**Supplementary Table 1. Effects of Depression-Associated Factors across Outcomes**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Suicide Ideation** | | |  | **Suicide Attempt** | | |  | **Suicide Death** | | |
| **Risk Factor Categories** |  | **n** | **wOR** | **95% CI** |  | **n** | **wOR** | **95% CI** |  | **n** | **wOR** | **95% CI** |
| Associated Processes/Features |  | 32 | 1.90 | 1.69, 2.14 |  | 51 | 1.46 | 1.36, 1.56 |  | 16 | 1.18 | 0. 86, 1.62 |
| Coping problems |  | -- | -- | -- |  | 4 | 1.12 | 1.06, 1.17 |  | -- | -- | -- |
| Low self-esteem |  | 1\* | -- | -- |  | 7 | 2.81 | 2.15, 3.68 |  | 1\* | -- | -- |
| Negative affect |  | 2\* | -- | -- |  | 7 | 3.14 | 1.63, 6.07 |  | 1\* | -- | -- |
| Negative cognitions |  | 3\* | -- | -- |  | 7 | 2.30 | 1.67, 3.16 |  | -- | -- | -- |
| Neuroticism |  | 3\* | -- | -- |  | 4 | 1.06 | 0.98, 1.16 |  | 2\* | -- | -- |
| Rumination |  | 5 | 3.73 | 1.86, 7.49 |  | 1\* | -- | -- |  | 1\* | -- | -- |
| Social/Interpersonal problems |  | 12 | 1.59 | 1.30, 1.95 |  | 11 | 1.46 | 1.25, 1.70 |  | 6 | 1.32 | 1.01, 1.73 |

*Note.* \*Estimates are not reported for analyses involving 3 or fewer cases, as the small number of cases compromise the reliability of estimates; Risk Factor categories with fewer than 3 cases across all three outcomes are not listed in the table; n=number of prediction cases; wOR=weighted mean odds ratio; 95% CI = 95% confidence interval; Dashes (i.e., “--”) indicate that information was not available.

**Supplementary Data 1**

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**Supplementary data 2.**

**Hazard Ratio Analyses**

**Overall Prediction and Publication Bias**

Refer to Supplementary Table 2 and Supplementary Figure 1 for publication bias results.

**Ideation.** Only two cases were available in the prediction of suicide ideation, precluding reliable meta-analytic estimates.

**Attempt.** HR analyses included 34 prediction cases, which yielded a wHR of 1.10 (1.05, 1.15). Between-study heterogeneity was high (88.1%) and publication bias was evident across several indices. When the overall prediction estimate is adjusted for publication bias, the effect would be reduced to 1.06 (95% CI: 1.01, 1.12).

**Death.** A total of 23 cases were included in HR analyses, generating a wHR of 3.16 (95% CI: 2.58, 3.87). Again, between-study heterogeneity was high (97.3%). The overall prediction estimate would be attenuated after adjusting for publication bias (wHR = 1.52 [1.24, 1.86]).

**Risk Factor Category Analyses**

As with OR analyses, more than three prediction cases were required for each risk factor category analysis to ensure reliability of estimates.

**Hopelessness.** Hopelessness was a significant predictor of attempt (wHR = 1.16 [95% CI: 1.08, 1.25]). There were too few cases in the prediction of death (n = 2) and ideation (n = 0) to produce reliable estimates.

**Depression-Related Disorders and Symptoms.**

***MDD Diagnosis.*** Not enough cases existed to report reliable estimates for the effects of MDD diagnosis on ideation (n = 0), attempt (n = 0), or death (n = 2).

***Depression Symptoms.*** Symptoms of depression significantly increased the odds of attempt (wHR = 1.08 [95% CI: 1.03, 1.14]) and death (wHR = 1.26 [95% CI: 1.10, 1.43]); however, there was an insufficient number of prediction cases for ideation (n = 2). Given the limited number of cases in this category, we were not able to examine the specific effects of self-report inventories.

***Clinical Features of Depression.*** Aspects of depression were significant predictors of suicide death (wHR = 2.46 [95% CI: 1.28, 4.74]), but not attempts (wHR = 1.03 [95% CI: 0.93, .14]). There were no prediction cases for ideation. Given the small number of cases for attempts and death, we were not able to report reliable estimates for finer-grained analyses of specific aspects of depression (e.g., age of onset, number of episodes, etc.).

***Unspecified Mood Disorder Diagnosis*.** Non-MDD mood disorder diagnosis significantly increased risk of death (wHR = 3.90 [95% CI: 2.36, 6.43]). Not enough cases were available to evaluate the effects on ideation (n = 0) or attempts (n = 2).

**Family History of Depression.** No prediction cases were available examining family history of depression that reported HR estimates across any outcomes.

**Moderation Analyses**

**Sample Age.** Prediction of suicide death was strongest among samples that included both adults and adolescents (wHR = 8.71 [3.48, 21.82]) relative to adult only samples (wHR = 2.26 [95% CI: 1.91, 2.67]); no cases involved adolescent only samples in the prediction of suicide death. For the prediction of suicide attempts, there were too few cases across the adolescent only (n = 3) and mixed groups (n = 2) to make meaningful comparisons. Ideation cases only involved adult samples, precluding comparisons.

**Follow-up Length.** We found no significant effect of follow-up length on the prediction of suicide death (b = -.0006, *p=*.73); there was a significant albeit very small effect on attempt (b = .004, *p*<.001).

**Sample Severity.** Effects were significantly stronger predicting suicide death using general population (wHR = 4.37 [95% CI: 2.12, 9.02]) samples relative to clinical (ideation: wHR = 1.06 [ 95% CI: 1.04, 1.08]); death: wHR = 1.62 [95% CI: 1.40, 1.87]); no cases used self-injurious samples. For attempt, clinical samples yielded the strongest estimates (wHR = 1.18 [95% CI: 1.10, 1.26]); effects from cases using self-injurious samples were non-significant (wHR = 1.05 [ 95% CI: .98, 1.11]), and only one study used a general population sample.

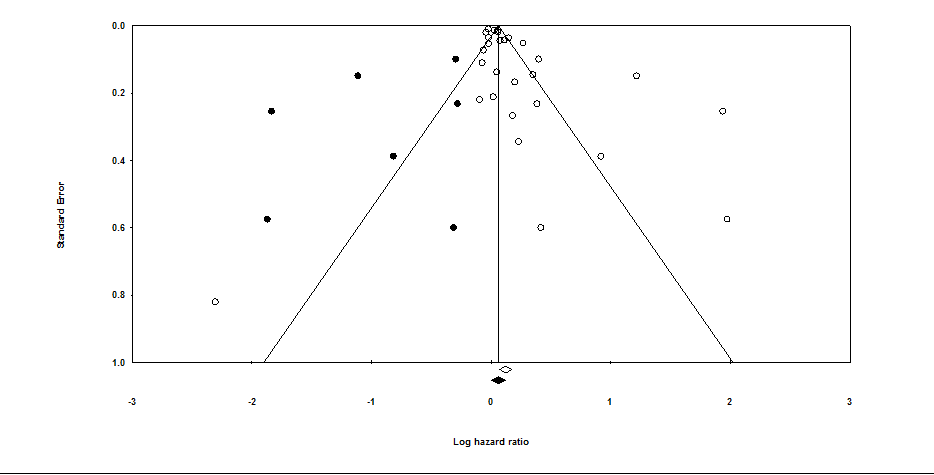
**Supplementary Table 2. Publication Bias for Hazard Ratio Estimates**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Fail-Safe N | |  | Begg and Mazumdar  Rank Correlation |  | Egger’s  Test of the Intercept |  | Duval and Tweedie’s Trim & Fill | |
| Classic | Orwin’s | Missing Cases | Adjusted wHR |
| Suicide Attempt |  | 878 | 33 |  | τ=-0.12, *p=*0.31 |  | B0=2.01, *p<*0.01 |  | 8 | 1.06 (1.01, 1.12) |
| Suicide Death |  | 3441 | 21 |  | τ=--.09, *p=*0.56 |  | B0=5.06, *p<*0.001 |  | 10 | 1.52 (1.24, 1.86) |

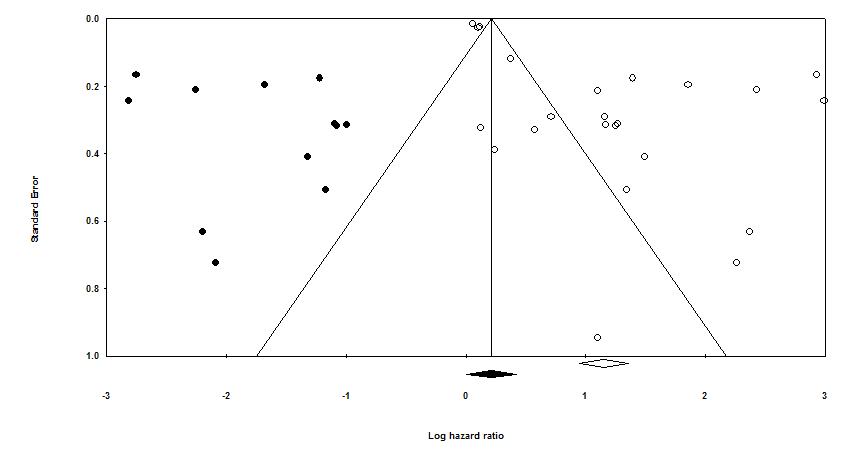
*Note.* Classic and Orwin’s Fail-safe N values represent the number of studies required to nullify the observed effects; Begg and Mazumdar Rank Correlation Test computes the rank order correlation between effect estimates and standard error; Egger’s Test of the Intercept uses precision (i.e., the inverse of the standard error) to predict the standardized effect (i.e., effect size divided by the standard error). The size of the effect is reflected in the slope and bias is reflected in the intercept (B0); Missing cases under Duval & Tweedie’s Trim & Fill are the number of cases estimated as missing below the mean; wHR = weighted mean hazard ratio.

**Supplementary Figure 1. Funnel Plots**

**A. Suicide Attempt**

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**B. Suicide Death**

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*Note.* Open circles represent observed estimates; shaded circles represent imputed values estimated to be missing to the left of the mean (due to publication bias). Open diamond indicates unadjusted weighted mean odds ratio; shaded diamond indicates weighted mean odds ratio adjusted for publication bias.