Author’s response to reviews

Title: Group based Video-conferencing for Adults with Depression: Findings from a user-led qualitative data analysis using Participatory Theme Elicitation

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Response to reviewer comments

The authors would like to thank all the reviewers for their helpful feedback and suggestions

Reviewer #1:

The manuscript is well-written and very interesting.

One thing that is not discussed in the methods of discussion is how any difference of opinion was resolved? There are bound to be differences about how quotes are grouped- was there good agreement?

Thank you for this valuable comment. There was no evidence of strong differences of opinion within the co-researcher group (although this isn’t to say that it might not be an issue in future studies). One hypothesis is that the network data (diagrams and groupings) given to co-researchers provided a solid foundation in which to generate themes. As such, every co-researcher knew their views had been represented within this data and therefore reaching consensus was more straightforward. A line has been added to the end of the discussion to acknowledge this.

I don't think the authors justified why use network analysis? Or what it added to the analysis.

We have added additional text within the introduction to make this clearer
Line 66 - how were the google hits for depression estimated?

This information was taken from a report by the Priory Group. The authors used Google Analytics.

Line 222 - so-researchers??

This has been corrected.

Ref 43 - Author citation and weblink - why not add it as the reviewers are not blinded?

This has been added.

Reviewer #2:

I feel that this research is valuable and has the added depth of being reviewed by peers so gives an insight into the study that would not otherwise be available. With an increasing lack of mental health services available in the UK using technology is a positive step forward for those that are comfortable using Skype etc in order to access some support. This could also help to reduce waiting times for support that may otherwise take months to access.

The article was interesting to read and I have no amendments to make other than the missing figures, tables etc to be included.

Thank you.

Reviewer #3:

An interesting, well written and informative article which explores the use of virtual digital media for users with mental health issues to take part in group meetings online and explores the logistical and operational problems encountered and identified by the participants and researchers.

Helpful addenda including photographic and written evidence of participant training in thematic identification and grouping.

Participant empowerment would seem possible but realistic reflections by all concerned record and recognise practical problems and barriers to retention, for instance.

The employment of the PTE analysis method appears effective and apposite, but further research needed for data robustness due to low participant numbers (n=8).

Thanks you for these positive comments.
Assistant co-editors’ comments

This is an interesting submission which could prove quite useful methodology for patients to be involved in qualitative analysis.

Is this about the delivery of health intervention via video conferencing or is it about the added insights which patients analysing the experience bring to this? There are only 8 participants being analysed and three of those are facilitators (so may not be patients and will definitely have a different experience). Can you clarify this?

Thank you for this comment. The aims and objectives have been reworded to make this clearer

We are presenting qualitative (process evaluation) data regarding the delivery of an online video conferencing service for depression from a feasibility RCT. Similar to any academic researcher led process evaluation, co-researchers were given interview data from both those who used the service as well as those who delivered it. This gave a more rounded view of the feasibility of the service going forward. As a result, the paper presents the analysis of the qualitative data (by co-researchers) re the feasibility of the online service while at the same time demonstrating how this same group can provide additional insights.

One of the authors' points is that the patient analysis brings extra depth and granulation: but surely the only way this could be demonstrated is if the professionals analysed the data in parallel with the patients and the two results were compared? Currently the professionals seem to have looked at the patient results and just passed judgement. Is this something that the authors can voice as a limitation?

A very important comment. We have another paper in draft using a different data set that examines this issue. We will certainly add this as a limitation.