Author's response to reviews

Title: Does a self-referral counselling program reach doctors in need of help? A comparison with the general Norwegian doctor workforce.

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Author's response to reviews: see over
Dear Dr. Annabel Phillips, Senior Assistant Editor

We hereby submit our revised manuscript: “Does a self-referral counselling program reach doctors in need of help? A comparison with the general Norwegian doctor workforce.”

We thank the referees and the journal for giving us valuable comments and the opportunity to revise the article.

The manuscript has been revised according to the comments from your referees. Please find below our point-by-point response to the concerns raised by the referees.

Adress to comments

- by referee 1: Bo Runeson:

In the second paragraph the referee points to the fact that our epidemiological approach does not allow the paper to answer the question “if the program has reached the doctors mostly in need of help”. This is correct, and the wording is therefore changed in the first paragraph of the abstract, as well as in the sentence that starts on page 3 and continues on page 4. The wording is now in accordance with the title asking if the program reaches doctors in need of help (rather than “mostly in need”). The title is therefore not changed.

The third paragraph comments the language: Detereeous is now corrected to deleterious in the abstract and in the Background section (first paragraph on page 3). The article has subsequently been sent to an English-teacher (with English as mother-tongue) for language-correction (including a revision of commas).

In the fourth paragraph the referee comments the need for clarification of the sick-leave data. The section concerning “Sick-leave” under “Methods”, page 7, and in the “Results” section, third paragraph of “Help-seeking” page 9 have been specified concerning disability/rehabilitation leave (“permanent” sick-leave) and retirement.
Page 2, second sentence: The word deleterous has been corrected to deleterious

Page 2: The referee asks us to change the term “low threshold” to another term that communicates the intent more clearly. On page 2 the term is changed to “easily accessible” in the “Background” section of the abstract, and omitted in the “Conclusion” part of the abstract. In the section titled “The Villa Sana program”, second paragraph page 5, the term low threshold is replaced by “easily accessible”, and the term is defined. Easily accessible has also replaced the term Low threshold in the first paragraph of the “Discussion” page 10 and the first paragraph of the “Conclusions” page 14.

Page 2, first line of the “Conclusion” in the abstract: The syntax “emotional- symptoms- and job distress” is specified to “emotional exhaustion, depressive and anxious symptoms as well as job-related stress”. This has also been specified on page 10 in the first paragraph of the “Discussion” and in the “Conclusions” on page 13.

Page 3, first line: The word deleterous has been corrected to deleterious

Page 4: Questions section. The question “To what degree did they seek help before coming to Villa Sana?”
In the “Results section” page 9, last paragraph under “Help-seeking” the question is answered by stating the percentage of doctors who had seen a GP or were in therapy with a psychologist or a psychiatrist before coming to Villa Sana. (This sentence has now been made into a paragraph, whereas it previously was difficult to distinguish as a separate result.) In the “Discussion” this issue is also addressed in the third paragraph on page 12. It would indeed be valuable to have more information about the kinds of previous treatment, the length of contact/therapy and also the perceived usefulness of the help they had received so far. In the counselling sessions this information will have been elicited, but regrettably it was not asked for in the self-reporting questionnaires. We therefore do not have more information concerning the help-seeking before coming to Villa Sana in this study.

Page 4: The referee asks for the proportion of doctors choosing one or the other type of intervention. A sentence has been added in the first paragraph under “Methods” page 5 specifying this.

Page 9: The reviewer asks us to qualify the term “professional identity”. This has now been done the first time the term is used, on page 6 under “Methods”, in the paragraph titled “Reason(s) for help-seeking”. The term is explained and a literature reference given.

Page 10: The referee asks whether the data we have demonstrate that doctors with high levels of stress are in need of treatment, rather than showing that they might be in need of treatment.
Using a self-reporting questionnaire has limits when it comes to interpretation. We can assume that many of the doctors over cut-off are in need of treatment, but we can’t certify that they all are. The clinical impression after having met these doctors at Villa Sana is that we recommend treatment (therapy and/or anti-depressants) to at least three out of four doctors. However, due to the inherent uncertainty concerning self-reporting questionnaires and cut-off values, we wish to keep the expression “could be in need of treatment” in the first paragraph of the “Discussion” on page 10.

With my sincere regards
Karin Rø