Bilaga 3 Inkluderade studier

Internetförmedlad psykologisk behandling
Jämförelse med andra behandlingar vid psykiatriska syndrom
Internet-based psychological treatment compared to other interventions for common mental disorders
Rapport nr 337 (2021)

Appendix 3 Characteristics of included studies

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Table of included studies

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
Acosta et al 2017 [1] USA	**Design** RCT: TAU vs TAU and web-based CBT **Intervention** "Thinking forward", 24 self-paced interactive modules to teach cognitive behavioural skills, emotion regulation and trauma coping. **Therapist support** None, prompted to participate via phone calls, texts etc. **Control condition** TAU=Veterans Administration's primary care services; average of 1 PVC visit, 1 mental health	**Recruitment** Veterans at a VA facility, USA **Randomized** Total n=162 T1 (web): 81 T2 (TAU): 81 **Diagnosis** PTSD (>=subclinical on Clin Adm PTSD scale) & Alcohol or substance abuse according to AUDIT **Inclusion criteria** Veterans referred by their physician **Exclusion criteria**	**Core symptoms** CAPS; PCL-M T1 NS T2 (No S. difference between groups) **Categorical data** % with clinical improvements (>=10 point improvement) Quality of Life WHOOLQ	3 mo. Categorical Clinically meaningful improvement T1: web=37% T2: TAU=30%	**Missing data** At post: T1: web=32% (26 of 81) T2: TAU=15% (12 of 81) **Adherence** Web: X=8.8 (6.2) modules/24 38% completed all "core modules" **Participant satisfaction** VAS ratings >5 (0 to 10) Interesting: 76% Useful: 82% Information: 74% Clarified misconceptions: 62% Understandable: 41%	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	visit, 1 psych medication prescription. **Outcomes** Primary: CAPS; PCL-M Secondary: WHOOLQ, quality of life	Currently receiving psychotherapy for PTSD Change in psychiatric medications <2 mo. **Recruitment** Via VA primary care servies **Characteristics** Women: 7% Age: X=34 white: 85% receiving disability: 55% fulill PTSD diagnosis (CAPS) 79%			Overall satisfaction: 89%	
Andersson et al 2009 [2] Sweden	**Design** 2 parallel groups, 2 active treatments **Interventions** T1: Internet-delivered CBT. 5 sessions in 4 weeks with psychoeducation; exposure	**Randomized** Total n=30 T1: 15 T2: 15 **Diagnosis**	**Core symptoms** SPQ; mean (SD); T1: Pre=20.2 (3.4) Post=10.7 (6.8) T2: Pre=20.7 (2.6) Post=10.1 (5.6) No significant difference	1-year follow-up **Core symptoms** SPQ, mean (SD) T1: 1 year=10.8 (5.3) C: 1 year=11.3 (5.4)	**Missing data** Post: T1: 13% T2: 7% Total: 20% **Adherence** Not reported	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	to pictures and films with spiders; instructions to exposure in real life, maintenance T2: therapist-led exposure, with a brief orientation session and a 3-hour exposure session **Therapist support** T1: clinical support. Last year students in clinical psychology (n=2). Clinical advice, feedback on homework and reminders. Therapist time, mean=25 min/patient T2: led by therapist. Last year students in clinical psychology (n=2) **Outcomes** Primary: yes (BAT)	Specific phobia, spider type, according to DSM-IV-TR (SCID-I) **Inclusion criteria** Age 18 – 65 years; Internet access, incapable of removing a lid to a box with a spider **Exclusion criteria** Psychiatric problems requiring immediate treatment **Recruitment** Media advertisement **Characteristics** Women: 85% Age, mean (SD): 25.6 (4.1) years	**Categorical data** Clin sign. improvement on BAT: T1: 46.2% T2: 85.7% T1<T2 **Safety** Not reported	Effect: T vs C, ns **Categorical data** Clin sign improvement on BAT: T1: 66.7% C: 72.7% T vs C, n.s. **Quality of life** Not reported	**Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Ongoing/completed university degree: 77%				
Andersson et al 2013 [3] Sweden	**Design** 2 parallel groups, 2 active treatment arms **Intervention** Guided internet-delivered cognitive behaviour therapy (ICBT). Seven text modules including exercises. Components: behavioural activation, cognitive restructuring, sleep management, defining goals/values, and relapse prevention. **Therapist support** Four students at their last term of the clinical psychology program (five year M.Sc.) were therapists. All contact with the patients was handled	**Randomized** Total n=69 T1: 33 T2: 36 **Diagnosis** Major depression with or without dysthymia according to DSM-IV (clinical interview). **Inclusion criteria** At least18 years, a total between 15 and 35 points on MADRS-S, < 4 on Item 9 (suicidal thoughts) on MADRS-S, no medication for depression or unchanged dosage of medication for depression during the last month, not	**Core symptoms** MADRS-S ITT, Non-inferiority trial (non-inferiority margin of 2 points). Linear mixed-effects regression analyses. MADRS (Mean (SD)) Pre: T1: 23.6 (4.8) T2: 24.1 (5.0) Post (9 week): T1: 13.6 (9.8) T2: 17.1 (8.0) Effect; –4.7 (95% CI, –8.63 to –0.77) (the upper limit of	1-year and 3-year follow -up 1YFU (MADRS-S): T1: 10.0(7.3) T2: 12.71(6.7) 3YFU(MADRS-S): T1: 9.2 (7.6) T2: 13.5 (8.7) Effect: –4.55, (95% CI, –8.60 to –0.54) (the upper limit of the 95% CI was below the pre-specified non-inferiority margin). The between- group standardized mean difference *Cohens d*	**Missing data** Post: T1 + T2: 6% 12 mo: T1 + T2: 13% 3-year T1 + T2: 10% **Adherence** T1: The mean number of treatment modules completed was 7.75 (SD = 1.10) out of a possible 8. T2: The mean number of group sessions attended was 4.87 (SD = 3.17). **Treatment credibility** Not reported **Participant satisfaction**	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	via online contact management system. Therapists spent a mean of 11.1 min (e-mails) 37.9 min per patient in total, including administration, reading, and responding to e- mails. **Control condition** Group-based CBT. Three students at their last term of the clinical psychology program (five yearM.Sc.) were therapists. Eight group sessions, each lasting 2 h including a 15 min break. Three treatment groups were set up and there were two therapists for each group, with one experienced licensed clinical psychologist and one student. The median total time was 390 min.	participating in other treatment for depression at the time. **Exclusion criteria** Having other primary disorder that needed different treatment or that could be affected negatively by the treatment, **Recruitment/setting** Media advertisement and information on various webpages. **Characteristics** Women: T1: 75.8% T2: 80.6% Age, mean: T1: 42.8 T2: 41.8	the 95% CI was below the pre-specified non-inferiority margin). The between-group standardized mean difference *Cohens d* = 0.58 (95% CI, 0.09 to 1.05) **Categorical data** Rates of response defined as ≥ 50 % total score reduction on MADRS-S, and remission as a score of post-MADRS-S ≤10) Post (9 week) Response: T1: 52% T2: 25%	= 0.55 (95% CI, 0.06 to 1.02) **Categorical data** Response: T1: 62% T2: 38% (χ2=6.57, df=1, p=.01) Remission: T1: 64% T2: 39% (χ2=4.20, df =1, p=.04)	Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Outcomes Primary: The Montgomery–Åsberg Depression Scale (MADRS-S) Secondary: BDI, BAI, Quality of Life Inventory (QOLI), SCID-I	Highest education college/university: Not reported On medication: T1: 27.2% T2: 25.0%	(χ2=5.16, df=1, p=.023) Remission: T1: 52% T2: 19% (χ2=7.81, df=1, p=.005). **Quality of life** Not reported **Functional impairment** Not reported **Negative effects** No adverse events were reported as a direct function of the treatments.			
Andersson et al 2013 [4] Sweden	**Design** 2 parallel groups, 2 active treatment arms **Intervention**	**Randomized** Total n=30 T1: 15 T2: 15	**Core symptoms** BAT Effect: T2>T1	12 months **Core symptoms** BAT Post vs. 12 months, n.s.	**Missing data** Post: T1: 13% T2: 13%	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Guided internet-delivered self-help program. Four weekly text on a web page, a video in which exposure was modelled, and support provided via Internet. Components: psychoeducation, homework, in vivo exposure, maintenance programme. **Therapist support** Four therapists; clinical psychology students (n=2), PhD student in clinical psychology, licensed psychologist/researcher. E-mails. Therapist time spent per participant mean=25 minutes **Control condition** A three-hour one-session exposure treatment (OST)	**Diagnosis** DSM-IV criteria of specific phobia, snake type (screening interview of a section of the SCID-I). **Inclusion criteria** Age between 18 and 65 years; access to internet; incapable of approaching and touching snake; agree to be randomized to either of the conditions. **Exclusion criteria** Psychiatric problems requiring immediate treatment; current depressive episode for two weeks or longer the last month. **Recruitment/setting**	(ANOVA, Marginalization, *d*=.63) **Categorical data** Reliable and clin sign change (ΔBAT ≥2, post-BAT >10) Post: T1: 61.5% T2: 84.6% Effect: T2>T1, n.s. **Quality of life** Not reported **Functional impairment** Not reported **Negative effects** Not reported	Reliable and clin sign change T1: 90% T2: 100% Effect: T2>T1, n.s.	12 months: T1: 33% T2: 27% **Adherence** T1: Time spent in internet delivered self-help program=12h T2: Time spent in OST program = 4h **Treatment credibility** Not reported **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	following a brief orientation session. **Outcomes** Primary: Behavioural approach test (BAT) Secondary: BDI, BAI, Snake Phobia Questionnaire (SNAQ), Fear Survay Schedule-III (FSS-III)	Media advertisement and Internet **Characteristics** Women: 84.6% Age, mean: 27.2 years (SD=8.1; range: 19–54 years), Highest education college/university: 54.0% university students, 27% graduated from university				
Andrews et al 2011 [5] Australia	**Design** 2 parallel groups, 2 active treatment arms **Intervention** T1: Internet CBT (Shyness). 6 online lessons during 8 weeks; a	**Randomized** Total n=37 T1: 23 T2: 14 **Diagnosis** Primary diagnosis of social phobia according	**Core symptoms** SIAS, SPS.; ITT, available cases, ANCOVA. Time × group n.s.	Not reported	**Missing data** T1: 39% T2: 21% **Adherence** Started first module/session, T1: 74%	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	summary/homework assignment for each lesson; comments by participants on a forum moderated by the clinician; access to supplementary materials; automatic emails and fortnightly short message service (SMS). T2: 4h sessions of group CBT weekly for seven weeks for 4 h. The content followed the programme outlined in a standard textbook. **Therapist support** One clinician delivered therapy in both conditions. T1: Clinical support. Each participant received emails and telephone calls in addition to those that are automated. Total therapist	to a consultant psychiatrist **Inclusion/Exclusion criteria** Not reported **Recruitment** Referral from general practitioner to Anxiety clinic **Characteristics** Women: 40% Age, mean (SD)=31.9 (7.8)	**Functional disability** WHODAS2, ITT, available cases, ANCOVA, Time × group, n.s. **Safety** Unclear if systematically assessed. Formally withdrew from treatment: T1: 3 T2: 0. There were no other adverse events.		T2: 100% Completed all modules, T1: 61% T2: 100% **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	time spent per participant: 18 min. T2: the total amount of clinician time given to each patient averaged 240 min **Outcomes** Primary, yes (SIAS and SPS)					
Aspvall et al 2021 [6] Sweden	**Design** 2 parallel groups, 2 active treatment arms, non-inferiority **Interventions** T1: Stepped-care program beginning with internet-based CBT (e.g. education, exposure with response- and relapse prevention.) during 16 weeks. Nonresponders at 3-month follow-up were offered up to 12-session of CBT face-to-face treatment between the 3-month and	**Randomized** Total n=152 T1: 74 T2: 78 **Diagnosis** OCD according to the DSM, Fifth Edition **Inclusion criteria** Total score of ≥ 16 on the CY-BOCS, age between 7 and 17 years, ability to read and write in Swedish, and daily access to	**Core symptoms** CY-BOCS mean (SD) pre and post, mixed-effect regression T1: Pre=23.9 (3.6) Post=13.6 (5.9) T2: Pre=23.0 (3.7) Post=12.8 (7.1) **Categorical data** Free from diagnosis T1: 35.14% T2: 42.86% n.s.	3 months **Core symptoms** CY-BOCS mean (SD) pre and post, mixed-effect regression model T1: 13.6 (6.7) T2: 11.8 (7.1) **Categorical data** Free from diagnosis T1: 33.78% T2: 50% T2>T1	**Missing data** **Post:** T1: 0% T2: 1% 3 months: T1: 0% T2: 3% **Adherence** T1: Mean number of modules completed 10.49 (SD=3.69) T2: Mean number of sessions attended 11.65 (SD=2.74)	Low

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	6-month follow-up. T2: Manualized inperson CBT with up to 14 sessions delivered over 16 weeks. Nonresponders at 3-month follow-up were offered up to 12-session of CBT face-to-face treatment between the 3-month and 6-month follow-up. **Therapist support** T1: Each family had a personal therapist throughout the treatment. Communication via written messages on platform and additional telephone support on demand. Highly experienced therapists (psychologists) treated participants in both groups. Mean (SD) therapist time for the first treatment step was 336.84 (217.56) minutes per family.	a computer with internet connection. **Exclusion criteria** Changed any psychotropic medication in the 6 weeks before the pretreatment assessment; comorbid diagnosis of organic brain disorder, global learning disabilities, autism spectrum disorder, psychosis, bipolar disorder, or severe eating disorder; had suicidal ideation; were housebound or in need of intensive or inpatient treatment, completed a course of CBT for OCD in the past 12 months; or were receiving	**Function** CGAS: T1: Pre=55.1 (8.6) Post=64.0 (10.5) T2: Pre=56.29 (7.2) Post=66.61 (11.5) **Negative effects:** T1: 64% T2: 67% Increased anxiety (30%-36%) and depressive symptoms (20%-28%). Two unrelated serious adverse events (one in each group).	**Function** CGAS: T1: 64.10 (11.5) T2: 66.96 (10.8)	**Participant satisfaction and acceptability** T2 >T1 credible in early stages of treatment T1 = T2 for working alliance and satisfaction	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T2: A personally assigned therapist. Adaptations regarding degree of parental involvement, home visits, and longer sessions on individual needs. Mean (SD) therapist time for the first treatment step was 741.81 (263.54) minutes per family. **Outcomes** Primary: Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS), administered by blinded clinician Secondary: Clinical Global Impressions (CGI) Severity (CGI-S), Improvement (CGI-I), Children's Global Assessment Scale, Obsessive-Compulsive	ongoing psychological treatment for OCD or an anxiety disorder. **Recruitment** Recruited from two specialist pediatric OCD clinics and self-referral via a dedicated website T1: 73%referral by clinician and 27% self-referral T2: 71.8%referral by clinician and 28.2% self-referral **Characteristics** Women: T1: 62.2% T2: 61.5% Age, mean (SD): T1: 13.4 (2.6) T2: 13.4 (2.5)				

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Inventory-Child version, Children's Obsessional Compulsive Inventory-Revised-Parent version, Family Accommodation Scale-Self Rated, Work and Social Adjustment Scale-Youth version and Work and Social Adjustment Scale-Parent version, Mood and Feelings Questionnaire Child and Parent versions, Insomnia Severity Index, Child Health Utility 9D.	On medication: T1: 6.8% T2: 5.1%				
Axelsson et al 2020 [7] Sweden	**Design** 2 parallel groups, 2 active treatment arm **Intervention** 12 weeks internet-delivered CBT (about 1 module per week). Components: Education, exposure	**Randomized** Total n=204 T1: 102 T2: 102 **Diagnosis** Principal diagnosis of DSM-5 somatic symptom disorder or illness anxiety	**Core symptoms** Health Anxiety Inventory (HAI) ITT, Non-inferiority analysis (margin of 2.25 points on the HAI (Cohens *d* approximately 0.3). Mixed-effects linear regression	6 months Effect: ICBT noninferior to face-to-face CBT; (β =1.1 (–1.1-3.2)), (95% CI); Cohen *d* (95% CI) =0.12 (–0.13 to 0.37). 12 months	**Missing data** Post: T1: 5.0% T2: 5.0% 6 months: T1: 12% T2: 11% 12 months:	Low

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	to health anxiety–provoking stimuli, mindfulness training. **Therapist support** Patients could communicate freely with their therapist by e-mail and expect a reply within 48 hours on weekdays. Therapists phoned patients who did not contact the therapist in the online platform and gave feedback after each module. Therapists were 5 psychologists (3 of which were authors) with training in CBT. Time spent per participant/week, mean = 10.0 (5.7) minutes.	Disorder (face-to-face interview, Mini-DIPS). **Inclusion criteria** Included adults (≥18 years) with a principal diagnosis of *DSM-5* somatic symptom disorder or illness anxiety Disorder. **Exclusion criteria** Bipolar disorder, psychosis, severe depression (*DSM-5* criteria), recurrent clinically significant suicidal ideation, a personality disorder likely to severely interfere with treatment, an alcohol or substance use disorder in the past 6 months, a serious	with random intercept and slope. HAI (Mean (SD)) Pre: T1: 33.9 (6.5) T2: 34.2 (6.4) Effect Post: ICBT noninferior to face-to-face CBT (β=0.00; upper limit. 1.98 (95% CI); Cohen *d*=0.00 (0.23) (95% CI) **Categorical data** Not reported **Quality of life** Not reported **Functional impairment** SDS: Pre:	Effect: ICBT noninferior to face-to-face CBT, (β=2.4 (–0.4 to 5.1)), (95% CI) Cohen *d* (95% CI)=0.26 (–0.05 to 0.58)	T1: 10% T2: 12% **Adherence** T1: The median (interquartile range) number of initiated ICBT modules was 11 (6-12) T2: The median (interquartile range) number of attended face-to-face CBT sessions was 12 (11–12) **Treatment credibility** MEASURE mean: T1: 35.3 T2: 37.5 **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Control condition Face-to-face CBT, Components: 12 weeks CBT. Components: Education, exposure, mindfulness training. The first session lasted 80 minutes and the remaining were approximately 50 minutes. Time spent per participant, mean = 45.6 (13.1) minutes **Outcomes** Primary: Health Anxiety Inventory (HAI). Secondary: BAI, MADRS-S, SDS	somatic condition that required immediate or extensive care. **Recruitment/setting** Information to local clinics. **Characteristics** Women: T1: 71.0% T2: 70.0% Age, mean: T1: 39.0 T2: 39.0 Highest education college/university: T1: 75% T2: 76% On medication: T1: 95% T2: 95%	T1: 11.4 (7.5) T2: 11.6 (6.8) **Negative effects** At least one adverse event was reported by 19 of 97 patients in ICBT (20%) and 17 of 97 patients in face-to-face CBT (18%). No serious adverse events were reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
Bergström et al 2010 [8] Sweden	**Design** 2 parallel groups, 2 active treatment arms, equivalence study **Interventions** T1: 10 modules of Internet-based CBT for panic disorder during 10 weeks. Cognitive restructuring, interoceptive exposure, exposure in vivo, and relapse prevention. Completed with homework assignments. Patients could participate in online discussion forum T2: group CBT for panic disorder during 10 weeks. Same treatment program as in T1 provided as handouts during weekly 2-hour group sessions with two clinical psychologists **Therapist support**	**Randomized** Total n=113 T1: 53 T2: 60 **Diagnosis** Primary diagnosis of panic disorder with or without agoraphobia according to the DSM-IV (in-person MINI) **Exclusion criteria** Age <18; undergoing current CBT; not on stable dose if taking prescribed drug for panic disorder; severe depression or suicidal ideation **Recruitment** Referral from general practitioners (T1: 63%; T2: 52%); from psychiatric out-patient	**Core symptoms** PDSS; means (SD) pre and post T1: Pre=14.1 (4.3) Post=6.3 (4.7) T2: Pre=14.2 (4.0) Post=6.3 (5.6) Effect: Between group effect size, d (95% CI) =0.00 (–0.41 to 0.41). No significant Time × Group interaction in mixed effects model **Categorical data** Free from PD/A diagnosis (MINI): T1: 60% T2: 63% **Functional disability**	Not reported	**Missing data** Post: T1: 17% T2: 18% **Adherence** T1: Mean number of modules completed=6.7 (SD=2.5) T2: Mean number of group sessions attended was 8.1 (SD=2.1). Credibility Not reported **Participant satisfaction and acceptability** Not reported	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T1: clinical support. Feedback on homework assignments and online contact with reply within 24 hours during weekdays. Therapist time spent per participant, mean=35.4 minutes (SD=19.0) T2: weekly 2-hour group sessions with clinical psychologists (n=2). Therapist time spent per participant, mean=6 hours **Control condition** None **Outcome assessment:** Primary: yes (PDSS. Blinded assessment by clinician)	clinics (T1: 6%; T2: 13%); self-referral (T1: 31%; T2: 35%) **Characteristics** Women: T1: 64% T2: 59% Age, mean (SD): T1: 33.8 (9.7) T2: 34.6 (9.2) Education: Not reported Any psychotropic medication, T1: 44% T2: 46%	SDS: No significant Time × Group interaction in mixed effects model **Safety** Not reported			
Botella et al 2010 [9] Spain	**Design** 3 parallel groups, 2 active treatment arms. **Interventions**	**Randomized** Total n=127 T1: 62 T2: 36 C: 29	**Core symptoms** BFNE, SAD, FPSQ, SSPS-P, and SSPS-N; MANOVA, LOCF	1-year follow-up **Core symptoms** BFNE, SAD, FPSQ, SSPS-P, and SSPS-N,	**Missing data** Post: T1: 52% T2: 39%	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T1: Internet-delivered CBT (Talk to Me). variable modules during 8 weeks. Components: education; cognitive therapy; exposure T2: Talk to Me, therapist delivered. Components: education; cognitive therapy; exposure **Therapist support** Technical support Participants in T1 did not have any contact with the psychologist during the treatment, although they could e-mail or telephone her if they had any problem with the system. **Control condition** Waiting list **Outcomes**	**Diagnosis** DSM-IV-TR criteria for social phobia **Inclusion criteria** be afraid of giving a public speech (measured by a behavioural avoidance test); ≥18 years old; suffer the problem at least 1 year; social phobia as a primary diagnosis (if other disorders were present) **Exclusion criteria** other psychological treatment during the study; a primary diagnosis of major depression; diagnosed for substance abuse or dependence, psychosis, or mental retardation.	Effect: T1 vs. T2, ns **Categorical data** Heimberg et al. criteria for the social phobia subtype T1: 60% T2: 64% **Quality of life** Not reported **Safety** Not reported	MANOVA, LOCF T1: 1 year= () Effect: T1 vs T2, ns **Quality of life** Not reported	C: 14% 1 year: T1: 68% T2: 47% **Adherence** Not reported **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Primary: Yes (adaptation of the ADIS-IV from the social phobia section)	**Recruitment** advertisements on the university campuses **Characteristics** gender, % women: Total=79% age, mean (SD): Total=24 (5.8) years University degree: Total=95%				
Carlbring et al 2005 [10] Sweden	**Design** 2 parallel groups, 2 active treatment arms **Interventions** T1: 10 modules of Internet-based CBT for panic disorder during 10 weeks. Psychoeducation, breathing retraining, cognitive restructuring, interoceptive exposure, exposure in vivo, and relapse prevention; completed	**Randomized** Total n=49 T1: 25 T2: 24 **Diagnosis** Primary diagnosis of panic disorder according to the DSM-IV (in-person SCID). Ongoing agoraphobia: 54% in T1 and 48% in T2	**Core symptoms** BSQ, mean (SD) pre and post, ITT T1: Pre=48.7 (11.7) Post=31.8 (11.6) T2: Pre=52.6 (10.8) Post=31.3 (9.1) Effect: No significant time × group interaction in ANOVA with repeated measures	1 year follow-up **Core symptoms** BSQ, No significant time × group interaction in ANOVA with repeated measures **Categorical data** Free from PD (SCID) T1: 92% T2: 88%	**Missing data** Post: Measures available for all participants **Adherence** T1: Mean number of modules completed=7.4 (SD=2.2) 28% completed all modules T2: Mean number of sessions completed=9.0	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	with homework assignments. In every module the participants were required to post at least one message in online discussion group T2: weekly individual sessions of CBT for panic disorder lasting 45–60 min, during 10 weeks. Homework, including reading handouts identical to the modules in T1 **Therapist support** Clinical licensed psychologists (n=4), graduate students with MSc in clinical psychology (n=3), and a last semester student of the MSc program in clinical psychology (n=1). The therapists received 16 hours of supervision	**Inclusion criteria** Age 18 – 60, access to the Internet **Exclusion criteria** Panic disorder duration <1 year, other psychiatric disorder of immediate need of treatment; severe depression or suicidal ideation; ongoing CBT or other recently started treatment for panic disorder; general medical condition not ruled out by health professional **Recruitment** Advertisement (newspaper articles, notices in health magazines, and weblink)	Effect: No significant time × group interaction in ANOVA with repeated measures **Categorical data** Free from PD (SCID) T1: 67% T2: 80% Effect: n.s. **Quality of life** QOLI, No significant time × group interaction in ANOVA with repeated measures **Safety** Not reported	Effect: n.s. **Quality of life** QOLI, No significant time × group interaction in ANOVA with repeated measures	(SD=2.7) 88% completed all sessions **Credibility** Mean (SD): T1: 33.4 (7.3) T2: 40.6 (6.3) T1<T2, P<0.001 **Participant satisfaction** Most participants reported to have been satisfied with the treatment, although almost all reported to have felt that the pace was too high	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T1: clinical support. Feedback on homework via email, usually within 24h. Participants were encouraged to come up with questions. Total therapist time per participant, mean=150 min, inc. administration and responding to emails T2: 10 weekly individual sessions lasting 45 – 60 min **Control condition** None **Outcomes** Primary: not reported	**Characteristics** Women: T1: 68% T2: 75% Age, mean (SD): T1: 34.2 (6.0) T2: 35.8 (9.3) Education: Not reported Medication, SSRI: 31%				
Engel et al 2015 [11] USA	**Design** 2 parallel groups, 2 active treatment arms **Intervention** DESTRESS-PC (Delivery of Self Training and Education for Stressful	**Randomized** Total n=80 T1: 43 T2: 37 **Diagnosis**	**Core symptoms** The PTSD Checklist (PCL) ITT, Mixed-model regression. PCL (Mean (SD) Pre:	12-week and 18-week follow -up 12-week (PCL) T1: 43.80 (18.33) T2: 47.36 (17.45) 18-week (PCL)	**Missing data** Post (6 week): T1: 28% T2: 11% 12 week T1: 23% T2: 22%	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Situations-Primary Care version) plus optimized usual care (OUC). CBT-based 6 week treatment with 18 logins (three per week). Components: Educational information (about PTSD, stress, trauma, common comorbid problems and symptoms). Information on strategies (manage anger, sleep, hygiene, and stress). Cognitive reframing techniques. **Therapist support** Assistance was provided by a registered nurse (RN, DESTRESS Nurse) assigned to each recruitment site. Clients got assistance if needed and client compliance and symptom levels was monitored by the nurse.	PTSD (Clinician-Administered PTSD Scale (CAPS)). **Inclusion criteria** War-related trauma, screen positive on a 4-item PTSD screener, and meet criteria for PTSD on the CAPS (using the 1-2 scoring rule) **Exclusion criteria** Active engagement in traumafocused mental health treatment in the previous 2 months, recent history of failed specialty mental health treatment for PTSD or an associated condition, acute psychosis, psychotic episode, or psychotic	T1: 58.00 (9.95) T2: 54.48 (11.23) Post (6 week): T1: 50.72 (18.76) T2: 48.52 (13.97) Effect; No between-group differences reach statistical significance when p <.10. Six-week effect size was 0.23. **Categorical data** Not reported **Quality of life** Not reported **Functional impairment** SF-36 (Mean (SD)	T1: 44.58 (16.43) T2: 42.74 (14.42) Effect; No between-group differences reach statistical significance when p <.10. 12-week effect size was 0.47, and 18-week effect size was 0.08. **Categorical data** Not reported	18-week T1: 21% T2: 14% **Adherence** T1: 65% completed at least 6 logins, 42% completed at least 12 logins, and 35% completed all 18 logins. **Treatment credibility** Not reported **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Control condition Optimized usual care (OUC) in primary care, incorporating the nonspecific treatment elements of the DESTRESS intervention. Components: Lowintensity care management and feedback to the primary care provider. **Therapist support** Three 15 minute telephone check-ins with the DESTRESS Nurse, who monitored client progress, answered questions by e-mail or phone, and gave in-person consultation in the event of urgent needs or matters impacting participant safety. **Outcomes**	disorder diagnosed within the past 2 years, active substance dependence in the past year, active suicidal or homicidal ideation within the past 2 months, currently taking antipsychotic or moodstabilizing medication, unstable administration schedule or dosing of any antidepressant, anxiolytic, or sedative-hypnotic during the last month, acute or unstable physical illness. **Recruitment/setting** Referred by primary care providers. **Characteristics**	Pre (Physical functioning) T1: 68.37 (24.80) T2: 68.78 (22.96) Pre (Mental functioning) T1: 39.83 (29.66) T2: 47.64 (25.66) **Negative effects** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Primary: The PTSD Checklist, Civilian Version (PCL) Secondary: The Patient Health Questionnaire (PHQ-8 and PHQ15), The Medical Outcomes Study Short Form-36 (SF-36)	Women: T1: 20.9% T2: 16.2% Age, mean: T1: 36.2 T2: 36.7 Highest education college/university: T1: 62.8% T2: 59.5% On medication: Not reported				
Gonzalez-Robles et al 2020 [12]	**Design** RCT, two parallel groups, pre- post- and 3-months assessments **Intervention** EmotionRegulatin: Therpist-guided transdiagnostic ICBT (12 modules, based on the UP	**Randomized** Total n=214 Tx: 106 C: 108 **Diagnosis** MDD, DD, depression NOS, PD, AG, SAD, GAD, anxiety NOS, or OCD according to DSM-IV (MINI)	**Core symptoms** BDI-II, Mean (SD) Tx: 15.54 (10.9) TAU: 19.85 (12.85) BAI, Mean (SD) Tx: 15.08 (10.12) TAU: 18.88 (11.31) **Categorical data** Scores of 9 or less or a 50%	3 month **Core symptoms** BDI-II, Mean (SD) Tx: 15.70 (11.97) TAU: 17.90 (13.23) BAI, Mean (SD) Tx: 15.41 (10.50) TAU: 18.11 (11.21) **Quality of life**	**Missing data** Post Tx: 41% C: 38% Follow-up Tx: 52% C: 48% **Adherence** Not reported	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	and DBT, accessed for a maximum of 18 weeks). **Therapist support** Initial phone call encouraging participants to start the intervention, 1 weekly brief phone call (maximum of 10 min) during the treatment period, and a final phone call at the end. **Control condition** TAU: Treatment as delivered in daily practice by psychiatrists and clinical psychologists in the mental health centers. Pharmacological therapy: 82.2% **Outcomes** Primary: BDI BAI	**Inclusion criteria** Aged 18 years or older; ability to understand and read Spanish; access to the internet **Exclusion criteria** Suffering from a severe mental disorder; presenting a high risk of suicide; suffering from a disabling medical disease; receiving another psychological treatment (in the experimental group). Pharmacological treatment was allowed, but participants had to be the same dose during the 2 months before enrolling. **Recruitment**	improvement in PHQ-9: 69% (Tx) vs. 58% (C) **Quality of life** EQ5D, Mean (SD) Tx: 65.38 (14.63) TAU: 58.02 (17.46) **Categorical data** Recovered (depression): 59% vs 39% Recovered (anxiety): 56% vs 37% **Safety** Deteriorated (depression): 6% vs 9% Deteriorated (anxiety): 6% vs 18%	EQ5D, Mean (SD) Tx: 63.12 (15.18) TAU: 57.81 (17.28) **Categorical data** Recovered (depression): 65% vs 51% Rcovered (anxiety): 49% vs 48% **Safety** Deteriorated (depression): 4% vs 13% Deteriorated (anxiety): 10% vs 20%	**Participant satisfaction** Authors report high scores on items measuring logic of the treatment, satisfaction with the treatment, recommending the treatment to other people with similar problems, usefulness of the treatment for other psychological problems, and usefulness of the treatment for one's specific problem.	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Secondary: EQ-5D (QoL)	Adult outpatients attending Spanish public specialized mental health care services (mentalhealth units) **Characteristics** Women: Tx: 72% C: 65% Age, mean: Tx: 38.64 C: 38.25 Highest education college/university: Tx: 32% C: 30% On medication: Tx: 71% C: 82%				
Hallgren et al	**Design** Parallel groups	**Recruitment setting**	**Core symptoms**	**Core symptoms**	**Missing data** T1: 13%	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
2016 [13] Sweden REGASSA STUDY	T1 Internet CBT T2 physical exercise T3 TAU **Intervention** Internet CBT: 12 weeks 13 modules Exercise: 12 weeks, 60 min x 3/week of either light, moderate or vigorous exercise in groups. TAU: 12 weeks Treatment administered by GP. Mean of 8.2 face to face counselling sessions of about 1hr. 25% received no recorded treatment. **Therapist support** Internet: responses monitored weekly, participants could receive help if needed. If pt. did not use service for 1 week,	Primary cafre in six counties in Sweden **Randomized** n=946 T1: 317 T2: 317 T3: 312 **Diagnosis** MINI was administered (Note that not all fulfilled a diagnosis for depression; 20% anxiety only) **Inclusion criteria** *aged 18 years and over *scored above 9 on the Patient Health Questionnaire (PHQ-9) **Exclusion criteria** Under 18 years Severe somatic illness	ITT analysis of MADRS depression severity Sensitivity analysis MADRAS T1(iCBT) Base. 21.9 (7.0) 3mo. 11.2 (7.3) T2 (p.e.) Base. 22.2 (6.9) 3 mo. 11.3 (7.9) T3 (tau) Base. 20.8 (7.2) 3 mo. 13.9 (8.9) **Categorical data** Proportion of participants with depression severity scores 1 SD lower than the baseline group average.	ITT analysis of MADRS depression severity Sensitivity analysis MADRAS@12 mo T1: 9.8 (7.8) T2: 10.8 (7.6) T3: 11.1 (8.7) **Categorical data** Proportion of participants with depression severity scores 1 SD lower than the baseline group average. **Safety** Not reported	T2: 15% T3: 18% **Adherence** Mean modules accessed=7.8 of 13 (60%) **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	the were prompted by their clinician. Exercise: Trainer organized sessions in a group. Weekly personal meetings with a trainer. **Control condition** TAU **Outcomes** Primary: MADRS Secondary: 1 item on work capacity	Alcohol or drug use disorder Psychiatric diagnosis requiring treatment **Recruitment** Via primary care facilities in six counties in Sweden **Characteristics** Age. Mean=43 (s.d.12) Female 73% Employed 78% Tertiary education. 35% M 44% F Medication. 33% using antidepressants Concurrent depression & anxiety 67%	**Safety** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Depression only 9% Anxiety only 20%				
Hallgren et al [14] 2015 Sweden REGASSA STUDY	**Design** Parallel groups T1 Internet CBT T2 Physical exercise T3 TAU **Intervention** Internet CBT: 12 weeks 13 modules Exercise: 12 weeks, 60 min x 3/wk of either light, moderate or vigorous exercise in groups. TAU: 12 weeks Treatment administered by GP. Mean of 8.2 face to face counselling sessions of about 1hr. 25% received no recorded treatment. **Therapist support**	**Recruitment setting** Via primary care facilities in six counties in Sweden **Randomized** n=946 T1: 317 T2: 317 T3: 312 **Diagnosis** MINI was administered (Note that not all fulfilled a diagnosis for depression; 20% anxiety only) **Inclusion criteria** *aged 18 years and over	**Core symptoms** ANCOVA with baseline depression as covariant Dropout analysis MADRAS T1 (ICBT) Base: 21.5 (6.7) 3mo: 11.2 (7.3) T2 (pe) Base: 22.2 (7.5) 3mo: 11.3 (7.9<9 T3 tau Base: 20.9(7.5) 3mo: 13.8(8.9) T1, T2>T3	Reported in Hallgren et al., 2016	**Missing data** T1 (internet) 18% T2 21% T3 26% **Adherence** Mean modules accessed=7.8 of 13 (60%) **Participant satisfaction** Not reported	Some concerns (High for work capacity)

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Internet: responses monitored weekly, participants could receive help if needed. If pt. did not use service for 1 wk, the were prompted by their clinician. Exercise: Trainer organized sessions in a group. Weekly personal meetings with a trainer. **Control condition** TAU **Outcomes** Primary: MADRS Secondary: 1 item on work capacity	*scored above 9 on the Patient Health Questionnaire (PHQ-9) **Exclusion criteria** Under 18 yrs Severe somatic illness Alcohol or drug use disorder Psychiatric diagnosis requiring treatment **Recruitment** Via primary care facilities in six counties in Sweden **Characteristics** Age. Mean=43 (s.d.12) Female 73% Employed 78% Tertiary education. 35% M 44% F	**Categorical data** Not reported **Function** ANOVA **Safety** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Medication. 33% using antidepressants Concurrent depression & anxiety 67% Depression only 9% Anxiety only 20%				
Hatcher et al 2018 [15]	**Design** RCT, two parallel groups, pre- and postintervention **Intervention** Coach-supported web-based therapy, The Journal (6 lessons based on the cognitive behavioural techniques of behavioural activation and problem solving). **Therapist support** Weekly email, text message, telephone contact with coach with	**Randomized** Total n=63 Tx: 35 C: 28 **Diagnosis** Depression or dysthymia (referred) **Inclusion criteria** Not reported **Exclusion criteria** Inability to read and write English or cognitive difficulties.	**Core symptoms** No significant difference between groups in change on PHQ-9: 3.1 (7.1 to −0.8) **Categorical data** Scores of 9 or less or a 50% improvement in PHQ-9: 69% (Tx) vs. 58% (C) **Quality of life** No significant difference between	Not reported	**Missing data** Tx: 37% C: 17% **Adherence** Mean lessons completed=2.5 (SD=1.9) **Participant satisfaction** Technical difficulties and some lessons too long and complicated according to interviews with participants.	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Effects and safety Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	background in occupational therapy, who received weekly supervision from an experienced clinician. The coach had a guideline script to reinforce the topic of each lesson, help identify and support patients in their goals, and to coach them in goal setting and the techniques of problem solving. **Control condition** TAU + a pamphlet describing different websites that provide support for people with depression, including The Journal. Were told that they could decide for themselves how to use the information. Prescribed medication postintervention: 73%; GP	**Recruitment** Patients attending community mental health centers in Waitemata District Health Board (DHB) who had been referred with a problem of depression or dysthymia. **Characteristics** Women: Tx: 54% C: 54% Age, mean: Tx: 43 C: 42 Highest education, college/university: Not reported On medication: Tx: 85%	groups in change on EQ5D: -0.7 (−1.7 to 0.3) Mental health service use Outpatient appointments: -1.3 (−4.5 to 2.0) Appointments with GP: MD=−0.6 (−1.7 to 0.6) **Safety** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	appointments, mean (SD): 2.1 (2.7). **Outcomes** Primary: PHQ-9 Secondary: SF-36 (QoL) EQ-5D (QoL) Mental health service use	C: 73%				
Hedman et al 2011 [16] Sweden	**Design** 2 parallel groups, 2 active treatment arms, non-inferiority **Interventions** T1: 15 modules of Internet-based CBT for SAD during 15 weeks (e.g. exposure, cognitive restructuring) completed with homework assignments T2: CBT for SAD in groups of 6 patients during 15	**Randomized** Total n=126 T1: 64 T2: 62 **Diagnosis** SAD according to the DSM-IV criteria (SCID-I) **Inclusion criteria** Agree to no other psychological treatment for the duration of the study	**Core symptoms** LSAS mean (SD) pre and post, linear mixed effects model T1: Pre=68.4 (21.0) Post=39.4 (19.9) T2: Pre=71.9 (22.9) Post=48.5 (25.0) Time × Group interaction, n.s. **Categorical data**	6 months **Core symptoms** LSAS, linear mixed effects model Time × Group interaction, n.s. **Categorical data** Free from diagnosis, LOCF: T1: 28% T2: 19%. n.s. **Function**	**Missing data** **Post:** T1: 8% T2: 16% 6 months: T1: 16% T2: 18% **Adherence** T1: Mean number of modules completed 9.33 (SD=4.95) 19 participants (29.7%) completed all modules.	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	weeks. Initial individual session with rational for treatment, followed by 14 group sessions (2.5 h). Group sessions (psychoeducation, cognitive restructuring, tailored exposure exercises, goal setting and assessment of progress, and homework) led by 2 therapists **Therapist support** T1: clinical support. Psychologists (n=8) with 1-4 years of experience in delivering CBT via the Internet Feedback on homework assignments and online contact with reply within 24 hours during weekdays. Therapist time per patient, mean=5.5 min/week (SD=3.6)	**Exclusion criteria** History of CBT in the past 4 years; medication not on stable dose; not a primary diagnosis of SAD; current substance abuse; history of bipolar disorder or psychosis, MADRS-S score >20, personality disorder within cluster A or B **Recruitment** Self-referral to a psychiatric clinic (information available on clinic's webpage) (77%) or referral by primary care physicians and psychiatrists (23%) **Characteristics** Women: T1: 38%	Free from diagnosis, LOCF: T1: 28% T2: 19%. n.s. **Function** GAF: Time × Group interaction, n.s. **Quality of life:** QOLI, Linear mixed effects, ITT, superiority analysis Time × Group interaction, n.s. **Safety:** Not reported	GAF: Time × Group interaction, n.s. **Quality of life:** QOLI, Linear mixed effects, ITT, superiority analysis Time × Group interaction, n.s. **Safety:** Not reported	T2: Mean number of sessions attended 9.40 (SD=4.87) 17 participants (27%) attended all sessions. **Participant satisfaction and acceptability** No significant difference in treatment credibility ratings between T1 and T2	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T2: Clinical psychologists (n=6) with 2 to 15 years of experience in CBT for SAD. Therapist time per patient, mean=50 min/week **Outcomes** Primary: yes (LSAS, administered by blinded clinician)	T2: 34% Age, mean (SD): T1: 35.2 (11.1) T2: 35.5 (11.6) Education: Not reported Stabilized psychotropic medication, T1: 25% T2: 24%				
Hedman et al 2014 [17] Sweden	**Design** 2 parallel groups, 2 active treatment arm **Intervention** Internet-based cognitive behavior therapy (ICBT). Treatment were 15 weeks long and consists of 15 modules. Components: The treatment was based on a CBT-model for SAD, emphasizing the role of	**Randomized** Total n=126 T1: 64 T2: 62 **Diagnosis** Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I-RV) (clinical assessment interview with an	**Core symptoms** LSAS-SR (self-report assessments via the Internet). ITT, Non-inferiority trial T-tests. LSAS-SR (Mean (SD)) Pre: T1: 65.0 (23.6) T2: 74.0 (21.5)	4-year follow up	**Missing data** 4-year: T1 + T2 = 18% **Adherence** T1: The average number of completed modules was 9.33 (SD = 4.95) out of 15 T2: The average	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Effects and safety Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	safety behaviors, cognitions and internal focus of attention as maintaining factors of social anxiety. Exposure to social situations or investigating the effects of dropping safety behaviors, and entailed homework assignments **Therapist support** The treatment was therapist-guided which meant that participants had access to a therapist, a psychologist, through a secure Internet-based messaging system resembling email. In general, the only communication between therapist and participant was conducted through this Internet-based platform and there was no	experienced psychiatrist) **Inclusion criteria** A principal diagnosis of SAD according to the DSM-IV criteria, agree to undergo no other psychological treatment for the duration of the study, have constant dosage two months prior to treatment of any prescribed medication for anxiety or depression and agree to keep dosage constant throughout the treatment period. **Exclusion criteria** History of psychosis or bipolar disorder **Recruitment/setting**	4-year follow up: T1: 34.9 (21.1) T2: 40.7 (23.6) Effect: ICBT noninferior to CBGT. LSAS-SR was 5.7 points in favor of ICBT and the 95% CI of this difference was-2.2 to 13.6. (Non-inferiority margin was set at Δ10 points), Cohen *d* = 0.26 (–0.09 to 0.61) (95% CI) **Categorical data** Clinically significant improved on the LSAS-SR was 36 (56%) in the ICBT		number of attended sessions in CBGT was 9.40 (SD=4.87) out of 15 **Treatment credibility** Not reported **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Effects and safety Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	telephone or face-to-face contact. **Control condition** Cognitive behavioral group therapy (CBGT). One initial individual session followed by 14 group sessions over 15 weeks. Group sessions were 2.5 h long and were led by two psychologists with 2–15 years of experience in working with CBT for SAD. In each group there were 6 to7 participants and the main component of the treatment was systematic exposure to social situations in combination with training in challenging dysfunctional cognitions. Participants were given homework	Referral from primary care and self-referral. **Characteristics** Not reported Age, mean: T1: 35.2 T2: 35.5 Highest education college/university: Not reported On medication: T1: 17 % T2: 22 %	group and 40 (65%) among CBGT participants, **Quality of life** EQ-5D (EuroQol), (Mean (SD)) Pre: T1: 0.77 (23.6) T2: 0.74 (0.19) 4-year follow up: T1: 0.85 (0.26) T2: 0.80 (0.29) Effect: ICBT noninferior to CBGT. Cohen *d* = –0.18 (–0.53 to 0.17) (95% CI) **Functional impairment** Not reported **Negative effects** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	assignments to complete between sessions, most often individually tailored exposure exercises. **Outcomes** Primary: Liebowitz Social Anxiety Scale-Self-Report (LSAS-SR) Secondary: The Social Anxiety Interaction Scale (SIAS), Social Phobia Scale (SPS), MADRS, BAI, Anxiety Sensitivity Index (ASI), EQ-5D					
Kiropoulos et al 2008 [18]	**Design:** 2 parallel groups, 2 active treatment arms **Intervention:** Internet-delivered CBT (Panic Online). 6 modules during 12 weeks. Components: instructions for controlled breathing; cognitive restructuring; and	**Randomized** Total n=86 T1: 46 T2: 40 **Diagnosis** primary diagnosis of PD (with or without agoraphobia) as assessed with ADIS-IV	**Core symptoms** PDSS, ITT, BOCF, MANOVA, n.s. **Categorical data** panic-free status and PD clinician severity rating ≤2. T1: 30% T2: 28%, n.s.		**Missing data** Total: 34% **Adherence** Therapist-rated compliance to treatment: T1: 5.16 T2: 8.16 **Participant satisfaction**	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	interoceptive and situational exposure. T2: manualized CBT program. 12 sessions during 12 weeks. Components: teaching participants a variety of cognitive and behavioral strategies that include controlled breathing, cognitive restructuring, and interoceptive and situational exposure similar to that used in T1 **Therapist support:** T1: Clinical support. individualized support and feedback to the participant per email. Total therapy time/contact in minutes: 352 T2: Total therapy time/contact in minutes: 568	**Inclusion criteria** Australian residents and living in Victoria, Australia; stabilised on their medication of anxiety/depression for ≥ 12 weeks **Exclusion criteria** seizure disorder, stroke, schizophrenia, organic brain syndrome, heart condition, alcohol or drug dependency, personality disorder, or chronic hypertension **Recruitment** Self-referral after advertisements in various anxiety organization newsletters and media releases and in various health sections of daily	**Quality of life** QOL, ITT, BOCF, MANOVA, group × time, n.s. **Safety** Not reported		TSQ: n.s. **Credibility** TCS: n.s.	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Outcomes: Primary: Not reported	newspapers and other mental health links. **Characteristics** Women: 72% Age, mean (SD): 39 (11) Education level, mean (SD)=12.53 (6.14) Medication T1: 56% T2: 40%				
Kivi et al 2014 [19]	**Design** RCT, two parallel groups, 3- and 9-mo follow-up **Intervention** Depressionshjälpen: Therpist-guided ICBT (seven modules, encompassing short texts, narrated explanatory models, and/or videos,	**Randomized** Total n=92 Tx: 45 C: 47 **Diagnosis** Depression according to MINI, and a MADRS-S score of ≤ 35 **Inclusion criteria**	**Core symptoms** No significant difference: SMD=0 **Categorical data** Remission: Tx: 42% C: 35% **Safety** Deterioration:	Not reported	**Missing data** Tx: 33% C: 26% **Adherence** Mean modules completed: 5.1 (SD=2.6) **Participant satisfaction** Not reported	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	workbook with fill-in diaries and exercises, and a CD with mindfulness and acceptance instructions). Instructions to complete one module per week. Access to the Internet modules was restricted to 12 weeks. **Therapist support** Therapists (n=14) were licensed psychologists/psychothera pists or psychologists under supervision with previous experience of CBT treatment of depression. They were instructed to spend about 15 minutes on mail and/or telephone per week with each patient with a focus on validating, reinforcing progress, and encouraging patients.	Aged 18 or older; access to a computer with speakers or headphones **Exclusion criteria** Suicide attempt or suicide risk; substance dependence; alcohol abuse; bipolar disorder; psychotic dis-orders, or other severe psychiatric disorder; cognitive disability; insufficient knowledge of the Swedish language **Recruitment** Recruited by GPs and nurses at 16 participating Primary Care Centers in the south western region of Sweden **Characteristics**	Tx: 10% C: 3%			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Control condition TAU (the treatment typically provided at the participating primary care center. Pharmacological therapy: pre=26%, post=51%; psychological treatment face-to-face: 19%. **Outcomes** Primary: BDI (?) Secondary: MADRS-S (primary according to protocol) EQ-5D (QoL) Mental health service use Sick-leave WAI (work ability)	Women: 66% Age, mean: 36.6 years (SD=11.3) Highest education, college/university: Not reported On medication: Tx: 27% C: 51%				
Lobner et al 2018 [20]	**Design** Parallel group, cluster randomized controlled trial in the primary care setting with general practices	**Randomized** 190 general practices, whereof 112 recruited participants	**Core symptoms** MD (BDI-II): −5.58 (−8.02 to −3.14) **Categorical data**	4.5 months **Core symptoms** MD (BDI-II): −2.84 (−4.24 to −1.44)	**Missing data** Post: Tx: 19% C: 6% FU: 31%	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	serving as clustering variable **Intervention** Usual care plus information about and access to the German version of the self-guided cCBT program moodgym (cCBT + TAU). Moodgym is an internet-based, self-management program designed to prevent and alleviate symptoms of depression. The program consists of five interactive modules, including information, animated demonstrations, quizzes and “homework” exercises. **Therapist support** No specific support. **Control condition**	**Participants** Total n=647 Tx: 320 C: 327 **Diagnosis** Diagnosed with a mild or moderate first or recurrent depressive episode according to ICD-10 and screening positive for mild to moderately severe depressive symptoms according to the PHQ-9 (range: 5–19 points) **Inclusion criteria** German as first language; Internet access and use **Exclusion criteria** Severe or persistent depressive dis-order; organic mental	Remission: 19.7% vs 13.5% Response: 23.5% vs 13.8% QoL SMD (EQ5D): 0.21 (0.04 to 0.38) **Safety** Not reported **Service use** Service use at follow-up	**Categorical data** Remission: 39.0% vs 23.0% Response: 46.5% vs 22.3% **QoL** SMD (EQ5D): 0.23 (0.05 to 0.41) **Safety** Deterioration (BDI-II): 4.5% vs 9.1%	C: 12% **Adherence** Competed all modules: 13% Did not complete the first module: 26% **Participant satisfaction** Slightly above moderate acceptance on average	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	No constraints on the GPs treatment as usual, which allowed medication, referral for psychotherapy or specialized psychiatricoutpatient care and in-patient care, if necessary. **Outcomes** Primary: BDI-II PHQ-9 Secondary: EQ-5D Service use	disorder; alcohol or drug dependence; schizophrenia and schizoaffective disorders; bipolar disorders; suicidality; fatal somatic disease; current grief; receiving psychotherapy at the time of recruitment **Recruitment** General practitioners from registered practices in three German federal states **Characteristics** Women: Tx: 69% C: 68% Age, mean: Tx: 40.2 C: 47.5				

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Highest education, high: 35.4% 25.1% On medication: Tx: 52% C: 59%				
McLean et al 2020 [21]	**Design** 2 parallel groups, 2 active treatment arms **Interventions** T1: Prolonged Exposure Therapy (“Web-PE”, trauma focused therapy) 10- sessions self-guided online program delivered in 8 weeks (e.g. exposure, breathing retraining, extinction learning) completed with homework assignments	**Randomized** Total n=40 T1: 19 T2: 21 **Diagnosis** PTSD according to the DSM-5 **Inclusion criteria** CAPS-5 symptom severity score ≥25, exposure to Criterion A combat -related traumatic event	**Core symptoms** PCL-5, linear mixed-effects (LME) repeated-measures model Pre: T1: 50.4 (14.7) T2: 44.3 (11.7) Time × Intervention interaction, n.s. **Categorical data** Free from diagnosis: T1: 44%	3 and 6 months **Core symptoms** 3 and 6 months, PCL-5, (LME) Time × Intervention, n.s. **Categorical data** Free from diagnosis at 3- month T1: 67% T2: 69%. n.s **Function** T1=T2 (VR-12)	**Missing data** **Post:** T1: 52.6% T2: 23.8% **3 months:** T1: 47.4% T2: 47.6% **6 months:** T1: 52.6% T2: 38.1% **Adherence** Number of sessions completed	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T2: Present Centered Therapy (PCT, non-trauma-focused manualized therapy) 10 sessions of 60 minutes delivered in 8 weeks, focused on disclose and problem solving of current life problems that may or may not be trauma- or PTSD related. **Therapist support** T1: Therapists were credentialed providers trained and supervised in both PE and PCT. Three scheduled therapist phone calls. Therapists provided brief feedback after each session by text or e-mail and contacted participants who missed sessions to offer support or problem-solve as needed.	**Exclusion criteria** Manic episode in the past 12 months; psychotic disorder; current alcohol dependence; moderate/severe traumatic brain injury; current suicidal ideation severe enough to warrant immediate attention; and currently engaged in evidence-based treatment for PTSD. **Recruitment** Military personnel stationed at Fort Hood, Texas or veterans seeking treatment for PTSD. **Characteristics** Women: T1: 36.8%	T2: 69%. n.s. **Function** T1=T2 (VR-12) n.s.	n.s.	T1: M =6.68 [SD =3.50] T2: M =8.62 [SD =3.10] T1=T2 (t(36) = 1.86, p=.071) **Participant satisfaction and acceptability** T1: M = 16.37 (SD=5.21) T2: M = 20.45 (SD=5.20) T2 > T1, Significant difference in treatment credibility ratings (t=2.5, p =.02)	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T2: Therapists were credentialed providers trained and supervised in both PE and PCT. Therapists help participants identify stressors and discuss them in a supportive, nondirective manner. **Outcomes** Primary: PCL-5 Secondary: CAPS-5 (PTSD) PHQ-9 (depressive symptoms), VR-12 (functional status).	T2: 14.3% Age, mean (SD): T1: 38.7 (8.9) T2: 41.5 (6.5) Highest education, high: T1: 90% T2: 86% On medication: Not reported				
Milgrom et al 2016 [22]	**Design** RCT, two parallel groups, pre- and postintervention **Intervention** Coach-supported web-based CBT, MumMoodBooster (six	**Randomized** Total n=43 Tx: 21 C: 22 **Diagnosis** Major depression (n=40) or minor	**Core symptoms** SMD= 0.83 (0.20, 1.45) **Categorical data** Proportion no longer meeting criteria for	Not reported	**Missing data** Tx: 10% C: 0% **Adherence** 86% completed all 6 sessions	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Effects and safety Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	interactive sessions designed to encourage optimal engagement and behavior change). **Therapist support** Guided support from a telephone coach (3 graduate psychology trainees, 3 clinical psychologists, and 1 health psychologist) supervised by 2 senior psychologists. Coaches were instructed to spend a maximum of 30 minutes per week per participant, and to refrain from clinical guidance. **Control condition** TAU + links to general Internet resources. All participants nominated a health professional, who received a written notification of the	depression (n=3) according to DSM-IV (SCID-IV). **Inclusion criteria** Not reported **Exclusion criteria** Inability to read and write English or cognitive difficulties. **Recruitment** Patients attending community mentalhealth centers in Waitemata District Health Board (DHB) who had been referred with a problem of depression or dysthymia. **Characteristics** Women: Tx: 54%	depressive disorder: Tx: 79% C: 18% **Safety** Monitoring, no data **Service use** Support while enrolled reported		**Participant satisfaction** Mean satisfaction ratings were in the moderately satisfied range	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	depressive diagnosis encouraging them to consult with their patient and to form a collaborative care plan. Medication for depression: 19%; one or more resources: 81%. **Outcomes** Primary: SCID-IV (depression diagnosis) BDI-II (depression severity) Secondary: PHQ-9 (depression trajectory) Service use	C: 54% Age, mean: Tx: 43 C: 42 Highest education, college/university: Not reported On medication: Tx: 85% C: 73%				
Montero-Marin et al 2016 [23] Spain	**Design** Three parallel groups T1: internet without support (self-guided) T2: internet with low intensity psychotherapist support	**Recruitment setting** Primary care physicians via searching case files **Randomized** n=296 T1 (I self-guided): 98 T2 (I with support): 96	**Core symptoms** ITT analyses Multilevel mixed-effects BDI T1: Base=22.59(4.78)	6 & 15 mo BDI T1: 6mo=14.27 (10.0) 15m=11.53 (10.72) T2: 6m=13.56 (11.56)	**Missing data** Post (3 mo) T1: 24% T2: 19% T3: 16% 6 mo T1: 35%	Some concerns (high for long-term follow-up)

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	T3: treatment as usual by GP **Intervention** T1: Smiling is Fun. 10 CBT modules focusing on techniques for coping with depression. T2: Smiling is Fun AND therapist support T3: TAU, GP appropriate use of antidepressants **Therapist support** T2 only 4 trained psychotherapists contacted patients by email and offered help to solve problems encountered. Max 3 contacts over treatment. **Control condition** T3, GP treatment focusing on antidepressants	T3 (TAU): 102 **Diagnosis** Major depression according to MINI 5.0 **Inclusion criteria** major depression 18-65 years, able to understand and read Spanish, mild or moderate severity symptoms according to the Spanish Beck Depression Inventory-II (BDI-II) (14–19: mild depression; 20–28: moderate depression) symptoms more than 2 weeks, access to Internet have an email account **Exclusion criteria**	3mo=16.59 (10.60) T2: Base=21.73 (4.83) 3mo=17.08 (10.24 T3: Base=21.76 (5.39) 3mo=17.91 (11.06) T1, T2>TAU **Categorical data** None **Function** SF-12 **QoI** EQ-5	15m=11.39 (10.96) T3: 6m=18.12 (12.15) 15m=16.72 (10.97)	T2: 28% T3: 24% 15 mo T1: 38% T2: 29% T3: 27% **Adherence** Of 10 modules: T1: Mean # modules=4 T2: Mean # modules=6 **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Outcomes BDI-II (Spanish version) Secondary: EQ-5D SF-12	Psychotherapy during past year Severe psychiatric disorders Severe depression (score ≥29 on the BDI-II) **Recruitment** Referred by a general practitioner **Characteristics** Age T1: 43 T2: 43 T3: 43 Females T1: 72% T2: 76% T3: 76% University education T1: 29% T2: 32%				

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		T3: 30% On medication T1: 84% T2: 88% T3: 91% Baseline depression (Beck-II mean score) T1: 22 T2: 22 T3: 22				
Pfeiffer et al 2020 [24] United States	**Design** 2 parallel groups, 2 active treatment arm **Intervention** Usual primary or integrated care, which could include antidepressant medications or in-person psychotherapy. Participnts also received access to the online cCBT	**Randomized** Total n=330 T1: 163 T2: 167 **Diagnosis** A new diagnosis of depression and current depression symptoms using medical records **Inclusion criteria**	**Core symptoms** Quick Inventory of Depression Symptomatology–Self Report (QIDS-SR), ITT, Superiority analysis Longitudinal linear mixed-effects models 3 months	6 mo (both T1 and T2 received. treatment). QIDS-SR T1: 10.6 (5.1) T2: 11.2 (4.4) n.s	**Missing data** Post: T1: 22% T2: 35% 6 months: T1: 28% T2: 40% **Adherence** T1: Completed a mean of 3.8±3.0 and a median of three of the eight	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Effects and safety Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	program Beating the Blues (BtB) for 3 months. The 8 modules computer-based cognitive-behavioral program was supported by peer specialists with lived experience of depression (PS-cCBT). Components: Video vignettes of program users, interactive assignments, and symptom self-monitoring with the PHQ-9. **Therapist support** Peers were expected to conduct approximately weekly phone calls and occasional in-person visits with participants to discuss progress and barriers to completing cCBT modules and to provide general peer support for managing depression.	A score of ≥10 on the Patient Health Questionnaire–9 (PHQ-9), basic skills for Internet and computer use.. **Exclusion criteria** Diagnosis of bipolar disorder, primary psychotic disorder, or dementia in the prior 12 months. Substance use disorder treatment or specialty mental health treatment outside the VA in the prior 4 months. **Recruitment** Patients at three US Department of Veterans Affairs medical centers and	Pre: T1: 14.5 (3.9) T2: 13.4 (3.6) Post: T1: 11.1 (4.7) T2: 11.7 (4.1) Effect: T1>T2 (1.4 points' (95% CI, 0.3–2.5, p=0.01)) **Quality of life** Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (QLES-Q-SF). Pre: T1: 37.7 (8.3) T2: 38.8 (8.7) Post: T1: 41.6 (9.9) T2: 40.5 (9.9)		computerized CBT modules, and 40% (n=67) completed five or more modules. **Treatment credibility** Not reported **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Participants completed a mean ±SD of 3.2±2.8 contacts with a peer support specialist, including 83% by phone, 14% in-person at a VA clinic site, and 3% in the community or an undetermined location. **Control condition** Enhanced usual care (EUC) for primary care patients within the U.S. Department of Veterans Affairs health system. Participants received The Depression Helpbook, a self-help depression workbook, in addition to their usual care **Outcomes** Primary: Quick Inventory of Depression	two associated outpatient clinics. **Characteristics** Women: T1: 18.0% T2: 22.0% Age, mean: T1: 51.7 T2: 51.6 Highest education college/university: T1: 38% T2: 38% On medication: T1: 76% T2: 70%	Effect: T1>T2 (2.6 points' (95% CI, 0.5 to 4.8, p=0.02)) **Functional impairment** Not reported **Negative effects** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Symptomatology-Self-Report (QIDS-SR), Secondary: Mental Health Component Subscale (MCS), Ouality of life Enjoyment and satisfaction Questionnaire Short Form (Q-LES-Q), Recovery Assessment Scale Short Form (RAS-SF) Secondary: Cognitive Behavioral Therapy Skills Questionnarie (CBTSQ), General Anxiety Disorder (GAD-7), State Hope Scale (SHS)					
Proudfoot et al 2003 [25] England	**Design** 2 parallel groups, 2 active treatment arms **Intervention** Interactive multimedia program of cognitive-behavioural techniques, Beating the Blues (BtB) and	**Randomized** Total n=167 T1: 89 T2: 78 **Diagnosis** Depression, mixed anxiety/depression, or anxiety disorder	**Core symptoms** BDI-II, BAI, ITT, Superiority analysis, linear mixed effects. BDI (mean(SD)) Pre: T1:25.38 (11.05) T2: 24.08 (9.78)	6-mo BDI (mean (SD)) T1:9.61 (10.06) T2:16.07 (13.06) BAi (mean (SD)) T1:8.73 (7.66)	**Missing data** Post: T1: 44 % T2: 35 % 6 months: T1: 46 % T2: 45 %	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Pharmacotherapy. Components: A 15-min introductory video followed by eight 50 minutes therapy sessions, once weekly. **Therapist support** Nurses spend about 5 minutes with each BtB patient at the start or end of each session. **Control condition** TAU. Components: medication, discussion of problems with the GP, provision of practical/social help, referral to mental health professionals or physical investigation. **Outcomes** Primary: BDI-II, BAI, Work and Social Adjustment Scale (WSA)	(including phobias or panic), ICD-10 diagnosis. **Inclusion criteria** Patients aged 18 to75 years; suffering from depression, mixed anxiety/depression, or anxiety disorder (including phobias or panic); not currently receiving any form of psychological treatment or counselling ; and who scored ≥4 on the General Health Questionnaire-12 (GHQ-12) and ≥12 on the Clinical Interview Schedule-Revised, (PROQSY). **Exclusion criteria** Active suicidal ideas, psychotic disorder,	Post: T1: 12.04 (10.45) T2: 18.36 (12.65) Effect T1 > T2 BAi (mean (SD)) Pre: T1:18.33 (9.61) T2: 19.39 (9.72) Post: T1: 10.19 (8.92) T2: 14.82 (11.57) Effect T1>T2 **Categorical data** Not reported **Quality of life** Not reported **Functional impairment**	T2:11.32 (9.61) WSA (mean (SD)) T1:9.11 (8.97) T2:12.10 (10.11) Effect (BDI, BAI, WSA) T1 > T2	**Adherence** Not reported **Treatment credibility** Not reported **Participant satisfaction** Not reported	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		organic mental disorder or alcohol and/or drug dependence, had been taking medication for anxiety and/or depression continuously for ≥ 6 months immediately prior to entry, were unable to read or write, or were unable to attend eight sessions at the surgery. **Recruitment/setting** Patients in primary care. **Characteristics** Women: T1: 66.0% T2: 57.0% Age, mean: T1: 43.7 T2: 45.7	Work and Social Adjustment Scale WSA (mean (SD)) Pre: T1: 19.89 (9.29) T2: 18.46 (8.25) Post: T1: 12.21 (8.00) T2: 14.82 (9.54) Effect T1>T2 **Negative effects** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Highest education college/university: T1: 54% T2: 43% On medication: T1: 43% T2: 36%				
Raevuori et al. 2021 [26] Finland	**Design** T1: Internet-based treatment plus TAU T2: TAU **Intervention** * 8 sequentially delivered modules of mindfulness based stress reduction, CBT and activation *each module includes text, videos, audio-guided mindfulness, and infographics **Therapist support**	**Recruitment setting** University students seeking care at a university health care facility in Finland (11 cities in Finland) **Randomized** n=124 T1: 63 T2: 61 **Diagnosis** ICD-10 diagnosis of major depressive disorder	**Core symptoms** Maximum likelihood estimations using contrasts in a repeated measures model PHQ-9 T1 (icbt) Pre: 12.44 (0.58) Post (8wks): 9.89 (.65) Follow-up (32wks): 8.09 (.67)	32 wks	**Missing data** 8 wks T1: 31% T2: 21% Followup (32 wks) TI: 35% T2: 30% **Adherence** Average of 8.9 min/day of practice during intrvention **Participant satisfaction** Not stated	Some Concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	One-to-one therapist support via chat or phone-calls **Control condition** TAU.Pragmatic treatment of depression which could include pharmacotherapy and healthcare visits. **Outcomes** PHQ-9 Quality of Life EUROHIS-QOL 8 (shortened version of WHOQOL-BREF) Function None	**Inclusion criteria** aged 18–45 years have a smartphone ICD-10 diagnosis of depression **Exclusion criteria** Ongoing psychotherapy Substance abuse Severe suicidal ideation Previous suicide attempts Co-morbid severe psychiatric diagnosis **Recruitment** University students at student health centres. **Characteristics** Age T1: 24.5 T2: 25.8	T2 TAU Pre: 11.56 (0.59) Post (8wks): 8.57 (.64) Follow-up (32wks): 8.62 (.66) 8wks: T1NST2 **Categorical data** At follow-up >=5 point improvement PHQ Ti: 39.7% T2: 26.2% OR=1.85, CI=.86, 3.96, p=.11 **Safety** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Females T1: 77% T2: 67% Employed fulltime Not stated Sick leave at intake Not stated Using antidepressants T1: 57% T2: 56%				
Ritvo et al 2021 [27] Canada	**Design** T1: Internet-based treatment & TAU T2: TAU **Intervention** *on-line program, 24 topics, including videos, workbook *TAU, 1 visit per month, pharmacotherapy focused **Therapist support** 1 hr per week, 24 weeks	**Recruitment setting** Waiting-list at Center for Addiction and Mental Health **Randomized** n=45 T1: 22 T2: 23 **Diagnosis** MINI-major depressive disorder	**Core symptoms** Two-level linear model, intention to treat BDI-II T1 (icbt) Intake: 30.14 (8.4)) Post: 13.6 (9.7) T2 (tau) Intake: 27.0 (7.9) Post: 19.8 (16.6)	none	**Missing data** At end of intervetnion T1: 11% T2: 39% **Adherence** Not reported **Participant satisfaction** Not reported	Some Concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Control condition TAU, 1 visit per month, pharmacotherapy focused **Outcomes** BDI-II Hamilton Depression Rating Scale Quality of Life none Function	**Inclusion criteria** aged 18–30 years English language BDI-II above 13, MINI, diagnosis of depression **Exclusion criteria** Receiving psychotherapy Substance abuse Suicidal ideation Comorbid borderline, bipolar, schizophrenia or obsessive-compulsive disorder **Recruitment** Patients on waiting list at the centre **Characteristics** Age T1: 25 T2: 24	T1>T2 **Safety** Not reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Females T1: 54% T2: 70% Employed fulltime T1: 55% T2: 65% Sick leave at intake T1: not stated T2: not stated Previous medication treatment failures T1: 1.09 T2: 1.21				
Rollman 2018 [28]	**Design** RCT, three parallel groups **Intervention** Tx1 (Beating the blues): Care manager guided CCBT (10-minute introductory video followed by eight 50-minute interactive sessions	**Randomized** Total n=704 Tx1: 301 Tx2: 302 C: 101 **Diagnosis** Primary CareEvaluation of Mental Disorders to	**Core symptoms** Tx vs. TAU, MD= −2.43 (−4.16 to −0.69 **Categorical data** Not reported **QoL**	9 mo No significant differences	**Adherence** Logged in: 87% Completed all 8 sessions: 37% Mean completed of 8 sessions (SD): 5.4 (2.8) **Participant satisfaction** Not reported	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	that care managers encouraged patients to complete every 1 to 2 week). Tx2: As Tx1 + Internet support group (discussion boards created by the care manager moderator and study patients, the ISG curated links to externalresources **Therapist support** Care managers emailed link, schedule an introductory telephone call, monitor progress, sent personalized feedback and encouragement via email, and contacted patients via telephone who either had not improved or failed to log in regularly. **Control condition**	provide an anxiety and mooddisorder diagnosis. MDD: 85% **Inclusion criteria** Internet and email access; a score of 10 or greater on either GAD-7 or PHQ-9 **Exclusion criteria** Alcohol dependence; active suicidality or other serious mental illness **Recruitment** Patients from 26 primary care offices **Characteristics** Women: 80% Age, mean (SD): 42.7 (14.3)	Tx vs. TAU, MD= –0.26 (–2.11 to 1.58) **Service use** Pharmacotherapy and care use at 6 mo **Safety** Monitoring, no data			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	TAU under primary care physician. SSRI/SNRI use at baseline: 65.3%; PCP total contacts, median (range): 3 (0-11); mental health specialty visit: 18%. **Outcomes** SF-12 (QoL) PROMISE (depression and anxiety) Mental health service use	Highest education, college/university: 47% On medication: Tx1: 66% Tx2: 68% C: 65%				
Spence et al 2011 [29]	**Design** Multi-site, 3 parallel groups, 2 active treatments, 1 waitlist. **Intervention** Internet-delivered CBT (BRAVE for Teenagers–ONLINE). 10 (child), 5 (parent) modules during 10 weeks. Components: Targets four types of	**Randomized** Total n=115 T1: 44 T2: 44 C: 27 **Diagnosis** a primary diagnosis of SAD, SoP, GAD, or SP **Inclusion criteria**	**Core symptoms** CSR (ADIS-IV C & P combined); estimated marginal means (SE) T1: pre=5.91 (0.12); post=3.85 (0.29) T2: pre=6.30 (0.12); post=4.08 (0.29)	**Core symptoms** CSR (ADIS-IV C & P combined), ITT, LOCF T1: 6 mo: 2.60 (0.32); 12 mo: 1.97 (0.34) T2: 6 mo.: 2.89 (0.33); 12 mo: 1.81 (0.35)	**Missing data** Post: T1: 7% T2: 9% C: 11% 6 mo: T1: 16% T2: 18% 12 mo.: T1: 16%	Some concerns

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	anxiety: social anxiety, generalized anxiety, separation anxiety, and specific phobias. Sessions incorporate standard CBT anxiety management strategies including psychoeducation, relaxation training, recognition of the physiological symptoms of anxiety, cognitive strategies of coping self-talk and cognitive restructuring, graded exposure, problem solving, and self-reinforcement. **Therapist support** BRAVE Trainer (psychologists) sends brief e-mail feedback following each session by using set criteria and standard templates. Personalized, automated computer-	Age 12-18 years; access to a computer and the Internet at home; and be able to read and write English at an age-appropriate level. **Exclusion criteria** a mood disturbance rated "moderately disturbing" or greater; presence of a pervasive developmental disorder, learning disorder, significant behavioral disorder, substance abuse, suicidal ideation, or current self-harm. **Recruitment** advertisements in school newsletters, newspaper articles, television and radio interviews, and through	Effect: T1 vs T2, ns (Linear mixed model, ITT) **Categorical data:** Free from primary diagnosis (ADIS-IV C & P combined): T1: 34% T2: 30% Functional disability CGAS, T1 vs T2, ns (Linear mixed model, ITT) **Quality of life** Not reported Safety: Not reported	Effect: 6 mo: T1 vs T2, ns. 12 mo: T1 vs T2, n.s. **Categorical data** Free from primary diagnosis (ADIS-IV C & P combined): T1: 6mo=55%, 12mo=68% T2: 6mo=50% 12mo=68% 6 mo.: T1 vs T2, ns. 12 mo.: T1 vs T2, ns **Functional disability** CGAS	T2: 18% C: 100% **Adherence:** T1: sessions completed up to week 12, m=7.5 for children; m=4.5 for parents. Additional modules completed until 12-mon FU; 39% (children); 66% (parents) completed all modules. T2: sessions completed up to week 12, m=8.3 for children; m=4.4 for parents. Additional modules completed until 12-mo FU; 57% (children); 70% (parents) completed all modules. **Credibility**	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	generated e-mails also used **Control condition** BRAVE-CLIN. 10 (child), 5 (parent) sessions during 10 weeks. Components: Face-to-face treatment equivalent to the internet intervention in terms of content and length **Outcomes** Primary: Yes (ADIS-IV child and parent version, blinded assessment over telephone)	referral from school guidance officers, general practitioners, and other mental health professionals. **Characteristics** gender, % women: Total=59% age, mean (SD): Total=14 (1.6) years High income household: Total=47% Living with both biological parents: Total=78% Concurrent medication: Not reported		6 &12 mo.: T1 vs T2, ns **Quality of life** Not reported	T1: m: 6.6 (children), 7.1 (parents) T2: m: 6.9 (children), 7.3 (parents) T1 vs T2, n.s. (children & parents) **Participant satisfaction:** n=40 children/41 parents T1: m: 3.5/3.6 T2: m: 3.8/4.0 T1 vs T2, n.s. (children), T1<T2, p=0.02 (parents)	
Yeung et al 2018 [30] China	**Design** T1 internet program T2 usual care from their GP	**Recruitment setting** Participants were referred by clinicians in the Dept of Psychology	**Core symptoms** CES-D for those completing pre and	Not reported	**Missing data** T1 8/37=22% T2 6/38=16%	High

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	Effects and safety Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
	Intervention MoodGYM, 5 modules **Therapist support** Weekly emails or phone calls ***Control condition*** Usual care from GP **Outcomes** Primary CES-D	at an outpatient clinic at a hospital in Beijing **Randomized** n=73 T1: 37 T2: 38 Completers: T1: 29 T2: 32 **Diagnosis** Clinician judgement of "significant depressive symptoms" **Inclusion criteria** 1.Self-identification as Chinese origin; 2. At least 18 years of age; 3. Proficiency in Chinese, including the ability to read Chinese' 4. Access to a computer and the internet; 5. Significant	post treatment assessment Multivariate linear regression CES-D (improvement change score) T1 11.0 (+-10.2) T2 5.9 (+-6.1) T1>T2 **Categorical data** none **Function** None **Quality of life** None		**Adherence** Not reported **Participant satisfaction** Questionnaire for the study only to T1	

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		depressive symptoms as judged by the patients' treating clinicians **Exclusion criteria** 1. Use of illicit drugs or consumption of more than three standard drinks in a day; 2. Current Symptoms of psychosis; 3. Past or current history of schizophrenia or bipolar disorder; 4. Electroconvulsive treatment in the past year; 5. Active suicidality or self-injurious potential necessitating immediate intervention **Characteristics** X age=33 (9.2)	**Safety** No serious adverse events were reported			

Author Year Ref Country	Study design	Participant characteristics	Effects and safety Post treatment	 Follow-up data	Drop-out, adherence, acceptability and participant satisfaction	Risk of bias
		Female=77% NS difference in age, gender and baseline CES-D scores difference, education t2<t1				

ACQ = Agoraphobic Cognitions Questionnaire; **BDI-II** = Beck Depression Inventory; **BFNE** = The Brief Fear of Negative Evaluation Scale; **BSQ** = Body Sensations Questionnaire; **C** = control group; **CBT** = Cognitive Behavioural Therapy; **CES-D** = Center For Epidemiologic Studies Depression Scale **CSR** = Clinicians' Severity Rating; **DESTRESS-PC** = Delivery of Self Training and Education for Stressful Situations-Primary Care version **; EUROHIS-QOL 8** = European Health Interview Survey-Quality of Life; **FPSQ** = Feeding Practices and Structure Questionnaire; **GAD** = Generaliserat ångestsyndrom (eng. *Generalized Anxiety Disorder);* **ICBT** = Internet-based Cognitive Behavioural Therapy; **ICD-10** = International Statistical Classification of Diseases and Related Health Problems; **KSQ** = Karolinska Sleep Questionnaire; **LOCF** = Last Observation Carried Forward*;* **MANOVA** = Multivariate analysis of variance; **MI-A** = Mobility Invertory-Alone; **MO** = month; **n** = number of subject; **Not reported** = Not available; **n.s** = not sure; **OUC** = optimized usual care; **OQ-45** = Outcome Questionnaire; **PHQ** = Patient Health Questionnaire; **PSS** = Perceived Stress Scale; **QOLI** = Quality of Life Inventory*;* **RoB** = Cochrane risk-of-bias tool for randomized trials; **SAD** = Social Avoidance and Distress Scale; **SCID** = Structured Clinical Interview for DSM-IV-Axis I Disorders; **SD** = Standard deviation; **SF** = The Medical Outcomes Study Short Form; **SIAS** = Social Interaction Anxiety Scale; **SPS** = Social Phobia Scale; **TAU** = Treatment as usual; **TSQ** = Trauma Screening Questionnaire; **WAI** = Work Ability Index; **WHODAS2** = World Health Organization Disability Assessment Schedule.

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