

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	behavioural strategies only	Relative (95% CI)	Absolute (95% CI)		
Depressive symptoms (follow up: 38 weeks; assessed with: BDI-II)												
1	observational studies	very serious <sup>1</sup>	not serious	not serious	serious <sup>2</sup>	none	23	24	-	MD 1.56 fewer (6.57 fewer to 3.45 more)	⊕○○○ VERY LOW	CRITICAL
Improvement in those with clinical depression at baseline (follow up: 38 weeks; assessed with: BDI-II [reduced score])												
1	observational studies	very serious <sup>1</sup>	not serious	not serious	serious <sup>2</sup>	none	14/14 (100.0%)	14/17 (82.4%)	RR 1.20 (0.94 to 1.53)	165 more per 1000 (from 49 fewer to 436 more)	⊕○○○ VERY LOW	CRITICAL
Recovery in those with clinical depression at baseline (follow up: 38 weeks; assessed with: BDI-II [score 12 or less])												
1	observational studies	very serious <sup>1</sup>	not serious	not serious	very serious <sup>3</sup>	none	8/14 (57.1%)	12/17 (70.6%)	RR 0.81 (0.47 to 1.40)	134 fewer per 1000 (from 282 more to 374 fewer)	⊕○○○ VERY LOW	CRITICAL
Quality of life – not reported												
-	-	-	-	-	-	-					-	CRITICAL
Community participation and meaningful occupation – not reported												
-	-	-	-	-	-	-					-	CRITICAL

1. Risk of selection, performance and detection bias
2. Confidence intervals cross minimally important difference in one direction. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)
3. Confidence intervals cross minimally important difference in both directions. Sample size less than optimal information size (<400 for continuous outcomes or <300 for dichotomous outcomes)