

Appendix 1: Survey

**CADTH** Evidence  
Driven.

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**Internet-Delivered Cognitive Behavioural  
Therapy for Major Depressive Disorder  
and Anxiety Disorders**

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**SURVEY**

## Background

Cognitive behavioural therapy (CBT) is the most commonly utilized form of psychotherapy for the treatment of patients with depression or anxiety.<sup>1</sup> Internet-delivered cognitive behavioural therapy (iCBT) involves the delivery of CBT through an online platform with or without the support of a therapist.<sup>2</sup> Essentially, iCBT has shown promise in the treatment of patients with depression and anxiety, potentially offering ways for patients to overcome some of the barriers associated with face-to-face CBT.<sup>3</sup> The literature suggests that there are a number of factors that may affect the accessibility, adherence, adoption, attrition, feasibility, maintenance, reach, retention, sustainability, uptake, and usability of iCBT programs. To this end, CADTH is conducting an Environmental Scan to better understand the breadth of iCBT programs offered across Canada and to identify facilitators and barriers to iCBT implementation across Canada.

The objectives of this Environmental Scan are:

- to identify existing or developing iCBT programs for major depressive disorder and anxiety disorders across Canada
- to identify facilitators and barriers to the implementation of iCBT for major depressive disorder and anxiety disorders across Canada.

## References

1. Andrews G, Basu A, Cuijpers P, et al. Computer therapy for the anxiety and depression disorders is effective, acceptable and practical health care: an updated meta-analysis. *J Anxiety Disord.* 2018;55:70-78.
2. Hadjistavropoulos HD, Nugent MM, Dirkse D, Pugh N. Implementation of internet-delivered cognitive behavior therapy within community mental health clinics: a process evaluation using the consolidated framework for implementation research. *BMC Psychiatry.* 2017;17(1):331.
3. Adelman CB, Panza KE, Bartley CA, Bontempo A, Bloch MH. A meta-analysis of computerized cognitive-behavioral therapy for the treatment of DSM-5 anxiety disorders. *J Clin Psychiatry.* 2014;75(7):e695-704.

## To Guide Your Feedback

Your feedback from this questionnaire will help us understand the facilitators and barriers to offering iCBT to people with major depressive disorder or anxiety disorders across Canada.

There are 17 questions in this survey and it will take approximately 30 minutes to complete. Please respond only to the questions relevant to your experience. If you have any other questions or comments about this survey, please contact Eftyhia Helis at [eftyhiah@cadth.ca](mailto:eftyhiah@cadth.ca).

## A. General Information

We are interested in understanding the context of the use of and implementation for Internet-delivered cognitive behavioural therapy (iCBT) for major depressive disorder and anxiety disorders. Please answer the following questions as they apply to your role, knowledge, and experience. Ignore any questions that do not apply to you.

1. In which province or territory do you primarily work? (Please select one.) (Multiple choice and free text)
  - Alberta
  - British Columbia
  - Manitoba
  - New Brunswick
  - Newfoundland and Labrador
  - Northwest Territories
  - Nova Scotia
  - Nunavut
  - Ontario
  - Prince Edward Island
  - Quebec
  - Saskatchewan
  - Yukon
  - Federal Health Program (such as, Indigenous Services Canada, Canadian Armed Forces, Correctional Service Canada, Veterans Affairs Canada)
  - Other (please specify): (free text)
  
2. What is your profession or role? (Please select all that apply.) (Multiple choice and free text)
  - Health care provider (e.g., nurse, therapist, physician; please specify): (free text)
  - Hospital or health facility administrator (e.g., director or manager)
  - Software or online platform developer
  - Technical services personnel (e.g., technician or information technologist)
  - Researcher
  - Policy-maker
  - Public funder (please specify): (free text)
  - Private insurance or Employee Assistance Program (EAP) representative (please specify): (free text)
  - Other (please specify): (free text)
  
3. Are you currently involved in the development or delivery of one or more iCBT programs?
  - Yes (please specify the program's name and, if possible, a brief description or URL to the website): (free text)
  - No
  
4. Are you currently involved in the funding or regulating of one or more iCBT programs?
  - Yes
  - No

5. Do you currently provide treatment to individuals living in one or more of these geographic settings? (Please select all that apply.) (Multiple choice and free text)
- Urban (i.e., a census metropolitan area [CMA] or census agglomeration [CA] of at least 10,000 residents)<sup>a</sup>
  - Rural (i.e., an area or small town with a population of less than 10,000 residents not in any CMA or CA)<sup>a</sup>
  - Remote<sup>b</sup>
  - Other (please specify): (free text)

<sup>a</sup> Hospital births in Canada: a focus on women living in rural and remote areas [Internet]. Ottawa: CIHI; 2013. Available from: [https://secure.cihi.ca/free\\_products/Hospital%20Births%20in%20Canada.pdf](https://secure.cihi.ca/free_products/Hospital%20Births%20in%20Canada.pdf)

<sup>b</sup> Please self-identify based on your local understanding of the criteria for remote. As an example, [Health Canada](#) defines various levels of remote, ranging from *remote isolated* = no scheduled flights or road access and minimal telephone or radio service, through to *non-isolated remote* = road access and less than 90 km away from physician services.

6. For what purposes is iCBT currently being utilized in your practice, facility, or jurisdiction? (Please select all that apply.) (Multiple choice and free text)
- For patients who are interested (through self-referral)
  - For patients who have been referred by a clinician
  - As a complement to standard care
  - As a stand-alone treatment
  - Offered to the general population as a preventive strategy
  - Other (please specify): (free text)

## B. Implementation Considerations – Facilitators

7. What policies have facilitated or would facilitate the implementation of iCBT in your facility or jurisdiction? (Please select all that apply.) (Multiple choice and free text)
- Policies driven by government interest (please name and describe): (free text)
  - Policies driven by public interest (please name and describe): (free text)
  - Funding and reimbursement policies (please name and describe): (free text)
  - Do not know
  - Other (please specify): (free text)
8. What patient-related factors have facilitated or would facilitate the implementation of iCBT in your facility or jurisdiction? (Please select all that apply.) (Multiple choice and free text)
- Privacy (compared with face-to-face CBT)
  - Insurance coverage and reimbursement
  - Other financial benefits (e.g., transportation cost savings, not missing work)
  - Preference (over face-to-face CBT)
  - Clinical effectiveness
  - Satisfaction with care (including educational materials and follow-up support)
  - Recommended by a health care provider
  - Access (e.g., 24-hour availability of care; access from any place with Internet connectivity including rural or remote settings)
  - Convenience (e.g., does not require taking time off from work or school and can access outside regular or business hours)
  - Involves greater self-management
  - Option for choice of language of instruction
  - Absence of feasible alternatives (have not benefited from other types of services)
  - Curiosity

- Do not know
- Other (please specify): (free text)

9. What clinician-related factors have facilitated or would facilitate the implementation of iCBT in your facility or jurisdiction? (Please select all that apply.) (Multiple choice and free text)

- Efficiency in clinical practice (e.g., allows clinician to care for more patients)
- Financial benefits (e.g., additional income if reimbursed)
- Preference for this treatment option over other forms of therapy
- Reaching patients that otherwise would be unreachable
- Therapy fits into patient's routine schedule
- Job opportunity
- Desire to improve skills
- Training, knowledge, or experience with iCBT
- Do not know
- Other (please specify): (free text)

10. What organizational factors have facilitated or would facilitate the implementation of iCBT in your facility or jurisdiction? (Please select all that apply.) (Multiple choice and free text)

- Within mandate or policy
- Allows more efficient use of resources
- Improvement in patients' experiences
- Improvement in clinicians' experiences
- Financial benefit (e.g., return on investment if reimbursed)
- Reaching more patients or serving a broader population (including patients in rural or remote areas)
- Commitment to improving services
- Easier option to track outcomes
- Interest of funders in technology-based solutions
- Do not know
- Other (please specify): (free text)

11. Do you have additional comments about factors that facilitated or would facilitate the implementation of iCBT? (free text)

## C. Implementation Considerations – Barriers

12. What policies have you or your organization identified as barriers to implementing iCBT? (Please select all that apply.) (Multiple choice and free text)

- Policies driven by government interest (please name and describe): (free text)
- Policies driven by public interest (please name and describe): (free text)
- Funding and reimbursement policies (please name and describe): (free text)
- Do not know
- Other (please specify): (free text)

13. What patient-related factors have you or your organization identified as barriers to implementing iCBT? (Please select all that apply.) (Multiple choice and other)
- Lack of privacy (e.g., when accessing iCBT programs at home or in a public place)
  - Preference for in-person or other treatment options
  - Negative perceptions about effectiveness
  - Financial issues (e.g., lack of coverage/reimbursement, cost of Internet access)
  - Lack of knowledge about iCBT
  - Unfamiliar with technology
  - Lack of available devices or adequate connection to the Internet
  - Computer anxiety
  - Difficulty understanding the program (because of limited reading and writing skills)
  - Difficulty understanding the program (limited availability in options for language instruction)
  - Higher severity and complexity of diagnosis
  - Do not know
  - Other (please specify): (free text)
14. What clinician-related factors have you or your organization identified as barriers to implementing iCBT? (Please select all that apply.) (Multiple choice and other)
- Professional liability
  - Preference for in-person treatment or other treatment options
  - Lack of education and training on CBT
  - Lack of education and training on iCBT and delivering services via distance (because of lack of time or other factors)
  - Financial losses (e.g., inadequate compensation)
  - Lack of available devices or adequate connection to the Internet
  - Difficulty using the program (because of limited computer skills)
  - Do not know
  - Other (please specify): (free text)
15. What organizational factors have you or your organization identified as barriers to implementing iCBT? (Please select all that apply.) (Multiple choice and other)
- Not within mandate or lack of relevant policies and procedures on how to deliver iCBT
  - Legal issues/Liability
  - Organizational culture
  - Resources (please indicate relevant examples; e.g., time, funds, devices, personnel, Internet connectivity): (free text)
  - Do not know
  - Other (please specify): (free text)
16. Are you aware of other challenges to the implementation of iCBT?
- Yes (please provide details): (free text)
  - No

## D. Additional Questions

17. Does your facility/jurisdiction offer iCBT for other indications?

- Yes (Please select all that apply.)
  - Major depressive disorder
  - Other depressive conditions
  - Generalized anxiety disorder
  - Specific phobias
  - Panic disorder
  - Social anxiety disorder
  - Post-traumatic stress disorder
  - Obsessive compulsive disorder
  - Schizophrenia
  - Psychosis
  - Addiction disorders
  - Smoking cessation
  - Eating disorders
  - Body dysmorphic disorder
  - Insomnia
  - Irritable bowel syndrome
  - Chronic pain
  - Other (please specify): (free text)
- No

18. Could the information you have provided in this survey apply to other indications?

- Yes (Please select all that apply.)
  - Major depressive disorder
  - Other depressive conditions
  - Generalized anxiety disorder
  - Specific phobias
  - Panic disorder
  - Social anxiety disorder
  - Post-traumatic stress disorder
  - Obsessive compulsive disorder
  - Schizophrenia
  - Psychosis
  - Addiction disorders
  - Smoking cessation
  - Eating disorders
  - Body dysmorphic disorder
  - Insomnia
  - Irritable bowel syndrome
  - Chronic pain
  - Other (please specify): (free text)
- No

19. After the development of an iCBT program, are there specific implementation plans or strategies in place to facilitate its availability and uptake?
- Yes (please specify): (free text)
  - No
20. Do you utilize a form of quality improvement framework to monitor the success and performance of your iCBT program?
- Yes
  - No
21. What role do you think the work of organizations such as CADTH (evidence-based research) could play in facilitating the implementation of iCBT programs? (free text)
22. Are you aware of research studies regarding iCBT implementation issues?
- Yes (please provide details such as titles, authors, and publication dates): (free text)
  - No
23. Are you aware of iCBT programs offered in other health facilities or jurisdictions for the treatment of major depression and anxiety disorders in Canada?
- Yes (please specify the names of the programs and, if possible, provide information on where we can retrieve details about the programs): (free text)
  - No

## E. Permission to Contact

24. Would you be willing to be consulted further on this topic, either through a 15-minute phone conversation (between 9 a.m. and 5 p.m. local time) or by email?
- Yes (Please insert additional preferred phone number or contact email if different from the information previously given) (free text)
  - No
25. Can you suggest any other individuals who (or organizations that) would be willing to be consulted further on this topic, and/or complete this survey?
- Yes (Please insert name, title, agency, and contact email) (free text)
  - No

## Appendix 2: Information on Survey Respondents

**Table A1: List of Canadian Organizations That Provided Responses to the Survey**

Province/Territory	Organizations Represented by Survey Respondents
Alberta	University of Alberta
British Columbia	Fraser Health Authority Northern Health
Manitoba	Winnipeg Regional Health Authority University of Manitoba (three respondents)
New Brunswick	Operational Stress Injury Clinic
Newfoundland and Labrador	Central Regional Health Authority Memorial University
Nova Scotia	Centre for Research in Family Health Dalhousie University (two respondents) Strongest Families Institute Tranquility Online
Ontario	BEACON (three respondents) CBT Associates (two respondents) Centre for Addiction and Mental Health University of Toronto
Prince Edward Island	Health PEI
Quebec	Veterans Affairs Canada
Saskatchewan	Ministry of Health – Government of Saskatchewan University of Regina
Federal Health Programs	Canadian Foundation for Healthcare Improvement Veterans Affairs Canada

Notes: There were a total of 24 Canadian respondents. Several respondents identified themselves as working for more than one organization.

**Table A2: Characteristics of Survey Respondents**

Survey Question	Response	Number of Responses (% of Total)
In which province or territory do you primarily work? (24 total responses)	Alberta	1 (4.2%)
	British Columbia	2 (8.3%)
	Manitoba	3 (12.5%)
	New Brunswick	1 (4.2%)
	Newfoundland and Labrador	2 (8.3%)
	Northwest Territories	0 (0%)
	Nova Scotia	4 (16.7%)
	Nunavut	0 (0%)
	Ontario	4 (16.7%)
	Prince Edward Island	1 (4.2%)
	Quebec	1 (4.2%)
	Saskatchewan	2 (8.3%)
	Yukon	0 (0%)
Federal Health Programs <sup>a</sup>	2 (8.3%)	
Other <sup>b</sup>	1 (4.2%)	
What is your profession or role? (24 total responses; multiple answers were accepted)	Health care provider <sup>c</sup>	16 (66.7%)
	Researcher	9 (37.5%)
	Hospital or health facility administrator	8 (33.3%)
	Software or online platform developer	3 (12.5%)
	Policy-maker	3 (12.5%)
	Technical services personnel	0 (0%)
	Public funder	0 (0%)
	Private insurance or EAP representative	0 (0%)
	Other <sup>d</sup>	6 (25.0%)
Are you currently involved in the development or delivery of one or more iCBT programs? (24 total responses)	Yes	16 (66.7%)
	No	8 (33.3%)
Are you currently involved in the funding or regulating of one or more iCBT programs? (24 total responses)	Yes	4 (16.7%)
	No	20 (83.3%)
Do you currently provide treatment to individuals living in one or more of these geographic settings? <sup>e</sup> (24 total responses; multiple answers were accepted)	Urban	21 (87.5%)
	Rural	21 (87.5%)
	Remote	13 (54.2%)

Abbreviations: EAP = employee assistance program.

<sup>a</sup> Federal health programs include Indigenous Services Canada, Canadian Armed Forces, Correctional Service Canada, and Veterans Affairs Canada.

<sup>b</sup> The respondent indicated they worked “Cross Canada.”

<sup>c</sup> Health care providers included seven psychologists, two psychiatrists, two physicians, two nurses, one mental health clinician, and one occupational therapist.

<sup>d</sup> Other professions included one senior executive, one chief executive officer, one mental health consultant, one psychology consultant, and one individual from a pan-Canadian health organization.

<sup>e</sup> Urban: a census metropolitan area or census agglomeration of at least 10,000 residents. Rural: an area or small town with a population of less than 10,000 residents not in any census metropolitan area or census agglomeration). Remote: Self-identified based on the respondent’s local understanding of the criteria for remote.