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")
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| 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
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