Reviewer’s report

Title: Extending access to a web-based mental health intervention: who wants more, what happens to use over time, and is it helpful? Results of a concealed, randomized controlled extension study

Version: 0  Date: 24 Aug 2018

Reviewer: Saskia M Kelders

Reviewer's report:

The idea behind this paper is interesting: can we enhance the effectiveness of an intervention by giving participants more time to access it? However, currently, the paper does not provide enough insight in this question. I have a couple of comments that may enhance the value of this manuscript.

Major comments:

1. The paper states that it is about engagement, but engagement is often seen as more than only usage (a behavioral aspect) and includes also affectional and cognitive factors. In this case, 'usage' would be a more fitting term, as it is only about whether and how many times participants log into the system.

2. In the introduction, it is hard to follow the reasoning behind why extended time to access an intervention could enhance effectiveness. The second paragraph strings observations from other studies together, but I don't see the argumentation for your premise. If fit between a user and the system improves engagement (or usage), then why would a longer period of time to access a system be beneficial?

3. It is stated a few times that it is hard to define an optimal dose or intended usage for this kind of intervention. But just because it's hard, doesn't mean that you don't have to try to give some more information. E.g. why was the 3 month period for the initial study chosen? And why another 3 months as extension? And: there were self-directed modular activities within the intervention. Was there an intended usage for that? What do you expect a 'typical' user to do within the platform? Or are there different ways that the system can be used? This information is needed to make sense of any of the usage data that you mention.

4. Overall, the paper provides little data. In essence not much more that the follow up data of an RCT when often this follow up data (when participants would not have been given the option to access the system) would be reported in the main paper on the RCT. I do very
much like the idea of exploring the question to whether prolonged access can have benefits and the way the study attempts to do so, but in this case, I think there is just not a lot of data to provide insight in this question. It would really strengthen the paper if more usage data can be included. What did the people do who accessed the system? What features did they use? Was it more social or more the self-directed modules? And was this different than during the initial period?

5. The intervention itself needs some more explanation. E.g. What is it exactly that these Wall Guides do? On what topics are the guided support courses? How long do they take? And how are they guided? Do users decide for themselves what to do with the system, or are they helped in any way? What were these creative bricks?

6. The discussion lacks depth. There are some interesting remarks, but it is not truly discussed what the findings mean. Specifically:

a. P11: 'the study yields important information about the commonly observed problem of limited engagement': what important information is that? What have we learned?

b. The subgroup that enrolled in this extension study, was already more active than other participants. But even these did not use the system much in the second three months. Why is that? What does that say about his intervention? And about interventions in general?

c. You don't find increased effectiveness in this study. Does this mean that prolonged access is not helpful, is it because of the lacking use, or does this mean something else?

d. The idea that people might want to have the intervention accessible just-in-case is very interesting. Is there any literature, even in other areas, that could support this idea? How would you go about studying this in more detail? What does it mean for other interventions?

e. Is extending the access duration only interesting for an intervention such as this where the dose is hard to define and participants are really free in what they can do, instead of more strict, modular interventions? Or could prolonged access also be an interesting idea for those interventions?

Minor comments:

7. Statistical analyses: isn't mixed modeling better to handle a lot of missing data? In my understanding, RM Anova employs listwise deletion, which is not what is described in the results section.
8. Table 1: Why are the numbers suppressed for gender within 'discontinue treatment'?

9. Table 1: Why is retirement placed in the category with 'actively looking for work' and not with 'not looking for work'? They seem to fit better in the latter category.

**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?**
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Yes

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