Appendix 3

Quality assessment form adapted from the Ottawa-Newcastle scale (NOS) for assessing non-randomised studies

		Yes/No/Unclear
Selection of participants	[1] Was the inclusion/exclusion clearly described? (for example, age, diagnosis status, anxiety/depression) [2] Was inclusion/exclusion assessed using valid and reliable measures? (for example, clinical interview to ascertain anxiety/depression or standardised questionnaires) [3] Was recruitment strategy clearly described? [4] Did the investigators ensure that the exposed/unexposed group were comparable (for example did they use stratification or matching)	
Adequate description of study population	[1] Was study population well characterised? ➢ Age ➢ Sex ➢ Ethnicity ➢ Homelessness (yes/no) ➢ Suitable definition of anxiety/depression	
Valid method for evaluating outcome	[1] Was there a definition provided for the key outcomes: ➢ Anxiety/depression caseness or diagnosis ➢ Health care use level and range ➢ Health care costs and range [2] Was there a method used to ascertain anxiety/depression clearly defined? ➢ Standardised questionnaires validated to the setting ➢ Standardised questionnaire not validated for the setting ➢ Clinical interview based on the ICD or DSM (version specified) ➢ Semi-structured research interview based on ICD or DSM version specified [3] Was a valid and reliable measure used to report outcomes? For example ➢ Frequency/range of health care use ➢ Mean/variation/currency of health care cost ➢ Clinical interview/Questionnaire score/variation	
Adequate follow-up period *(where applicable)*	[1] Was follow-up adequate enough for the outcome to occur? [2] Was follow-up period the same across groups? [3] Were differences in follow-up adjusted for using statistical techniques?	
Completeness of follow-up *(where applicable)*	[1] Were drop-out rates and reasons for drop-out similar across exposed and unexposed? [2] Were numbers of drop-outs/withdrawals documented at each time point?	
Analysis and control of confounders	[1] Does the study identify any confounders? [2] Does the study control for these confounders?	
Sample size calculation	[1] Is the sample size adequate? [2] Did the study describe how the sample size was calculated? [3] Was the sample size large enough to detect differences in events between groups? (i.e. mean change)	
Analytical methods appropriate	[1] Was the type of analysis appropriate for the type of outcome data? For example:	

	➢ Continuous – Mixed model, ANCOVA ➢ Categorical - Mixed model for categorical outcome ➢ Dichotomous – Logistic regression [2] Was loss to follow-up accounted for in the analysis (e.g. through sensitivity analysis)	

Abbreviations

PROSPERO: Prospective Registering of Systematic Reviews; CINAHL: Cumulative Index for Nursing and Allied Health Literature; NHS: National Health Service; GP: General Practitioner; ED: Emergency Department; ANCOVA: Analysis of Covariance; PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analysis; NOS: The Newcastle – Ottawa Scale; PHQ-9: Patient Health Questionnaire-9; GAD-7: Generalised Anxiety Disorder Assessment-7; SCID: Structured Clinical Interview for DSM; ICD: International Classification of Diseases; DSM: Diagnostic and Statistical Manual of Mental Disorders.