

Table 1. Characteristics of studies

Study	Country	Target group	Setting	Design	Intervention (<i>n</i>)	Control (<i>n</i>)	Outcome	Follow-up
Bryan et al., 2017	US	Active-duty US Army soldiers, adults, attending ED with suicidal ideation and/or attempt	Veterans Health emergency department	RCT	CRP (<i>n</i> = 32) and E-CRP (<i>n</i> = 33); single session; CRP (warning signs, coping strategies, social support, crisis resources) and referral to treatment; E-CRP (CRP + reasons for living) and referral to treatment	TAU (<i>n</i> = 32); Contract for safety	Suicidal behaviour: SASII, medical records; suicidal ideation: BSS	6 months
Chen et al., 2013	TW	Referred to suicide prevention centre in Kaohsiung following suicide attempt	Case management services	RCT	Control + coping card (<i>n</i> = 250*); crisis postcard (individualised coping strategies, crisis resources) sent after 3 months	Control (<i>n</i> = 363**); Case management for 3 months (psychological support, coping strategies, adherence to treatment, individualised casework)	Suicidal behaviour: clinical notes	6 months
Gysin-Maillart et al., 2016	CH	Adults, admitted to ED for suicide attempt	Emergency department	RCT	TAU + ASSIP (<i>n</i> = 60); three sessions; narrative interview, reconstruction suicidal action, leaflet (long-term goals, warning signs and personal safety strategies, crisis resources), regular letters to participants for 24 months	TAU (<i>n</i> = 60); enhanced TAU (care as considered necessary by the clinicians in charge), single clinical interview	Suicidal behaviour: medical records; suicidal ideation: BSS	24 months
Miller et al., 2017	US	Adults, attending ED with recent suicide attempt or ideation	Emergency department	ITS	ED-SAFE + screening (<i>n</i> = 502); Secondary suicide risk screening, self-administered safety plan (safe environment, warning signs, coping strategies, important things, social support, professional help), follow-up calls	Screening only (<i>n</i> = 377)*** and TAU (<i>n</i> = 497); Secondary suicide risk screening + care as usual; usual care at each site	Suicidal behaviour: CSSRS, medical records	12 months
Stanley et al., 2018	US	US veterans, adults, attending ED for suicide concerns	Veterans Health emergency department	CT	CAU+ SPI+ (<i>n</i> = 1186); single session; SPI (warning signs, coping strategies, social support, crisis resources, safe environment), follow-up calls	CAU (<i>n</i> = 454); assessment, secondary evaluation, care as needed, outpatient appointment at discharge	Suicidal behaviour, medical records	6 months
Wang et al., 2016	TW	Adults, reporting to case management services following suicide attempt	Case management services	RCT	TAU + crisis coping cards (<i>n</i> = 34); 6-week coping card training sessions, coping card (self-awareness of ideation, coping strategies, crisis resources, local medical information)	TAU (<i>n</i> = 33); case management (suicide crisis assessment, emotional support, referral)	Suicidal behaviour: clinical notes; suicidal ideation, BSRS	3 months

Abbreviations: ASSIP, Attempted Suicide Short Intervention Program; BSRS, Brief Symptom Rating Scale; BSS, Beck Scale for Suicide Ideation; CAU, care as usual; CH, Switzerland; CRP, Crisis Response Plan; CSSRS, Columbia Suicide Severity Rating Scale; CT: controlled trial (non-randomised); E-CRP, Enhanced Crisis Response Plan; ED, emergency department; ED-SAFE, Emergency Department Safety Assessment and Follow-up Evaluation; ITS, interrupted time series design; RCT, randomised controlled trial; SASII, Suicide Attempt Self-Injury Interview; SPI, Safety Planning Intervention; TAU, treatment as usual; TW, Taiwan; US, United States

* Participants who read their crisis postcard; ** Participants who received full case management for three months; *** Screening-only condition was not included in the meta-analysis.