

Submission no: World Journal of Psychiatry Manuscript NO: 80538

Submission title: *Underrecognition and undertreatment of stress-related psychiatric disorders in physicians: Determinants, challenges, and the impact of the COVID-19 pandemic*

Response to reviewers:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This review provides useful updates on the psychiatric problems that might affect healthcare professionals, especially with the recent COVID-19 pandemic. I recommend taking into consideration the following remarks: - I suggest adding some information, if there is any, about the possibilities to **measure physicians' wellness and psychiatric health**. - I suggest **splitting this sentence** ("High-pressured working environments, with excessive workloads, extended working hours, high levels of time pressure, limited resources, and restricted autonomy, have been acknowledged as factors contributing to mental health issues of healthcare professionals, especially doctors, who may also have to deal with medical disputes and hospital evaluations in addition to the challenges of their clinical practice") into two or smaller sentences. Also, "**contributing factors**" is more commonly used in an academic context. - **The word "doctors" can be replaced with a more professional term like medical practitioner or healthcare provider**. - "The survey repeated in 2019 showed similar results, with 44% "feeling burned out" and a shocking 14% reporting suicidal thoughts" – I recommend replacing "**shocking**" with a more informal and professional word - "Schernhammer and Colditz's [41] web-based survey showed that female physicians' suicide rate was disproportionately higher than that of male physicians; the rate was 2.3 times (95% CI = 1.90–2.73) and 1.4 times (95% CI = 1.21–1.65) higher, respectively than that of the general population"- You should be more clear about **the rate of female physicians suicide compared to that of male physicians and the general population**. I recommend **splitting the sentence into shorter ones**. - "Studies exploring a gender effect on the mental health of physicians found that females were more vulnerable to stress-related psychiatric disorders and

suicide” – I suggest this instead: “studies investigating the impact of gender on the mental health of physicians”. - “There is little gender difference early in the career, but more female doctors than male doctors seem to experience problems later on. - This sentence can be rephrased in a more academic way. - “Age and work experience of doctors may also matter [35, 40, 42]. More experienced and older physicians report lower burnout or psychological distress than younger physicians due to the independence afforded by experience accumulated over time and ever-changing work conditions and the development of protective defenses in their interaction with patients [42]”- I recommend splitting into shorter sentences. - “In a survey of students at six medical schools in the US, only a third of the respondents with burnout sought help for a mental health problem in the previous 12 months [62]” - I think you should detail when exactly are “the previous 12 months”.

[Reply] Thanks for reviewer’s detailed reminders and suggestions.

We add a paragraph in introduction for the suggestion of “measure physicians’ wellness and psychiatric health” as followed:

“The issue of physicians’ wellness has been gaining attention in recent years, and how to measure physicians’ wellbeing and mental health is crucial ^[8]. A lot of literature reports physicians’ distress or mental illness in terms of fatigue, burnout, emotional exhaustion or withdrawal, anxiety, depression, suicide, substance abuse, or functioning impairment. Additionally, there are existing instruments that can evaluate physician wellness. For instance, Arnetz used a standardized questionnaire ^[9], i.e., the quality of work competence survey, to evaluate core elements of organizational and staff wellbeing. These included mental energy, skills development, work-related exhaustion, work climate, work tempo, leadership, and organizational efficacy.”

In addition, we had revised the relevant sentences and wordings throughout the manuscript according to reviewer’s suggestions concerning the splitting sentences, appropriate terms and wording, with more précising expressions.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Physician's mental health has become a worldwide public health concern, particular during the COVID-19 pandemic. The authors targeted an important and significant topic. The title reflect the main subject very well, and the abstract summarized and reflected the work done by the authors. The manuscript adequately describe the background, present status and significance of the study. It is a mini-review with good description of methods and clear results. It provided the profile of the mental health problems in medical professionals, and the potential reasons related to the stress and psychological problems observed in the physicians, and recommended effective intervention/management programs to improve their mental wellbeing. The manuscript interpreted the findings adequately and appropriately, emphasizing and highlighting the key points concisely, clearly and logically. The discussion section discussed the scientific significance related to the clinical practice. **The disadvantage is that the manuscript focused on qualitative analyses and lack of quantitative analyses, e.g. the effectiveness of the interventions for mental health in doctors.**

[Reply] Thanks for reviewer's nice comments and suggestions.

The point of view concerning the disadvantage of the current manuscript is truly indeed. We had added a phrase for this limitation in the discussion as followed:

“Our review is limited by its focus on qualitative analysis without quantitative analyses, such as the effectiveness of mental health interventions in doctors.”

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This narrative review focuses on stress and burnout among physicians. I've found it clear and well written, and in my opinion it faces a very important issue. Some suggestions: EPIDEMIOLOGY OF STRESS-RELATED PSYCHIATRIC DISORDERS AMONG PHYSICIANS: based on data in the literature it might be interesting to distinguish the differences between men and women if there are any. THE IMPACT OF THE COVID-19 PANDEMIC: it is important to add some literature regarding changes in lifestyles during Covid that could also have conditioned the appearance or worsening of psychiatric symptoms for doctors as well as for the general population. RECOMMENDED MANAGEMENT AND INTERVENTION STRATEGIES: A table summarizing principal recommendation could improve readability.

[Reply] Thanks for reviewer's nice comments and suggestions.

The data concerning the differences between male and female physicians is limited. We had tried our best to add some descriptions about this issue from the relevant references in "EPIDEMIOLOGY OF STRESS-RELATED PSYCHIATRIC DISORDERS AMONG PHYSICIANS" and "RISK FACTORS".

In addition, we added a paragraph in "THE IMPACT OF THE COVID-19 PANDEMIC" regarding changes in lifestyles during Covid-19 that could also have conditioned the appearance or worsening of psychiatric symptoms for doctors as well as for the general population as followed:

"In several ways, the COVID-19 pandemic has profoundly altered social and occupational environments. There are many factors that influence the mental health of the general population as well as healthcare providers, including fear of infection , social distancing policies, mandatory lockdowns, and isolation periods, as well as suspension of production activity, loss of earnings, and anxiety about the future, together influence the mental health of the general population and healthcare providers. The possibility of high infection rates during the pandemic period added to the stress of healthcare professionals. This included using protective equipment, implementing new medical procedures, long working shifts, staying away from family, etc. ^[20]."

Finally, we added a table summarizing principal recommendation in "RECOMMENDED MANAGEMENT AND INTERVENTION STRATEGIES".

Table 1 Summary of recommended management and intervention strategies

| Individual | Work environment | Program | Reference |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|
| Personal resilience methods focused on self-care | Decreasing the amount of time physicians spend on non-clinical tasks, organizational changes to improve usability of electronic medical record systems, the adoption of scribes, | Programmatic approaches to promoting physician well-being | [3] |
| Meditation, mindfulness training, and individualized professional coaching and groups for stress management | | | [67-70] |
| Self-care practices including awareness, balance, flexibility, social support, physical health, and spirituality | | Integrating self-care practice into clinical training programs and the quality assurance courses of professional associations | [68] |
| Peer roleplaying to establish self-awareness and social support, enhance | A strong informational and emotional social support system | Resident Physician Burnout and Peer Communication Curriculum | [73] |

communication skills, and inform about available mental health resources, thus encouraging intervention

Mindfulness

Mentorship

Clinical preparation interventions [71]

Providing confidential, free, and individual on-site counseling and medication management

Resident and Faculty Wellness and Peer Support Program (RFPW) [76]

A novel smartphone app offering a digital-first mental health resource

[75]

Normalizing depression as a medical disorder, decreasing the stigma of mental disorders, and encouraging faculty and physicians to seek treatment

[72]
