Supplementary Table 1 Effect Sizes and Compliance

| Authors | Therapy | Subjects | Study | *n*= | Scale | Effect Size | Compliance | Additional comments |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Christensen *et al* 20061 | CBT MoodGYM | Web clicks | Trial | 2794 | GDS | 0.4 for those who completed>half of modules | 20.4% completed assigned intervention | Allocated to varying numbers of modules |
| Mackinnon *et al*, 2008 2 | CBT MoodGYM | Community patients with depression | RCT, | 525 | CES-D | 0.38 relative to control | 66% completed treatment | Weekly phone calls from lay interviewers to report on progress and encourage adherence |
| Warmerdam *et al*, 20103 | PST Self-Examination Therapy | adverts &, CES-D > 15 | RCT | 263 | CES-D | 0.47 relative to control | 55.7% completed 3 sessions 37.5% completed all | Email encouragement |
| Warmerdam *et al*, 2010 3 | CBT Coping with Depression | adverts &, CES-D > 15 | RCT | 263 | CES-D | 0.54 relative to control | 71.6% completed half 38.6% completed all | Email encouragement |
| de Graaf *et al*, 2009 4 | CBT Colour Your Life | Random invitations. Screened to have mild-moderate+ depression | RCT | 303 | BDI | Effect size = 0.84 No significant difference to TAU, | 42% completed>5 sessions (seen as ‘adequate dose’) |  |
| Cuijpers *et al*, 2011 5 | CBT |  | Meta-analysis | 7 studies, 1362 users | Various | d = 0.28 compared to control | ‘Use of treatments was low’ eg ‘in one of the studies only 14% completed all sessions’ |  |
| Farrer et al, 2011 6 | CBT MoodGYM | Helpline callers with score >21 on KPDS | Trial | 155 | CES-D | g=0.76 compared to placebo | 31.6% completed > half of modules 15.8% completed all |  |
| Moritz et al, 2012 7 | CBT | adverts | RCT, | 210 | BDI | d=0.36 | Average completion was 53% of sessions | Email reminders used |
| Ruwaard et al, 2012 8 | CBT | GP referrals for psychotherapy | Trial | 1500 | Various | d=1.3 | 71% completed all treatment | Included text messaging with therapist |
| Espie et al, 2012 9 | CBT ‘Prof’ | Great British Sleep Survey insomniacs | RCT | 164 | % time asleep | d=1.06 compared to placebo | 88% completed >4 sessions, 82% completed all | Included support forum & automated emails |
| Griffiths et al, 2012 10 | CBT e-couch | Random invitations. Screened that KPDS>20 | RCT | 311 | caseness | Significantly greater reduction in caseness relative to control | 65% completed all 12 modules, |  |
| Calear et al, 2013 11 | CBT MoodGYM | School adolescents | Trial | 1477 | RCMAS | Relative to W/L: 1. d=0.22 if 0-19 exercises complete 2. d=0.39 if 20-29 exercises done | 36% completed half of the exercises |  |
| Proudfoot et al, 2012 12 | Bipolar Education Program | Adverts for Bipolar users | RCT | 419 | GADS | No significant change relative to controls | 74% completed half 39% completed all |  |
| Christensen et al, 2014 13 | CBT iChill | Random invitations. Screened that GAD7>5 | RCT | 558 | GAD7 | Not significant compared to placebo | 35% attrition | Combinations of CBT, physical activation, relaxation, phone calls, emails, placebo |
| Twomey et al, 2014 14 | CBT MoodGYM | Referrals to psychology | RCT | 149 | DASS-21 | d=0.48 d=0.14 relative to W/L | 27% completed all | Weekly automated emails |
| Menga et al, 2014 15 | CBT MoodGYM | Rheumatology clinic | RCT | 56 | FIQ composite | Intervention score significantly better than TAU |  | Control was TAU |
| Howie & Malouff, 2014 16 | CBT Cognitive Restructuring | Advertising & Trait Anger Scale>21 | RCT | 75 | Trait Anger Scale | d=0.56 relative to waiting list | 65% completed half of modules 30% completed all |  |
| Proyer et al, 2014 17 | Positive psychology | Advertisement | Trial | 510 | AHI | Not significant for individual groups | 378-480/510 | Five groups with different versions of Positive Psychology |
| Murray *et al*, 2015 18 | Mindfulness | Late Bipolar Affect Disorder | Pilot Trial | 26 | QoL.BD | d=0.52 on ITT d=0.72 if competed | 62% completed | No control |
| Karyotaki *et al*, 2015 19 | 8/10 studies were CBT |  | Meta-analysis | 2705 (10 studies) | various |  | 41% completed half 17% completed all |  |
| Zhou *et al*, 2016 20 | CBT | Subthreshold depression | Meta-analysis | 8 RCT’s | various | significantly better than control. SMD = −0.46 | Average drop out rate of 34.5% |  |
| Karyotaki *et al*, 2017 21 | CBT | Depressed subjects | Meta-analysis | 13 studies 3876 | various | g=0.27 relative to control |  | Adherence predicted better outcomes |
| Carlbring *et al*, 2018 22 | CBT | Psychiatric & somatic disorders | Meta-analysis | 20 studies, 1418 | various | g-0.05 relative to therapist CBT |  | ‘equivalent’ effects to face-to-face CBT |
| Ahern *et al*, 2018 23 | CBT | Depression diagnosed | Meta-analysis | 29 studies, 3021 | various | g=0.44 g=0.06 compared to therapist CBT |  | ‘as efficacious as face-to-face CBT’. 24 studies included email or phone calls |

W/L, Waiting List; TAU, Treatment as Usual; CES-D, Centre for Epidemiologic Studies Depression; FIQ, Fibromyalgia Impact Questionnaire; PST, Problem Solving Therapy; ITT, Intention to Treat; QoL.BD, Quality of Life in Bipolar Disorder scale; AHI, Authentic Happiness Inventory; RT, Randomised Trial; G, Hedge’s g; DASS-21, Depression, Anxiety, and Stress Scale-21; CBT, Cognitive Behavioural Therapy; KPDS, Kessler Psychological Distress Scale; BDI, Beck Depression Inventory; GAD7, Generalised Anxiety Disorder 7-item scale; RCT, Randomised Controlled Trial; RCMAS, Revised Children’s Manifest Anxiety Scale; GDS, Goldberg Depression Scale; SMD, Standardised Mean Difference; BDI.PC, Becks depression inventory for primary care; D, Cohen’s d; GADS, Goldberg Anxiety and Depression Scale.

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