

## Supplementary file 1

**Table S1. The Statements of the Revised – Depression Attitude Questionnaire (R-DAQ) by Haddad et al.<sup>12</sup>**

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1. I feel comfortable in dealing with depressed patients' needs
  2. Depression is a disease like any other (e.g., asthma, diabetes)
  3. Psychological therapy tends to be unsuccessful with people who are depressed (reversed)
  4. Antidepressant therapy tends to be unsuccessful with people who are depressed (reversed)
  5. One of the main causes of depression is a lack of self-discipline and will-power (reversed)
  6. Depression treatments medicalise unhappiness (reversed)
  7. I feel confident in assessing depression in patients
  8. I am more comfortable working with physical illness than with mental illnesses like depression (reversed)
  9. Becoming depressed is a natural part of being old (reversed)
  10. All health professionals should have skills in recognizing and managing depression
  11. My profession is well placed to assist patients with depression
  12. Becoming depressed is a way that people with poor stamina deal with life difficulties (reversed)
  13. Once a person has made up their mind about taking their own life no one can stop them (reversed)
  14. People with depression have care needs similar to other medical conditions like diabetes, COPD or arthritis
  15. My profession is well trained to assist patients with depression
  16. Recognizing and managing depression is often an important part of managing other health problems
  17. I feel confident in assessing suicide risk in patients presenting with depression
  18. Depression reflects a response which is not amenable to change (reversed)
  19. It is rewarding to spend time looking after depressed patients
  20. Becoming depressed is a natural part of adolescence (reversed)
  21. There is little to be offered to depressed patients who do not respond to initial treatments (reversed)
  22. Anyone can suffer from depression
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**Table S2.** The Factors and Corresponding Items Extracted by EFA Among the Sample of Primary Healthcare Physicians in Oman (N: 445)

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### **R-DAQ Dimensions and Statements**

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#### **I. Professional Confidence in Providing Care for People with Depression**

1. I feel comfortable in dealing with depressed patients' needs
7. I feel confident in assessing depression in patients
8. I am more comfortable working with physical illness than with mental illnesses like depression (reversed)
11. My profession is well placed to assist patients with depression
15. My profession is well trained to assist patients with depression
17. I feel confident in assessing suicide risk in patients presenting with depression

#### **II. Optimistic View on Recognizing Depression as A Health Condition**

5. One of the main causes of depression is a lack of self-discipline and will-power (reversed)
9. Becoming depressed is a natural part of being old (reversed)
12. Becoming depressed is a way that people with poor stamina deal with life difficulties (reversed)
13. Once a person has made up their mind about taking their own life no one can stop them (reversed)
20. Becoming depressed is a natural part of adolescence (reversed)
21. There is little to be offered to depressed patients who do not respond to initial treatments (reversed)

#### **III. Generalist Perspective on Integrating Depression Care into Health Practice**

10. All health professionals should have skills in recognizing and managing depression
14. People with depression have care needs similar to other medical conditions like diabetes, COPD or arthritis
16. Recognizing and managing depression is often an important part of managing other health problems
19. It is rewarding to spend time looking after depressed patients

#### **Statements Not Included in The Overall Scale or Subscales**

2. Depression is a disease like any other (e.g., asthma, diabetes)
  3. Psychological therapy tends to be unsuccessful with people who are depressed (reversed)
  4. Antidepressant therapy tends to be unsuccessful with people who are depressed (reversed)
  6. Depression treatments medicalise unhappiness (reversed)
  18. Depression reflects a response which is not amenable to change (reversed)
  22. Anyone can suffer from depression
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**Table S3.** The Distribution of Responses Among the Sample of Primary Healthcare Physicians in Oman (N: 445)

R-DAQ Dimensions and Statements	Agree	Neutral	Disagree
<b>I. Professional Confidence in Providing Care for People with Depression</b>			
1. I feel comfortable in dealing with depressed patients' needs	65.2%	20.9%	13.9%
7. I feel confident in assessing depression in patients	69.2%	16.2%	14.6%
8. I am more comfortable working with physical illness than with mental illnesses like depression (reversed)	60.7%	15.1%	24.3%
11. My profession is well placed to assist patients with depression	62.0%	19.8%	18.2%
15. My profession is well trained to assist patients with depression	47.4%	24.7%	27.9%
17. I feel confident in assessing suicide risk in patients presenting with depression	57.3%	19.8%	22.9%
<b>II. Optimistic View on Recognizing Depression as A Health Condition</b>			
5. One of the main causes of depression is a lack of self-discipline and will-power (reversed)	55.1%	15.3%	29.7%
9. Becoming depressed is a natural part of being old (reversed)	18.0%	9.9%	72.1%
12. Becoming depressed is a way that people with poor stamina deal with life difficulties (reversed)	58.2%	16.0%	25.8%
13. Once a person has made up their mind about taking their own life no one can stop them (reversed)	16.2%	11.9%	71.9%
20. Becoming depressed is a natural part of adolescence (reversed)	15.5%	14.8%	69.7%
21. There is little to be offered to depressed patients who do not respond to initial treatments (reversed)	13.5%	9.9%	76.6%
<b>III. Generalist Perspective on Integrating Depression Care into Health Practice</b>			
10. All health professionals should have skills in recognizing and managing depression	91.7%	3.4%	4.9%
14. People with depression have care needs similar to other medical conditions like diabetes, COPD or arthritis	90.3%	4.0%	5.6%
16. Recognizing and managing depression is often an important part of managing other health problems	95.3%	2.2%	2.5%
19. It is rewarding to spend time looking after depressed patients	73.9%	16.2%	9.9%
<b>Statements Not Included in The Overall Scale or Subscales</b>			
2. Depression is a disease like any other (e.g., asthma, diabetes)	77.1%	4.9%	18.0%
3. Psychological therapy tends to be unsuccessful with people who are depressed (reversed)	7.6%	9.9%	82.5%
4. Antidepressant therapy tends to be unsuccessful with people who are depressed (reversed)	4.0%	7.4%	88.5%
6. Depression treatments medicalise unhappiness (reversed)	22.0%	34.4%	43.6%
18. Depression reflects a response which is not amenable to change (reversed)	13.0%	14.8%	72.1%
22. Anyone can suffer from depression	93.7%	2.2%	4.0%