Author’s response to reviews

Title: Taking care of our Future Doctors A Service Evaluation of a Medical Student Mental Health Service

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Author’s response to reviews:

Dear Editor,

Re: Taking care of our future doctors: A service evaluation of a Medical Student Mental Health Service (CSMHS)

Many thanks for your letter with the very helpful comments and suggestions by the Reviewers. A point by point response to each of their concerns are highlighted below:

Reviewer reports:

Yera Hur (Reviewer 1): Medical student's wellness is a very important issue.

I understand that the number of participants could be quite low - Since this study collected data for 5 years but the number of N could not go over 100.: The numbers included in the evaluation was limited to students who filled in both entry and exit questionnaires. The fact that the total number referred was lower than expected is considered in the ‘Discussion section’ in more detail.
I strongly suggest for the authors to review the paper (reading out loud would be the best) thoroughly, so that there are no simple grammar mistakes and wordings. - Thanks for the suggestion, we have taken time to review the article for grammatical and spelling errors.

For the results, since you have showed many tables and figures, it would be better if the writings were focused to the most important outcomes, instead of elaborating too much numbers as identical to the tables and figures. - We have limited the data to either text or table where possible.

And for the conclusion, please add some data of the previous studies on the subject and compare with the results you have gained: There are very few similar mental health services developed specifically for medical students both in the UK/internationally and therefore few published evaluations or outcome studies. However, we have expanded on Karp and Levine’s findings and added 3 further references which describe mental health services set up in other universities.

Jeffrey S Winseman (Reviewer 2): This article is highly relevant and will be useful to readers of BMC Medical Education.

General Comments:
The use of the word "clinical" throughout the manuscript is confusing. For international readers it is not clear what this means. The authors also use "clinical" as a descriptor during treatment and it is not clear what "clinical" means in this context:

We take your point about the ambiguity the word ‘clinical’ might pose to readers of this article. We have therefore changed the heading and substituted the term ‘clinical student’ to ‘medical student’, explained the term ‘clinical’ psychologist and, substituted therapy and outpatient clinic where appropriate.

However, our service is known as the Clinical Student Mental Health Service and therefore we have continued to use this title albeit with a clear explanation of what this implies, in the introductory section.

Specific Comments:
Abstract methods: briefly mention which statistical methods were used.: Statistical methods have been described in the abstract.

Abstract Line 43: "were significantly reduced with functioning improved" is unclear Abstract line – We have clarified this statement

Abstract Line 52: consider "Students who used the services showed marked improvements…" - we have expanded on the outcomes and what the actual improvements were in our sample.

Abstract line 53-54: That the students improved and were able to continue their studies seems to me the bare minimum the service provided - consider a more meaningful concluding statement
describing what the service provided to students. - We have expanded as you suggest on both the emotional and academic outcomes, following our intervention.

Background:
Background Line 5: perhaps avoid beginning the first sentence with the word "there" - we have addressed this concern and modified the opening sentence.

Methods:
In the "CSMHS" section, please describe the difference between being seen by psychiatry and being seen by psychology. - We have highlighted the involvement of the psychiatrist in providing outpatient clinical reviews and the psychologist, who delivers ‘therapy’.

Methods page 5 line 4: Rating scales are mentioned as being repeated ("students repeat the scales") so the reader needs to see earlier in this section when they were initially completed, and which scales were used. Since you describe them a bit later perhaps the reader could be referred below after you name them. - We have made the change you suggest in the Methods section.

Methods page 5 line 1: I'm curious why insight-oriented psychotherapy (many forms of which are also evidence-based therapies) is not used by the service - perhaps this should be mentioned? - We provide Cognitive Analytical Therapy which is a time limited but evidenced based NHS therapy that encompasses insight-oriented techniques. We refer to other specialists if more classical insight-oriented therapy is required.

Methods - "Service evaluation" section lines 48-54: please add when the scales were administered: we have clarified this in the text

Methods page 6 line 50: "...falling in the clinical range of anxiety and depression..." this is unclear, see general comment above. Many readers will not know what this means. We have clarified by using the term ‘cases’ and highlighted in the text that these include those ‘falling in the clinical range’ means ‘scoring above the clinical cut-offs’.

Methods page 7 lines 16-17: when describing the 5-point rating scale, consider saying "where 1=x and 5=y." – We have added the details of the rating scales.

Results:
Results page 7 line 33: see above general comments, the use of the word "clinical" here is confusing: we have removed the word ‘clinical’ as suggested.

Results page 7 lines 35-38: are these percentages of the entire school of medicine student body? This needs to be stated more clearly and the denominator should be clearly described. This should be addressed in the Discussion section - it seems a low percentage of students; what do other medical schools report? : We have added the denominator figures. We have also considered reasons why the numbers were lower than expected in the discussion, including the possibility that stigma prevents students from attending.
Results page 7 lines 46-47: consider deleting "and were therefore included in this service evaluation." : this line has been removed

Results - "Treatment delivery" section: the first paragraph is unclear. What does "the number of days that students stayed on psychiatry and psychology" mean? The final sentence of the first paragraph is cumbersome and not entirely clear.: We have clarified this in the text to mean how many sessions of therapy or the frequency of clinic reviews within the service.

Results - "Academic Outcomes" section: How many total students at Univ of Cambridge intermitted from their studies during the service evaluation period? i.e., what percentage of all intermitted students was comprised of students seen in the mental health service?:

Results - "Clinical outcomes" section, page 9 line 18-20: "clinical range to non-clinical range" is unclear, as is "became non-clinical" and "became clinical" - see above general comments:. We have rephrased it to 'score below the clinical cut-offs. Table 3 is also corrected accordingly.

Results page 9 line 43: how was the "thematic analysis" conducted? This needs to be explained in the Methods section.: A description of thematic analysis has been added to the Methods section.

Discussion:
Discussion page 9 line 54 - should be "reported": This has been changed.

Discussion page 9 line 56: should say more about what other medical schools have done (see above comment) and also more is needed on how Univ of Cambridge compares with other medical schools' mental health services - the authors might consider referencing US medical schools who have published data on this.: Some examples of what other medical schools are providing are described and referenced. Interestingly whilst there are several universities who have introduced counselling services for students very few have psychiatrists/medical professionals involved. Additionally, there are limited published articles on the outcome of medical students who attend. However, as you mention, a US service have recently published a service evaluation and we have expanded on their findings in this article.

Discussion page 10 line 1 "clinical students" - not sure what this means: We have clarified this in the background section and the Abbreviations at the end of the manuscript.

Discussion page 10 lines 13-14 "Of the sample studied, 61.8% of our sample developed mental health issues, after starting the medical course." Do you mean that 61.8% of the 89 students who participated in the service evaluation had mental health problems AFTER starting medical school? This should be more clearly stated and compared to other papers demonstrating the onset of mental health problems after matriculation to medical school.: We do mean ‘AFTER’ starting medical school and as you say, we should highlight this very important finding. We have added this statement in the discussion statement. We have also added a reference to compare with this finding with another study.
Table 3: again, "falling within clinical and non-clinical range before and after treatment" is not clear. We have corrected the title of this table and the column headings.

Figure 1: definitions are needed for "psychiatric review" and "psychology assessment". We have changed this to psychiatric clinics and therapy sessions for clarity.

Figure 1: add the names of the scales used at time 2. For time 1, "routine measures sent:" the authors should probably name the modality used to send the scales to the students. Figure 1: consider adding a legend describing all acronyms so that the reader can easily understand your entire process at a glance. When adding your comments to the authors, this has been corrected as you suggest.

Thanks again for your support in improving the quality and readability of this paper. We would be grateful if in its amended form, it might be considered for publication.

Yours sincerely

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