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Online supplement for 10.1176/appi.ps.202100733

## **Online Appendix 1.**

The National Violent Death Reporting System (NVDRS) includes data on the following states (with first reported year) for at least one study year: Maryland (2002), Massachusetts (2002), New Jersey (2002), Oregon (2002), South Carolina (2002), Virginia (2002), Alaska (2003), Colorado (2003), Georgia (2003), North Carolina (2003), Oklahoma (2003), Rhode Island (2003), Wisconsin (2003), Kentucky (2005), New Mexico (2005), Utah (2005), California (2005-2009), Michigan (2010), Ohio (2010), Arizona (2015), Connecticut (2015), Hawaii (2015), Iowa (2015), Illinois (2015), Indiana (2015), Kansas (2015), Maine (2015), Minnesota (2015), New Hampshire (2015), New York (2015), Pennsylvania (2015), Vermont (2015), Washington (2015), Alabama (2017), California (2017), Delaware (2017), Louisiana (2017), Missouri (2017), Nebraska (2017), Nevada (2017), West Virginia (2017), the District of Columbia (2017) and Puerto Rico (2017).

## **Online Appendix 2: Coding of Mental Health-Related Variables**

### *Mental Health Diagnoses*

Mental health diagnoses were coded if noted as present in the Coroner/Medical Examiner report and/or in a Law Enforcement report; a statement indicating that the mental illness was a primary cause of the suicide was not required to warrant coding mental illness. Abstractors were trained to choose whether or not the individual had a mental health condition, and if yes, they were required to select a mental health diagnosis aligned with common mental health concerns from the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Revision)<sup>41</sup> including: depression, bipolar disorder, schizophrenia, anxiety disorder, post-traumatic stress disorder, attention deficit/hyperactivity disorder, eating disorder, and obsessive-compulsive disorder and other (including personality disorders).

If it was clear there was a mental health diagnosis, but the specific diagnosis was not mentioned, abstractors were to code the diagnosis as “unknown”. If there was a mental health diagnosis, but the specific diagnosis was not available in the list of conditions, abstractors were to choose “other” and list the diagnosis.

### *Alcohol & Substance Use Disorders*

Alcohol problem was indicated as “yes” if the individual was perceived by others or self to have a problem or dependence upon alcohol, and not necessarily in the time immediately preceding death. Other substance use disorders indicated that the person had a non-alcohol substance use problem. This was to be defined as a “problem with” or “addiction to” illicit drugs or abusing prescription medications or inhalants.

### *Treatment*

Decedents were to be coded as having “current mental health treatment” if they had a current prescription for psychiatric medication, saw a mental health professional within the past two months, or participated in treatment for substance abuse.

### *Suicidal thoughts & behaviors*

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Having a history of suicidal ideation was identified as “yes” if the decedent at any point in their lives expressed suicidal thoughts or plans (verbal, written, or electronic). Suicidal intent was identified as “yes” if the decedent had disclosed (electronically, verbally or written) to someone their intent to die by suicide within the month prior to death. Having a history of suicide attempts was identified by abstractors as “yes” if there was evidence that the decedent had made prior attempts at suicide.