Reviewer’s report

Title: Understanding the acceptability of e-mental health - attitudes and expectations towards computerised self-help treatments for mental health problems

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Reviewer: David Daniel Ebert

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Review BMC Psychiatry 'Understanding the acceptability of e-mental health - attitudes and expectations towards computerised self-help treatments for mental health problems'

Peter Musiat, Philip Goldstone and Nicholas Tarrier BMC Psychiatry Research article

In the reviewed study, the authors investigate the acceptability of internet-based and mobile-based interventions for mental health problems, compared to the acceptability of face-to-face-psychotherapy and bibliotherapy. For this purpose they conducted an online survey in the UK, with N=490 participants, mainly female university students.

The manuscript certainly addresses a timely and significant topic. Many studies have shown that Internet-based interventions can produce clinically relevant effects, with effect sizes comparable to face-to-face interventions. However, uptake of treatment in routine clinical practice is low and I fully agree with the authors that more research is needed about barriers for treatment uptake as well as possible strategies to overcome those barriers.

Strengths of the study include the comparatively large sample size and the assessment of the acceptance of different forms of treatment (Internet, mobile, face-to-face, bibliotherapy) However, there are also several limitations of the study. The most important limitations include the following:

- Major Compulsory Revisions
  1. none

- Minor Essential Revisions

The main reservation I have concerning the paper is the appropriate description of the statistical methods

For example,

2. I wonder about the rational for choosing repeated measures MANOVA? Could you please explain more in detail the rational and exact procedure (dependent, independent variables, what were the repeated measures etc)?
3. In the result section/paragraph “likelihood of use” the authors report results of univariate tests. This information is missing in the statistical analyses plan in the method section.

4. In the method section the authors report that they used only frequency of technology as covariate. In the results section for “acceptability” the authors report results for sex, previous and current mental health problems, previous help seeking, but not for technology. Please clarify.

5. I am also confused about whether or not the analyses in the result section “acceptability” and “likelihood” were controlled for “frequency of technology used” or not. Please clarify.

6. The authors report in the method section, that they used “frequency of technology as covariate”. In the results section, paragraph “computer literacy” they report interaction-tests for computer literacy x intervention type. This is missing in the method section - statistical analyses plan.

7. Moreover I miss the statistics on post hoc comparisons in the result section, paragraphs acceptability.

8. The authors report subgroup analyses for high vs. low computer literacy, but only report results with regard to smart-phone use and not for other intervention-types.

9. I also wonder about the rational for conducting subgroup analyses only for computer literacy and not also for other potential variables of interest?

10. I miss references about the author’s core assumption that transition of E-Mental Health in routine care is low.

11. Methods, paragraph measures: “metal health“ should probably mean “mental health”

12. Discussion, fourth paragraph: “advantaged“ should probably mean „“advantages“

- Discretionary Revisions

13. The authors assume that the 12 investigated domains of acceptability are crucial for the uptake of an intervention. Wouldn’t it be interesting to test empirically which of the factors drives in fact the intention to use an intervention? e.g. by predicting intention to use in a regression model by the investigated factors? This would provide relevant information, necessary for defining strategies to increase the acceptance of internet-based interventions. This seems especially important as some factors seem, despite being rated as important by the participants (e.g. convenience with regard to time and location of treatment), to be weakly related to the likelihood to use an intervention.

14. I wonder about the author’s distinction between E-mental health and m-mental health. Isn’t M-health more a kind of a subcategory of E-Health?

15. There are more recent Meta-analyses the authors could cite: e.g. Richards &

16. As the cited reference is not accessible by now, the authors could explain more in detail what they mean with “In addition, we have recently found that the current evidence base for these added benefits or ‘collateral outcomes’ is sparse (Musiat & Tarrier, under review)” Introduction 2nd paragraph

17. How did the authors assess “mental health problem”. Does this mean, diagnosed mental disorder?

18. The questions to assess “Factors influencing the decision to engage in treatment” were derived by conducting a focus group. I am wondering about what do we know from face-to-face-treatment literature on an empirically basis about factors influencing intention to engage in treatment?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests