Review of: "Perceptions and Experiences of Human Right Violations of People Living with Mental Illness: A multi-centre descriptive cross-sectional study in Nigeria"

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Potential competing interests: No potential competing interests to declare.

Dear authors, thank you for this interesting study. I have a few questions, thoughts, and comments. I hope they may help in sharpening the article. Good luck!

1. I see (in the results) that there are two hypotheses (one concerning the socio-demographic characteristics and perception of human rights violations and one concerning patients' diagnosis and experiences of human rights violations). I miss a hypothesis about the awareness of their basic human rights and having experienced human rights violations.
2. I sometimes got a bit confused while reading concerning the perceptions and experiences of human rights violations. If I understand it correctly, the perceptions concern their awareness of basic human rights and what constitutes a violation, while the experiences concern their experiences of human rights violations. Maybe this can be sharpened in the article here and there.
3. The abstract concludes that individuals with mental illness have a clear understanding of their rights and the ways in which they are violated. It would be great if the conclusion could share what the added value is of knowing that. How can this information be used in a practical manner?
4. The purpose or aim of the study is described in different ways in the introduction, and I'm not sure whether they are all similar. Could you please check?
5. The abstract indicates that the sampling is done randomly, while the methodology section indicates convenience, proportionate, and consecutive sampling techniques were adopted. I'm confused about this. Additionally, the results indicate that more than 80% of the participants were male. I was wondering whether, if sampling was conducted at random, it is logical that 80% of the respondents are male. Is this similar to the demographic data of the health facilities? If so, then I was also wondering: why is 80% of the individuals with a mental health condition male? Could you include thoughts about this in your discussion?
6. In the methodology section, the authors mention ‘patients who were of relatively sound mind’. Could this be described in a different manner (it might be stigmatizing)? Similarly, in the introduction, the authors talk about ‘the normal population’, which should maybe also be rephrased for the same reason (otherwise it indicates that individuals with a mental health condition are not normal).
7. It would be great to add the instruments to the supplementary materials.

8. In Figure 1, there is text: "the % is not up to 100%'. This is something the authors may still want to adjust?
9. In the results (Patients' perception of human rights violations), the authors indicate that the predicted average mean was 2.5. How did the authors come to this predicted average mean? And, in line with my comment #2, it is not always easy to understand whether these concern the awareness of basic rights (violations) or their experiences. Maybe also be clearer on this in Table 4 and 5.
10. In the results, the authors speak of '… which are slightly lower (mean =3.4) but significantly higher than the average…' Is this statistically significant? If so, could the authors please add a p-value? If this is not statistical, could the authors maybe rephrase 'significant' (e.g., substantial)?
11. Table 4 (the awareness of their basic human rights) could be connected to internalised stigma. Maybe the co-authors could integrate that into the paper (→ discussion)
12. I think in Table 4, the first A should be SA?
13. Was Table 5 a yes/no question? I'm also a bit confused by some of the items: e.g., Q9 and 10 concern 'my patient's condition', but it is people with a mental health condition that answer this questionnaire, right? Does Table 5 also include an introduction (e.g., due to my mental health condition…. 'friends and family are refusing to visit'? (because otherwise it might be due to other reasons)?
14. One of the conclusions the authors draw is that 'only a small percentage of them have actually experienced violations of their rights'. Reading the discussion, this is not what I have seen stated. Could the authors align this more (either adjusting the conclusion or the discussion)?
15. I don't have insight into the bibliography that has been used, but I miss some embedding of the findings in the literature specifically about human rights violations, stigma, and mental illness in Nigeria. Also, to check against some common elements on mental health (stigma/discrimination/human rights violations) across contexts: e.g., internalised stigma, stigma in and by family members etc.
16. In the last part of the discussion (concerning the socio-demographic significant elements), there are no references to other literature. Could the authors place these findings in the literature?
17. If possible, I would combine tables 2 and 6 as they contain the same rows.
18. In the conclusion, it is indicated that the 'number of years a caregiver has been providing care is not linked to that experience'. I'm not sure what this conclusion adds?
19. I would expect that the conclusion would e.g. focus on the informal sphere of human rights violations as those were the ones most affected? I'm not sure in how far the current conclusion completely fits with the findings and the discussion and highlights the most important conclusions (but that can be because I'm not conversant with the data). The authors might want to check this.