Supplementary material

Online Supplemental Table 1: Round 1 survey response codes (Level 1 & 2) with linked examples

Level 1 code	Level 2 code	Examples of individual respondent submissions
1. Tapering aids/supports	**Pharmacological**	"What medications if any can help with symptoms due to discontinuation syndrome or even just side effects from coming off them?" [PSP1707, FFCS]
	Psychological/non-pharmacological/social support	"Are there any foods or practical things I can do or take to help the experience not feel as difficult?" [PSP1316, PLE]
	Financial	"Can some of the money and resources that would have gone on the meds, and years of iatrogenic illness and being off work and social services etc be used to assist them while they are tapering off and to help them find new ways of coping?" [PSP0300, PLE]
	Education	"Where is there reliable information and support to safely withdraw from anti-depressants when a user has been taking them for 30+ years?" [PSP0460, PLE]
	Healthcare professional	"How can we as staff be supported to support the people with lived experience, we work with to be empowered to make choices about their meds when they are so often coerced and misinformed about the meds they are taking?" [PSP0531, HCP]
	Local/regional supports	"Why aren't there more places to go if you want to get off the medications?" [PSP0123, FFCS]
	Non-specific/general support	"Why is there not more support for people wishing and those currently tapering off psych meds?"

		[PSP0423, PLE]
2. Tapering process	**Guidance/instructions**	"Why is the guideline for benzodiazepine taper for long-term patients not established?" [PSP0034, PLE]
	Practicalities	"How to safely taper from clonazepam without or having minimum withdrawal symptoms?" [PSP1300, PLE]
	Monitoring	"What are the most important things for people coming off anti-depressants to be vigilant for in terms of side effects or relapse?" [PSP1706, PLE]
	Experiences	"What are the opinions of patients who reduce/discontinue psychiatric medications of the effects on their wellbeing (quality of life) and recovery?" [PSP1531, HCP]
	Special populations	"What do women considering becoming pregnant and who take psychiatric medication need to be aware of in terms of coming off medication?" [PSP1706, PLE]
	Barriers/enablers	"What are the barriers and facilitators to tapering or discontinuation of psychotropic medicine for people who have experienced an episode of severe illness such as psychosis/mania/depression in the context of bipolar disorder?" [PSP1732, HCP]
	Restarting the medication	"What are the criteria for knowing whether reinstating the drug is possible/wise if tapering/withdrawal proves too difficult? For example, is there an ideal time frame beyond which one cannot go back on and must complete the withdrawal?" [PSP0339, FFCS]

	Underlying neurobiology	"What is happening in the brain during withdrawal?" [PSP0471, PLE]
3. Post-taper	**Positive outcomes**	"Will my nervous system ever completely heal?" [PSP0173, PLE]
	Negative outcomes	"Can antidepressant withdrawal cause severe permanent irreversible damage?" [PSP1482, PLE]
	Restarting the medication	"Is reinstatement of benzodiazepines after a catastrophic unmanaged withdrawal an effective treatment strategy to stabilize the patient and if so at what dosage should a reinstatement level be set at to be effective?" [PSP0443, FFCS]
	Underlying neurobiology	"What was released in my brain when I stopped taking [nefazodone]?" [PSP0073, PLE]
	Experiences	"What to expect in the first year after stop taking antidepressant?" [PSP0214, PLE]
4. Withdrawal symptoms & Adverse effects	**Risk of occurrence/specific examples**	"What is the risk of experiencing a psychotic episode when tapering or stopping antipsychotic (dopamine antagonist) drugs?" [PSP0097, HCP]
	Underlying neurobiology	"What causes side effects or withdrawal symptoms when medications are stopped?" [PSP0087, HCP]
	Management & prevention	"What is most helpful in easing the symptoms during the taper and in protracted withdrawal?" [PSP0098, PLE]
	Identification	"What symptoms might I experience which would indicate I was in withdrawal rather than relapse, and are prescribers aware of this?" [PSP0276, PLE]
5. Accountability/Responsibility	**Healthcare professional**	"When will doctors take responsibility when prescribing and taking people off benzodiazepines?"

		[PSP0064, PLE]
	Government	"Why can't insurance pay for the right kind of medical and psychological support during tapering?" [PSP0020, PLE]
	Pharmaceutical industry	"How can we force drug companies to make tapering solutions or tapering strips readily available?" [PSP0887, PLE]
	Information provision/informed consent	"Why are doctors not required to inform patients of all side effects, dependency, withdrawal syndrome, etc.?" [PSP1082, PLE]
	Compensation for the service user	"Will there ever be any compensation for people who have suffered profoundly?" [PSP0133, PLE]
6. Acknowledgement/ recognition of problems/issues	**Healthcare professional**	"Why is withdrawal syndrome not accepted by the majority of physicians?" [PSP1082, PLE]
	Pharmaceutical industry	"Why do the drugs companies ignore the needs of people who have severe reactions to their medications?" [PSP1060, PLE]
	Wider context	"How can we normalise tapering off given the negativity and ignorance the general population has about it?" [PSP0300, PLE]
	Information provision/informed consent	"How can we get more people to be aware of the importance of gradual tapering, how do we get this information to be mainstream?" [PSP1215, PLE]
	Evidence base	"Why is there so little implementation research to support deprescribing in practice?" [PSP1315, HCP]

7. Communication/decision making	**Information provision/informed consent**	"What information should people who are taking medication be given in advance of starting so they are aware of what might be involved if/when they want to stop their medication?" [PSP0377, FFCS]
	Treatment decisions	"What is the main rationale for the decision to reduce and stop taking a psychiatric drug?" [PSP0486, PLE]
	Recognition for the service user	"What is the best way to get your psychiatrist to take you seriously?" [PSP0398, PLE]
8. Healthcare professional knowledge/training	**Education**	"How can get the medical profession to more readily identify withdrawal and to differentiate this from "relapse"?" [PSP0449, PLE]
	Knowledge	"What percentage of GPs feel well informed about the taper process?" [PSP0382, HCP]

Abbreviations: PLE (people with lived experience of taking and/or stopping psychiatric medication), FFCS (family members/friends/carers/supporters), HCP (healthcare professionals).

Online Supplemental Table 2: List of 32 indicative questions included in the Round 2 survey

Q number	Final question
Theme 1	
Q1	Are pharmacological supports of any benefit to the process of reducing and stopping psychiatric medicines? These include medicines and supplements.
Q2	How can the availability of psychiatric medicines in formulations that facilitate the process of reducing and stopping psychiatric medicines be improved? These include tapering strips and liquid formulations.
Q3	What are the most effective ways to provide support to individuals who are reducing and stopping psychiatric medicines? These may include, but are not limited to, family/peer support, educational support, financial support, psychological support, and healthcare support.
Q4	Are there any non-pharmacological supports that aid the process of reducing and stopping psychiatric medicines and reduce the withdrawal symptoms? If so, which are the best supports and who is best placed to deliver them? These may include, but are not limited to, family members, friends/peers, and healthcare professionals.
Q5	Which educational interventions aimed at service users and healthcare professionals would improve outcomes for people reducing and stopping psychiatric medicines? How best can these interventions be delivered?
Q6	What are the views and experiences of individuals who have reduced/stopped psychiatric medicines or are currently reducing/stopping psychiatric medicines on the tapering process and accessing tapering support?
Theme 2	
Q7	What are the barriers and enablers to reducing and stopping psychiatric medicines? These may include, but are not limited to, the service user, the healthcare professional, family, and society.
Q8	What is the quality of available guidelines/instructions on how to reduce and stop psychiatric medicines for service users and healthcare professionals? What is the best way to implement guidelines that are developed from high-quality evidence?
Q9	What is the most effective way to safely reduce and stop psychiatric medicines in terms of tapering approach, rate of taper and duration of taper? What individual service user characteristics (e.g., age, gender, pregnancy, other medical conditions/diseases) and drug characteristics (e.g., medication type, duration of treatment, use of other medication) determine these?
Q10	What is the most effective way for clinicians and/or service users to monitor the outcomes of reducing and stopping psychiatric medicines? How should the tapering process be adjusted if withdrawal symptoms arise?
Q11	Can existing psychiatric medicines be accurately altered or modified to achieve the doses required to taper? If so, what are the most effective ways to do so? These may include crushing, splitting and/or dissolving tablets.
Q12	Is there an optimum duration of use of psychiatric medicines after which reducing and stopping should be initiated that minimises the potential of physical dependency and/or relapse? Does this differ depending on the class/ type of medication?
Q13	Which factors influence the difficulty/ease of reducing and stopping psychiatric medicines? These may include, but are not limited to, service user factors, medication factors, and prescriber or health system factors.
Q14	What effects does the tapering process (tapering approach, rate, and duration of taper) and associated outcomes (i.e., withdrawal symptoms, protracted withdrawal syndrome, quality of life) have on the individual's health status and underlying neurobiology?
Theme 3	
Q15	What is the rate/likelihood of recovery from withdrawal effects after reducing and stopping psychiatric medicines? Which factors influence/predict an individual's recovery outcomes?
Q16	What are the positive and negative long-term consequences of reducing and stopping psychiatric medicines on an individual's physical and mental health status? For individuals who experience

	negative consequences, what are the best ways to manage these difficulties? Negative consequences may include withdrawal symptoms, relapse, and protracted withdrawal syndromes.
Q17	How best can relapse (i.e., return of the underlying mental health issue) during/after reducing and stopping psychiatric medicines be explained in terms of causation, prevalence, and duration? Which factors impact an individual's risk of relapsing?
Q18	How best can the future health of individuals who have stopped psychiatric medicines and have current/previous experience of protracted withdrawal syndromes be managed and protected? This may include, but are not limited to, the use of similar drugs or class of drug during future medical encounters
Theme 4	
Q19	Which factors influence the prevalence, duration and severity of withdrawal effects that appear during or after reducing and stopping psychiatric medicines? What is the best way to control these factors and reduce an individual's risk of developing withdrawal effects or relapsing?
Q20	How best can the withdrawal effects that appear during or after reducing and stopping psychiatric medicines be explained in terms of type, causation, prevalence, severity, and duration?
Q21	What are the potential benefits and risks of reducing and stopping psychiatric medicines for the different stakeholders? These include service users, family members/carers and healthcare professionals.
Q22	Is there a relationship between reducing and stopping psychiatric medicines and suicide/ suicidal ideation? If so, how best can this relationship be explained in terms of causation and prevalence?
Q23	How best can the withdrawal symptoms that appear during or after reducing and stopping psychiatric medicines be identified and differentiated from other causes (e.g., relapse/return of underlying condition, distress)?
Theme 5	
Q24	What are the perspectives of key stakeholders on the professional, ethical, and legal responsibilities of **healthcare professionals and/or the pharmaceutical industry** in relation to reducing and stopping psychiatric medicines? Stakeholders include service users, family members/carers and healthcare professionals. What are the best ways to enact these responsibilities?
Q25	What are the views and experiences of service users, family members/carers, and healthcare professionals around shared decision making in relation to starting and stopping psychiatric medicines? This includes informed consent. How can the process of implementing shared decision-making be improved when starting and stopping psychiatric medicines? What factors influence this process?
Theme 6	
Q26	To what extent do healthcare professionals report and document the adverse effects associated with the use of psychiatric medicines and/or the difficulties associated with reducing and stopping psychiatric medicines? How does this align with reports from service users, family members and carers?
Q27	What are the views/attitudes held by healthcare professionals towards the withdrawal effects that appear during or after reducing and stopping psychiatric medicines? Which factors impact these attitudes?
Q28	What would make for an effective public health campaign about the potential risks associated with the use of psychiatric medicines, and the potential for challenges when reducing and stopping? These may include withdrawal symptoms and protracted withdrawal syndromes.
Theme 7	
Q29	What is the best approach to discussing the potential risks associated with taking, reducing, and stopping psychiatric medicines? What are the barriers and enablers to implementing?
Q30	What is the best way for healthcare professionals to inform service users about the process of reducing and stopping psychiatric medicines, and the potential for associated challenges? What impact does this have on the service user's treatment decisions and outcomes?
Q31	What factors influence a service user's decision to reduce and stop psychiatric medicines? These may include patient factors, social factors, and health system factors.
Theme 8	
Q32	What are the best ways to educate current and future healthcare professionals about reducing and stopping psychiatric medicines in terms of the tapering process, associated risks/difficulties,

	withdrawal symptoms, and supporting shared decision making? What is the impact of education on clinical practice?

Online Supplemental Table 3: Evidence check (Step 4)

PSP question number	Summary Question	Was the question answered by evidence search?	Explanation/Justification	Include/ exclude question in Round 2 survey?	Reference source(s)
1.1	Are pharmacological supports of any benefit to the process of reducing and stopping psychiatric medicines? These include medicines and supplements.	Partly	The use of pharmacological supports in the process of reducing and stopping psychiatric medicines has only been assessed for a limited number of drug classes and often only in a limited number of studies.	Include	**Morera-Fumero 2020** Systematic review "Melatonin and melatonin agonists as treatments for benzodiazepines and hypnotics withdrawal in patients with primary insomnia. A systematic review" https://doi.org/10.1016/j.drugalcdep.2020.107994
					Artukoglu 2020 Systematic Review "Pharmacologic Treatment of Tardive Dyskinesia: A Meta-Analysis and Systematic Review" DOI: 10.4088/JCP.19r12798
					Palagini 2021 Systematic review "International Expert Opinions and Recommendations on the Use of Melatonin in the Treatment of Insomnia and Circadian Sleep Disturbances in Adult Neuropsychiatric Disorders" DOI: 10.3389/fpsyt.2021.688890
					Williams 2022 Systematic Review and meta-analysis "Pharmacological treatment for methamphetamine withdrawal: A systematic review and meta-analysis of randomised controlled trials" DOI: 10.1111/dar.13511
					Siefried 2020 Systematic review "Pharmacological Treatment of Methamphetamine/ Amphetamine Dependence: A Systematic Review" https://doi.org/10.1007/s40263-020-00711-x

1.2	How can the availability of psychiatric medicines in formulations that facilitate the process of reducing and stopping psychiatric medicines be improved? These include tapering strips and liquid formulations.	No	This question has not been addressed by any existing literature.	Include	[redacted]
1.3	What are the most effective ways to provide support to individuals who are reducing and stopping psychiatric medicines? These may include, but are not limited to, family/peer support, educational support, financial support, psychological support, and healthcare support.	No	This question has not been addressed by any existing literature.	Include	
1.6	Are there any non-pharmacological supports that aid the process of reducing and stopping psychiatric medicines and reduce the withdrawal symptoms? If so, which are the best supports and who is best placed to deliver them? These may include, but are not limited to, family members, friends/peers, and healthcare professionals.	Partly	Only a limited number of non-pharmacological supports have been assessed for use in the process of reducing and stopping psychiatric medicines and reduce the withdrawal symptoms, all focused on BZRAs and often only in a limited number of studies.	Include	**Dou 2019** Systematic review "Interventions to improve benzodiazepine tapering success in the elderly: a systematic review" https://doi.org/10.1080/13607863.2017.1423030 **Lynch 2020** Systematic review and meta-analysis "Brief interventions targeting long-term benzodiazepine and Z-drug use in primary care: a systematic review and meta-analysis" doi:10.1111/add.14981 **Takaseu 2019** Systematic review and meta-analysis "Psychosocial intervention for discontinuing benzodiazepine hypnotics in patients with chronic insomnia: A systematic review and meta-analysis" https://doi.org/10.1016/j.smrv.2019.101214 **Soni 2021** Systematic review and meta-analysis "Feasibility and effectiveness of deprescribing benzodiazepines and Z-drugs: systematic review and meta-analysis" DOI: 10.1111/add.15997

					Takeshima 2021 Systematic review and meta-analysis "Does cognitive behavioral therapy for anxiety disorders assist the discontinuation of benzodiazepines among patients with anxiety disorders? A systematic review and meta-analysis" http://onlinelibrary.wiley.com/doi/10.1111/pcn.13195/full
1.7	Which educational interventions aimed at service users and healthcare professionals would improve outcomes for people reducing and stopping psychiatric medicines? How best can these interventions be delivered?	No	This question has not been addressed by any existing literature.	Include	[redacted]
1.8	What are the views and experiences of individuals who have reduced/stopped psychiatric medicines or are currently reducing/stopping psychiatric medicines on the tapering process and accessing tapering support?	Partly	The views and experiences of individuals who have reduced/stopped psychiatric medicines or are currently reducing/stopping psychiatric medicines have only been explored for a limited number of classes of psychiatric medication.	Include	**Crowe 2022** Meta-synthesis "Experience of antidepressant use and discontinuation: A qualitative synthesis of the evidence" DOI: 10.1111/jpm.12850
					Keogh 2021 Systematic review "Mental health service users experiences of medication discontinuation: a systematic review of qualitative studies" https://doi.org/10.1080/09638237.2021.1922644
2.1	What are the barriers and enablers to reducing and stopping psychiatric medicines? These may include, but are not limited to, the service user, the healthcare professional, family, and society.	Partly	The barriers and enablers to reducing and stopping psychiatric medicines have only been looked at for a limited number of classes of psychiatric medicines.	Include	**Evrard 2022** Systematic review "Barriers and enablers for deprescribing benzodiazepine receptor agonists in older adults: a systematic review of qualitative and quantitative studies using the theoretical domains framework" https://doi.org/10.1186/s13012-022-01206-7
					Bednarcyzk 2022 Systematic review "Stakeholders' views on the use of psychotropic medication in older people: a systematic review" https://doi.org/10.1093/ageing/afac060

					Maund 2018 Systematic review "Barriers and facilitators to discontinuing antidepressant use: A systematic review and thematic synthesis" https://doi.org/10.1016/j.jad.2018.10.107
					Moth 2021 Systematic review "What Makes Deprescription of Psychotropic Drugs in Nursing Home Residents with Dementia so Challenging? A Qualitative Systematic Review of Barriers and Facilitators" https://doi.org/10.1007/s40266-021-00875-1
					Rasmussen 2021 Systematic review "The Barriers and Facilitators of Different Stakeholders When Deprescribing Benzodiazepine Receptor Agonists in Older Patients—A Systematic Review" https://doi.org/10.3390/metabo11040254
					Ribeiro 2021 Systematic review "Benzodiazepine deprescription strategies in chronic users: a systematic review" DOI:10.1093/fampra/cmab017
2.2	What is the quality of available guidelines/instructions on how to reduce and stop psychiatric medicines for service users and healthcare professionals? What is the best way to implement guidelines that are developed from high-quality evidence?	No	The only systematic review comprised two linked publication focused on antidepressants. There was limited information within the guidelines on how to reduce and stop psychiatric medicines and manage withdrawal symptoms, and the overall quality of available guidelines was low	Include	**Sorensen 2022** Systematic Review "Description of antidepressant withdrawal symptoms in clinical practice guidelines on depression: A systematic review" https://doi.org/10.1016/j.jad.2022.08.011
					Sorensen 2022 Systematic review "Clinical practice guideline recommendations on tapering and discontinuing antidepressants for depression: a systematic review" DOI: 10.1177/20451253211067656
2.3	What is the most effective way to safely reduce and stop psychiatric medicines in terms of tapering	Partly	The most effective way to safely reduce and stop psychiatric medicines has only been	Include	**Maund 2019** Systematic review "Managing Antidepressant Discontinuation: A Systematic Review"

	approach, rate of taper and duration of taper? What individual service user characteristics (e.g., age, gender, pregnancy, other medical conditions/diseases) and drug characteristics (e.g., medication type, duration of treatment, use of other medication) determine these?		assessed for a limited number of drug classes (antidepressant and antipsychotics). Reviews to date have either focused on different approaches or drawn different conclusions		https://doi.org/10.1370/afm.2336 **Tani 2020** Systematic review and meta-analysis "Factors associated with successful antipsychotic dose reduction in schizophrenia: a systematic review of prospective clinical trials and meta-analysis of randomized controlled trials" https://doi.org/10.1038/s41386-019-0573-7 **Takeuchi 2020** Meta-analysis "Immediate versus wait-and-gradual discontinuation in antipsychotic switching: A meta-analysis" https://doi.org/10.1177/026988112092 **Van Leeuwen 2021** Cochrane review "Approaches for discontinuation versus continuation of long-term antidepressant use for depressive and anxiety disorders in adults" DOI: 10.1002/14651858.CD013495.pub2.
2.10.	What is the most effective way for clinicians and/or service users to monitor the outcomes of reducing and stopping psychiatric medicines? How should the tapering process be adjusted if withdrawal symptoms arise?	No	This question has not been addressed by any existing literature.	Include	[redacted]
2.13	Can existing psychiatric medicines be accurately altered or modified to achieve the doses required to taper? If so, what are the most effective ways to do so? These may include crushing, splitting and/or dissolving tablets.	Partly	This review did not focus specifically on psychiatric medicines. No reference was made to crushing and dissolving tablets. The studies involving the splitting of tablets only looked at halving tablets. Tablets were not split any further.	Include	**Saran 2022** Systematic review "Concerns regarding tablet splitting: a systematic review" DOI:10.3399/BJGPO.2022.0001
2.14	Is there an optimum duration of use of psychiatric medicines after which	No	The optimum duration of use of psychiatric medicines after	Include	**Arikan 2023** Systematic review and meta-analysis

	reducing and stopping should be initiated that minimises the potential of physical dependency and/or relapse? Does this differ depending on the class/ type of medication?		which reducing and stopping should be initiated that minimises the potential of physical dependency and/or relapse was only assessed for one drug class and no definitive answer was obtained.		"When to stop medication in unipolar depression: A systematic review and a meta-analysis of randomized controlled trials" https://doi.org/10.1016/j.jad.2023.01.024
					Kato 2020 Systematic review and meta analysis "Effects of Discontinuation of Drugs Used for Augmentation Therapy on Treatment Outcomes in Depression: A Systematic Review and Meta-analysis" https://doi.org/10.1055/a-1330-8587
2.15	Which factors influence the difficulty/ease of reducing and stopping psychiatric medicines? These may include, but are not limited to, service user factors, medication factors, and prescriber or health system factors.	No	This question has not been addressed by any existing literature.	Include	[redacted]
2.17	What effects does the tapering process (tapering approach, rate, and duration of taper) and associated outcomes (i.e., withdrawal symptoms, protracted withdrawal syndrome, quality of life) have on the individual's health status and underlying neurobiology?	No	This question has not been addressed by any existing literature.	Include	
3.1	What is the rate/likelihood of recovery from withdrawal effects after reducing and stopping psychiatric medicines? Which factors influence/predict an individual's recovery outcomes?	No	This question has not been addressed by any existing literature.	Include	
3.2	What are the positive and negative long-term consequences of reducing and stopping psychiatric medicines on an individual's physical and mental health status? For individuals who experience negative consequences, what are the best ways to manage	Partly	The positive and negative long-term consequences of reducing and stopping psychiatric medicines on an individual's physical and mental health status have only been looked at for one drug classes. A number	Include	**Brandt 2022** Meta-analysis "Adverse events after antipsychotic discontinuation: an individual participant data meta-analysis" DOI: 10.1016/S2215-0366(22)00014-1
					Ostuzzi 2022 Systematic review and meta-analysis

	these difficulties? Negative consequences may include withdrawal symptoms, relapse, and protracted withdrawal syndromes.		of the reviews highlighted a limited body of existing evidence and low quality evidence. There was a lack of information as to how best to manage the negative consequences.		"Continuing, reducing, switching, or stopping antipsychotics in individuals with schizophrenia-spectrum disorders who are clinically stable: a systematic review and network meta-analysis" DOI: 10.1016/S2215-0366(22)00158-4
					Miura 2022 Systematic review "Clinical Outcomes after Clozapine Discontinuation in Patients with Schizophrenia: A Systematic Review" DOI 10.1055/a-1811-7318
					Bighelli 2022 Cochrane review "Antipsychotic polypharmacy reduction versus polypharmacy continuation for people with schizophrenia" DOI: 10.1002/14651858.CD014383.pub2.
					Essaldi 2019 Cochrane review "Haloperidol discontinuation for people with schizophrenia" DOI: 10.1002/14651858.CD011408.pub2.
3.6	How best can relapse (i.e., return of the underlying mental health issue) during/after reducing and stopping psychiatric medicines be explained in terms of causation, prevalence, and duration? Which factors impact an individual's risk of relapsing?	Partly	Relapse during/after reducing and stopping psychiatric medicines has only been investigated for a limited number of drug classes and in some cases only involving a limited number of studies	Include	**Bayrampour 2020** Systematic Review and Meta-Analysis "The Risk of Relapse of Depression During Pregnancy After Discontinuation of Antidepressants: A Systematic Review and Meta-Analysis" DOI: 10.4088/JCP.19r13134
					Bogers 2021 Systematic review and meta-analysis "Risk factors for psychotic relapse in chronic schizophrenia after dose-reduction or discontinuation of antipsychotics. A systematic review and meta-analysis" DOI: https://doi.org/10.1192/j.eurpsy.2021.1426
					Bogers 2023 Meta-analysis "Risk Factors for Psychotic Relapse After Dose Reduction or Discontinuation of Antipsychotics in Patients with Chronic Schizophrenia. A Meta-Analysis of Randomized Controlled Trials" DOI: 10.1093/schbul/sbac138

					Breedvelt 2021 Meta-analysis "Continuation of Antidepressants vs Sequential Psychological Interventions to Prevent Relapse in Depression. An Individual Participant Data Meta-analysis" doi:10.1001/jamapsychiatry.2021.0823
					Kishi 2019 Meta-analysis "Effect of discontinuation v. maintenance of antipsychotic medication on relapse rates in patients with remitted/stable first-episode psychosis: a meta-analysis" DOI: 10.1017/S0033291718001393
					Kishi 2021 Systematic review and meta-analysis "Recurrence rates in stable bipolar disorder patients after drug discontinuation v. drug maintenance: a systematic review and meta-analysis" DOI: 10.1017/S0033291720003505
					Fournier 2022 Meta-analysis "Initial Severity and Depressive Relapse in Cognitive Behavioral Therapy and Antidepressant Medications: An Individual Patient Data Meta-analysis" https://doi.org/10.1007/s10608-021-10281-x
3.7	How best can the future health of individuals who have stopped psychiatric medicines and have current/previous experience of protracted withdrawal syndromes be managed and protected? This may include, but are not limited to, the use of similar drugs or class of drug during future medical encounters	No	This question has not been addressed by any existing literature.	Include	[redacted]
4.1	Which factors influence the prevalence, duration and severity of	Partly	The factors that influence the prevalence, duration and	Include	**Brandt 2020** Systematic Review and Meta-Analysis

	withdrawal effects that appear during or after reducing and stopping psychiatric medicines? What is the best way to control these factors and reduce an individual's risk of developing withdrawal effects or relapsing?		severity of withdrawal effects that appear during or after reducing and stopping psychiatric medicines have only been investigated for a limited number of drug classes and often involving only a limited number of studies		"Antipsychotic Withdrawal Symptoms: A Systematic Review and Meta-Analysis" DOI: 10.3389/fpsyt.2020.569912
					Takeuchi 2023 Pooled analysis "Does short-term antipsychotic discontinuation of up to 3 weeks worsen symptoms in acute schizophrenia? A pooled analysis of placebo washout data" http://onlinelibrary.wiley.com/doi/10.1111/pcn.13534/full
4.3	How best can the withdrawal effects that appear during or after reducing and stopping psychiatric medicines be explained in terms of type, causation, prevalence, severity, and duration?	Partly	the withdrawal effects that appear during or after reducing and stopping psychiatric medicines have only been investigated for a limited number of drug classes and often involving only a limited number of studies	Include	**Davies 2019** Systematic review "A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based?" https://doi.org/10.1016/j.addbeh.2018.08.027
					Monahan 2020 Systematic review "Quetiapine withdrawal: A systematic review" https://doi.org/10.1177/0004867420965693
					Yee 2023 Systematic Review "Non-Psychosis Symptoms of Clozapine Withdrawal: a Systematic Review" https://doi.org/10.12809/eaap2261
4.4	What are the potential benefits and risks of reducing and stopping psychiatric medicines for the different stakeholders? These include service users, family members/carers and healthcare professionals.	No	This question has not been addressed by any existing literature.	Include	[redacted]
4.5	Is there a relationship between reducing and stopping psychiatric medicines and suicide/ suicidal ideation? If so, how best can this relationship be explained in terms of causation and prevalence?	No	This question has not been addressed by any existing literature.	Include	

4.9	How best can the withdrawal symptoms that appear during or after reducing and stopping psychiatric medicines be identified and differentiated from other causes (e.g., relapse/return of underlying condition, distress)?	No	It remains unclear as to how best to identify and differentiate withdrawal symptoms from other causes.	Include	**Cohen 2019** Systematic Review "Discontinuing Psychotropic Drugs from Participants in Randomized Controlled Trials: A Systematic Review" DOI: 10.1159/000496733
5.1	What are the perspectives of key stakeholders on the professional, ethical and legal responsibilities of **healthcare professionals and/or the pharmaceutical industry** in relation to reducing and stopping psychiatric medicines? Stakeholders include service users, family members/carers and healthcare professionals. What are the best ways to enact these responsibilities?	No	This question has not been addressed by any existing literature.	Include	[redacted]
5.3	What are the views and experiences of service users, family members/carers, and healthcare professionals around shared decision making in relation to starting and stopping psychiatric medicines? This includes informed consent. How can the process of implementing shared decision-making be improved when starting and stopping psychiatric medicines? What factors influence this process?	Partly	The views and experiences of all stakeholders involved in the process of starting and stopping psychiatric medicines have not been comprehensively investigated, nor were the factors that influence the SDM process.	Include	**Chmielowska 2023** Umbrella review "Trends, challenges, and priorities for shared decision making in mental health: The first umbrella review" DOI: 10.1177/00207640221140291
6.1	To what extent do healthcare professionals report and document the adverse effects associated with the use of psychiatric medicines and/or the difficulties associated with reducing and stopping psychiatric	No	This question has not been addressed by any existing literature.	Include	[redacted]

	medicines? How does this align with reports from service users, family members and carers?				[redacted]
6.2	What are the views/attitudes held by healthcare professionals towards the withdrawal effects that appear during or after reducing and stopping psychiatric medicines? Which factors impact these attitudes?	No	This question has not been addressed by any existing literature.	Include	
6.3	What would make for an effective public health campaign about the potential risks associated with the use of psychiatric medicines, and the potential for challenges when reducing and stopping? These may include withdrawal symptoms and protracted withdrawal syndromes.	No	This question has not been addressed by any existing literature.	Include	
7.2	What is the best approach to discussing the potential risks associated with taking, reducing, and stopping psychiatric medicines? What are the barriers and enablers to implementing?	No	This question has not been addressed by any existing literature.	Include	
7.3	What is the best way for healthcare professionals to inform service users about the process of reducing and stopping psychiatric medicines, and the potential for associated challenges? What impact does this have on the service user's treatment decisions and outcomes?	No	This question has not been addressed by any existing literature.	Include	

7.6	What factors influence a service user's decision to reduce and stop psychiatric medicines? These may include patient factors, social factors, and health system factors.	No	This question has not been addressed by any existing literature.	Include	[redacted]
8.1	What are the best ways to educate current and future healthcare professionals about reducing and stopping psychiatric medicines in terms of the tapering process, associated risks/difficulties, withdrawal symptoms, and supporting shared decision making? What is the impact of education on clinical practice?	No	This question has not been addressed by any existing literature.	Include	

Online Supplemental Table 4: List of 19 questions discussed as part of the final prioritisation workshop (Step 6)

Question ID	Question
A	What is the most effective way to safely reduce and stop psychiatric medicines in terms of tapering approach, rate of taper and duration of taper? What individual service user characteristics (e.g., age, gender, pregnancy, other medical conditions/diseases) and drug characteristics (e.g., medication type, duration of treatment, use of other medication) determine these?
B	What are the best ways to educate current and future healthcare professionals about reducing and stopping psychiatric medicines in terms of the tapering process, associated risks/difficulties, withdrawal symptoms, and supporting shared decision making? What is the impact of education on clinical practice?
C	What are the most effective ways to provide support to individuals who are reducing and stopping psychiatric medicines? These may include, but are not limited to, family/peer support, educational support, financial support, psychological support, and healthcare support.
D	What are the positive and negative long-term consequences of reducing and stopping psychiatric medicines on an individual's physical and mental health status? For individuals who experience negative consequences, what are the best ways to manage these difficulties? Negative consequences may include withdrawal symptoms, relapse, and protracted withdrawal syndromes.
E	What would make for an effective public health campaign about the potential risks associated with the use of psychiatric medicines, and the potential for challenges when reducing and stopping? These may include withdrawal symptoms and protracted withdrawal syndromes.
F	To what extent do healthcare professionals report and document the adverse effects associated with the use of psychiatric medicines and/or the difficulties associated with reducing and stopping psychiatric medicines? How does this align with reports from service users, family members and carers?
G	What are the views and experiences of individuals who have reduced/stopped psychiatric medicines or are currently reducing/stopping psychiatric medicines on the tapering process and accessing tapering support?
H	How can the availability of psychiatric medicines in formulations that facilitate the process of reducing and stopping psychiatric medicines be improved? These include tapering strips and liquid formulations.
I	How best can the withdrawal symptoms that appear during or after reducing and stopping psychiatric medicines be identified and differentiated from other causes (e.g., relapse/return of underlying condition, distress)?
J	What are the perspectives of key stakeholders on the professional, ethical, and legal responsibilities of healthcare professionals and/or the pharmaceutical industry in relation to reducing and stopping psychiatric medicines? Stakeholders include service users, family members/carers and healthcare professionals. What are the best ways to enact these responsibilities?
K	Is there a relationship between reducing and stopping psychiatric medicines and suicide/ suicidal ideation? If so, how best can this relationship be explained in terms of causation and prevalence?
L	What are the views and experiences of service users, family members/carers, and healthcare professionals around shared decision making in relation to starting and stopping psychiatric medicines? This includes informed consent. How can the process of implementing shared decision-making be improved when starting and stopping psychiatric medicines? What factors influence this process?
M	What are the barriers and enablers to reducing and stopping psychiatric medicines? These may include, but are not limited to, the service user, the healthcare professional, family, and society.
N	What factors influence a service user's decision to reduce and stop psychiatric medicines? These may include patient factors, social factors, and health system factors.

O	Which factors influence the prevalence, duration and severity of withdrawal effects that appear during or after reducing and stopping psychiatric medicines? What is the best way to control these factors and reduce an individual's risk of developing withdrawal effects or relapsing?
P	What effects does the tapering process (tapering approach, rate, and duration of taper) and associated outcomes (i.e., withdrawal symptoms, protracted withdrawal syndrome, quality of life) have on the individual's health status and underlying neurobiology?
Q	How best can the future health of individuals who have stopped psychiatric medicines and have current/previous experience of protracted withdrawal syndromes be managed and protected? This may include, but are not limited to, the use of similar drugs or class of drug during future medical encounters
R	Is there an optimum duration of use of psychiatric medicines after which reducing and stopping should be initiated that minimises the potential of physical dependency and/or relapse? Does this differ depending on the class/ type of medication?
S	What is the rate/likelihood of recovery from withdrawal effects after reducing and stopping psychiatric medicines? Which factors influence/predict an individual's recovery outcomes?

Online Supplemental Table 5: Priorities ranked 11-19

Final ranking	Question
11	How can the availability of psychiatric medicines in formulations that facilitate the process of reducing and stopping psychiatric medicines be improved? These include tapering strips and liquid formulations.
12	Is there an optimum duration of use of psychiatric medicines after which reducing and stopping should be initiated that minimises the potential of physical dependency and/or relapse? Does this differ depending on the class/ type of medication?
13	What would make for an effective public health campaign about the potential risks associated with the use of psychiatric medicines, and the potential for challenges when reducing and stopping? These may include withdrawal symptoms and protracted withdrawal syndromes.
14	What effects does the tapering process (tapering approach, rate, and duration of taper) and associated outcomes (i.e., withdrawal symptoms, protracted withdrawal syndrome, quality of life) have on the individual's health status and underlying neurobiology?
15	Is there a relationship between reducing and stopping psychiatric medicines and suicide/ suicidal ideation? If so, how best can this relationship be explained in terms of causation and prevalence?
16	What is the rate/likelihood of recovery from withdrawal effects after reducing and stopping psychiatric medicines? Which factors influence/predict an individual's recovery outcomes?
17	What factors influence a service user's decision to reduce and stop psychiatric medicines? These may include patient factors, social factors, and health system factors.
18	To what extent do healthcare professionals report and document the adverse effects associated with the use of psychiatric medicines and/or the difficulties associated with reducing and stopping psychiatric medicines? How does this align with reports from service users, family members and carers?
19	How best can the future health of individuals who have stopped psychiatric medicines and have current/previous experience of protracted withdrawal syndromes be managed and protected? This may include, but are not limited to, the use of similar drugs or class of drug during future medical encounters