

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	What clinical challenges are associated with diagnosing and managing work-related mental health conditions? A qualitative study in general practice.
AUTHORS	Chakraborty, Samantha Paubrey; Dermentzis, Jacinta; Brijnath, Bianca; Ivey, Eli; Mazza, Danielle

VERSION 1 - REVIEW

REVIEWER	YOUNES Universite Versailles Saint Quentin Centre Hospitalier Versailles France
REVIEW RETURNED	06-Apr-2020

GENERAL COMMENTS	<p>The manuscript presents a qualitative study conducted upon a relevant subject in primary care. An user-centred approach based on results to orient guidelines is very interesting.</p> <p>Few remarks can be formulated.</p> <ul style="list-style-type: none">- In the introduction, Work related diseases as defined by the WHO should be presented and not only Australian references. Previous works measuring prevalence of Work related MHCs in primary care should be also presented. <p>A short presentation of Australian health organization would be welcomed (place of GPs, of psychiatrists and of CSWs) to understand why the study was proposed to these 3 professionals. The abbreviation of RTW should be defined.</p> <ul style="list-style-type: none">- Methods. Ethics approval is added after the conclusion. What kind of ethic approval was it? How was the study presented to the participants?- Implications and conclusion. How to orient guidelines more precisely from the results?
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REVIEWER	Stephanie Archer University of Cambridge/Imperial College London, UK
REVIEW RETURNED	27-Apr-2020

GENERAL COMMENTS	<p>Abstract:</p> <p>The sentence "A clinical guideline was being developed to assist GPs in providing this care, so it was necessary that the guideline addressed clinical challenges experienced by GPs" does not flow into the sentence that follows. You might want to something like...</p>
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“As clinical guidelines are being developed to assist GPs in providing this care, our aim was to identify the clinical challenges that GPs face when diagnosing and managing patients with work-related MHCs.”

From the background included in the abstract, it is not clear why psychiatrists or compensation scheme workers were included in the study.

The conclusion section of the abstract does not give any insight into the conclusions of the study – just that it has informed guidelines.

Introduction:

The acronym RTW needs to be expanded in full before being used in the text

A more detailed rationale for why psychiatrists and compensation scheme workers are included in this study needs to be included in the methods section and signposted in the introduction. After reading the introduction, I could see why you would want to interview GPs, but I was left uncertain as to why you wanted to interview the others, even after the methods section.

Methods:

The methods section would benefit from additional subheadings – it currently has little structure, so is difficult to follow.

I think there is a missing word from line 47, page 6.

The authors need to include some references for method that underpinned this style of thematic analysis.

Results:

We need more information about the participants – for example, what type of practice they worked in (GP) and their level of experience. These are important factors for understand these participants’ experiences.

Information on lines 12-18 of page 8 are not demographics – these are part of the main results.

The authors need to add another sub heading for the main analytical results to show where the demographics finish.

The authors move straight into talking about ‘clinical dilemmas’ rather than describing the themes. Even when they get to describing the themes (which I assume are points a-h), they are not presented or described as themes. This means that it is difficult to move between the results of the inductive analysis and what is presented in the results section.

Related to my point above, the paper is also missing a thematic map to show the themes and how they are inter-related. For some types of thematic analysis (e.g. Braun and Clarke) the development of a thematic map is an essential part of the analysis. Whilst I acknowledge you may not have been following this method, it would be useful to have a clear diagrammatical representation of the data.

	<p>Discussion:</p> <p>The discussion generally feels a bit disjointed. It might help with the flow to move the strengths and weaknesses further down – maybe after the findings have been linked to the current literature?</p> <p>I am concerned to see that only one limitation of the study has been cited – there must be others. For example, as this is a qualitative paper, it would be helpful to hear about the impact the research team might have had on the data collection and analysis. Also, it is interesting that only GPs who had treated patients who has submitted a claim were eligible to take part in the study (rather than GPs who had treated someone with a work related MHC) – what if any impact might this have had on the findings?</p> <p>It is interesting that you have identified a difference between rural and metropolitan settings. However, without more information on the demographics of your sample, it is not clear how your data have contributed to this finding or how representative this is.</p> <p>General comments:</p> <p>There seems to be a problem with punctuation before references, with a comma appearing before each reference and then the appropriate punctuation (e.g. point that needs to be referenced,[1]). As far as I'm aware, this isn't typical?</p>
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VERSION 1 – AUTHOR RESPONSE

2. Reviewer 1 advice for Introduction: Work related diseases as defined by the WHO should be presented and not only Australian references.

Authors' response: Thank you for your advice. The definition of work-related diseases by the WHO was included in line 3 of page 4.

3. Reviewer 1 advice for Introduction: Previous works measuring prevalence of Work related MHCs in primary care should be also presented.

Authors' response: Thank you for your advice. Previous work measuring prevalence of work-related MHCs in primary care is now presented in paragraph 1, page 4 as follows (new sentence):

“Previous studies in primary care found prevalence estimates of common mental disorders among working age people (18–65 years) ranging from 26% (5) to 50%(6-8)”

4. Reviewer 1 advice for Introduction: A short presentation of Australian health organization would be welcomed (place of GPs, of psychiatrists and of CSWs) to understand why the study was proposed to these 3 professionals.

Authors' response: We have included a short presentation of Australian health organization to understand why the study was proposed to GPs, psychiatrists and of CSWs as follows:

- Pg 4, line 18 (new sentence):

“Australian GPs have a long-established role in sickness certification, and are often conflicted in their dual role as patient advocates and gatekeepers to workers compensation schemes.”

- Pg 4, line 22 (new sentence):

“In their role, GPs work with compensation schemes and independent medical examiners to help determine if a patient is eligible to receive workers' compensation and when a patient can return to work.”

- Pg 6, line 5 (additional text after (i.e. GPs)
“and those who support GPs to provide this care (i.e. independent medical examiners and compensation scheme workers),”
 - Pg 6, line 20 (new sentence under participants and design):
“By including psychiatrists and compensation scheme workers in this study we anticipated that these groups might identify additional clinical challenges that GPs themselves did not raise.
5. Reviewer 1 advice for Introduction: The abbreviation of RTW should be defined.
Authors’ response: Thank you for this suggestion. We have expanded the acronym RTW in full before being used in the text.
 6. Reviewer 1 advice for Methods: Ethics approval is added after the conclusion. What kind of ethics approval was it? How was the study presented to the participants?
Authors’ response: We have moved the description of ethics approval to the methods section (page 7, paragraph 1) and added an explanation of how informed consent was obtained as follows:
“Ethical approval for this study was provided by the Monash University Human Research Ethics Committee (MUHREC number: CF16/203520162001022) and participants provided consent in writing prior to the telephone interview.”
 7. Reviewer 1 advice for Implications and Conclusion: How to orient guidelines more precisely from the results.
Authors’ response: We note that the first paragraph under ‘Implications for research and practice explains how the results of this study will precisely orient the development of guidelines. We, however, added a sentence to the conclusion to make this aspect more clearly as follows:
“This study directly informed the development of clinical questions, which were addressed in a new clinical guideline for GPs on the diagnosis and management of work-related MHCs. In this guideline, evidence-based care recommendations were made in relation to each of the identified clinical challenges that emerged from the study findings”.
 8. Reviewer 2 advice for Abstract:
 - a) The sentence “A clinical guideline was being developed to assist GPs in providing this care, so it was necessary that the guideline addressed clinical challenges experienced by GPs” does not flow into the sentence that follows. You might want to something like... “As clinical guidelines are being developed to assist GPs in providing this care, our aim was to identify the clinical challenges that GPs face when diagnosing and managing patients with work-related MHCs”.
 - b) From the background included in the abstract, it is not clear why psychiatrists or compensation scheme workers were included in the study.
 - c) The conclusion section of the abstract does not give any insight into the conclusions of the study – just that it has informed guidelines.

Authors’ response:

- a) Thank you for your suggestion. The sentence “A clinical guideline was being developed to assist GPs in providing this care, so it was necessary that the guideline addressed clinical challenges experienced by GPs” has been replaced by “As clinical guidelines were being developed to assist GPs in providing this care, our aim was to identify the clinical challenges GPs experience when diagnosing and managing patients with work-related MHCs.”

b) We have explained the role of psychiatrists and compensation scheme workers in the participants' section of the abstract (by expanding the last sentence in this section "Psychiatrists and compensation scheme workers were eligible to participate if they were active in these roles, as they are best placed to identify additional clinical challenges GPs themselves did not raise.").

c) We have re-written the conclusion section of the abstract to give the reader better insight into the conclusions of the study. The sentence "The clinical challenges described in this study have informed the topics in new clinical guidelines for GPs on the diagnosis and management of work-related MHCs" was replaced by "We found that GPs experienced clinical challenges at all stages of care for people with work-related MHCs. We were also able to identify systemic and procedural issues that influence a GP's ability to provide care for patients with work-related MHCs".

9. Reviewer 2 advice for Introduction:

a) The acronym RTW needs to be expanded in full before being used in the text.

b) A more detailed rationale for why psychiatrists and compensation scheme workers are included in this study needs to be included in the methods section and signposted in the introduction. After reading the introduction, I could see why you would want to interview GPs, but I was left uncertain as to why you wanted to interview the others, even after the methods section.

Authors' response:

a) Thank you for this suggestion. We have expanded the acronym RTW in full before being used in the text.

b) We have included further rationale for the inclusion of psychiatrists and compensation scheme workers in answering the 4th comment by reviewer 1.

10. Reviewer 2 advice for Methods:

a) The methods section would benefit from additional subheadings – it currently has little structure, so is difficult to follow.

b) I think there is a missing word from line 47, page 6.

c) The authors need to include some references for method that underpinned this style of thematic analysis.

Authors' response:

a) We have re-structured the method section to include the additional sub-headings of 'sampling' and 'procedure' to make it easier for the reader to follow.

b) Thank you. We added the missing word.

c) We have more clearly defined the approaches that were used in our data analysis and have added references for methods that underpinned these approaches. Pg 7, paragraph 2 (Sentence one has been updated as follows):

"De-identified interview transcripts were imported into NVivo 11(15) and thematically analysed using inductive and deductive techniques(16, 17)".

11. Reviewer 2 advice for Results:

a) We need more information about the participants – for example, what type of practice they worked in (GP) and their level of experience. These are important factors for understand these participants' experiences.

b) Information on lines 12-18 of page 8 are not demographics – these are part of the main results.

c) The authors need to add another sub heading for the main analytical results to show where the demographics finish.

d) The authors move straight into talking about ‘clinical dilemmas’ rather than describing the themes. Even when they get to describe the themes (which I assume are points a-h), they are not presented or described as themes. This means that it is difficult to move between the results of the inductive analysis and what is presented in the results section.

e) Related to my point above, the paper is also missing a thematic map to show the themes and how they are inter-related. For some types of thematic analysis (e.g. Braun and Clarke) the development of a thematic map is an essential part of the analysis. Whilst I acknowledge you may not have been following this method, it would be useful to have a clear diagrammatical representation of the data.

Authors’ response:

a) We have included further detail about the level of experience of participants in the study.

Page 9, paragraph 1, (a new sentence has been added):

“GPs had a median of 14 years of experience working with patients who have work-related injuries, while psychiatrists and CSWs had a median of 17 years of experience working in compensable injury.”

b) and c) We have added the sub-heading of ‘Main findings’ after ‘Demographics’ to show where information regarding demographics finish.

d) and e). Thank you for your advice. We have added an additional column to Table 1 to demonstrate how the themes (as described in the text) relate to the stages of clinical reasoning for a GP who is treating a patient with a work-related mental health condition. We have also provided clarification on page 9, paragraph 2, to differentiate between the sequence of clinical challenges that are experienced by GPs and the overarching themes.

12. Reviewer 2 advice for Discussion:

a) The discussion generally feels a bit disjointed. It might help with the flow to move the strengths and weaknesses further down – maybe after the findings have been linked to the current literature?

b) I am concerned to see that only one limitation of the study has been cited – there must be others. For example, as this is a qualitative paper, it would be helpful to hear about the impact the research team might have had on the data collection and analysis. Also, it is interesting that only GPs who had treated patients who has submitted a claim were eligible to take part in the study (rather than GPs who had treated someone with a work related MHC) – what if any impact might this have had on the findings?

c) It is interesting that you have identified a difference between rural and metropolitan settings. However, without more information on the demographics of your sample, it is not clear how your data have contributed to this finding or how representative this is.

Authors’ response:

a) Thank you for your suggestion. To help with the flow, we have move the strengths and weaknesses section to appear after the findings are linked to the current literature.

b) Thank you for your suggestions. We have added these additional limitations to the limitations section on page 19 as follows:

“Secondly, only GPs who had treated patients who submitted a claim were eligible to take part in the study (rather than GPs who had treated someone with a work related MHC). This sampling characteristic could potentially influence the findings of the study, as the claims process itself does

affect the experience of these GPs(29). Finally, we should note issues of reflexivity. As this is a qualitative paper, there is a possibility that the researchers, some of whom are GPs and managers, may have influenced the data collection and analysis with their own personal experiences of managing work-related mental health conditions.”

c) We have included more information about the rurality of GPs in the sample on page 9, paragraph 1. “...and were based in metropolitan (12 GPs), regional (4 GPs) or rural (9 GPs) Australia. No GPs were from remote Australia. GPs had a median of 14 years of experience working with patients who have work-related injuries, while psychiatrists and CSWs had a median of 17 years of experience working in compensable injury.”

13. Reviewer 2 general comments:

a) There seems to be a problem with punctuation before references, with a comma appearing before each reference and then the appropriate punctuation (e.g. point that needs to be referenced,[1]). As far as I’m aware, this isn’t typical?

Authors’ response:

a) We agree this isn’t typical and have corrected this issue.

VERSION 2 – REVIEW

REVIEWER	YOUNES Universite Versailles Saint Quentin, Université Paris Saclay, France
REVIEW RETURNED	15-Jun-2020

GENERAL COMMENTS	The manuscript is now suitable for publication.
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REVIEWER	Stephanie Archer University of Cambridge, UK
REVIEW RETURNED	03-Jun-2020

GENERAL COMMENTS	I am happy with the revisions made to the paper and have no further requests. Many thanks for your careful consideration and action of the requests made in first round of review.
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