Supplementary Table 1: Criteria for determining minimally adequate care

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| Detection of depression | Treatment of depression |
| *Included:*   * Diagnosis of depression * Diagnosis of anxiety stress * Diagnosis of bipolar   *Excluded:*   * Diagnosis of insomnia, tension headache, stress, headache, behavioral problem, mental disorder, psychiatric problem   schizophrenia, epilepsy, bipolar, central nervous system problem | *Included:*   * Prescription of fluoxetine, amitriptyline or other antidepressant, regardless of dosage * Referral to a mental health specialist * “Advice on stress” and “education” included only when there is a depression diagnosis * Amitriptyline prescription included only when there is a diagnosis * Counselling or talking treatment included only when there is a diagnosis * Providing advice (psycho-education) on coping strategies for depression (e.g. activating, healthy life-style) * Healthy Activity Program (HAP)   *Excluded:*   * Diazepam without an anti-depressant (SSRI or TCA) * Antipsychotic without an anti-depressant (SSRI or TCA) * Non-specific referrals (e.g. "hospital") |
| Detection of AUD | Treatment of AUD |
| *Included:*   * Diagnosis of AUD or drinking problem   *Excluded:*   * Drug abuse or other substance use problems | *Included:*   * Referral to a mental health or addictions specialist * Diazepam included only when there is a diagnosis AND thiamin/Vitamin B is given. * Vitamin B included only when there is a diagnosis * Counselling or talking treatment included only when there is a diagnosis * Providing advice (psycho-education) on coping strategies/ motivational interviewing for AUD (e.g. reducing intake, preventing situations that lead to intake) * Counseling for Alcohol Problems (CAP)   *Excluded:*   * Non-specific referrals (e.g. "hospital") * Only diazepam |