

Dear Reviewer 3

Line 126: Starting here, the authors make a sweeping assumption without having any literature backup for it – the idea that disclosing mental health illness will help patients survive in a disaster situation, almost stating it as if it here a fact. Where is the literature to back this up? They talk about “requesting appropriate considerations.” What kind of considerations are you referring to? If someone is being evacuated and it is a matter of life and death, what kind of things could make it better for a person with a mental health condition? And is this different from disclosure once the person is in a shelter? So, this section is problematic. The authors have not provided evidence that things would be better for those who disclose. Literature is needed to provide evidence for this to even justify the study. Instead, again, the authors seem to be making this assumption without any kind of proof. And what does this look like? Is it disclosure alone? That seems too simplistic. What would the rescuers need to be doing to provide support? This was never flushed out in the study, e.g., no literature to back it up and no discussion of how that helped survive their new accommodations.

We have revised the relevant text as follows:

Lines 85–93

Research following the 2011 Great East Japan Earthquake showed that strong social support can help people to develop psychological resilience to disasters [30]. To reduce the negative mental health effects of disasters, it is important to identify psychosocial problems, symptoms, levels of functioning, attitudes, beliefs, and the status of existing mental illnesses in survivors [31]. However, unlike people who have been physically injured by disasters, the disabilities of people with chronic illnesses are invisible [32]. Therefore, during disasters, it is important that PMHI inform supporters of their symptoms to ensure that they receive appropriate social support. However, there are no studies on the effect of self-disclosure on the experiences of PMHI during disasters.

Line 329: What kind of appropriate consideration are you referring to? What could supporters do to help?

We have added the following text to address this point:

Lines 312–315

Such support should include the provision of specialized mental health care, as well as designated quiet areas or cubicles for individuals who need their own space. Supporters need to prepare supplies and conduct evacuation drills with PMHI residents during normal times in anticipation of future evacuation.

Line 332: You make a good point about stigma, and how that might be a barrier to self-disclosure, yet you didn't measure that.

We acknowledge that stigma was not measured, and have added a mention of this as a study limitation:

Lines 338–346

Finally, we were unable to measure whether stigma toward PMHI was a barrier to their disclosing their illness. Additional studies are needed to determine if PMHI who self-disclose illness information are more likely to stay in

a shelter and/or to experience a reduction in negative symptoms while in the shelter. Research is also needed on the effects of stigma on self-disclosure among PMHI. Additionally, longitudinal studies are warranted to investigate what kind of interventions are required from supporters and which interventions are more effective.

It seems to me that there were missed opportunities with this study. First, it would have been a much better study if it were longitudinal instead of cross-sectional. Then you could assess things like: 1. If a patient were to self-disclose, were they more likely to stay in the shelter? Were they more likely to experience less negative symptoms while in the shelter? 2. What could rescuers/supporters do that makes it better for the patients?

The best part of this study is the initial literature review showing evidence that natural disaster stressors negatively affect people who already have a history of mental illness.

In our discussion of limitations, we mentioned the need for longitudinal studies to investigate this issue.

Lines 342–344

Additionally, longitudinal studies are warranted to investigate what kind of interventions are required from supporters and which interventions are more effective.

Title: Sup-Porters = supporters

We have revised the title as follows:

Factors Related to the Willingness of People with Mental Health Illnesses Living in Group Homes to Disclose Their Illness to **Supporters** during Disaster Evacuation: A Cross-Sectional Study