### 1. Administrative information

1. **Study title**
2. **Publication year**
3. **Author(s)**
4. **Type of review**
   - Effectiveness review with meta-analysis — a review that provides effectiveness through pooled effect sizes for either subgroups or overall group
   - Effectiveness review with narrative synthesis — a review that describes effectiveness without pooling of data
   - Mixed review — quantitative & qualitative studies — a review of both qualitative and quantitative studies systematically drawn together to present evidence on a particular issue
   - Qualitative evidence synthesis — a review of systematic syntheses of qualitative evidence which normally reports perceptions, opinions or experiences
   - Realist review — a review that examines the theories that explain why an intervention works, for whom and in what circumstances
   - Systematic narrative synthesis — a review that can consider any topic that is not effectiveness or perceptions/experiences
   - Other reviews: ____________________

**Specify the review**

### Key information to extract from each included systematic review

#### 2. Region/Population

1. **Regions**
   - sub-Saharan Africa
   - Middle East & North Africa
   - Latin America & Caribbean
   - East Asia & Pacific
   - South Asia
   - Europe & Central Asia
   - North America
   - LIC
   - LMIC
   - UMIC
   - HIC
   - All

   *As per World Bank 2018*
   *Possible to select one or more*

2. **South Africa**
   - Yes
   - No

3. **Country(ies)**
   - **State country and/or city**

4. **Target group**
   - **State which SMI or which group of condition**
   - Serious mental illness (schizophrenia, major depression, severe anxiety, bipolar disorder etc)
   - Mild-Moderate illness (depression, anxiety)

**INTERVENTION EVIDENCE**
Intervention focus

Note: You can tick more than one if the study reports multiple relevant interventions

- **Specialised community-based services**
  (interventions run by specialists but located in the community)
  - Community mental health teams/ACT/other
  - Day hospital/clinic

- **Integration of Care/Collaborative interventions**
  (any model of care where different cadres of health workers collaborate, or where physical and mental health care is provided in an integrated way)
  - Care models
  - Case management
  - Community interventions
  - Consultation liaison
  - Interprofessional collaboration
  - Shared patient healthcare worker decision-making

- **Task-shifting/Sharing approaches**
  (where less skilled / trained cadre take on tasks normally carried out by more highly trained staff)
  - Task-shifting for mental health needs
  - Task-shifting for physical needs of mentally ill

- **E-health interventions**
  (any intervention that involves internet based technology – the rationale is that such technologies will relieve some of the workload of PHC staff)
  - Information/technology
  - M-health
  - Telemedicine
  - Web-based therapy

- **Group therapy vs. individual therapy**
  (as group therapy allows one health care worker to support several patients at once this could potentially relieve the workload of PHC staff)

- **Strategies that empower families, carers and patients**
  (enlisting families, carers and patients may improve outcomes, and relieve PHC staff)
  - Addressing care-giver burden
  - Community residential/day centres
  - Counselling
  - Healthy lifestyle interventions
Psychosocial interventions
Psychoeducation
Psychotherapy
Self-help interventions
Support groups
Vocational interventions
Financial incentives

Psychotherapy & psychosocial interventions vs./in combination with pharmacotherapy
(the balance between psychosocial and pharmacotherapy has implications for human resource and costs at PHC level as well as patient outcomes)

Early detection and preventative strategies
(early detection, prevention and screening strategies all have implications for patient outcomes as well as cost implications)
Identifying high-risk individuals
Strategies for prevention
Screening tools for early detection

Systemic strategies that may change provider behaviour and strengthen the quality of care
Strategies to strengthen adherence to clinical guidelines
Monitoring framework for process or patient outcomes
Financial incentive framework for providers
Improved data collection on mental illness at PHC

OUTCOMES
Note: You can tick more than one if the study reports multiple relevant outcomes
Hospital admissions
Adherence in care & treatment/retention in care
Staff knowledge/skills
Psychiatric/clinical symptoms outcomes
Functional/Quality of life outcomes
Cost-effective outcomes
Family/societal outcomes
Feasibility, acceptability, safety, & usability
Waiting times & Scheduling of appointments
Others: ______________ Specify them

Quality Score
High quality (7-10)
Medium quality (3-6)
Low quality (0-2)