Electronic Supplementary Material 1

Table E1: Examples of multi-level interventions (implementation strategies and research approaches)

	OSPI	SPIRIT	Qungasvik	Commonalities
Location	Ireland, Portugal, Hungary, Germany	Gujarat, India	Alaska, United States of America	• Community-based • Intersectoral collaborations • Engagement of multiple key actors and stakeholders • Adaptation of interventions to local context/community settings • Synergies within interventions
Target group(s)	All age groups, different sub-populations	All age groups, different sub-populations	All age groups with a specific focus on the youth	
Number of levels/components	4	3	36 intervention modules aimed at community, family, and individual levels	
Interventions/levels	• Training and support in general practice • General public awareness campaign • Training of gatekeepers in the community • Improvement in care for high-risk groups • Restriction of access to lethal means	• The Youth Aware of Mental Health – school-based program for adolescents • A community storage facility for pesticides • Training of community health workers in early identification	**Community level:** For example - Using **'Qasgiq'** (Men's house) a sacred communal setting to hold discussions around the way of life or 'how to live' **Family level:** For example – Yup'ik kinship terms – constructing the family genogram to identify resource people and role models. **Individual level:** For example – 'Surviving your feelings' – creating settings where youth can openly discuss their feelings about taboo topics such as suicide.	
Examples of key implementation strategies	Evaluative and iterative strategies: • Capture and share local knowledge	Evaluative and iterative strategies: • Capture and share local knowledge	Evaluative and iterative strategies: • Capture and share local knowledge	

(Powell et al., 2015; Kirchner et al., 2017)	Develop stakeholder interrelationships: • Use advisory boards and workgroups • Build a coalition Train and educate stakeholders: • Conduct ongoing training • Use train-the-trainer strategies	• Conduct local needs assessment • Develop a formal implementation blueprint Adapt and tailor to context: • Promote adaptability Develop stakeholder interrelationships: • Mandate change • Build a coalition	• Conduct local consensus discussions Develop stakeholder interrelationships: • Create a learning collaborative • Use advisory boards and workgroups	
Research Design / Approach	Prospective controlled intervention effectiveness study (including a process evaluation) Hybrid Design Type 1	Cluster randomised intervention trial (including a process evaluation) Hybrid Design Type 1	Participatory research (to inform program development and implementation)	

Kirchner, J. E., Waltz, T. J., Powell, B. J., Smith, J. L., & Proctor, E. K. (2017). Implementation strategies. In R. C. Brownson, G. A. Colditz, & E. K. Proctor (Eds.), *Dissemination and implementation research in health: Translating science to practice* (2nd ed., pp. 245–266). Oxford University Press. https://doi.org/10.1093/oso/9780190683214.003.0015