

Supplementary Table 1. Interventions in the review.

Study	Type of intervention	Description of intervention in each group
Professional interventions		
Mathias (1994) ²⁷ US Mazonson (1996) ³⁴	Audit plus feedback	A screener was used to determine elevated anxiety levels among patients with previously undetected anxiety. The physicians met on an individual basis with a study physician who provided them with information on anxiety, described patient profiles to be maintained, and reviewed anxiety profiles for three patients. A toll-free number to discuss their patients with a study physician during the course of the study was also provided.
	Usual care	No further details.
Andersen (1990) ²⁸ US	Brief education	3.5-hour seminar with focus on diagnosis, treatment, and referral for selected DSM-III/DSM-III-R affective and anxiety disorders. After the seminar, the physicians received the psychiatric knowledge inventory.
	Usual care	No further details.
Zwar (2000) ²⁹ Australia	Educational outreach on benzodiazepine prescription	20-minute appointment in the practice focused on the management of long-term users of benzodiazepines by a fellow GP trained on the technique of "academic detailing". Management withdrawal of benzodiazepines in patients no longer benefiting from benzodiazepines. Management guidelines for anxiety and insomnia are provided as well as leaflets for patients with relaxation exercises and tips to manage withdrawal from benzodiazepines.
	Educational outreach on antibiotic use	No further details.
De Burgh (1995) ³⁰ Australia	Educational visit and supporting material	20-minute educational visit in the doctor's surgery, during surgery hours, by a trained practice visitor. Provision of educational material including management guidelines to clarify indications for benzodiazepine use. Educational material for patients to help improve sleep. Doctors encouraged to review at least five patients.
	Usual care	No further details.
Organisational interventions		
Marks (1985) ³³ UK	Nurse substitutions	Physicians in primary care teams are aided by nurse therapists working within these teams in order to conduct patient-tailored behavioral therapy in the surgery, in the patient's home, or in another setting. Therapy includes exposure for phobics and obsessive-compulsives, self-regulation for habit disorders, and sexual skill training for patients with sexual dysfunction.
	Usual care	No further details.
Roy-Byrne (2001) ³¹ US	Collaborative care	Physicians receive a 1-hour demonstration on recognition of depression and antidepressant treatment. They also receive a published medication algorithm. After patient visit to psychiatrist, physician is sent typed consultation note from the psychiatrist. Patients receive education via videotape and pamphlet describing the nature of panic disorder, its ability to mimic other medical illnesses, the effectiveness of medication treatment, a model of how medication works in the brain, and adverse effects. Same points are systematically emphasised during visits to psychiatrist who also addresses negative attitudes. Patients have two follow-up psychiatric telephone calls and a second visit to the psychiatrist. A schedule of extended care aimed to overcome the lack of follow-up and monitoring that typically occurs in connection with acute primary care.
	1-hour demonstration, medication algorithm	Physicians receive a 1-hour demonstration on recognition of depression and antidepressant treatment. They also receive a published medication algorithm.
Price (2000) ³² US	Integrated primary care/mental health model	Primary care physicians and psychologists hold curbside consultations and formulate treatment plans together with the patient. They also co-ordinate referrals to the mental health department. Psychologists attend department meetings, provide patient education, and follow up on patients in treatment. Psychologist meets with patient and primary care physician to discuss screening results, explain treatment options, and recommend appointment for further evaluation. A liaison psychiatrist is available on site and for telephone consultation.
	Usual care	No further details.