



More than a “Commentary”: response to Cassivi and Blanchet Garneau’s “More than juxtaposition” commentary

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Response to: Cassivi C, Blanchet Garneau A. More than juxtaposition: a commentary to Willis *et al.*'s (2023) mixed method study on mobile mental health interventions. *mHealth* 2023;9:38.

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We were disappointed to read the unfortunate commentary by Cassivi and Blanchet Garneau (1) regarding our manuscript. While all science is subject to critique, the response to our peer-reviewed study reads, at best, as a thinly-veiled attack on the rigor and legitimacy of our science and the conclusions of our paper. From the start, the commentary is flawed in its description of the study aim. The authors state that the aim of the paper was to obtain data for developing mobile health interventions for Black people with one or more mental health disorders. However, the focus of the article was Black young adults, broadly, and not solely Black people with mental disorders. Furthermore, the authors reduced the research questions and areas explored as simply “data” that will help the development of mobile health interventions. This is a gross understatement that not only simplifies the study, but does disservice to the ultimate goal of the paper (i.e., exploring the impact of racism on mental health and mobile-health attitudes, and increasing the representation of Black young adult voices in mHealth research). This misstatement of the paper’s aims makes it difficult to take the authors’ critiques seriously.

Next, the authors assert that we do not establish the reason for using a mixed method design. Yet, in the next sentence they also note that we justified conducting a mixed method study and how we did so. Beyond this contradiction, and as the authors themselves noted, we highlighted the strengths of utilizing mixed methodologies. The authors go on to take issue with the fact that we do not explicitly name

the study design, which they also note is common in mixed studies. We utilized a concurrent design, which readers familiar with mixed methods would be able to easily deduce when we state that participants were randomized into focus groups and completed the quantitative measures while waiting for the focus groups to begin. Naming the mixed design—while a helpful guideline—is not a requirement of a rigorous study or for validation of the results and raises questions about why our study is singled out for this “common” practice.

The third critique is that we do not state the preferred method of integration for combining the data, analysis, or results of the quantitative and qualitative phases. As with many manuscripts, things that are important are omitted for several reasons. The authors further insinuate that integration did not occur, and suggest that our study’s rigor or conclusions are compromised. Yet, integration did occur, and this critique is selective. Integration, although not explicitly stated, is illustrated on page 20, where we note that vicarious online racial discrimination experiences were positively associated with a stronger desire for culturally-adapted mHealth intervention for mental health and connect this finding with the observation that focus group participants noted how they often received positive messages about mental health and seeking mental healthcare on social media. This connection highlights not only the integration of previous literature into current findings, but also illustrates how we used our qualitative findings to help

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explain our exploratory quantitative findings.

Fourth, the authors critique the study's recommendations on the basis of the limitations of one study measure used to assess participants' attitudes toward using mobile mental health interventions. We acknowledge that the novel scale to measure mHealth attitudes has limitations in regards to reliability and validity, which is being addressed in subsequent studies. The development of a novel scale was not the focus of the study, but was necessary given the dearth of research in this area. As noted above, given that this was a concurrent design, it was impossible to conduct validation of the new scale (we had less than 40 participants).

The authors conclude their critique by challenging the methodological rigor of our study and the results and inferences drawn from it. The suggestion seems to be that as a result of the study limitations, the paper does not provide a "deep and nuanced understanding of the experience of Black, Indigenous, and People of Color in mental health care". The authors appear to cherry-pick methodological concerns, while ignoring the methodological strengths, in order to persuade readers that the overall results and subsequent inferences and recommendations are flawed. Notably our study is a peer-reviewed study that was critically evaluated by peers and accepted for publication at the standard for peer-review publication in our field. Reviewers described the contribution as an "important paper" on an "important topic" that was "well done" with "significant practical implications for mHealth intervention development specifically for AA populations in the future".

In our view, the limitations, which all studies have, and which the authors critique, do not substantially change the results or significantly impact the scientific merit of the paper. Unfortunately, we received this commentary as an attempt to discredit Black scholarship about Black people. It is curious that of all mixed methods studies that share some of the purported limitations identified by the authors, they decided to critique our study without due respect, scholarly investigation, or investment in the actual goals or objectives of the study. Nowhere in their commentary did the authors state how their targeted limitations and critiques impact any specific conclusions drawn. The critique, we believe, erroneously calls into question the findings and true purpose of our paper, which is to increase the representation of Black young voices in mHealth development, advance mHealth technologies for African Americans, and reduce health disparities.

It is interesting that the forum to critique this study

was in the form of a commentary and not a review paper, systematic review or other peer-reviewed outlet. In our view, such an approach harms our goal of an antiracist approach to research. If the goal was to foster more critical discussions on mixed methods approaches and best practices, why not pursue one of these approaches rather than targeting this specific manuscript in a way that could be harmful and damaging to the reputations of the authors? As two Black men, we experienced this critique as hostile, as an attempt to discredit our contributions regarding Black young people, and as reflective of the scientific racism and white supremacy that unfortunately pervade psychological and scientific research (2-4). Going forward, we hope that our response can be used to urge scholars to pursue more productive and anti-racist approaches to improving the scientific rigor of our field, for example examining positionality and how it informs scientific critiques, and to use collaborative approaches when engaging Black scholars and work that centers Black people.

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