Reviewer’s report

Title: A cross-sectional examination of psychological distress, positive mental health and their predictors in medical students in their clinical clerkships

Version: 0 Date: 25 Apr 2017

Reviewer: Lucie Walters

Reviewer’s report:

General comments

This is a well written article on an important topic. The over-inclusive use of terminology in this article makes the background, methods and results somewhat confusing. The authors should consider either (i) explaining which words they will use and use them consistently throughout the article, or (ii) including a figure or schematic diagram to provide an overview of how terms are used in the article.

The overall concept is called 'mental health', and also referred to as 'psychosocial functioning' and 'Ruff's psychological well-being' which is described as 'this broader perspective'. The overall concept is not linear but influenced by two 'overlapping concepts' being psychological distress and positive mental health. Are these overlapping or intersecting? If overlapping this implies that they have a commonality within each concept. If so this is important and needs to be explained further either in the background or results section.

Positive mental health is referred to as 'Keyes' mental health continuum' and 'psychological wellbeing' which seems very similar to the term used for the overall concept. Although I am loathed to suggest another term, I understand this concept of bounce-back-ability as 'resilience' (Luthar 2000). Is 'positive mental health' perhaps better described as self-managing strategies or adaptive behaviours or resilience? One of these terms would help make the results section lines 31-32 and 47-49 of the abstract clearer.

Positive mental health is then described as being 'composed of emotional wellbeing and positive functioning'. Again two new terms that seem similar to the overall concept of 'psychosocial functioning'.

Abstract

I would argue that the use of the word 'determinants' to describe the variables which correlate with overall mental health is presumptive. The authors have recognised this in the section on limitations however the abstract needs to be rewritten. I suggest using an alternate phrase such as "Strongest associations with"
Background

There seems to be more than one name for several concepts. See above feedback about the article overall. Importantly, Carol Ryff's model for psychological wellbeing seems to be about positive mental health and not about the overall concept which is implied by the description "this broader perspective".

Lines 95-97 The statement "The higher the level of positive mental health, the lower the risk of suicidal behaviour and academic impairment in college students with and without a current mental illness" is a bold one. A reference is required. If this is the author's opinion / hypothesis, then it needs to be reworded as a proposal or supposition.

There has been some previous exploratory work looking at positive mental health in medical students, although in my experience the term resilience has been used more commonly (Greenhill 2015).

Methods

MHC-SF is a complex tool used in the study to measure 'positive mental health' but I found the description very confusing. There is talk of three dimensions of 'emotional wellbeing' (are these emotional, psychological and social?) There is also talk of eleven signs of 'positive functioning'. I can only find seven described - presuming these are (i) self-acceptance, (ii) positive relations, (iii) autonomy, (iv) environmental mastery, (v) purpose in life, (vi) personal growth and (vii) positive? feelings about society. Perhaps a figure outlining the 3 signs of emotional wellbeing and 11 signs of positive functioning might help clarify this tool.

Again the sum of these features seem to be categorised as either 'languishing, moderate or flourishing' mental health. However the MHC-SF tool is not measuring the overall concept of 'mental health' as described in the Background section.

Results

This section is well written and the statistics are clear.

Discussion

It seems possible that the psychological distress Brief Symptom Inventory might be measuring attributes which are overlapping concepts with Irrational Beliefs Inventory. I have not been convinced that anxiety (a symptom of distress) and worrying (an irrational belief) are different, or that interpersonal sensitivity (a symptom of distress) is dissimilar from need for approval (irrational belief). So there is a possibility that correlations do not indicate causation, but simply indicate overlapping concepts.
References used in this review


Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
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