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## **Supplementary Material**

**Article Title:** Ineligibility and Refusal to Participate in Randomized Controlled Trials That Have Studied Impact on Suicide-Related Outcomes in the United States: A Meta-Analysis

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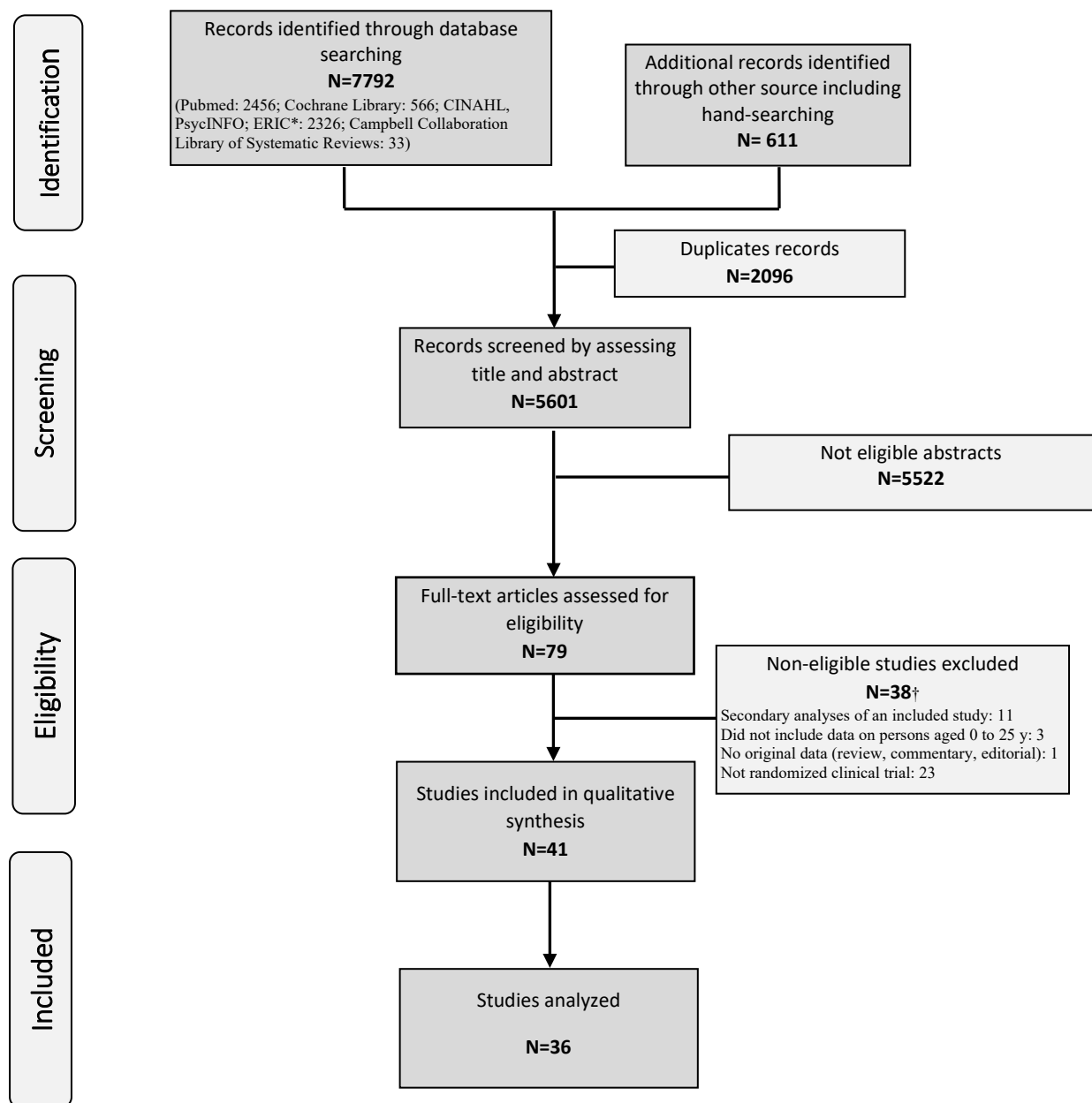
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**Supplementary Figure 1.** Flow-chart of identification, screening and selection of the studies

ERIC = Education Resources Information Center.

\* Searched simultaneously through the EBSCO database.

† Sum of individual reasons exceeds total number of exclusions because reviewers were not required to agree on reason for exclusion.

Supplementary Table 1. Rates of exclusion and refusal in included studies by the level of intervention

First author (Year)	# Approached	# Randomized	Excluded		Refused	
			N	% (95% CI)	n%	(95% CI)
Universal						
Aseltine, 2007 <sup>28</sup>	4491	4133	0	0	358	8.0 (7.2-8.8)
Schilling, 2014 <sup>29</sup>	NA	386	NA	NA	NA	–
Schilling, 2016 <sup>30</sup>	3120	1284	0	0	1836	58.8 (57.1-60.6)
Wilcox, 2008 <sup>31</sup>	NA	1196	0	NA	NA	–
Connell, 2016 <sup>32</sup>	1110	998	0	0	112	10.1 (8.5-12.0)
Selective						
Brent 2008 <sup>33</sup>	3258	334	2810	86.2 (85.0–87.4)	114	3.5 (2.9-4.2)
Brown, 2001 <sup>34</sup>	NA	1108	NA	–	NA	
Brown, 2019 <sup>35</sup>	115	61	36	31.3 (23.5-40.3)	18	15.7 (10.1-23.4)
Eggert, 2002 <sup>36</sup>	1068	341	556	52.1 (49.1-55.0)	171	16.0 (13.9-18.3)
Esposito-Smythers, 2017 <sup>37</sup>	285	81	91	31.9 (26.8-37.6)	113	39.6 (34.1-45.4)
Hill, 2019 <sup>38</sup>	708	80	611	86.3 (83.6-89.6)	17	2.4 (1.5-3.8)
Kaminer, 2006 <sup>39</sup>	294	177	59	20.1 (15.9-25.0)	58	19.7 (15.6-24.7)
Keeton, 2019 <sup>40</sup>	3066	488	1226	40.0 (38.3-41.7)	1352	44.1 (42.3-45.9)
Kerr, 2014 <sup>41</sup>	251	166	60	23.9 (19.0-29.5)	25	10.0 (6.8-14.3)
King, 2012 <sup>42</sup>	NA	245	NA	-	105	-
King, 2015 <sup>43</sup>	828	49	478	57.7 (54.3-61.1)	301	36.4 (33.1-39.7)
March, 2004 <sup>44</sup>	2804	439	1315	46.9 (45.1-48.7)	1050	37.4 (35.7-39.3)
Vidot, 2016 <sup>45</sup>	989	746	65	6.6 (5.2-8.3)	178	18.0 (15.7-20.5)
Weinstein, 2018 <sup>46</sup>	170	71	21	12.4 (8.1-18.1)	80	47.1 (39.7-54.5)
Sandler, 2016 <sup>47</sup>	432	156	35	8.1 (5.9-11.1)	241	55.8 (51.1-60.4)
Spirito, 2015 <sup>48</sup>	NA	24	NA	-	NA	-
Slesnick,2019 <sup>49</sup>	639	150	440	68.9 (65.2-72.3)	49	7.7 (5.8-10.0)
Grupp-Phelan, 2019 <sup>50</sup>	5195	168	4823	92.8 (92.1-93.5)	204	3.9 (3.4-4.5)
Indicated						
Asarnow, 2011 <sup>51</sup>	340	181	88	25.9 (21.5-30.8)	71	20.9 (16.9-25.5)
Asarnow, 2017 <sup>52</sup>	140	42	75	53.6 (45.3-61.6)	23	16.4 (11.2-23.4)
Bernal, 2019 <sup>53</sup>	529	121	264	49.9 (45.7-54.2)	144	27.2 (23.6-31.2)
Diamond, 2010 <sup>54</sup>	341	66	208	61.0 (55.7-66.0)	67	19.6 (15.8-24.2)
Diamond, 2019 <sup>55</sup>	366	129	106	29.0 (24.6-33.8)	131	35.8 (31.1-40.8)
Hooven, 2012 <sup>56</sup>	4231	615	1545	36.5 (35.1-38.0)	2071	48.9 (47.4-50.5)
Huey, 2004 <sup>57</sup>	156	116	22	14.1 (9.5-20.4)	18	11.5 (7.4-17.5)
Kennard, 2018 <sup>58</sup>	104	66	11	10.6 (6.0-18.0)	27	26.0 (18.5-35.1)
King, 2006 <sup>59</sup>	1316	289	330	25.1 (22.8-27.5)	697	53.0 (50.3-55.6)
King, 2009 <sup>60</sup>	2493	448	1443	57.9 (55.9-59.8)	602	24.1 (22.5-25.9)
Rudd, 1996 <sup>61</sup>	328	264	26	7.9 (5.5-11.4)	38	11.6 (8.6-15.5)
Thompson, 2001 <sup>62</sup>	1546	460	757	49.0 (46.5-51.5)	329	21.3 (19.3-23.4)
Yen, 2020 <sup>63</sup>	347	52	275	79.3 (74.7-83.2)	20	5.8 (3.8-8.7)
Thompson, 2000 <sup>64</sup>	166	106	38	22.9 (17.2-29.9)	22	13.3 (8.9-19.3)
Wharff, 2019 <sup>65</sup>	330	139	102	30.9 (26.2-36.1)	89	27.0 (22.5-32.0)
Yen, 2019 <sup>66</sup>	123	50	46	4.9 (1.9-12.0)	27	33.3 (24.0-44.1)
Esposito-Smythers, 2019 <sup>67</sup>	334	147	56	16.8 (13.1-21.1)	131	39.2 (34.1-44.6)
McCauley, 2018 <sup>68</sup>	576	173	194	33.7 (29.9-37.6)	209	36.3 (32.5-40.3)

NA: Not available

Supplementary Table 2. Extracted data in 36 studies included in the meta-analysis

Author, Year	Setting	Name of intervention	Age group	Year of study	Inclusion criteria	Exclusion criteria
Universal						
Aseltine, 2007 <sup>28</sup>	School	Signs of Suicide (SOS)	14 to 18	2001-2003	1-Ninth-grade classes	None
Schilling, 2014 <sup>29</sup>	School	Signs of Suicide (SOS)	10 to 13	2009-2010	1-Middle schools identified by the Department of Defense as high-impact	None
Schilling, 2016 <sup>30</sup>	School	Signs of Suicide (SOS)	14 to 18	2007-2009	1-Ninth grade students in 16 technical high schools in the state of Connecticut	None
Wilcox, 2008 <sup>31</sup>	School	Good Behavior Game (GBG)	6 to 8	1985-1987	1- All first grade in 41 classrooms in 19 elementary schools of the Baltimore City Public School System during two successive academic years: 1985–1986 for Cohort 1 first graders and 1986–1987 for Cohort 2 first graders.	None
Connell, 2016 <sup>32</sup>	School	Family Check Up (FCU)	13 to 18	1996-1998	1- Sixth grade from three middle schools within a metropolitan community in the northwestern US	None
Selective						
Brent 2008 <sup>33</sup>	Hospital	SSRI plus cognitive behavioral therapy	12 to 18	2000-2006	1- Aged 12 to 18 years 2-In active treatment for MDD, with a clinically significant depression (CDRS-R total score $\geq$ 40 and a Clinical Global Impressions- Severity subscale $\geq$ 4 ) despite being in treatment with an SSRI regimen for at least 8 weeks the last 4 of which were at a dosage of at least 40 mg per day of fluoxetine or its equivalent	1-Two or more adequate trials of an SSRI 2-Participants currently receiving CBT 3-Participants taking medications with psychoactive properties with the exception of those who were prescribed stable doses ( $\geq$ 12 weeks) of stimulants, hypnotics, or antianxiety agents 4-Diagnoses of bipolar spectrum disorder 5-Diagnosis of psychosis 6-Diagnosis of pervasive developmental disorder or autism 7-Diagnosis of eating disorders 8-Diagnosis of substance abuse or dependence 9-Diagnosis of hypertension 10-Pregnancy 11-Breastfeeding 12-Having unprotected sex.
Brown, 2001 <sup>34</sup>	School	Project Chrysalis	14 to 17	1995-2000	1-Female students in grade 9, 10, or 11 in the Portland Public School District 2-Identified as a victim of sexual/physical/ emotional abuse 3-Identified as having a minimum of two risk factors	None

Brown, 2019 <sup>35</sup>	Hospital	prolonged exposure therapy	13-18	2006-2012	1- A primary diagnosis of chronic/subthreshold PTSD 2-sexual abuse index trauma at least 3 months earlier	1-Untreated bipolar disorder 2-Untreated schizophrenia 3-Untreated conduct disorder 4- Untreated pervasive developmental disorder 5- Diagnosis of substance abuse or dependence 6-Current inpatient psychiatric treatment 7-Initiation of psychotropic medication within the previous 12 weeks
Eggert, 2002 <sup>36</sup>	School	Counselors-CARE (C-CARE) and Coping and Support Training (CAST)	14 to 19	1995-1998	1-Seven high schools representing two Pacific Northwest urban school districts	1-not currently at risk for suicide (with the SRS) (n=556)
Esposito-Smythers, 2017 <sup>37</sup>	Hospital	adjunctive cognitive-behavioral family-based alcohol, DSH, and HIV prevention program (ASH-P)	13 to 17	2010-2014	1- Aged 13 to 17 years 2-Receiving mental healthcare in the community at the time of recruitment 3-Living with a parent/guardian willing to participate 4-English speaking	1-Unable to provide assent or participate in groups due to cognitive limitations 2-Psychotic 3-Homicidal (n=1) 4-Alcohol/drug dependent (n=20) 5-Pregnant (N=3) 6-HIV+ 7-Not within the age range (n=10) 8-Not in MH treatment (n=18) 9-Not living with gaurdian (n=12) 10-Not English speaking (n=9) 11-Moving out of state (n=8) 12-Sibling participating (n=2) 13-Intellectual disability (n=1)
Hill, 2019 <sup>38</sup>	Community	Lean, Explore, Assess, and Plan (LEAP) intervention	13-19	2015	1- Aged 13 to 19 years 2-Endorsing a perceived burdensomeness score $\geq 17$ on the Interpersonal Needs Questionnaire Perceived Burdensomeness subscale (n=593) 3-Having available Internet access for completion of the intervention modules	1-Current psychosocial treatment or use of psychoactive medications (n=15) 2-Severe suicide ideation (n=3) 3-parent did not speak English or Spanish (n = 2)
Kaminer, 2006 <sup>39</sup>	Hospital	In-Person Aftercare and Telephone Aftercare	14 to 18	2001-2006	1-Current diagnosis of DSM-IV Alcohol Abuse or Alcohol Dependence Disorder 2-Current level of potentially harmful drinking 3-Willingness to accept treatment and random assignment to aftercare condition 4-Residence within 45 minutes drive from the two treatment sites 5-Expectation of stable residence 6-Ability to comprehend and read English	1-Met DSM-IV criteria for substance dependence other than nicotine or marijuana 2-Lifetime diagnosis of schizophrenia 3-Lifetime diagnosis of bipolar disorder 4-Lifetime diagnosis of other psychotic disorder 5-Report suicidal ideation with a plan, suicidal behavior, or self injurious behavior in the last 30 days 6-Have any current medical condition that could compromise the participant's ability to regularly attend, and constructively participate, in treatment or aftercare

Keeton, 2019 <sup>40</sup>	Hospital	Sertraline with cognitive behavioral therapy	10 to 26	2002-2007	1-Aged 7 to 17 years 2-A primary diagnosis of separation or generalized anxiety disorder or social phobia 3-Substantial impairment 4- IQ >=80	1-Unstable medical condition 2-Refusing to attend school because of anxiety 3-Not had a response to two adequate trials of SSRIs 4-Not had a response to an adequate trial of cognitive behavioral therapy 5-Girls who were pregnant 6-Girls who were sexually active and were not using an effective method of birth control 7-Children who were receiving psychoactive medications other than stable doses of stimulants 8-Current major depressive 9-Current substance-use disorder 10- Unmedicated ADHD, combined type 11-Lifetime history of bipolar disorder 12-Lifetime psychotic disorder 13- Lifetime pervasive developmental disorders 14-Presented an acute risk to themselves or others
Kerr, 2014 <sup>41</sup>	Juvenile justice	Multidimensional Treatment Foster Care (MTFC)	Mean age 15.3 (SD=1.2 )	1997-2006	1-Aged 13 to 17 years 2-Had at least one criminal referral in the prior 12 months 3-Were placed in out- of-home care within 12 months following referral	1-pregnant at the time of recruitment
King, 2012 <sup>42</sup>	ED	In-person follow-up (IPF)	13 to 17	2009-2010	1-Aged 13 to 17 years 2-Seeking emergency services	1-A life-threatening condition (Level 1 trauma, e.g., intubated and unconscious) 2-Severe cognitive impairment (as reported by medical staff)
King, 2015 <sup>43</sup>	ED	Teen Options for Change (TOC)	14 to 19	NA	1-Aged 14 to 19 years 2-A positive suicide risk screen, defined as suicidal ideation, a recent suicide attempt or positive screens for both depression and alcohol or drug abuse (n=450) 3-Presenting with a non-psychiatric chief complaint	1- A psychiatric chief complaint (n = 15) 2--A level one trauma 3-Significant cognitive impairment 4-Disposition of psychiatric hospitalization (n=9) 5-unknown disposition (n = 3)

March, 2004 <sup>44</sup>	Hospital	Treatment for Adolescents With Depression Study (TADS)	12 to 17	2000-2003	1-Aged 12 to 17 years 2-Ability to receive care as an outpatient 3-DSM-IV diagnosis of MDD at consent and again at baseline (n=408) 3- Children's Depression Rating Scale-Revised (CDRS-R) total score $\geq$ 45 at baseline (n=55) 4- A full- scale IQ of 80 or higher (n=36) 5-Not taking antidepressant(s) prior to consent (n=82)	1-Current or past diagnosis of bipolar disorder 2-Current or past diagnosis of severe conduct disorder (n=37) 3-Current substance abuse or dependence 4-Pervasive developmental disorder(s) 5-Thought disorder 6-Concurrent treatment with psychotropic medication or psychotherapy outside the study (n=202) 7-Two failed selective serotonin reuptake inhibitor (SSRI) trials 8-A poor response to clinical treatment containing CBT for depression 9-Intolerance to fluoxetine 10-Confounder medical condition 11-Non- English speaking patient or parent 12-Pregnancy 13-Refusal to use birth control 14-Dangerousness to self or others (n=6) 15-Missed more than 25% of school days in previous 2 months (n=262) 16-Not Resided With a Primary Caretaker for $\geq$ 6 Months (n=65) 17-Hospitalized for a Psychiatric Indication in Past 3 Months (n=58) 18-Diagnosis of MDD Not Stable and Pervasive (n=275)
Vidot, 2016 <sup>45</sup>	School	Familias Unidas	Mean 13.9 years old (SD = 0.67)	2010-2014	1-Be of Hispanic origin 2-Attend 8 grade at the time of the baseline assessment 3-Live with an adult primary caregiver who was willing to participate 4-Live within the catchment areas of the participating middle school 5-Plan to live in South Florida for the duration of the study	None
Weinstein, 2018 <sup>46</sup>	Hospital	Child- and Family-Focused Cognitive Behavioral Therapy (CFF-CBT)	7 to 13	2010-2014	1-Youth stabilized on medication 2-Indicating no acute, severe symptoms requiring immediate, more intensive care	1- Youth IQ < 70 on the Kaufman Brief Intelligence 2- Active psychosis 3-Active substance abuse/dependence 4-Neurological or other medical problems 5-current severe suicidality with intent or plan requiring immediate hospitalization, n=0 6-Youth whose primary caretakers were experiencing current depressive or manic episodes (n=0)

Sandler, 2016 <sup>47</sup>	Community	Family Bereavement Program (FBP)	8 to 16	1994-2000	1-Death of a biological parent or parent figure 2-Death occurrence no more recent than 4 months or more distant than 30 months prior to the start of the program 3-At least one child and one caregiver were willing to be randomly assigned to either the group or self-study program and participate in assessments 4-caregiver and child could complete the assessment battery in English	1-Caregiver or child was currently receiving other mental health or bereavement services 2-In a special class for the mentally handicapped 3-Planning to move out of the area in the next 6 months 4-Child or caregiver expressed suicidal intent 5-Caregiver had a current diagnosis of major depression 5-Conduct disorder, oppositional defiant disorder 6-Attention-deficit/hyperactive disorder 7-Parent and adolescent lived together
Spirito, 2015 <sup>48</sup>	Hospital	Parent-Adolescent-CBT [PA-CBT]	11 to 17	2009-2012	1-Aged 11 to 17 years 2-Current MDE 3-CDRS t score >= 65 4- Experienced current or past suicidality 5-Parent-current or past MDE 6-Parent- a minimum BDI score of 15 for parents with a current MDE and a minimum BDI score of 10 for parents with a past MD	1- Bipolar disorder 2-Substance use disorder 3-Developmental/cognitive delays 4-Psychosis 5-Not Spoke English 6-who not lived together in the Northeast
Slesnick, 2019 <sup>49</sup>	drop-in center	Cognitive Therapy for Suicide Prevention (CTSP) + Treatment as Usual (TAU)	18-24	2015-2019	1-Aged 18 to 24 years 2-Currently homeless 3-Were able to provide informed consent 4-Reported one or more episodes of severe suicidal ideation in the past 90 days 5-Complete the Social Network Interview 6-Score > 16 on the Scale for Suicide Ideation-Worst Point (n=43)	1- Under age 18 (n=2) 2-Over age 24 (n=4) 3-Not require hospitalization 4-Psychotic 5-Does not meet criteria for homelessness (n=21) 6-Reported no suicidal thoughts (n=368)
Grupp-Phelan, 2019 <sup>50</sup>	ED	The Suicidal Teens Accessing Treatment After an Emergency Department Visit (STAT-ED) intervention	12 to 17	2013-2015	1-Aged 12 to 17 years 2-Positive screen result for suicide risk 3-Lived within 100 miles of the hospital 4-No contact with a mental health care practitioner in the 90 days preceding the index ED visit 5-Stable as determined by vital signs and triage criteria	1-Presented to the ED with a chief concern of suicidal behavior or a primary or secondary psychiatric concern or altered mental status attributable to illness or medication 2-lacked telephone access 3-Unable to understand the study process 4-Unable to speak or read English adequately
Indicated						
Asarnow, 2011 <sup>51</sup>	ED	Family-based cognitive-behavior therapy	10 to 18	2003-2005	1-Aged 10 to 18 years 2-presenting to the ED for suicide attempts and/or ideation	1-Acute psychosis/symptoms that impede consent/assessment 2-No parent/guardian to consent 3-Youth not English-speaking 4-Parents/guardians not English or Spanish-speaking 5-Intoxicated



Asarnow, 2017 <sup>52</sup>	ED	SAFETY Program	11 to 18	2011-2015	1-Aged 11 to 18 years (n=5) 2-A recent (past 3 months) SA 3-NSSI as primary problem, with the additional requirement of repetitive SH (n=29) 4-Living in a stable family situation 5-At least one parent willing to participate in treatment	1-psychosis (n=7) 2-Substance dependence (n=2) 3-Inability to speak English (n=2) 4-Living in a stable family situation (no plans for residential placement) (n=13) 5-Medical condition (n=1) 6- Left emergency room/unit (n=11)
Bernal, 2019 <sup>53</sup>	Hospital	A parent psychoeducation intervention (TEPSI) as part of cognitive-behavioral therapy (CBT)	13-17.5	2005-2007	1-Aged 13 to 17.5 years 2-Had a Children's Depression Inventory score $\geq 20$ or a Children's Depression Rating Scale-Revised score $\geq 44$ 3-Met full DSM-IV criteria for MDD 4-Maintained clinically significant depressive symptoms for at least 6 weeks before randomization	1-Be on antidepressants 2-History of any bipolar disorder 3-Psychotherapy and pharmacological treatment for other conditions (e.g., anxiety, ADHD, or disruptive disorders) if it was considered to impact depression symptoms. 4-Current diagnosis of other Axis I disorder that was more primary than MDD 5-Current sexual or physical abuse 6-Subnormal intellectual capacity (IQ below 80) 7-Evidence of any medical or neurological condition that could preclude participation 8-Pregnancy of more than 3 months 9-Current chronic pain 10-Substance abuse or dependency within the past year 11-Current suicide risk sufficient to preclude outpatient treatment 12-Adolescent or caregiver serious legal problems 13-Unavailability to attend to the assessment 14-History of any psychotic disorder 15-History of organic brain syndrome
Diamond, 2010 <sup>54</sup>	Hospital	Attachment-Based Family Therapy (ABFT)	12 to 17	2005-2007	1-Aged 12 to 17 years 2-Scores above 31 on the Suicidal Ideation Questionnaire and Score above 20 (i.e., moderate depression) on the Beck Depression Inventory (n=199)	1-Needed psychiatric hospitalization (n=6) 2-Recently discharged from a psychiatric hospital 3-Current psychosis (n=3) 4-Mental retardation or history of borderline intellectual functioning
Diamond, 2019 <sup>55</sup>	Hospital	Attachment-based family therapy (ABFT)	12 to 18	2012-2015	1-At least clinically significant levels of suicidal ideation and moderate levels of depressive symptoms 2-At least 1 primary caregiver required to participate in assessments and treatments	1- Imminent risk of harm to self or others 2-Psychotic features 3-Severe cognitive impairment based on educational records, parent report and/or clinical impression 4-Non-English-speaking participating parent 5-Began psychiatric medication within 3 weeks of the initial pretreatment screening

Hooven, 2012 <sup>56</sup>	Home	Promoting CARE	14 to 19	1999-2005	1-Suicide attempts and elevated suicide ideation or depression 2-Two criteria must be met and include moderate depression, moderate suicide ideation/threats, and/or alcohol and drug use in conjunction with suicide risk)	1-Not currently at risk for suicide (with the SRS)
Huey, 2004 <sup>57</sup>	Hospital	Multisystemic Therapy (MST)	10 to 17	NA	1-Aged 10 to 17 years 2-Medicaid-funded or without health insurance 3-Residing in a noninstitutional environment	1-Diagnosis of autism 2-Family already received MST treatment
Kennard, 2018 <sup>58</sup>	Hospital	As Safe as Possible (ASAP), supported by a smartphone app (BRITE)	12 to 18	2014-2017	1-Aged 12 to 18 years 2-Presented to psychiatric inpatient units at two academic medical centers with recent suicidal ideation with a plan or intent or a recent suicide attempt	1-Need for residential treatment 2-Active involvement of child protective services 3-Mania 4-Psychosis 5-Autism 6-Intellectual disability
King, 2006 <sup>59</sup>	Hospital	Youth-Nominated Support Team—Version 1 (YST-1)	12 to 17	1998-2000	1-Aged 12 to 17 years 2-Suicide attempt or significant suicidal ideation/intent during the past month 3-A score of 20 or 30 on the Self-Harm subscale of the Child and Adolescent Functional Assessment Scale 4- At least one completed baseline measure	1-Severely or profoundly mentally retarded (special education certification) 2-Presented with incapacitating psychosis
King, 2009 <sup>60</sup>	Hospital	Youth-Nominated Support Team – Version 2 (YST-2)	13 to 17	2002-2005	1-Aged 13 to 17 years 2-Significant suicidal ideation or suicide attempt within the past four weeks	1- Mental retardation & Acute psychosis (n=196) 2-Direct transfer to medical unit/ residential placement (n=2) 3-Lived > 1-hour drive (n=123) 4-No legal guardian available--ward of court or state (n = 36)
Rudd, 1996 <sup>61</sup>	Hospital	Outpatient intervention	NA	1990-1995	1-Individuals who made an attempt precipitating referral 2-Those suffering a mood disorder with concurrent ideation 3-Those abusing alcohol episodically with concurrent ideation	1- substance dependence or chronic abuse requiring separate treatment 2-Psychotic component to the patient's presentation 3-A diagnosable thought disorder 4-A personality disorder diagnosis
Thompson, 2001 <sup>62</sup>	School	Counselors-CARE (C-CARE) and Coping and Support Training (CAST)	14 to 18	1995-2000	1-Potential high school dropouts 2-At risk for suicide	1-not currently at risk for suicide (with the SRS)

Yen, 2020 <sup>63</sup>	Hospital	Skills to Enhance Positivity (STEP)	12 to 18	2015-2016	1-Aged 12 to 18 years (n=11) 2-English speaking (n=4) 3-Have access to text messaging (n=1)	1-Diagnosed with a psychotic disorder (n=53) 2-Exhibited cognitive or intellectual disabilities (n=1) 3-A ward of the state (n=56) 4-Autism Spectrum Disorder (n=6) 5-Lives too far away (n=1) 6-Homicidal Ideation (n=8) 7-Moving out of area (n=4) 8-Wayward (n=1) 9-Completed STEP OPEN (n=4) 10-Too close to discharge (n=20) 11-Treating MD suggested passing (n=2)
Thompson, 2000 <sup>64</sup>	School	Personal Growth Class (PGC) Program	14 to 18	1990-1993	1-Prior school dropout 2-Below-expected credits earned for current grade level 3-Top 25th percentile for days absent per semester 4-GPA<2.3 with a pattern of declining grades or a precipitous drop in GPA >0.7 5-Referral from school personnel as being in jeopardy of school failure or dropping out	1-Not currently at risk for suicide (with the SRS)
Wharff, 2019 <sup>65</sup>	ED	Family-Based Crisis Intervention (FBCI)	13-18	2012-2014	1-Presenting to the ED with suicidality 2-Presence of a consenting parent or legal guardian	1- Either adolescent or parent/guardian lacked fluency in English 2-Adolescent was not medically stable, including intoxication 3-Demonstrated cognitive limitations prohibiting completion of research instruments 4-Presented with active psychosis. 5-Required physical or medication restraint in the ED.
Yen, 2019 <sup>66</sup>	Hospital	Coping Long Term with Active Suicide Program (CLASP)	12 to 18	2011-2012	1-Aged 12 to 18 years 2-Admitted to the inpatient psychiatric unit on the basis of suicide risk (attempt or ideation)	1-Psychotic disorders that would preclude full understanding of the protocol, intervention, and assessment materials 2-Cognitive deficits that would preclude full understanding of the protocol, intervention, and assessment materials 3-Wards of the state
Esposito-Smythers, 2019 <sup>67</sup>	Hospital	family-focused outpatient cognitive behavioral treatment (F-CBT)	12 to 18	2012-2017	1-English speaking 2-Met criteria for major depressive disorder, dysthymia, depression, or mood disorder not otherwise specified 3-Were hospitalized for a SA or SI 4-Had at least one of the following co-occurring risk factors: a SA prior to the index admission, NSSI, or a substance use disorder	1-Cognitive or developmental delays 2-A diagnosis of autism spectrum disorder 3-A primary diagnosis of a psychotic disorder 4-A primary diagnosis of Obsessive-compulsive disorder 5-A primary diagnosis of Eating disorder 6-Used "hard" illicit substances, such as opiates.

McCauley, 2018 <sup>68</sup>	Hospital	dialectical behavior therapy (DBT)	10 to 24	2012-2014	1-Aged 12 to 18 years 2-At least 1 lifetime suicide attempt 3-Elevated past-month suicidal ideation 4-Self-injury repetition 5-Three or more borderline personality disorder criteria	1-IQ less than 70 on the Kauffman Brief Intelligence Test 2-Primary problem of psychosis 3-Primary problem of Mania 4-Primary problem of anorexia 5-Life-threatening condition 6-Youth without English fluency 7-Parent without English or Spanish fluency
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**Supplementary Table 3.** Prevalence of exclusion criteria of RCTs (Selective & indicated level) by specific exclusion criterion

Criteria	Studies using the criteria	
	N	% Median percent (range)*
<b>Sociodemographic criterion</b>	<b>25</b>	
Specific age or grade included	25	3.3 (0.9-3.6)
Be Hispanic origin	1	Not available
<b>Not being at risk of suicide determined by the cut-off points of the suicide screening tools</b>	<b>13</b>	<b>36.4 (2.0-83.8)</b>
<b>Not being at risk of suicide determined by self-report or clinical impression</b>	<b>25</b>	<b>38.9 (0.4-83.8)</b>
<b>Mental, behavioral and cognitive conditions</b>	<b>25</b>	
Psychotic disorder/psychotic features (lifetime, current)	22	2.9 (0.9-15.3)
Substance abuse or dependence or used “hard” illicit substances	11	1.4 (0.9-7.0)
Subnormal intellectual capacity	11	0.8 (0.2-7.9)
Imminent risk of harm to self or others	10	0.4 (0.2-7.8)
Bipolar disorder (lifetime, current)	8	5.2
Significant cognitive impairment	7	0.3
Pervasive developmental disorders	7	1.7
Conduct disorder/oppositional defiant disorder (current, past)	4	1.3 (0.3-1.7)
Eating disorders	3	Not available
Homicidal Ideation	3	0.3 (0-2.3)
Attention-deficit/hyperactive disorder (ADHD)	2	Not available
A primary Axis I disorder (current)	2	1.8
Current major depressive	1	Not available
Obsessive-compulsive disorder	1	Not available
Personality disorder diagnosis	1	Not available
current sexual or physical abuse	1	Not available
Primary caretakers experiencing current depressive episodes	2	Not available
Primary caretakers experiencing manic episodes	1	Not available
<b>Medical or health related conditions</b>	<b>12</b>	
Current serious/unstable medical condition	10	0.4 (0.1-0.7)
HIV positive	1	Not available
Hypertension	1	Not available
<b>Service/treatment utilization</b>	<b>21</b>	
Receiving psychotropic medication & not stabilized on medication	9	2.1 (1.7-10.1)
Inpatient psychiatric treatment/recently discharged	7	1.6 (1.1-2.1)
Currently receiving CBT/ psychosocial treatment	4	Not available
History of failed antidepressant treatment	3	Not available
Not in mental health treatment	3	6.3
A poor response CBT for depression	2	Not available
Intolerance to fluoxetine	1	Not available
<b>Logistical challenges</b>	<b>17</b>	
Not living with a parent/guardian	14	3.3 (1.4-16.1)
Not English-speaking participants	11	1.3 (1.1-1.4)
Not English-speaking parent	5	3.2
Lives too far away	5	2.6 (0.3-4.9)
Unstable residence/planning to move out of the area	4	3.1 (1.2-9.3)

Not English or Spanish-speaking parents/guardians	3	0.3
No Internet/text messaging/phone access	3	0.3
Problem with attending school	2	11.1
Too close to discharge (n=20)	1	20 (5.8)
<b>Pregnancy/reproductive health</b>	<b>6</b>	
Pregnancy	6	1.1
Having unprotected sex/refused to use birth control methods	3	Not available
Breastfeeding	1	Not available
<b>Miscellaneous</b>	<b>3</b>	
Sibling participating	1	0.7
Not under Medicaid or health insurance	1	Not available
Adolescent or caregiver serious legal problems	1	Not available

CBT: Cognitive-Behavioral Therapy

\*Where there is only one RCT, the number reported is the value for that RCT, otherwise median percent and range were reported.