Online Supplemental File 4

Table 3. Community-based interventions

Study	Design	Study time period	Country (region)	Intervention	Results	Direction of association
Lockley et al., 2014[S6]	Time-series	2001–2011	Australia (Gap Park)	In 2010, the Gap Park Masterplan was implemented to reduce mortality at a suicide hotspot. The Masterplan included restricting access to means by constructing a new fence, encouraging help through a newly installed crisis telephone and signs, and installed close-circuit televisions to monitor the site.	A trend toward increasing jumping-related suicide mortality was observed (2001-2011), however, it did not reach statistical significance (estimated annual percent change = 6.71%; 95% CI: -2.5%, 16.8%; $p = 0.14$).	Total: +
Ross et al., 2020[S7]	Mixed Methods Study	2000–2016	Australia (Gap Park)	In 2010, the Gap Park Masterplan initiative implemented a series of suicide prevention measures, which included fencing, increased surveillance, protocols with police, prevention signs, and the installation of a crisis telephone.	Following the intervention, there was a slight upward trend in suicide mortalities from 2000 to 2016 (annual percent change = 5.4%; 95% CI: -0.38%, 11.53%; $p = 0.07$. From 2010 to 2016, suicide mortality declined significantly for women (annual percent change = -21.27%; 95% CI :-33.14%, -7.30%; $p = 0.01$), but increased among men (annual percent change = 6.23%; 95% CI: -0.41%, 13.30%; $p = 0.06$).	Total: + Male: + Female: --
Hegerl et al., 2019[S8]	Pre-post, with control group	2008–2011	Europe (Germany, Hungary,	In 2008, the Optimizing Suicide Prevention Programmes and Their Implementation in Europe project was implemented, which focused on	The number of suicide mortalities increased from 138 at baseline to 163 (18.1% increase) in the two years following the onset of the intervention. This increase was not statistically	Total: +

			Portugal, and Ireland)	four main interventions: (1) training of primary care providers, (2) a public awareness campaign, (3) training of community facilitators, and (4) support for patients and their relatives.	different from the control regions (OR = 0.93; 95% CI: 0.65, 1.33; $p = 0.68$).	
Hegerl et al., 2006[S9]	Pre-post, with control group	1992–2002	Germany (Nuremberg; control group, Wuerzburg)	In 2001–02, a four-level community-based intervention was implemented to improve the care of patients with depression: (i) training of family doctors, (ii) media and general public campaigns, (iii) community facilitators, (iv) self-help activities.	During the first year of the intervention the number of suicide mortalities declined from 100 at baseline to 75 (-25%), and 89 (-11%) during the second year. The was no significant difference between the control and intervention groups.	Total: -
Hegerl et al., 2010[S10]	Pre-post, with control group	1989–2006	Germany (Nuremberg);	In 2001–02, a four-level community-based intervention was implemented to improve the care of patients with depression: (i) training of family doctors, (ii) media and general public campaigns, (iii) community facilitators, (iv) self-help activities.	Following the intervention the number of suicide mortalities were at their lowest levels since 1989 (2003: 88; 2004: 87; 2005: 68; 2006: 72), although the decline was not statistically significant.	Total: -
Szekely et al., 2013[S11]	Pre-post, with control group	1998–2009	Hungary (Szolnok; control group, Szeged)	From 2004 to 2006, the European Alliance Against Depression intervention was implemented which included: (i) co-operation with general practitioners, (ii) public relations campaign, (iii)	Suicide rates declined during the two-year intervention (mean change -55.9%; $p < 0.01$), while no significant changes in suicide rates were observed in the control region (+2.0%).	Total: -- Male: -- Female: --

				community facilitators, and (iv) high risk groups and self-help.		
Motohashi et al., 2007[S12]	Quasi-experiment, with control group	1999–2006	Japan (Akita)	In 2001, a 3-year multi-component intervention was implemented that included awareness-raising activities, a mental health survey, specialist training in suicide prevention, resident engagement, compiled list of counselling centers, and community networking activities.	There was a significant decrease in the suicide rate per 100,000 in the intervention group (70.8 pre-intervention [1999] to 34.1 post-intervention [2004], $p = 0.01$). There were no significant changes observed in the control group during the same time period.	Total: --
King and Frost, 2005[S13]	Retrospective design	1988–2001	United Kingdom (England, New Forest)	From October 1998 to September 2001, the New Forest suicide prevention initiative was implemented by installing awareness signs in high-risk car parks, raising staff awareness, and providing support to those likely to come in contact with individuals at risk of suicide.	There was a large decrease in suicide mortality in New Forest from an average of 23.3 suicide mortalities per year pre-intervention to 18.7 per year during the intervention period.	Total: -
Stack, 2015[S14]	Pre-post, no control group	1986–2012	United States (St. Petersburg, Florida)	In 1999, a crisis phone line with signs to increase awareness were installed on the Skyway bridge in St. Petersburg.	The short-term two-year impact showed a non-significant average decline of five suicide mortalities when compared with the control. The long-term 13-year impact showed a significant increase in average suicide mortality of 4.5 suicide mortalities when compared with the control.	*2-year impact* Total: - *13-year impact* Total: ++

Note: CI = confidence interval; OR = odds ratio; - = not statistically significant reduction; -- = statistically significant reduction; + = not statistically significant increase; ++ = statistically significant increase