

Supplementary File 2 - Parameter Values						
Parameter category	Condition	Description	Base value	Minimum	Maximum	Source
Disability weight	Health	Full health	0	0	0	
Disability weight	Death	Death	1	1	1	
Disability weight	Anxiety	Proportion of all anxiety cases that are asymptomatic, unadjusted	0.29	0.28	0.30	GBD 2019
Disability weight	Anxiety	Proportion of all anxiety cases that are mild, unadjusted	0.39	0.34	0.44	GBD 2019
Disability weight	Anxiety	Proportion of all anxiety cases that are moderate, unadjusted	0.19	0.16	0.23	GBD 2019
Disability weight	Anxiety	Proportion of all anxiety cases that are severe, unadjusted	0.13	0.09	0.17	GBD 2019
Disability weight	Anxiety	Disability weight for mild anxiety	0.03	0.02	0.05	
Disability weight	Anxiety	Disability weight for moderate anxiety	0.13	0.09	0.19	
Disability weight	Anxiety	Disability weight for severe anxiety	0.52	0.36	0.68	
Disability weight	Bipolar disorder	Disability weight for euthymia during bipolar disorder	0.03	0.02	0.05	GBD 2019
Disability weight	Bipolar disorder	Disability weight for a depressive episode of bipolar disorder	0.40	0.27	0.53	GBD 2019
Disability weight	Bipolar disorder	Disability weight for a manic episode of bipolar disorder	0.49	0.34	0.65	GBD 2019
Disability weight	Depression	Proportion of all depression cases that are asymptomatic, unadjusted	0.13	0.10	0.17	GBD 2019
Disability weight	Depression	Proportion of all depression cases that are mild, unadjusted	0.59	0.49	0.69	GBD 2019
Disability weight	Depression	Proportion of all depression cases that are moderate, unadjusted	0.17	0.13	0.22	GBD 2019
Disability weight	Depression	Proportion of all depression cases that are severe, unadjusted	0.10	0.03	0.20	GBD 2019
Disability weight	Depression	Disability weight for mild depression	0.15	0.10	0.21	GBD 2019
Disability weight	Depression	Disability weight for moderate depression	0.40	0.27	0.53	GBD 2019
Disability weight	Depression	Disability weight for severe depression	0.66	0.48	0.81	GBD 2019
Employment	Anxiety	Increased odds of failing to complete secondary education among adolescents with anxiety in secondary school	1.40	1.10	1.80	Esch 2014
Employment	Bipolar disorder	The reduction in probability that a person with bipolar disorder will graduate from tertiary school; 50% variability in sensitivity analysis	0.34	0.17	0.51	Glahn 2006
Employment	Bipolar disorder	Multiplier for reduction in probability of employment if have bipolar disorder; 50% variation in sensitivity analysis	0.60	0.30	0.90	Bowden 2005
Employment	Bipolar disorder	Multiplier for reduction in productivity (mostly due to absenteeism) among employees with bipolar disorder; 50% variation in sensitivity analysis	0.80	0.40	1.00	Bowden 2005
Employment	Comorbid anxiety and depression	Proportion of working time lost due to depression, including both absenteeism and presenteeism, while actively depressed; use this figure for anxiety as well, as data suggest they are similar (Harvard Health Publishing 2010)	0.38	0.36	0.40	Beck 2011
Employment	Depression	Increased odds of failing to complete secondary education among adolescents depressed in secondary school (point estimate is for major depression, which had no reported CI; CI is for early onset depression)	3.38	1.18	6.42	Esch 2014
Incidence	Bipolar disorder	Number of depressive episodes per year among people with any form of bipolar	0.96	0.83	1.10	Tondo 2017
Incidence	Bipolar disorder	Number of (hypo)manic depressive episodes per year among people any form of bipolar	0.94	0.78	1.10	Tondo 2017

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Incidence	Comorbid anxiety and depression	Proportion of people with major depressive disorder within the past 12 months that also reported anxiety within the past 12 months; low is the reported IQR (the 95% CI based on the combined standard error is much smaller) from Kessler; high is proportion of people with depression that also have anxiety from Gorman 1996	0.42	0.30	0.90	Kessler 2015
Incidence	Comorbid anxiety and depression	Proportion of people with lifetime anxiety and depression that reported same time of onset of symptoms; low and high is the reported IQR (this specific figure is not reported for 12-month cases in Kessler 2015)	0.19	0.11	0.24	Kessler 2015
Incidence	Comorbid anxiety and depression	Proportion of people with anxiety who display symptoms of depression. Baseline is estimate for GAD from Gorman 1996; low is lowest estimate from subtypes of anxiety disorders from Gorman 1996; high is general estimate from Gorman 1996	0.62	0.20	0.85	Gorman 1996
Incidence	Comorbid anxiety and depression	Average global life expectancy in 2017	68.33			World Bank
Incidence	Suicide	Percent of suicides attributable to depression; 95% UI	0.46	0.28	0.61	Ferrari 2014
Incidence	Suicide	Percent of suicides attributable to anxiety; 95% UI	0.07	0.03	0.13	Ferrari 2014
Incidence	Suicide	Percent of suicides attributable to bipolar disorder; 95% UI	0.05	0.02	0.11	Ferrari 2014
Incidence	Suicide	Pooled relative risk of suicide due to depression; 95% UI	19.90	9.50	41.70	Ferrari 2014
Incidence	Suicide	Pooled relative risk of suicide due to bipolar; 95% UI	5.70	2.60	12.40	Ferrari 2014
Incidence	Suicide	Pooled relative risk of suicide due to anxiety; 95% UI	2.70	1.70	4.30	Ferrari 2014
Model files	All	Annual discount rate	0.03	0.00	0.05	Tan-Torres Edejer 2003
Prevention	Anxiety	Relative risk of developing anxiety after receiving universal school-based prevention intervention; effect ends 6 months after receiving intervention	0.25	0.10	0.65	Stockings 2016
Prevention	Comorbid anxiety and depression	Risk of developing internalizing disorder (both anxiety and depression) immediately after receiving universal preventive care in schools	0.39	0.26	0.59	Stockings 2016
Prevention	Comorbid anxiety and depression	Risk of developing internalizing disorder (both anxiety and depression) 1-3 months after receiving universal preventive care in schools	0.35	0.24	0.53	Stockings 2016
Prevention	Comorbid anxiety and depression	Risk of developing internalizing disorder (both anxiety and depression) 6-9 months after receiving universal preventive care in schools; effect ends 12 months after receiving intervention	0.49	0.37	0.64	Stockings 2016
Prevention	Depression	Relative risk of developing depression immediately after receiving universal preventive care in schools	0.41	0.24	0.69	Stockings 2016
Prevention	Depression	Relative risk of developing depression 1-3 months after receiving universal preventive care in schools	0.35	0.24	0.53	Stockings 2016
Prevention	Depression	Relative risk of developing depression 6-9 months after receiving universal preventive care in schools; effect ends 12 months after receiving preventive care in schools	0.46	0.35	0.62	Stockings 2016
Prevention	Depression	Relative risk of developing depression immediately after receiving indicated preventive care in schools	0.32	0.14	0.73	Lee 2017
Prevention	Depression	Relative risk of developing depression 6 months after receiving indicated preventive care in schools; effect ends 12 months after receiving preventive care in schools	0.34	0.2	0.59	Lee 2017

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Prevention	Suicide	Odds ratio for incident suicide attempts at 3 months of follow up	0.78	0.42	1.44	Wasserman 2015	
Prevention	Suicide	Odds ratio for incident suicide attempts at 12 months of follow up	0.45	0.24	0.85	Wasserman 2015	
Prevention	Suicide	Mortality ratio of adolescents' death by suicide after self harming vs no self harm	46.00	29.90	67.90	Olfson 2018	
Prevention	Suicide	Mortality ratio of young adults' death by suicide after self harming vs no self harm	19.20	12.70	28.00	Olfson 2018	
Prevention	Suicide	Risk ratio of probability of suicide among people who have self-harmed after receiving targeted follow up	0.11	0.02	0.45	Fleischmann 2008	
Prevention	Suicide	Probability of presenting at hospital after self harm	0.41	0.35	0.49	Clements 2016	
Prevention	Suicide	Coverage of suicide prevention at hospital among those who presented for self harm	0.50	0.10	0.90	assumption	
Relapse	Anxiety	Probability of anxiety relapse after treatment ends. The range reflects 1- to 2-year relapse rates after CBT ends; baseline is the mean of the two	0.02	0.00	0.04	Craske 2016	
Relapse	Depression	Number of separate depressive episodes over the lifetime of a person with a history of depression	7.00	5.00	9.00	Burcusa 2007	
Remission	Anxiety	Monthly probability of remission of anxiety; the baseline and lower bounds treat anxiety as a chronic disease with little to no remission without treatment, as described in Martin 2003; upper bound same as upper bound set in GBD, adjusted to be monthly instead of annual	0.0043	0.0001	0.0184	Martin 2003; GBD 2017	
Remission	Bipolar disorder	Average duration of depressive episode among people with any form of bipolar in months; range from Tondo 2017 literature review	5.18	1.65	5.63	Tondo 2017	
Remission	Bipolar disorder	Average duration of manic episode among people with any form of bipolar in months; range from Tondo 2017 literature review	3.46	1.00	7.08	Tondo 2017	
Remission	Depression	Average duration of depressive episode in months	7.80	7.08	8.40	GBD 2019	
Remission	Depression	Life expectancy during the US National Comorbidity Study from which depression remission data taken	75.37			World Bank	
Starting prevalences	Bipolar disorder	Proportion of people with bipolar disorder in depressed state at start	0.23	0.10	0.39	GBD 2019	
Starting prevalences	Bipolar disorder	Proportion of people with bipolar disorder in manic state at start	0.21	0.12	0.33	GBD 2019	
Treatment	Anxiety	Probability of receiving any treatment for anxiety	0.20	0.10	0.50	assumption	
Treatment	Anxiety	Proportion of people receiving treatment for anxiety who get this kind of treatment; have two kinds of internet-based treatment, but their combined share cannot exceed the total proportion of people with access to the internet			Probability of internet access	International Telecommunication Union 2020	
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Treatment	Anxiety	Proportion of people receiving treatment for anxiety who get this kind of treatment; have two kinds of internet-based treatment, but their combined share cannot exceed the total proportion of people with access to the internet	If the probability of internet access is less than 2/3, then the complement of the probability of internet access; otherwise, 1/3	0	1	International Telecommunication Union 2020
Treatment	Anxiety	Odds ratio for remission of anxiety after group CBT	7.86	3.83	16.12	James 2018
Treatment	Anxiety	Summary odds ratio for remission of anxiety from immediately to 2 years after follow up (delivered virtually)	3.22	0.96	10.75	James 2018
Treatment	Anxiety	Odds ratio for remission of anxiety after internet self-help with occasional support from a health worker	5.41	2.26	12.9	Jolstedt 2018
Treatment	Bipolar disorder	2-year hazard ratio for recovery from depressive symptoms from family-focused treatment in addition to pharmacotherapy	1.85	1.04	3.29	Miklowitz 2008
Treatment	Bipolar disorder	Probability of receiving treatment for bipolar disorder	0.2	0.1	0.5	assumption
Treatment	Depression	Probability of receiving treatment for severe depression	0.2	0.1	0.5	assumption
Treatment	Depression	Odds ratio for remission of severe depression after receiving medication and CBT	3	1.58	5.79	Domino et al 2008, Kennard et al 2006
Treatment	Depression	Probability of receiving any treatment for mild or moderate depression	0.2	0.1	0.5	assumption
Treatment	Depression	Proportion of people with depression who get this kind of treatment; have two kinds of internet-based treatment, but their combined share cannot exceed the total proportion of people with access to the internet	If the probability of internet access is less than 2/3, then half of the probability of internet access; otherwise, 1/3	0	Probability of internet access	International Telecommunication Union 2020
Treatment	Depression	Proportion of people with depression who get this kind of treatment; have two kinds of internet-based treatment, but their combined share cannot exceed the total proportion of people with access to the internet	If the probability of internet access is less than 2/3, then half of the probability of internet access; otherwise, 1/3	0	Probability of internet access	International Telecommunication Union 2020
Treatment	Depression	Proportion of people with depression who get this kind of treatment; have two kinds of internet-based treatment, but their combined share cannot exceed the total proportion of people with access to the internet	If the probability of internet access is less than 2/3, then the complement of the probability of internet access; otherwise, 1/3	0	1	International Telecommunication Union 2020
Treatment	Depression	Risk ratio for remission of mild depression after treatment	4.35	2.50	7.69	Oud 2019
Treatment	Depression	Risk ratio for relapse of mild depression after treatment	0.64	0.42	0.98	Oud 2019
Treatment	Depression	Odds ratio for remission of depression after internet self-help with occasional support from a health worker	5.41	2.26	12.9	Jolstedt 2018
Value of health	All	Multiplier for intrinsic value of health (healthy life years * GDP per capita * multiplier)	1	0.5	1	Chang 2017; Chisholm 2016

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