Author’s response to reviews

Title: Internet-based interventions to support recovery and self-management: A scoping review of their use by mental health service users and providers together

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Author’s response to reviews:
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Dr Helen-Maria Vasiadis
BMC Psychiatry
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Dear Dr Vasiadis,

Re: BPSY-D-18-00641

Internet-based interventions to support recovery and self-management: A scoping review of their use by mental health service users and providers together

Anne Elizabeth Williams, MOT; John Farhall, PhD; Ellie Fossey, PhD; Neil Thomas, DClinPsych
BMC Psychiatry
Thank you for the helpful reviewers’ feedback and the opportunity to revise our paper. Please find below a point-by-point response letter to accompany our revised manuscript. As requested, we have provided a detailed response to each reviewer/editorial point raised, describing exactly what amendments have been made to the manuscript text and where these can be viewed (e.g. Methods section, line 12, page 5). We have highlighted changes in the manuscript to demonstrate where these have been made in the text. We have also continued to follow the journal style in making these revisions.

We look forward to your response to our revisions,

Kind regards,

Anne Williams

Reviewer reports:

R1 Johanna König (Reviewer 1): This review investigates if Internet-based interventions that focus on recovery and self-management in patients with psychotic severe mental illness can improve the relationship between health service users and health service workers. Internet-based interventions are only recently developed and rarely integrated into the general care of mentally diseased patients. The authors suggest that Internet-based interventions might be most valuable supporting recovery and recurrence of severe mental illness. The review is well written and of high methodological quality. Nevertheless, there are some revisions need to be made.

R2 Interesting review topic. In general, the article will gain in clarity by adding more definition and better define the objective (for example pathology..). The structure of the article is presented as "classic" way to present a scoping review. On the overall reading, I found it a bit heavy, and might gain clarity if sections are shorter.

One of the main recommendation is to provide more definition and better present the focus of the scoping review. I tried my level best to provide some comments for each sections, but I found difficult to read through as the background section doesn't include a clear presentation of the objectives and definitions.

Response: Thank you for this feedback. We have made a range of changes to address R1’s suggested revisions and to improve the overall clarity of the manuscript as requested by R2. The changes are detailed below in response to each comment made by a reviewer.
R1 Major Comments

Abstract

1. Page 2, Line 19-21: The fact that Internet-based interventions can both support and burden the relationship between the service user and the worker is important and interesting. However, without any further explanation, this statement is confusing. A short explanation is given in line 26-27. Please try to better fit the proximity of these statements.

Response: These sentences are now adjacent within the results section of the abstract, as suggested.

Changes: Abstract, page 2, lines 19-22

2. R1 Introduction

Page 4, Line 50-51: This is the first time you mention a focus on psychosis in the introduction. However, it remains inconclusive why you are focusing on patients with psychosis. Please explain in more detail.

Response: Reviewers 1 and 2 have provided helpful feedback that the population considered for the review is muddled by the use of several terms: e.g. severe mental illness, psychosis, schizophrenia. The review aims to focus on people who experience severe mental illnesses including schizophrenia and other mental illnesses that involve the person experiencing psychosis. This population is the focus because they experience enduring mental illnesses and are high users of mental health services. The sub-groups were important to include in the process of identifying relevant studies, as different terms are used in the literature for this population. However, from a reader’s perspective, we see how clarity about the population being considered is confused by multiple terms. To address this issue, we have introduced the population more clearly in the first paragraph of the paper. When we discuss the population, we now use the term SMI throughout the paper. We only use the term psychosis or schizophrenia when referring to other papers that used these terms.

Changes: Background, p.4, paragraph 1, lines 34-47

3. Page 5, Line 62-74: This paragraph explains problems in implementing Internet-based interventions and in particular why the drop-out might be high sometimes. However, remarking the problems and explaining them seems a bit mixed up. Please try to restructure the paragraph. I would suggest first to note possible problems and afterwards to discuss possible reasons (or vice versa) as you are not describing possible reasons for all problems.
Response: Thank you for this helpful suggestion. Paragraphs 2 and 3 have now been reorganised to flow from the benefits of Internet interventions to challenges. This now leads more clearly to introducing the need to consider service-user and provider relationships when introducing Internet-based interventions.

Changes: Background, page 4/5, paragraphs 3 & 4, lines 49-76

4. Page 6, Line 90-93: Why you are focusing on the user-worker relationship and on recovery is getting clear. Nevertheless, it remains unclear for me why you are focusing on patients with psychosis and why you are including self-management. Both facts are just shortly mentioned in a few sentences. Please try to revise your introduction to make this focus more clearly.

Response: The changes made to paragraph 1 address the population – see comment 2 above. Changes have also been made to the end of paragraph 1 to more clearly demonstrate why this review focuses on recovery and self-management and how both concepts have become priorities in mental health services.

Changes: Background, page 4, lines 34-37 (population) and Background, page 4 lines 38-47 (recovery and self-management)

5. R1 Methods

Page 7, Line 131-132: Have former reviews been excluded? If yes, why? Are there any reviews made so far that would match the inclusion criteria?

Response: The reviews found in the searches did not meet the inclusion criteria. However, citations in each review were tracked to determine if any additional studies had been missed. This citation tracking has now been added to the statement about tracking citations in the included studies.

Changes: Methods, page 7, L119-120

6. R1 Results

Page 10, Line 212-213: Did qualitative and quantitative methods differ in their MMAT-score? If yes, which one had higher scores and why? (Note: You are shortly referring to possible differences in the last sentence of the paragraph.)
Response: The range of MMAT-v2011 ratings have now been summarised for each study design: qualitative, quantitative and mixed study designs. The authors of the MMAT-v2011 suggest that descriptions of methodological qualities may be more useful than comparing scores, given that reporting guidelines for different methodologies vary. This point has now been added and precedes a section that more clearly outlines the strengths and limitations of the qualitative and quantitative research elements.

Changes: Results- study quality, p.9-10, L186-205

7. Page 11, Line 235-236: If mechanisms underpinning the interventions were provided, what were these theories/mechanisms like? Please shortly explain.

Response: The studies reference the concepts such as self-efficacy and self-determination, yet none go into specific detail about these concepts and how using the interventions may result in change in self-efficacy or self-determination. The reference to mechanisms underpinning the interventions has been removed to avoid the impression that information has been withheld. Instead, the sentence now finishes with an overall statement that there was a particular focus on the need for interventions that facilitate service users’ active role in managing their health.

Changes: Results section, page 10-11, lines 215-219.

8. Page 12, paragraph 1 and 2: You explain the usage and effects of the interventions in detail. Please try to provide a summary of the interventions. How often have the interventions been used? Why/Why not? How long have the interventions been used?

Response: Additional headings have been inserted to better guide readers to aspects of the interventions being described: goals, tools, use. The statement about intervention use has been removed from earlier ‘study characteristics’ section, so that information on use now in the one place, under study use headings. The section now titled intervention use has been restructured to more clearly indicate how often the interventions were used and for how long. Reasons that supported or challenged intervention use remain in the final paragraph of this section.

Changes: Results section, pages 10-12, lines 213-279

9. Page 15, Line 336-338: The supporting factors are very interesting and seem fundamental. Please explain them in more detail.

Response: Additional detail has been added to explain how pre-existing relationships influenced the outcome of working together. Final sentence has been restructured to indicate that...
perceptions of ease of use supported engagement. We have kept the changes brief, mindful of overall length (particularly given Reviewer 2’s comments).

Changes: Results, page 14, L 314-319.

10. Page 15, Paragraph "Feelings of mistrust": You very clearly explain why Internet-based might be not used sometimes. But please specify and explain how not-using is related to a worse relationship between users and workers if they are still meeting regularly.

Response: Not using the intervention could worsen the relationship due to the disappointment and loss of trust that arose when one person wanted to actively use the intervention but the other did not reciprocate. The first sentence in the paragraph has been edited to try to make this point more clearly. The second paragraph explains reasons that this mismatch arose. Other brief edits have been made to improve clarity of this section.

Changes: Results, page 14, L 321-327 and page 15, 332-338

11. Page 16, Last paragraph: Do you have any idea why these interventions did work that well compared to the interventions used with the usual mental health worker? Please try to explain.

Response: New sentence added at end of this paragraph to indicate two hypothesised factors contributing to high usage of these interventions.

Changes: Results, page 16, Lines 370-372

12. Page 17, Paragraph "Does using Internet-based interventions …": Are there any follow-up data investigating these question? What is the impact on recovery and self-management?

Response: The focus of this question is specifically on whether the included interventions elicited recovery-oriented working practices. Additional follow-up data (if available) has not been considered as the results focus only on information extracted from the 15 studies included in the review. The impact of the interventions on self-management and recovery is also outside of the scope of this question. In the results, the response to the first question has instead aimed to describe which interventions focused on self-management and/or recovery. Given this, no changes have been made to this section.

Changes: No changes made
R1 Discussion Page 19, Line 447-451: These results have not been mentioned before. See also Comment 12. I would suggest relocating these sentences to the results section.

Response: The results identified in these lines have been removed. It appears that it was confusing to try to summarise types of self-management and recovery-oriented interventions, including examples, as it made it seem that this information had not been provided before. There is already a summary of the goal of interventions (e.g. self-management/recovery) in the results section, now more clearly labelled where this information is located. In light of reviewer 2’s comments, these lines were removed and the subtitle of this section tightened. The section is now more clearly focused on key features that supported the intervention use.

Changes: Discussion, deleted section now removed – see revised discussion section commencing L409, p.17-18

Page 20, Line 468-471: If the interventions are mostly used to set therapy goals and agendas, why is it important to continue its usage afterwards? Please describe in more detail.

Response: Sentence has been added to this paragraph to identify some reasons for continued use of intervention components.

Changes: Discussion, p.19, L446-448

R1 Minor Comments

Page 4, Line 48: severe mental illness = SMI (see also: page 20, line 492). Please recheck your manuscript for the usage of the abbreviation.

Response: Abbreviations now used throughout.

Changes: Background, page 4, line 50 and Discussion page 17, L393 and Conclusion, page 21, L519

Page 11, Line 218: What was the sample size of HTP?

Response: Sample size of 200 is now indicated for HTP

Changes: Results/Study quality, page 5, line 200
17. Page 7, Line 119: Why is 2005 the starting point of the development of Internet-based interventions? Was the first study mentioning Internet-based interventions published in 2005? Please specify

Response: The search range from 2005 was selected as prior to this, Internet interventions were predominantly developed for people experiencing anxiety and depression, not SMI. Justification (with reference to several reviews quoted in the paper that substantiate this point) has been added to the Stage 2 section of the method.

Changes: Method, stage 2, page 6. Line 112-113

18. Table 2, Koivunen & Huhtasalo, Workers/Profession: Is IT (information technology) meant or is it the wrong abbreviation

Response: IT does mean information technology. Wording improved to indicate IT based education and conventional education. Abbreviations at end of Table 2 now include IT.

Changes: Table 2, p. 32, first row.

19. Table 2, Abbreviations: FU is not used in the table.

Response: FU now removed from list of abbreviations in Table 2

Changes: Table 2, end of table, p.33

20. Table 3, Abbreviations: RCT is not mentioned in the abbreviations but used. CM is mentioned but not used

Response: RCT now added to list of abbreviations in Table 3. CMs is used as an abbreviation in the first row /last column of Table 3 (Baumel,Correll). CM has now been changed to singular from plural to match the abbreviation

Changes: Table 3, end of table, p.34
Reviewer 2

R2 Background

1. Terminology such as internet based interventions, support recovery and self-management should be precisely define, as they can have several meanings and interpretations for the readers.

Response: Paragraph 1 now more clearly defines recovery and self-management. Internet interventions have been further outlined with examples in paragraph 2

Changes: Background, p.4, Lines 38-47 and lines 49-56

2. Maybe to better target the review, if was only psychosis to start directly. Use the general for the discussion if needed, to compare others interventions for others SMI. In the background, clarity will be gain to focus on one terminology or one pathology, psychosis, SMI, schizophrenia…to better define the scope of the review from the beginning (or to present the lit review separately).

Response: the population has now been reframed and clarified in paragraph 1 – see Reviewer 1, point 2 above

Changes: Background, p.4, paragraph 1, lines 34-47

3. Will help to better define web based interventions with more precise example for example as well as mobile with example of messages sent.

Response: Changes made in response to comment 1 have provided a clearer definition and more examples

Changes: Background, L52-56

4. Line 57/58, reader might better understand with more details what is for example to monitor symptoms as this can typically be understood differently (which symptoms)

Response: Restructure of paragraph on challenges of Internet interventions led to the example of symptom monitoring being deleted. This was only one specific example of an Internet intervention so was removed, to better focus on the evidence at a higher level.

Changes: Reference to symptom monitoring now deleted from Background, p.5, line 76
5. Drop out of programs can be due to the design itself and not the objective (for example content). I will recommend if you let this sentence, to develop the idea (or to add it to discussion section)

Response: Issue of drop out now changed to identify the overall potential problem with engagement of service users in Internet interventions, second reference added.

Changes: Background, p.5, line 73-76

R2 Methods

6. This section will gain clarity if it was shorter. As other publication exists, might consider to refer more to others articles that used the same methodology instead of developing each sections in detail. Better defining the concept in the background, will help the reader better understand the research questions.

The review questions appear very general (might be my perception as I am not an expert in scoping review).

Response: Editing to Methods section has reduced words in several sections, with a 17% reduction in length. Important detail has been preserved in this editing, so that readers continue to understand the rigour of the review process. Concepts have now been better defined in the Background section – see R1 responses 2 and 4 above.

Changes: Methods, pages 6-8, L94-166 – editing to reduce length throughout

R2 Results

7. Authors might consider in the beginning of this section not to list but rather only to present through tables. Presentation of the results, too much narrative that hide the main results by review questions. Might consider to reorganize to better highlight the result by questions. To consider to provide more sections under each 3 questions to better highlight the results.

Response: Thank you for the suggestion to add greater structure and less detail to the results. Beginning of results section has been reorganized with new subheadings. This introduces a summary of the included studies and now separates study characteristics from study quality. Editing has also been used to reduce excess detail that can be found in Tables 2 and 3. New headings have been added to the results – please see response 8 to R1 above. Review questions have been added to each relevant heading to more clearly signpost the results for each question.
8. Discussion

This section might be clearer if all concepts are defined in the beginning, as previously stated. Again, too many informations, datas that hide the main objectives while reading.

Response: Changes have been made as outlined above in the Background section to define key concepts. Discussion has been reorganized with updated headings to more closely match review questions and editing has reduced length.

Changes: as indicated above