		Screening Que			Qualitative	ė			Qua	antitative R	CT			Quantititative Non-Randomised					Qunaititative D		iptive				Mixed Methods		Final Score	Strength	gth Reasons		
Code Author &	Year Paper	Are there clear qualitative and quantitative research questic (or objectives*), a clear mixed methods questic (or objective*)?	Do the collected data allow address the research question (objective)? E.g., consider whether the follow-up period is long ae enough for the outcome to occur (for longitudinal studies or study components).	1. Is the qualitative approach appropriate to answer the research question?	2. Are the qualitative data collection methods adequate to address the tresearch question?	3. Are the findings adequetly derived from the data?	4. is the interpretation of the results sufficiently substantiate d by data?	S. Is there coherance between qualitative data sources, collection, analysis & interpretation?	is randomisati on appropriatei y performed?	Are the groups comparable at baseline?	Are there complete outcome data?	Are Outcome Did assessors part blinded by adh the interventio asin interprovided? ?	igned ive	e rticipants presentitat e of the rget pulation?	2. Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/interventi on and outcomes?	Are there complete outcome data?	Are the confounder as accounted for in the design and analysis?	During the 1 study s period, is s the rinterventi on administe red (or exposure occurred) as intended?	1. is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?	2. is the sample representa two of the population understudy ?	3. Are measurement s appropriate (clear origin, or validity known, or standard instrument)?	Is the risk of nonrespons e bias low?	the	the	Are the different components of the study effectively integrated to answer the research question?	components adequately	quantitative an	of the study s adhere to the quality			
7 Morrow 2	Intersectionality as an analytic Framework for understanding the Experiences of mental health stigma among radalized men	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes																			,		809	6 Moderate	1. Yes. 2. Yes. 1. Can't tell - does not report on data analysis method and does not us participant names/ages/flous group numbers not reported so can't tell where it is derived from. 4. Yes 5. Yes - dear link between al
1 Fung 2021	Exploring mechanisms of mental illness stigma reduction in Asian 1a Canadian Men	Yes	Yes						Can't tell	Can't tell	Yes	Can't tell Can	n't Tell																209	6 Weak	 Generic statement "participants were randomly assigned" but does not state how. does not report differences in participant baseline data once randomised, cannot determine if comparable or not. Not reported if outcome assessors were blinded to intervention
4 Kohrt 202	Collaboration with people with lived experience of mental illness to reduce stigma and improve primary care services	Yes	Yes						Yes	Yes	Yes	Yes Can	n't Tell																809	6 Moderate	1.Randomization well described. 2. Baseline charecteristics desribed, no significant differences. 3. Yes, 73-76% completed intervention and control. 4. States assessors are blinded in abstract. 5. Does not report on adherence/compliance to intervention 1. res computer randomisation creary stated. 2. Yes, clearly stated.
	Tell your Story. A Randomised controlled trial of an online intervention to reduce mental health stigms and increase help-																														3 Yes- 88.8% of data completed, (193 participants) total, a variable a and 3 time points (total of 1236 possible responses (1930-ks), 489 responses at basiline, 329 responses at post, 366 responses) 1236 possible responses - 88.8% completion role. 4. Does not report. No. Average of 4.76 modules completed out
8 Nickerson	A pilot trial of gender-based motivational interviewing for helseking and internalizing symptor in men		Yes						Yes Can't tell	Yes Can't tell	Yes	Can't Tell No																		6 Moderate 6 Weak	of 11 (43% adherance rate) 1. Does not report on randomisation process. 2. Does not report differences in baseline charecteristics, only key variables at basline. 3. High % of people report at 1 and 3months. 4. Not reported. 5. Yes. Single session
16 Fung 2021	Examining Different Strategies for Stigma Reduction and Mental	Yes	Yes						Can't tell	Can't tell	Yes	Can't tell Can	n't tell																201	6 Weak	1. Does not report on randomisation process. 2. Does not report differences in baseline charecteristics following randomisation. 3. Yes - 87% completion rate 4. Does not report 5. Does not report adherence to interventions.
	Development and evaluation of digital game-based training for managers to promote employee mental health and reduce mental illness stigma at work stigma at work.	Yes	Yes										Ye	·s	No	No	No	Yes											409	6 Weak	 4.8 of 59 available sample participated. No - developed own quiz, OMS-WA psychometric properties not validated. No, 79% completion at follow-up. Only accounted for age and education. Did not account for other demographics Yes, appears people participated as intended (single session)
11 Sayer 201	Does help seeking behabiour change over time following a workplace mental health intervention in the coal mining industy	Yes	Yes										No		Yes	Yes	Yes	Can't tell											609	6 Moderate	1. No, only conducted with one company and two mines. 2. Yes - stigma included in "barriers to help-seeking" 3. Yes, 95% complete. 4. Yes, accounted for in analysis. 5. Does not report
12 Shimatzu	Effectiveness of group CBT in reducing self stigms in japanese psychiatric patients	Yes	Yes										Ne		γρε	Yes	No	No											401	6 Weak	No. Sampling from one clinic, population not described in depth. Yes, clearly described. Yes, clearly described. Yes, 6% drop-out rate No, background charecteristics or other treatments not accounted for in analysis. Participants may have been exposed to other treatments during intervention and not accounted for
14 Tunan 201	Feasibility and acceptability of strategies to address mental healt and mental ill-health in the australian coal mining industy.		Vas										Ve		Vac	No	No	Yes											609	6 Moriarata	1.8/10 mines invovied, stratification to ensure representative cross-section of industry. 2. Yes, clearly described. 3. No -average of site repsions rates 75.7% (for VWMMP & control) 4. No - did not account for any confounders 5. Yes, single session & appears it was delivered as alonged.
	Pilot study of internet-based early intervention for combat-related																														1. Target participants well described. 2. Developed own scale to assess attitudes towards mental health and only selected some of these questions. 3. No -72% completion rate across all insepoints (L44 response out of possible 200) 4. No did not account for any confounders.
15 Voorhees	mental distress	Yes	Yes										Ye	S	No	No	No Y	res											409	6 Weak	5. Yes appeared to be delivered as intended 1. No-just states that the evaluation was complex. 2. No-reports the qual and quant data separately without any attempt to integrate data. No-does not integrate data in interpretation 4. No-does not report any differences between qual and quant data.
10 Robinson	Influencing public awareness to prevent male suicide Developing mental health awareness and help-seeking in	Yes	Yes																					No	No	No	No	No	03	6 Weak	to twee rique air upon cause. 5. No - does not adequently report on the descriptive design element of this study elements of the study element of the study element e
17 Woods 20	020 prison.	Yes	Yes																					No	No	No	Yes	Yes	409	6 Weak	between the two methods used.