Supplemental Table 2 Barriers, facilitators, and characteristics of included review articles												
Barriers, facilitat	ors, and characte	ristics of include	d review articles	1	1							
Ganasen et al. (2008)	LMIC	General	Mental health literacy	Mental health services		Non- systematic review	Knowledge/attitudes/beliefs	?	Mental health literacy (+)	+	Delivery of care	
									Lack of funding (-)	-	Availability of services	
							Lack of expert input by mental health providers on the organization of mental health care at the public health level	+	Limited government representation for mental health (-)	+	Availability of services	
									Limited government prioritization of mental health services (-)	-	Availability of services	
Objektive o				M 4 - 1 h 144-					Limited training of primary care providers (-)	+	Limited identification and access to services	
Chahine & Chemali (2009) ²¹	Lebanon	General	Mental disorders	Mental health services and policy		Review			Time constraints in medical and nursing training programs (-)	+	Limited mental health providers/capacity	
									Awareness of mental health problems (+)	+	Help-seeking	
						ĺ			Stigma (-)	-	Help-seeking	
						ĺ			Provider stigma (-)	-	Delivery of care	
									Lack of time to treat mental disorder in primary care (-)	-	Delivery of care	
							Stigma	+	Under-detection of mental disorders for patients presenting with somatic complaints (-)	+	Limited identification	
									Lack of human resources (-)	-	Access to care	
Keshavan et	India	General	Psychotic	Schizo- phrenia	Early intervention	Literature			Integration of MHPSS interventions into primary care and existing referral networks (+)	+	Access to care	
al. (2010) ²²			disorder	treatment	,	review			Lack of awareness about mental health problems/care (-)	-	Utilization	
									Stigma (-)	-	Utilization	
Eaton et al. (2011) ²³	LMIC	General	Mental disorders	Mental health services	Scale-up	Systematic review	Leader's awareness of mental health needs	+	Low prioritization (-)	+	Development of mental health services/programs/policy	
							Advocacy (strong stakeholder advocacy groups, allocate responsibility for implementation of plans, local management structures)	+	Government commitment (+)	+	Effective policies	
									Absence of mental health policy/program (-)	-	Implementation	
Patel et al.			Mental	Mental health and		Literature review +			Absence of mental health policy/program (-)	-	Scaling up mental health services	
(2011) ²⁴	Humanitarian	General	disorders	psychosocial support		expert meeting			Mental health policies/programs without feasible plans or resource commitments (-)	<u> </u>	Inadequate implementation of mental health programs	
									Trainee's available time for trainings/work (+)			
									Duration of trianing and ongoing supervision (+)			
									M&E data (+)	+	Government engagement & support	
									Identifying champions/leaders (+)	+	Sustainability	

								Identifying champions/leaders (+)	+	Effectiveness
						Accreditation of providers	+	Government/donor support	+	Sustainability
					•			Migration/population mobility (-)	-	Retention/delivery of services
								Limited focus on specialized/formal mental health services (-)	-	Absence of MH promotion, broader psychosocial wellbeing
					•			Community engagement (+)	+	Acceptability
								Flexible interventions (+)	+	Incorporation of traditional healing practices, range of needs, adapt to change over time
						Low mental health literacy (-)	-	Low perceived need for treatment (-)	-	Help-seeking
O d - b l - d			Mandal	Mandal Incalib		Community attitudes toward MH	?	Stigma (-)		
Sorsdahl et al. (2012) ²⁵	South Africa	General	Mental disorders	Mental health services	Review			Engagement of traditional healers (+)		
								M&E data on effectiveness (+)	+	Political prioritization/health system changes
			Mental health services ignoring cultural values	+	Preference for traditional networks for mental health support (-)	-	Utilization			
						Beliefs/values related to gender	?	Limited female decision- making power (e.g., male partner needs to be present in order to receive services)(-	-	Access to care
						Beliefs/values related to gender	?	Male problems not seen as requiring specialized care (-)	-	Utilization
						Engaging in treatment	+	Stigma (patient and family)(-)	-	Utilization
								Explanatory models of mental disorder (-)	?	Utilization
								Language and translation (differences between providers and patients)(-)	-	Effectiveness (misdiagnosis, poor communication, lack of understanding of presentation)
								Financial barriers (-)		Access
Gearing et al.			Mental	Mental health	Systematic			Insufficient local transportation (-)	-	Access
(2013) ²⁶	Middle East	General	disorders	services	review	Language and translation (differences between providers and patients)(-)	+	Misdiagnosis (-)	-	Access
								Lack of community-based service providers (-)	+	Availability
								Insufficient resources to provide services (-)	-	Availability
								Client understanding of diagnosis and expectations of treatment (+)	+	Adherence
					Cultural acceptability (+)	+	Adherence			
						Involvement of local stakeholders/formative research	+	Therapeutic alliance/trust (+) Adapted interventions (+)	+	Adherence Acceptability
						.55541011		Buy-in/support from community leaders (+)	+	Acceptability
								partnerships with governments (+)	+	Acceptability
						Public awareness and education campaigns	+	Public awareness/knowledge (+)	+	Acceptability

Pour community								Public awareness and	+	Public awareness/knowledge	+	Utilization
Padmenathan Augustian Au								education campaigns	Ė		+	
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Padmanathan & De Silva												
Converting of the control of the c		LMIC	General			Task sharing				system meetings/procedures	+	Organization of services
Chowdhary et al. (2014)**	$(2013)^{27}$			alsoraers	services	_	review	Lack of funding (-)	+		-	Feasibility
Period pay Foot pa								Low literacy/education	+	requirements (-)	+	Workforce shortages
Provider complete the complete of the comple								Poor pay	+	of MH providers (-)		
Training and supervision Provider competency (*) Training and supervision Provider competency (*) Provider burnout/workload training in providers/other required stakes (*) Provider burnout/workload training in providers/other required stakes (*) Providing MH support not protected as added of providers/other required stakes (*) Providing MH support not protected as added of provider (*) Providing MH support not protected as added of provider (*) Providing MH support not protected as added of protected as added of provider (*) Providing MH support not protected as added of protected as added of infrastructure (*) Providing MH support not protected as added of infrastructure (*) Providing MH support not protected as added of infrastructure (*) Providing MH support not protected as added of infrastructure (*) Providing MH support not protected as added of infrastructure (*) Provider support (*) Prov								Family responsibilities	+			
Brian & Bern- Chowdhary et al. (2014)** LMIC Perinatal Depression Peychological interventions Task-sharing Peychological interventions Task-sharing Peychological interventions Task-sharing Peychological interventions Pey								Training and supervision	-			
Brian & Ben- Zeev (2014)*** Asia General Mental disorders								Training and Supervision	Ť			
Brian & Ben- Zeev (2014) ²⁸ Asia General Mental disorders Mental health services Appropriate translation of interventions interventions assessment methods Singma () Depression Peychological interventions Perinatal Depression Peychological al. (2014) ²⁸ Joshi et al. (2014) ²⁸ Brooke- Summer et al. (2015) ³¹ LMIC General Mental Gisorders Mental health services Mental health services Telemental health Review Telemental health Review Appropriate translation of interventions infrastructure (*) Appropriate translation of interventions infrastructure (*) Lack of private spaces/poor infratructure (*) Saligna (*) Lack of private spaces/poor infratructure (*) Sligna (*) Signa (*) Lack of private spaces/poor infratructure (*) Sligna (*) Signa (*) Feduced efficiency of service delivery High caseload + Provider burnout (*) + Reduced efficiency of service delivery Joshi et al. (2014) ²⁸ LMIC General Mental disorders Amental health case spaces are through assessment methods Simple Interventions/adapted interventions/adapted interventions/adapted intervention (*) Low education of participants (*) Delivery of care through lask-sharing Low education of participants (*) Low education of participants (*) Low education of participants (*) Easibility Acceptability Acceptability Acceptability										providers/other required	-	Provider burnout/workload
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Chowdhary et al. (2014)36 LMIC Perinatal Depression Psychological interventions Psyc		Asia	General			Telemental health	Review				-	Utilization
Chowdhary et al. (2014) ³⁰ LMIC Perinatal Depression Psychological interventions Psychological interventions Psychological interventions Task-sharing Task-sharing Systematic review Frovider training with assessment methods Simple interventions/adapted interventions/adapted interventions Brooke- Summer et al. (2015) ³¹ LMIC General Mental General Mental Force Fo									+	Cultural acceptability (+)		
Chowdhary et al. (2014) ³⁰ LMIC Perinatal Depression Depression Depression Depression Depression Psychological interventions Task-sharing Task-sharing Task-sharing Depression Depression Depression Depression Depression Depression Depression Psychological interventions Task-sharing Depression De								Cost	+			
Chowdhary et al. (2014) ²⁹ LMIC Perinatal Depression Perinatal Depression Perinatal Depression Perinatal Perinatal Depression Perinatal Perinatal Perinatal Depression Perinatal Perinatal Perinatal Depression Perinatal Perination Perinder Perinder training with assessment methods Simple Perinder training with assessment methods Simple Perinder training with assessment methods Staff retention (+) Delivery of care through task-sharing Low education of participants (-) Perinatal Per								Task-sharing	-	services (-)	+	Sustainability at scale
al. (2014) ²⁶ LMIC Pernatal Depression interventions Interven										infratructure (-)		
Provider burnout (-) Service delivery		LMIC	Perinatal	Depression		Task-sharing						
Provider training with assessment methods Provider training with assessment methods Provider training with assessment methods Provider competency								Library and the second second	+-	Descrides become sect ()	 	Reduced efficiency of
A general Brooke-Sumner et al. (2015)31 Brooke-Sumner et al.								•	+	Provider burnout (-)	+	
Joshi et al. (2014) ³⁰ HIC General Mental disorders Task-sharing Systematic review Appropriateness/fit (+) + Acceptability								assessment methods	+	Provider competency		
Joshi et al. (2014) ³⁰ LMIC General Mental disorders Mental health care Task-sharing Systematic review Irregular medicine supply (-) Low education of participants (-) Schizo-phrenia Psychosocial interventions Systematic review Systematic review LMIC General Mental health care Task-sharing Systematic review Limited resources (-) Limited resources (-) Lack of appreciation of intervention of flects (-) Acceptability Appropriateness/fit (+) Appropriateness/fit (+) Appropriateness/fit (+) Appropriateness/fit (+) Appropriateness/fit (+) LMIC Ask-sharing Low education of participants (-) Feasibility Logistical complications (-) Feasibility Acceptability									+	Task-sharing (+)		
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Brooke- Sumner et al. (2015)31 LMIC General Schizo- phrenia Psychosocial interventions Systematic review Systematic review Systematic review Systematic review Systematic review Systematic review Appropriateness/fit (+) + Acceptability Appropriateness/fit (+) + Acceptability	(2014)33			aisoraers	care	, , ,	review		_	,	-	
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									-		<u> </u>	
								 	+	Appropriateness/fit (+) Fit of health worker (+)	+	Acceptability

								T	Early involvement of healers	+	Early intervention
									Transportation and	+	•
Duma 9					Traditional/reliaious	Customestic			geographical proximity (-)	+	Access to care
Burns & Tomita	Africa	General	Mental	Mental health	Traditional/religious healers as pathways to	Systematic review and			Treatment cost (-)	-	Access to care
(2015) ³²	Airioa	Ochciai	disorders	services	care	meta-analysis			Long wait times (-)	-	Access to care
(2010)					Garo	mote unaryor			Limited mental health providers/capacity (-)	-	Access to care
									Stigma (-)	-	Help-seeking
									Demand for services (+)	-	Provider dissatisfaction
									Demand for services (+)	+	Provider workload
									Limited number of providers (-)	+	Provider dissatisfaction
									Limited number of providers (-)	+	Provider workload
									Poor infrastructure (-)	+	Provider dissatisfaction
									Poor infrastructure (-)	+	Provider workload
da Costa et	Brazil	General	Mental	Mental health		Review			Insufficient professional information (-)	+	Provider dissatisfaction
al. (2015) ³³	Diazii	General	disorders	services		IVeview			Insufficient professional information (-)	+	Provider workload
									Provider dissatisfaction (-)	+	Poor professional motivation
									Provider workload (-)	+	Poor professional motivation
									Provider dissatisfaction (-)	+	Poor orgnaization of services
									Provider workload (-)	+	Poor orgnaization of services
									Limited human resources (-)	-	Sustainable health systems
									Distance to health facility with trained mental health personnel(-)	,	Access
									Weak referral system (-)		
				Western					Medication supply (+)		
Kopinak (2015) ³⁴	Uganda	General	Mental disorders	mental health		Literature review			Supervision (+)		
(2015)			disorders	services		review			Monitoring and evaluation (+)	+	Dissemination of effective practices/feedback
							Language and translation (differences between providers and patients)(-)	-	Trust (+)	+	Effectiveness
							Poor governance and accountability	+	Absenteeism (-)	+	Loss of financial resources
							Shortage of mental health specialists	-	Supervision (+)		
			ĺ]	Technology	+	Supervision (+)		-
									Poor infrastructure (-)	-	Community expectations and contemporary standards not met (acceptability)
Maukera &			l			Literature and			Stigma (-)		
Blignault	Solomon Islands	General	Mental disorders	Mental health		document		<u> </u>	Low political prioritization (-)	\vdash	
(2015) ³⁵	isiarius		uisorders	services		review			Integration of MHPSS interventions into primary care and existing referral		
									networks (+)		
									Strengthening family and community support systems (+)	+	Utilizing traditional leaders and healers for support
									Lack of mental health data (-)	-	Informed decision-making and policies
Liu et al. (2016) ³⁶	Africa	General	Mental disorders	Mental health services	Task-sharing; building capacity among health workers	Systematic review			Training (+)	+	Attitudes/knowledge about mental health
	· ·								Training (+)	+	Delivery of care

Communication			Mental	Mantal haalth	Service user and	Custometic	Grassroots public health action	-	Power imbalances (-)	-	Limited engagement of service users
Semrau et al. (2016) ³⁷	LMIC	General	Mental disorders	Mental health care	caregiver involvement in mental health systems strengthening	Systematic review			Engagement of service users/carers in policymaking (+)	+	Equitable care/avoid marginalization
			Stigma				Stigma (-)	+	Low quality of care (-)	+	Low retention/help-seeking
Thornicroft et al. (2016) ³⁸	Global	General	against mental disorder	Mental health services	Stigma reduction interventions	Narrative review	Community attitudes toward MH	?	Stigma (-)		
							Complex psychosocial interventions	+	High cost of service delivery	-	Implementation
									Shortage of MH providers (-)	-	Delivery of care
							Deinstitutionalization	+	Community-based care (+)	+	Decentralization
Weinmann & Koesters (2016) ³⁹	LMIC	General	Mental disorders	Mental health services		Review	Stigma (-)	+	Somatization and unique expressions of mental disorder (-)	-	Detection
(2010)							Stigma (-)	+	Somatization and unique expressions of mental disorder (-)	-	Help-seeking
									Low political prioritization (-)	+	Limited funding/mental health budget
De Kock & Pillay (2017) ⁴⁰	South Africa	Psychiatrists	Availability of psychiatrists	Mental health providers		Literature review			Few mental health specialists (-)		
									Dependence on a specific		
									cadre of health workers (-) Low motivation of providers (-		
)		
									Low capacity of providers for		
									additional responsibilities (-)		
									High level of supervision required (-)		
									Lack of structures and mechanisms to ensure fidelity (-)		
							Low literacy	-	Simplifying language adaptations (+)		
									Empathetic engagement		
									between provider/patient - therapist matching (+)	+	Acceptability
									Empathetic engagement		
									between provider/patient - therapist matching (+)	+	Credibility
Dixon &		Do et e et el	Do oto otol	Community-		0			Building collaborative		
Dantas	LMIC	Postnatal women	Postnatal depression	based	Community-based care	Systematic review			relationships between	+	Acceptability
(2017)41				management					paraprofessional and patient - therapist matching (+)		, toop tability
									Building collaborative		
									relationships between	+	Credibility
									paraprofessional and patient		Orodibility
								+	therapist matching (+) community consultation in	1	
									selection of therapists -	+	Acceptability
								1	therapist matching (+) community consultation in		
									selection of therapists - therapist matching (+)	+	Credibility
									Selecting therapists with		
									similar characteristis to study population - therapist	+	Acceptability
								+	matching (+) Selecting therapists with	1	
									similar characteristis to study population - therapist matching (+)	+	Credibility

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Acharibasam & Wynn (2018) ¹⁴⁴ LMIC General Mental disorders Mental disorders Mental disorders Mental disorders Telemental health services Telemental health Systematic review Telemental health Systematic review Inclusive, user-centered + Local capacity (+) + Sustainability Isolated locations/ specialized fields (-) Collaboration across local stakeholders/organizations (+) Sustainability Inclusive, user-centered + Relevance: Understand local context/patient needs (+) + Sustainability Systematic review Inclusive, user-centered + Relevance: Understand local context/patient needs (+) + Sustainability Inclusive, user-centered + Relevance: Understand local context/patient needs (+) + Implementation Training staff + Local capacity (+) + Implementation Inclusive, user-centered + Context/patient needs (+) + Implementation									+			
& Wynn (2018) ⁴⁴ LMIC General Mental meant disorders Telemental health Training staff LMIC Inclusive, user-centered Training staff LOCal capacity (+) Collaboration across local stakeholders/organizations (+) Sustainability Sustainability Training staff LMIC Relevance: Understand local context/patient needs (+) Training staff LMIC Inclusive, user-centered Training staff LMIC Training staff Training staff LOCal capacity (+) Training staff LOCal capacity (+) Training staff LMIC Training staff LOCal capacity (+) LINDIAN Sustainability Training staff LMIC Training staff LOCal capacity (+) LINDIAN Sustainability Training staff LOCAL capacity (+) LINDIAN Sustainability Training staff LMIC Training staff LOCAL capacity (+) LINDIAN Sustainability LINDIAN Sustainability Training staff LOCAL capacity (+) LINDIAN Sustainability	Acharibasam	ĺ	ĺ				1					
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Training staff				aisorders	services		review	Indicate uses	١.		1 .	Custoin shilitu
Isolated locations/ specialized fields (-) - Sustainability										context/patient needs (+)	+	,
specialized fields (-) Collaboration across local stakeholders/organizations (+) Inclusive, user-centered + Relevance: Understand local context/patient needs (+) Training staff + Local capacity (+) + Implementation								Training staff	+		+	Sustainability
specialized fields (-) Collaboration across local stakeholders/organizations (+) Inclusive, user-centered + Relevance: Understand local (+) Training staff + Local capacity (+) + Implementation Isolated locations/ + Implementation		ĺ									-	Sustainability
stakeholders/organizations (+) Inclusive, user-centered + Relevance: Understand local context/patient needs (+) + Implementation Training staff + Local capacity (+) + Implementation Isolated locations/ + Implementation		ĺ	ĺ						1		<u> </u>	,
(+) Relevance: Understand local + Implementation Training staff + Local capacity (+) + Implementation Isolated locations/ + Implementation Isolated locations/ + Implementation Implementati											l .	Sustainability
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Training staff + Local capacity (+) + Implementation Isolated locations/ + Implementation		1	ĺ					Inclusive, user-centered	+		+	Implementation
Isolated locations/ Implementation								Training staff	+		+	Implementation
									1		١	
	L	<u> </u>	<u> </u>			<u> </u>	<u>[</u>				+	implementation

									Collaboration across local stakeholders/organizations	+	Implementation
									(+)		
								-	Low prioritization (-)		
							Standardized indicators, assessment tools, and reporting	-	Absence of routine mental health indicators (-)	-	Availability of information about mental health systems
Ahuja et al.			Mental	Health	Routine, integrated	Narrative	Standardized indicators, assessment tools, and reporting	-	Absence of routine mental health indicators (-)	-	Mental health policy and plan formulation
(2018) ⁴⁵	India	General	disorders	information systems	monitoring of mental health indicators	review	Limited resources	+	Absence of routine mental health indicators (-)	-	Availability of information about mental health systems
							Limited resources	+	Absence of routine mental health indicators (-)	-	Mental health policy and plan formulation
									Integrated routine monitoring of mental health (+)	+	Integration of mental health into primary care
									Low prioritization (-)	-	Awareness of mental health services
									Limited knowledge about psychiatric care (-)	-	Awareness of mental health services
									Stigma (-)	-	Awareness of mental health services
									Positive attitudes toward	+	Awareness of mental
									service users (+) Supportive (community) services (+)	+	health services Awareness of mental health services
									Mental health law (+)	+	Awareness of mental health services
									Treatment and medication cost (-)	-	Affordability
Badu et al.	Ohama	0	Mental	Mental health		Literature			Limited funding (-)	-	Affordability
(2018)46	Ghana	General	disorders	services		review			Poor infrastructure (-)	-	Availability of services
									Poor management of mental health providers (-)	-	Availability of services
									Irregular medicine supply and prescription (-)	-	Availability of services
									Transportation and geographical proximity (-)	-	Accessibility of services
									Decentralization and integration (+)	-	Accessibility of services
									Referral system (+)	-	Accessibility of services
									Limited mental health services for marginalized groups (-)	-	Adequacy/ Accommodation (user- centered)
									Perceived efficacy of services (+)	+	Acceptability
							Beliefs	?	Recruit/retain patients in care (-)		_
							Values	?	Recruit/retain patients in care (-)		
							Social support	?	Recruit/retain patients in care (-)		
Barnett et al. (2018) ⁴⁷	HIC, LMIC	General	Health disparities	Evidence- based	Task-sharing	Critical review			Transportation and geographical proximity (-)		
(2010)			disparities	treatments		1 CAICAA			Financial barriers (-)	>	Disparities in demand for care
									Providing services in accessible location (+)	>	Disparities in demand for care
									Language and cultural barriers (-)		
							Workforce shortage	+	Task-sharing (+)	+	Accessibility of services
Dator et al.		Syrian	Mental health/general	Health		Critical	Lack of insurance	+	Financial (medical, transportation, medicine)	-	Access
(2018)48	Jordan	refugees	health	services		review			barriers (-)		

			I	I		1	Camp refugees	+	Subsidized services (+)	+	Access
							1 3		Medications out of stock (-)	-	Access to medications
									Cost of medication (-)	-	Access to medications
									Lack of specialist (-)	-	Access
									Refusal of health facilities/personnel to provide services to refugees (-)	-	Access
									Lack of medical equipment (-)		
									Lack of awareness about available health care (-)	-	Access
									Limited human resources (-)		
									Community buy-in (-)		
									Competing priorities (-)	-	Adoption
									Government/personnel	_	Government commitment
									turnover (-)		and prioritization
								<u> </u>	Sustainable funding (+)	+	Implementation
0		Conflict-	0	0				-	Supervision (+)		
Greene et al. (2018) ⁴⁹	LMIC	affected	Substance use	Substance use services		Review		<u> </u>	Communication (-)		
(2010)		allecteu	use	use services					Stigma (-) Mistrust (-)	-	Acceptability
								-	Insufficient services (-)	-	Acceptability
									Logistical complications (-)		
									Poor organization of services		
									(-)		
									Political tension and harmful policy (-)		
									Lack of professional knowledge (-)	-	Delivery of community mental health care by CHW (Task-sharing)
									Fear of patients' attack (-)	-	Delivery of community mental health care by CHW (Task-sharing)
									Provider workload (-)	-	Delivery of community mental health care by CHW (Task-sharing)
									Poor management of mental health providers (-)	-	Delivery of community mental health care by CHW (Task-sharing)
									Additional compensation (+)	۸	Delivery of community mental health care by CHW (Task-sharing)
Huang et al.	China	General	Mental	Mental health	Task-sharing to CHWs	Systematic			Provider communication skills (+)	+	Delivery of community mental health care by CHW (Task-sharing)
(2018)50	Offina	General	disorders	care	rask-shalling to Orivvs	review			Limited time for training (-)	-	Delivery of community mental health care by CHW (Task-sharing)
							Lack of training and guidelines	-	Self-efficacy (+)	+	Delivery of community mental health care by CHW (Task-sharing)
							Preferences of pharmacological treatment over psychotherapy	?	Adherence (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Well designed and organized training (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Strong learning ability and interest/already having some relevant knowledge (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Community trust (+)	+	Delivery of community mental health care by CHW (Task-sharing)

											Delivery of community
									Multi-disciplinary team (+)	+	mental health care by CHW (Task-sharing)
									Local psychiatrists with		Delivery of community mental health care by
									limited training (-)		CHW (Task-sharing)
									Sustainable funding (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Government support (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Individual and community engagement (+)	+	Delivery of community mental health care by CHW (Task-sharing)
							mHealth applications	+	Health system strengthening (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Lack of administrative support (-)	-	Delivery of care integrated in primary care
									Lack of interest of primary care providers in providing mental health care (-)	-	Delivery of care integrated in primary care
									Difficulties with participant adherence/retention (-)	-	Delivery of care integrated in primary care
									Geopolitical problems (-)	-	Delivery of care integrated in primary care
									Lack of locally tailored training resources (-)	-	Delivery of care integrated in primary care
Keynejad et al. (2018) ⁵¹	LMIC	General	Mental disorders	mhGAP-IG		Systematic review			Financial barriers (-)	-	Delivery of care integrated in primary care
							Low per diems	+	Poor attendance of primary care providers at trainings (-)	-	Delivery of care integrated in primary care
									Political commitment (+)	+	Delivery of care integrated in primary care
									Poor infrastructure (-)	-	Delivery of care integrated in primary care
									Supervision (+)	+	Delivery of care integrated in primary care
									Medication supply (+)	+	Delivery of care integrated in primary care
Kabut at al			Montal	Mantal haalth		Daview of	Minimum competency standards/provide characteristics	+	Provider competency (+)	+	Effectiveness
Kohrt et al. (2018) ⁵²	LMIC	General	Mental disorders	Mental health care	Community-based care	Review of reviews			Community-based programming (+)	+	Accessibility of services
							Community engagement and providers	+	Trust (+)	+	Effectiveness
									Knowledge of mental health needs (+)	+	Health systems strengthening
Liang et al.			Mental	Community- based mental		Systematic			Integration (+)	+	Health systems strengthening
(2018) ⁵³	China	General	disorders	health system		review			Capacity building (+)	+	Health systems strengthening
									Increasing funding (+)	+	Health systems strengthening
							Context	?	Distance to health facility (-) Accessibility (+)		
Manager			Davin of 1	Manufall W		Systematic review and			Cultural practices not aligning with service (-)		
Munodawafa et al. (2018) ⁵⁴	LMIC	Perinatal	Perinatal depression	Mental health services	Task sharing	qualitative meta- synthesis	Use of stories, visual aids, and comprehensible content	+	Acceptability of intervention (+)		
							Duration of the intervention	-	Acceptability of intervention (+)		

Acceptability of personnel (- c) Training and supervision Training		I		1	1				Acceptability of intervention		
Selection of providers (mining of mining of min							Acceptability of personnel	+	(+)		
Multiply #4 Maria Paris						,		+	Acceptability of personnel (+)	+	Trust
Report of Late Compared to Post officers							informed by community (formative research) - from same community, flexibility	+	Acceptability of personnel (+)	+	Trust
Central Cent								+	Confidence of providers (+)	+	Motivated providers
Murphy et al. (2018) Access to care									clients (group interventions)(+)		
Murphy et al (2016) Position									coverage for mental	-	Access to care
Murphy et al. (2018)							efforts (sometimes due to	+	disorders (-)	-	
Murphy et al. (2018)** Georgia (10Ps) Mental disorders disorders across intelligence of the project of the pr						•			Poor referral systems (-)	-	Access to care
Merch et al. (2018)** Roberts et al. (2018)**							awareness	+	Stigma (-)	-	Access to care
Limited data () - Independent of data ()	Murphy_et al.	Georgia	IDDe				budget for mental health	+	Limited financial resources (-)	-	based) care
Compared to	(2018)55	Georgia	IDFS	disorders	services				Limited data (-)	-	not based on need or
Roberts et al. (2018)** Roberts et al. (2018)								+	Shortage of providers (-)	+	human resources across
Roberts et al. (2018)** Roberts et al. (2018)						•				+	Effective planning
Roberts et al. (2018)% LMIC (compared to HIC) General Mental health services									Low political prioritization (-)	-	
Compared to							Low political prioritization	+	•	-	
Sapag et al. (2018) ⁵⁷ Common of the providers of the providers of the patients of the pat		(compared to	General						(+/-)		
Sapag et al. (2018) ⁹⁷ Latin America General America General America General America General America General America America General America General America General America America General America General America America General America Stigma against mental disorder Access to care Scoping review Stigma (-) Lintegration Discrimination (-) Londing translation of policy in toi implementation plans (-) Incompetent workforce (-) Access to care Implementation (-) Access to care Lacking services/medicine (-) Lacking services/medicine (-) Lacking services/medicine (-) Lacking stakeholder's involvement (-) Access to care Lacking services/medicine (-) Lacking stakeholder's involvement (-) Access to care Acces to care Access to care	(2010)	HIC)		uisolueis	services	Teview			Social support (+)	+	Help-seeking
America disorder mental disorder review Stigma (-) - Integration	Sanag et al	Lotin			Drimon,	Cooning		+	• ()	-	
Sitgma (-) Integration Discrimination (-) Integration Integration Discrimination (-) Integration Integration Integration Discrimination (-) Integration Integrat			General							-	
Zhou et al. (2018) ⁵⁸ Zhou et al. (2018) ⁵⁸ Choeral imited to LMICs) Amental health policy Beneral (2018) ⁵⁸ Beneral (2018) ⁵⁸ Amental health policy Beneral (2018) ⁵⁸ Beneral (20	(1 1)			disorder						-	
Severely/chronically ill (-) - Delivery of care Incompetent workforce (-) + Shortage of MH providers	 			 	1			\vdash		\vdash	
Zhou et al. (2018) ⁵⁸ Global (reported barriers limited to LMICs) Mental disorders Mental disorders Mental health policy Mental health policy Mental health policy Mental health policy Lacking translation of policy - Implementation (-) Partial enactments of law implementation (-) Unaffordable services (-) - Access to care Lack of clear policy and legislation (-) Lacking services/medicine (-) - Delivery of care Low government motivation (-) Lacking stakeholder's involvement (-) Lacking stakeholder's involvement (-) Poor recording (M&E) system (-) (-)										-	Delivery of care
Zhou et al. (2018) ⁵⁹ Global (reported barriers limited to LMICs) Mental disorders Mental disorders Mental health policy Lacking translation of policy into implementation plans (-) Partial enactments of law implementation (-) Unaffordable services (-) Lack of clear policy and legislation (-) Lacking services/medicine (-) Lacking services/medicine (-) Lacking services/medicine (-) Lacking stakeholder's involvement (-) Poor recording (M&E) system (-)	1			1						+	
Zhou et al. (2018) ⁵⁸ Global (reported barriers lisited to LMICs) Mental disorders Mental disorders Mental health policy Mental health policy Systematic review Systematic review Systematic review Systematic review Indicate the policy and legislation (-) to the policy and legislation (-) to the policy of care to the po						,	Limited advocacy	+		-	Delivery of care
Zhou et al. (2018) ⁵⁸ General (2018) ⁶⁸ General (3018) ⁶⁸ Mental health policy Lacking services/medicine (-) - Delivery of care Low government motivation (-) Lacking stakeholder's involvement (-) Poor recording (M&E) system (-) (-)									into implementation plans (-)	-	Implementation
Zhou et al. (2018) ⁵⁸ Darriers limited to LMICs) Delivery of care Delivery of care Lacking services/medicine (-) Lacking services/medicine (-) Lacking stakeholder's Involvement (-) Poor recording (M&E) system (-)									implementation (-)		
limited to LMICs) Imited to LMICs Imited to LMICs			General		Mental health					-	Access to care
Lacking services/medicine (-) - Delivery of care Low government motivation (-) - Mental health policy Lacking stakeholder's involvement (-) - Poor recording (M&E) system (-)	(2018)58		General	disorders	policy	review					
Low government motivation (-) Mental health policy Lacking stakeholder's involvement (-) Poor recording (M&E) system (-)						•				-	Delivery of care
involvement (-) Poor recording (M&E) system (-)						•				-	Mental health policy
Poor recording (M&E) system (-)						•					
Underfunding (-)						•					
						 ·			Underfunding (-)		

									Institutionalization or failed decentralization (-) Poor service quality (-) Poor dissemination/communication of policy (-) Low autonomy of local levels within health system (-) Stigma against patients and services (-)	- +	Decentralization Abandonment of family members with mental
							Understanding of biomedical/traditional healing practices Understanding of biomedical/traditional healing receives	+	Limited training in mental health care (-) Inadequate resources (-) Collaboration between biomedical and traditional providers (+) Collaboration between biomedical and traditional providers (+)	+	Credibility/legitimacy of services
							healing practices Understanding and acceptance of biomedical/traditional healing practices Perceived efficacy of	+	Collaboration between biomedical and traditional providers (+) Collaboration between	+	Better treatment outcomes
							biomedical/traditional healing Perceived efficacy of	+	biomedical and traditional providers (+) Collaboration between	+	Credibility/legitimacy of services
							biomedical/traditional healing Perceived efficacy of	+	biomedical and traditional providers (+) Collaboration between	+	Referrals
Badu et al.			Mental	Mental health services	Collaboration between	Literature	biomedical/traditional healing	+	biomedical and traditional providers (+) Collaboration between	+	Better treatment outcomes
(2019) ⁵⁹	Ghana	General	disorders	(biomedical and/or traditional)	traditional and biomedical providers	review	Lack of policy/regulation	-	biomedical and traditional providers (+)	+	Credibility/legitimacy of services
							Lack of policy/regulation	-	Collaboration between biomedical and traditional providers (+)	+	Referrals
							Lack of policy/regulation	-	Collaboration between biomedical and traditional providers (+)	+	Better treatment outcomes
							Limited number of biomedical service providers	-	Collaboration between biomedical and traditional providers (+)	+	Credibility/legitimacy of services
							Limited number of biomedical service providers	-	Collaboration between biomedical and traditional providers (+)	+	Referrals
							Limited number of biomedical service providers	-	Collaboration between biomedical and traditional providers (+)	+	Better treatment outcomes
							Insufficient financial resources	-	Collaboration between biomedical and traditional providers (+)	+	Credibility/legitimacy of services
							Insufficient financial resources	-	Collaboration between biomedical and traditional providers (+)	+	Referrals
							Insufficient financial resources	-	Collaboration between biomedical and traditional providers (+)	+	Better treatment outcomes
Kaonga & Morgan (2019) ⁶⁰	Low- resource	General	Mental disorders	Mental health and psychosocial support	Telemental health	Literature review			SMS appointment reminders (+)	+	Adherence
Thornicroft et al. (2019) ⁶¹	LMIC	General	Mental disorders	Mental health services	Integrated care for people with long-term	Review			Clearly articulate roles and responsibilities (+)	+	Integration

		I	1	1	mental and physical	1	1		Poor coordination (-)	T .	Integration
				1	mental and physical health conditions			1	Shortage of MH providers (-)	+-	Integration
					TIGHT COTHEROTS		Policies developed by external actors without buy-in/relevance to local actors	+	Inappropriate policies (-)	-	Integration
							Poor leadership and accountability (-)	+	Scarcity of managerial staff who can organize services and provide technical support (-)	-	Integration
							Reliance on out of pocket payments	+	Financial barriers (-)	-	Integration
							Government support (+)	+	Little investment in social health insurance (-)	+	Financial constraints
									Vertical programming and financing (-)	+	Integration
									Authoritarian leadership styles (-)	+	Poor leadership and accountability
									Little/no culture of quality improvement (-)	+	Poor leadership and accountability
							Limited M&E data (-)	+	Poor leadership and accountability (-)	+	Lost opportunities for data driven feedback and learning
									Donor funding constraints (-)	-	Integration or implementation of locally relevant strategies/approaches
									Siloed sectors with poor coordination and different mandates (-)	-	Integration
									Technical literacy (+)		
									Internet access and technical requirements (-)		
							Female gender, bilingual, PTSD caseness	+	Acceptability and willingness to receive telemental health services (+)		
									Credibility (+)		
									Gender differences in		
								-	intervention preferences (-)		
Ashfaq et al.	Middle East	Syrian	Mental	Mobile mental health	Telemental health	Systematic	-		Length of intervention (-) Privacy/data security (-)		
(2020) ⁶²	wilddie East	refugees	disorders	applications	reiementai neaith	review	<u> </u>		Distrust of healthcare		
									providers (-)		
				1					Mental health awareness (+)		
				1					Financial barriers (-)		
									Inter-cultural provider-patient relationship with different expectations (-)		
								-	Poor infrastructure (-)	<u> </u>	
							Cultural norms related to mental health	?	Stigma (-) Professional culture not	-	Utilization
Booysen &				Prolonged					supportive of EBP (-) Limited training in mental	-	Acceptability
Kagee (2020) ⁶³	LMIC	General	PTSD	exposure therapy		Review	Limited resources	+	health care (-) Setting insecurity	-	Dissemination Implementation
				1				1	Violence/trauma	-	Implementation
									Absence of standardized training or guidelines (-)		Implementation
Esponda et			Mental	Mental health	Integration into primary	Systematic			Perceived low quality of capacity building activities (-)		
al. (2020) ¹⁰	LMIC	General	disorders	services	care	review			Integration (+)	+	Help-seeking
									Integration (+)	+	Improve access to care and attitudes toward mental illness

				Training (+)	+	Improved diagnostic and treatment skills of primary care providers
				Complex cases (low adherence, comorbidities, high severity, low mental health literacy, high exposure to social risk factors, high stigma)(-)	-	Limited integration
				Mental health screening (+)	+	Integration/delivery of mental health into primary care
				Patient perceived effectiveness of care	+	Integration/delivery of mental health into primary care
				Use of locally validated tools, idioms, training manuals, treatment modalities (+)	+	Integration/delivery of mental health into primary care
			Provider schedules	Flexibility of services (e.g., number or location) (+)	+	Integration/delivery of mental health into primary care
				Lengthy or intensive treatments (-)	-	Integration/delivery of mental health into primary care
				Coordination/communication within service (+)	+	Integration/delivery of mental health into primary care
				Cost of recruiting new health providers (-)	-	Integration/delivery of mental health into primary care
				Family support for detection and treatment (+)	+	Integration/delivery of mental health into primary care
				Coordination/communication across sectors and with other stakeholders (+)	+	Integration/delivery of mental health into primary care
				Absence of mental health policy/plan (-)	-	Integration/delivery of mental health into primary care
				Regulations that do not allow providers to prescribe medication or treat mental disorder (-)	-	Integration/delivery of mental health into primary care
				Official recognition of mental health trainings (+)	+	Integration/delivery of mental health into primary care
				Financial compensation for task-shared providers (+)	+	Integration/delivery of mental health into primary care
				Inclusion of psychotropic medications in essential medication lists (+)	+	Integration/delivery of mental health into primary care
				Providers' perception of continuity of care as unimportant or disagreement with task sharing (-)	+	Integration/delivery of mental health into primary care
				Provider support of program design (+)	+	Integration/delivery of mental health into primary care
				Absence of monitoring systems/exclusion of mental health from health information systems (-)		Integration/delivery of mental health into primary care
				Poor relationships between providers and toxic institutional climate (-)	-	Integration/delivery of mental health into primary care

									Supportive/collaborative relationship between team	_	Integration/delivery of mental health into primary
								\vdash	members (+) Absence of mental health	-	care Integration/delivery of mental health into primary
									manager (-) Low prioritization of mental health within health system (-	-	care Integration/delivery of mental health into primary
									Support from program managers to treat mental disorder (+)	+	care Integration/delivery of mental health into primary care
									Limited financial resources (-)	-	Integration/delivery of mental health into primary care
									Lack of human resources (-)	-	Integration/delivery of mental health into primary care
									Poor infrastructure (-)	-	Integration/delivery of mental health into primary care
									Lack of supplies (-)	-	Integration/delivery of mental health into primary care
									Poor supervision/management (-)	-	Integration/delivery of mental health into primary care
									Limited referral options (-)	-	Integration/delivery of mental health into primary care
									Training and professional development opportunities (+)	+	Integration/delivery of mental health into primary care
									Presence of specialists co- located and facility (+)	+	Integration/delivery of mental health into primary care
									Poor communication between specialists and task- shifted providers (-)	-	Integration/delivery of mental health into primary care
							Poor infrastructure	+	Inadequate mental health services (-)		
									Collaboration of biomedical providers, traditional healers, etc. (+)	+	Holistic delivery of mental health care
Essien & Asamoah	Africa	General	Mental disorders	Mental health services		Literature review	Conditions imposed by international donors	+	Limited financial resources (-)		
(2020) ⁶⁴							Inadequate training and development	+	Shortage of providers (-)		
							асториен		Weak mental health policities (absence/insufficient/not enforced) (-)		
									Poor internet security (-)	-	Access to telepsychiatry
Hendrickx et	Countries neighboring Syria	Syrian	Mental	Mental health and psychosocial support		Systematic			Treatment preferences (e.g., preferring in-person communication so not accessing telepsychiatry; -)	?	Utilization
al. (2020) ⁶⁵			fugees disorders			review			Knowledge of services (+)	>	Utilization
									Gender-matched therapists (+)		Acceptability
									Women's decision-making power (+)	+	Access
Jaguga & Kwobah (2020) ⁶⁶	Kenya	General	Mental disorders	Mental health response to COVID-19		Narrative review	Limited infrastructure and mental health system	+	telemental health (+)	+	Delivery of care

							Access and security in conflict settings (-)		Delivery of care
Kamali et al. (2020) ⁶⁷						Systematic review	Poor infrastructure (-)	-	Delivery of care
	Conflict settings						Language and cultural barriers (-)	-	Delivery of care
							Heterogeneity of the study population (-)	-	Delivery of care
		l	Mental health	Mental health and			Utilization of local community members (+)	-	Delivery of care
		Women and children	problems	psychosocial			Training of outreach	+	Delivery of care
				support			volunteers for referrals (+) Integration of MHPSS		
							interventions into primary care and existing referral	+	Delivery of care
							networks (+) Adapted interventions (+)	+	Delivery of care
						•	School-based approaches (+)	+	Delivery of care
			0				Stigma (-)	-	Health systems
Kudva et al.	Asia	General	Stigma against	Stigma reduction		Narrative	Low perceived need for	_	strengthening/development Help-seeking
(2020)68	, .514	Contorui	mental	interventions		review	treatment (-)		
			disorder				Financial barriers (-)	-	Help-seeking
				_	-		Stigma (-) Lack of awareness about mental	-	Help-seeking
	Palestine	General		Mental health services			health problems/care (-)	-	Access to care
						Literature review	Stigma (-)	-	Help-seeking
Marie et al.			Schizo- phrenia				Inconsistent availability of medications (-)	-	Delivery of care
(2020) ⁶⁹							Limited human resources (-)	-	Delivery of care
							Fragmented mental health system (-)	-	Access to care
							Israeli occupation (-)	-	Implementation
		nilippines General Mental Mental health services					Social support and preferring to receive support from family/friends (-)	-	Help-seeking
							Stigma - fear of being labeled or judged negatively (-)	-	Help-seeking
							Financial barriers (-)	-	Help-seeking
							Inaccessibility of mental health services due to lack of familiarity/knowledge, geographical constraints, etc.	-	Help-seeking
					(-) Religiosity (preference for religious clergy) or spirituality (-)	-	Help-seeking		
Martinez et al. (2020) ⁷⁰	Philippines					Systematic	Adherence to Asian cultural values of conformity (-)	-	Help-seeking
ai. (2020)			aisorders	services	review	Previous negative experience of help-seeking (discirmination, lack of trust) (-)	-	Help-seeking	
							Concerns of confidentiality, privacy, treatment fears (trust, competence, effects of medication)	-	Help-seeking
							Lack of awareness about mental health need; normalization of mental health problems (-)	-	Help-seeking
							Misconceptions about mental illness (nature, causes and effects) (-)	-	Help-seeking

									Families/friends encouraging		
									help-seeking (+)	+	Help-seeking
		ĺ							Sense of anonymity (+)	+	Help-seeking
									Previous positive experiences of help-seeking	+	Help-seeking
									(+) Awareness of mental health problems (+)	+	Help-seeking
								1	Shortage of MH providers (-)	_	Lack of integration
							Privatization of MH	1		-	
							services (-) Centralization of MH	-	Lack of integration (-)	-	Financial constraints
							services (-)	-	Lack of integration (-)	-	Financial constraints
							Privatization of MH services (-)	-	Lack of integration (-)	-	Geographic/mobility constraints
							Centralization of MH services (-)	-	Lack of integration (-)	-	Geographic/mobility constraints
Naal et al. (2020) ⁷¹	Lebanon	General	Mental disorders	Mental health services	Telemental health	Review of guidelines	Privatization of MH services (-)	-	Lack of integration (-)	-	Long wait lists
							Centralization of MH services (-)	-	Lack of integration (-)	-	Long wait lists
									Understanding patient needs (+)	+	Successful delivery of care
									Understanding patient characteristics (+)	+	Successful delivery of care
						•	Government support (+)	+	Expanded MH insurance coverage (+)	+	Utilization
							Geographic constraints	+	Telehealth services (+)	+	Access to care
							Exposure to armed conflict	+	Religion (+)	+	Coping with distress
	Colombia			Mental health services			Exposure to armed conflict	+	Religion (+)	+	Avoidance strategy
		Venezuelan refugees/ Colombian IDPs				Desk review			Cost (-)	-	Access to care
									Bureaucratic requirements (-)	-	Access to care
									Discrimination (-)	-	Access to care
Perera et al. (2020) ⁷²			Mental disorders				Lack of documents/unemployed (displaced persons)	+	Unable to get health insurance (-)	-	Access to care
									Migration/population mobility (-)	+	Difficulty accessing funds for migrants/regularizing migrants
							Seeking medical care	+	Migration (-)		_
									Poor MH Awareness (-)	-	Child and adolescent mental health policy
			d Mental						Low political prioritization (-)	-	Child and adolescent mental health policy
						Systematic review			Stigma (-)	-	Child and adolescent mental health policy
Zhou et al. (2020) ⁷³	LMIC	Children and adolescents							Biased cultural values toward children, adolescents, and mental health from developmental nihilism to medicalization (-)	-	Child and adolescent mental health policy
,									Lack of data and evidence (M&E)(-)	-	Child and adolescent mental health policy
									Limited resources (human resources, facilities, funding)(-)	-	Child and adolescent mental health policy
							International support	+	Reducing local responsibility (-)	-	Child and adolescent mental health policy
							International support	+	Planning fragmentation (-)	-	Child and adolescent mental health policy