**Appendix B. Psychometric evaluation of the Community Attitudes Towards the Mentally Ill-26 items version (CAMI-26)**

The CAMI was translated and back translated into Spanish and Catalan languages and adapted cross-culturally by the research team. In the translation of the scale, a series of items had to be modified to make the scale integrative to the whole population. Item 16, “A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered” (English original version) was translated to “A person would be foolish to marry or partner any person who has suffered from mental illness, even though (s)he seems fully recovered” (Catalan translated version). Item 21, “Most women who were once patients in a mental hospital can be trusted as babysitters” (English original version), was translated to “Most people who were once patients in a mental hospital can be trusted to take care of others (babysitters, etc.)” (Catalan translated version). Scores of negative items were reverse coded so that higher scores indicate more favourable attitudes.

We evaluated the psychometric properties of the Spanish version of the CAMI employing SPSS v22.0. We made use of CAMI-26 scores for a principal component analysis (PCA). Following the common assumption that the ratio of participants per item is crucial for factor analysis, we were able to satisfy the minimum of 5 individuals-per-item ratio [1]. To know the suitability of the CAMI data for factor analysis, the Kaiser-Mayer-Olkin’s (KMO) [2] Measure of Sampling Adequacy was computed. KMO scores above 0.70 are considered adequate. The Bartlett’s test of Sphericity [3] was also computed to examine the extent to which the correlation matrices departed from orthogonality. In order to make our results in this exploratory analysis comparable with those originally reported by Taylor and Dear (1981) [4], an orthogonal (varimax) rotation was used to explore the underlying structure of the scale. The following set of rules helped to determine the optimal number of components to retain [5]: Kaiser’s criterion (components with eigenvalues > 1.0), the Cattell’s scree test (inspection of a plot of the eigenvalues for breaks or discontinuities), and item loadings (an item forms part of a component if its factor loading on that factor is ≥ 0.32).

The KMO measure yielded a coefﬁcient of 0.843, which is indicative of satisfactory sampling adequacy. The Bartlett’s test of sphericity produced a ﬁgure of 2,975.43 (P< 0.0001), indicating that the correlation matrix was suitable for factor analysis. The PCA (n= 551 after listwise deletion) revealed 8 factors with eigenvalues > 1.0. The first component explained 20.8% of the variance whereas the other 7 components explained 7.3%, 5.9%, 5.1%, 4.7%, 4.3%, 4.2%, and 3.9% of the variance respectively (eigenvalues of the 8 components were 5.41, 1.90, 1.55, 1.33, 1.22, 1.12, 1.08, and 1.02, respectively). Taking into account that the criterion of eigenvalues greater than 1.0 can lead to overestimating the number of meaningful components, we decided to examine the scree plot and the pattern of factor loadings, which suggested that 3 components may be sufﬁcient to capture the essence of the Spanish CAMI-26. A second PCA was performed, specifying that only 3 components should be identiﬁed. The second PCA yielded a 3-factor solution (accounting for 34% of total variance), with 23 items loading strongly on their respective factor (λ ≥ 0.32). Three items (items 4, 6, and 14) did not meet this rule-of-thumb. In addition, item 16 was discarded from the final solution as it cross-loaded in two factors (λ = 0.42 in factors 1 and 3). Given that it might be very strict the exclusion of item 6 (λ = 0.31), we decided to retain the 3 CAMI domains and 23 items (exclusion of items 4, 14, and 16) for further analyses. To sum up, the 3-factor structure of the Spanish CAMI had an “authoritarianism” factor (items 1, 2, 3, 6, 12, 15, and 18), a “benevolence” factor (items 7, 8, 9, 10, 11, 13) and a “support for community mental health care” factor (items 5, 17, 19, 20, 21, 22, 23, 24, 25, and 26) that supposes the fusion of the original factors social restrictiveness and community mental health ideology. Factor loadings for the 3-factor model are presented in Table S1.

Cronbach's α coefficients were computed for each CAMI subscale. Overall, the reliability of the CAMI subscales was between questionable and acceptable (authoritarianism=0.54; benevolence=0.63; support for community mental health care=0.72). Although there are great divergences between experts, a Cronbach’s a value between 0.35 and 0.70 represents fair but acceptable reliability. Another common rule of thumb criterion is a Cronbach α of 0.60 for exploratory research and of 0.70 for confirmatory research [6].

Table S1. Results of the principal component analysis (n= 551).

|  |  |
| --- | --- |
| **CAMI-26 items** | **Component** |
| **1. Authoritarianism** | **2. Benevolence** | **3. Support for community mental health care** |
| 1. One of the main causes of mental illness is a lack of self-discipline and will-power
 | **0.58** | 0.13 | 0.02 |
| 1. There is something about people with mental illness that makes it easy to tell them from normal people
 | **0.57** | 0.00 | 0.09 |
| 1. As soon as a person shows signs of mental disturbance, he should be hospitalised
 | **0.60** | 0.07 | 0.02 |
| 1. Mental illness is an illness like any other
 | 0.29 | 0.11 | 0.03 |
| 1. Less emphasis should be placed on protecting the public from people with mental illness
 | 0.10 | 0.07 | **0.39** |
| 1. Mental hospitals are an outdated means of treating people with mental illness
 | **0.31** | 0.11 | 0.22 |
| 1. Virtually anyone can become mentally ill
 | 0.01 | **0.57** | 0.13 |
| 1. People with mental illness have for too long been the subject of ridicule
 | 0.06 | **0.43** | 0.27 |
| 1. We need to adopt a far more tolerant attitude toward people with mental illness in our society
 | 0.04 | **0.69** | 0.23 |
| 1. We have a responsibility to provide the best possible care for people with mental illness
 | 0.03 | **0.79** | 0.17 |
| 1. People with mental illness don't deserve our sympathy
 | 0.17 | **0.67** | 0.11 |
| 1. People with mental illness are a burden on society
 | **0.44** | 0.03 | 0.22 |
| 1. Increased spending on mental health services is a waste of money
 | 0.26 | **0.58** | 0.12 |
| 1. There are sufficient existing services for people with mental illness
 | 0.27 | 0.28 | 0.12 |
| 1. People with mental illness should not be given any responsibility
 | **0.50** | 0.07 | 0.23 |
| 1. A person would be foolish to marry or partner any person who has suffered from mental illness, even though (s)he seems fully recovered\*\*\*
 | **0.42** | 0.10 | **0.42** |
| 1. I would not want to live next door to someone who has been mentally ill
 | 0.25 | 0.12 | **0.64** |
| 1. Anyone with a history of mental problems should be excluded from taking public office
 | **0.45** | 0.22 | 0.36 |
| 1. No-one has the right to exclude people with mental illness from their neighbourhood
 | 0.12 | 0.19 | **0.42** |
| 1. People with mental illness are far less of a danger than most people suppose
 | 0.05 | 0.20 | **0.64** |
| 1. Most people who were once patients in a mental hospital can be trusted to take care of others (babysitters, etc.).
 | 0.19 | 0.02 | **0.57** |
| 1. The best therapy for many people with mental illness is to be part of a normal community
 | 0.06 | 0.29 | **0.56** |
| 1. As far as possible, mental health services should be provided through community based facilities
 | 0.01 | 0.17 | **0.48** |
| 1. Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services
 | 0.05 | 0.23 | **0.57** |
| 1. It is frightening to think of people with mental problems living in residential neighbourhoods
 | 0.09 | 0.22 | **0.54** |
| 1. Locating mental health facilities in a residential area downgrades the neighbourhood.
 | 0.12 | 0.21 | **0.52** |

*Note*: CAMI-26 = Community Attitudes towards the Mentally Ill scale. Boldface indicates the primary loading for each item. \*\*\*Item that significantly cross-loaded on more than one component.

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