Table 1. Statements in the questionnaire of Round 1 (n=157) and their endorsement rates (n of panel members=34)

	Statements in English	Ratings (%)
Statement order	**Part I.The evaluation of training content by experts (Please rate the importance of the following content)**	
	(a) The importance of each module (Note: The Life Gatekeeper training program has eight modules, and following statements summarise content of each modules respectively. Please rate the importance of including each module in the training)	
1	1. By presenting case studies and data related to suicidal risks could allow trainees to pay attention to the severity of suicide risks among adolescents, and primarily to clarify common misconceptions related to suicide.	97.1
2	2. By explaining the stigma associated with suicide to trainees, it helps them to understand what prevents children at risk of suicide from seeking help.	100.0
3	3. Help trainees to develop accurate understanding of suicide by contrasting common misconceptions versus facts about suicide.	100.0
4	4.Help trainees to identify children at risk of suicide as early as possible by explaining suicide-related risk factors and early warning signs.	100.0
5	5. Trainees will practice how to hold conversations bout suicide, and they will get timely feedback from peers during role play, which will help them feel more competent when talking about suicide in the future.	100.0
6	6. By practise asking about suicidal thoughts, plans, tools, and methods, trainees will learn how to assess children's suicidal risks.	100.0
7	7. Trainees will learn about protective factors of suicide, such as children's support systems, as well as other risk factors of suicide (such as self-harm and suicide attempt history, etc.), so that they can assess more comprehensively about suicidal risks.	100.0
8	8. Trainees will learn how to collaboratively develop a safety plan with children to keep them stay safe when they experience strong suicidal ideation, and also learn to provide referral advice and encouragement for help-seeking.	100.0
9	9. (a) Teachers will learn how to communicate with parents about suicidal risks of their children, therefore increase teacher's self-efficacy in intervening.	100.0

Table 1

10	9. (b) Parents will learn how to show support for their children, and how to proactively find help-seeking resources for their children.	97.1
11	10. In group discussions, trainees will discuss other barriers that may prevent children from seeking help, or barriers that stops them to provide intervention, and alson discuss how to overcome these obstacles.	94.1
	(b) The importance of specific items (following items constitute content in the training program, please rate the importance of including these items in the training program). Teachers and parents of students should learn from the intervention program:	
	(1) The severity of suicide among adolescents, and common feelings of a suicidal person	
12	1. Relevant research data on suicidal behaviors (i.e., suicidal ideation, suicide planning, and suicide attempts) of adolescents in China, and thus realize the seriousness of adolescent suicide.	88.2
13	2. People with suicidal thoughts may feel unloved and not having any purpose in their existence.	91.2
14	3. People with suicidal thoughts often feel their world is nothing but pain and darkness, that there is no one to save them, but only loneliness and helplessness instead.	97.1
15	4. People with suicidal thoughts may feel that they can take any physical or psychological pain no more, and that taking their own life is the only way out.	94.1
16	5. People with suicidal thoughts are likely to feel that there is no hope of things or themselves getting better in the future, which in turns makes them feel hopeless.	97.1
17	6. People with suicidal thoughts may experience feelings of loneliness and helplessness.	100.0
18	7. People who have suicidal thoughts may feel like a burden to those around them.	97.1
	(2) Establish a correct understanding of suicide	
19	1. Suicide is not about making a fuss, being selfish, or weak.	100.0
20	2. Suicide does not mean to threaten others with lives, it is not an act of grandstanding, or to attract attention.	85.3

Table 1

21	3. Stigma about suicide can prevent at risk children from seeking help, as it causes fear of being discriminated against, not being understood, or being accused (for disclosing).	100.0
22	4. Stigma related suicide may prevent people to understand and help at-risk children.	100.0
23	5. Even if you cannot completely empathize with children's pain and thoughts, you would also try to listen to them empathically and caringly about the pain that they are going through.	100.0
24	6. Talking directly about suicide does not implant the idea into children's mind, nor does it prompt children to attempt suicide. Instead, it will help children reconsider their decisions, thereby prevents suicide.	100.0
25	7. People talking about suicide may be seeking help or support, rather than just mentioning it.	100.0
26	8. The occurrence of suicide is not without warning, as children may show some unusual behavior before suicide, which may be a warning sign - they hope someone could notice these signals and help them.	100.0
27	9. Most suicides are preventable, and if relevant risk factors and early warning signs can be identified timely, there is an opportunity to prevent and stop tragedies from happening.	97.1
28	10. Thoughts of suicide may recur, but they are not permanent.	97.1
29	11. Suicide can be divided into chronic, planned suicide, versus relatively acute, impulsive suicide.	91.2
30	12. Chronic, planned suicide is mainly triggered by problems that remain unresolved for a long time, such as negative self-evaluation and build up of negative emotions.	85.3
31	13. Impulsive suicide is mainly triggered by negative emotions at the moment, such as a strong negative emotional shock.	88.2
32	14. Some children may want to use suicide as a way to end their suffering or solve their current dilemma, rather than really wanting to end their lives.	94.1
33	15. Mental disorders, especially depression, are important risk factors for suicide, thus treatment of mental disorders is an important strategy for suicide prevention.	94.1
34	16. Children will become reluctant to seek help if we respond to their disclosure related to suicide with denial or accusations.	100.0
	(3a) Risk factors associated with suicide	

Table 1

35	1. Depression, anxiety, or other psychiatric disorders are personal factors that increase the risk of suicide.	97.1
36	2. Suicide attempts or past self-harm experiences are personal factors that increase suicide risk.	97.1
37	3. Females have more suicidal ideation and suicide attempts than males, whereas males are more likely to commit fatal suicidal attempts and die by suicide.	73.5
38	4. Suffering from long-term physical illness or physical disabilities are personal factors that increase the risk of suicide.	82.4
39	5. High impulsivity and aggressiveness are personal factors that increase suicide risk.	88.2
40	6. Substance abuse is a personal factor that increases suicide risk.	85.3
41	7. Lack of social support is a personal factor that increases suicide risk.	97.1
42	8. Juvenile delinquency is a personal factor that increases suicide risk.	73.5
43	9. Experiences of domestic violence or other forms of abuse is a family factor that increases suicide risk.	91.2
44	10. Parents' gambling, alcoholism, or criminal behavior are family factors that increase suicide risk.	82.4
45	11. Negative life events, such as parental divorce, the death of an important family member, and being a left behind child are family factors that increase the risk of suicide.	88.2
46	12. Parental suicidal history is a family factor that increases suicide risk.	91.2
47	13. Family atmosphere with high control and low warmth, and poor parent-child relationship are the family factors that increase the risk of suicide.	94.1
48	14. School bullying, isolation, and poor interpersonal relationships are school factors that increase the risk of suicide.	97.1
49	15. Excessive academic pressure and anxiety before exams are school factors that increase the risk of suicide.	79.4

Table 1

50	16. A recent suicide that took place at school is a school factor that increases suicide risk.	91.2
51	17. Inappropriate media coverage of suicide is a social factor that increases suicide risk.	82.4
52	18. Suicide games on the Internet, suicide communities on social media, etc., are social factors that increase the risk of suicide.	91.2
	(3b) Identify the warning signs of suicide	
53	1. Warning signs are imminent and noticeable indicators that at-risk individuals show.	97.1
54	2. Children discussing suicide-related topics with those around them is a warning sign of suicide.	97.1
55	3. If children disclose thoughts of death and wishes to disappear, and say negative things such as 'I am a burden. If I leave, others will be better off', 'There is nothing worth staying for in this world', etc., or mention suicidal thoughts in their homework, then these are warning signs of suicide.	100.0
56	4. Saying goodbye to people around them for no reason, such as making a will, giving away property, telling others to take care, etc., are warning signs of suicide.	100.0
57	5. Being in extreme depressive mood, immersed in sadness, and loss of usual enthusiasm and interest are warning signs of suicide.	94.1
58	6. Abnormal behavior and emotions, such as short temper, frustration, irritability or loss of control, frequent conflicts with others, or avoidance of staying with others, etc., are warning signs of suicide.	88.2
59	7. Abnormal changes in life, such as grades plummeting for no reason, unable to concentrate, poor memory, abnormal sleep and diet patterns, etc., are warning signs of suicide.	88.2
60	8. Disclosures of self-blame, guilt, and shame are warning signs of suicide.	97.1
61	9. Feelings of being in pain, hopeless, and helpless are warning signs of suicide.	100.0
62	10. Attending to suicide-related information is a warning sign of suicide.	100.0

Table 1

63	11. Researching and talking about methods of suicide are warning signs of suicide.	100.0
64	12. Self harm behaviour, such as strangulation marks on the neck, or knife-cut wounds on the wrist, is a warning sign of suicide.	100.0
65	13. Children recently talk about suicidal thoughts, plans, or actions, even through joking or other covert means, is a warning sign of suicide.	100.0
	(4) The correct way to communicate suicide risk	
66	1. It is better to talk to children about suicide in a quiet, undisturbed space, as this will better protect their confidentiality, and reduce their concerns when speaking out.	100.0
67	2. You can start the conversation with the warning signs you notice, and encourage children to discuss difficulties or chronic stress they may be experiencing, thus to understand their emotions and suicidal thoughts.	100.0
68	3. When children talk about going through painful events recently, parents or teachers can ask what changes have occurred in their mood or life, and whether they have suicidal thoughts because of it.	100.0
69	4. If you notice children show abnormal behaviors (such as grades drop and mood changes), you should take the initiative to chat with them to understand what happened so as to identify any emotional distress and suicide risk in a timely manner.	100.0
70	5. When communicating with children, try to understand the emotional pain that they are going through by putting yourself into their shoes.	100.0
71	6. When children reveal their suicidal tendencies, do not criticize or accuse them, and do not provoke or encourage their children to act on these thoughts.	97.1
72	7. When you notice children show warning signs, you should ask them directly if they have suicidal thoughts instead of beating around the bush or using ambiguous words.	97.1
73	8. Do not ask questions that imply a negative answer, such as 'You are just saying it, you don't really want to die, do you?' or 'You are not going to do something stupid, are you?', because this will stop children from opening up to you.	100.0
74	9. Do not attempt to 'diagnose' them with mental illness because of their suicidal thoughts, such as labelling their suicidal thoughts as 'crazy' or 'sick'.	100.0
75	10. When communicating with children, it is necessary to remain calm and patient, and do not deny, minimise or ignore their painful feelings, or appear indifferent, contempt, or interrupt their talk.	100.0

Table 1

76	11. Instead of saying superficial phrases like 'Cheer up', 'You've got everything', or 'Don't worry about it', or prompting children to get rid of suicidal thoughts as soon as possible, you should acknowledge and try to understand the pain that children are going through right now.	100.0
77	12. Do not use phrases like 'dramatic' or 'thinking nonsense' to criticise or accuse children, because this will make them feel rejected and not understood, thus shutting themselves down and stop asking for help.	100.0
78	13. When children are talking about their pain, parents or teachers should not compare their own or others' similar experiences, and thus deny the student's feelings of pain.	100.0
79	14. In addition to verbal support, parents or teachers can also show respect and understanding via non-verbal signs when children are talking, such as maintaining eye contact, nodding appropriately to express affirmation, and maintaining a relaxed body posture.	100.0
80	15. If conflict arises when communicating with children , firstly take deep breaths to calm yourself down, to avoid venting your anger or frustration.	97.1
81	16. Do not stop children from expressing their feelings by crying etc.	100.0
82	17. Do not argue with children about the right or wrong of suicide, do not threaten them, or make them feel guilty in order to prevent suicide.	100.0
83	18. When children become emotional, parents or teachers should teach them some simple emotional grounding techniques.	97.1
84	19. When children become emotional, parents or teachers should stay with them patiently and show that they care.	100.0
85	20. Outlining step-by-step guides and specific sentences in the training manual can help parents or teachers to feel confident when talking about suicide risk with children.	100.0
	(5) Assess suicide risk	
86	1.Assess children's suicide risk by knowing details about whether children have suicidal thoughts and severity of these thoughts, namely whether thoughts have led to suicide plans, intended methods, or tools preparation.	100.0
87	2.If children have made detailed suicide plans and intend to act on the plans in the near future, they may be at a higher risk.	100.0
88	3.It is important to ask children if they have previous experience of attempting suicide or harming themselves.	100.0

Table 1

89	4.If we want to get a full picture of children's current situations, it is necessary to understand other suicide risk factors, such as emotional state, relationship with family, and whether they have experienced any significant life events recently.	100.0
90	5.It is necessary to ask children about reasons that sustain their will to live, namely to understand their support system on the one hand, and to remind the child of the reasons for staying alive on the other hand.	100.0
91	6.After knowing that children have suicidal thoughts, it is important to ask them when and under what circumstances do such thoughts occur, and how often do they occur.	91.2
	(6) Make a safety plan	
92	1.When discussing and making a safety plan with children, you can ask them to write down following ways to help themselves on the card, which they can take out to remind themselves when they are feeling distressed or wanting to hurt themselves.	100.0
93	2.Discuss with your child what they can do to cope with their feelings and distract themselves when they become distress, such as exercising, shouting out, or listening to music, in order to prevent suicidal behaviour.	100.0
94	3.Discuss with children people that could help them when they are most upset and have the strongest desire to hurt themselves, and help them to strengthen their social support system, and finally encourage them to seek help from these people when they want to end their lives.	100.0
95	4.Discuss with children that when they are in crisis, they can seek help from family, their peers, teachers, or friends in a timely manner, so to help them see that there are many people caring about them and willing to help them.	100.0
96	5.Discuss with children that when they are in crisis, they can seek help from resources, such as school counseling (if possible), medical services, or crisis lines, and record their emergency contact and he information of crisis services on a card.	100.0
97	6.Discuss with children how to safely place tools that might be used to kill or hurt themselves, such as handing sharp objects over to a trustworthy adult, thereby to help them avoid acting on thoughts of harming themselves.	100.0
98	7.Learn about local resources that can help children from emergency suicidal behavior, such as medical, fire, and police services.	100.0
99	8.When children mention that they harm themselves (e.g. cutting themselves) when feeling distressed, then discuss with them about using safer alternatives instead, such as pinching something soft.	94.1

Table 1

100	9.Discuss with children the importance of having someone stay with them 24/7 to keep them safe, when they are in crisis or are having intense suicidal thoughts.	100.0
101	10.Discuss with children about safer ways to distract themselves when their suicidal thoughts are at its peak, such as calling crisis helpline, or asking family and friends for help.	97.1
102	11.Discuss with children that they need to stay away from dangerous places (such as rooftops, bridges, or train tracks) and try to stay in a safe environment (such as at home or with family and friends) when their suicidal thoughts are at its peak.	100.0
103	12.Make a copy of this safety plan and give it to children's guardian after gaining their permission to do so.	100.0
	(7a – For Teacher's Training Only) Teachers should communicate with parents about their chidren's suicide risk and find help for them	
104	1.When children are at high suicidal risk, teachers should stay with them and alert corresponding school officials to work together to ensure the student's safety, and contact their parents promptly.	97.1
105	2.If children ask teachers to keep their suicide risk confidential, teachers should tell the student that they will have to inform schools and parents of their suicide risk in order to keep the student safe, and that everyone will work to support them through the difficult time together.	100.0
106	3.Teachers can discuss with the children which guardian they choose to share about their suicide risk, and what details they do not want to others to know.	100.0
107	4.Teachers can explain to the children that telling parents about these suicide risks is not about snitching or adding burdens to their family.	97.1
108	5.Teachers need to provide psychoeducation related to suicide to parents, which can be aided by using the 'Booklet for Parents'.	97.1
109	6.When communicating with parents about their children's suicide risk, teachers need to keep an eye on parents' mood, and inform them that suicide is largely preventable, to prevent parents from feeling overwhelmed.	100.0
110	7.Teachers should introduce to parents about available support at school and medical services they can turn to in order to help alleviate overwhelming anxiety.	100.0
111	8.Teachers should remind parents to remain calm and listen patiently when their children are disclosing distressing feelings and thoughts, and remind parents not to be blame, scold, or refuse to acknowledge their children's suicidal thoughts or emotional distress.	100.0
112	9.Teachers should remind parents to take a cooperative rather than commanding approach when discussing solutions with their children about what kind of support they would like to receive from their families.	100.0

Table 1

113	10.Teachers should explain the child's safety plan to parents, and ask parents to take the student to seek support from formal medical services in a timely manner.	100.0
114	11.Teachers should communicate and update parents regularly about their children's safety, and to explore what help the family may need.	97.1
115	12.Teachers should find out about their own school's protocol in crisis intervention regarding how to respond to children at risk of suicide and how to make referrals. If the school does not have a relevant protocol for crisis intervention, teachers should urge appropriate school officials to establish one as soon as possible.	97.1
	(7b - For Parent training only) Parents should express support to their children and find resources for help	
116	1.Parents should express that they are willing to support and help their children, such as 'no matter what difficulties and setbacks you are facing, we are your biggest support and you can rely on us, let's find out a solution together', 'we are in this with you and we like to face all this together with you, you are not alone to fight this', etc.	100.0
117	2.Parents should emphasize to their children how important they are to their family, in order to reinforce protective factors and increase children's desire to stay alive.	91.2
118	3.Parents should soothe difficult feelings that their children might have, and help them to be aware that there are more people caring about them and willing to help them.	97.1
119	4.Parents need to know people that their children value and who can help their children, so as to build a support network to help their children cope against risk of suicide.	94.1
120	5.Parents can invite people that their children trust to visit their children, to have positive interactions, to listen to their children, and to support children to participate in activities that are good for physical and mental development (such as sports, socialization, skill building, etc.).	88.2
121	6.During communication, parents should try to encourage their children to build up hopes for the future, for example by exploring their child's wishes, making a wish list, and to help them achieve their wishes.	88.2
122	7.Parents should understand that their child is likely to need professional help if they have suicidal thoughts, so parents need to take their kid to seek help in a timely manner.	100.0

Table 1

123	8.Parents should pay attention to changes in their child's mood, and if there is a significant change compared to the past, then low mood and anxiety, then they should not hesitate to take the child to hospital in case of the problem deteriorates, otherwise it could lead to dreaded consequences.	100.0
124	9.When children have clear suicidal thoughts and plans, parents should not leave them alone, and need to remove dangerous objects around them that can be used for suicide, such as drugs, sharp objects (such as knives, scissors), ropes, and pesticides.	100.0
125	10.Parents need to proactively communicate with schools, hospitals, and other support services about their children's suicide risk, and also ask teachers to be aware of their child's emotional state.	100.0
126	11.Local medical, fire, and police services could support and respond to any immediate danger that children might post to themselves, therefore parents should learn about these available local resources that they can turn to in advance.	88.2
127	12.Parents should negotiate with school, property managing services of their homes and other relevant services about restricting their children's access to rooftops and high levels without supervision, in order to prevent the risk of their children jumping from high places.	94.1
	(8) In addition to aforementioned stigma and morbidity, other barriers that prevent children from seeking help, or prevent teachers or parents from providing help	
128	1.A high degree of self-reliance may discourage children at risk of suicide from seeking help because they may feel that no one can help them other than themselves.	82.4
129	2.Children may choose not to seek help because they feel they are not ill enough to seek professional help, or they do not believe that treatment will be effective.	88.2
130	3.Strong feelings of despair, pessimism, and meaninglessness may prevent children from seeking help.	100.0
131	4.Having a mental illness may be the reason to stop individuals at risk for suicide from seeking help.	94.1
132	5.The more severe the suicidal ideation is, the more reluctant the individual is to seek help.	79.4
133	6.The lack of information about resources that can offer help is a practical reason that prevents individuals from seeking help.	85.3
134	7.The lack of social support systems (e.g., people to talk to) is a practical reason that prevents individuals from seeking help.	97.1

Table 1

135	8.Having no time to go to seek medical support is a practical reason that prevents individuals from seeking help.	61.8
136	9..Fear of not being able to afford treatment is a practical reason that prevents individuals from seeking help.	70.6
137	10.The concern that talking about suicide will increase the risk of it is a practical factor that may stop a trainee from providing support.	94.1
138	11.The concern of not knowing how to cope with or communicate the risk of suicide may be a practical factor that stops trainees from providing support.	97.1
	Part II.Feasibility of Training Methods	
	We will deliver training via the following methods, please rate the feasibility of each of them.	
139	Watching videos (psychoeducation via animation and video synthesised from different clips)	91.2
140	Watching videos (communication skills demonstrated by real people)	97.1
141	Group discussion	97.1
142	Role play	94.1
	Part III.Feasibility of achieving the training objectives	
	you are invited to rate the feasibility of achieving the following training objectives	
143	1.Statistics, common misconceptions, risk factors, and warning signs related to suicide are presented in the form of videos, and this strengthens trainees' understanding and memory of relevant information.	97.1
144	2.Group discussions after watching videos enables trainees to reflect and talk about videos, therefore to improve their understanding and attitude towards suicide prevention.	100.0
145	3.Role play allows trainees to take turns to play the roles of the intervenor, the child, and the feedback giver, practice relevant intervention techniques and discuss any problems that arise during the exercise in a timely manner.	94.1

Table 1

146	4.Role play allows trainees to take turns to play the roles of being the gatekeeper/at-risk child/observer, thereby practise relevant internvention skills, and they can reflect on questions arise from the role play in a timely manner.	94.1
147	5.This intervention intends to be a two-day offline training that provides ample opportunity for trainees to practice gatekeeper skills, thereby help to identify and refer children at risk of suicide.	88.2
148	6.In order to sustain the length of time that trainees masters the skills and knowledge, booster exercises should be carried out at the end of three months to consolidate their memory of what they have learned previously.	97.1
	Part IV. Suitability of training materials	
	please rate the suitability of the following training materials	
149	1.This intervention will provide standardized training materials (i.e., intervention videos, manuals, appendices, training presentations, and materials for children and parents) to facilitate the generalization and ongoing learning of this intervention.	100.0
150	2.Intervention videos are the main training material which will present content related to suicide, and show the intervention skills needed when talking about suicide.	94.1
151	3.The '*Manual* is an exercise booklet for use during training which trainees can use to take notes, to follow the prompts for group discussions or role plays, and refer to case examples of role play exercises.	100.0
152	4.The *Appendices* serve both as reference material used during the training, which provides referencing materials for group exercises during training, or repeat use after the training (including misconceptions and facts related to suicide, suicide-related risk factors and warning signs, etc.).	100.0
153	5.The *Training Presentation* (PPT) is an outline for researchers to use and cue different sections thoroughout the training.	100.0
154	6.The *Booklet for Parents* includes statistics on suicide, its severity, the correct way to communicate at-risk children, and a summary of resources for seeking help, and it can be used by teachers as an aid when communicating to parents about their child's risk of suicide.	100.0
155	7.The *Booklet for Children* consists of various symptoms that children might experience when they are at risk of suicide, explanations of causes of suicide risk, tips for soothing their feelings, and resources for seeking help. This booklet can support parents or teachers for psychoeducation with children when talking about suicide.	97.1

Table 1

156	8.At the end of the training, teachers need to pass a test to obtain the certificate, which could improve their self-efficacy about intervention.	100.0
157	9.Relevant intervention videos and training materials will be available online after the training, so that trainees can review intervention materials whenever they need to reinforce their skills and refresh knowledge.	100.0

Table 2

Table 2. Statements in the questionnaire of Round 2 (n=55) and their endorsement rates (n of panel members=31)		
	Statements in English	
Statement order	**Part I.The Evaluation of training content by experts (Please rate the importance of the following content)**	
	(a) Additional overall training topics (Please rate the importance of including the following new content in the training)	
1	1. 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 children and adolescents' mental health problems through training, and emphasize the collaboration between school and family on this matter.	90.3
2	2. Trainees should read through available local mental health service resources and crisis helplines listed on the training materials, and practice how to use these resources to refer at-risk children during training.	100.0
3	3. Trainees will practice how to cooperate with relevant departments of schools (such as security department, principal's office, head of year, school counsellor etc.) after identifying children at high risk of suicide.	96.8
	(b) The importance of specific items (the following items are all specific content in the training program, please rate the importance of including these items in the training program). Teachers and parents of students should learn from the intervention program:	
	(1) The severity of suicide among adolescents, and common feelings of a suicidal person	
4	1. People with suicidal thoughts tend to attribute their pain and problems to themselves being not good enough, incompetent, or as their problems, without realising that they may be their feelings are affected by psychological problems.	96.8
5	2. People with suicidal thoughts often feel their feelings are not understood by others around them , therefore they may be afraid to open up to others about their thoughts and feelings.	100.0
6	3. People with suicidal thoughts may feel discriminated against and despised for having suicidal thoughts.	93.5
7	4. People with suicidal thoughts may feel wronged or not understood, and might express grievance and anger through suicide.	90.3

Table 2

8	5. Suicidal thoughts have intricate psychosocial roots.	96.8
	(2) Establish a correct understanding of suicide	
9	1. Suicide may be a thought that arises when a person has encountered difficulties that they struggle to find a solution for.	93.5
10	2. When deciding between life and death, most people would hesitate and debate about which to choose, and this is the crucial time period for early identification and intervention.	96.8
	(3a) Risk factors associated with suicide	
11	1. Low self-esteem is a personal factor that increases the risk of suicide.	87.1
12	2. Non-suicidal self-injury is a personal factor that increases the risk of suicide.	87.1
13	3. Stress caused by end of a relationship or by negative interpersonal relationships is a personal factor that increases the risk of suicide.	93.5
	(Re-rated) 3. Females have more suicidal ideation and suicide attempts than males, while males are more likely to commit fatal suicidal behaviors and die by suicide than females.	48.4
	(Re-rated) 8. Juvenile delinquency is a personal factor that increases suicide risk.	54.8
	(Re-rated) 15. Excessive academic pressure and anxiety before exams are school factors that increase the risk of suicide.	71.0
	(3b) Identify the warning signs of suicide	
14	1. Warning signs, which should be signals of recent or imminent suicidal behavior, are not equivalent to factors that increase the risk of suicide.	80.6
15	2. Leaving messages about suicidal thoughts on social media such as Moments of WeChat or Weibo, or search for suicide methods in Baidu (or other search engines) are early warning signs of suicide.	100.0
16	3. Meeting up with others online or offline with the intention to end their own life is a warning sign of suicide.	100.0

Table 2

17	4. If children start to read books about suicide or with the theme of life and death, or their painting or essays imply related negative thoughts is a warning sign of suicide.	96.8
18	5. 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 of suicide.	100.0
19	6. A weak social support system and a recent major setback are warning signs of suicide.	96.8
	(4) The correct way to communicate suicide risk	
20	1. Before talking about suicide, it is important to ensure that the child is in a stable emotional state, and that the communication is conducted in a safe place.	100.0
	(5) Assess suicide risk	
21	1. 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.	100.0
22	2. When assessing children's suicide risk, trainees should ask whether the child was seen by a psychiatrist, and receive a clear diagnosis of mental illness.	93.5
23	3. Ask children what problems they will not have to face or solve after their suicide? Would they resort to suicide if they had other means to resolve the problem?	93.5
24	4. Ask whether the child has attempted suicide before, any relevant behavior, timing, method and motivation, etc.	100.0
	(6) Make a safety plan	
25	1. By 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.	100.0
26	2. Trainees should encourage children to write down these protective factors, reasons that keep them alive on a safety plan card.	100.0

Table 2

27	3. If children show a high level of suicide risk, send them to professional medical services for immediate assessment and inpatient treatment to ensure their safety.	100.0
28	4. Trainees should encourage children to record emergency contacts, help-seeking resources, or security cards in a portable notebook, screen saver, and notes on their phones etc. , whichever is accessible to them.	96.8
	(7a – For Teacher's Training Only) Teachers should communicate with parents about their chidren's suicide risk and find help for them	
29	1.Teachers should identify children at risk of suicide, inform parents and school authorities in a timely manner, assist parents in referring their children to medical services for treatment, and restrict children's access to dangerous tools on school premises.	100.0
30	2.Teachers should work with staff from other departments of the school, such as matrons and security staff, to work together to ensure the safety of children at risk of suicide.	96.8
31	3.When communicating with parents about their children's risk of suicide, teachers should focus on emotion state of parents, and inform them that suicide is largely preventable. This will prevent them from becoming excessively anxious.	96.8
	(7b - For Parent training only) Parents should express support to their children and find resources for help	
32	1.Parents need to support their children in working together to resolve acute stressful events.	96.8
33	2.Parents need to educate their children about life and encourage them to discuss the value of life together.	93.5
34	3.Parents need to be in good state themselves to be competent in caring for their children,therefore they also need to pay attention to their own emotional needs, and learn to utilise internal and external resources to help themselves.	100.0
35	4.Parents should pay attention to changes in their children's emotional states, so that if their children's mood changes considerably, such as low mood or anxiety, parents should not hesitate in taking them to the psychological clinic of a regulated general hospital, or a specific psychiatric hospital to prevent the condition deteriorates and causes irreversible damage.	100.0
	(8) In addition to aforementioned stigma and morbidity, other barriers that prevent children from seeking help, or prevent teachers or parents from providing help	
36	1.The concerns of inappropriate assessment or fear of breaking the child's trust maybe practical reasons that prevent trainees from offering help.	93.5

Table 2

37	2.The stigma of mental illness and misconceptions about the side effects of psychiatric drugs may be practical reasons that prevent trainees from providing help.	93.5
38	3.Lack of legal awareness, or unclear boundaries of responsibilities and rights in intervention work may be realistic factors that prevent trainees from offering help.	83.9
39	4.The fear that they will not be able to response appropriately to individuals at risk of suicide is a practical reason that may prevent trainees from offering help.	90.3
40	5.The scarcity of mental health resources is a practical reason that prevents individuals from seeking help.	80.6
	(Re-rated) 5.The more severe the suicidal ideation is, the more reluctant the individual is to seek help.	54.8
	(Re-rated) 9.Fear of not being able to afford treatment is a practical reason that prevents individuals from seeking help.	61.3
	Part II.Feasibility of Training Methods	
	Feasibility of training methods (please rate the feasibility of the following additional training methods) We will be using the following methods of training in our intervention, and you are asked to rate the feasibility of delivering the intervention through these training methods:	
41	1.The training should end with an online Question and Answer session with a crisis intervention specialist.	93.5
	PartⅤ.General Remarks	
	1.recommendations for reducing harm (the following entries are based on those added by experts in the first round of consensus on reducing harm to trainees in this intervention; please rate the importance of including these recommendations in the intervention).	
42	1.1 The training is voluntary and will be detailed in the Informed Consent Form prior to training, therefore teachers or parents with previous experience of trauma or who feel taboo towards death can choose whether or not to attend.	87.1
43	1.2 During the training, any teacher or parent who feels uncomfortable can leave the training anytime.	87.1

Table 2

	2. Additional intervention content or techniques (the following entries are revised entries based on the expert recommendations from the first round of consensus that intervention or techniques should be added, and you are asked to rate the importance of attributing these recommendations to the intervention).	
44	2.1 The training should allow trainees to learn and practice how to obtain a person's promise of not acting on suicidal behavior.	83.9
45	2.2 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.	100.0
46	2.3 The training will include a section of self-care for trainees.	93.5
47	2.4 The training should allow trainees to practice helping students at risk of suicide to find effective social support resources.	100.0
	3. Suggested modifications to enhance localization (the following entries were added based on the first round of consensus, where experts suggested better adapting this intervention to local needs, and you were asked to rate the importance of attributing these suggestions to the intervention).	
48	3.1 During the research and development training phase, interviews need to be conducted with parents and at-risk students to explore their actual needs.	96.8
49	3.2 When training parents, parents from different backgrounds should be surveyed about their perceptions of suicide prevention in schools and their willingness or barriers to participating in the training.	96.8
50	3.3 Training materials should include some resources available for referrals.	100.0

Table 3

Table 3. full list of included statements in the gatekeeper training (n=201)	
	Statements in English
Statement order	**Part I.The evaluation of the training content from experts (Please rate the importance of the following content)**
	(a) The importance of each chapter (Note: The Life Gatekeeper training program has eight sections on different topics. The following is the content of each chapter, respectively. Please rate the importance of including the content of each chapter in the training)
1	1. By presenting case studies and data related to suicidal risks could allow trainees to pay attention to the severity of suicide risks among adolescents, and primarily to clarify common misconceptions related to suicide.
2	2. By explaining the stigma associated with suicide to trainees, it helps them to understand what prevents children at risk of suicide from seeking help.
3	3. Help trainees to develop accurate understanding of suicide by contrasting common misconceptions versus facts about suicide.
4	4.Help trainees to identify children at risk of suicide as early as possible by explaining suicide-related risk factors and early warning signs.
5	5. Trainees will practice how to hold conversations bout suicide, and they will get timely feedback from peers during role play, which will help them feel more competent when talking about suicide in the future.
6	6. By practise asking about suicidal thoughts, plans, tools, and methods, trainees will learn how to assess children's suicidal risks.
7	7. Trainees will learn about protective factors of suicide, such as children's support systems, as well as other risk factors of suicide (such as self-harm and suicide attempt history, etc.), so that they can assess more comprehensively about suicidal risks.
8	8. Trainees will learn how to collaboratively develop a safety plan with children to keep them stay safe when they experience strong suicidal ideation, and also learn to provide referral advice and encouragement for help-seeking.
9	9. (a) Teachers will learn how to communicate with parents about suicidal risks of their children, therefore increase teacher's self-efficacy in intervening.

Table 3

10	9. (b) Parents will learn how to show support for their children, and how to proactively find help-seeking resources for their children.
11	10. In group discussions, trainees will discuss other barriers that may prevent children from seeking help, or barriers that stops them to provide intervention, and alson discuss how to overcome these obstacles.
12	11. 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 children and adolescents' mental health problems through training, and emphasize the collaboration between school and family on this matter.
13	12. Trainees should read through available local mental health service resources and crisis helplines listed on the training materials, and practice how to use these resources to refer at-risk children during training.
14	13. Trainees will practice how to cooperate with relevant departments of schools (such as security department, principal's office, head of year, school counsellor etc.) after identifying children at high risk of suicide.
	(b) The importance of specific items (the following items are all specific content in the training program, please rate the importance of including these items in the training program). Teachers and parents of students should learn from the intervention program:
	(1) The severity of suicide among adolescents, and common feelings of a suicidal person
15	1. Relevant research data on suicidal behaviors (i.e., suicidal ideation, suicide planning, and suicide attempts) of adolescents in China, and thus realize the seriousness of adolescent suicide.
16	2. People with suicidal thoughts may feel unloved and not having any purpose in their existence.
17	3. People with suicidal thoughts often feel their world is nothing but pain and darkness, that there is no one to save them, but only loneliness and helplessness instead.
18	4. People with suicidal thoughts may feel that they can take any physical or psychological pain no more, and that taking their own life is the only way out.
19	5. People with suicidal thoughts are likely to feel that there is no hope of things or themselves getting better in the future, which in turns makes them feel hopeless.
20	6. People with suicidal thoughts may experience feelings of loneliness and helplessness.

Table 3

21	7. People who have suicidal thoughts may feel like a burden to those around them.
22	8. People with suicidal thoughts tend to attribute their pain and problems to themselves being not good enough, incompetent, or as their problems, without realising that they may be their feelings are affected by psychological problems.
23	9. People with suicidal thoughts often feel their feelings are not understood by others around them , therefore they may be afraid to open up to others about their thoughts and feelings.
24	10. People with suicidal thoughts may feel discriminated against and despised for having suicidal thoughts.
25	11. People with suicidal thoughts may feel wronged or not understood, and might express grievance and anger through suicide.
26	12. Suicidal thoughts have intricate psychosocial roots.
	(2) Establish a correct understanding of suicide
27	1. Suicide is not about making a fuss, being selfish, or weak.
28	2. Suicide does not mean to threaten others with lives, it is not an act of grandstanding, or to attract attention.
29	3. Stigma about suicide can prevent at risk children from seeking help, as it causes fear of being discriminated against, not being understood, or being accused (for disclosing).
30	4. Stigma related suicide may prevent people to understand and help at-risk children.
31	5. Even if you cannot completely empathize with children's pain and thoughts, you would also try to listen to them empathically and caringly about the pain that they are going through.
32	6. Talking directly about suicide does not implant the idea into children's mind, nor does it prompt children to attempt suicide. Instead, it will help children reconsider their decisions, thereby prevents suicide.
33	7. People talking about suicide may be seeking help or support, rather than just mentioning it.
34	8. The occurrence of suicide is not without warning, as children may show some unusual behavior before suicide, which may be a warning sign - they hope someone could notice these signals and help them.

Table 3

35	9. Most suicides are preventable, and if relevant risk factors and early warning signs can be identified timely, there is an opportunity to prevent and stop tragedies from happening.
36	10. Thoughts of suicide may recur, but they are not permanent.
37	11. Suicide can be divided into chronic, planned suicide, versus relatively acute, impulsive suicide.
38	12. Chronic, planned suicide is mainly triggered by problems that remain unresolved for a long time, such as negative self-evaluation and build up of negative emotions.
39	13. Impulsive suicide is mainly triggered by negative emotions at the moment, such as a strong negative emotional shock.
40	14. Some children may want to use suicide as a way to end their suffering or solve their current dilemma, rather than really wanting to end their lives.
41	15. Mental disorders, especially depression, are important risk factors for suicide, thus treatment of mental disorders is an important strategy for suicide prevention.
42	16. Children will become reluctant to seek help if we respond to their disclosure related to suicide with denial or accusations.
43	17. Suicide may be a thought that arises when a person has encountered difficulties that they struggle to find a solution for.
44	18. When deciding between life and death, most people would hesitate and debate about which to choose, and this is the crucial time period for early identification and intervention.
	(3a) Risk factors associated with suicide
45	1. Depression, anxiety, or other psychiatric disorders are personal factors that increase the risk of suicide.
46	2. Suicide attempts or past self-harm experiences are personal factors that increase suicide risk.
47	4. Suffering from long-term physical illness or physical disabilities are personal factors that increase the risk of suicide.
48	5. High impulsivity and aggressiveness are personal factors that increase suicide risk.

Table 3

49	6. Substance abuse is a personal factor that increases suicide risk.
50	7. Lack of social support is a personal factor that increases suicide risk.
51	9. Experiences of domestic violence or other forms of abuse is a family factor that increases suicide risk.
52	10. Parents' gambling, alcoholism, or criminal behavior are family factors that increase suicide risk.
53	11. Negative life events, such as parental divorce, the death of an important family member, and being a left behind child are family factors that increase the risk of suicide.
54	12. Parental suicidal history is a family factor that increases suicide risk.
55	13. Family atmosphere with high control and low warmth, and poor parent-child relationship are the family factors that increase the risk of suicide.
56	14. School bullying, isolation, and poor interpersonal relationships are school factors that increase the risk of suicide.
57	16. A recent suicide that took place at school is a school factor that increases suicide risk.
58	17. Inappropriate media coverage of suicide is a social factor that increases suicide risk.
59	18. Suicide games on the Internet, suicide communities on social media, etc., are social factors that increase the risk of suicide.
60	19. Low self-esteem is a personal factor that increases the risk of suicide.
61	20. Non-suicidal self-injury is a personal factor that increases the risk of suicide.
62	21. Stress caused by 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

Table 3

63	1. Warning signs are imminent and noticeable indicators that at-risk individuals show.
64	2. Children discussing suicide-related topics with those around them is a warning sign of suicide.
65	3. If children disclose thoughts of death and wishes to disappear, and say negative things such as 'I am a burden. If I leave, others will be better off', 'There is nothing worth staying for in this world', etc., or mention suicidal thoughts in their homework, then these are warning signs of suicide.
66	4. Saying goodbye to people around them for no reason, such as making a will, giving away property, telling others to take care, etc., are warning signs of suicide.
67	5. Being in extreme depressive mood, immersed in sadness, and loss of usual enthusiasm and interest are warning signs of suicide.
68	6. Abnormal behavior and emotions, such as short temper, frustration, irritability or loss of control, frequent conflicts with others, or avoidance of staying with others, etc., are warning signs of suicide.
69	7. Abnormal changes in life, such as grades plummeting for no reason, unable to concentrate, poor memory, abnormal sleep and diet patterns, etc., are warning signs of suicide.
70	8. Disclosures of self-blame, guilt, and shame are warning signs of suicide.
71	9. Feelings of being in pain, hopeless, and helpless are warning signs of suicide.
72	10. Attending to suicide-related information is a warning sign of suicide.
73	11. Researching and talking about methods of suicide are warning signs of suicide.
74	12. Self harm behaviour, such as strangulation marks on the neck, or knife-cut wounds on the wrist, is a warning sign of suicide.
75	13. Children recently talk about suicidal thoughts, plans, or actions, even through joking or other covert means, is a warning sign of suicide.
76	14. Warning signs, which should be signals of recent or imminent suicidal behavior, are not equivalent to factors that increase the risk of suicide.

Table 3

77	15. Leaving messages about suicidal thoughts on social media such as Moments of WeChat or Weibo, or search for suicide methods in Baidu (or other search engines) are early warning signs of suicide.
78	16. Meeting up with others online or offline with the intention to end their own life is a warning sign of suicide.
79	17. If children start to read books about suicide or with the theme of life and death, or their painting or essays imply related negative thoughts is a warning sign of suicide.
80	18. 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 of suicide.
81	19. A weak social support system and a recent major setback are warning signs of suicide.
	(4) The correct way to communicate suicide risk
82	1. It is better to talk to children about suicide in a quiet, undisturbed space, as this will better protect their confidentiality, and reduce their concerns when speaking out.
83	2. You can start the conversation with the warning signs you notice, and encourage children to discuss difficulties or chronic stress they may be experiencing, thus to understand their emotions and suicidal thoughts.
84	3. When children talk about going through painful events recently, parents or teachers can ask what changes have occurred in their mood or life, and whether they have suicidal thoughts because of it.
85	4. If you notice children show abnormal behaviors (such as grades drop and mood changes), you should take the initiative to chat with them to understand what happened so as to identify any emotional distress and suicide risk in a timely manner.
86	5. When communicating with children, try to understand the emotional pain that they are going through by putting yourself into their shoes.
87	6. When children reveal their suicidal tendencies, do not criticize or accuse them, and do not provoke or encourage their children to act on these thoughts.
88	7. When you notice children show warning signs, you should ask them directly if they have suicidal thoughts instead of beating around the bush or using ambiguous words.
89	8. Don't ask questions that imply a negative answer, such as 'You are just saying it, you don't really want to die, do you?' or 'You are not going to do something stupid, are you?', because this will stop children from opening up to you.
90	9. Don't attempt to 'diagnose' them with mental illness because of their suicidal thoughts, such as labelling their suicidal thoughts as 'crazy' or 'sick'.

Table 3

91	10. When communicating with children, it is necessary to remain calm and patient, and do not deny, minimise or ignore their painful feelings, or appear indifferent, contempt, or interrupt their talk.
92	11. Instead of saying superficial phrases like 'Cheer up', 'You've got everything', or 'Don't worry about it', or prompting children to get rid of suicidal thoughts as soon as possible, you should acknowledge and try to understand the pain that children are going through right now.
93	12. Do not use phrases like 'dramatic' or 'thinking nonsense' to criticise or accuse children, because this will make them feel rejected and not understood, thus shutting themselves down and stop asking for help.
94	13. When children are talking about their pain, parents or teachers should not compare their own or others' similar experiences, and thus deny the student's feelings of pain.
95	14. In addition to verbal support, parents or teachers can also show respect and understanding via non-verbal signs when children are talking, such as maintaining eye contact, nodding appropriately to express affirmation, and maintaining a relaxed body posture.
96	15. If conflict arises when communicating with children , firstly take deep breaths to calm yourself down, to avoid venting your anger or frustration.
97	16. Do not stop children from expressing their feelings by crying etc.
98	17. Do not argue with children about the right or wrong of suicide, do not threaten them, or make them feel guilty in order to prevent suicide.
99	18. When children become emotional, parents or teachers should teach them some simple emotional grounding techniques.
100	19. When children become emotional, parents or teachers should stay with them patiently and show that they care.
101	20. Outlining step-by-step guides and specific sentences in the training manual can help parents or teachers to feel confident when talking about suicide risk with children.
102	21. Before talking about suicide, it is important to ensure that the child is in a stable emotional state, and that the communication is conducted in a safe place.
	(5) Assess suicide risk
103	1.Assess children's suicide risk by knowing details about whether children have suicidal thoughts and severity of these thoughts, namely whether thoughts have led to suicide plans, intended methods, or tools preparation.

Table 3

104	2.If children have made detailed suicide plans and intend to act on the plans in the near future, they may be at a higher risk.
105	3.It is important to ask children if they have previous experience of attempting suicide or harming themselves.
106	4.If we want to get a full picture of children's current situations, it is necessary to understand other suicide risk factors, such as emotional state, relationship with family, and whether they have experienced any significant life events recently.
107	5.It is necessary to ask children about reasons that sustain their will to live, namely to understand their support system on the one hand, and to remind the child of the reasons for staying alive on the other hand.
108	6.After knowing that children have suicidal thoughts, it is important to ask them when and under what circumstances do such thoughts occur, and how often do they occur.
109	7. 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.
110	8. When assessing children's suicide risk, trainees should ask whether the child was seen by a psychiatrist, and receive a clear diagnosis of mental illness.
111	9. Ask children what problems they will not have to face or solve after their suicide? Would they resort to suicide if they had other means to resolve the problem?
112	10. Ask whether the child has attempted suicide before, any relevant behavior, timing, method and motivation, etc.
	(6) Make a safety plan
113	1.When discussing and making a safety plan with children, you can ask them to write down following ways to help themselves on the card, which they can take out to remind themselves when they are feeling distressed or wanting to hurt themselves.
114	2.Discuss with your child what they can do to cope with their feelings and distract themselves when they become distress, such as exercising, shouting out, or listening to music, in order to prevent suicidal behaviour.
115	3.Discuss with children people that could help them when they are most upset and have the strongest desire to hurt themselves, and help them to strengthen their social support system, and finally encourage them to seek help from these people when they want to end their lives.

Table 3

116	4.Discuss with children that when they are in crisis, they can seek help from family, their peers, teachers, or friends in a timely manner, so to help them see that there are many people caring about them and willing to help them.
117	5.Discuss with children that when they are in crisis, they can seek help from resources, such as school counseling (if possible), medical services, or crisis lines, and record their emergency contact and he information of crisis services on a card.
118	6.Discuss with children how to safely place tools that might be used to kill or hurt themselves, such as handing sharp objects over to a trustworthy adult, thereby to help them avoid acting on thoughts of harming themselves.
119	7.Learn about local resources that can help children from emergency suicidal behavior, such as medical, fire, and police services.
120	8.When children mention that they harm themselves (e.g. cutting themselves) when feeling distressed, then discuss with them about using safer alternatives instead, such as pinching something soft.
121	9.Discuss with children the importance of having someone stay with them 24/7 to keep them safe, when they are in crisis or are having intense suicidal thoughts.
122	10.Discuss with children about safer ways to distract themselves when their suicidal thoughts are at its peak, such as calling crisis helpline, or asking family and friends for help.
123	11.Discuss with children that they need to stay away from dangerous places (such as rooftops, bridges, or train tracks) and try to stay in a safe environment (such as at home or with family and friends) when their suicidal thoughts are at its peak.
124	12.Make a copy of this safety plan and give it to children's guardian after gaining their permission to do so.
125	13. By 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.
126	14. Trainees should encourage children to write down these protective factors, reasons that keep them alive on a safety plan card.
127	15. If children show a high level of suicide risk, send them to professional medical services for immediate assessment and inpatient treatment to ensure their safety.
128	16. Trainees should encourage children to record emergency contacts, help-seeking resources, or security cards in a portable notebook, screen saver, and notes on their phones etc. , whichever is accessible to them.
	(7a – For Teacher's Training Only) Teachers should communicate with parents about their chidren's suicide risk and find help for them

Table 3

129	1.When children are at high suicidal risk, teachers should stay with them and alert corresponding school officials to work together to ensure the student's safety, and contact their parents promptly.
130	2.If children ask teachers to keep their suicide risk confidential, teachers should tell the student that they will have to inform schools and parents of their suicide risk in order to keep the student safe, and that everyone will work to support them through the difficult time together.
131	3.Teachers can discuss with the children which guardian they choose to share about their suicide risk, and what details they do not want to others to know.
132	4.Teachers can explain to the children that telling parents about these suicide risks is not about snitching or adding burdens to their family.
133	5.Teachers need to provide psychoeducation related to suicide to parents, which can be aided by using the 'Booklet for Parents'.
134	6.When communicating with parents about their children's suicide risk, teachers need to keep an eye on parents' mood, and inform them that suicide is largely preventable, to prevent parents from feeling overwhelmed.
135	7.Teachers should introduce to parents about available support at school and medical services they can turn to in order to help alleviate overwhelming anxiety.
136	8.Teachers should remind parents to remain calm and listen patiently when their children are disclosing distressing feelings and thoughts, and remind parents not to be blame, scold, or refuse to acknowledge their children's suicidal thoughts or emotional distress.
137	9.Teachers should remind parents to take a cooperative rather than commanding approach when discussing solutions with their children about what kind of support they would like to receive from their families.
138	10.Teachers should explain the child's safety plan to parents, and ask parents to take the student to seek support from formal medical services in a timely manner.
139	11.Teachers should communicate and update parents regularly about their children's safety, and to explore what help the family may need.
140	12.Teachers should find out about their own school's protocol in crisis intervention regarding how to respond to children at risk of suicide and how to make referrals. If the school does not have a relevant protocol for crisis intervention, teachers should urge appropriate school officials to establish one as soon as possible.

Table 3

141	13.Teachers should identify children at risk of suicide, inform parents and school authorities in a timely manner, assist parents in referring their children to medical services for treatment, and restrict children's access to dangerous tools on school premises.
142	14.Teachers should work with staff from other departments of the school, such as matrons and security staff, to work together to ensure the safety of children at risk of suicide.
143	15.When communicating with parents about their children's risk of suicide, teachers should focus on emotion state of parents, and inform them that suicide is largely preventable. This will prevent them from becoming excessively anxious.
	(7b - For Parent training only) Parents should express support to their children and find resources for help
144	1.Parents should express that they are willing to support and help their children, such as 'no matter what difficulties and setbacks you are facing, we are your biggest support and you can rely on us, let's find out a solution together', 'we are in this with you and we like to face all this together with you, you are not alone to fight this', etc.
145	2.Parents should emphasize to their children how important they are to their family, in order to reinforce protective factors and increase children's desire to stay alive.
146	3.Parents should soothe difficult feelings that their children might have, and help them to be aware that there are more people caring about them and willing to help them.
147	4.Parents need to know people that their children value and who can help their children, so as to build a support network to help their children cope against risk of suicide.
148	5.Parents can invite people that their children trust to visit their children, to have positive interactions, to listen to their children, and to support children to participate in activities that are good for physical and mental development (such as sports, socialization, skill building, etc.).
149	6.During communication, parents should try to encourage their children to build up hopes for the future, for example by exploring their child's wishes, making a wish list, and to help them achieve their wishes.
150	7.Parents should understand that their child is likely to need professional help if they have suicidal thoughts, so parents need to take their kid to seek help in a timely manner.

Table 3

151	8.Parents should pay attention to changes in their child's mood, and if there is a significant change compared to the past, then low mood and anxiety, then they should not hesitate to take the child to hospital in case of the problem deteriorates, otherwise it could lead to dreaded consequences.
152	9.When children have clear suicidal thoughts and plans, parents should not leave them alone, and need to remove dangerous objects around them that can be used for suicide, such as drugs, sharp objects (such as knives, scissors), ropes, and pesticides.
153	10.Parents need to proactively communicate with schools, hospitals, and other support services about their children's suicide risk, and also ask teachers to be aware of their child's emotional state.
154	11.Local medical, fire, and police services could support and respond to any immediate danger that children might post to themselves, therefore parents should learn about these available local resources that they can turn to in advance.
155	12.Parents should negotiate with school, property managing services of their homes and other relevant services about restricting their children's access to rooftops and high levels without supervision, in order to prevent the risk of their children jumping from high places.
156	13.Parents need to support their children in working together to resolve acute stressful events.
157	14.Parents need to educate their children about life and encourage them to discuss the value of life together.
158	15.Parents need to be in good state themselves to be competent in caring for their children,therefore they also need to pay attention to their own emotional needs, and learn to utilise internal and external resources to help themselves.
159	16.Parents should pay attention to changes in their children's emotional states, so that if their children's mood changes considerably, such as low mood or anxiety, parents should not hesitate in taking them to the psychological clinic of a regulated general hospital, or a specific psychiatric hospital to prevent the condition deteriorates and causes irreversible damage.
	(8) In addition to aforementioned stigma and morbidity, other barriers that prevent children from seeking help, or prevent teachers or parents from providing help
160	1.A high degree of self-reliance may discourage children at risk of suicide from seeking help because they may feel that no one can help them other than themselves.
161	2.Children may choose not to seek help because they feel they are not ill enough to seek professional help, or they do not believe that treatment will be effective.

Table 3

162	3.Strong feelings of despair, pessimism, and meaninglessness may prevent children from seeking help.
163	4.Having a mental illness may be the reason to stop individuals at risk for suicide from seeking help.
164	6.The lack of information about resources that can offer help is a practical reason that prevents individuals from seeking help.
165	7.The lack of social support systems (e.g., people to talk to) is a practical reason that prevents individuals from seeking help.
166	10.The concern that talking about suicide will increase the risk of it is a practical factor that may stop a trainee from providing support.
167	11.The concern of not knowing how to cope with or communicate the risk of suicide may be a practical factor that stops trainees from providing support.
168	12.The concerns of inappropriate assessment or fear of breaking the child's trust maybe practical reasons that prevent trainees from offering help.
169	13.The stigma of mental illness and misconceptions about the side effects of psychiatric drugs may be practical reasons that prevent trainees from providing help.
170	14.Lack of legal awareness, or unclear boundaries of responsibilities and rights in intervention work may be realistic factors that prevent trainees from offering help.
171	15.The fear that they will not be able to response appropriately to individuals at risk of suicide is a practical reason that may prevent trainees from offering help.
172	16.The scarcity of mental health resources is a practical reason that prevents individuals from seeking help.
	Part II.Feasibility of Training Methods
173	1.Watching videos (psychoeducation via animation and video synthesised from different clips)
174	2.Watching videos (communication skills demonstrated by real people)
175	3.Group discussion

Table 3

176	4.Role play
177	5.The training should end with an online Question and Answer session with a crisis intervention specialist.
	Part III.Feasibility of achieving the training objectives
178	1.Statistics, common misconceptions, risk factors, and warning signs related to suicide are presented in the form of videos, and this strengthens trainees' understanding and memory of relevant information.
179	2.Group discussions after watching videos enables trainees to reflect and talk about videos, therefore to improve their understanding and attitude towards suicide prevention.
180	3.Role play allows trainees to take turns to play the roles of the intervenor, the child, and the feedback giver, practice relevant intervention techniques and discuss any problems that arise during the exercise in a timely manner.
181	4.Role play allows trainees to take turns to play the roles of being the gatekeeper/at-risk child/observer, thereby practise relevant internvention skills, and they can reflect on questions arise from the role play in a timely manner.
182	5.This intervention intends to be a two-day offline training that provides ample opportunity for trainees to practice gatekeeper skills, thereby help to identify and refer children at risk of suicide.
183	6.In order to sustain the length of time that trainees masters the skills and knowledge, booster exercises should be carried out at the end of three months to consolidate their memory of what they have learned previously.
	Part IV. Suitability of training materials
184	1.This intervention will provide standardized training materials (i.e., intervention videos, manuals, appendices, training presentations, and materials for children and parents) to facilitate the generalization and ongoing learning of this intervention.
185	2.Intervention videos are the main training material which will present content related to suicide, and show the intervention skills needed when talking about suicide.
186	3.The '*Manual* is an exercise booklet for use during training which trainees can use to take notes, to follow the prompts for group discussions or role plays, and refer to case examples of role play exercises.
187	4.The *Appendices* serve both as reference material used during the training, which provides referencing materials for group exercises during training, or repeat use after the training (including misconceptions and facts related to suicide, suicide-related risk factors and warning signs, etc.).

Table 3

188	5.The *Training Presentation* (PPT) is an outline for researchers to use and cue different sections thoroughout the training.
189	6.The *Booklet for Parents* includes statistics on suicide, its severity, the correct way to communicate at-risk children, and a summary of resources for seeking help, and it can be used by teachers as an aid when communicating to parents about their child's risk of suicide.
190	7.The *Booklet for Children* consists of various symptoms that children might experience when they are at risk of suicide, explanations of causes of suicide risk, tips for soothing their feelings, and resources for seeking help. This booklet can support parents or teachers for psychoeducation with children when talking about suicide.
191	8.At the end of the training, teachers need to pass a test to obtain the certificate, which could improve their self-efficacy about intervention.
192	9.Relevant intervention videos and training materials will be available online after the training, so that trainees can review intervention materials whenever they need to reinforce their skills and refresh knowledge.
	PartⅤ.General Remarks
	1.recommendations for reducing harm (the following entries are based on those added by experts in the first round of consensus on reducing harm to trainees in this intervention; please rate the importance of including these recommendations in the intervention).
193	1.1 The training is voluntary and will be detailed in the Informed Consent Form prior to training, therefore teachers or parents with previous experience of trauma or who feel taboo towards death can choose whether or not to attend.
194	1.2 During the training, any teacher or parent who feels uncomfortable can leave the training anytime.
	2. Additional intervention content or techniques (the following entries are revised entries based on the expert recommendations from the first round of consensus that intervention or techniques should be added, and you are asked to rate the importance of attributing these recommendations to the intervention).
195	2.1 The training should allow trainees to learn and practice how to obtain a person's promise of not acting on suicidal behavior.
196	2.2 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.

Table 3

197	2.3 The training will include a section of self-care for trainees.
198	2.4 The training should allow trainees to practice helping students at risk of suicide to find effective social support resources.
	3. Suggested modifications to enhance localization (the following entries were added based on the first round of consensus, where experts suggested better adapting this intervention to local needs, and you were asked to rate the importance of attributing these suggestions to the intervention).
199	3.1 During the research and development training phase, interviews need to be conducted with parents and at-risk students to explore their actual needs.
200	3.2 When training parents, parents from different backgrounds should be surveyed about their perceptions of suicide prevention in schools and their willingness or barriers to participating in the training.
201	3.3 Training materials should include some resources available for referrals.