Reviewer's report

Title: Health States for Schizophrenia and Bipolar Disorder within the Global Burden of Disease 2010 Revision.

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Reviewer: Somnath Chatterji

Reviewer's report:

This is a very important paper illustrating the limitations in the research literature in clearly defining health states related to schizophrenia and bipolar disorder and in terms of availability of data from large representative populations.

However, the following compulsory revisions are recommended:

- the authors need to provide in the results not just the proportion of cases in the defined states for schizophrenia and bipolar disorder, but also need to provide what the final health state descriptions were for these different health states to make the results more valuable and of utility to the mental health community. This would help mental health researchers to also understand the inputs for deriving the disability weights for these conditions since those would be used to derive the health state specific disability estimates - the ultimate aim of this exercise.

- in the analysis section the authors mention the quality effects model and state that is preferred over the random effects model but the references provided (40-42) have nothing to do with the quality effects model and need to be changed to the original references to the QEM

Minor essential revisions

- In the background the authors say that the GBD exercise is to be completed by 2011 and cite a reference that indeed did say that but I wonder if this should somehow be modified to suggest that it will be completed in 2012 so that readers are not confused.

- In defining health states, the authors state that the DSM IV criteria 'place less emphasis on severity and functional impairment...” . However, a diagnosis of schizophrenia or bipolar disorder in the DSM IV cannot be made in the absence of 'functional impairment”or 'distress. The text needs to be modified accordingly.

- in the discussion section the authors should acknowledge that the Cruz et al paper for bipolar disorder that was selected was a study on rapid cycling which is a sub-set of bipolar disorder and may have influenced the results

Minor discretionary revisions

- the authors use the word 'acute' to refer to the health state of schizophrenia
associated with predominant positive symptoms; this may be confusing given that 'acute' psychotic disorder is understood as a different disorder in the ICD 10; hence, may be better to call this 'active 'schizophrenia as opposed to 'residual

- in the Conclusions the authors state that 'Schizophrenia...(is) an episodic disorder with a chronic course'. Much of the mental health community would disagree with this. In fact the reference cited here (45), states '...predominant course of illness includes chronically poor functioning with little evidence of long-term improvement' ; hence, it would be useful for the authors to explain this statement if indeed this is how the GBD study has modeled schizophrenia.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests