## Supplementary Table 4. Example of new items generated from suggestions that endorsed by the panel

Part I. The evaluation of training content by experts	
(a) Additional overall training topics	Trainees should learn about the significance of preventing adolescent suicide at the
	national level. For example, the Ministry of Education has publicly stated that it is
	necessary to improve teachers' ability to identify and intervene with children and
	adolescents' mental health problems through training, and emphasize the collaboration
	between school and family on this matter.
(1) The severity of suicide among adolescents and	People with suicidal thoughts tend to attribute their pain and problems to themselves
common feelings of a suicidal person	being not good enough, incompetent, or as their problems, without realizing that they
	may be their feelings are affected by psychological problems.
(2) Establish an accurate understanding of suicide	When deciding between life and death, most people would hesitate about which to
	choose, and this is the crucial time period for early identification and intervention.
(3a) Risk factors associated with suicide	Stress caused by the end of a relationship or by negative interpersonal relationships is a
	personal factor that increases the risk of suicide.
(3b) Identify the warning signs of suicide	If children had previously prepared tools for suicide or attempted suicide, whether it is
	actively terminated or passively terminated, physically injured or uninjured, it is a
	high-risk warning sign for suicide.

(4) Accurate ways of communicating suicide risk	Before talking about suicide, it is important to ensure that the child is in a stable
	emotional state, and that communication is conducted in a safe place.
(5) Assess suicide risk	Assessing suicide risk is a continuous and dynamic process, that needs to take into
	consideration the severity of the child's current risk of suicide (e.g., suicidal ideation,
	planning, or preparation), previous factors that trigger or prevent suicidal behavior,
	previous psychiatric diagnoses, and psychosocial status.
(6) Make a safety plan	Helping children recall the resources that have helped them stop suicide (i.e., their own
	positive coping style and support from others), could help them reflect on how they have
	successfully dealt with the suicide crisis, as well as help to strengthen these protective
	factors in time.
(7a – For Teacher's Training Only) Teachers	Teachers should identify children at risk of suicide, inform parents and school authorities
communicate with parents about their children's	in a timely manner, assist parents in referring their children to medical services for
suicide risk and find help for them	treatment, and restrict children's access to dangerous tools on school premises.
(7b - For Parent training only) Parents express	Parents need to be in a good state themselves to be competent in caring for their children,
support to their children and find resources for	therefore they also need to pay attention to their own emotional needs, and learn to utilize
help	internal and external resources to help themselves.

(8) In addition to aforementioned stigma and	The concerns of inappropriate assessment or fear of breaking the child's trust may be	
morbidity, other barriers that prevent children from	practical reasons that prevent trainees from offering help.	
seeking help, or prevent teachers or parents from		
providing help		
Part II. Feasibility of Training Methods		
The training should end with an online Question and Answer session with a crisis intervention specialist.		
Part V. General Remarks		
Recommendations for reducing harm	During the training, any teacher or parent who feels uncomfortable can leave the training	
	anytime.	
Additional intervention content or techniques	The training should allow trainee teachers to learn and practice skills of communicating	
	with parents, especially those parents who are reluctant to admit that their child are	
	struggling psychologically.	
Suggested modifications to enhance localization	Training materials should include some resources available for referrals.	

General Psychiatry