

**Table 3.** Results and predictors relating to the hypothetical acceptability of online and mobile phone-delivered interventions for people with severe mental health problems.

Study reference(s)	Key acceptability outcomes	Demographic characteristics	Email vs text message delivery
Ben-Zeev et al (2013) [34,40], personal communication with D Ben-Zeev, May 2015	Bipolar disorder (n = 333): 137/333 interested in check-ins (41%); 129/333 interested in appointment and medication reminders (39%); 103/333 interested in psychoeducation and information (31%); 119/333 preferred text message delivery (36%); 271/333 preferred phone calls (81%); 70/333 preferred email delivery (21%). Schizophrenia/schizoaffective disorder (n = 904): 344/904 interested in check-ins (38%); 398/904 interested in appointment and medication reminders (44%); 280/904 interested in psychoeducation and information (31%)	NR <sup>a</sup>	Higher interest in text message delivery (36%) than in email (21%).
Birnbaum et al (2015) [41], personal communication with A Rizvi, May 2015	Bipolar disorder (n = 11): 7/11 willing to have clinicians to approach via social media (64%); 8/11 liked idea of obtaining help via social media (73%). Psychotic disorder (n = 40): 26/40 willing to have clinicians to approach via social media (65%); 31/40 liked idea of obtaining help via social media (78%).	NR	NA <sup>b</sup>
Bogart et al (2014) [42]	n = 85: 50/85 interested in text message medication reminders after discharge (59%)	Interest not significantly associated with age ( $P=.06$ ), sex ( $P=.47$ ), employment status ( $P=.93$ )	NA
Jain et al (2015) [43]	n = 201: 54/201 interested in medication and appointment reminders (27%); 29/201 interested in check-ins (14%);	NR	Text messages (8.5%) preferred over emails (1.5%)

	89/201 interested in information about services (44%); 146/201 preferred telephone calls (73%); 17/201 preferred text messages (8%); 3/201 preferred emails (1%)		
Lal et al (2015) [44]	Strongly agree/agree with the idea of using social media for information and/or support (n = 67): 57/67 YouTube (85%); 39/67 Facebook (58%); 27/67 Skype (40%); 26/67 Twitter (39%). Strongly agree/agree with types of services delivered online or via mobile phones (n = 67): 62/67 appointment reminders via text (92.5%); 53/67 appointment reminders via email (79.1%); 49/67 appointment reminders via apps (73.1%); 45/67 medication reminders via text (67.1%); 38/67 medication reminders via email (56.7%); 42/67 medication reminders via apps (62.7%); 64/67 information about medications and associated side effects (95.5%); 62/67 information or support for education or employment, and tools to help decision making for treatment and recovery (92.5%); 61/67 information about psychosis and physical health (91%); 57/67 contacting team responsible for treatment (85.1%); 56/67 scheduling appointments; information about coping skills and events (83.6%); 44/67 online contact between clients (65.7%); 35/67 providing counselling or therapy services (52.2%)	NR	Reminders via text messages (92.5%/67.1%) preferred over reminders via email (79.1%/56.7%)
Miller et al (2015) [45]	Current text message users (n = 45): 20/45 would like to receive text messages from their doctors (45%); 26/45 would like to receive text messages with appointment reminders (58%); 18/45 would like to receive text messages with medication reminders	No associations between interest and age, sex, or race	Interest in text message services higher than interest in email services

	(40%); 20/45 would like to receive text messages asking about problems, symptoms, or side effects (44%) Current email users (n = 30): 11/30 would like to receive emails from their doctors (37%); 13/30 would like to receive emails with appointment reminders (43%); 8/30 would like to receive emails with medication reminders (26%); 13/33 would like to receive emails asking about problems, symptoms, or side effects (43%)		
Sanghara et al (2010) [46]	n = 100: 76/100 willing to receive text messages from mental health service provider (76%)	NR	NA

<sup>a</sup>NR: not reported.

<sup>b</sup>NA: Not applicable.