

Supplement 4

Narrative description of evidence conclusions

Addiction

Two case-control and two cross-sectional studies were included (Wang et al., 2009; Wills et al., 2003). A negative association was shown between talking with someone about your problems and substance use, alcohol/drug dependence, and the incidence of alcohol use disorder in general (Wang et al., 2009). An association between parent-child communication about substance use and actual substance use could not be demonstrated (Wills et al., 2003).

Aggression

Five observational studies were identified (Billingham & Sack, 1986; Cornelius et al., 2010; Goussinsky et al., 2017; Messinger et al., 2011; Messinger et al., 2012; Robertson & Murachvor, 2007). Significant associations were shown between physical and/or psychological violence and the following risk factors: avoidant communication (Goussinsky et al., 2017; Messinger et al., 2012), escalation (e.g., hostile or provocative communication) (Cornelius et al., 2010; Goussinsky et al., 2017; Messinger et al., 2012) and communication problems (Robertson & Murachvor, 2007). In line with this association, repair attempts (minimizing negative statements, use humor, take breaks) and accepting influence (trying to find mutual ground) were identified as potential protective factors for physical and psychological violence (Cornelius et al., 2010). For reasoning (Billingham & Sack, 1986; Messinger et al., 2012) and temporary conflict avoidance (Messinger et al., 2012) no association was shown with physical violence.

Anxiety

We identified 11 cross-sectional studies and one RCT (Dyregrov et al., 1994; Edwards & Clarke, 2004; Fite et al., 2014; Haun et al., 2014; Hodgson et al., 1997; Howell et al., 2015; Jeong et al., 2016; Lautrette et al., 2007; Shin et al., 2016; Wallin et al., 2016; Wardecker et al., 2017; Yu & Sherman, 2015). The following risk factors were significantly associated with anxiety: avoidance of communication (Jeong et al., 2016; Shin et al., 2016; Wallin et al., 2016; Yu & Sherman, 2015) and lower perception of open communication ('perceived degree of disclosure') (Haun et al., 2014). Protective factors were talking with friends/others (Dyregrov et al., 1994; Wallin et al., 2016) and communication in general (Edwards & Clarke, 2004; Fitch et al., 2001; Hodgson et al., 1997; Howell et al., 2015). In addition, organizing an end-of-life conference in the hospital context, with several health professionals to inform the family that death of their family member was imminent, might have positive

effects on anxiety (Lautrette et al., 2007). Specific communication guidelines during the conference included valuing what the family members said, acknowledging their emotions, to listen, to understand who the person was and to elicit questions. For the factor 'positive emotion words' no association with anxiety was shown (Ward-decker et al., 2017).

Burnout

Four observational studies were found (Gupta et al., 2012; Kim & Lee, 2009; Lemaire & Wallace, 2010; Nieuwenhuijsen et al., 2004), showing a significant association between keeping stress to oneself and burnout (Lemaire & Wallace, 2010), and a protective effect from supervisory communication (Kim & Lee, 2009; Nieuwenhuijsen et al., 2004) and talking as a coping strategy (Gupta et al., 2012; Lemaire & Wallace, 2010).

Depression

Ten experimental studies were included, in addition to two observational studies (Brock et al., 2017; Dennis et al., 2009; Fite et al., 2014; Garrouste-Orgeas et al., 2016; Kentish-Barnes et al., 2017; Lautrette et al., 2007; Nagel et al., 1988; Roman et al., 1995; Segre et al., 2015; Segre et al., 2010; Teo et al., 2015; Wickberg & Hwang, 1996). The same effects were found for organizing an end-of-life conference on depression, as was the case for anxiety (Lautrette et al., 2007). In addition, two communication interventions performed by a layperson with minimal specific training, counseling (Nagel et al., 1988; Wickberg & Hwang, 1996) (providing assistance and guidance in resolving mental health problems) and conducting listening visits (Brock et al., 2017; Segre et al., 2015; Segre et al., 2010) (exploring the client's problems through reflective listening and collaborative problem solving), significantly decreased symptoms of depression. Another low-threshold intervention with positive effects was providing perinatal peer support (Dennis et al., 2009; Roman et al., 1995) (the help and support that people with lived experience of a mental illness are able to give to one another, more specifically in the case of postnatal depression). A potential protective factor associated with depression was communication with friends (Teo et al., 2015), but results on communication with family members showed no association (Fite et al., 2014; Teo et al., 2015). It could not be shown whether sending condolence letters from the hospital to bereaved people had an effect on depression (Kentish-Barnes et al., 2017).

Eating disorders

Sixteen observational studies (Cunha et al., 2009; Di Paola et al., 2010; Emanuelli et al., 2004; Friedmann et al., 1997; Garfinkel et al., 1983; Gowers & North, 1999; Laghi et al., 2017; North et al., 1995; Orzolek-Kronner, 2002; Pelletier Brochu et al., 2018; Schutz & Paxton, 2007; Sharpe et al., 2014; Shisslak et al., 1990; Steiger et al., 1991; Waller et al., 1989; Waller et al., 1990) were included in our analysis, and several meta-analyses were

conducted. Good communication with mother (Cunha et al., 2009; Orzolek-Kronner, 2002; Pelletier Brochu et al., 2018) and peers (Cunha et al., 2009; Pelletier Brochu et al., 2018; Schutz & Paxton, 2007; Sharpe et al., 2014) was found to be significantly associated with decreases in the risk of eating disorders, but this could not be shown for communication with father (Cunha et al., 2009; Orzolek-Kronner, 2002; Pelletier Brochu et al., 2018). However, good family communication overall was shown to be protective, from the patient perspective (Emanualli et al., 2004; Garfinkel et al., 1983; Gowers & North, 1999; Laghi et al., 2017; North et al., 1995; Shisslak et al., 1990; Steiger et al., 1991; Waller et al., 1989; Waller et al., 1990) as well as from the parent perspective (Emanualli et al., 2004; Friedmann et al., 1997; Gowers & North, 1999; North et al., 1995; Waller et al., 1990). A high level of expressed emotion was associated with an increased risk for eating disorder (Di Paola et al., 2010).

Grief following bereavement

We included one non-RCT and 12 observational studies (Davis et al., 2016; Kamm & Vandenberg, 2001; Liew & Servaty-Seib, 2018; Lovgren et al., 2018; Raveis et al., 1999; Rich, 2000; Schreiner et al., 1979; Shapiro et al., 2014; Stroebe et al., 2013; Stroebe et al., 2002; Traylor et al., 2003; Wallin et al., 2016; Wardecker et al., 2017). Grief-related communication (Kamm & Vandenberg, 2001; Liew & Servaty-Seib, 2018; Lovgren et al., 2018; Shapiro et al., 2014; Stroebe et al., 2013; Stroebe et al., 2002; Wallin et al., 2016; Wardecker et al., 2017) and communication in general (Raveis et al., 1999; Rich, 2000; Traylor et al., 2003) were significantly associated with less grief-related symptoms, while communication avoidance (Davis et al., 2016; Lovgren et al., 2018; Stroebe et al., 2013; Wallin et al., 2016) was identified as a risk factor. Phone calls from the hospital resulted in less loneliness, depression and guilt (Schreiner et al., 1979).

Psychosis

We only identified observational research (five studies) (Goldstein, 1985; Hamilton et al., 1999; O'Brien et al., 2009; Rund, 1986; Velligan et al., 1996). A significant association was shown between parental communication deviance (Goldstein, 1985; Rund, 1986; Velligan et al., 1996), high parental affective style (Goldstein, 1985; Hamilton et al., 1999), parental criticism (Goldstein, 1985; Hamilton et al., 1999), parental egocentrism (Rund, 1986), and schizophrenia. Parental problem solving was significantly associated with a decreased risk of schizophrenia (O'Brien et al., 2009; Rund, 1986).

Non-suicidal self-injury

We again only identified five observational studies (Batey et al., 2010; Evans et al., 2005; Latina et al., 2015; Portzky et al., 2008; Watanabe et al., 2012). Talking as a coping strategy (Batey et al., 2010; Evans et al., 2005;

Watanabe et al., 2012) and ease of communication with parents (Latina et al., 2015) were significantly associated with less non-suicidal self-injury. The following factors were associated with increased self-injury: not being able to talk to mother (Evans et al., 2005; Portzky et al., 2008), father (Evans et al., 2005; Portzky et al., 2008), sibling (Evans et al., 2005; Portzky et al., 2008), another relative (Evans et al., 2005), teacher (Evans et al., 2005; Portzky et al., 2008) or someone else (Evans et al., 2005; Portzky et al., 2008). This could not be demonstrated for not being able to talk to a friend (Evans et al., 2005; Latina et al., 2015; Portzky et al., 2008).

Stress complaints

Two cross-sectional studies measured stress complaints (Soo & Sherman, 2015; Yu & Sherman, 2015). Communication avoidance (Yu & Sherman, 2015) was significantly associated with more stress symptoms, and an association with emotional/informational support could not be shown (Soo & Sherman, 2015).

Suicidality

We included three RCTs, one uncontrolled before-after study and four case-control studies (Briggs et al., 2007; Carter et al., 2005, 2007, 2013; Harrison et al., 2010; Hassanian-Moghaddam et al., 2011; Hassanian-Moghaddam et al., 2017; Hawton et al., 2002; Motto, 1976; Motto & Bostrom, 2001; Szanto et al., 2012; Vanyukov et al., 2017). Experimental studies showed that regular communication using postcards expressing interest, resulted in a decrease of suicidal ideation and suicide attempts (Carter et al., 2013; Hassanian-Moghaddam et al., 2011; Hassanian-Moghaddam et al., 2017; Motto & Bostrom, 2001). Befriending (Briggs et al., 2007) and appraisal or having a confidant (Harrison et al., 2010; Hawton et al., 2002; Szanto et al., 2012; Vanyukov et al., 2017) were shown to be associated with less psychological distress and suicidality.

Traumatic event

The results for the topic traumatic event are described in detail elsewhere (De Brier et al., 2021). For completeness, positive communication by family members and expressive coping were beneficially associated with posttraumatic stress disorder (PTSD) symptom severity or caseness. The association between PTSD symptom severity or caseness was ambiguous for talking to others about the traumatic event and social-emotional coping might be associated with more severe PTSD symptoms. This was based on nine cross-sectional studies.