



**ESPS PEER-REVIEW REPORT**

**Name of journal:** World Journal of Psychiatry

**ESPS manuscript NO:** 25167

**Title:** Effectiveness of an intervention for reducing social stigma towards mental illness in adolescents

**Reviewer's code:** 02445294

**Reviewer's country:** Norway

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-27 12:14

**Date reviewed:** 2016-03-14 22:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

**COMMENTS TO AUTHORS**

General: The authors report about an intervention of high importance based on data derived from a sample of limited size. I highly recommend that they consult a native English speaking colleague for language editing! It is currently not publishable. Some concerns in detail: - P. 3; 3rd row: I would prefer using "measured" compared to "assessed". - P. 5; 3rd paragraph; 6th row and following in the introduction: Please use past tense when reporting findings from the literature - Reid showed...; 2nd last row: ...Weist said that programs to promote mental health as well as intervention programs should be carried out in schools .... What's the difference between programs to promote mental health and intervention programs? What should be promoted in particular? What types of intervention etc...? - P. 6; 1st row: "explained" instead of "explains", please - P.6; last paragraph: There is seemingly important information missing. Subscales from what? Please specify and describe the applied method or don't refer to scales but to measured attitudinal and behavioural constructs. - P. 8: You just refer to domains (seemingly questionnaire subscales) derived from type of stigma theory/model. I would like to read some introduction into this model before reporting related



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findings. - P. 9; design: Please give some rationale for your sample size! Please reformulate the 2nd sentence. Your study did not “consisted in measuring ...” You just had one experimental condition and one control condition but not two experiments, am I right? - P. 9; subjects: Please report something about the sampling procedure. Please tell the reader what the Escola Amiga Program from ... contains (aims, goals, approaches etc. who participates(ed) based on what type of selection criteria and/or assumed benefits? - P. 9; Evaluation instrument: How was the CAMI validated with which results? Where are psychometric properties published? The variation of stability seems to be very high (p. 10)? Please give more information about how stability was determined (period between assessments etc.). - P. 10; 1st paragraph: How did you approve the factor structure of the CAMI? Can you provide any reference for this? “declarations”? better “statements”? - Did the 12 students who dropped out at the 2nd assessment represent a systematic drop-out in any direction? Did you test this (intervention or control group? Gender, age etc...)? - P. 11; end of 1st paragraph: What questions have been discussed? Please give some examples. - last paragraph: Please explain what you mean with “within a week” - Did you mean “after one week”? Or, was there a variation from 1 day to 7 days for the time between two assessments? - P. 12: Did you consider a multi-level analysis? I could not really find the findings from your general linear model analysis for repeated measures in your findings. Please describe these more clearly. - P. 13; 2nd sentence: What kind of difference was found to be significant? You just had one intervention group - please make clear what was significant. - Tables - Please change post-intervention into follow-up. Please provide with the related t-scores and clearly define which scores have been compared! For example in Table 1, it remains unclear if the p-values refer to the comparison control group versus intervention group at baseline or at follow-up or if they refer to differences between the two assessments for either, control or intervention group! It is the same dilemma within table 2 and 3 implying that it is impossible to follow the content of your result section. Discussion: It remains unclear to me what the differences found for various subscales depending from some variable mean for changes in attitudes and behaviour in contact with individuals suffering from mental disorders in daily life. What might really have been changed, if so?

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Psychiatry

**ESPS manuscript NO:** 25167

**Title:** Effectiveness of an intervention for reducing social stigma towards mental illness in adolescents

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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is, in summary, a manuscript aimed to assess the effectiveness of an intervention for reducing social stigma towards mental illness in a sample of 280 secondary school adolescents. The authors also evaluated the effect of gender and knowledge of someone with mental illness. It has been suggested that this type of intervention was effective in reducing the Community Attitudes towards Mental Illness authoritarianism and social restrictiveness subscales. In addition, the intervention demonstrated significant changes of authoritarianism and social restrictiveness in girls whereas, according to the main results, boys reported only changes concerning authoritarianism. In particular, a significant reduction was reported in authoritarianism and social restrictiveness in those who knew someone with mental illness after the intervention. The authors may find as follows my main comments/suggestions. First, throughout the Introduction section, the authors correctly stated that individuals who suffer from mental illness, and in particular those suffering from schizophrenia, represent one of the most stigmatized groups in society. However, they did not report that schizophrenia genetic explanation may potentially increase the stigmatization towards these patients.



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Considering schizophrenia as a genetic condition influenced participants perception of other people's beliefs about dangerousness and unpredictability and people's desire for social distance. In order to develop this topic, i suggest to cite and discuss the paper of Serafini and colleagues (Journal of Psychiatric and Mental Health Nursing 2011;18:576-585). Within the same section, the authors stated that some explicit ideas of personality traits, which are the basis for the formation of stereotypes of certain groups, are not developed until adolescence. This assumption is quite interesting as formulated, but needs to be further developed. In detail, based on the authors' opinion, what are these specific personality/temperamental traits that would expose some subgroups of subjects to a specific vulnerability in developing these stereotypes? Regarding the Methods section, the description of the CAMI psychometric instrument could be reduced in length. Concerning the procedure of the study, the authors stated that a total of 12 students were not present in the second evaluation and, thus, these cases were lost. However, they did not report the main reasons of this loss. Did participants refuse to undergo the second evaluations? In addition, within the same section, whether the parents' signed consents have been collected has not been reported. Importantly, did the authors really randomized their participnats into two groups? In this case, why they continued to name "control group", the sample of adolescents who did not undergo the intervention? Whether they did really assign the total sample into subjects who underwent the intervention and subjects who did not is not well specified. Here, more details are needed. Regarding statistical analyses, the authors stated that when all the variables were obtained, a general linear model for repeated measures was carried out controlling for the variables of gender and whether or not the subjects knew someone with a mental disorder. However, i did not find any Table throughout the main text reporting these type of analyses. Within the Results section, there is no mention to multivariate analyses that the authors conversely reported to carry out. In addition, Table 1, 2, and 3 did not report the Student t-test values but simply the p values and this is quite confusing for the general readership. I suggest to add the Student t-test values as specified throughouth the Methods section. Throughout the Discussion section, the authors reported that their intervention using a documentary film with adolescents was effective and that there are other studies in literature that may confirm this finding. However, they did not provide eventual ex



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## ESPS PEER-REVIEW REPORT

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**Title:** Effectiveness of an intervention for reducing social stigma towards mental illness in adolescents

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<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

The authors randomized 280 secondary school adolescents to an intervention aimed at reducing the stigma of mental disorders. Results show that the intervention was effective with respect to attitudes about authoritarianism and social restrictiveness. There are some points about reporting the results the discussion. I suggest to report effect sizes. I suggest to discuss the difference between attitude (measured) and behavior (not assessed) If somebody says I don't no somebody with a mental illness, given the high prevalence, this means that he or she does not know what mental illness is or limits this category to severe forms of schizophrenia. This affects table 3 A 20 minute film can carry only limited information. So it would be interesting to report in the paper, which aspects of mental illness were covered and what the main messages were. As Schomerus has shown, the content of psychoeducation about mental illness may influence the extent of stigma.