Reviewer A

Thank you for the opportunity to review this paper, here's my feedback:

Comment 1: It's not enough to just say that doctors felt as if there weren't enough security protections for them in a survey. What objective measures were actually in place?

Reply 1: Other than the usual entry/exit swipe cards, answerphones and CCTV (on rare sites), no other objective security measures are usually in place. Almost all mental health units have taken away security/porters, due to cost-cutting, who used to be available during the night.

Comment 2: Are the survey results generalizable outside of this one cohort? You mention of this when discussing study limitations. Specifically mention if the results are generalizable within the UK.

Reply 2: Done.

Comment 3: What objective evidence is there to show that police are unwilling to work in a mental health setting (line 194)?

Reply 3: One reference provided, several others available.
https://www.theguardian.com/uk-news/2023/may/28/met-police-to-stop-attending-emergency-mental-health-calls

Comment 4: (line 208) This is unclear. Please clarify: On the other hand, their presence may raise questions about where does the health begin and the policing end or the health ends and the policing begin?

Reply 4: Modified.

Reviewer B

Comment 1: Under abstract, line 29. If references are allowed in an abstract, then a reference to support the evidence stated in the sentence.

Reply 1: This is addressed in the introduction – 3rd paragraph.

Under introduction
Comment 2: Introduction may need a little more information. Why do authors want to

focus on physician's perception of safety in the work environment? What is the prevalence of these concerns in UK? How does this fit into the existing literature?

Reply 2: Modified/clarified. Party there already; picked in discussion as well.

Comment 3: Please elaborate mental health trusts for non-UK readers and does it refer to the trust question in the survey?

Reply 3: Done.

Comment 4: Under methods, line 91. The questionnaire appears to target various system levels. How was the questionnaire devised? Has it been validated in any population? Why only 3-point Likert scale was chosen?

Reply 4: Already explained in method; a pilot was carried out. Amended.

Comment 5: Seems like response to "how many times" was excluded from the final analysis. Over what time frame was the survey administered? Were there any incentives offered to complete the survey?

Reply 5: Respectfully, analysis presented (and commented upon) has focused on interesting and/or relevant findings that highlight the issue. If all findings are mentioned or more analysis presented, in our view, it would not add to the issue being highlighted; and the paper would be too long, laborious and boring.

Comment 6: Were only psychiatrist that work in a psychiatric setting approached or whether consultants who work in medical-psychiatric units also approached. Similarly, were medical consultants approached?

Reply 6: This is only about psychiatrists and medical trainees working in mental health settings.

Comment 7: Under results. Data is analyzed primarily through descriptive stats. Differences per gender also highlighted. Overall results on physician's perspective on safety are fairly captured.

Reply 7: Thank you.

Under discussion
Comment 8: First paragraph: If authors could elaborate what aspect of safety did the royal college of psychiatrists and deaneries evaluate? Was it only limited to physician's perception of safety? Royal college of psychiatrist is not mentioned earlier in the paper, so it is unclear what they are referring to.

Reply 8: Clarified/modified.

Comment 9: Subsequent paragraphs offer various practical suggestions about how to improve safety at workplace, which is great. For limitations, results of this survey are not generalizable.

Reply 9: Modified.

Comment 1: An extremely well written and pertinent piece of research.

Reply 1: Thank you.

Comment 1: The article titled "Personal Security at Work: A Survey of Psychiatrists in an English County" is a well-written and informative piece that highlights the risks and safety concerns that doctors working in psychiatry face on a daily basis. The authors provide a clear and concise introduction, outlining the nature of psychiatric practice and the potential risks doctors face, which sets the stage for the study that follows.

The study itself is well-designed and executed, with a respectable response rate of 41%. The sample is fairly distributed in terms of gender, grade, and place of work, indicating that the results are likely to be representative of the wider population of psychiatrists in the county. The authors employ a range of measures to assess personal security at work, including verbal abuse, physical threats, and assaults, as well as confidence in security measures and perceptions of safety.

The findings of the study are alarming, with the majority of doctors reporting that they have been verbally abused, physically threatened, or assaulted at work. The fact that doctors have little confidence in security measures at their workplaces is also concerning, highlighting the need for mental health trusts in the UK to improve security for doctors. The authors provide a range of suggestions for improving security measures, including employing security personnel and ensuring that facilities are covered by security cameras and have sufficient lighting at night.

While the study is limited by its small sample size and the fact that it was conducted in only one county, the findings are nonetheless important and highlight the need for further research in this area. The authors acknowledge the limitations of their study and provide suggestions for future research, including larger-scale studies conducted across multiple counties.

Reply 1: Thank you.

Comment 1: Page 1, Line 28: Suggest substituting "this" for "his."

Reply 1: Done.

Comment 2: Page 3, Line 86-87: It would have been nice to include questions on the survey that could have either refuted or substantiated the statement, "as this may impact their recruitment and retention in psychiatry."

Reply 2: Noted. Perhaps we will try and do that next time in the follow up paper.

Comment 3: Page 3, Line 123: Not sure what "resident on calls" means. Perhaps, this is an English diction difference for this American reviewer.

Reply 3: Means the psychiatrist is on site vs on-call from home. Also, clarified and highlighted now in 6th paragraph.

Comment 4: Page 4, Line 148: Not sure if the authors mean "lightening" or "lighting." Again, this may be an English/American diction difference. (But when I look at Table 1 and 3, I suspect that it may have just been a spelling error).

Reply 4: Corrected.

Comment 5: Page 5, Line 189: Maybe "resident on calls" means simply being on call in the hospital?

Reply 5: Yes – physically present (not just giving advice on the phone from home). Clarified now.

Comment 6: Page 6, Lines 215-225: This section on limitations is lacking a glaring limitation that this was a survey study, which is complicated by recall bias. The article could have been strengthened by including data about actual reported verbal and physical assaults. It can be insinuated, though, that the relationship between the health care team and law enforcement team may not have permitted this.

Reply 6: Modified further to highlight limitations e.g., generalizability.