Author's response to reviews

Title: Perceptions and intentions relating to seeking help for depression among medical undergraduates in Sri Lanka: a cross-sectional comparison with non-medical undergraduates

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Author's response to reviews: see over
Dear Editor,

Manuscript MS: 1181006792174606: Responses to reviewers’ comments

Thank you for forwarding to us the feedback provided by the reviewers regarding this manuscript. Please find herewith the authors’ responses in relation to the suggested revisions.

Please let us know if any other information is required.

Thanking you,

Yours sincerely,

Santushi Amarasuriya

(on behalf of authors)
Responses to comments in Reviewer Report 4527818817899651 provided by
Dr. Deborah Cohen

“Abstract

The abstract is clear in terms of what the authors set out to achieve.

However there are areas particularly in methods and results that need simplifying. Shorter sentences that provided results more concisely would help the reading. (1. Minor issues not for publication)”

Authors’ response: Parts of the abstract have been rewritten. Please see lines 18-47.

“Introduction

The introduction again is lengthy and at times difficult for the reader to understand. (2. Minor issues not for publication).”

Authors’ response: The Background section was reviewed with the sentences rephrased where necessary. Please see lines 50-126.

“The authors quote Tyssen’s work about stress in medical students but conclude it is the depression that leads to the stress. This is not I believe Tyssen’s conclusions. This may be just the way it is written but needs clarification. (3. Major Compulsory Revisions)”

Authors’ response: This sentence was rephrased to make it clear that the description is about stress being a predictor of depression. Please see lines 55-59 in the Background section.

“In many areas the passive voice is used which makes it difficult to interpret. (4. Minor issues not for publication)”.

Authors’ response: This section was reviewed with sentences rephrased where possible.

“Overall this would benefit from further work. Also perhaps looking at some of the more recent publications. (5. Minor issues not for publication)”.

Authors’ response: The introduction has been restructured and sections have been included in response to the other reviewer’s comments as well.
Method

The methods seem appropriate to the study and comparisons to non-medical groups are sound. The authors need to address why they decided to look at depression only and not anxiety as well. PHQ9 is for depression but there are scales that look at depression and anxiety. Much of the work in this area recognises that there are difficulties for students with both depression and anxiety and both require support and treatment. Thus the authors need to justify their methodology. (6. Major Compulsory Revisions)

Authors’ response: Lines 93-98 have been incorporated in the Background section to justify why depression was the disorder selected for examination in this study.

Furthermore, a recommendation has been made for future work involving other mental disorders commonly experienced by undergraduates, to broaden understanding about help-seeking among the undergraduate population. Please see lines 386-388 in the Discussion.

Again in some areas it is difficult to follow and greater clarification with shorter sentences may help the reader. (7. Minor issues not for publication)

Authors’ response: This section has been reviewed and the sentences have been rephrased where necessary. Please see lines 127-236.

Results

The results seem appropriate and valid. However again the way in which they are presented makes it hard for the reader to assimilate what the authors found for the varying groups. This could be revisited. (8. Minor issues not for publication)

Authors’ response: The results section has been re-organised. Please see lines 237-293.

Discussion and Conclusion

“The discussion requires work to provide simple clear messages. At present it is difficult to unravel the results provided as discussion alongside reasonable interpretation of the results. I think separating the main points from strengths and weaknesses would help here. (9. Minor issues not for publication)"
Authors’ response: This section was reviewed and re-organised. Please see lines 294-400.

“I also think there are interesting points to be discussed about why different students at different grades seek support. There is good evidence about disclosure in the literature, which also addresses gender which may help the authors arguments. The authors do not discuss why they chose the measures they did in terms of depression. Also why they decided to look just at depression and not anxiety. (10. Major Compulsory Revisions)”

Authors’ response: The comparison between junior and senior undergraduates was removed due to the other reviewer’s concern that too many analyses had been presented in the manuscript. Hence a discussion about why help-seeking might differ across the different years of study was not included.

As mentioned earlier, a justification for examining depression among the undergraduates has been provided on lines 93-98 in the Background.

Further extension of this work, involving help-seeking among undergraduates with Anxiety Disorders, has been recommended in the Discussion on lines 386-388.
Responses to comments in Reviewer Report provided by 7975836661836398
Prof. Reidar Tyssen

General comments

“This is an important paper of an interesting topic, but it is very wide in its research focus (juggling both comparison between medical – non-medical, comparison of junior-senior students, screening positive-negative for MD - and this makes text and tables difficult to read etc..) and too comprehensive and redundant in reporting of results and findings. This applies to both the main text and contents and numbers of tables. It is a major weakness that your sample of medical students has not been accounted for in more detail (response rate? Selection bias?)”

Authors’ response: As suggested, the comparison of the junior with senior undergraduates has been removed.

More details regarding the administration procedure have been provided on lines 170-182 in the Method: Procedure section.

Details regarding participation and the response rate have been provided on lines238-245 in the Results section.

The limitation of the study relating to the sample only including those who attended lectures has been discussed on lines 383-386 in the Discussion section.

Major compulsory revisions

“1) The selection of participants should be accounted for in more detail, how many students of the eligible sample of students answered the questionnaire (or where present in the lecture rooms). What was the response rate, selection bias?!”

Authors’ response: This comment has been addressed in relation to the General comment above.

“2) There are too many research questions and also a tautology between perceptions of helpfulness and intention to seek help that blurs and questions the validity of their diversity. This should be dealt with, either by focusing on one of them – or discuss the differences or similarities. Another blurring factor is the comparison between seniors and juniors (see below)”
**Authors’ response:** The authors felt that it was necessary to present the findings in relation to both help-seeking perceptions and intentions to provide a more comprehensive picture about these undergraduates’ inclination towards help-seeking. Hence, as suggested, a rationale has been provided for why both these aspects were examined in the Background section on lines 99-111.

As suggested, the comparison between the senior and junior undergraduates has been removed.

“3) Furthermore, there are too many tables, and some of the findings may seem difficult to understand at first sight. One option would be to collapse and half the number of the 9 multiple logistic regressions on helpful/non-helpful and intentions to seek help by including more independent variables. I suggest that all analyses are adjusted for age and sex. This would also control for the role of being senior across the two student population samples in a much more informative way than all the reported text and table data. Both tables 4 and 5 are too extensive and difficult to read and I suggest that you remove them. Besides, table 5 has very few significant findings.”

**Authors’ response:** The authors have reduced the number of logistic regression tables to 3. It would not be possible to reduce the number of tables further by adding more predictors. All analyses were adjusted for demographic factors including age and sex. Please see details of this in the Methods: Statistical Analysis section on lines 234-236.

As mentioned in the response for Comment 2, the comparison between junior and senior undergraduates has been removed. Accordingly, Tables 4 and 5 have also been removed.

“4) I suggest that you focus more on the comparison between the student groups with respect to prevalence of problem and Major Depression. (There are few studies that have used validated screening instruments, and even fewer have used diagnostic interviews, such as Dahlin et al (ref 17)) Whether there is more depression and distress among medical students compared to that among non-medical students is still unclear. If you read the extensive review by Dyrbye et al in detail, there are discrepant findings. Several previous studies compare with general population studies (not students) and most comparison studies show more “mental distress” in other student groups than medical students in that very review.
Your findings of relatively small differences – or none at all – between medical and non-medical students are therefore important per se.”

**Authors’ response:** As suggested, the comparison of the prevalence of depression between the undergraduate groups has been included as a research question. Please see lines 119-120 in the Background.

Furthermore, the conflicting findings in studies comparing depression among medical and non-medical undergraduates are highlighted on lines 52-54 in the Background.

The findings of the study relevant to this comparison are discussed in the Discussion section on lines 305-310.

“5) A passage about help-seeking for depression in general should be included in the introduction. Is it really an unexpected finding that those being depressed hesitate to seek help?! (this is also relevant for lines 397-401 in the Discussion). There should also be reference to what is known from cross-sectional epidemiological studies (381-384)”

**Authors’ response:** A paragraph about help-seeking among medical undergraduates has been presented on lines 72-82 in the Background.

The findings about medical undergraduates who are depressed being hesitant to seek help (50% not considering it ‘unhelpful’ to deal with problem alone- previously lines 397-401) is accompanied by a discussion of factors that might be associated with such findings. Please see lines 348-355.

Lines 381-384 in the previous version have now been removed, as the Table relevant to this comparison, presenting the help-seeking intentions of those screening positive for Major Depression, was deleted. Given that such a comparison was only peripheral to the main research questions, we felt that this statement was not necessary.

“6) The paper is too long (now about 20 double-space lined pages) In addition to that mentioned above table 7 reports only non-significant estimates! I would suggest that you shorten the whole paper with 4-5 pages. The Result chapter should be reduced to about 2 pages, and it should clearly refer to the research questions. Please also remove 3-4 tables, following the suggestions above and below.”
Authors’ response: After incorporating the suggested changes, the manuscript is now approximately 4 pages shorter. The main body of the manuscript, which was 5425 words previously, now amounts to 4215 words.

As suggested, Table 7 was removed and instead, the relevant results are presented as text on lines 290-293 in the Results section. As stated earlier, Tables 3 and 4 were also removed.

The Results section is now presented in approximately 2 ½ pages. It is structured so as to reflect the research questions.

Minor essential revisions

“1) The title should be adjusted, since this is really not about help-seeking, but about intentions or perceptions to seek help. E.g. “Medical students’ perceptions of help-seeking for depression compared to that among non-medical students in Sri Lanka” or “Intentions to seek help for depression: a cross-sectional comparison of medical and non-medical students”

Authors’ response: Both perceptions and intentions relating to help-seeking were considered and hence both these terms have been included in the title. The justification for this is provided in Major compulsory revision 2.

The title was rephrased as follows, taking the above suggestions into consideration.

- Perceptions and intentions relating to seeking help for depression among medical undergraduates in Sri Lanka: a cross-sectional comparison with non-medical undergraduates

“2) Line 49 as shown above this “higher risk” among medical students is disputable…”

Authors’ response: The relevant line, which is now line 52 in the Background section, has been rephrased to avoid misinterpretation that there are higher rates of depression among medical undergraduates. Lines 52-54 which follow this sentence highlight the conflicting findings presented in studies comparing depression among medical and non-medical undergraduates.

“3) The passage from line 76 to 90 should be more focused in three to four clearer research questions/or hypotheses (e.g. numbered) and result chapter and tables should clearly refer to these questions.”
Authors’ response: This passage has been restructured. The research questions relevant to the study have been presented on lines 119-126 in the Background.

The Results section has been re-structured to reflect these research questions. Please see lines 237-293. The table titles also reflect the comparisons presented in the research questions. Please see Tables 2-4.

“4) Line 150 include “the first author” before SDA”

Authors’ response: The suggested change has been made. Please see line 176.

“5) Add “(See appendix 1)” at the end of line 174”

Authors’ response: The phrase “See Additional file 2” has been added after this line which is now lines 201-202 in the revised manuscript. Furthermore, all options that involve the assistance of others have been indicated with asterisk symbols in Additional file 2.

“6) Line 230. “Almost all of who were approached” is far too inaccurate. How many of those approached did not respond, and how many students did not show at the lectures (what was the eligible sample?)”

Authors’ response: The large number of students present at some of the lectures (>200) made it difficult at times to count the number present. Hence only rough head-count estimates were obtained and these were compared with the number of questionnaires returned. The trend that was observed was that the students who were approached participated in the study. However, we are not in a position to give specific statistics relevant to those who participated.

However, the overall response rates of those in the Medical and other Faculties, given on lines 242-244 in the Results section, indicate the proportion of the undergraduate population who were represented in the sample.

“7) Discussion: This should clearer begin with a short passage referring to the major findings of the study.”

Authors’ response: A summary of the major findings have been presented on lines 295-304.
“8) Lines 370 to 371: What is known about status of “psychiatry” as a specialty among medical students and “hidden curriculum” that over the years may impact on this?”

Authors’ response: This line was removed as the comparison between junior and senior undergraduates was removed. Hence the related discussion was not incorporated.

“9) The Conclusion is too long and unfocused. It could be reduced to about a third of a page and it must refer only to the findings of this study. Further, it should neither include new references nor implications that are not evident from the present study.”

Authors’ response: The conclusion section was summarised and is now about one third of a page. Please see lines 389-400.