

Online supplement 1. Facilitators and barriers in the discontinuation of antidepressant medication as experienced by patients with recurrent depression who had participated in an MBCT course. Most subthemes are illustrated with quotes in italic.

THEMES	FACILITATORS TO DISCONTINUATION	BARRIERS TO DISCONTINUATION
I Pre-existing beliefs		
About depression	<p>Common humanity</p> <p><i>“I noticed that I, well, that I am not always feeling that cheerful. And I have accepted myself as such by now, this is who I am” (woman, 50-59, partially discontinued)</i></p>	<p>Missing substance in the brain</p> <p><i>“So I thought, well there is just something wrong in your brain and you will have to learn to live with that” (man, 60-69, fully discontinued, describing a previous experience)</i></p>
About medication	<p>ADM as harmful</p> <p><i>“Yes actually I wanted to get rid of that junk. I call it junk now, but of course it is a beautiful invention, glad that it exists, but I still think .. well, if I can do it without pills.” (man, 50-59, not discontinued)</i></p> <p>Dependency as weakness</p> <p><i>“I want to be able to do it myself. It also felt somewhat like a weakness, that you would need a pill to feel reasonably well” (woman, 20-29, fully discontinued)</i></p>	<p>Accepting long-term use</p> <p><i>“At a certain moment I thought well, life without medication, well for some people this could be an option I guess, but not for me.” (man, 30-39, partially discontinued)</i></p>
About tapering	<p>Open mind</p> <p><i>“I actually noticed very soon that I benefited from the exercises. Then I thought, consider I start withdrawing and I then have a relapse. (...) But on the other hand, I already felt so much better that I thought: well, who knows? I just see what will happen.” (man, 60-69, fully discontinued)</i></p>	<p>Fear of relapse in depression</p> <p><i>“That you relapse into a more severe depression than before (...) And I have had such an experience and did not want to go through that again.” (woman, 50-59, partially discontinued)</i></p> <p>Previous negative experiences with withdrawal effects during tapering</p>

“With short... that you are just not ready to quickly..., my body could just not take it. I had all kinds of negative effects from withdrawing, all kinds of symptoms I got.” (woman, 50-59, partially discontinued)

II. Current experience with antidepressants

Effectiveness	ADM does not help (anymore) <i>“... the idea that those things are not helping me anyway. I thought well, I am taking poison, and it doesn't really help.” (man, 60-69, fully discontinued)</i>	ADM (still) works for me <i>“... if you are down and out again, then you actually already know it calls for another pill again, so to speak.” (man, 50-59, not discontinued)</i>
Side effects	Side effects when using ADM <i>“Because I feel that my memory has gotten really worse. And when I was still fully on medication I noticed that my hands were just trembling a lot, and well.. I regarded that as a very bad sign (...) so I thought, I have to get rid of that.” (woman, 50-59, partially discontinued)</i>	N/A
Withdrawal effects	N/A	Withdrawal effects <i>“I was using Citalopram and I believe I had to taper within 2 weeks, but I was suffering quite a lot from withdrawal symptoms, so therefore, after consultation, tapered somewhat more slowly.” (woman, 20-29, fully discontinued)</i>
Tapering schedule	Individual, step by step <i>“And then it was advised to taper within 6 months, I discussed that with my doctor and he was not very keen on that and I thought I do not want to fall back again as I had done before. So for sure I am not going to taper as fast as the six months they suggested.” (woman, 50-59, partially discontinued)</i>	Too fast and/or steps too big <i>“... so I have got something of a bit more tailoring to the person rather than just following the rules from the books” (man, 40-49, not discontinued)</i>

III. Life circumstances

Psychosocial conditions	Relatively quiet period <i>“Just a quiet period so I thought I could put it to the test.” (man, 60-69, fully discontinued)</i>	Social stressors <i>“I had just divorced, and I was sort of messing around with relationships and that was all quite turbulent. And then I easily got into, well, that I was really going into panic, and then quickly grabbed those pills again”(man, 50-59, fully discontinued, describing previous experience)</i>
Physical problems	N/A	Health problems <i>“I got a hernia when I was halfway through the MBCT course, therefore I wasn't able to finish the training and so I also didn't start tapering the medication” (woman, 60-69, not discontinued)</i>

IV. Clinical support

Professional guidance	Availability and accessibility of clinician support <i>“And when there are signs that it doesn't go well, and there were, I just got a lot of support to really, yes, to keep it under control. And to just really stay with it.” (woman, 20-29, completed)</i>	Negative view of discontinuation by attending clinician <i>“He [the psychiatrist] said: “I would not do it with your history and family matters”. But I wanted to taper (..) and so I did.” (woman, 50-59, partially discontinued)</i>
Empowerment (self-control)	Sharing ideas about type of support <i>“Time and listening to what people try to say. And not just</i>	Feeling forced <i>“The pressure to participate in the part of withdrawing medication, I</i>

suddenly stopping everything, like it's always like this. Taking it seriously. (...) And I got offered a different kind of therapy.” (woman, 50-59, partially discontinued)

actually found too high.” (woman, 60-69, not discontinued)

Freedom of choice

“I did feel a little tense before we started withdrawing. And, well, at a given moment you did have the guarantee that you if it really went wrong, you could always get back.” (man, 60-69, fully discontinued)

V. Mindfulness practice

Group context

Peer support

“Never before I had participated in group therapy and to hear from others how they handle tapering and experience the same kind of problems, that gave me some understanding. I liked that. ...” (woman, 50-59, partially discontinued)

Negative opinion from fellow patients (in MBCT group) who did not taper

“So others were very fearful about it, those who were not in the group who were allowed or made to discontinue. They said, I would be careful with this, and so on. Yes, and I had the same idea.” (man, 60-69, fully discontinued).

Mindfulness skills

Cope with distress

“Then somebody said “why don't you restart medication for a while?” and another said: “go get some antidepressant medication”. And then I said, no that is not useful. I know the cause of my problem and I know why I am feeling tense now [financial worries]. Maybe I am a little unhappy now but I am not depressed, I just feel it.” (man, 60-69, fully discontinued)

Relapse prevention

“it [relapse prevention plan] contained elements that made me feel better. Like doing nice things with other people and make sure you keep structure in your day.”(woman, 20-29, fully discontinued)