**Reviewer's report**

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

**Version:** 1  **Date:** 29 Apr 2019

**Reviewer:** Mona Eklund

**Reviewer's report:**

This paper has improved considerably after the authors' major revision. I am still generally very positive to this paper, but further revision is needed. The first parts of the paper need only smaller amendments, but the discussion is still quite immature and needs meticulous review. The comments below are in order of the manuscript, and the line numbering refers to the right column.

1. Page 5, line 13: "these studies" in unclear. Guess you mean the studies Shank et al. reviewed.

2. Page 10 and forwards: why is RYFF in capitals? It is not an acronym, it is a name.

3. Page 11, line 8: <0.6 is a very high limit for excluding items based on CITC. The referenced paper by Law et al. may have set that limit, but methodological experts rather suggest 0.3. See for example Streiner DL, Norman GR, Cairney J. Health measurement scales: A practical guide to their development and use. 5 ed. Oxford: Oxford University Press; 2014.

4. Pages 13-14, and perhaps elsewhere: when you present Spearman correlations the proper symbol is rs.

5. Page 17, lines 12-14: new symbols for correlations???. And I still have doubts about expressing "stronger... compared to" when you did not analyze differences in strength of correlations. "Higher/highest correlation" is more fair to say. Please aslo check for wording in the discussion, page 20, lines 11-12) regarding "...higher....compared to.."

6. Page 18, line 3: you write "predictor for clinical factors" but I assume you mean "predictor among the clinical factors".

7. Same page, consider if you want to capitalize "time point 2". You do on line 7 but not elsewhere.
8. Table 5: The heading indicates all predictors are found in the table, but only the clinical factors are. The psychological factors are only mentioned in a note under the table. Some type of amendment is warranted to make Table 5 logical, either in the heading or in the table.

9. Generally in the results: please look through every instance in the text where you present statistics and be consistent in use of spaces.

10. Discussion, page 19, sentence lines 6-8: do the associations with clinical factors really indicate convergent validity of QPR? That depends on how you frame the phenomenon "personal recovery" targeted in QPR. As I perceive your study, you see clinical and personal recovery as complementary, not that clinical would be an aspect of personal. Please sort this out.

11. Page 19, line 7: what limits do you apply, and what source, for "high correlations"? There are certainly no generally agreed-upon limits, but I assume Cohen, or a more recent follower, could be a reliable reference? (Cohen J. Statistical power analysis for the behavioral sciences. Hillsdale NJ: Lawrence Erlbaum; 1988.)


13. Page 24, line 5: you imply inpatients cannot give informed consent. I think this is a prejudiced thinking.

14. Page 25, the conclusion: this section is very brief and does not clearly reflect your two aims. So further rework is needed here.

15. The discussion needs thorough reading for clarity, logical reasoning and proper language. Each sentence needs to be clear in itself and be part of a logical flow of reasoning. And the language must suit a journal such as BMC Psychiatry. This may sound as truisms but in its present form the discussion does not meet these standards. Just a few examples:

   Page 20: line 1, should be "was no longer…"
   Page 20: lines 7-8 repeat page 19 lines 9-10
   Page 20: line 14 should be "range of…was…”
   Page 21: sentence starting line 15 is strange and makes no sense.
   Page 22: sentence starting line 4 does not make a logical flow in relation to the preceding one. I suggest you delete the first part and just insert "Moreover", such that this sentence reads "Moreover, WHOQOL-BREF contains items…".
Page 23, lines 13-14: what exactly do you mean? You indicate that QPR estimates psychological factors. Besides, the reasoning is circular - QPR/personal recovery reflects psychological factors, important to personal recovery.
Page 24, line 19: Please change Leamy et al. into BMC reference format.
Page 24, lines 24-26: another example of circular reasoning that needs to be corrected.
Page 25, line 15: you write "QPR-15 demonstrated that it…" By this you ascribe intentions and capacities to a thing. There are cases when this can be feasible, such as "this study showed that…" or "the discussion does not…", because it is very obvious that there are people involved. But your wording in line 15 almost assigns independence to the instrument. So please reword. Again, I am positive to this paper and would like to see it published. Please don't let these comments make you believe anything else.

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 recommend additional statistical review

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