Reviewer’s report

Title: Uptake and adherence of a self-directed internet-based mental health intervention with tailored e-mail reminders in senior high schools in Norway

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Reviewer: Wenceslao Penate

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This paper presents data about uptake and compliance / adherence to an internet-based prevention / intervention on depression: MoodGYM. This is a well articulated telehealth program, and represents one of the most efficacy internet resources dealing with mood disorder. In this sense, as telehealth care is being a prominent alternative to self-care procedures, the research represents an interesting study in new technologies applied to psychological treatment.

The following commentaries must be taken as “Discretionary Revisions” category:

1. The manuscript is clear, well written.
2. Title and abstract are corrects. Maybe the abstract contents excessive quantitative (in general, qualitative comments of results could be sufficient).
3. Introduction is directly related with the general objective, but there are absences of relevant systematic reviews and meta-analyses (there are more than 15 papers in this sense, one of these in this journal: Bee PE, Bower P, Lovell K, Gilbody S, Richards D, Gask L, Roach P: Psychotherapy mediated by remote communication technologies: a meta-analytic review. BMC Psychiatry 2008, 22: 8-60), that could improve
4. The role of therapist contact (direct or e-mails) with patients as a variable that enhances the adherence and efficacy of internet-based telepsychology program (IBTP) have been supported in previous research. In this sense, the main interest can be the MoodGYM users: adolescents and youth adults.
5. The two hypotheses are slightly obvious (participants indicating current need of help will have better initial uptake and better adherence with better e-mail contact…). Perhaps a clear description of objectives will be enough.
6. Participants represent the greatest threat to research validity. Sample is composed by four arms. Four groups that differs among them by the frequency (no contact to regular e-mail contact), and quality of contacts (standard e-mails or tailored e-mails). Despite authors assessed depression level, participant assignment did not take into account that level. So, experimental a control groups was formed by participants with both high level of depression and with low level of depression. In fact, total median in depression of all participants (data per groups was unavailable) fell clearly into normality. MoodGYM is a tool especially designed to prevent mood disorders. So, this program is especially indicated to users worry about their initial mood symptoms (or worry about …).
Secondary, this tool can be useful to those participants with a current diagnosis of depression. It is difficult to understand why participants without mood problems will be enrolled in a mood-preventing program. Perhaps, the outstanding level of attrition can be explained in part for this reason, even when participants manifest interest in the program. Maybe a re-analysis selecting only the participants with some degree of depression (secondary and tertiary prevention), can alter the results.

7. Those levels of attrition question the validity of data. The absence of differences in adherence despite the different e-mail contact modality can be due to the internal validity of the study. Secondary, how adherence is measure (0 modules compliance, 1 module compliance, and 2 or more modules compliance), it is also questionable, since MoodGYM contents fives modules, and a discrete variable of adherence (0 to 5) could be established. The interest to increase statistical power analysis could hide real results. A direct data about drop-outs by groups and modules could be clearer.

8. Besides the level of depression, participants were also measured in self-efficacy and self-esteem. The appropriateness of those variables can be understood, but maybe an explanation in this sense (why these variables) is needed.

9. There is no data about the efficacy of MoodGYM. Obviously, the main interest of the study was the initial uptake, and the adherence. But there are measures about depression and self-esteem that would allow a pre-post analysis. Also, there were variables as self-efficacy, level of adherence and need of help, which can covariate with the outcome measures. If that, this study could increment its interest.

10. According to last commentary, maybe it is a secondary study of a initial primary study (about efficacy), but I could not test it.

Level of interest: An article of limited interest

Quality of written English: Acceptable

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

Declaration of competing interests:

I don not have any conflict of interest with this review