GRIPP2- Short Form

**Additional file 1.** **GRIPP2-SF**

|  |  |  |
| --- | --- | --- |
| **Section and topic** | **Item** | **Reported on page No** |
| 1: Aim | To develop an online suicide prevention program that aims on improving knowledge about suicidality, including help opportunities and on reducing stigmatization of suicidal persons as well as stigmatization of those who lost a person by suicide. People with a lived suicide experience should be involved at all stages of development of this online program.  | 4-5 |
| 2: Methods | For developing an online suicide prevention program, a lived experience team consisting of ten people was founded. Most team members reported personal suicide thoughts, suicidal behavior, or suicide attempts (n=7). One person was close to a person affected by suicidality. Two persons lost a parent by suicide. By the time, the online program was launched online, there were twelve meetings of the lived suicide experience team along with scientists and clinicians who coordinated the project. Between meetings, team members worked on various tasks to develop the program. The lived experience team members were involved in (1) the development of concept, structure, content, and design of the program, (2) the review of online program’s text material, (3) personal video or written experience reports, and (4) creating short “digital postcard messages” on suicidality that can be read by online program participants. Three years after the project started, the active lived experience members (N=7) answered a summative evaluation on the program development process. The lived experience team contributed to edits of the paper and are coauthors. | 6-9 |
| 3: Study results | The lived experience team contributed to the study in several ways, including:-Identifying relevant aims for the online suicide prevention program, as well as working on the program concept and structure, and relevant content from an expert by experience perspective. -Reviewing of texts for the online program. -Sharing a lived suicide experience in video reports for online program participants. -Contributing to edits of the paper. In retrospect, the lived experience team described working with each other as equals and always felt safe during program development, despite the emotionally taxing topic of suicidality. The team members would have preferred a stronger public and patient involvement already at the application stage. More financial and personnel resources should have be planned, e.g., also for the continuation of the program when the research project is over. | 10-15 |
| 4: Discussion and conclusions  | Our project showed involving people with lived experience in research projects is possible and enriching, also for complex and sensitive topics such as suicidality. Through contributions to discussions and text reviews, the lived suicide experience team shaped decisions in the program development process. When involving persons with lived suicide experience, it is important to consider that suicidality is 1. emotionally challenging, 2. a stigmatized issue, and 3. that the aspect of safety must be a priority. A distinction must be made between the duty of care based on actual risk and inappropriate overprotection. For the development of antistigma programs, the involvement of people with lived experience is essential to create a credible program that is relevant to others.  | 16, 20 |
| 5: Reflections/critical perspective | The program concept was already roughly defined by the grant proposal. The process of developing the grant proposal did not involve people with a lived experience. The possibility of a continuation of the program should be discussed early. We recommend a formative evaluation of the development process, of which the purpose and design is co-determined by the people with lived experience involved.  | 17-20 |