

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	E-therapies in England for stress, anxiety or depression: What is being used in the NHS? A survey of mental health services.
AUTHORS	Bennion, Matthew; Hardy, Gillian; Moore, Roger; Millings, Abigail

VERSION 1 - REVIEW

REVIEWER	Mary Pennant Cambridgeshire County Council
REVIEW RETURNED	13-Nov-2016

GENERAL COMMENTS	<p>This article was interesting to read and I think it would be relevant to NHS trusts commissioning and developing e-therapy services.</p> <p>I had some questions relating to the information collected. If this is available, it would be helpful to know:</p> <ul style="list-style-type: none">- Are these web/phone applications all designed for adults? Did any providers or trusts report on e-therapies provided/recommended to children and young people?- Were any trusts also commissioning e-mediated therapies e.g. telephone, web-chat or video-conferencing facilities?- Have any trusts evaluated the e-therapies they use or ones that they have developed? If so, it would be useful to know which trusts they are so that other trusts can make contact to ask for their findings.- The dates (or average date) that web or phone applications were first introduced/ recommended. <p>Clarity could be added around:</p> <ul style="list-style-type: none">- The inclusion criteria (lines 26-27 on page 11) are unclear. Did this apply to web and phone applications? It would be good to have a clear statement applying to all interventions further up in the methods section.- Why did some applications not meet the inclusion criteria? It would be good to have a brief description or, if they were irrelevant, this could be stated. <p>The discussion should be expanded to include</p> <ul style="list-style-type: none">- Discussion about the evaluation of e-therapies. Pg 22 line 3 'fine grained' is not very clear. More specific statements about the type of evaluation needed would be helpful e.g. Need before-after data collection? Need data on similar groups of people not undergoing the intervention? Need specific outcomes?- Literature on the effectiveness of e-therapies, particularly the ones used/recommended by providers or trusts. Are any of the included web/phone applications reviewed in systematic reviews?- Any more general guidance about how to evaluate e-therapies. <p>The pace of development may make evaluation of individual</p>
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	programmes unfeasible. Is there literature on general technological or psychological principles that can be applied?
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REVIEWER	Carla Meurk University of Queensland
REVIEW RETURNED	23-Nov-2016

GENERAL COMMENTS	<p>This is an interesting paper that sets out to census mental health apps available via the NHS. The paper provides context to the endorsement and use of apps within the NHS as well as baseline data to follow up in the future.</p> <p>I noted two typos: p6 line 53 (should it be efficacy rather than efficiency?) and p9 line 11 (an extra 'a' in the sentence).</p> <p>Regarding the discussion, I would like to see some thought given to how placement (and implied endorsement) by the NHS might impact on recommendation/use. Many, if not all of these apps, are surely available direct-to-consumer via Google, Google Play or the App store. Is there an association between NHS 'endorsement' and its recommendation by clinicians?</p> <p>In terms of the recommendations regarding quality assessment of these apps, the authors might like to look at the Mobile App Rating Scale (MARS) http://mhealth.jmir.org/2015/1/e27/?trendmd-shared=1 and consider its utility with respect to the issues they describe.</p>
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VERSION 1 – AUTHOR RESPONSE

Response for Mary Pennant (reviewer 1)

Are these web/phone applications all designed for adults? Did any providers or trusts report on e-therapies provided/recommended to children and young people?

Our motivation for this work began with a desire to understand what IAPT services were using and recommending. We did not design our FOIs to ask about the use of e-therapies with children/young people. Furthermore, the majority of the web/phone applications included in this review are not tailored to a specific demographic. However, there was one specific e-therapy that did come up for children and young people aged 11 to 19 known as Kooth. We agree that further information on e-therapies specifically for children and young people would be useful, and we have added a comment to this effect in the discussion to this effect.

Were any trusts also commissioning e-mediated therapies e.g. telephone, web-chat or video-conferencing facilities?

The data did indicate that 2 IAPTS used webinars. It's worth noting that 23 referred to using the e-therapy IESO which is a form of therapy given via web-chat. For clarity, we have added a column to the table describing the format of each e-therapy.

Have any trusts evaluated the e-therapies they use or ones that they have developed? If so, it would be useful to know which trusts they are so that other trusts can make contact to ask for their findings.

We thank the reviewer for raising this point. While our FOI requests are usually made publically

available by the organisation to whom the request was made, this is a local decision. We are therefore not inclined to specify which specific Trusts/IAPTS are engaging in research activity, as this may be interpreted as negatively highlighting those who are not engaging in any such activity. The dates (or average date) that web or phone applications were first introduced/ recommended.

Unfortunately, we did not ask for this data in our FOI requests and so we do not have this information but we agree that it would certainly be interesting to know and is perhaps a topic for future research.

The inclusion criteria (lines 26-27 on page 11) are unclear. Did this apply to web and phone applications? It would be good to have a clear statement applying to all interventions further up in the methods section.

We apologise that our description of the exclusion criteria was not very clear. We have amended this, and, as you suggested, moved it to earlier in the method (Page 9).

Why did some applications not meet the inclusion criteria? It would be good to have a brief description or, if they were irrelevant, this could be stated.

We have added a PRISMA diagram that includes details of why excluded apps did not meet the inclusion criterion.

Discussion about the evaluation of e-therapies. Pg 22 line 3 'fine grained' is not very clear. More specific statements about the type of evaluation needed would be helpful e.g. Need before-after data collection? Need data on similar groups of people not undergoing the intervention? Need specific outcomes?

We apologise for not being clear. By 'fine-grained' we meant that the use of specific e-therapies should be recorded, not just whether a client is using any e-therapy. We have amended this in the MS to improve clarity (page 25). With reference to the comments about the need for pre-post data, using specific outcome measures, and demographic data to enable comparison between groups, these are already required by the minimal dataset (see <http://content.digital.nhs.uk/iapt>, which we have referenced).

Literature on the effectiveness of e-therapies, particularly the ones used/recommended by providers or trusts. Are any of the included web/phone applications reviewed in systematic reviews?

We agree that this is an important area for future research, and indeed one that we are actively pursuing, due to the absence of any existing systematic reviews that focus on e-therapies in current use. We have added this suggestion to the conclusion to highlight this (see page 27).

Any more general guidance about how to evaluate e-therapies. The pace of development may make evaluation of individual programmes unfeasible. Is there literature on general technological or psychological principles that can be applied?

We agree that further guidance on the evaluation of e-therapies would be helpful, however, providing such guidance is beyond the scope of the current paper. We already reference two sources that go some way to providing the kind of guidance suggested by the reviewer. NICE 2009 Specifies what psychological principles computerised therapy for depression ought to include, and MindTech's Framework for Mental Health Digital Products. Further, in response to the other reviewer, we now also cite The Mobile Application Rating Scale (MARS).

Response for Mary Pennant (Reviewer 2)

I noted two typos: p6 line 53 (should it be efficacy rather than efficiency?) and p9 line 11 (an extra 'a'

in the sentence).

I've corrected the sentences. Thank you for pointing these out.

Regarding the discussion, I would like to see some thought given to how placement (and implied endorsement) by the NHS might impact on recommendation/use. Many, if not all of these apps, are surely available direct-to-consumer via Google, Google Play or the App store. Is there an association between NHS 'endorsement' and its recommendation by clinicians?

We agree that this is an interesting point and have added a paragraph to the discussion to cover it.

In terms of the recommendations regarding quality assessment of these apps, the authors might like to look at the Mobile App Rating Scale (MARS) <http://mhealth.jmir.org/2015/1/e27/?trendmd-shared=1> and consider its utility with respect to the issues they describe.

Thank you for drawing our attention to this paper. We have added it to our introduction. On this occasion, we did not use the MARS rating scale as it has not yet been tested on web apps, and the testing that has been done with mobile apps covers only mindfulness apps. While it is undoubtedly a useful tool, validating it with the broader types of apps included in our review was beyond the scope of the current paper.

VERSION 2 – REVIEW

REVIEWER	Mary Pennant Public Health Directorate Cambridgeshire County Council UK
REVIEW RETURNED	08-Dec-2016
GENERAL COMMENTS	I have reviewed the revision of this manuscript. Authors have satisfactorily addressed my comments.