BMC Public Health

Background

Eating disorders (EDs) are serious mental health conditions with harmful consequences for a ected individuals,

one (14.) contained several optional follow-up questions for the assessment of more detailed information if

interquartile range (IQR) of ≤ 2 on the 10-point scale [30]. Statistical analyses were performed with R 4.3 [34].

Results

Across items, the average importance ratings were high in both Delphi rounds (steps 2 and 3; first round: $M = 7.71$, *SD*

Table 2 Items and descriptive statistics of the final Delphi round (step 3)

Item	M	SD	Mdn	min	max	IQR
Contextual conditions						
1. Free availability for those a□ected (e.g. app store, public website) *(access)*	8.10	2.26	9	4	10	3
2. Information about data storage [a] *(data security)*	8.95	1.20	9	7	10	2
3. **Stable internet connection[a, b]** *(technology)*	**9.24**	**1.14**	**10**	**7**	**10**	**1**
4. Indicated use (e.g. diagnosis, functioning) [a] *(evidence/ indication)*	8.10	1.51	8	5	10	2
5. Technical contact person for practitioners (e.g. for training, maintenance of equipment and software) [a] *(sta)*	8.62	1.69	9	5	10	2
6. Willingness of the team (e.g. in clinics) to implement the interventions						

ease of use has been identified as a key contributor to a positive user experience [36]. With regard to content and functionalities for a ected individuals, psychoeducation, crisis intervention, and personalization were rated

informal caregivers point towards beneficial e ects for parents (e.g. stress release, increased confidence in parenting abilities) [40, 41] and the ED symptoms of their children [42, 43]. e use of DMHIs and specific elements should therefore be tailored to individual needs.

Limitations

One limitation of this study lies in the broad definition of DMHIs, which included a range of technologies (e.g. online programs, smartphone apps, virtual reality applications). On the one hand, this allowed for the investigation of more general, common factors across di erent DMHI types. On the other hand, this was accomplished at the expense of potentially missing DMHI-specific factors.

Related to this, the Delphi items referred to all EDs. While little is known about the perceptions of DMHIs for EDs among practitioners, which underlines the value of identifying core factors across EDs, future research should investigate di erences and specificities between di erent types of EDs. For instance, item 44 "suggestions for movement and exercise" reflects one potential function for a ected individuals that could be useful in some contexts and potentially harmful in others, depending on the individual needs of those a ected by an ED.

Furthermore, practitioners who were female, CBT-trained, and who provided inpatient treatment were overrepresented in this sample as compared to other groups of practitioners, which limits the generalizability of results. Moreover, the interviews indicated a general interest and openness towards DMHIs in our sample, which is consistent with previous findings [23, 24]. However, it is plausible that practitioners with more positive views towards DMHIs were more inclined to participate, and sceptical voices might be underrepresented in our study, which was potentially amplified by our recruitment procedures which focused on convenience and snowball sampling. Future research should thus strive to include a wider range of perspectives.

researchers who provide a methodologically sound proposal to the corresponding author.

Declarations

Ethics approval and consent to participate
Ethical approval was obtained by the Ethics Commission of the Medical Faculty at the University of Heidelberg (S-178/2022). All participants provided informed consent before participating in the study.

35. De Witte NAJ, Carlbring P, Etzelmueller A, Nordgreen T, Karekla M, Haddouk L, et al. Online consultations in mental healthcare during the COVID-19 outbreak: an international survey study on professionals' motivations and perceived barriers. Internet Interventions. 2021;25:100405.
36. Uncovska M, Freitag B, Meister S, Fehring L. Rating analysis and BERTopic modeling of consumer versus regulated mHealth app reviews in Germany. Npj Digit Med. 2023;6(1):115.
37. Davies F, Shepherd HL, Beatty L, Clark B, Butow P, Shaw J. Implementing web-based therapy in routine Mental Health Care. Syst Rev Health Professionals' Perspect. 2020;22(7):e17362.
38. Phillips EA, Himmler SF, Schreyögg J. Preferences for e-Mental Health interventions in Germany: a Discrete Choice Experiment. Value Health. 2021;24(3):421–30.
39. Philippi P, Baumeister H, Apolinário-Hagen J, Ebert DD, Hennemann S, Kott L, et al. Acceptance towards digital health interventions – model validation and further development of the Unified Theory of Acceptance and Use of Technology. Internet Interventions. 2021;26:100459.
40. Binford Hopf RB, Le Grange D, Moessner M, Bauer S. Internet-based Chat Support groups for parents in family-based treatment for adolescent eating disorders: a pilot study. Eur Eat Disorders Rev. 2013;21(3):215–23.
41. Truttmann S, Philipp J, Zeiler M, Franta C, Wittek T, Merl E. Long-term e□cacy of the Workshop Vs. Online SUCCEAT (supporting carers of children and adolescents with eating disorders) intervention for parents: a quasi-randomised feasibility trial. J Clin Med. 2020;9(6):1912.
42. Philipp J, Franta C, Zeiler M, Truttmann S, Wittek T, Imgart H, et al. Does a skills intervention for parents have a positive impact on adolescents' Anorexia Nervosa Outcome? Answers from a quasi-randomised feasibility trial of SUCCEAT. Int J Environ Res Public Health. 2021;18(9):4656.
43. Lock J, Darcy A, Fitzpatrick KK, Vierhile M, Sadeh-Sharvit S. Parental guided self-help family based treatment for adolescents with anorexia nervosa: a feasibility study. Int J Eat Disord. 2017;50(9):1104–8.

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