Additional file 2: Criteria for quality assessment and study evaluation table

Criteria for quality assessment

The criteria for assessing study quality using the Mixed Methods Appraisal Tool (MMAT) [1] were clarified for this review as follows:

Screening questions

- Are there clear quantitative research questions (or objectives)?
- Do the collected data allow address the research question (objective)?

If the answer is not 'Yes' to one or both screening questions, further appraisal may be not feasible or appropriate and the paper would be excluded.

Methodological quality criteria

- i) Are participants (organisations) recruited in a way that minimises selection bias?
 At recruitment stage: Consider whether the exposed and non-exposed groups are recruited from the same population.
- ii) Are measurements appropriate (clear origin, or validity known, or standard instrument) regarding the exposure and outcomes?
 - At data collection stage: Consider whether (a) the variables are clearly defined and accurately measured; (b) the measurements are justified and appropriate for answering the research question; and (c) the measurements reflect what they are supposed to measure.
- iii) Are the most important factors which should be adjusted for taken into account in the analysis? At data analysis stage: Consider whether (a) demographic characteristics are adjusted for, e.g. age, gender, marital status et al.; (b) outcomes at baseline are adjusted for, e.g. symptom severity at baseline
- iv) Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (60% or above)?

Studies included in review

Reference	Study population	Sample	Length of follow-up period	Follow-up rate	Predictor variable	Outcome variable	Study quality		
		size	(short/medium/long term)	achieved			assessment		
			(short = <1 year; medium =				rating [unmet		
			1-2 years; long = >2 years)				criteria *]		
Depression	Depression								
Hybels et al. (2016)	Older adults with major	368	Long	Not clear	Perceived social support	Trajectory class (quick recovery, slow	**		
[2], USA	depression					recovery, persistent moderate, and persistent	[3, 4]		
						high)			
Holvast et al. (2015)	Older adults with major	378	Medium	75.4%	Loneliness	Severity and remission of depression	***		
[3], the Netherlands	depression, dysthymia, or						[4]		
	minor depression								
Holma et al. (2012)	Psychiatric patients with	269	Long	85.1% at 6 months,	Perceived social support	Disability pensions	****		
[4], Finland	major depressive disorder			77% at 18 months,					
				67.7% at 5 years					
Backs-Dermott et al.	Female remitted depressed	90	Medium	64.4%	Perceived social support	Relapse versus stable remitted	***		
(2010) [5], Canada	adults						[3]		
Bosworth et al. (2008)	Older adults with major	241	Medium	100%	Perceived social support	Depression severity	**		
[6], USA	depression						[1, 4]		
Rytsala et al. (2007)	Adults with diagnosis of	269	Medium	77.3%	Perceived social support	Work disability allowances	***		
[7], Finland	unipolar depression						[4]		
Rytsala et al. (2006)	Psychiatric patients with	269	Medium	87%	Perceived social support	Functional disability, social and work	***		
[8], Finland	unipolar depression					adjustment, and days spent ill in bed or not	[4]		
Leskela et al. (2006)	Adults with major	269	Medium	85.1% at 6 months,	Perceived social support	Severity of depression	****		
[9], Finland	depressive disorder			76.9% at 18 months					
Steffens et al. (2005)	Older adults with major	204	Long	Not clear	Perceived social support	Severity of depression	**		

[10], USA	depression						[1, 4]
Ezquiaga et al. (2004)	Adults with unipolar major	72	Medium	79.2%	Perceived social support	Episode remission	**
[11], Spain	depression						[3, 4]
Gasto et al. (2003)	Elderly patients with	108	Short	Not clear	Perceived social support	Severity of residual symptoms	**
[12], Spain	unipolar major depression						[3, 4]
Bosworth et al. (2002)	Older adults with major	239	Long	86.5%	Perceived social support	Time-to-remission	***
[13], USA	depression						[4]
Bosworth et al. (2002)	Older adults with major	301	Medium	84.6%	Perceived social support	Remission	***
[14], USA	depression						[4]
Triesch (2002) [15],	Adults with major	66	Short	68.0%	Perceived social support	Severity of depressive symptoms, and	***
USA	depressive disorder					quality of life	[4]
Hays et al. (2001)	Older adults with major	159	Medium	Not clear	Perceived social support	Activities of daily living	***
[16], USA	depression						[4]
Oxman and Hull	Older adults with	415	Short	74.0%	Perceived social support	Depression severity	***
(2001) [17], USA	dysthymia						[4]
	or minor depression						
Brummett et al. (2000)	Older adults with major	115	Medium	94.8% at 6 months,	Perceived social support	Depressive symptoms	**
[18], USA	depression			76.5% at 1 year			[1, 4]
Sherbourne et al.	Patients with	604	Medium	62%	Perceived social support	Number of depressive symptoms	**
(1995) [19], USA	depression/depressive						[2, 4]
	symptoms						
Blazer et al. (1992)	Adults with depression	118	Medium	98%	Perceived social support	Decreased life satisfaction symptoms, and	****
[20], USA						endogenous symptoms	
Blazer et al. (1991)	Patients with depression	125	Medium	Not clear	Perceived social support	Depressive symptoms	**
[21], USA							[3, 4]
Brugha et al. (1990)	Adults with depression	130	Short	92%	Perceived social support	Symptom severity	****
[22], UK							

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George et al. (1989)	Middle-aged and elderly	150	Long	100%	Perceived social support	Depressive symptoms	***			
[23], USA	depressed in-patients						[1]			
Krantz and Moos	Patients with major or	424	Medium	98.8%	Perceived social support	Remitted, partially remitted, and nonremitted	***			
(1988) [24], USA	minor depression						[3]			
Schizophrenia/schizoaf	Schizophrenia/schizoaffective disorders									
Ritsner et al. (2006)	Inpatients with	148	Medium	100%	Perceived social support	Quality of life	***			
[25], Israel	schizophrenia/schizoaffecti						[3]			
	ve disorders									
Brekke et al. (2005)	Adults with	139	Medium	71.9%	Perceived social support	Global functional outcome (work, social	**			
[26], USA	schizophrenia/schizoaffecti					functioning, and independent living), and	[3, 4]			
	ve disorders					social functioning domain				
Bipolar disorder										
Koenders et al. (2015)	Bipolar I and II outpatients	173	Medium	71.1%	Perceived social support	Symptoms severity, and functional	***			
[27], the Netherland						impairment	[4]			
Cohen et al. (2004)	Remitted patients with	52	Medium	100%	Perceived social support	Recurrence	**			
[28], USA	prior diagnosis of bipolar I						[3, 4]			
	disorder									
Daniels (2000) [29],	Adults with diagnosis of	42	Short	95.2%	Perceived social support	Depressive symptomatology, manic	***			
USA	bipolar disorder					symptomatology, and functional impairment	[1]			
Johnson et al. (1999)	Adults with diagnosis of	59	Medium	77.6%	Perceived social support	Time to recovery, severity of manic and	**			
[30], USA	bipolar disorder					depressive symptoms	[1, 4]			
Anxiety disorders				•						
Jakubovski and Bloch	Patients with diagnosis of	1004	Short	Not clear	Perceived social support	Remission, and response (a reduction of at	***			
(2016) [31], USA	generalized anxiety					least 40% symptoms at 6 months)	[4]			
	disorder, panic disorder,									
	social anxiety disorder or									
	post-traumatic stress									

	disorder							
Shrestha et al. (2015)	Older adults with	134	Medium	Not clear	Perceived social support	Quality of life	**	
[32], USA	generalised anxiety						[3, 4]	
	disorder							
Dour et al. (2014)	Adults with diagnoses of	1004	Medium	87% at 6 months, 81%	Perceived social support	Anxiety symptoms, and depressive	****	
[33], USA	panic, generalized anxiety,			at 12 months, and 80%		symptoms		
	social anxiety, and/or			at 18 months				
	posttraumatic stress							
	disorder							
Mixed samples with various mental health problems								
Fleury et al. (2013)	Individuals with severe	352	Medium	84.4%	Perceived social support	Subjective quality of life (satisfaction with	**	
[34], Canada	mental disorders according					life domains)	[3, 4]	
	to the DSM-IV -							
	schizophrenia and other							
	psychotic disorders, or							
	mood disorders							
Van Beljouw et al.	People with anxiety or	743	Medium	79.9%	Loneliness	Severity of depression and anxiety	***	
(2010) [35], the	depressive disorder						[4]	
Netherlands								

^{*} Quality criteria: 1 = selection bias; 2 = measurement quality; 3 = adjustment of confounders; 4 = percentage of complete outcome data/response rate/follow-up rate

Reference

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