**Supplementary Table 5: PM+ Effectiveness analysis**

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| **Study** | **Effect sizes analyses across different covariates** |
| **Study outcomes *(bolded are primary outcomes) only significant values are given*** | **Study population** | **Delivery modality**  | **Gender of PM+ clients** |
| 1. Bryant, R. A., et al. (2022).
 | **Anxiety = 0.4;** **Depression = 0.4;**Worry = 0.3; Anhedonia = -0.4;Positive mood of PANAS = -0.6;Negative mood of PANAS = 0.3;COVID-19 related fears = 0.3; Xenophobic fears = 0.3;Contamination fears = 0.3;  | Adults distressed by COVID-19 in the community (84% women) | Group-based PM+ delivered via videoconferencing  | Results not aggregated by gender |
| 1. Mediavilla, R., et al. (2023)
 | **Anxiety/depression = 0.8**; Depression = 0.8; Anxiety = 0.6; Posttraumatic stress = 0.5;  | Healthcare workers with psychological distress during the COVID pandemic (86% women) | Remote delivery (weekly phone-based or message-based) | Results not aggregated by gender |
| 1. Bryant, R. A., et al. (2017).
 | **Psychological distress = 0.6**; functional impairment = 0.3Posttraumatic stress = 0.2Personally identified problems = 0.7; Stressful life events = Health service utilization =  | Women who had experienced gender-based violence  | Individual PM+ delivered face to face | All participants were women.  |
| 1. Rahman, A., et al. (2016).
 | **Anxiety/depression symptoms** = 0.8;posttraumatic stress = 0.6;functional impairment = 0.7;personally identified problems = 0.3;depressive symptoms = 0.7 | Adult primary care attendees with high levels of both psychological distress and functional impairment in a conflict affected area (79% women) | Individual PM+ delivered face to face | Results not aggregated by gender |
| 1. De Graaff, A. M., et al. (2020).
 | **Depression/anxiety = 0.6**; Functional impairment = 0.7Posttraumatic stress = 0.7 Self-identified problems = 0.8 | Syrian refugees with elevated psychological distress (60% women) | Individual-based PM+ delivered face-to-face | Study did not evaluate gender-specific effects |
| 1. Study
 | **Study outcomes *(bolded are primary outcomes) only significant values are given*** | **Study population** | **Delivery modality**  | **Gender of PM+ clients** |
| 1. De Graaff, A. M., et al. (2023).
 | **Depression/anxiety = 0.4**;Anxiety = 0.3;Depression = 0.4; Posttraumatic stress = 0.4; Personally identified problems = 0.3 | Syrian refugees with elevated psychological distress and reduced psychosocial functioning (38% women) | Individual PM+ (with option of in person or video call) | Study did not evaluate gender-specific effects |
| 1. Bryant, R. A., et al. (2022).
 | **Depression = 0.4**;Personally identified problems = 0.5; Parenting behaviour = 0.7 | Syrian refugees (73% women) | Group PM+ delivered face-to-face | Results not aggregated by gender |
| 1. Jordans, M. J., et al. (2021).
 | **Psychological distress** = 0.2  | Adults with high levels of psychological distress and functional impairment in a disaster-prone setting (82% women) | Group PM+ delivered face-to-face | Study did not evaluate gender-specific effects |
| 1. Rahman, A., et al. (2019).
 | **Depression/anxiety = 0.6**; Anxiety = 0.6; Depression = 0.5; Functional impairment = 0.4; Personally identified problems = 0.4 | Adult women in a post-conflict setting | Group PM+ delivered face-to-face | All participants were women. |
| 1. Bryant, R. A., et al. (2022).
 | Positive parenting = -0.4 | Syrian refugees screening positive for distress and impaired functioning (70% women) | Group PM+ delivered face-to-face | Study did not evaluate gender-specific effects |
| 1. Tay, Alvin Kuowei, et al., 2020
 | **Post-traumatic stress disorder (PTSD) = 0.9****Complex PTSD = 1.02****Major depressive disorder = 1.1****Resilience** = 0.2Anxiety symptoms = 1.2Persistent Complex Bereavement Disorder = 0.3  | Rohingya, Chin, and Kachin refugees living in Malaysia (72% men) | Individual CBT delivered face-to-face  | Study did not evaluate gender-specific effects |
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