**Online Supplemental Materials**

**Figure S1**

*Contour-enhanced funnel plots of the comparative effects of ADM only, psychotherapy only, and combined treatment*

1. **Combined treatment vs. psychotherapy only**



1. **Combined treatment vs. ADM only**



1. **Psychotherapy only vs. ADM only**



ADM, antidepressant medication.

**Table S1**

*Source(s) of reporting of suicide attempt and/or other serious psychiatric adverse events (SAEs)*

|  |  |  |
| --- | --- | --- |
| **Study** | **SAE outcome(s) examined** | **Source(s)** |
| Bockting et al. (2018) | Suicide attempt | Page 405: "During the 24 months' follow-up, one participant assigned to PCT and antidepressants died because of cancer and two suicide attempts were reported, including one participant in the antidepressants alone group 10 months after study initiation and one participant in the PCT with tapering of antidepressants group 7 months after study initiation." |
| Brent et al. (2009) | Suicide attempt | Page 422: "There were no statistically significant treatment effects with regard to the occurrence of suicidal or nonsuicidal self-injury events adverse events (see Figure 1)." |
| Browne et al. (2002) | Psychiatric hospitalization | Page 327: "Both Sertraline groups were similar in the small proportion of subjects (3.5 and 4.3% for Groups I and II, respectively) who reported SAEs. The SAEs (all causalities) included, amongst others, hospitalization for: suicidal ideation, obsessive–compulsive disorder, Sertraline overdose, surgery and chest pain. There were no reported SAEs in the IPT Group." |
| Cornelius et al. (2009) | Suicide attempt | Page 907: "No serious adverse events occurred during the course of the study." |
| Davey et al. (2019) | Suicide attempt | Page 7: "Suicidal ideation and behaviours, and NSSI, were assessed using the CSSRS. During the 12 weeks of the trial, there were five suicide attempts in the CBT plus placebo group and one in the CBT plus fluoxetine group (table 3). All but one attempt (in the CBT plus placebo group) occurred in participants older than 18 years (appendix pp 6, 7)." |
| Deas et al. (2000) | Suicide attempt | Page 465: "Subjects tolerated sertraline without serious adverse effects." |
| Dunlop et al. (2019) | Suicide attempt | Page 1873: "A third woman, aged 32 and receiving medication, had an impulsive, non-lethal suicide attempt by overdose on diphenhydramine, the only suicide attempt to occur during the study." |
| Goodyer et al. (2007) | Suicide attempt | Page 7: "Proportion of patients with clinical symptoms of suicidality and self harm by treatment group and assessment according to allocated treatment with selective serotonin reuptake inhibitors (SSRIs) alone or in combination with cognitive behaviour therapy (CBT)." |
| Hollon et al. (1992) | Suicide attempt, psychiatric hospitalization, & suicide death | Page 779: "Three patients made suicide attempts during the course of active treatment, and two died as a result. The first of the fatalities involved a patient in her ninth week of pharmacotherapy alone who overdosed on study medications and alcohol after an argument with her boyfriend (this patient had shown generally good symptomatic response before that time). The second fatality involved a patient assigned to the combined treatment who asphyxiated herself (possibly in combination with an imipramine overdose) the morning after her first pharmacotherapy session. She had not yet met with her cognitive therapist. The third patient, also in pharmacotherapy alone, was hospitalized after a nonlethal overdose of imipramine in the third treatment week. Two additional patients in pharmacotherapy alone were withdrawn from treatment (weeks 4 and 5, respectively) by the project medical director and hospitalized due to increased risk of suicide." |
| Huijbers et al. (2015) | Psychiatric hospitalization | Page 59: "Table 3: Utilisation of usual care, other than trial interventions, in the MBCT + mADM and mADM group during the 15-month study period." |
| Iftene et al. (2015) | Suicide attempt | Page 691: "Suicidal ideation was assessed using item nine from the CDI. None of the participants actually attempted suicide during the trial." |
| Kennard et al. (2014) | Suicide attempt & psychiatric hospitalization | Page 1088: "Sixteen participants experienced a total of 18 serious adverse events during continuation treatment. Seven events occurred in the medication management only group: one hospitalization for a suicide attempt, three for suicidal ideation, one for agitation, and two for medical conditions. Eleven events occurred in nine patients in the medication management plus CBT group: five hospitalizations for suicidal ideation, one case of suicidal behavior that did not result in hospitalization, and five hospitalizations for preexisting medical conditions. These events were reported to the institutional review board and the data safety monitoring board." |
| Khazanov et al. (2021) | Suicide attempt | Page 185: "There were no completed suicides during the study, although two patients (one in each group) made suicide attempts." |
| Kocsis et al. (2007) | Suicide attempt | Page 1018: "There were no suicide attempts during this phase." |
| Kuyken et al. (2008) | Suicide attempt & suicide death | Page 971: "No adverse events were recorded through the oversight of the Trial Steering Committee." |
| Kuyken et al. (2015) | Suicide attempt & suicide death | Page 63: "Five adverse events were reported, including two deaths, in each of the MBCT-TS and maintenance antidepressants groups." |
| Lam et al. (2013) | Suicide death | Page 362–363: "There was one serious adverse event in the study in the escitalopram-alone group – an accidental fatality that was unrelated to the study and occurred after the primary 12-week end-point." |
| Lespérance et al. (2007) | Suicide attempt | Page 375: "Table 4. Serious Adverse Events During 12 Weeks of Follow-up." |
| Mandoki et al. (1997) | Psychiatric hospitalization | Page 151: "One patient developed a manic episode, had to be hospitalized, and was put on lithium. The patient was in the venlafaxine group." |
| March et al. (2004) | Suicide attempt | Page 851: "Seven patients—too small a number (1.6% of the total sample) for statistical comparison—attempted suicide: 4 were assigned to fluoxetine with CBT, 2 to fluoxetine alone, and 1 to CBT alone. There were no completed suicides." |
| March et al. (2007) | Suicide attempt | Page 1139: "Table 4. Patients With Suicidal Events." |
| Melvin et al. (2006) | Suicide attempt | Page 1159: "Five adolescents (11%; one COMB, four MED) attended treatment sessions with high levels of suicidality, but all of them were able to continue treatment within the protocol. These adolescents also reported suicidality at pretreatment assessment. No participant required cessation or reduction in medication because of emergence or exacerbation of suicidality or manic conversion." |
| Michel et al. (2021) | Suicide attempt | Page 184: "Fig. 4. a) Kaplan–Meier survival curves for reattempt-free probability by long-term psychotropics and ASSIP (n = 30) vs Control Group (n = 26)." |
| Nakagawa et al. (2017) | Psychiatric hospitalization & suicide death | Page 1131: "None of the participants experienced serious adverse events during the intervention period. However, during the postintervention follow-up, 2 participants (2.5%), both in the TAU group, were hospitalized for exacerbation of depression. One of these committed suicide shortly after discharge from the psychiatric ward, which was 10 months after the end of the intervention period. |
| O'Hara et al. (2019) | Suicide attempt & psychiatric hospitalization | Page 527: "There were a total of 25 serious adverse events; placebo (7), sertraline (10), and IPT (8). There were a total of 5 instances of serious suicidal ideation, suicide attempt, and worsening neurovegetative symptoms. Infant hospitalizations accounted for 11 of these adverse events (unrelated to the trial). Participant hospitalizations accounted for another 9 of these adverse events (unrelated to the trial)." |
| Riggs et al. (2007) | Psychiatric ED visit & psychiatric hospitalization | Page 1031: "There were no completed suicides or serious attempts during the trial. However, 5 participants (4 in the fluoxetine-CBT group and 1 in the placebo-CBT group) were evaluated in an emergency department or hospitalized for concerns of worsening suicidality during the study." |
| Rucci et al. (2011) | Suicide attempt | Page 307: "There were no suicide attempts or completed suicides during the study." |
| Schramm et al. (2007) | Suicide attempt, psychiatric hospitalization & suicide death | Page 773: "TABLE 4. Post-Hospital Treatment and Rehospitalization Rates in the Naturalistic Follow-Up Period" and "One patient who was initially treated with standard therapy committed suicide 10 days after discharge from the hospital. No other suicide attempts were reported during the entire follow-up period." |
| Vitiello et al. (2009) | Suicide attempt & suicide death | Page 743: "Table 1. Suicidal Event Categories Among Adolescents With Major Depressive Disorder." |
| Vitriol et al. (2009) | Suicide attempt | Pages 938–939: "Over the study period no serious suicide attempts were made by participants in either group." |
| Watanabe et al. (2011) | Psychiatric hospitalization | Page 1655: "Beyond this reason, 1 subject in the brief behavioral therapy for insomnia plus TAU condition and 1 subject in the TAU group were admitted to hospital due to exacerbation of depression. all 3 participants nevertheless completed all the study assessments (Figure 1)." |
| Wei et al. (2013) | Suicide attempt | Pages 110–111: " At 12 months, 1 patient (1.2%) in the cognitive therapy group, 1 patient (1.3%) in the telephone intervention group, and 5 patients  (6.5%) in the control group had made at least 1 subsequent suicide attempt." |
| Wilkinson et al. (2011) | Suicide attempt | Refer to Table S1 and page 497: "Suicide and self-harm risk over the follow-up period by predictor variable is shown in Table S1 in the data supplement that accompanies the online edition of this article. A higher risk of suicide attempt during follow-up was significantly associated with suicidality, depression severity, hopelessness, the presence of a suicide attempt or self- injury in the month before baseline, and impaired family functioning, but not with treatment group, parental mental health, or friendship problems." |
| Zobel et al. (2011) | Suicide attempt | Page 279: " Overall, 11% of the patients made at least one suicide attempt during the follow-up period. We found no significant differences between the treatment groups regarding the use of posthospital pharmacotherapy or psychotherapy, diagnosis, rehospitalization, or suicide attempts." |

ASSIP, Attempted Suicide Short Intervention Program; CBT, cognitive behavioral therapy; COMB, combined treatment; CSSRS, Columbia suicide severity rating scale; ED, emergency department; IPT, interpersonal psychotherapy; MBCT, mindfulness-based CBT; MED, psychotropic medication; PCT, preventive cognitive therapy; SAE, psychiatric serious adverse event.

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