Reviewer’s report

Title: Positive Mental Health Literacy: Development and Validation of a Measure Among Norwegian Adolescents

Version: 0 Date: 25 May 2017

Reviewer: Margaret Barry

Reviewer’s report:

This is an interesting and well written paper that describes the development of a positive mental health literacy scale for adolescents. The study, as described in this paper, aims specifically to assess one aspect of mental health literacy, i.e., knowledge of the factors that promote mental health and uses the Basic Psychological Needs Theory (BPNT) as a theoretical foundation for developing the dimensions of the scale.

The development of the Mental Health-Promoting Knowledge scale is described together with the process of establishing its psychometric properties with a sample of Norwegian upper secondary school students aged 15-21 years. The study provides a good theoretical and empirical foundation for developing, albeit one component of, a positive mental health literacy scale.

Background:

The introduction provides a clear rationale as to why such a scale is needed to be developed and the nature of the current gap in the mental health literacy literature is well addressed. However, the paper would benefit from referencing the wider health literacy literature where definitions and conceptual models of health literacy have been developed. See for example, the following sources:


It would be useful to make reference to this broader literature on current conceptualizations of the different dimensions of health literacy, which have relevance for the further development of the concepts and measurement of mental health literacy.

Methods:

The three-step development process is clearly described in the Methodology section. However, it would be useful to have some further methodological details on each of the phases.

In relation to Phase 1 on Item Generation, please include details of how the adolescents were selected to participate in the focus groups, what protocol was employed, and how the focus group data were analysed. The same details could also be usefully provided in relation to Phase 2 concerning the selection of experts.

It is reported that a pool of 32 items was generated, this seems relatively small and it would be helpful to know how this list was arrived at, including further details on the analysis of the data from phases 1 and 2.

With regard to the pilot testing phase, again sample selection details need to be included.

Please check the accuracy of scale item numbers as reported at the top of p.6, which states that the scale went from 14 to 15 items, however, the number of reported deleted items (2) and additions (2) do not seem to result in 15 items.

With regard to Phase 3, please clarify whether the cross-sectional survey at the five schools included some of the same schools as in Phase 1 and the pilot study.

It would be useful to indicate how missing data were handled in the analysis.

Results:

The factor structure resulting from the principal component analysis is clearly described, as is the internal and construct validity of the scale and the test-retest reliability.

In the Descriptive Statistics as described on page 12, reference is made to 'insufficient levels of knowledge' being indicated by mean scores on or below 4. Please clarify how was this cut-off score was determined as it appears somewhat premature to use such a cut-off at this early stage when further testing of the scale may be required.

Discussion:

The authors are correct in stating that mental health literacy has not been consistently conceptualized in the literature. Please see comments above regarding referencing the general
health literacy literature where more complex conceptual models have been developed. It would be useful to reference and discuss the relevance of this work for mental health literacy in the Discussion section, placing the present study in this wider context.

With regard to the validation of the scale, useful to consider the possibility of ceiling effects with regard to the low level of variance reported in the mean scores, and consider the implications of this for establishing the discriminant validity of the scale in future use.

On page 14, the scale is described as being the first measure of the positive component of mental health literacy, please clarify if this part of a larger study, in which case further details should be provided.

It would be useful to consider the difference between adolescents having knowledge of the factors that promote mental health and having the skills to apply that knowledge. Some further discussion of this point could be included, with reference to the wider health literacy literature, as highlighted in comments above.

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.

Yes

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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