issue that resonates with us.[1] As a group of graduate medical students from Warwick Medical School (WMS) in the United Kingdom, we are no strangers to experiencing stress throughout our degree. We were very intrigued by your Medical Student Stress Factor (MSSF) instrument, and its potential to be implemented across medical schools globally.

During this unprecedented time of coronavirus disease 2019 (COVID-19), there has been a significant increase in mental health concerns and stress factors, particularly among medical students. After reading the results of your study, we thought it would be pertinent to discuss how medical schools worldwide could create a better understanding of their student populations and adapt to their common stressors. We would like to share our experiences of the coping mechanisms and strategies implemented by WMS to combat some of the consistent ''stressors'' identified.

1. Extensive content – Similar to other graduate programs, much of our theoretical content is condensed into the first year. At WMS, we have in place excellent facilities to tackle this stressor, namely through ''peer support'' groups. These groups are a student-led initiative which aim to help students meet their learning objectives through optional evening/weekend student seminars taught by students in older-year groups. From our own experience of attending such sessions and ultimately teaching in them, peer support has provided stress relief through offering a chance to enhance our knowledge on difficult topics in a more supportive, lower-pressure environment. Studies have also shown that peer teaching benefits both the teachers and the students, allowing the educators to consolidate their learning as they teach others.[2]

2. Lack of time to study and lack of leisure time – Research continues to show that conflicts in work-life balance are correlated with a decline in mental health.[3] WMS recently introduced a ''4-day'' week for year 1 students, giving them an additional working day to enjoy extracurricular activities, personal leisure, and/or study time. Moreover, in later years of the degree, student-directed learning is the centre of the program, encouraging students to organize their time and acknowledge their limitations – a key skill as a doctor.

3. Sleep deprivation – A recent meta-analysis described sleep deprivation among medical students as a pandemic, with results showing that sleep deprivation is significantly associated with decreased academic performance, creating a vicious cycle with the aforementioned stressors.[4] At WMS, mindfulness practice is incorporated regularly into the program – empowering students to adopt their own stress-relief techniques ranging from sleep hygiene to talking therapy, meditation, yoga and more.

With an alarming increase in mental health concerns among medical students, it is of utmost importance for medical schools to adopt a tool like the MSSF to identify current stressors within their different cohorts of students, address these ''self-pressures'' that students face, and avoid further negative impact on mental health.

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Mental health care for refugees and the need for cultural competence training in mental health professionals

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As a result of war and economic/political instability in different parts of the world, forcibly displaced populations have increased to unprecedented numbers. The most recent update from the United Nations High Commissioner for Refugees estimated that at the end of 2019, 79.5 million people were forced to move from their countries due to persecution, conflict, violence or human rights violations. This is a record-high number, and an increase of 8.5 million from 2018.[1] Although Brazil has not traditionally been a destination for refugees from areas

such as Africa and the Middle East, in the last three years it has become more sought-out, particularly by Venezuelans. According to data from the National Committee for Refugees and the Federal Police, there were 206,737 applications for recognition of refugee status in the country between 2011 and 2018, of which 80,057 occurred in 2018 alone.[2]

Although Brazilian refugee legislation is considered one of the most advanced worldwide, there are several challenges to providing mental health assistance for this population. Local and regional studies have reported adverse mental health outcomes in immigrants.[3,4] Other studies have described psychiatric treatment experiences with refugees and the development of specialized assistance programs.[5,6] However, there is still a lack of data about mental health issues in this population. Therefore, little is known about cultural implications and other variables for different outcomes. Mental health care interventions for refugees are focused on the following areas: promoting social integration, overcoming access barriers and facilitating engagement with mental health services, and treating refugees with apparent mental disorders. Since post-migration risk factors lead to a higher prevalence of depression and anxiety, social determinants, such as access to housing, work, food, and education, promote mental health.[7] It is not yet known if such basic conditions can be offered here, since more than 50 million Brazilians (25.3% of the population) live in poverty. Concerning other determinants, such as social integration, the local population's sensitivity and receptivity are not known.

Cultural competence, defined as "the acquisition of cultural knowledge about population subgroups, the adoption of culturally sensitive attitudes, and the acquisition of cross-cultural skills,"[8] is essential for providing adequate assistance for migrants and refugees.[7,9] Cultural competence skills are considered a priority area for mental health professionals over the next decade. Knowledge of cultural factors and their variations must be considered in the context and significance of mental disorders in different individuals or groups.[9] Psychiatry residents in developed countries are required to master a body of knowledge related to cultural competence. However, in Brazilian mental health education, especially psychiatry residency programs, cross-cultural aspects of mental health have not been highlighted. Such an emphasis will be important for developing the cultural competence skills needed to deal with this population.

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The memory test of the Brief Cognitive Screening Battery is the same as the Recall of Pictures Test of the European Cross-Cultural Neuropsychological Test Battery

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We read with interest the paper by Araujo et al.[1] on the translation and diagnostic accuracy of the Brazilian version of the European Cross-Cultural Neuropsychological Test Battery (CNTB). This battery consists of simple tests for diagnosing dementia in immigrants or low-educated individuals living in European countries.[2] The test that differentiated patients with Alzheimer's disease