Reviewer's report

Title: Would medical undergraduates seek help for depression?: a cross-sectional study in Sri Lanka

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Reviewer: Reidar Tyssen

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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?)

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?!

2) There are too many research questions and also a tautology between perceptions of helpfullness 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)

3) Furthermore, there are too many tables, and some of the findings may seem difficult to understand at first sight. One opinion 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.

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.

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)

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.

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”

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

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.

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

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

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?)

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

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?

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.

Discretionary Revisions: None
**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'