

Table 4. Results and predictors relating to the actual acceptability of online and mobile phone-delivered interventions for people with SMI measured by intervention use, module completion rates, and participant satisfaction.

| Study reference(s) | Measures of acceptability Intervention use & completion rates | Participant satisfaction | Demographic & clinical characteristics | Supported vs unsupported |
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| Alvarez-Jimenez et al (2013) [47] | 12/20 - used HORYZONS for full 4 weeks (60%); 14/20 - used HORYZONS for ≥ 3 weeks (70%). 3/20 - completed all 7 modules (15%); 9/20 - completed ≥ 4 modules (45%); 12/20 - completed ≥ 3 modules (60%); 19/20 - completed ≥ 1 module (95%). | 15/20 - had a positive experience (75%); 18/20 - would recommend to others (90%); 14/20 - felt it would be a useful long-term treatment option (70%). | Not reported (NR) | Not applicable (NA) |
| Gleeson et al (2013) [48] | As above | 20/20 - 'agreed' or 'strongly agreed' that HORYZONS was safe & confidential (100%); 18/20 - felt moderation had contributed to safety (90%). | NR | N/A |
| Kuosmanen et al (2009) [50] | NR | All groups (n = 311): 3.09/4 - mean satisfaction score IT education (n = 100): 3.16/5 - mean satisfaction score for meeting technical-scientific care needs; 3.01/4 - mean satisfaction score for meeting information care needs; 3.03/4 - mean satisfaction score for interaction/support care needs. | NR | N/A |
| Kuosmanen et al (2010) [52] | NR | 21/21 - agreed website contained relevant information (100%); 15/21 - agreed website provided new information (72%); 20/21 - agreed website was easy to use (95%) 16/18 - agreed website appearance was successful (90%) | NR | N/A |
| Pitkänen et al | IT education: | NR | NR | N/A |

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| (2012) [53] | 87/100 - attended $\geq 3/5$ sessions (87%). Conventional education: 86/106 - attended $\geq 3/5$ sessions (81%). | | | |
| Anttila et al (2012) [54] | 73/93 - attended all 6 sessions (79%). | NR | <p>No relationship between session attendance &: Age: $P = .576$; Sex: $P = .784$; Basic education: $P = .969$; Vocational education: $P = .976$</p> <p>No relationship between session attendance & Global Assessment of Functioning (GAF): $P = .093$</p> | N/A |
| Smith et al (2011) [57] | 13/24 (54.2%) - posted ≥ 1 message on discussion forum. 16/24 (66.6%) - completed $\geq 75\%$ of the program (of total 47 subsections). | NR | NR | N/A |
| Barnes et al (2015) [59] | Study group: 85/113 - completed 'majority' of sessions (75%). Control group: 83/120 - completed 'majority' of sessions (69%). | NR | NR | N/A |
| Ben-Zeev et al (2013) [40] | NR | 10/12 - 'strongly agreed' or 'agreed' with ease of use (83%); 10/12 - found the system 'helpful' or 'somewhat helpful' (83%). | NR | NR |
| Ben-Zeev et al | Participants used FOCUS on 86.5% of the | 30/32 - satisfied with ease of use (93.7%) | No relationship between | N/A |

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| (2014) [60] | study days (total study duration = 1 month): Week 1: average use = 6.7/7 days Week 2: average use = 5.9/7 days | 29/32 - satisfied with focus (90.6%); 28/32 - would recommend to a friend (87.5%); 24/32 - would like to use FOCUS often (75%); | FOCUS use &: baseline cognitive functioning, negative symptoms, & persecutory ideation (all $P > .05$). | |
| Depp et al (2010) [62] | 78% - median percentage of completed surveys (2 week study duration; 4 daily prompts). | Participant ratings (n = 10): 9/10 – median satisfaction rating; 5/5 – median rating for ‘I would use this device again’; 5/5 – median rating for ‘this could be helpful to me in the future’. | NR | N/A |
| Depp et al (2015) [63] | 65% - compliance in PRISM condition (10 week study duration; 2 daily prompts). | Participant ratings (n = 41): 10/10 – median satisfaction rating; 5/5 – median rating for ‘I would use this device again’; 5/5 – median rating for ‘a device like this could help me’. | No relationship between compliance &: Age: $P = .278$; Education: $P = .528$ No relationship between compliance &: Montgomery Asberg Depression Rating Scale (MADRS): $P = .717$; Young Manic Rating Scale (YMRS): $P = .451$; Illness Intrusiveness Scale (IIS): $P = .636$ | N/A |
| Depp et al (2010) [62] | 6/8 (75%) - showed ‘consistent engagement’ with texts (3 sets of 4 texts daily; 12 week study duration). | NR | NR | N/A |
| Granholt et al (2012) | Mean rate of valid assessment responses (3 sets of 4 texts daily; 12 week study duration; n = 42): | Participant ratings (n = 42): 3.15/4 – mean helpfulness rating | NR | N/A |

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| [64] | <p>Question 1 - medication adherence: mean = 86%;</p> <p>Question 1 - socialization: mean = 83%;</p> <p>Question 1 - auditory hallucinations: mean = 86%;</p> <p>Question 2 - medication adherence: option 1 mean = 85%; option 2 mean = 85%;</p> <p>Question 2 - socialization: option 1 mean = 78%; option 2 mean = 85%;</p> <p>Question 3 - auditory hallucinations: option 1 mean = 85%; option 2 mean = 84%</p> | | | |
| Forchuk et al (2015) [65], personal communication with L Warner, June 2015 | NR | <p>Mean satisfaction scores after 12 months:</p> <p>Smartphone – psychotic disorder (n = 234): 5.8/7 – ease of use; 6.4/7 – helpfulness; 5.4/7 – simplicity.</p> <p>Smartphone – personality disorder (n = 24): 4.9/7 – ease of use; 6.3/7 – helpfulness; 5.1/7 – simplicity.</p> <p>LSR – psychotic disorder (n = 234): 5/7 – ease of use; 5.5/7 – helpfulness; 5.1/7 – simplicity.</p> <p>LSR – personality disorder (n = 24): 5.1/7 – ease of use; 5.6/7 – helpfulness; 3.9/7 – simplicity.</p> | NR | N/A |
| Gottlieb et al (2013) [66] | 17/21 (81%) - completed ≥60% of the lessons (out of 10 total lessons). | <p>Participant satisfaction ratings (n = 16): 82.4% - felt program was very good/helpful; 88.2% - felt right amount of information was covered; 88.2% - felt website was useful; 76.5% - would be very willing to recommend</p> | NR | N/A |

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| | | to others; 52.9% found program very interesting. | | |
| Holländare et al (2015) [67] | NR | Participant satisfaction ratings (n = 4) 50% - fairly satisfied or very satisfied; 50% - neither satisfied nor dissatisfied. | NR | N/A |
| Kane et al (2013) [68] | NR | Participant ratings (n = 27): 70% - found concept easy to understand; 78% - would like to receive mobile medication reminders; 89% - felt system could be useful. | NR | N/A |
| Lauder et al (2015) [71] | n = 156: 48% - completed all 5 modules; 75.4% - completed ≥3 modules; 86.2% - completed ≥2 modules. | NR | NR | N/A |
| Lieberman et al (2011) [72] | n = 64: 84/90 - mean number of days rated | NR | NR | N/A |
| Miklowitz et al (2012) [73] | n = 19 Weekly text or emails sent for symptom ratings; duration 1–44 months: 81% - average percentage of texts or email prompts responded to. | NR | NR | N/A |
| Murray et al (2015) [74] | NR | 12/16 - would recommend to others (66.7%). | NR | N/A |
| Nicholas et al (2010) [75] | All conditions: 160/358 - returned all 8 workbooks (44.7%); 263/358 - returned ≥4/8 workbooks (73.5%). BEP + IS: 98/121 - returned ≥4/8 workbooks (81%); | NR | Males completed on average 0.98 fewer workbooks than females; Participants >30 completed on average 1.04 more workbooks. | Adherence significantly higher in BEP + IS compared with BEP: $P = .01$ |

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| | BEP: 80/120 - returned $\geq 4/8$ workbooks. (66.7%). | | Educational attainment did not predict workbook completion. Levels of symptomology & baseline depression & anxiety scores did not predict workbook completion. | |
| Proudfoot et al (2012) [76] | All conditions: 301/407 - returned $\geq 4/8$ workbooks (74%); 158/407 - returned 8/8 workbooks (38.8%). BEP + IS: 107/134 - returned $\geq 4/8$ workbooks (79.9%); BEP: 96/139 - returned $\geq 4/8$ workbooks (69.1%); Attentional control: 98/134 - returned $\geq 4/8$ workbooks (73.1%). | NR | Relationship between number of workbooks returned &: Age: $P < .001$ Sex: $P < .001$. No relationship between number of workbooks returned & educational attainment. Euthymia, depression scores, & anxiety scores did not predict number of workbooks returned. | Number of workbooks returned significantly higher in BEP + IS compared with BEP: $P < .05$ Number of workbooks returned not significantly different between BEP + IS & attentional control or BEP & attentional control: $P > .05$ |
| Pijnenborg et al (2010) [77] | NR | 32/46 - gave positive evaluations (70%); 19/46 - felt text messages were effective (41%); 22/46 - were willing to continue with text messages after intervention finished (47%). | NR | N/A |
| Rizvi et al (2011) | Study duration: 10–14 days 85% - mean compliance with daily | 22/22 - would use tool on own initiative (100%); | NR | N/A |

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| [31] | assessments. | <p>n = 176: DBT coach was helpful 96.8% of the time;</p> <p>Participant satisfaction ratings (n = 22): 4.05/5 – mean score for ‘how likely is it that you would use this in your treatment?’; 3.8/5 – mean score for overall helpfulness; 3.32/5 – mean score for enjoyment.</p> | | |
| Rotondi et al (2005, 2010) [78,79] | 16/16 (100%) - ‘engaged’ with treatment (contribution in forum on ≥13 visits & use of educational material on ≥4 visits). | <p>11/16 - rated ‘very much’ or ‘extremely’ for ease of use (68.8%); 15/16- rated ‘very much’ or ‘extremely’ for value of website (93.8%).</p> | Significant positive relationship between severity of positive symptoms & increased SOAR access: $P = .009$; increased SOAR usage: $P = .005$ | N/A |
| Rotondi et al (2015) [80] | NR | Participant ratings (n = 38) 4.01/5 – mean rating for ‘easy to use | NR | N/A |
| Simon et al (2010) [81] | <p>After 21 days: Coaching group (n = 64): 24/64 - returned after sign-up (38%); 12/64 - started or updated any section of recovery plan (19%); 6/64 - used medication & side effects self-monitoring (10%); 5/64 - used goal progression self-monitoring (8%); 5/64 - used warning sign self-monitoring (8%); 10/64 - used discussion groups (16%); 7/64 - used peer-to-peer messages (11%)</p> <p>Program-only group (n = 54): 5/54 - returned after sign-up (9%); 0/54 - started or updated any section of recovery plan (0%); 0/54 - used any self-monitoring tools & social</p> | NR | NR | Coaching group showed significantly higher use of website after 21 days in all but 2 components. |

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| | networking (0%). | | | |
| Todd et al (2014) [83] | 9/15 - average number of completed modules (60%). n = 61: 29% - completed 1–5 modules; 31% - completed 6–14 modules; 34% - completed all 15 modules. | NR | NR | N/A |
| van der Krieke et al (2012) [84] | NR | n = 15: 73.6/90 - mean satisfaction score; 13/15 - would recommend to others (86%); 12/15 - agreed website provided meaningful information (80%); 9/15 - agreed they would use website in the future (60%); | NR | N/A |
| van der Krieke et al (2013) [85] | 34/48 (71%) - used 'full functionality' of decision aid. | 22/29 - felt well informed (76%); 22/29 - felt the advice helped them reflect (76%); 20/27 - would recommend to others (74%); 20/28 - easy to use (71%); 12/27 - said it helped them prepare to meet with clinicians (44%). | NR | N/A |
| Wenze et al (2014) [86] | n = 14 25.64 /28 (91.57%) - average completion of sessions | Participant ratings (n = 14): 4.29/5 – average score for overall satisfaction; 4.25/5 – average score for helpfulness; 4.46/5 – average score for ease of use. | No significant relationship between completion rates &: manic symptoms: $P = .77$; depressive scores: $P = .06$ (association at 10% level) No significant relationships between overall satisfaction or ease of use &: | |

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| | | | <p>manic symptoms: $P > .10$; depressive scores: $P > .10$.</p> <p>No significant relationship between perceived helpfulness &: depressive scores: $P > .10$; manic symptoms: $P = .07$ (association at 10% level).</p> | |
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