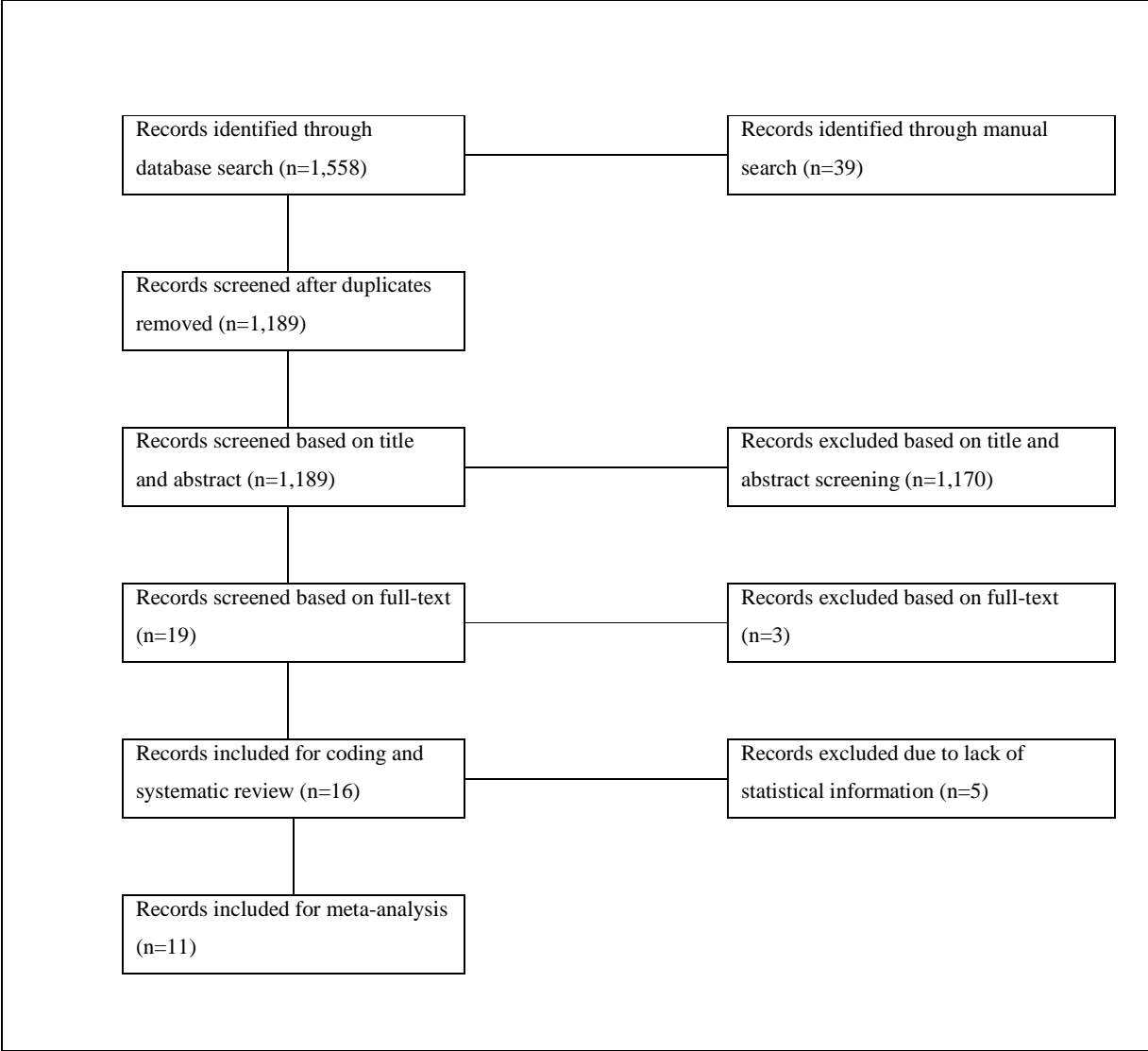


Supplemental eFigure 1. PRISMA Flowchart



Supplemental eTable 1. Quality rating using Jadad Scale for reporting randomized controlled trials

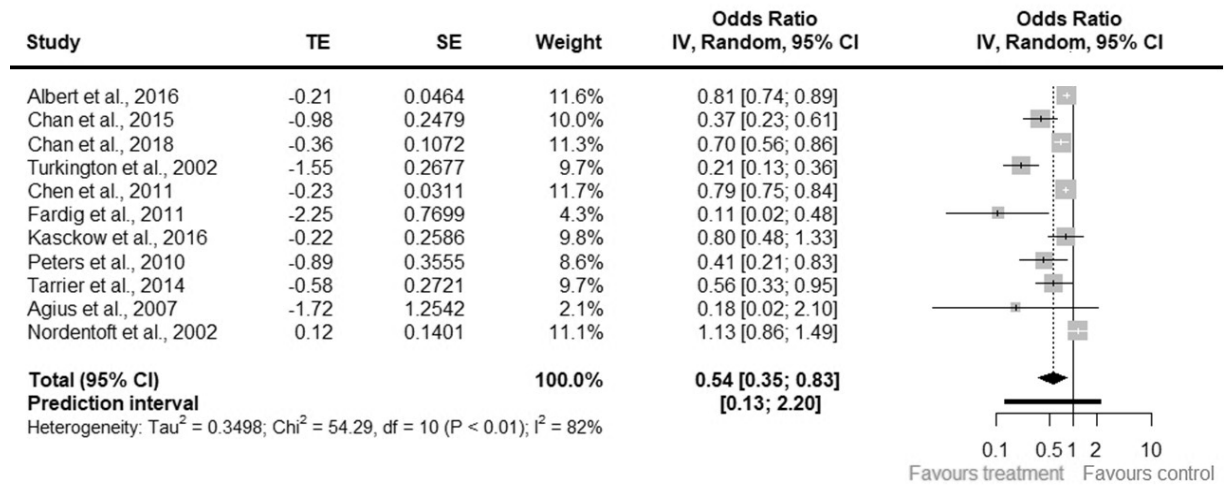
	Randomization		Blinding		An account of all patients	Total score
	Mentioned randomization	Appropriate randomization	Mentioned blinding	Appropriate blinding	All patients' fate stated	
Agius et al (2007)	1	0	0	0	1	2
Albert et al (2016)	1	1	1	1	1	5
Bateman et al (2007)	1	0	0	0	1	2
Chan et al (2015)	1	0	1	0	1	3
Chan et al (2018)	1	0	1	0	1	3
Chen et al (2011)	1	0	0	0	1	2
Cunningham Owens et a. (2001)	1	1	1	1	1	5
Färdig et al (2011)	1	1	1	1	1	5
Kasckow et al (2016)	1	0	1	0	1	3
Moritz et al (2018)	1	1	1	1	1	5
Nordentoft et al (2002)	1	0	0	0	1	2
Peters et al. (2010)	1	1	1	1	1	5
Power et al (2003)	1	0	1	1	1	4
Tarrier et al. (2006)	1	1	1	1	1	5
Tarrier et al (2014)	1	1	1	1	1	5
Turkington et al (2002)	1	1	1	1	1	5
Total Score	16	8	12	9	16	mean = 3.81

Supplemental eTable 2. Cochrane collaboration's tool for assessing risk of bias\*

	Random Sequence Generation	Allocation Concealment	Blinding of Participants and Personnel	Blinding of Outcome Data	Incomplete Outcome Data	Selective Reporting	Other Bias
Agius et al (2007)	-	-	-	-	+	+	+
Albert et al (2016)	+	+	+	+	+	+	+
Bateman et al (2007)	+	?	?	?	+	+	?
Chan et al (2015)	-	-	-	-	+	+	+
Chan et al (2018)	-	-	-	-	+	+	+
Chen et al (2011)	-	-	-	-	+	+	?
Cunningham Owens et al (2001)	+	+	+	?	-	-	?
Färdig et al (2011)	+	+	?	+	+	+	+
Kasckow et al (2016)	+	+	-	-	+	+	+
Moritz et al (2018)	+	+	+	+	+	+	+
Nordentoft et al (2002)	?	?	?	?	+	+	+
Peters et al. (2010)	+	+	+	+	+	+	+
Power et al. (2003)	?	?	?	+	+	+	?
Tarrier et al. (2006)	+	+	?	+	+	+	+
Tarrier et al. (2014)	+	+	+	+	+	+	+
Turkington et al. (2002)	+	+	?	+	+	+	+
Number of "+"	10	9	5	8	15	15	12

Note. "+" = low risk of bias, "-" = high risk of bias, "?" = unclear risk of bias

Supplemental eFigure 2. Forest Plot of Meta-Analysis, Sensitivity Analysis



Supplemental eFile: Appendix 1 Search Strategy

**Search Key Terms:**

("psychosis" or "psychotic" or "schizo\*" or "hallucinat\*" or "delusion\*")

AND

("suicid\*")

AND

("psychotherapy" or "psychosocial" or "intervention")

**Electronic Databases:**

1. Medline
2. PsycINFO
3. CIHNAL
4. Global Health
5. PsycARTICLES
6. Social Sciences Abstract
7. CoChrane Library
8. Dissertation

*Note: all searches, except for Medline and CoChrane library, were searched using EBSCO platform which searched across multiple databases. For both Medline and CoChrane datasets, we compared our search results, with our institution's librarian who used dataset specific search term. The results were 98% same.*

**Manual Search of Four Major Psychiatry Journals:**

1. JAMA Psychiatry
2. American Journal of Psychiatry
3. Psychiatry Services
4. Lancet Psychiatry

**Two Professional Websites for Manual Search:**

American Association of Suicidology: <https://www.suicidology.org/>

Schizophrenia International Research Society: <https://schizophreniaresearchsociety.org/>

**Search Criteria:****Inclusion:**

1. Controlled trial
2. Non-medical, non-pharmacological
3. Suicide outcomes (4 types)
4. Current active psychotic symptoms
5. Written in English

**Exclusion:**

- History of psychosis or psychotic symptoms not current will exclude the study.
- If treatment include both psychotic and non-psychotic participants, we would include a study only if 65% of the participants reported psychotic symptoms.

## Supplemental eFile: Appendix 2 Coding Sheet

SIP	
<b>A - Article Reference:</b>	
1 Study ID:	<input style="width: 100px;" type="text"/>
2 Author(S)	<input style="width: 300px;" type="text"/>
3 Title of Article:	<input style="width: 500px;" type="text"/>
4 Year	<input style="width: 100px;" type="text"/>
5 Geographic area of the study	
<input type="checkbox"/> North America	
<input type="checkbox"/> Europe	
<input type="checkbox"/> Australia	
<input type="checkbox"/> Asia	
<input type="checkbox"/> Others	
<b>B - Type of Report (<i>Select One</i>):</b>	
<input type="checkbox"/> 1 Journal article	
<input type="checkbox"/> 2 Book/book chapter	
<input type="checkbox"/> 3 Gov't report: federal, state, local	
<input type="checkbox"/> 4 Conference proceedings	
<input type="checkbox"/> 5 Thesis or dissertation	
<input type="checkbox"/> 6 Unpublished report (non-gov. tech report, convention paper, etc.)	
<input type="checkbox"/> 7 Other: specify _____	
<b>C - Description of Participants (<i>Intervention and Comparison groups</i>):</b>	
1 Total sample size of <b>Intervention</b> group:	_____
2 Total sample size of <b>Comparison</b> group:	_____
Comments if applicable:	
3 Mean age of the study participants:	<input style="width: 150px;" type="text"/>
4 Gender:	<input style="width: 150px;" type="text"/>
5 Race:	<input style="width: 150px;" type="text"/>
Other categories:	_____
6 Marital Status:	_____
7 Duration of Psychosis	<input type="checkbox"/> Early / First episode <input type="checkbox"/> Mid-range: describe: <input type="checkbox"/> Chronic. _____ years

Years  
 Old  
 %  
 Female  
 % White  
 %  
 Married

8 Socio-economic status: \_\_\_\_\_

Socio-economic status – Description:

[e.g. poverty line, household income]

## SIP

### D - Research Design and Intervention Descriptors

#### Intervention Used

1. Therapeutic intervention (CBT, PST)
2. Supportive interventions (case management)
3. Mixed intervention (therapeutic + supportive)
4. Other (specify): “modified assertive treatment, family involvement, and social skill training”

#### Intervention Integrity (whether treatment effect can be attributed to the intervention)

1. Individual treatment only
2. Combined treatment

Note: if combined treatment, a pre-defined dosage of 60% is required for an intervention/study to be included.

#### Study Design (Confidence of Causality)

1. True experimental (RCT)
2. Quasi-experimental

#### Type of Comparison Group

1. Compared to another active treatment
2. Treatment as usual as defined in the text
3. Wait listing / attention control
4. Other: Two years of specialized early intervention plus three year of treatment as usual

If 4. Other, please specify: NA

#### Intervention Format Designed (Levels of Intervention)

1. Individual
2. Family
3. Small Group
4. Mixed
5. Other, specify \_\_\_\_\_

#### Intervention Format (Delivery Methods)

1. In-person, face-to-face
2. Tele-health, face-to-face (real time)
3. Tele-health, not face-to-face (e.g. phone)
4. Tele-health, pre-designed/programmed
5. Mixed methods

#### Intervention Setting

1. Mental health outpatient clinic
2. Community based mental health service

- 3. Hospital / inpatient settings
  - 4. Home based interventions
  - 5. Other types of setting (specify)
- If 4. Other types, please specify:

Number and Duration of Sessions

	Sessions
	Minutes per sessions
	Duration (in weeks)

Comments on treatment dosage if applicable:

### E – Treatment Fidelity

Intervention providers (select only one – if more than one profession, then interdisci.)

- 1. Mental health professionals   
(e.g., psychologist, psychiatrist, clinical social worker, professional counselor)
- 2. Medical doctors
- 3. Nurses or nurse practitioners
- 4. Other specialty physicians
- 5. Interdisciplinary team

Describe here: “psychiatrists, psychologists, nurses, social workers, physiotherapists, and vocational therapists”

- 6. Other, please specify

Providers’ educational backgrounds, if more than one, select 6 and then specify

- 1. Bachelor’s degree holder
- 2. Graduate/Master’s level trainee
- 3. Graduate/Master’s degree holder
- 4. Doctoral level trainee
- 5. Doctoral degree holder
- 6. Other, please specify: Not specified

Providers’ clinical experiences

- 1. Seasoned practitioners (more than 5 years)
- 2. Experienced practitioners (2 to 5 years)
- 3. Some experiences (less than 2 years)
- 4. Limited experiences (intern or no experience)
- 5. Others, please specify: Not specified

Training provided?

- 1. Yes
- 2. No

Supervision provided?

- 1. Yes



2. No

**F – Outcome Variables**

1. Suicidal ideation

2. Suicidal plan

3. Suicidal attempt

4. Suicidal death

**Standardized measures:**

Describe here:

1. Agius M, Shah S, Ramkisson R, et al. Three year outcomes of an early intervention for psychosis service as compared with treatment as usual for first psychotic episodes in a standard community mental health team final results. *Psychiat Danub.* 2007.
2. Albert N, Melau M, Jensen H, Emborg C, et al. Five years of specialised early intervention versus two years of specialised early intervention followed by three years of standard treatment for patients with a first episode psychosis: randomised, superiority, parallel group trial in Denmark (OPUS II). *BMJ Brit Med J.* 2017;356:i6681.
3. Bateman K, Hansen L, Turkington D, et al. Cognitive behavioral therapy reduces suicidal ideation in schizophrenia: results from a randomized controlled trial. *Suicide Life-Threat.* 2007;37(3):284-90.
4. Chan SK, So HC, Hui CL, et al. 10-year outcome study of an early intervention program for psychosis compared with standard care service. *Psychol Med.* 2015;45(6):1181-93.
5. Chan SK, Chan SW, Pang HH, et al. Association of an early intervention service for psychosis with suicide rate among patients with first-episode schizophrenia-spectrum disorders. *JAMA Psychiat.* 2018;75(5):458-64
6. Chen EY, Tang JY, Hui CL, et al. Three - year outcome of phase - specific early intervention for first - episode psychosis: a cohort study in Hong Kong. *Early Interv Psychiat.* 2011;5(4):315-23.
7. Cunningham Owens DG, Carroll A, Fattah S, et al. A randomized, controlled trial of a brief interventional package for schizophrenic out-patients. *Acta Psychiatr Scand.* 2001;103:362-369.

8. Färdig R, Lewander T, Melin L, et al. A randomized controlled trial of the illness management and recovery program for persons with schizophrenia. *Psychiat Serv.* 2011;62(6):606-12.
9. Kasckow J, Zickmund S, Gurklis J, et al. Using telehealth to augment an intensive case monitoring program in veterans with schizophrenia and suicidal ideation: A pilot trial. *Psychiat Res.* 2016;239:111-6.
10. Moritz S, Mahlke CI, Westermann S, et al. Embracing psychosis: a cognitive insight intervention improves personal narratives and meaning-making in patients with schizophrenia. *Schizophr Bull.* 2017;44(2):307-16.
11. Nordentoft M, Jeppesen P, Abel M, et al. OPUS study: suicidal behaviour, suicidal ideation and hopelessness among patients with first-episode psychosis: one-year follow-up of a randomised controlled trial. *Brit J Psychiat.* 2002;181(S43):s98-106.
12. Peters E, Landau S, McCrone P, et al. A randomized controlled trial of cognitive behavior therapy for psychosis in a routine clinical service. *Acta Psychiatr Scand.* 2010;122:302-318.
13. Power PJ, Bell RJ, Mills R, et al. Suicide prevention in first episode psychosis: the development of a randomised controlled trial of cognitive therapy for acutely suicidal patients with early psychosis. *Aust NZ J Psychiat.* 2003;37(4):414-20.
14. Tarrrier N, Haddock G, Lewis S, et al. Suicide behavior over 18 months in recent onset schizophrenic patients: The effects of CBT. *Schizophr Res.* 2006;83:15-27.
15. Tarrrier N, Kelly J, Maqsood S, et al. The cognitive behavioural prevention of suicide in psychosis: a clinical trial. *Schizophr Res.* 2014;156(2-3):204-10.
16. Turkington D, Kingdon D, Turner T. Effectiveness of a brief cognitive-behavioural therapy intervention in the treatment of schizophrenia. *Brit J Psychiat.* 2002;180(6):523-7.