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| --- | --- | --- | --- | --- | --- |
| **Author (Year)** | **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*Problematicalcohol 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*ProblematicAlcohol 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* Problematicalcohol 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 Problematicalcohol 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 Problematicalcohol 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  |

**Table 3**

Description of included studies

\* 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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