

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Psychiatric treatment conducted via telemedicine versus in-person consultations in mood, anxiety and personality disorders: a protocol for a systematic review and meta-analysis
AUTHORS	Shaker, Ali; Austin, Stephen; Sørensen, John; Storebø, Ole Jakob; Simonsen, Erik

VERSION 1 – REVIEW

REVIEWER	Johns, Gemma Aneurin Bevan Health Board, Informatics, TEC Cymru
REVIEW RETURNED	16-Feb-2022

GENERAL COMMENTS	Well written protocol, and recommend decision to accept.
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REVIEWER	Singla, Daisy University of Toronto, Department of Psychiatry
REVIEW RETURNED	12-Mar-2022

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript. In general, it is clearly and succinctly written, and relevant given the paramount shift to telemedicine services. My specific comments are appended below.</p> <p>INTRODUCTION</p> <ul style="list-style-type: none">• The authors use the terms video consultation, but this could overlap with other common terms e.g., telemedicine, telehealth, etc. I would have suggested the authors use the term telemedicine over video consultation, given the authors do not seem to focus specifically on assessment or consultation in their search. Notably, it is not clear whether the authors consider psychotherapy as 'treatment'• It would also be worthwhile to elaborate on the selected term and how it may compare and contrast with others (see Hyder, 2020, JMIR).• The authors mention that there may be specific barriers and it would be worthwhile to highlight that there may be specific barriers for specific populations e.g., for perinatal women who have not have the privacy or safety to receive telemedicine care (see Singla, 2021, Frontiers in Psychiatry)• The authors only mention two reviews however there have been others, particularly in the treatment/intervention space with respect to psychotherapy e.g., Andrews, 2010, PloS One; Carlbring, 2018, Cognitive Behavioral Therapy; Giovanetti, 2022). Why were these two selected and can others be considered if the focus is on 'treatment?'• The authors also lack reporting on current studies that are being
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	<p>conducted in this space. E.g., the SUMMIT Trial will be the largest psychotherapy trial, and the main question is to compare in-person psychotherapy to in-person psychotherapy</p> <ul style="list-style-type: none"> • Justify why this protocol is needed to be published when it is already published on PROSPERO. <p>METHODS</p> <ul style="list-style-type: none"> • Suggest the authors clarify that they are referring to patient satisfaction • Did the authors consider also examining therapist satisfaction? If not, is this a limitation in the current study? • Report whether and how inter-rater reliability between data extractors was achieved • The timelines of this study are not clear
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

Comment: Well written protocol and recommend decision to accept.

Response: Thank you for this feedback.

Reviewer 2:

Comment: The authors use the terms video consultation, but this could overlap with other common terms e.g., telemedicine, telehealth, etc. I would have suggested the authors use the term telemedicine over video consultation, given the authors do not seem to focus specifically on assessment or consultation in their search. Notably, it is not clear whether the authors consider psychotherapy as ‘treatment. It would also be worthwhile to elaborate on the selected term and how it may compare and contrast with others (see Hyder, 2020, JMIR).

Response: We have chosen to use the term video consultation as it accurately reflects the focus of this study which is to provide a systematic review of psychiatric treatment using synchronous video technology. The terms telemedicine or telepsychiatry are considered broader than video consultation and these terms can include many different types of technologies (eg. apps, video consultation, and/or web-based programs) These technologies can also be asynchronous and/or synchronous. We have elaborated on the applied terms in the manuscript. We have provided a clear definition of what is meant by treatment used in the systematic review which covers psychotherapy, pharmacological consultations and psychoeducation.

Comment: The authors mention that there may be specific barriers and it would be worthwhile to highlight that there may be specific barriers for specific populations e.g., for perinatal women who have not have the privacy or safety to receive telemedicine care (see Singla, 2021, Frontiers in Psychiatry)

Response: We have now acknowledged that there can be a number of barriers for different populations in using VC (eg: within geriatric, perinatal or suicidal populations) and we have referred to a number relevant studies (eg: Singla) examining different barriers for specific populations.

Comment: The authors only mention two reviews however there have been others, particularly in the treatment/intervention space with respect to psychotherapy e.g., Andrews, 2010, PloS One; Carlbring, 2018, Cognitive Behavioral Therapy; Giovanetti, 2022). Why were these two selected and can others be considered if the focus is on ‘treatment?

Response: The systematic reviews included in this protocol focus on treatment using synchronous

video consultation and whilst the reviews conducted by Calbring (2018) and Andrews (2010) are comprehensive in nature, these reviews also include treatment which is web-based and asynchronous and therefore outside the scope of this study. The review by Giovanetti (2022) was not published when we first submitted this manuscript for consideration with BMJ but it has now been added to our review.

Comment: The authors also lack reporting on current studies that are being conducted in this space. E.g., the SUMMIT Trial will be the largest psychotherapy trial, and the main question is to compare in-person psychotherapy to in-person psychotherapy

Response: We have also acknowledged a number of ongoing studies comparing VC to IP which includes the SUMMIT trial although results from these studies are not yet available.

Comment: Justify why this protocol needs to be published when it is already published on PROSPERO.

Response: The authors believe that publication of this protocol in BMJ is warranted, as it provides a detailed description of the study for other researchers to access (to avoid replication/promote collaboration) and it also ensures that the scientific integrity of the study by clearly defining aims/search strategies/outcomes that will be investigated. Publication in the PROSPERO register is recommended as good scientific practice but this register is not peer reviewed or accessible in major databases, as are scientific publications in BMJ.

Comment: Suggest the authors clarify that they are referring to patient satisfaction

Response: We have now clarified that the review will focus on patient satisfaction.

Comment: Did the authors consider also examining therapist satisfaction? If not, is this a limitation in the current study?

Response: Therapist satisfaction is beyond the scope of this study and we have acknowledged that this is a limitation.

Comment: Report whether and how inter-rater reliability between data extractors was achieved.

Response: We have now described how inter-rater reliability between data extractors will be assessed and the appropriate statistical test (Cohens' kappa coefficient).

Comment: The timelines of this study are not clear

Response: We have now provided clear timelines for the study in the method section

VERSION 2 – REVIEW

REVIEWER	Singla, Daisy University of Toronto, Department of Psychiatry
REVIEW RETURNED	04-Jun-2022

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript. The study is a study protocol of a systematic review and meta-analysis that aims to examine the important topic of video consultation vs. in-person services. My specific comments are appended below.</p> <p>ABSTRACT</p> <ul style="list-style-type: none"> • It is not clear if the authors are considering the wide depth of what could be considered 'video consultation' (this is further described in the introduction). Other authors e.g., Commiskey and colleagues (2021, JMIR) have referred to the term 'telemedicine' and
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	<p>'consultation' in and of itself typically refers to a one-time consultation between a psychiatrist and a patient. Suggest the authors reconsider the terms that they use if they are taking a wider approach involving a range of clinicians (not just psychiatrists) and services (beyond consultation).</p> <p>INTRODUCTION</p> <ul style="list-style-type: none"> • See comment above about the term video consultation which appears limited given the potential scope of this review • Suggest the authors add that another reason to examine this important topic is the lack of sufficiently-powered trials comparing telemedicine vs. in-person treatments (this is especially true when considering psychotherapy) • The authors mention that there is a growing number of trials that are currently being implemented. It would be helpful if the authors referred to specific examples that may be suitable for this review. Again, because the term of video consultation is limited so it is not clear whether the authors are considering e.g., telemedicine-delivered psychotherapy <p>METHODS</p> <ul style="list-style-type: none"> • This manuscript would be bolstered if the authors also considered subgroup analyses including the type of population, particularly considering vulnerable populations e.g., perinatal, ethnically/racially diverse vs. otherwise; type of disorder and type of treatment and delivery agent • Suggest the authors add projected timelines of their expected milestones to this manuscript
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VERSION 2 – AUTHOR RESPONSE

Reviewer 2.

Comment: Thank you for the opportunity to review this manuscript. The study is a systematic review and meta-analysis that aims to examine the important topic of video consultation vs. in-person services.

Response: The research team, thank you for the useful feedback.

Comment: It is not clear if the authors are considering the wide depth of what could be considered 'video consultation' (this is further described in the introduction). Other authors e.g., Commiskey and colleagues (2021, JMIR) have referred to the term 'telemedicine' and 'consultation' in and of itself typically refers to a one-time consultation between a psychiatrist and a patient. Suggest the authors reconsider the terms that they use if they are taking a wider approach involving a range of clinicians (not just psychiatrists) and services (beyond consultation).

Response: We have chosen to use the broader term "Telemedicine" instead of "video consultation," as video consultation can be misinterpreted as one-time consultation between patient and psychiatrist, which is not the focus of this review. Subsequently, we have modified the title, abstract, introduction, and method section with the term "Telemedicine" where appropriate.

Comment: See comment above about the term video consultation which appears limited given the potential scope of this review

Response: Please see previous response.

Comment: Suggest the authors add that another reason to examine this important topic is the lack of sufficiently-powered trials comparing telemedicine vs. in-person treatments (this is especially true when considering psychotherapy)

Response: We thank the reviewer for this valuable suggestion. We have included this argument in the introduction.

Comment: The authors mention that there is a growing number of trials that are currently being implemented. It would be helpful if the authors referred to specific examples that may be suitable for this review. Again, because the term of video consultation is limited so it is not clear whether the authors are considering e.g., telemedicine-delivered psychotherapy

Response: We have acknowledged a number of ongoing studies comparing psychotherapy through telemedicine and in-person which includes the SUMMIT, PROVIDE-C and J-PROTECT trial although results from these studies are not yet available.

Comment: This manuscript would be bolstered if the authors also considered subgroup analyses including the type of population, particularly considering vulnerable populations e.g., perinatal, ethnically/racially diverse vs. otherwise; type of disorder and type of treatment and delivery agent

Response: We have added further subgroup analysis as suggested by the reviewer.

Comment: Suggest the authors add projected timelines of their expected milestones to this manuscript

Response: We have updated the anticipated start and end date for the final review.