

Online supplementary file 2: Summary of papers included in the systematic review

	Population	Sample size (n)	Name and purpose of monitoring	Technology	What reported	Validated questionnaire used	Type of schedule, frequency and prompting	Momentary or Retrospective	Duration	Feedback	Automated feedback	Findings
Kimhy & Corcoran (2008) [1] USA Case study	Schizophrenia (sub threshold)	1	No name given To support individual face-to-face CBT	Software - PDA	Current thoughts, mood, behaviour, social context	No	Random schedule 10 times daily Between 10.00-00.00 Beep prompted 180 seconds to respond	Momentary	3 day periods, in treatment months 3,5,8 (total 9 days)	Summary graphs for clinician	No	N/a (feasibility case study)
Burns et al., (2011) [2] USA Single arm pilot study	Depression	8	Mobilyze! To support internet based behavioural activation therapy	Software - mobile phone	Mood, intensity of discrete emotions, fatigue, pleasure, sense of accomplishment, concentration and engagement, perceived control over current activities, context	No	Random schedule 5 times a day Between 07.00-22.00 Software prompted	Momentary	8 weeks	Graphs for patient and online coach	Patient Reinforce improvement or suggest using tool (website) if deterioration	n/a (pilot study)
Kauer et al., (2012) [3,4] [3,4] Australia RCT	Depression (sub threshold)	69	Mobilitytype To support treatment management	Software - mobile phone	Current activity, stress, mood, alcohol use, cannabis use, sleep, diet, exercise	No	Random schedule 4 times a day Intervals at 08:00-10.59; 11.00-15.29; 15.30:19:59; 20.00-22.00	Momentary	2-4 weeks	Summary graphs for clinicians and report for patients	No	Significant finding (confidence intervals) on depression mediated by improved emotional self-

							Beep prompted Reminder beep after 5 minutes					awareness
Kramer (2014) [5] Netherlands RCT	Depression	33	No name given As a therapeutic add-on treatment to increase positive affect	Software-PDA	Current affect, context and activities	No	Random schedule 10 times a day Intervals of 90 minutes between 07.30-22.30 Beep prompted	Momentary	3 day periods for 6 weeks	Patient receive graphs	No	Significant finding (p-value) on weekly depression symptoms over time (both patient and observer measures)
Newman et al., (1999) [6] USA Single arm pilot study	Anxiety	3	No name given To support face-to-face group CBT	Software - PDA	Current anxiety, highest anxiety level, average anxiety, number of acute anxiety, % time spent worrying, current anxiety cues,	No	Fixed schedule 5 times a day at 08:00; 12:00; 16:00; 20:00; 23:00 Beep prompted For two days fixed schedule Hourly between 08:00-23:00 Beep prompted	Momentary and retrospective	13 weeks	Summary for clinician	No	n/a (pilot study)
Wenze (2014) [7] USA Single arm	Bipolar	14	No name given To improve	Software - PDA	Mood, mood change, sleep disturbance, psychomotor	No	Fixed schedule 2 times a day at	Momentary and retrospective	2 weeks	No	Patient receives feedback as instruction or	n/a (pilot study)

pilot study			treatment adherence		agitation/retardation, anxiety, perceptual disturbances, suicidality, daily appointments, medication, adherence, treatment concerns		10:00; 17:00 Beep prompted				tips, if they indicate a problem	
Depp et al (2010) [project 1] [8] USA Single arm pilot study	Bipolar	10	Personalised Real Time intervention for Stabilising Mood (PRISM)	Software-PDA	Mood state, illness triggers	No	Random schedule 4 times a day	Momentary	2 weeks	No	Patient receives preselected self-management strategies in response to exacerbation in symptoms or illness triggers	n/a (pilot study)
			To support individual face-to-face psychoeducation									
Depp (2015) [9] USA RCT	Bipolar	51	PRISM	Website (for use on mobile)	Activity, location, social context, current mood, intention to try/use of suggested strategy, early warning signs	No	Random schedule 2 times a day morning and evening within 3-4hour blocks Software prompted, reminder after 15 minutes	Momentary and retrospective	10 weeks	Graphical feedback on mood items available for patients	Patient receives predefined (personal) implementation intentions in response to mood and early warning sign ratings	Significant finding (p-value) on depressive symptom severity
Granholtm et al., (2012) [10]	Schizophrenia	55	MATS (mobile assessment and treatment)	SMS	Medication compliance, socialisation,	No	Fixed schedule Daily within	Momentary	12 weeks	No	Personalised information to challenge	n/a (pilot study)

USA Single arm pilot study			for schizophrenia) To support treatment management		Auditory hallucinations		selected two hour window SMS prompted				thoughts, behavioural coping or behavioural experiment	
Drake et al., (2013) [11] UK Single arm pilot study	Depression	20	Moodscope To stabilise and improve mood	Website	Mood	Adapted version of Positive and Negative Affect scale	Fixed schedule Daily Unprompted	Momentary	13 weeks	Summary graphs for patient	Two paragraph supportive summation for patient and optional nominated buddy	n/a (pilot study)
Miklowitz (2012) [12] UK Single arm pilot study	Bipolar	19	True Colours (Facilitated Integrated Mood Management) To support individual face-to-face psychoeducati on	Email	Daily mood and sleep		Fixed schedule Daily Email prompted	Retrospecti ve	5 or 6 weeks	Graphs for therapist and patient	No	n/a (pilot study)
Lieberman et al., (2010) [13] USA RCT	Bipolar	23	Moodchart To support treatment management	Email	Mood. Optional domains:, sleep, irritability, anxiety, weight, daily events	NIMH Life Chart Methodolog y	Fixed schedule Daily (except for weight monitored monthly) Email prompted	Retrospecti ve	13 weeks	Graphs for patient	No	Significant finding (p- value) online chart rated significantly more than paper chart
Hareva (2009) [14] Japan Single arm	Depression	1	No name given To support	Website	Depression	No	Fixed schedule Daily SMS	Retrospecti ve	56 weeks	Graphs for clinician	Warning for patient and clinician	n/a (pilot study)

pilot study			treatment management				prompted					
Bauer et al., (2012) [15] Germany RCT	Eating Disorder	82	No name given To support following inpatient discharge (unguided)	SMS	Body dissatisfaction, frequency of binge eating, frequency of compensatory behaviours	No	Fixed schedule Daily SMS prompted	Retrospective	16 weeks	No	Patient social support and interest in wellbeing, reinforce symptom improvement, reminder of CBT strategies learnt in hospital	Significant finding (p-value) on remission rates
Godleski et al., (2012) [16] USA Single arm pilot study	Mixed: depression, substance use disorders, schizophrenia, PTSD	76	No name given To support treatment management	Software - home telehealth unit	Medication compliance, follow-up with clinicians, diagnostic specific symptoms, mood, substance use, activities of daily living	No	Fixed schedule Daily Device LED light prompted	Retrospective	24 weeks	Patient responses and predefined importance level available for clinician	Patient reinforce info about diagnosis, provide suggestions for therapeutic coping strategies	n/a (pilot study)
Piette et al., (2013) [17] USA Retrospective observation	Depression	442	CarePartner To support treatment management	Software - home telehealth unit interactive voice response via phone	Depressive symptoms and medication adherence	Patient Health Questionnaire -9	Fixed schedule 3 times per week Device sound prompted	Retrospective	13-17 weeks	Report for clinician and optional automated feedback for family or friend	Advice on medication adherence, prompt clinical follow up to patient and clinician.	n/a (retrospective study)
Smith et al., (2012) [18] USA Single arm pilot study	Mixed: PTSD with TBI, incl. substance abuse and major	27	No name given To support following inpatient	SMS	Assessment of functioning	No	Fixed schedule Every 3 days SMS prompted	Retrospective	12 weeks	No	Notification of follow up warranted to patient, clinician, carer	n/a (pilot study)

	depressive disorder		discharge									
Bopp et al., (2010) [19] UK Longitudinal observational	Bipolar	62	Oxford University Symptom Monitoring System (SMS) To support treatment management	SMS or email	Mania and depression	Quick Inventory of Depressive Symptoms-Self report. Altman Self-rating Mania	Fixed schedule Weekly SMS or email prompted	Retrospective	indefinite (unlimited)	Graphs for clinician	No	N/a (observational study)
Foster et al., (2011)[20] UK Semi structured interviews	Bipolar	29	True Colours To support treatment management	SMS or email	Mania and depression	Quick Inventory of Depressive Symptoms-Self report. Altman Self-rating Mania	Fixed schedule Weekly SMS or email prompted	Retrospective	indefinite	Graphs for clinician and patient	No	N/a (qualitative study)
Bauer et al., (2006) [21] Germany Single arm pilot study	Eating Disorder	33	No name given To support following inpatient discharge (unguided)	SMS	Body dissatisfaction, frequency of binge eating, frequency of compensatory behaviours	No	Fixed schedule Weekly SMS prompted	Retrospective	26 weeks	No	Patient social support and interest in wellbeing, reinforce symptom improvement, reminder of CBT strategies learnt in hospital	n/a (pilot study)
Robinson et al., (2006) [22] UK Single arm pilot study	Eating disorder	21	Texting in bulimia nervosa To support following outpatient discharge	SMS	Bulimic symptomatology and mood states	No	Fixed schedule Weekly SMS prompted	Retrospective	26 weeks	Patients sent monthly postal feedback on course of symptoms	Patient received programmed, personally tailored feedback message - educate	n/a (pilot study)

											participants about change in symptoms status, provide advice, generate support/concern	
Spaniel et al., (2008) [23]	Schizophrenia	45	ITAREPS (Information technology aided relapse prevention programme in schizophrenia)	SMS	Early warning signs	Early Warning Signs Questionnaire-10, patient version	Fixed schedule Weekly SMS prompted	Retrospective	52 weeks	Summary graphs for patient and clinician	Predefined score threshold triggers notification to clinician to increase medication	n/a (pilot study)
			To prevent relapse and hospitalisation									
Bauer et al., (2009) [24]	Eating disorder (sub threshold)	44	ES [S] PIRIT	Website	SEED (short evaluation of eating disorders) body dissatisfaction over concern with weight and shape, unbalanced nutrition and dieting, binge eating and compensatory behaviours	SEED	Fixed schedule Weekly Email prompted	Retrospective	up to individual	Report for online counsellor	Provide social support, give advice on how to counteract negative developments in eating behaviour and attitude towards weight and shape for patient, automated alert for	n/a (pilot study)

											online coach if scores deteriorate	
Gulec et al., (2011) [25] Hungary Single arm pilot study	Eating Disorder (sub threshold)	23	EDINA (Hungarian for internet based aftercare for patients with eating disorders) To support website based treatment	Website	Body dissatisfaction, frequency of binge eating, frequency of compensatory behaviours	No	Fixed schedule Weekly Email prompted	Retrospective	16 weeks	No	Feedback including reinforcement advice for patient and online coach	n/a (pilot study)
Gulec et al., (2014) [26] Hungary RCT	Bulimia Nervosa or Eating Disorder Not otherwise specified	52	EDINA To support website based treatment	Website	Body dissatisfaction, frequency of binge eating, frequency of compensatory behaviours	No	Fixed schedule Weekly Email prompted	Retrospective	16 weeks	No	Feedback including reinforcement advice for patient and online coach	No significant effect (p-value) on eating disorder symptoms and attitudes between groups over time
Lindenberg et al, (2011) . [27] Ireland Single arm pilot study	Eating Disorder (sub threshold)	92	Appetite for life (translation of the E-SPIRIT) programme To support website based stepped-care intervention	Website	Body dissatisfaction, preoccupation with body weight and shape, balanced diet and nutrition, binges and compensatory behaviours	No	Fixed schedule Weekly Email prompted	Retrospective	up to individual	No	Feedback if score deteriorates: express concern and recommend strategies to counter ED behaviours, positive feedback - reinforcement of	n/a (pilot study)

											improvement, healthy eating for patient and online coach	
Macias et al., (2015) [28] USA Single arm pilot study	Major psychiatric disorder (schizophrenia spectrum disorder, bipolar disorder, or major depressive disorder)	11	WellWave To support app-based physical health intervention	Software – mobile phone	physical health, health control, voices, alcohol and marijuana use, positive and challenging events	No	Fixed schedule Multiple times per week Prompted	Retrospective	4 weeks	Summaries and graphs available for patients	No	n/a (pilot study)
Meglic et al., 2010 [29] Slovenia Non-randomised controlled trial	Depression or Mixed anxiety and depression	21	Improvehealth.eu To support website based treatment	Website	Symptoms, suicidality, medication adherence and side effects	No	Fixed schedule Weekly (for weeks 0-9) and then monthly (weeks 10-23) Unprompted Prompted if incomplete	Retrospective	24 weeks	Record of questionnaires	Tailored reinforcement message, including improvement or deterioration. Clinician receives tasks based on patient monitoring	Significant finding (p-value) on antidepressant adherence, non-significant (favouring the intervention) finding on depression
Matthews (2011) [30] Ireland Single arm pilot study	Mixed (Depression anxiety, self-harm)	6	MMD (The mobile mood diary) To support individual face-to-face therapy (no treatment)	SMS	Mood, energy, sleep	No	Fixed schedule Daily Prompting optional	Retrospective	Minimum one week but indefinite	Patient receives summary graphs	No	n/a (pilot study)

model)												
Proudfoot (2013) [31] Australia RCT	Depression (sub threshold)	231	myCompass	Website	Three symptoms of choice and context (what they are doing and who with)	No	Fixed schedule Daily Prompting optional	Retrospective	7 weeks	Patient graphs including context	No	Significant finding (p-value) on depression, anxiety and stress
Harrison et al., (2011) [32] Australia Single arm pilot study	Mixed: Depression /Anxiety /Stress (sub threshold)	47	myCompass	Website	Moods, intensity of discrete emotions, behaviours	No	Fixed schedule More than once per week (recommended 3-4 times) Prompting optional	Retrospective	6 weeks	Graphs for patients	No	n/a (pilot study)
Bauer et al., (2004) [33] USA Longitudinal observational	Bipolar	96	ChronoRecord	Software - static computer	Mood, sleep, menstrual data, psychiatric medication, life events, weight	No	Fixed schedule Daily (except for weight monitored weekly) Unprompted	Retrospective	13 weeks	Graphs for patient	No	n/a (longitudinal observational study)
Bauer International [34-44] Longitudinal observational	Bipolar	Varies between 234-513	ChronoRecord	Software - static computer	Mood, sleep, menstrual data, psychiatric medication, life events, weight	No	Fixed schedule Daily (except for weight monitored weekly) Unprompted	Retrospective	indefinite (unlimited)	Graphs for patient	No	n/a (longitudinal observational study)

Shapiro et al., (2010) [45] USA Single arm pilot study	Eating Disorder	31	No name given To support face-to-face group CBT	SMS	Number of binges and purges, strength of peak binge urge and purge urge	No	Fixed schedule Daily Unprompted	Retrospective	24 weeks	No	Specific feedback on data and suggestions of skills to use to patient	n/a (pilot study)
Pratt(2014) [46] USA Single arm pilot study	Severe Mental Illness with psychiatric instability	38	Health Buddy To prevent relapse and hospitalisation	Software – home telehealth unit	Key symptoms	No	Fixed schedule Daily Unprompted	Retrospective	26 weeks	Patient responses and predefined importance level available for clinician	Patient receives instructions for seeking treatment if scores indicate deterioration or relapse, nurse receives categories of high, medium and low risk patients with standard protocol (call to discuss, call to prompt coping, call with advice respectively)	n/a (pilot study)
Hunkeler et al., (2012) [47] USA RCT	Depression	51	eCare for Moods To support treatment website based self-	Website	Depression, disability, medication adherence, side effects and alcohol and drug use	No	Fixed schedule Weekly Unprompted	Retrospective	52 weeks	Graphs for patient and clinician	Alerts for clinician based on patients monitoring (emergency alerts, urgent	Significant finding (p-value) on depression severity over time

management												alerts, notifications)
Hetrick et al., (2015) [48] Australia Single arm pilot study	Moderate depression	28	No name given To support treatment management	Website	Depression	Patient Health Questionnaire-9	Fixed schedule Weekly Unprompted	Retrospective	12 weeks	Graphs for clinician	No	n/a (pilot study)
Carrard et al., (2011) [49] Switzerland Non randomised controlled trial	Eating Disorder	22	No name given To support website based self-help intervention	Website	Meals, binges, binge triggers, pleasure derived from eating, physical activity, strategies used to prevent binges	No	Fixed schedule Daily Unclear if prompted	Retrospective	26 weeks	Charts for patient and online coach	No	Significant finding (p-value) on subscales of shape concern and hunger but non-significant findings on other subscales or total scales of eating disorder questionnaires or BMI
Carrard et al., (2011) [50] Switzerland RCT	Eating Disorder	74	No name given To support website based self-help intervention	Website	Meals, binges, binge triggers, pleasure derived from eating, physical activity, strategies used to prevent binges	No	Fixed schedule Daily Unclear if prompted	Retrospective	26 weeks	Charts for patient and online coach	No	Significant finding (p-value) on bulimia subscale (primary outcome)
Carrard et al.,(2011) [51,52] Europe Single arm	Eating Disorder	127	No name given To support website based	Website	Meals, Bingeing and compensatory behaviours, triggers	No	Fixed schedule Weekly Unclear if prompted	Retrospective	17 weeks	Charts for patient and online coach	No	n/a (pilot study)

pilot study			self-help intervention									
Jacobi et al., (2012) [53] Germany RCT	Eating Disorder (sub threshold)	64	Student Bodies™ To support website based self-help intervention	Website	Symptoms	No	Fixed schedule Weekly Unclear if prompted	Retrospective	8 weeks	Online coach views and provides individualised feedback	No	Significant finding (confidence interval) on eating disorder questionnaire
Ohlmer et al., (2013) [54] Germany Single arm pilot study	Eating Disorder (sub threshold)	36	Student Bodies AN To support website based self-help intervention	Website	Number of meals and snacks, restrained and binge eating, avoided foods, purging behaviours, exercising, current weight	No	Fixed schedule Weekly Unclear if prompted	Retrospective	10 weeks	Online moderator gives individual weekly feedback	No	n/a (pilot study)

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