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OPEN PEER REVIEW

Validating the Persian Version of the Self-stigma of Seeking Help (SSOSH) Scale

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

2 comments · 24 May 2024 – 15 Jun 2024

Referee 1 Reviewer

REJECT 24 May 2024

The manuscript describes the validity of a Persian version of the self-stigma of seeking help. Given the quality of the writing, the rigor/depth of the analyses (factor analysis of the Persian version, convergent validity, discriminant validity, and additional analyses of scale intercorrelations and intraclass correlations), and the weak methodology, I cannot recommend the manuscript for publication. The following reasons substantiate my recommendation and hopefully provide guidance for the authors:
-The introduction should be restructured to focus on the measurement of self-stigma of seeking help. Describe the justification for developing a validated instrument for self-stigma in Iran.
-It would be necessary to explain why self-stigma of seeking help is an appropriate measure compared with previous measures. I would like to see more critical discussion of previous measures.
-Please provide more information about self-stigma of seeking help.
-The sample size is low.
-It would be necessary to explain what tools you used for diagnosis. Did you use SCID or a similar interview?
-Does this study have inclusion and exclusion criteria? Please report them.
-I feel it is important to know more about the method section.
-Please add more information about self-stigma of seeking help and an example item for each measure.
-Specify the recommendations provided by six psychiatrists.
-How were missing data handled?
- Report the other psychometric properties for the measures in the current sample (factor analysis of the Persian version, convergent validity, discriminant validity, and additional analyses of scale intercorrelations and intraclass correlations).
- More details about the sampling method used to recruit participants would be helpful.
-It is important to know more about whether the findings are consistent or inconsistent with the previous literature.
-Please add the clinical implications of the study.
- Please add future directions.

Editor-in-Chief

MAJOR REVISION 15 Jun 2024

Thank you for submitting your manuscript for consideration for publication in the Iranian Journal of Psychiatry and Behavioral Sciences. Your paper has been evaluated by external peer reviewers. Please revise your manuscript according to the reviewers' comments.

After revision, authors are obliged to upload a Word file containing the reviewers' comments and their responses to all comments, one by one.

Besides, please pay attention to the word count limitation:
Word count limits are stated at this link: http://kowsarpub.com/en/index.php/services/for-authors/895-word-count

We look forward to receiving your revised manuscript. Thank you for sending your work to the Iranian Journal of Psychiatry and Behavioral Sciences. The revised text must be highlighted in the full manuscript file.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Reviewers,

Thank you for carefully reviewing my manuscript. Your feedback has been incredibly helpful in improving the quality and depth of my work. I will now address each of your points to make the paper clearer and more robust.

All changes were highlighted in the revised manuscript.

Reviewer 1:

Abstract

1- Please write something as a background

I would like to express my gratitude for your thorough assessment of the abstract's organization and structure. This is the part we added: Stigma poses significant barriers to mental health treatment, impacting treatment decisions and recovery outcomes. Standardized rating scales play a crucial role in assessing self-stigma, essential for intervention efforts aimed at reducing its impact and improving mental health outcomes globally.

2- Mention time of study

Thank you for your attention to detail; this procedure was conducted from October 2023 till May 2024 which was highlighted in the abstract and method.

3- Mention tools and scales that used

I would like to thank you for your comment. This study aims to measure the psychometric properties of the SSOSH scale.

Demographic characteristics were asked in questionnaires, and the type of disease was based on the patient's specialist evaluation.

4- Write keyword according mesh term

I appreciate your suggestions for improving the clarity and precision of our terminology. As for this subject, all terms are not defined in mesh. However, "validation" is changed to "validation study", "Help-Seeking" is changed to "Help-Seeking Behavior" ,and "mental health"

Introduction

1- Justify the necessity for your study based on the gap in the previous findings.

I am grateful for your time and expertise in providing constructive feedback. No instrument exists to assess the self-stigma of seeking help in Persian.

Method
1- Mention tools and scales that used:

Thank you for your constructive feedback on the methodology section. We used SSOSH translation according to WHO's guideline. We also asked participants about their demographic characteristics, including age, gender, education, employment, and family history of mental health disorders. Also, to evaluate the psychiatric disorders of the participants, each of them was given a code, and a form was given to the psychiatrists participating in the project. They were asked to write the type of psychiatric disorder of the client, according to their code. The psychiatry diagnosis was based on psychiatrist evaluation by DSM-5.

Overall, the method section is rewritten for further clarity.

2- In method section, every operation that has not been described before and that the researcher (them) needs to know about to repeat the study should be described: Researchers research schedule, procedure given to the participants and the initial information given to them about the purpose of the research or how to conduct the study (whether it was an individual or a group, the duration of the execution, the execution place, and other such points):

Thank you again for your constructive feedback on the methodology section. This study was conducted by asking patients to fill out questionnaires face-to-face, online, or via phone in Roozbeh outpatients clinics and a few private clinics in Tehran.. It was done from October 2023 till May 2024. Information given to participants included the purpose of the study and a brief description of the tool, which was provided in English version and was translated. All participants were voluntarily involved, and this study aligns with Helsinki's Ethical Principles for Medical Research Involving Human Subjects.

Overall, the method section is rewritten for further clarity.

3- The tools used include questionnaires, observations, interviews, rating scales and tests. In the report of the used tools, these tools are described first, then their scoring method is mentioned, and at the end, their psychometric properties (such as reliability and validity) are indicated:

Thank you for your insightful feedback on this section, which has helped to enhance the rigor of our research. The Self-Stigma of Seeking Help Scale (SSOSH) is a psychometric tool designed to assess an individual's self-stigma associated with seeking psychological help. It measures the extent to which individuals experience negative attitudes, beliefs, and feelings about themselves regarding seeking help for mental health concerns. The scale was developed by Vogel et al(13). It has ten questions overall. Each item is typically scored on a Likert-type scale, where respondents indicate their level of agreement or disagreement with each statement (e.g., 1 = strongly disagree,

2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree). For summation, questions number 2,4,5,7, and 9 are scored reversely. The scores for all items are added together to obtain a total score for the scale. The internal consistency of this scale was 0.91, and all factor loadings for ten items were more than 0.50, indicating the unidimensional factor structure. It was valid in terms of construct and criterion validity and had an excellent 2-month test–retest reliability.

This explanation is added to “Measures and Scales” in method section.

4- If the instrument used is standard, try to mention its mean and standard deviation according to the studied sample.

Yes, of course. This scale is the first one to measure help-seeking self-stigma in the psychiatric setting and there is no standard tool to compare. So, we only reported mean and SD of the participants based on it.

The total score of SSOSH could range from 10 to 50, and the mean of the SSOSH in this sample was 21.82 (SD=5.63). Detailed characteristics are shown in Table 1.

Result

1- Some analysis should be done: exploratory factor analysis:

I am grateful for the detailed critique of the data analysis, as your suggestions have led to a clearer interpretation of our findings. exploratory factor analysis and confirmatory factor analysis is done.

Exploratory Factor Analysis using the principal component analysis method was conducted. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.733, and Bartlett’s test of sphericity was significant ($\chi^2(45) = 311.968$, $p < 0.001$), indicating that the data were suitable for factor analysis. The EFA revealed that the Persian version has three factors that accounted for 57% of the total variance. The eigenvalue for each factor was 3.151, 1.286, and 1.185 respectively. Items 1, 3, 6, 8, and 10 loaded onto Factor 1; Items 4 and 7 loaded onto Factor 2; and Items 2, 5, and 9 loaded onto Factor 3. These three factors are labeled as “Negative Self-Evaluation”, “Self-Esteem Boost”, and “Resilience of Self-Image”.

Table 2. Rotated exploratory factor analysis of the SSOSH

Variable	Factor1	Factor2	Factor3
Item 1	0.7174		
Item 2			0.5614
Item 3	0.7786		
Item 4		0.8179	
Item 5			0.6904
Item 6	0.6900		
Item 7		0.7990	
Item 8	0.6476		
Item 9			0.7680

Item 10	0.4899		

Confirmatory Factor Analysis was conducted to test the three-factor model derived from the EFA using the maximum likelihood estimation method. The model fit was assessed using several fit indices, while the CFI and SRMR values indicate a good fit (0.918 and 0.050 respectively), the RMSEA and TLI values suggest a marginal fit (0.069 and 0.884 respectively). The model fit indices collectively suggest that while the model fits the data reasonably well, there is room for improvement, particularly regarding the TLI. Also, the Coefficient of Determination (CD) was 0.949.

2- Reliability coefficient of McDonald's Omega in questionnaire analysis should be done:

Thank you for your comment that helped us report a more precise reliability coefficient in this context. coefficient of McDonald's Omega is 0.818. We added details in the result section.

We shall mention that in response to the feedback regarding the sample size from another reviewer, we would like to inform you that we have collected additional data from the same population during the review process for another purpose. Specifically, we have gathered data from an additional 202 participants using the same methodologies and criteria outlined in our original study, although these participants were patients referring to private clinics. This brings our total sample size to 347, thereby enhancing the statistical power and reliability of our findings. The new data were subject to the same ethical guidelines and approval as our initial data collection.

Statistical Software for Data Science Version 17 and Statistical Package for Social Sciences version 26 were used for these analyses.

Discussion
Compare your new findings with the findings of others previous studies

Your thoughtful comments on the discussion section have encouraged us to delve deeper into the comparison of our results. We compared our results with other translated versions of the scale and the original version.

Although the original version had a unidimensional factor structure, our analysis revealed a three-factor structure of the Persian translation. We labeled these three factors as “Negative Self-Evaluation”, “Self-Esteem Boost”, and “Resilience of Self-Image”, each measuring a crucial aspect of the self-stigma of seeking help. This difference could be due to cultural differences and different interpretations of the items, cultural nuances, and sample differences.

Both the Revised (SSOSH-7) and Ultra-Brief (SSOSH-3) Self-Stigma of Seeking Help Scales(Brenner et al., 2021) have items 1, 6, and 8. As these scales are designed by assessing factor loadings among other psychometric factors, this may indicate that, in Persian translation, factor 1, also labeled as “Negative

Self-Evaluation", has the most important rule in bringing up reactions about what seeking psychiatric help would mean.

However, the subsequent CFA did not confirm this three-factor structure. The flexibility of EFA can lead to the identification of patterns that CFA, with its more stringent requirements, cannot confirm. Using larger and more demographically diverse samples and conducting cognitive interviews with participants in future studies can be helpful in tackling this issue.

Reviewer 2:
The manuscript describes the validity of a Persian version of the self-stigma of seeking help. Given the quality of the writing and the rigor/depth of the analyses(factor analysis of the Persian version, convergent validity, and discriminant validity and additional, scale intercorrelations, intra class correlations) and weak methodolgy, I cannot recommend the manuscript for publication. The following reasons substantiate my recommendation and hopefully provide guidance for the authors

-The introduction should be restructured to focus on the measurement of self-stigma of seeking help Describe the justification for developing a validated instrument in Iran for self-stigma.

I appreciate your suggestions for improving the clarity and precision of introduction. The introduction is restructured now. Only added data are highlighted in the text, which are as below:

About Iran: In Asian communities, stigma is the predominant barrier to help-seeking among individuals with mental health disorders. Societal stigma often leads to self-stigma, where individuals internalize negative societal views, adversely affecting their self-esteem and empowerment, a concept known as self-stigma. This self-stigma significantly influences attitudes towards help-seeking. Stigma related to mental health disorders or mental health services is directly associated with less active help-seeking for mental problems. For example, evidence indicates that help-seeking from formal mental health services for suicidal individuals in Iran is notably low.

-it would be necessary to explain why self-stigma of seeking help is proper measure in comparison with previous measurement. I would like to see more critical discussion on previous measurement.

Thank you for your constructive feedback on this section There aren't any measurements to assess the self-stigma of seeking help in Persian to have a comparison. As for the SSOSH scale, as it is highlighted in the introduction, it is concise, with only ten questions, and specifically measures the self-stigma associated with help-seeking, an essential factor in seeking professional help. Revised versions, such as the SSOSH-7 and the Ultra-Brief SSOSH-3, provide flexibility for researchers to choose based on their study goals and context.

-Please provide more information about self-stigma of seeking help

Thank you again for your constructive feedback on the introduction section. Stigma related to mental health disorders or mental health services is directly associated with less active help-seeking for mental problems. In Asian communities, stigma is the predominant barrier to help-seeking among individuals with mental health disorders. Societal stigma often leads to self-stigma, where individuals internalize negative societal views, adversely affecting their self-esteem and empowerment, a concept known as self-stigma. This self-stigma significantly influences attitudes towards help-seeking

-Sample size is low

Thank you for your constructive feedback on the methodology section, especially sample size, which has helped refine our approach and enhance the rigor of our research. In response to the feedback regarding the sample size, we would like to inform you that we have collected additional data from the same population during the review process for another purpose. Specifically, we have gathered data from an additional 202 participants using the same methodologies and criteria outlined in our original study, although these participants were patients referring to private clinics. This study is part of a larger research project that investigates self-stigma in patients using online and face-to-face visits, we believe that dividing the results into two separate papers allows for a more detailed and focused analysis of each aspect. This brings our total sample size to 347, thereby enhancing the statistical power and reliability of our findings. The new data were subject to the same ethical guidelines and approval as our initial data collection.

-it would be necessary to explain what tools you have used for diagnosis? Do you have use SCID or similar interview?

I am grateful for the detailed critique of the scales. To evaluate the psychiatric disorders of the participants, each of them was given a code, and a form was given to the psychiatrists participating in the project. They were asked to write the type of psychiatric disorder of the client, according to their code. Diagnosis was based on psychiatrists evaluation based on DSM-5.

Overall, the method section is rewritten for further clarity. Overall, the method section is rewritten for further clarity.

-Does this study have inclusion and exclusion criteria? Please report.

I would like to express my gratitude for your thorough assessment of the manuscript's methodology. The participants included online and face-to-face cases from Roozbeh Hospital outpatient clinics and a few private clinics in Tehran, Iran. All patients who had online visits from Roozbeh Hospital were included, as their population was low. Others were recruited through a convenient sampling method among patients who had face-to-face visits. Only patients

older than 18 years old, having at least an elementary school degree, with the ability to read in Persian without severe intellectual disabilities were recruited. This study was conducted by asking patients to fill out questionnaires face to face, online, or via phone, done from October 2023 till February 2024.

-I feel it is important to know more about method section

Thank you for your detailed comments on method section. The method section is rewritten for further clarity. Only added parts are highlighted.

-Please add more information about self-stigma of seeking help and an example item for each measure.

I am grateful for your time and expertise in providing constructive feedback. As mentioned and highlighted in the introduction, the Self-Stigma of Seeking Help (SSOSH) scale is concise, with only ten questions, and specifically measures the self-stigma associated with help-seeking, an essential factor in seeking professional help. It evaluates the impact of seeking help on their self-esteem, self-confidence, and overall self-perception. Revised versions, such as the SSOSH-7 and the Ultra-Brief SSOSH-3, provide flexibility for researchers to choose based on their study goals and context.

-Specify the recommendations provided by six psychiatrists.

I am grateful for the detailed critique of the result. Six psychiatrists who were involved in the translation process suggested some changes. They suggested making sentences simpler, reducing the number of verbs, and highlighting key points in the introduction of the SSOSH translated version. They also suggested that using the Persian translation of “psychotherapist” is a better option than the Persian translation of “therapist” which is used in the original version

-How to handle missing data?

Thanks for paying attention to this matter. There was no missing data. The scale only had 10 items, and the questionnaires were mainly filled out face-to-face. However, some patients didn’t want to participate. This could be due to self-stigma as well as other factors.

- Report the other psychometric properties for the measures in the current sample (factor analysis of the Persian version, convergent validity, and discriminant validity and additional, scale intercorrelations, intra class correlations)

Thank you again for your constructive feedback on the methodology section. In this method we can only describe content validity, face validity, Factor Analysis (EFA & CFA), and reliability

(Cronbach’s alpha and McDonald's Omega are reported). Further studies are needed to measure other psychometric properties.

- *More details about the sampling method used to recruit participants would be helpful.*

I am grateful for the detailed critique. The participants included online and face-to-face cases from Roozbeh Hospital outpatient clinics and a few private clinics in Tehran, Iran. All patients who had online visits from Roozbeh Hospital were included, as their population was low. Others were recruited through a convenient sampling method among patients who had face-to-face visits. Only patients older than 18 years old, having at least an elementary school degree, with the ability to read in Persian without severe intellectual disabilities were recruited. This study was conducted by asking patients to fill out questionnaires face to face, online, or via phone, done from October 2023 till February 2024.

-*it is important to know more about consistent or unconsistent with previous literature*

Your thoughtful comments on the discussion section have encouraged us to delve deeper into the comparison of our results. We compared our results with other translated versions of the scale and the original version. Some further comparisons are added and highlighted in the discussion due to further analysis and new results.

As mentioned before, the SSOSH scale has been translated into different languages. The SSOSH examination across six nations(Vogel et al., 2013) in England, Greece, Israel, Taiwan, Turkey, and the United States has shown adequate internal reliability between 0.77 in Greece and 0.89 in England for research purposes with a 10-item scale. Also, this study showed that this scale has an univariant structure in these countries and can be used in various countries to investigate self-stigma toward help-seeking. Yan Zhou et al. have translated this scale into German and Chinese(Zhou et al., 2019) using the translation-back-translation method recommended by Brislin(Brislin, 1970). As we used the WHO method for translation, we also did translation-back-translation, but in a different way. The Spanish version has been validated in a group of Colombian medical students by Brayan F. Larrahondoa et al., who obtained an internal consistency of 0.80 and a test-retest repeatability CCI of 0.77(Larrahondo et al., 2021). The Greek version(Efstathiou et al., 2019) used college students, similar to the Spanish version, which obtained satisfactory discrimination and criterion validity, and test-retest reliability was 0.89. Likewise, the Persian version of SSOSH achieved acceptable reliability and validity in this study. In comparison with these versions, our sample population was people with mental health disorders. Moreover, they have calculated test-retest repeatability and structural, convergent, divergent, discriminative construct validity, and psychometrics of scale, which have yet to be calculated in our sample due to a different method.

-*Please add clinical implication of study*

Thanks for providing constructive feedback. The clinical implications of the study were described in the discussion. For further clarity, highlighted sentences are added. The whole part is:

Before developing the original version of the SSOSH scale(13), no adequate conceptual or measurement tool existed for exploring the internalized self-stigma and tendency to psychological help. As it is a short and quick-to-complete scale, validation will contribute to more evidence-based research and interventions. Our study makes it possible to measure this self-stigma in Iranian patients. In terms of practical implications, this study provides mental health professionals in Iran with a reliable tool to detect self-stigma, enabling targeted interventions to reduce stigma and promote help-seeking behaviors. Researchers can use the Persian version to assess the self-stigma of help-seeking in different patients in different mental healthcare settings. Moreover, the self-stigma of help-seeking can be comprised of Iranians and residents of other countries. This can lead to changes in policymakers' policies and plans for mental health services. This validation also supports research on mental health stigma in Persian-speaking communities, fostering better public health strategies and improved access to mental health services, ultimately enhancing patient outcomes.

- *Please add future direction*

I am grateful for your time and expertise in providing constructive feedback, which has been instrumental in refining our manuscript for publication. At the end of the discussion, we mentioned our limitations and future direction:

The study had several limitations. We lacked a comparable instrument for evaluating test-retest reliability and different aspects of construct validity. These psychometric characteristics should be assessed in future studies. Moreover, our sampling method was convenience sampling and could only be representative of some patients. Future research focused on other types of validity of the Self-Stigma of Seeking Help (SSOSH) scale should be done to complement the results of this study.

2 Revision 1

4 comments · 19 Jul 2024 – 6 Aug 2024

Referee 2 Reviewer

MINOR REVISION 19 Jul 2024

You can use the link below to enhance the concepts related to the Stigma of Suicide Scales. Please use this article in the introduction as a literature review.
https://brieflands.com/articles/ijpbs-143381.pdf

Referee 3 Reviewer

MAJOR REVISION 26 Jul 2024

Dear Authors
Many thanks. There are 4 comments you need to consider:

1-Please examine the test-retest reliability and criterion validity of the Self-Stigma of Seeking Help (SSOSH) scale in Iranian patients; validation of the Persian version of a scale must be supported by strong evidence.

2-Please report the results of the factor analysis (EFA & CFA) and fit indices in the table.
3-What is your reason for using Varimax Rotation in EFA?
4-In the Measure section, in line 158, write the reference.

Associate Editor

MINOR REVISION 3 Aug 2024

Dear Authors
Many thanks. There are some comments you need to consider:

1-Please examine the test-retest reliability and criterion validity of the Self-Stigma of Seeking Help (SSOSH) scale in Iranian patients; validation of the Persian version of a scale must be supported by strong evidence. You can use the link below to enhance the concepts related to the Stigma of Suicide Scales. Please use this article in the introduction as a literature review.
https://brieflands.com/articles/ijpbs-143381.pdf
"Psychometric Properties of Persian Short Forms of the Literacy and Stigma of Suicide Scales on the Iranian Population"
2-Please present the results of the factor analysis (EFA & CFA) and fit indices in the table.
3-What is your reason for using Varimax Rotation in EFA?
4-In the Measure section, in line 158, write the reference.

Editor-in-Chief

MINOR REVISION 6 Aug 2024

Thank you for your recent revisions.
Your paper has now been evaluated again. According to the reviewers' and associate editor's comments, it needs some more revisions. Please make your revisions according to these comments. I would appreciate it if you could make the revisions as soon as possible using the track changes mode in MS Word and colored text.

3

Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Reviewers,

Thank you for carefully reviewing my manuscript. Your feedback has been incredibly helpful in improving the quality and depth of our work. we will now address each of your points to make the paper clearer and more robust.

Reviewer 1:
You can use the link below to enhance the concepts related to the Stigma of Suicide Scales please use this article in introduction as a literature review.

https://brieflands.com/articles/ijpbs-143381.pdf

I appreciate your suggestions for improving the clarity of introduction. The article is now used in the introduction. The added part is highlighted.

Reviewer 3:

1-Please examine the test- retest reliability and criteria validity of the Self-Stigma of Seeking Help (SSOSH) scale in Iranian patients; Validating the Persian version of one scale must be have strong evidence.

I would like to express my gratitude for your thorough assessment of the manuscript's methodology. However, due to our research procedure, we cannot examine these psychometric characteristics.

2-Please write the Results of the factor analysis (EFA&CFA) and fit indices in the Table

Thanks for your feedback. EFA result is shown in Table 2, and fit indices are written after that. This section is now highlighted.

3-What is your reason for using Varimax Rotation in EFA

I am grateful for the detailed critique of the methodology section. As you know, in Exploratory Factor Analysis, rotation methods are used to make the output more interpretable by adjusting the factor loadings to a simpler structure. We used this type of orthogonal rotation because we preferred the simplicity and interpretability of the factor structure. As the factor structure was not unidimensional like the English version, we needed a clear, distinct set of factors.

4-In the Measure section, in line 158, write the reference.

Thank you for your detailed comments. The reference is highlighted.

3 Revision 2

2 comments · 24 Aug 2024 – 6 Sep 2024

Associate Editor

ACCEPT 24 Aug 2024

Thanks.

Editor-in-Chief

ACCEPT 6 Sep 2024

We have completed our review of your manuscript and are pleased to inform you that it is being considered for publication in Progress in Psychiatry and Behavioral Sciences (previously named Iranian Journal of Psychiatry and Behavioral Sciences). Note that the publication of your article will only be finalized upon your cooperation with the editorial process.
Thank you for your fine contribution. On behalf of the Editors of Progress in Psychiatry and Behavioral Sciences, we look forward to your continued contributions to the Journal.