Name: Location:

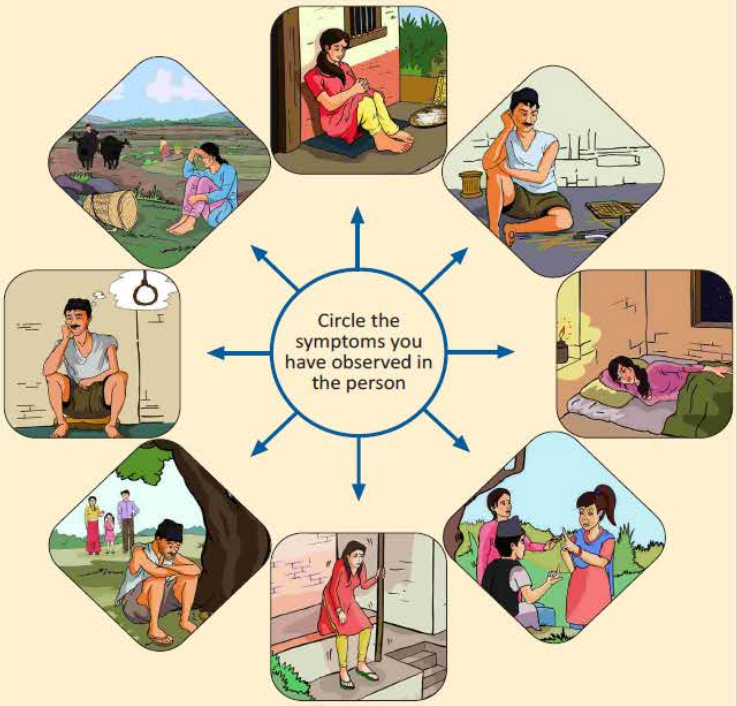
Depression

Since the last Dashain festival, Ram Bahadur looks reallydown and sad. It seemed to have started when his wife died. Nowadays, along with the loss of interest in his work, he doesn't feel like doing anything, not even taking care of his baby son. These days, as he cannot fall asleep at night and has difficulty sleeping, he feels weakand fatigue. He has started to get angry and irritated with his family and friends even abouttrivialmatters. As he feels easily tired and weak, he has started thinking that he cannot do anything in his life. Since past few days, he has started feeling that his future is dark, because of which he does not want to live or feels that his life is useless. For 5 months he has hardly worked on the field anymore, he just sits at home all day.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION



QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) ..... 1 } Finished
- Moderate match (person has significant features of this description) 2
- Good match (description applies well) ..... 3 } Go to A2/A3
- Very good match (person exemplifies description, prototypical case) 4

A2. Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3. Does this person want support in dealing with these problems?

- No 1
- Yes 2

Results (Total score of items A1, A2 and A3):

TPO Nepal PEACE OF MIND PRIME HealthNet TPO

Supplemental Figure S1. Example of CIDT for depression

Table S1. Schedule of Female Community Health Volunteer (FCHV) training

Note: Differences in Community Informant Detection Tool (CIDT) version presented in red text

DAY 1

Session number	Time		Content	Methodology	Material	Involved Person	Remarks
1	11:00-11:45		Introduction, expectation collection	lectures	Ball, rope, Meta card	2 counselors	
2	11:45-12:20		Objective of training, Introduction about TPO and prime project	Lectures, Discussion	power point, newsprint, meta card	2 counselor	With Tea break
	12:20-12:30		Tea break				
3	12:30-1:00		Mental health and problem • What is understanding about heart and brain • What is mental health and its problem • You have seen this problem in your community? If yes, write its symptoms	Group work	Newsprint, marker, masking tape, meta card	2 counselor	Divide with 3 groups
4	1:00-2:00		Lunch time				
5	2:00-2:30		Mental health and problem • What is understanding about heart and brain • What is mental health and its problem • You have seen this problem in your community? If yes, write its symptoms	Presentation	Newsprint, Marker, Meta cards	2 counselor	

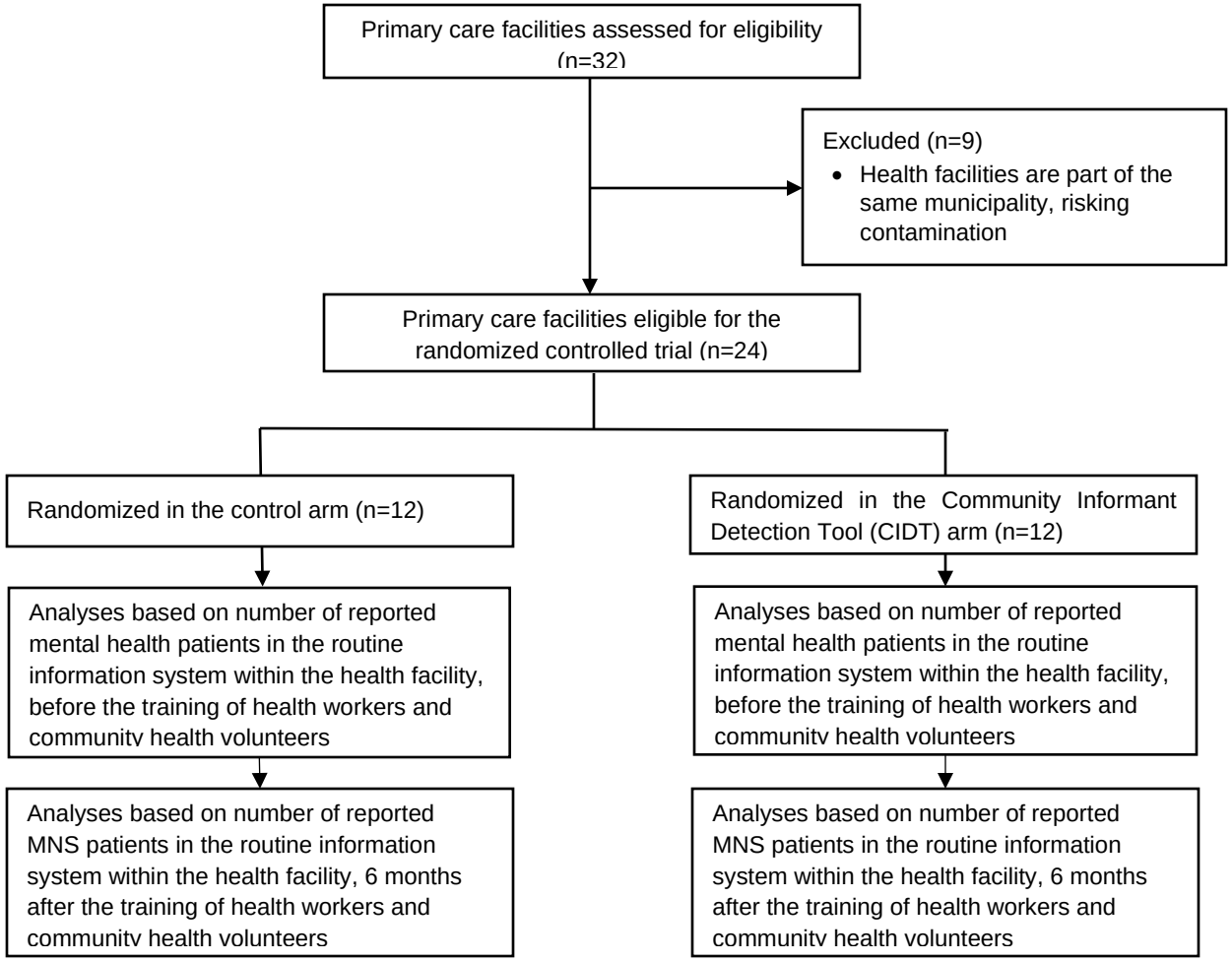
6	2:30-3:30		Mental health and problem • What is understanding about heart and brain • What is mental health and its problem • You have seen this problem in your community? If yes, write its symptoms	Lectures , experience sharing	Power point, newsprint, marker, masking tape	2 counselor	
7	3:30-3:50		Explaining referral pathways **Introduction and purpose of CIDT**	Lectures, and experience sharing	Power point, newsprint, marker, masking tape	2 counselor	
8	3:50-4:00		Review of the whole day training	Sharing and discussion	Meta card, color pen	2 counselor, participant	

Day 2

Session Number	Time		Content	Methodology	Material	Involved Person	Remarks
1-3	11:00-1:00		General referral processes in the community	Lectures, discussion	Newsprint paper, markers, masking tape, meter card	2 counselors	With tea break
1	**11:00-11:30**		**How does CIDT Works and role of FCHV** • **Why mental health problem needs to find in our community?**	**lectures, discussion**	**Newsprint, marker, maskingtape, meter card**	**2 counselors**	
2	**11:30-12:15**		**Phase and process of CIDT**	**Group work**	**power point, newsprint, meta card**	**2 counselors**	**With Tea break**
3	**12:15-1:00**		**Phase and process of CIDT**	**Lectures**	**Newsprint, marker, masking tape, meta card**	**2 counselors**	**Divide with 3 groups**
4	1:00-2:00		Lunch time				
5	2:00-2:30		Step: 1 • Depression • Alcohol use disorder • Epilepsy • Psychosis	Presentation ,role play	Newsprint, Marker, Meta cards	2 counselor	
6	2:30-3:00		Feature of Community informant detection tools user	Lectures , experience sharing	Power point, newsprint, marker, masking tape	2 counselor	
7	3:00-3:30		Introduction about Stigma	Lectures, discussion, experience sharing	Power point, newsprint, marker, masking tape	2 counselor	
8	3:30-4:00		Strategy for reducing vulnerability in our community	Lectures, and experience sharing	Power point, newsprint, marker, masking tape	2 counselor	
9	4:00-4:30		Review of the training and take feedback	Sharing and discussion	Meta card, marker	Participant and counselor	

Table S2. Details of health posts in study

Health Post Name	Rural/ Peri-Urban	Number of health staff	Study Arm	Community Health Volunteers Trained (N)	Gender of Community Health Volunteers	Total Patient Volume	Depression	AUD	Psychosis	Epilepsy	Other MNS
Ayodhayapuri health post	Rural	2	Control	10	Female	12120	3	7	1	9	0
Badharjhula UHC	Rural	1	Control	1	Female	12120	6	5	1	2	4
Darechowk Health post	Rural	2	Control	8	Female	10769	1	6	5	1	0
Gardhi health post	Rural	3	Control	8	Female	10350	6	0	0	9	0
Kabilash CHU	Rural	1	Control	9	Female	6521	1	3	0	0	0
Kabilash health post	Rural	3	Control	9	Female	6521	4	10	3	0	0
Kalyanpur health post	Rural	1	Control	9	Female	7678	5	2	1	3	0
Kathar Health Post	Rural	2	Control	9	Female	10851	11	2	1	8	1
Kaule Health post	Rural	2	Control	8	Female	6451	0	4	2	3	0
Khairani Health Post	Rural	5	Control	9	Female	24027	15	5	1	6	0
Korak Health Post	Rural	3	Control	5	Female	7481	4	0	1	0	0
Padampur Health Post	Rural	4	Control	6	Female	16835	5	6	3	6	0
Bachaulli health post	Rural	4	CIDT	9	Female	12202	17	8	3	15	1
Bhagauda Hospital	Rural	7	CIDT	8	Female	12285	9	5	3	11	5
Bhandara health post	Rural	2	CIDT	9	Female	18091	9	6	2	6	0
Birendranagar health post	Rural	3	CIDT	8	Female	16772	9	7	3	13	8
Chainpur Health Post	Rural	2	CIDT	9	Female	18764	1	3	5	6	1
Dhakhani health post	Rural	2	CIDT	9	Female	5465	0	10	0	0	0
Jutpani PHC	Rural	6	CIDT	7	Female	16025	19	5	11	12	0
kumroj Health Post	Rural	2	CIDT	9	Female	9066	3	7	4	7	2
Piple health Post	Rural	1	CIDT	9	Female	17373	11	5	4	8	1
Pithuwa Health Post	Rural	3	CIDT	9	Female	14003	7	4	2	10	1
Shaktikhor Health Post	Rural	3	CIDT	9	Female	10658	3	5	2	6	0
Siddi Health Post	Rural	2	CIDT	10	Female	4410	1	0	0	3	0



Supplemental Figure S2. CONSORT flow chart.

CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	3
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	4
	2b	Specific objectives or hypotheses	5
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	6
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	No changes
Participants	4a	Eligibility criteria for participants	6
	4b	Settings and locations where the data were collected	5-6
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	7, as well as 5
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	6
	6b	Any changes to trial outcomes after the trial commenced, with reasons	No changes
Sample size	7a	How sample size was determined	n/a
	7b	When applicable, explanation of any interim analyses and stopping guidelines	n/a
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	6
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	6

Section/Topic	Item No	Checklist item	Reported on page No
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	6
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	6
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	n/a
	11b	If relevant, description of the similarity of interventions	7
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	7
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	n/a
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	8
	13b	For each group, losses and exclusions after randomisation, together with reasons	n/a
Recruitment	14a	Dates defining the periods of recruitment and follow-up	7
	14b	Why the trial ended or was stopped	n/a
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	n/a
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	7-8, 14
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	7-8, 14
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	7-8, 14
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	n/a
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	None to be reported
Discussion			

Section/Topic	Item No	Checklist item	Reported on page No
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	9
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	9
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	9-10
Other information			
Registration	23	Registration number and name of trial registry	3
Protocol	24	Where the full trial protocol can be accessed, if available	n/a
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	11

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.