

Supplemental Table 2											
Barriers, facilitators, and characteristics of included review articles											
Ganasen et al. (2008)	LMIC	General	Mental health literacy	Mental health services		Non-systematic review	Knowledge/attitudes/beliefs	?	Mental health literacy (+)	+	Delivery of care
Chahine & Chemali (2009) ²¹	Lebanon	General	Mental disorders	Mental health services and policy		Review			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
									Limited training of primary care providers (-)	+	Limited identification and access to services
									Time constraints in medical and nursing training programs (-)	+	Limited mental health providers/capacity
									Awareness of mental health problems (+)	+	Help-seeking
									Stigma (-)	-	Help-seeking
									Provider stigma (-)	-	Delivery of care
									Lack of time to treat mental disorder in primary care (-)	-	Delivery of care
Keshavan et al. (2010) ²²	India	General	Psychotic disorder	Schizophrenia treatment	Early intervention	Literature review			Lack of human resources (-)	-	Access to care
									Integration of MHPSS interventions into primary care and existing referral networks (+)	+	Access to care
									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
Patel et al. (2011) ²⁴	Humanitarian	General	Mental disorders	Mental health and psychosocial support		Literature review + expert meeting	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
									Absence of mental health policy/program (-)	-	Scaling up mental health services
									Mental health policies/programs without feasible plans or resource commitments (-)	-	Inadequate implementation of mental health programs
									Trainee's available time for trainings/work (+)		
									Duration of training 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				
Sorsdahl et al. (2012) ²⁵	South Africa	General	Mental disorders	Mental health services		Review			Low mental health literacy (-)	-	Low perceived need for treatment (-)	-	Help-seeking		
									Community attitudes toward MH	?	Stigma (-)				
											Engagement of traditional healers (+)				
											M&E data on effectiveness (+)	+	Political prioritization/health system changes		
Gearing et al. (2013) ²⁶	Middle East	General	Mental disorders	Mental health services		Systematic review			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		
											Insufficient local transportation (-)	-	Access		
											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
													Therapeutic alliance/trust (+)	+	Adherence
						Involvement of local stakeholders/formative research	+	Adapted interventions (+)	+	Acceptability					
								Buy-in/support from community leaders (+)	+	Acceptability					
								partnerships with governments (+)	+	Acceptability					
								Public awareness and education campaigns	+	Public awareness/knowledge (+)	+	Acceptability			

							Public awareness and education campaigns	+	Public awareness/knowledge (+)	+	Utilization
Padmanathan & De Silva (2013) ²⁷	LMIC	General	Mental disorders	Mental health services	Task sharing	Systematic review			Provider matching (e.g., from community)(+)	+	Acceptability & Rapport
									Provider characteristics (personality, education, experience, knowledge, gender)(+/-)	?	Acceptability
									Perception that CHWs/lay providers not part of health system (-)	-	Integration/few back referrals
									Limited MH understanding /awareness among managers (-)	-	Integration
									Inclusion of CHWs in health system meetings/procedures (+)	+	Organization of services
							Lack of funding (-)	+	Poor infrastructure (-)	-	Feasibility
							Low literacy/education	+	Increased training requirements (-)	+	Workforce shortages
							Poor pay	+	Poor retention/high turnover of MH providers (-)		
							Family responsibilities	+	Poor retention/high turnover of MH providers (-)		
							Training and supervision	+	Provider competency (+)		
									Time constraints of providers/other required tasks (-)	-	Provider burnout/workload
		Integration of MH training into regular CHW training (+)	+	Providing MH support not perceived as added burden/workload							
Brian & Ben-Zeev (2014) ²⁸	Asia	General	Mental disorders	Mental health services	Telemental health	Review	Mobile health	-	Stigma (-)	-	Help-seeking
									Telecommunication infrastructure (+)	-	Utilization
Chowdhary et al. (2014) ²⁹	LMIC	Perinatal	Depression	Psychological interventions	Task-sharing	Systematic review	Appropriate translation of interventions	+	Cultural acceptability (+)		
							Cost	+	Poor adherence (-)		
							Task-sharing	-	Cost of implementing services (-)	+	Sustainability at scale
									Lack of private spaces/poor infrastructure (-)		
									Stigma (-)		
									Salience of social problems (-)		
							High caseload	+	Provider burnout (-)	+	Reduced efficiency of service delivery
Provider training with assessment methods	+	Provider competency									
Simple interventions/adapted	+	Task-sharing (+)									
Joshi et al. (2014) ³⁰	LMIC	General	Mental disorders	Mental health care	Task-sharing	Systematic review			Staff retention (+)	-	Delivery of care through task-sharing
									Irregular medicine supply (-)	-	Delivery of care through task-sharing
Brooke-Summer et al. (2015) ³¹	LMIC	General	Schizophrenia	Psychosocial interventions		Systematic review			Low education of participants (-)	-	Feasibility
									Unavailability of caregivers (-)	-	Feasibility
									Logistical complications (-)	-	Feasibility
									Limited resources (-)	-	Feasibility
									Stigma (-)	-	Acceptability
									Lack of appreciation of intervention effects (-)	-	Acceptability
									Appropriateness/fit (+)	+	Acceptability
		Fit of health worker (+)	+	Acceptability							

Burns & Tomita (2015) ³²	Africa	General	Mental disorders	Mental health services	Traditional/religious healers as pathways to care	Systematic review and meta-analysis		Early involvement of healers	+	Early intervention		
								Transportation and geographical proximity (-)	+	Access to care		
								Treatment cost (-)	-	Access to care		
								Long wait times (-)	-	Access to care		
								Limited mental health providers/capacity (-)	-	Access to care		
								Stigma (-)	-	Help-seeking		
da Costa et al. (2015) ³³	Brazil	General	Mental disorders	Mental health services		Review		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		
								Insufficient professional information (-)	+	Provider dissatisfaction		
								Insufficient professional information (-)	+	Provider workload		
								Provider dissatisfaction (-)	+	Poor professional motivation		
								Provider workload (-)	+	Poor professional motivation		
								Provider dissatisfaction (-)	+	Poor organization of services		
								Provider workload (-)	+	Poor organization of services		
Kopinak (2015) ³⁴	Uganda	General	Mental disorders	Western mental health services		Literature review		Limited human resources (-)	-	Sustainable health systems		
								Distance to health facility with trained mental health personnel(-)	-	Access		
								Weak referral system (-)				
								Medication supply (+)				
								Supervision (+)				
								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							
Maukera & Blignault (2015) ³⁵	Solomon Islands	General	Mental disorders	Mental health services		Literature and document review		Shortage of mental health specialists	-	Supervision (+)		
								Technology	+	Supervision (+)		
										Poor infrastructure (-)	-	Community expectations and contemporary standards not met (acceptability)
										Stigma (-)		
										Low political prioritization (-)		
										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		

Semrau et al. (2016) ³⁷	LMIC	General	Mental disorders	Mental health care	Service user and caregiver involvement in mental health systems strengthening	Systematic review	Grassroots public health action	-	Power imbalances (-)	-	Limited engagement of service users
									Engagement of service users/carers in policymaking (+)	+	Equitable care/avoid marginalization
Thorncroft et al. (2016) ³⁸	Global	General	Stigma against mental disorder	Mental health services	Stigma reduction interventions	Narrative review	Stigma (-)	+	Low quality of care (-)	+	Low retention/help-seeking
							Community attitudes toward MH	?	Stigma (-)		
Weinmann & Koesters (2016) ³⁹	LMIC	General	Mental disorders	Mental health services		Review	Complex psychosocial interventions	+	High cost of service delivery (-)	-	Implementation
									Shortage of MH providers (-)	-	Delivery of care
							Deinstitutionalization	+	Community-based care (+)	+	Decentralization
							Stigma (-)	+	Somatization and unique expressions of mental disorder (-)	-	Detection
							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 (-)		
Dixon & Dantas (2017) ⁴¹	LMIC	Postnatal women	Postnatal depression	Community-based management	Community-based care	Systematic review			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
									Building collaborative relationships between paraprofessional and patient - therapist matching (+)	+	Acceptability
									Building collaborative relationships between paraprofessional and patient - therapist matching (+)	+	Credibility
									community consultation in selection of therapists - therapist matching (+)	+	Acceptability
									community consultation in selection of therapists - therapist matching (+)	+	Credibility
		Selecting therapists with similar characteristics to study population - therapist matching (+)	+	Acceptability							
		Selecting therapists with similar characteristics to study population - therapist matching (+)	+	Credibility							

								Recruiting from existing pool of local community workers who spoke same language, understood sociocultural context, and were trusted - therapist matching (+)	+	Acceptability	
								Recruiting from existing pool of local community workers who spoke same language, understood sociocultural context, and were trusted - therapist matching (+)	+	Credibility	
							Use cultural symbols/metaphors	+	Cultural relevance (+)	+	Participation/engagement
Sørensen et al. (2017) ⁴²	LMIC	General	Mental disorders	Mental health services	Integration in primary care	Literature review	Initial cost of developing and maintaining technical tools	+	Use of technology for care, supervision, etc. (+)		
									Workload of PCPs (-)	-	Scalability
									Poor organization of services (-)	-	Scalability
									Provider motivation (+)	+	Scalability
									Provider turnover (-)	-	Scalability
									Stigma (-)	-	Scalability
Toyama et al. (2017) ⁴³	Peru	General	Mental disorders	Mental health services	Mental health reform	Review of government documents			Contextual factors (e.g., rural settings, different workforces, cultural differences, population differences, etc.) (-)	?	National-level implementation of mental health services/scalability
									Stigma (-)	-	Utilization
Wainberg et al. (2017) ¹¹	LMIC	General	Mental disorders	Mental health services		Review			Shortage of MH providers (-)		
									Limited prevention interventions/research (-)		
									Single-disorder focused treatments (-)	-	Scalability
									Single-disorder focused treatments (-)	-	Sustainability
Acharibasam & Wynn (2018) ⁴⁴	LMIC	General	Mental disorders	Mental health services	Telemental health	Systematic review			Low-cost (+)	+	Acceptability
									Cultural sensitivity (+)	+	Acceptability
									Limited bandwidth/technical support (-)	-	Acceptability
									Ease-of-use/access technology (+)	+	Acceptability
							Inclusive, user-centered technology	+	Relevance: Understand local context/patient needs (+)	+	Utilization
							Training staff	+	Local capacity (+)		
									Isolated locations/specialized fields (-)		
									Collaboration across local stakeholders/organizations (+)		
							Inclusive, user-centered	+	Relevance: Understand local context/patient needs (+)	+	Sustainability
							Training staff	+	Local capacity (+)	+	Sustainability
									Isolated locations/specialized fields (-)	-	Sustainability
									Collaboration across local stakeholders/organizations (+)	+	Sustainability
Inclusive, user-centered	+	Relevance: Understand local context/patient needs (+)	+	Implementation							
Training staff	+	Local capacity (+)	+	Implementation							
		Isolated locations/specialized fields (-)	+	Implementation							

								Collaboration across local stakeholders/organizations (+)	+	Implementation	
Ahuja et al. (2018) ⁴⁵	India	General	Mental disorders	Health information systems	Routine, integrated monitoring of mental health indicators	Narrative review		Low prioritization (-)		Availability of information about mental health systems	
							Standardized indicators, assessment tools, and reporting	-	Absence of routine mental health indicators (-)	-	Mental health policy and plan formulation
							Standardized indicators, assessment tools, and reporting	-	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
							Limited resources	+	Absence of routine mental health indicators (-)	-	Integration of mental health into primary care
							Integrated routine monitoring of mental health (+)	+			
Badu et al. (2018) ⁴⁶	Ghana	General	Mental disorders	Mental health services		Literature review		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 service users (+)	+	Awareness of mental health services	
								Supportive (community) services (+)	+	Awareness of mental health services	
								Mental health law (+)	+	Awareness of mental health services	
								Treatment and medication cost (-)	-	Affordability	
								Limited funding (-)	-	Affordability	
								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								
Barnett et al. (2018) ⁴⁷	HIC, LMIC	General	Health disparities	Evidence-based treatments	Task-sharing	Critical review	Beliefs	?	Recruit/retain patients in care (-)		
							Values	?	Recruit/retain patients in care (-)		
							Social support	?	Recruit/retain patients in care (-)		
									Transportation and geographical proximity (-)		
									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. (2018) ⁴⁸	Jordan	Syrian refugees	Mental health/general health	Health services		Critical review	Lack of insurance	+	Financial (medical, transportation, medicine) barriers (-)	-	Access

							Camp refugees	+	Subsidized services (+)	+	Access
									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 turnover (-)	-	Government commitment and prioritization
									Sustainable funding (+)	+	Implementation
									Supervision (+)		
									Communication (-)		
									Stigma (-)		
									Mistrust (-)	-	Acceptability
									Insufficient services (-)		
									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 (+)	>	Delivery of community mental health care by CHW (Task-sharing)
									Provider communication skills (+)	+	Delivery of community mental health care by CHW (Task-sharing)
									Limited time for training (-)	-	Delivery of community mental health care by CHW (Task-sharing)
								Lack of training and guidelines	-		Delivery of community mental health care by CHW (Task-sharing)
								Preferences of pharmacological treatment over psychotherapy	?		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)
Greene et al. (2018) ⁴⁹	LMIC	Conflict-affected	Substance use	Substance use services		Review					
Huang et al. (2018) ⁵⁰	China	General	Mental disorders	Mental health care	Task-sharing to CHWs	Systematic review					

								Multi-disciplinary team (+)	+	Delivery of community mental health care by CHW (Task-sharing)	
								Local psychiatrists with limited training (-)	-	Delivery of community mental health care by 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)
Keynejad et al. (2018) ⁵¹	LMIC	General	Mental disorders	mhGAP-IG		Systematic review		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	
								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							
Kohrt et al. (2018) ⁵²	LMIC	General	Mental disorders	Mental health care	Community-based care	Review of reviews	Minimum competency standards/provide characteristics	+	Provider competency (+)	+	Effectiveness
									Community-based programming (+)	+	Accessibility of services
							Community engagement and providers	+	Trust (+)	+	Effectiveness
Liang et al. (2018) ⁵³	China	General	Mental disorders	Community-based mental health system		Systematic review		Knowledge of mental health needs (+)	+	Health systems strengthening	
								Integration (+)	+	Health systems strengthening	
								Capacity building (+)	+	Health systems strengthening	
								Increasing funding (+)	+	Health systems strengthening	
Munodawafa et al. (2018) ⁵⁴	LMIC	Perinatal	Perinatal depression	Mental health services	Task sharing	Systematic review and qualitative meta-synthesis	Context	?	Distance to health facility (-)		
									Accessibility (+)		
									Cultural practices not aligning with service (-)		
							Use of stories, visual aids, and comprehensible content	+	Acceptability of intervention (+)		
		Duration of the intervention	-	Acceptability of intervention (+)							

							Acceptability of personnel	+	Acceptability of intervention (+)		
							Training and supervision	+	Acceptability of personnel (+)	+	Trust
							Selection of providers informed by community (formative research) - from same community, flexibility in delivery of intervention	+	Acceptability of personnel (+)	+	Trust
							Structured content of intervention	+	Confidence of providers (+)	+	Motivated providers
									Shared experiences between clients (group interventions)(+)		
									Inadequate insurance coverage for mental disorders (-)	-	Access to care
							No prevention or screening efforts (sometimes due to limited resources)	+	Poor identification of mental disorders (-)	-	Access to care
									Poor referral systems (-)	-	Access to care
							Low mental health awareness	+	Stigma (-)	-	Access to care
							Inadequate government budget for mental health care	+	Limited financial resources (-)	-	Delivery of (evidence-based) care
									Limited data (-)	-	Poor allocation of funds not based on need or demand
							Low pay relative to other specialties	+	Shortage of providers (-)	+	Unequal distribution of human resources across institutions
									Health information systems with mental health (+)	+	Effective planning
									Low political prioritization (-)	-	No government programs or policies
							Low political prioritization	+	Reliance on NGO system	-	Poor coordination across mental health services
									Demographic characteristics (+/-)	?	Help-seeking
									Social support (+)	+	Help-seeking
							Education of patients/providers	+	Stigma (-)	-	Access to care
									Stigma (-)	-	Help-seeking
									Stigma (-)	-	Integration
									Discrimination (-)	-	Integration
									Unmet needs of severely/chronically ill (-)	-	Delivery of care
									Incompetent workforce (-)	+	Shortage of MH providers
							Limited advocacy	+	Discrimination (-)	-	Delivery of care
									Lacking translation of policy into implementation plans (-)	-	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 (-)	-	Mental health policy
									Lacking stakeholder's involvement (-)		
									Poor recording (M&E) system (-)		
									Underfunding (-)		

								Institutionalization or failed decentralization (-)	-	Decentralization	
								Poor service quality (-)			
								Poor dissemination/communication of policy (-)			
								Low autonomy of local levels within health system (-)			
								Stigma against patients and services (-)	+	Abandonment of family members with mental illness	
								Limited training in mental health care (-)			
								Inadequate resources (-)			
							Understanding of biomedical/traditional healing practices	+	Collaboration between biomedical and traditional providers (+)	+	Credibility/legitimacy of services
							Understanding of biomedical/traditional healing practices	+	Collaboration between biomedical and traditional providers (+)	+	Referrals
							Understanding and acceptance of biomedical/traditional healing practices	+	Collaboration between biomedical and traditional providers (+)	+	Better treatment outcomes
							Perceived efficacy of biomedical/traditional healing	+	Collaboration between biomedical and traditional providers (+)	+	Credibility/legitimacy of services
							Perceived efficacy of biomedical/traditional healing	+	Collaboration between biomedical and traditional providers (+)	+	Referrals
							Perceived efficacy of biomedical/traditional healing	+	Collaboration between biomedical and traditional providers (+)	+	Better treatment outcomes
							Lack of policy/regulation	-	Collaboration between 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) ⁵⁰	Low-resource	General	Mental disorders	Mental health and psychosocial support	Telemental health	Literature review		SMS appointment reminders (+)	+	Adherence	
Thornicroft et al. (2019) ⁵¹	LMIC	General	Mental disorders	Mental health services	Integrated care for people with long-term	Review		Clearly articulate roles and responsibilities (+)	+	Integration	

					mental and physical health conditions			Poor coordination (-)	-	Integration	
								Shortage of MH providers (-)	-	Integration	
							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 (-)		
									Length of intervention (-)		
									Privacy/data security (-)		
									Distrust of healthcare providers (-)		
									Mental health awareness (+)		
									Financial barriers (-)		
									Inter-cultural provider-patient relationship with different expectations (-)		
									Poor infrastructure (-)		
							Cultural norms related to mental health	?	Stigma (-)	-	Utilization
									Professional culture not supportive of EBP (-)	-	Acceptability
							Limited resources	+	Limited training in mental health care (-)	-	Dissemination
									Setting insecurity	-	Implementation
									Violence/trauma	-	Implementation
									Absence of standardized training or guidelines (-)		
									Perceived low quality of capacity building activities (-)		
									Integration (+)	+	Help-seeking
									Integration (+)	+	Improve access to care and attitudes toward mental illness
Ashfaq et al. (2020) ⁶²	Middle East	Syrian refugees	Mental disorders	Mobile mental health applications	Telemental health	Systematic review					
Booyens & Kagee (2020) ⁶³	LMIC	General	PTSD	Prolonged exposure therapy		Review					
Esponda et al. (2020) ¹⁰	LMIC	General	Mental disorders	Mental health services	Integration into primary care	Systematic review					

								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 members (+)	-	Integration/delivery of mental health into primary care
								Absence of mental health manager (-)	-	Integration/delivery of mental health into primary care
								Low prioritization of mental health within health system (-)	-	Integration/delivery of mental health into primary care
								Support from program managers to treat mental disorder (+)	+	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
Essien & Asamoah (2020) ⁶⁴	Africa	General	Mental disorders	Mental health services	Literature review	Poor infrastructure	+	Inadequate mental health services (-)		
								Collaboration of biomedical providers, traditional healers, etc. (+)	+	Holistic delivery of mental health care
						Conditions imposed by international donors	+	Limited financial resources (-)		
						Inadequate training and development	+	Shortage of providers (-)		
								Weak mental health policies (absence/insufficient/not enforced) (-)		
Hendrickx et al. (2020) ⁶⁵	Countries neighboring Syria	Syrian refugees	Mental disorders	Mental health and psychosocial support	Systematic review			Poor internet security (-)	-	Access to telepsychiatry
								Treatment preferences (e.g., preferring in-person communication so not accessing telepsychiatry; -)	?	Utilization
								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

Kamali et al. (2020) ⁶⁷	Conflict settings	Women and children	Mental health problems	Mental health and psychosocial support	Systematic review		Access and security in conflict settings (-)	-	Delivery of care
							Poor infrastructure (-)	-	Delivery of care
							Language and cultural barriers (-)	-	Delivery of care
							Heterogeneity of the study population (-)	-	Delivery of care
							Utilization of local community members (+)	-	Delivery of care
							Training of outreach volunteers for referrals (+)	+	Delivery of care
							Integration of MHPSS interventions into primary care and existing referral networks (+)	+	Delivery of care
							Adapted interventions (+)	+	Delivery of care
Kudva et al. (2020) ⁶⁸	Asia	General	Stigma against mental disorder	Stigma reduction interventions	Narrative review		Stigma (-)	-	Health systems strengthening/development
							Low perceived need for treatment (-)	-	Help-seeking
							Financial barriers (-)	-	Help-seeking
							Stigma (-)	-	Help-seeking
Marie et al. (2020) ⁶⁹	Palestine	General	Schizophrenia	Mental health services	Literature review		Lack of awareness about mental health problems/care (-)	-	Access to care
							Stigma (-)	-	Help-seeking
							Inconsistent availability of medications (-)	-	Delivery of care
							Limited human resources (-)	-	Delivery of care
							Fragmented mental health system (-)	-	Access to care
							Israeli occupation (-)	-	Implementation
Martinez et al. (2020) ⁷⁰	Philippines	General	Mental disorders	Mental health services	Systematic review		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
							Adherence to Asian cultural values of conformity (-)	-	Help-seeking
							Previous negative experience of help-seeking (discrimination, 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		
								Sense of anonymity (+)	+	Help-seeking		
								Previous positive experiences of help-seeking (+)	+	Help-seeking		
								Awareness of mental health problems (+)	+	Help-seeking		
								Shortage of MH providers (-)	-	Lack of integration		
Naal et al. (2020) ⁷¹	Lebanon	General	Mental disorders	Mental health services	Telemental health	Review of guidelines		Privatization of MH services (-)	-	Lack of integration (-)	-	Financial constraints
								Centralization of MH 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
								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
Perera et al. (2020) ⁷²	Colombia	Venezuelan refugees/ Colombian IDPs	Mental disorders	Mental health services	Desk review		Exposure to armed conflict	+	Religion (+)	+	Coping with distress	
							Exposure to armed conflict	+	Religion (+)	+	Avoidance strategy	
									Cost (-)	-	Access to care	
									Bureaucratic requirements (-)	-	Access to care	
									Discrimination (-)	-	Access to care	
							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 (-)									
Zhou et al. (2020) ⁷³	LMIC	Children and adolescents	Mental disorders	Mental health policy	Systematic review				Poor MH Awareness (-)	-	Child and adolescent mental health policy	
									Low political prioritization (-)	-	Child and adolescent mental health policy	
									Stigma (-)	-	Child and adolescent mental health policy	
									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	