

Quality assessment							Number of patients		Effect		Quality	Importance
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CBT	cognitive 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	23	-	MD 1.3 fewer (5.89 fewer to 3.29 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%)	11/15 (73.3%)	RR 1.34 (0.98 to 1.85)	249 more per 1000 (from 15 fewer to 623 more)	⊕○○○ VERY LOW	CRITICAL
Recovery in those with clinical depression at baseline (follow up: 38 weeks; assessed with: BDI-II [score 13 or less])												
1	observational studies	very serious <sup>1</sup>	not serious	not serious	very serious <sup>3</sup>	none	8/14 (57.1%)	7/15 (46.7%)	RR 1.22 (0.60 to 2.48)	103 more per 1000 (from 187 fewer to 691 more)	⊕○○○ 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)