**Supplementary Table** Description of included studies.

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| --- | --- | --- | --- | --- | --- |
|  | **Country (Income Classification)\*\*\*\*** | **Study Design** | ***Evaluation* & Condition** | **Intervention (if applicable) &**  **Outcomes** | **BHI Model** |
| Al-Faris et al., (1997)1 | Saudi Arabia\*\* (UMIC) | RCT | *Effectiveness*  Depression | Training of GPs to Diagnose Depression  --Diagnostic accuracy improved most in intervention group, minimally in control group 1, and worsened in control group 2 | Model 1 |
| Sabir Ali et al., (2003)2 | Pakistan (LIC) | RCT | *Effectiveness*  Depression in women | LHW-Delivered PST, CBT and Supportive Therapy  --Depression scores reduced significantly in the LHW intervention group vs. control | Model 2 |
| Ali et al., (2010)3 | Pakistan (LMIC) | Controlled Before-and-After Study | *Effectiveness*  Depression – Postnatal depression | LHW-Delivered Counseling  --Depression reduced significantly in intervention and control groups  --Intervention group fared better in recovery, recurrence, and time before relapse | Model 2 |
| Alvarado and Rojas\* (2011)4 | Chile (UMIC)\*\*\* | Observational Study | *Effectiveness*  Depression | Multi-Faceted Stepped Care Program  --Severity of depression was underestimated by primary care teams  --Patients with mild, moderate, and severe depression had BDI reductions of 35%, 37%, and 13%, respectively | Model 5 |
| \* Alvarado et al., (2005)5 | Chile (UMIC) \*\*\* | Observational Study | *Effectiveness*  Depression in women | Stepped Care Program  --Depression symptom severity reduced significantly  --Symptoms reduced most in those who had the most severe symptoms at baseline | Model 5 |
| \*Antini and Alvarado (2008)6 | Chile (UMIC) \*\*\* | Observational Study (Cohort) | *Effectiveness*  Depression in women | Stepped Care Program  --Depression and quality of life scores improved significantly in those who remained in treatment vs. those who abandoned treatment | Model 5 |
| \* Araya et al., (2003)7 | Chile (UMIC)\*\*\* | RCT | *Effectiveness*  Depression in women | Multi-Faceted Stepped Care Intervention  --HAMD scores decreased significantly in intervention vs. controls and at 6-month follow-up | Model 5 |
| \* Araya et al., (2006)8 | Chile (UMIC)\*\*\* | Economic analysis of an RCT | *Economic Evaluation / Cost-Effectiveness*  Depression in women | Multi-Faceted Stepped Care Intervention  --Intervention group had 50 more depression-free days over 6 months vs. controls  --Intervention was marginally more expensive than control | Model 5 |
| Assanangkornchai et al., (2015)9 | Thailand (UMIC) | RCT | *Effectiveness*  Problematic Alcohol Use | Nurse-Delivered ASSIST followed by BI or SA  --Both groups reduced alcohol consumption; there was no significant difference between them | Model 3 |
| Baker-Henningham et al., (2005)10 | Jamaica (LMIC) | RCT | *Effectiveness*  Depression – Perinatal depression | LHW-Delivered Home Visits/Childhood Stimulation  --Intervention mothers reported a significant reduction in freq. of depressive symptoms vs. controls----Mothers receiving more visits benefitted most | Model 2 |
| \* Berbesi et al., (2010)11 | Colombia (LMIC) | Observational Study | *Effectiveness*  Depression | Training of PHW  --Compared to control patients, intervention patients experienced a greater “success rate” that includes the probability of receiving adequate treatment (as determined by a psychiatrist), completing the course of treatment, and not presenting depression 3 months post-intervention | Model 1 |
| Buttorff et al., (2012)12 | India (LMIC) | Economic analysis of an RCT | *Economic Evaluation / Cost-Utility AND Cost-Effectiveness*  Depression | Multidisciplinary Team-Delivered Intervention  -- More costly and more effective from the health system perspective  -- Less costly and more effective from the societal perspective  --Probability close to 1 that this intervention is cost-effective | Model 6 |
| Chen et al., (2015)13 | China (UMIC) | RCT | *Effectiveness*  Depression | CCM  --HAMD scores reduced significantly in CCM vs. EUC | Model 6 |
| \* Chibanda et al., (2011)14 | Zimbabwe (LIC) | Uncontrolled Before-and-After Study | *Effectiveness*  Depression | LHW-Delivered Psychotherapy  --SSQ scores fell proportionally to number of sessions attended | Model 2 |
| Chibanda et al., (2014)15 | Zimbabwe (LIC) | RCT | *Effectiveness*  Depression - Postnatal depression | Peer Counselor-Delivered Group PST  --Intervention group’s depression symptoms were reduced significantly more than amitriptyline group | Model 2 |
| \* Chibanda et al., (2016)16 | Zimbabwe (LIC) | RCT | *Effectiveness*  Depression | LHW-Delivered Psychotherapy  --Intervention group had significantly fewer SSQ symptoms and risk of depression symptoms than controls at 6 months | Model 2 |
| Chisholm et al., (2000)17 | India/  Pakistan (LIC/LIC) | Uncontrolled Before-and-After Study | *Economic Evaluation / Cost-Effectiveness*  Depression | Cost/Outcome Comparison of Integrated and Standard PHCs  --In 3 of 4 localities, symptoms, disability, and quality of life improved  --Economic costs reduced | Unclear |
| Chowdhary et al., (2016)18 | India (LMIC) | Pilot RCT | *Effectiveness*  Depression | Lay Counselor-Delivered Psychotherapy  --Depression prevalence reduced in intervention arm vs. control arm after 2 months | Model 2 |
| Del Carmen Lara-Munoz et al., (2010)19 | Mexico (UMIC) | Modelling using WHO-CHOICE sectoral approach | *Economic Evaluation / Cost-Effectiveness*  Depression | Identifying the Most Cost-Effective Interventions  --Single treatment: SSRI  --Combination: Proactive case management, brief psychotherapy, and antidepressants | Modelling methods for economic evaluation |
| Fairall et al., (2016)20 | South Africa (UMIC) | RCT | *Effectiveness*  Depression | Nurse Training to Diagnose & Treat Mental Disorders  --Treatment intensification rates and case detection of depression did not differ between arms | Model 1 |
| Fritsch et al., (2007)21 | Chile (UMIC)\*\*\* | RCT | *Effectiveness*  Depression in women | Pharmacotherapy with Telephone Monitoring  --Significant improvement in HAMD & SF-36 scores in intervention group vs. controls at 3 months and 6 months | Model 3 |
| Garcia-Pena et al., (2015)22 | Mexico (UMIC) | RCT | *Effectiveness*  Depression in the elderly | Nurse-Led CBT  -- PHQ9 scores decreased by ≥5 points more in intervention patients than control patients | Model 3 |
| Gómez-Restrepo et al., (2007)23 | Colombia (LMIC) | Uncontrolled Before-and-After Study | *Effectiveness*  Depression | Training of GPs to Diagnose Depression  --There was an increase in depression diagnosis in patients at moderate or high risk for depression | Model 1 |
| Gureje et al., (2007)24 | Nigeria (LIC) | Modelling using WHO-CHOICE sectoral approach | *Economic evaluation/Cost-Effectiveness*  Depression AND Problematic alcohol use | Identifying the Most Cost-Effective Interventions  --Depression: Combination of TCA, psychotherapy, and case management  --Alcohol use: Random breath testing for motor vehicle drivers | Modelling methods for economic evaluation |
| Husain et al., (2014)25 | Pakistan (LMIC) | RCT | *Effectiveness*  Depression in women | LHW + Psychologist-Delivered CBT  --No significant difference in depression reduction and quality of life between the group CBT and antidepressant (control) arms | Model 2 |
| James et al., (2002)26 | India/Pakistan (LIC/LIC) | Observational Study | *Neither Effectiveness nor Economic Evaluation*  Depression | Identifying the Most Influential Factors in Service Utilization Patterns  -- Cost, distance from treatment center, perception of ineffective care, and stigma concerns | Unclear |
| Jenkins et al., (2013)27 | Kenya (LIC) | RCT | *Effectiveness*  Depression | Training of PHWs  --Did not improve diagnostic rate of mental disorders  --Improved patient outcomes in routine clinical practice | Model 1 |
| Kauye et al., (2014)28 | Malawi (LIC) | RCT | *Effectiveness*  Depression | Training of PHC Staff to Diagnose Depression  --Significantly greater depression diagnosis rate in intervention vs. control | Model 1 |
| L’Engle et al., (2014)29 | Kenya (LMIC) | RCT | *Effectiveness*  Problematic  alcohol use | Nurse Counselor-Delivered Brief Intervention  --Significantly greater reduction in alcohol use and binge drinking in intervention vs. control at 6 and 12 months. | Model 3 |
| Lima and Fleck (2011)30 | Brazil (UMIC) | Observational Study (Cohort) | *Effectiveness*  Depression | No Intervention (Patients Receiving Standard Depression Treatment Studied Over Time)  --At 9 months, 42% still had major depression, 25% experienced remission, 9% treated with antidepressants | Model 1 |
| Malakouti et al., (2015)31 | Iran (UMIC) | Uncontrolled Before-and-After Study | *Effectiveness*  Depression | Stepped Care Program  --After 1 year, suicide rate increased in one site and decreased in another site | Model 5 |
| Maulik et al., (2017)32 | India (LMIC) | Observational Study | *Effectiveness*  Depression | LHW-Delivered Psychotherapy  --Symptoms reduced significantly between start and end of intervention in depressed patients | Model 2 |
| Mertens et al., (2014)33 | South Africa (UMIC) | RCT | *Effectiveness*  Problematic  Alcohol Use | Nurse-Practitioner-Delivered Brief Motivational Intervention  --Rates of at-risk alcohol use did not differ between arms  -- Brief intervention patients had significant reduced ASSIST scores | Model 3 |
| Nadkarni et al., (2017)34 | India (LMIC) | RCT | *Effectiveness AND*  *Economic Evaluation / Cost Utility*  Problematic Alcohol Use | Lay Counselor-Delivered Psychotherapy  -- Combined intervention and EUC reduced drinking more than EUC alone  --Incremental cost per additional remission was $217 with an 85% chance of being cost-effective | Model 2 |
| Nakimuli-Mpungu et al., (2015)35 | Uganda (LIC) | RCT | *Effectiveness*  Depression in patients with HIV | Group Support Psychotherapy vs. Group Education  --At 3 months, no diff between psychotherapy and education arms  --At 6 months, psychotherapy arm had lower depression scores and higher function scores than education arm | Model 3 |
| Niemi et al., (2016)36 | Vietnam (LMIC) | RCT | *Effectiveness*  Depression | Nurse and GP-delivered Psychoeducation & Yoga  --Intervention group had significantly greater reduction in PHQ9 scores vs. control | Model 3 |
| Noknoy et al., (2010)37 | Thailand (UMIC) | RCT | *Effectiveness*  Problematic Alcohol Use | Nurse-Delivered Motivational Enhancement Therapy  --Self-reported drinking reduced in MET vs. control at 6 weeks, but no difference at 3 and 6 months | Model 3 |
| Oladeji et al., (2015)38 | Nigeria (LMIC) | RCT | *Effectiveness*  Depression | Stepped Care Program  --Severity of depression symptoms reduced more in intervention than usual care groups | Model 5 |
| Papas et al., (2011)39 | Kenya (LIC) | RCT | *Effectiveness*  Problematic alcohol use in patients with HIV | LHW-Delivered Psychotherapy  --Alcohol use reduced significantly from baseline in CBT patients, and alcohol abstinence was greater in CBT vs. controls | Model 2 |
| Patel et al., (2010)40 | India (LMIC) | RCT | *Effectiveness*  Depression | CCM  --Intervention patients were more likely to recover from CMD than controls at 6 months | Model 6 |
| Patel et al., (2011)41 | India (LMIC) | RCT | *Effectiveness*  Depression | CCM  --Decrease in prevalence of mental disorders, suicide attempts, days out of work and psychological morbidity in intervention vs. control groups in public facilities | Model 6 |
| Patel et al., (2017)42 | India (LMIC) | RCT | *Effectiveness AND*  *Economic Evaluation / Cost Utility*  Depression (Moderate to Severe) | Lay Counselor-Delivered Psychotherapy  --HAP and EUC was more effective for moderate/severe depression than EUC alone in PHCs  -- Incremental cost per QALY of $9,333 with 87% chance of being cost-effective | Model 2 |
| Peltzer et al., (2013)43 | South Africa (UMIC) | RCT | *Effectiveness*  Problematic alcohol use | Lay Counselor-Delivered Screening and BI  --Intervention and control (psychoeducation) reduced AUDIT scores for all groups  --No statistically significant effects | Model 2 |
| Petersen et al., (2012)44 | South Africa (UMIC) | Quasi-Experimental | *Effectiveness*  Depression | Lay Health Worker-Delivered Group-Based IPT  --Intervention arm had significant reduction in symptoms vs. control arm at 12 and 24 weeks | Model 2 |
| Petersen et al., (2014)45 | South Africa (UMIC) | RCT | *Effectiveness*  Depression in patients with HIV | Lay HIV-Counselor-Delivered Group-Based IPT  --PHQ9 scores improved significantly more in intervention than control patients | Model 2 |
| Pradeep et al., (2014)46 | India (LMIC) | RCT | *Effectiveness*  Depression in women | CCM  --No significant difference in severity or quality of life in intervention vs. EUC  --Intervention group stayed on treatment for longer duration than EUC controls | Model 6 |
| Rahman et al., (2008)47 | Pakistan (LMIC) | RCT | *Effectiveness*  Depression – Perinatal depression | LHW-Delivered CBT-Based Intervention  --At 6-month follow up, 23% of intervention group and 53% of controls met MDD criteria, difference maintained at 12 months | Model 2 |
| Rahman et al., (2016)48 | Pakistan (LMIC) | RCT | *Effectiveness*  Depression in conflict zones | LHW-Delivered Psychotherapy  --At 3 months, intervention group had significantly lower HADS scores vs. controls | Model 2 |
| Ramarumo et al., (2016)49 | South Africa (UMIC) | RCT | *Effectiveness*  Problematic Alcohol Use | Screening and Either BI or Educational Leaflet  -- No difference in alcohol consumption reduction between control and intervention arms | Model 3 |
| Rendall-Mkosi et al., (2013)50 | South Africa (UMIC) | RCT | *Effectiveness*  Problematic  alcohol use in pregnant women | LHW-Delivered MI  --MI intervention group was less at risk for AEP vs. controls at 3 month and 12 month follow-up | Model 2 |
| Rojas et al., (2007)51 | Chile (UMIC)\*\*\* | RCT | *Effectiveness* Depression in women | Multi-Faceted Stepped Care Intervention  --EPDS scores were lower for intervention vs. controls at 3 months and 6 months  --Fewer women took antidepressants at 3 months in intervention vs. control | Model 5 |
| Rojas et al., (2014)52 | Chile (UMIC)\*\*\* | Quasi-Experimental | *Effectiveness*  Depression | GP Access to Online Consultation Services and Patient Access to Telephone Monitoring Service  --BDI scores decreased significantly more in intervention vs. controls | Model 4 |
| Rotheram-Borus et al., (2015)53 | South Africa (UMIC) | RCT | *Effectiveness*  Depression AND  Problematic  alcohol use | Lay Health Worker Training/Home Visits  --Intervention mothers were less likely to report depressive symptoms than control mothers  --Better quality of life in intervention vs. controls at 36 months | Model 2 |
| Shidhaye et al., (2017)54 | India (LMIC) | Observational Study | *Effectiveness*  Depression in rural settings | Multidisciplinary Community-Based Mental Health Program  --Contact coverage was 6x greater after 18 months, and mental health literacy improved | Model 6 |
| Siskind et al., (2010)55 | Chile (UMIC)\*\*\* | Markov modelling using RCT data | *Economic Evaluation / Cost-Effectiveness*  Depression | Multi-Faceted Stepped Care Intervention  --Intervention ICER = 468/QALY vs. no treatment. Usual care ICER = $113/QALY vs. no treatment  --Very cost-effective given local GDP | Modelling methods for economic evaluation |
| Sorsdahl et al., (2015)56 | South Africa (UMIC) | Uncontrolled Before-and-After study | *Effectiveness*  Depression AND  Problematic  alcohol use in pregnant women | Nurse and Counselor-Delivered Screening and Psychotherapy  --At 3-month follow up, depression scores and self-reported tobacco use decreased significantly, but no change in alcohol and other drug use | Model 3 |
| Tomlinson et al. (2016)57 | South Africa (UMIC) | RCT | *Effectiveness*  Depression – Perinatal depression | LHW-Delivered Home Visits  --At 36 months, intervention mothers were less depressed than controls. Positive outcomes in offspring also found | Model 2 |
| Weiss et al., (2015)58 | Iraq (UMIC) | RCT | *Effectiveness*  Depression among survivors of violence | LHW-Delivered Counseling (CETA) vs. Cognitive Processing Therapy  --CETA had large effect size for all outcomes, CPT had moderate effect size for trauma and depression | Model 3 |

\* Publications associated with a public policy

\*\* The World Bank Group reclassified Saudi Arabia as a HIC in 2004

\*\*\* The World Bank Group reclassified Chile as a HIC in 2012

\*\*\*\* Country level of income when study data was collected

Abbreviations:

Scales: PHQ9 = Patient Health Questionnaire, HAMD = Hamilton Depression Rating Scale, AUDIT = Alcohol Use Disorders Identification Test, SSQ = Shona Symptom Questionnaire, EPDS = Edinburgh Postnatal Depression Scale, HADS = Hospital Anxiety and Depression Scale, SF-36 = Short Form Health Survey

Staff: PHW = Primary Health Workers, LHW = Lay Health Workers, PHC = Primary Health Centers

Country level of income: LIC = Low-Income Country, LMIC = Lower Middle-Income Country, UMIC = Upper Middle-Income Country, HIC = High-Income Country

Study design: RCT = Randomized Controlled Trial, EUC = Enhanced Usual Care

Medicines: TCA = Tricyclic Antidepressants, SSRI = Selective Serotonin Reuptake Inhibitor

Therapies: ASSIST = Alcohol, Smoking, and Substance Involvement Screening Test, HAP = Healthy Activity Program, IPT = Interpersonal Therapy, CBT = Cognitive Behavioral Therapy, CPT = Cognitive Processing Therapy, PST = Problem-solving Therapy, CETA = Common Elements Treatment Approach, MI = Motivational Interviewing, MET = Motivational Enhancement Therapy, BI = Brief Intervention, SA= Simple Advice, CCM = Collaborative Care Model

Economic evaluation: QALY = Quality-Adjusted Life Year

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