Criteria used to grade the quality of evidence in the GRADE evidence tables

Rating of Evidence	Definition
High⊕⊕⊕⊕	Very confident that the true effect lies close to that of the estimate of the effect
Moderate ⊕⊕⊕⊖	Moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
	Confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
Very Low ⊕○○○	Very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

Table 1: Screening and Advice/Referral vs. Screening and CAU/WLC/No Intervention

		Cei	rtainty assessn	nent			Nº of pat	tients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% CI)	Absolute (95% Cl)	Certainty	Importance
Mental	Health Sympt	oms & Disorders										
3	Randomised Trials	Serious ¹	Not serious	Not serious	Serious ²	None	205	238	Averaging acros health outcome taking the long point in each tr SMD = -0.07 [-C	e measures and est follow-up ial, Pooled	⊕⊕⊖⊖ Low	CRITICAL

¹ This has been rated as serious as one of three trials had high risk of bias, two had some concerns of bias.

² This has been rated as serious as there were only three small trials, one trial assessing psychological distress, others collapsing between outcome measures (i.e., depression, anxiety). Wide CIs around pooled effect.

		Cei	rtainty assessn	ıent			Nº of pa			ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
User Sa	tisfaction											
2	Randomised Trials	Serious ³	Not serious	Very Serious ⁴	Serious⁵	None	2786	77	referred after s 41%, while 13% participants re- feedback differ would or would appreciate to b offered the scr intervention in Another trial re 76% found the	h interventions creening was 6 of borted wanting ently. 79% d maybe be periodically eening the future. eported that screening formative, 65% t was very or ful, and 47% e system visit time with	⊕○○○ VERY LOW	CRITICAL

³ This has been rated as serious as the risk of bias results showed one trial had some-concerns and the other with high risk of bias.

⁴ This has been rated as very serious as one trial used a study specific survey, not a validated user satisfaction measure. Also limited number of participants who gave user satisfaction data.

⁵ This has been rated as serious as results not able to be quantitatively assessed. Only proportions from limited samples provided.

⁶ One trial only gathered user satisfaction data from intervention group only, thus the imbalance in N between intervention and control.

		Cer	tainty assessn	nent			Nº of pat	tients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% CI)	Absolute (95% Cl)	Certainty	Importance
Work-r	elated Outcom	nes – Sickness Abse	ence									
37	Randomised Trials	Serious ⁸	Serious ⁹	Not serious	Serious ¹⁰	None	435	814	At 5-mo follow reports the odd absence in the group being 1.2 greater than th group. Another differences bet on sickness abs at 12-month fo Combining thes resulted in a PC 0.06 [-0.22 to 0 found borderlin significantly dif mean days of s absence at long up (5-years) wir favouring the in	Is of sickness intervention 40 times e control trial found no ween groups ence duration llow up. se trials boled SMD = .34]. One trial he statistically ference in ickness g-term follow th a trend	⊕⊖⊖⊖ VERY LOW	CRITICAL

9 This has been rated as serious as one trial found no effect and another found a negative effect of intervention on sickness absence, and I²= 75.88, indicating substantial heterogeneity. 10 This has been rated as serious due to wide confidence intervals that include the null hypothesis.

^{7 3} different articles, 2 reporting data from the same trial (short (12-mo) and long term (2-5 year) follow-up).

⁸ This has been rated as serious as trials scored high on risk of bias assessment.

I		Cer	rtainty assessm	ient			Nº of pat	tients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Work-re	elated Outcon	nes										
4	Randomised Trials	Serious ¹¹	Very Serious ¹²	Serious ¹³	Serious ¹⁴	None	624	995	Pooled analysis work functionin found a signific favouring inter (Pooled SMD = -0.04]) at 3-mo which was main month follow u = -0.27 [-0.49 to month follow-u found producti significantly be control conditio 0.19 [-0.36 to -1 12-month follo trial found no c between group satisfaction (SM 0.19 to 0.63]). I the effect on po outcomes was 0.36].	ng (2 trials) ant decrease vention -0.26 [-0.48 to nth follow up, ntained at 6- up (Pooled SMD o -0.05]). At 5- up another trial vity to be tter in the on (SMD = - 0.02], while at w-up another lifference is on job AD = 0.22 [- Pooling these, ositive work	⊕⊖⊖⊖ VERY LOW	CRITICAL

¹¹ This has been rated as serious as two out of four trials had high risk of bias.

¹² This has been rated as very serious as one trial showed a positive effect, two trials showed no effect, one trial showed a negative effect.

¹³ This has been rated as serious as all data were self-reporting of different outcomes.

¹⁴ This has been rated as serious due to wide confidence intervals and effect sizes range from small to moderate effect.

		Cer	rtainty assessn	nent			Nº of pa	tients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% CI)	Certainty	Importance
Adverse	e Effects											
-	Randomised Trials	-	-	-	-	-	-	-		-	-	IMPORTANT
Positive	Mental Health					I			I			
2	Randomised Trials	Serious ¹⁵	Not serious	Not serious	Serious ¹⁶	None	120	122	Taking the longest follow-up point in each trial, Pooled SMD = 0.06 [-0.20 to 0.31]		⊕⊕⊖⊖ Low	IMPORTANT
Quality	of Life & Functio	ning				1						
1	Randomised Trials	Serious ¹⁷	Not serious	Not serious	Very Serious ¹⁸	None	303	683	No effect of reported, but da	intervention ta not presented.	⊕○○○ VERY LOW	IMPORTANT
Help-se	eking		1			I		I				I

¹⁷ Trial rated with high risk of bias on RoB assessment.

¹⁵ 1 trial had overall high risk of bias and another had overall some concerns of bias.

¹⁶ Wide CIs reported in all studies. Only two small trials.

¹⁸ Data not reported thus width of CI or other indices of imprecision cannot be determined.

		Cer	tainty assessn	nent			Nº of pa	tients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
1	Randomised Trials	Not serious	Not serious	Serious ¹⁹	Serious ²⁰	None	191	188	statistically sig of study-g interaction of behaviour (SM to 0.62]) at 3 up. Howey attenuated at	nd a found a gnificant effect group time help-seeking 1D = 0.32 [0.02 month follow er this was 5-months (SMD 49 to 0.13]).	€⊕⊖⊖	IMPORTANT

¹⁹ This has been rated as serious due to self-report assessment of visiting at least 1 of 11 caregivers (ranging from formal sources i.e., psychologists, to a supervisor or coach). 20 This has been rated as serious due to wide confidence interval calculated using raw data.

Table 2: Screening and Treatment/Intervention vs. Screening and CAU/WLC/No Intervention

		Ce	ertainty assessm	ent			Nº of pati	ients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Mental	Health Symptor	ns & Disorders										
4	Randomised Trials	Serious ¹	Serious ²	Not serious	Not serious	None	592	605	Averaging acro health outcom and taking the up point in eac SMD = -0.22 [-0	e measures longest follow- h trial, Pooled	⊕⊕⊖⊖ Low	CRITICAL

 $^{^1}$ One of four trials had high risk of bias, two had some low risk of bias. 2 Rated as serious as moderate heterogeneity was observed (l² = 57.59%)

		Ce	ertainty assessm	ent			Nº of pati	ients				
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% CI)	Absolute (95% Cl)	Certainty	Importance
User Sat	isfaction											
1	Randomised Trials	Not serious	Not serious	Very Serious ³	Serious ⁴	None	1785	0	et al. (2014) st: health interver from 82) of par reported want differently. 0% participants fer mental health helped improv	nts from Boiler arted the e- ntions. 17% (14 rticipants ing feedback (0 from 4) It following e- intervention e their mental nctioning. 33% ould be periodically eening	⊕⊖⊖⊖ VERY LOW	CRITICAL

³ Trial used a study specific survey that was not thoroughly explained, not a validated user satisfaction measure. Also limited number of participants who gave user satisfaction data.

⁴ Results not able to be quantitatively assessed between groups. Only proportions from limited samples provided.

⁵ Trial gathered user satisfaction data from intervention group only, thus the imbalance in N between intervention and control.

		Ce	rtainty assessm	ent			Nº of pat	ients	Eff	fect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Work-re	lated Outcome	s – Sickness Absence										
26	Randomised Trials	Serious ⁷	Not serious	Not serious	Very Serious ⁸	None	69	70	Significant inte on sickness abs at 12-months (0.71 to -0.04]) maintained at 1 up (SMD = 0.11 0.55]).	SMD = -0.38 [- not 5-year follow-	⊕○○○ VERY LOW	CRITICAL

⁶ 2 different articles but 1 trial, each paper reporting data from the same trial (short (12-mo) and long term (2-5 year) follow-up).

⁷ Trial scored high on risk of bias assessment.

⁸ This has been rated as very serious as there was only one small trial with small sample size (N<200), and wide confidence intervals observed.

		Ce	ertainty assessm	ent			Nº of pati	ients	Eff	ect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Work-re	lated Outcome	5										
3	Randomised Trials	Serious ⁹	Very Serious ¹⁰	Serious ¹¹	Serious ¹²	None	523	535	Pooled interve positively valar related outcon measures inclu productivity, jc work ability, ar engagement) t follow-up from was SMD = 0.2 0.52].	nced work- nes (combined ding ob satisfaction, nd aking longest e each study	⊕○○○ VERY LOW	CRITICAL

⁹ One from three trials had high risk of bias, the other two had low risk of bias.

¹⁰ One trial found no effect and two found positive effects and I²= 75.88, indicating substantial heterogeneity.

¹¹ All self-report data assessing different outcomes.

¹² Wide confidence intervals, effect sizes range from null to moderate effect.

		Ce	ertainty assessm	ent			Nº of pati	ients	Eff	fect		
Nº of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Intervention	Control	Relative (95% Cl)	Absolute (95% Cl)	Certainty	Importance
Adverse	Effects											
-	Randomised Trials	-	-	-	-	-	-	-		-	-	IMPORTANT
Positive	Mental Health		I	I	L		L	1	I		L	I
2	Randomised Trials	Serious ¹³	Not serious	Not serious	Serious ¹⁴	None	219	235	Taking the longest follow-up point in each trial, Pooled SMD = 0.14 [-0.04 to 0.33]		⊕⊕⊖⊖ Low	IMPORTANT
Quality	of Life & Functio	oning	I	I	L		L	1	I		I	I
1	Randomised Trials	Serious ¹⁵	Not serious	Not serious	Very Serious ¹⁶	None	303	683	reported, b	intervention out data not ented.	⊕⊖⊖⊖ VERY LOW	IMPORTANT
Help-see	eking		1	1	1		1	1	1			1
-	Randomised Trials	-	-	-	-	-	-	-		-	-	IMPORTANT

¹³ One trial had overall high risk of bias and another had low risk of bias.

¹⁴ Wide confidence intervals observed crossing the null.

¹⁵ Trial rated with high risk of bias on RoB assessment.

¹⁶ Data not reported thus width of CI or other indices of imprecision cannot be determined.