Reviewer’s report

Title: Implementation of Internet-delivered cognitive behavior therapy within community mental health clinics: a process evaluation using the Consolidated Framework for Implementation Research

Version: 0 Date: 05 Mar 2017

Reviewer: Peter Musiat

Reviewer's report:

I very much enjoyed reading this interesting submission and felt that it was well-written and clear. The approach of using Consolidated Framework for Implementation Research was innovative and the results constitute a worthy contribution to the field of implementing e-mental health services. I have a few minor suggestions for the authors to consider:

1. One of the key limitations from my perspective of this paper is the sample and the associated bias. Firstly, participants were drawn from institutions that were actively involved in implementing ICBT. This could potentially generate bias similar to that observed in ICTB user research, namely the high acceptability of ICBT in those that use it and very low acceptability in those that haven't used it. Secondly, more detail could be provided on the implementation context of this project. For example, what are unique features of the population or health systems in Saskatchewan, how would these features compare to other regions in Canada or across the globe? I think discussing this in more detail in the paper would help the wide readership of BMC Psychiatry to better put the findings into context.

2. Similarly, I think it would be helpful to provide further information on the intervention that was implemented in this study/setting. Although this may have been reported elsewhere, some basic information would improve the paper. As the authors have highlighted, intervention characteristics may play an important role in implementation and there is a general tendency in the field to overgeneralise interventions based on the mode of delivery (i.e. internet) rather than focusing on other intervention aspects, such as treatment model (as common in face-to-face therapy trials).

3. It was interesting to note that participants reported a perceived good evidence-base for ICBT interventions, which from my experience is rather unusual. Could this have been an artefact of the sample or possibly even a result of the completed implementation process?

4. I'm not sure I share the authors conclusion, that intervention characteristics have the greatest positive impact on implementation. Although intervention characteristics are commonly identifies by both users and staff, they may not be factors contributing most to decision making. Also see Musiat 2014 in BMC psychiatry, their general public sample reported positive aspects of ICBT over face-to-face, but still didn't want to use it. Given the
retrospective methodology in this study, it is difficult to disentangle the impact of each factor with confidence, but I do think the findings from this paper rather also highlight the importance of internal barriers for implementation (i.e. therapists own views on ICBT and using it). Perhaps this could be discussed further.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

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