

Review of: "Assessing the Impact of a Group Intervention on the Mental Well-being of Undergraduate Healthcare Students"

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Potential competing interests: No potential competing interests to declare.

Well done on addressing an issue with considerable public health/education ramifications. Thanks so much for inviting me to review. There are a number of things to address which you might find helpful to strengthen this work

Title – nice - maybe situate geographically (India) given it's an evaluation of a single site intervention.

Abstract - I think you need to say here what poor wellbeing is (i.e., lowest 15% or however you have delineated)

Introduction – you will need to reversion with full stops after references (APA style). While many of these references are useful, there are much more current ones – and several recent umbrella reviews as others have suggested. You use the terms mental stress/distress/disorders/illnesses and interchange the words mental health and wellbeing. You may want to look at the differences between these two (there is still no real global consensus, but wellbeing is a broader concept than mental health. It's nevertheless allied...but it's possible to have a mental health diagnosis and good wellbeing for example). Suggest you might focus on using the Warwick definition if you are measuring changes in **wellbeing** with their tool.

Re the study context- is the university a rural or urban site, can you tell us how many students study here in total etc? Are they residential students?

Methods- can you reference the 'difference in difference' approach?

Could the participants choose which intervention arm they joined? How did you account for this selection bias?

Need more detail on procedure -**what** the intervention sessions were, **when** they took place, how were they administered (face to face/online?). Was there any **attrition**? When exactly was wellbeing measured/the questionnaire administered- dates? Are there any papers to support nine days as an appropriate follow up period to capture change? Was this happening at exam time or any other periods of external academic stress?

Has WEMWBS been validated in the Indian population, if not could reference in a student population?

Participants did not 'score themselves' right? They 'were scored on'... Maybe use the most recent Warwick cut-offs for poor/high wellbeing – this has been updated <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/>

Need to add a copy of your survey into supplementary file. Need to see what questions were to understand results.

Results Could you give the 'n=' in student demographic table not just %s. You say 'Believe' in religious beliefs – what does that mean? What proportion of males were in the intervention/control groups (they have higher wellbeing generally)? In fact age, relationship status and income may also be confounders here?

Would be good to have a graph/bar chart of stressors. What is included in personal techniques or solitary pursuits?

Do you think the lower baseline mean WEMWBS points in the intervention group might suggest a self-selecting group with poorer wellbeing ? Would also like to see the diffs represented graphically and by demographic if possible?

I may be confused - is a 0.549 p value of any interest?

Discussion

I'm not sure your results indicate/assess stress, anxiety or risk of depression do they, you have only reported wellbeing and even then only 16% had poor wellbeing (21%;11% in each group)?

Would a more spaced out intervention really allow for maturation? You are right, it is a small sample, and good to acknowledge this. Might be nice to compare to change seen in other interventions in students measured with WEMWBS (here is a commonly cited mindfulness one although UK I'm afraid...<https://pubmed.ncbi.nlm.nih.gov/29422189/>). Also important to discuss what a meaningful change in WEMWBS score is – between 3 and 8
<https://hqlo.biomedcentral.com/track/pdf/10.1186/1477-7525-10-156.pdf>

Conclusions These are quite sweeping claims for a small study, perhaps caveat with words like 'suggest', 'may point to'. Can you say with certainty that the intervention improved wellbeing? Or could there have been other factors? Did the group self-select, were there other factors that may have influenced the findings? After all – both groups improved?

I realise these are quite detailed thoughts. I offer them in the spirit of the amazing work we all get to carry out in this wellbeing and education space, and in the hope that some of them you may find useful. Thanks again for inviting my comments.

Best wishes and all the best with your paper!