compare the sizes of correlations ('had stronger association'). But you should either rephrase (just mention the range of sizes) or investigate if the sizes of the correlations really differ from a statistical point of view (which could be done with a Z-test, formula available on the Internet).
- Pages 14-15, Table 5 - the asterisks and their explanations are superfluous since the exact p-values are given.
Discussion:
- The vague rationale for performing the regression models also affects the quality of the discussion. For example, page 15, lines 41-45 leaves me as a reader with a so-what feeling. Is the rationale to provide empirical evidence for the conclusion from the review by Shanks et al, that the QPR maps the CHIME framework very well? Or was it to investigate if clinical factors contributed to personal recovery, in addition to factors representing CHIME? That should be stated early on, along with the aim.
- Page 16, lines 18-20 - you claim that clinical and psychological factors had unique and complementary roles in explaining personal recovery. But did you show that? The clinical factors became insignificant when the psychological factors were entered.
- Page 16, lines 24-40 - this paragraph is vague. Can one assume at all that measures are perceived as meaningful by service users and caregivers? And what does 'This' refer to in the concluding sentence?
- Page 17, line 4/5 - what does 'they' refer to here? The discussion contains many grammatical mistakes or obscurities and I will not mention any more here. But the paper definitely needs language editing, including use of modifiers, tenses and of punctuation marks.
- Lines 15-27 - please delete this reasoning, which is speculative and based on a difference in beta values that are almost identical.
- Page 18, line 1 - you mention the chosen method allowed you to see a Scree plot. But is there a method for FA that does NOT allow you to see a Scree plot?
- Same page, mid paragraph - the reasoning here is interesting and mostly well-articulated, but again you propose that you have shown clinical and psychological factors played unique roles in personal recovery. Did you? I think you showed that psychological factors outplayed the role of clinical factors.
- The conclusion, lines 54-57 - these are some general recommendations, not linked with your study, and should therefore be deleted. Also the last part of the conclusion is a general statement. Please rewrite to link the conclusion more clearly to your findings.
- The discussion/conclusion seems to be the weakest part of this paper and needs substantial revision.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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