APPENDIX 15A: RISK ASSESSMENT SCALES

CHARACTERISTICS OF INCLUDED STUDIES

BECK1985

Methods	**Study Design**: Cohort
	Recruitment setting:
	At point of hospital admission
	Time point of assessment: 24-48 hrs after admission.
	Study length: 1970-1975
	Follow up: 5 years
	Assessed by: Research assistant
Participants	**Total N**: 207
	N used in analysis: 165
	Population and history of self-harm: Subjects were 1) admitted to a psychiatric inpatient ward for suicide ideation 2) considered suicidal by a physician 3) had not made a recent suicide attempt. 32% have history of self harm
Interventions	**Scale administered**: BHS.
	Cut off score: >10
Outcomes	**Suicide**
	Reference Standard: Deaths judged as suicide by the Philadelphia(or other) Medical Examiner's Office / coroner's office
Diagnosis	Suicide sample (n=14): DSM-II Personality disorder 7%, Psychotic depressions 14%, Neurotic depressions 36%, Manic depressive depression 7%, Schizoaffective schizophrenia 7%, Paranoid schizophrenia 14% Other schizophrenia 14%. Non suicide sample (n=193)

	Neurotic depression 38% Personality disorder 13%, Psychotic depression 9% Other disorders 40%.
Demographic	**Age**: Mean 34 years **Gender**: Male 46% Female 54%. **Ethnicity**: Caucasian 62%, Non-Caucasian 38%.
Study limitations	Participants are mainly suicide ideators and small numbers of sample have history of self-harm. Lengthy follow up.
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Unclear	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear	
Were withdrawals from the study explained?	No	

2 **BECK1999**

Methods	**Study Design**: Cohort **Recruitment setting**: Evaluated at the Center for Cognitive Therapy, University of Pennsylvania over 19 years. Scales were completed at intake evaluation. The scales were administered as part of a standard intake battery of psychological tests and psychiatric rating scales given to all patients evaluated at the centre. **Time point of assessment**: At intake of evaluation

	Study length:1975-1994
	Follow up: 15 years
	Assessed by: Interviewer
Participants	**Total N**: 3,701
	N used in analysis: 3,701 (SSI) 3,573 (BHS)
	Populations and history of self-harm: Outpatients seeking psychiatric treatment. 13.3% had history of self harm.
Interventions	**Scale administered**: SSI-C, SSI-W, BHS
	Cut off score: SSI-C >, SSI-W >12, BHS?8
Outcomes	**Suicide**
	Reference Standard: Suicide ascertained by National Death Index (computer database).
Diagnosis	DSM-IV, Suicide sample (n=28) - Mood disorder 93%, alcohol/substance abuse disorder 20%, comordid Axis I disorder 47%, Axis II personality disorder 57%. Non suicide sample (n=3,671) - Mood disorder 55%, alcohol/substance abuse disorder 14%, comorbid Axis I disorder 45%, personality disorder 41%.
Demographic	**Age**: Mean age 39 years
	Gender: Male 43% Female 57%.
	Ethnicity: Caucasian 92% African American 6% Other 2%.
Study limitations	Participants were seeking psychiatric treatment for various reasons and small numbers of sample have history of self-harm. Lengthy follow up.
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	No	

Was the reference standard likely to classify the target condition correctly?	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were withdrawals from the study explained?	Unclear

1 **BISCONER2007**

Methods	**Aim**: The study aimed to classify subjects as suicide risk and non suicide risk and to use these measures to correctly classify subjects in their groups. The groups were differentiated by the reasons they were admitted i.e. admitted for suicide behavior and admitted for other reasons. Note that suicide gestures were reported by both groups. **Study Design**: Case control **Recruitment setting**: Inpatient ward **Time point of assessment**: At admission **Study length**: 1 year **Follow up**: n/a **Assessed by**: Not reported
Participants	**Total N**: 67 **N used in analysis**: 61 SPS 60 ASIQ **Populations and history of self-harm**: 25 psychiatric inpatients admitted for suicide ideation/gesture resulting in hospitalization. 42 non suicidal comparison samples admitted for other reasons. Suicide risk sample (n=25) reported a history of; suicide gesture 80%, overdose 64%,

	laceration/cutting 48%, asphyxiation 8%, hanging 4%, jumping 1%. Comparison group (n=42) reported a history of; suicide gestures 33%, overdose 29%, laceration/cutting 10%, hanging 2%.
Interventions	**Scale administered**: ASIQ, SPS **Cut off score**: SPS 50, ASIQ 31
Outcomes	Correct identification of subjects into suicide risk or control group. **Reference Standard**: Hospital admission for suicide risk. (Suicide ideation or gesture resulting in hospitalization).
Diagnosis	Main diagnosis (including control group): Substance use disorders 57%, personality disorders (all clusters) 42%, and psychotic disorders 27%.
Demographic	**Age**: Mean age 38 years **Gender**: Male 37% Female 63% **Ethnicity**: Not reported
Study limitations	Small study sample.
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Unclear	

2 **CARTER2002**

Methods	**Study Design**: Cohort
	Recruitment setting: A regional service treats all cases of deliberate self poisoning patient presenting to hospital for treatment.
	Time point of assessment: At admission for clinical assessment
	Study length:1996-1998
	Follow up: 12 months
	Assessed by: Toxicology and psychiatry staff and entered into a database. Psychiatry staff rated 11 variables based on clinical interviews including patient self report and information in case notes.
Participants	**Total N**: 1,331
	N used in analysis: 1,317
	Populations and history of self-harm: All deliberate self poisoning patients
Interventions	**Scale administered**: ERRS
	Cut off score: >8 (male) >6 (female)
Outcomes	**Repetition of self harm**
	Reference Standard: Repeated presentation for hospital treatment of deliberate self poisoning.
Diagnosis	Not reported.
Demographic	**Age**: Mean age 33 years
	Gender: Male 38% Female 62%.
	Ethnicity: Not reported.
Study limitations	None
Notes	

1 **Risk of bias table**

Item	Judgement	Description

Were the selection criteria clearly described?	Yes
Was the reference standard likely to classify the target condition correctly?	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were withdrawals from the study explained?	Yes

1 **COOPER2006b**

Methods	**Study Design**: Cohort
	Recruitment setting: A&E setting
	Time point of assessment: At presentation to A&E
	Study length:1997-2001
	Follow up: 6 months
	Assessed by: Emergency clinician
Participants	**Total N**: 9,086
	N used in analysis: 2095
	Populations and history of self-harm: All self harmers
Interventions	**Scale administered**: MSHR
	Cut off score: n/a
Outcomes	**Repetition of self harm**
	Reference Standard: Repeaters of self harm or death by suicide determined by data from the Manchester and Salford SH (MASSH) project and 'National confidential inquiry into suicide and homicide by people with mental health illness' database
Diagnosis	Not reported.

Demographic	**Age**: Range 11-98 years
	Gender: Not reported.
	Ethnicity: Predominantly Caucasian
Study limitations	None
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Yes	

2 **COOPER2007**

Methods	**Study Design**: Cohort
	Recruitment setting: A&E setting
	Time point of assessment: At presentation to A&E
	Study length:1997-2001
	Follow up: 6 months
	Assessed by: Emergency and mental health staff
Participants	**Total N**: 9,086

	N used in analysis: 8,722
	Populations and history of self-harm: All self harmers
Interventions	**Scale administered**: MSHR, GCA
	Cut off score: n/a
Outcomes	**Repetition of self harm**
	Reference Standard: Repeaters of self harm or death by suicide determined by data from the Manchester and Salford SH (MASSH) project and 'National confidential inquiry into suicide and homicide by people with mental health illness' database
Diagnosis	Not reported
Demographic	**Age**: Range 11-98 years
	Gender: Not reported.
	Ethnicity: Predominantly Caucasian
Study limitations	None
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Unclear	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Unclear	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Unclear	

2 **CORCORAN1997**

Methods	**Study Design**: Cohort
	Recruitment setting: A&E setting
	Time point of assessment: At presentation to A&E
	Study length:1 Jan - 30 June1995
	Follow up: 6 months
	Assessed by: Emergency and mental health staff
Participants	**Total N**: 212
	N used in analysis: 112
	Populations and history of self-harm: All self harmers
Interventions	**Scale administered**: Corcoran statistical model. Used 11 variables entered into a logistic regression model
	Cut point probability: 0.2, 0.25, 0.3, 0.35, 0.4, 0.45, and 0.5
Outcomes	**Repetition of self harm**
	Reference Standard: Repeaters of self harm or death by suicide determined by data from the National Suicide Research Foundation, part of the WHO/EURO multicentre study of parasuicide
Diagnosis	Not reported
Demographic	**Age**: Not reported
	Gender: Not reported.
	Ethnicity: Not reported
Study limitations	Does not report diagnosis or other demographics.
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Unclear	

Was the reference standard likely to classify the target condition correctly?	Unclear
Was the execution of the index test described in sufficient detail to permit its replication?	Unclear
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear
Were withdrawals from the study explained?	Unclear

1 **GALFAVY2008**

Methods	**Study Design**: Cohort **Recruitment setting**: Psychiatric research center **Time point of assessment**: At intake and prior two weeks **Study length**: n/a **Follow up**: 2 years **Assessed by:** Not reported
Participants	**Total N**: 304 **N used in analysis**: 304 **Populations and history of self-harm**: Patients presented evaluation and treatment for major depressive episode/bipolar disorder. 54% reported at least on prior suicide attempt.
Interventions	**Scale administered**: BHS, BDI, SSI, RFL, HDRS **Cut off score**: BHS 5, BDI 16, SSI 10, RFL 0.25 probability, HDRS 2
Outcomes	**Repetition of self harm** **Reference Standard**: Suicide attempt (ascertained by in-depth interview assessment) and completed suicide
Diagnosis	**Diagnosis**: DSM-IV Major depressive disorder or bipolar

	disorder (20%).
Demographic	**Age**: Range 18-75 years **Gender**: Male 41% Female 59% **Ethnicity**: Not reported
Study limitations	Mainly depressed patients, not all self harm population.
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	No	
Was the execution of the reference standard described in sufficient detail to permit its replication?	No	
Were withdrawals from the study explained?	Unclear	

2 **HARRISS2005**

Methods	**Study Design**: Cohort **Recruitment setting**: A&E setting **Time point of assessment**: At A&E **Study length**: 1993-1997 **Follow up**: 5.2 years **Assessed by**: Psychiatric service
Participants	**Total N**: 2,719

	N used in analysis: 2,489
	Populations and history of self-harm: All deliberate self harm patients
Interventions	**Scale administered**: SIS
	Cut off score: 10 male 14 female
Outcomes	**Suicide**
	Reference Standard: Office of National Statistics for England and Wales, the Central Services Agency in Northern Ireland and the General Register Office for Scotland.
Diagnosis	Not reported
Demographic	**Age**: Not reported
	Gender: Male 42% Female 58%
	Ethnicity: Not reported
Study limitations	None
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Unclear	

2 **KAPUR2005**

Methods	**Study Design**: Cohort
	Recruitment setting: A&E setting
	Time point of assessment: At A&E
	Study length: 1997-2001
	Follow up: 12 months
	Assessed by: Mental health staff
Participants	**Total N**: 7,612
	N used in analysis: 3,828
	Populations and history of self-harm: All deliberate self harm patients
Interventions	**Scale administered**: GCA
	Cut off score: n/a
Outcomes	**Repetition of self harm**
	Reference Standard: Repeaters of self harm or death by suicide determined by data from the Manchester and Salford SH (MASSH) project and 'National confidential inquiry into suicide and homicide by people with mental health illness' database
Diagnosis	Not reported
Demographic	**Age**: At least 16 years
	Gender: Not reported
	Ethnicity: Not reported
Study limitations	None
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	

Was the reference standard likely to classify the target condition correctly?	Yes
Was the execution of the index test described in sufficient detail to permit its replication?	Yes
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes
Were withdrawals from the study explained?	Unclear

1 **NIMEUS1997**

Methods	**Study Design**: Cohort
	Recruitment setting: Psychiatric medical intensive care unit
	Time point of assessment: One week after admission to Suicide Research ward
	Study length: 2.4 years
	Follow up: 4 months
	Assessed by: Not reported
Participants	**Total N**: 304
	N used in analysis: 304
	Populations and history of self-harm: Adult suicide attempters
Interventions	**Scale administered**: BHS
	Cut off score: 9 and 13
Outcomes	**Suicide**
	Reference Standard: Completed suicide ascertained by Lund Department of Forensic Medicine
Diagnosis	**Diagnosis**: DSM-III-R: Axis I: 96%. 82% assessed according to Axis II. Of these, 59% had Axis II disorders.

Demographic	**Age**: Mean age 38 years **Gender**: Male 43% Female 57% **Ethnicity**: Not reported
Study limitations	None
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	No	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	No	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Unclear	

2 **NIMEUS2000**

Methods	**Study Design**: Cohort **Recruitment setting**: Psychiatric medical intensive care unit **Time point of assessment**: One week after admission to Suicide Research ward **Study length**: 1987-1997 **Follow up**: 12 months **Assessed by**: Not reported

Participants	**Total N**: 304 **N used in analysis**: 304 **Populations and history of self-harm:** Adult suicide attempters
Interventions	**Scale administered**: SUAS **Cut off score**: 39
Outcomes	**Suicide** **Reference Standard**: Completed suicide ascertained by Lund Department of Forensic Medicine and Swedish National Central Bureau of Statistics.
Diagnosis	DSM-III-R: Axis I: mood disorders 48%, adjustment disorders 25%, other disorders 19%. Axis II: Cluster B (dramatic, emotional or erratic disorders) 26%, Cluster A (odd or eccentric disorders, anxious or fearful disorders), C, NOS 34%. Comorbidity 72%.
Demographic	**Age**: Mean age 39 years **Gender**: Male 46% Female 64% **Ethnicity**: Not reported
Study limitations	The predictive validity was calculated in a case control design
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	

Were withdrawals from the study explained?	Unclear

1 **NIMEUS2002**

Methods	**Study Design**: Cohort
	Recruitment setting: Psychiatric medical intensive care unit
	Time point of assessment: Evaluated as early as possible after a suicide attempt (12 hours to 5 days)
	Study length: Not reported
	Follow up: 4.5 years (mean)
	Assessed by:Psychiatrist
Participants	**Total N**: 674
	N used in analysis: 555
	Populations and history of self-harm: Adult suicide attempters
Interventions	**Scale administered**: SIS
	Cut off score: 19
Outcomes	**Suicide**
	Reference Standard: Completed suicide ascertained by Lund Department of Forensic Medicine and Swedish National Central Bureau of Statistics.
Diagnosis	**Diagnosis**: Not completed in 65 cases. DSM-III-R: Adjustment disorder 34.2%, major depressive disorder 17.3%. Suicide sample: MDD 40.9%, dysthymia 18.2% were most prominent.
Demographic	**Age**: Mean age 39 years
	Gender: Male 37% Female 63%
	Ethnicity: Not reported
Study limitations	The predictive validity was calculated in a case control

design

Notes

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Unclear	

2 **OSMAN1999**

Methods

Study Design: Case control

Recruitment setting: Psychiatric inpatient units

Time point of assessment: At intake

Study length: Not reported

Follow up: n/a

Assessed by: Psychiatrist

Participants

Total N: 205

N used in analysis: 205

Populations and history of self-harm: Psychiatric inpatients assigned to the suicide attempter group (n=75) for history of suicide attempts and psychiatric control group (n=130) for having no history of suicide attempt.

Interventions	**Scale administered**: ASIQ, RFL **Cut off score**: ASIQ 14, RFL 3.8
Outcomes	Correct identification of subjects in suicide attempter and control groups. **Reference standard:** Prior or current suicide attempt ascertained by SIS and hospital's standard intake diagnostic assessment packet and review of medical records.
Diagnosis	DSM-IV: Schizophrenia 30%, MDD 19%, schizoaffective disorder 10%, adjustment disorders 8%, dysthymic disorder 8%, BD 7%, substance related disorders 6%, other 12%.
Demographic	**Age**: Mean age 32 years **Gender**: Male 51% Female 49% **Ethnicity**: Caucasian 91%, African American 5%, other 4%
Study limitations	Uses a scale as well as medical records to assign groups according to prior suicide attempts
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Unclear	

1 **OSMAN2001**

Methods	**Study Design**: Case control
	Recruitment setting: Psychiatric inpatient units
	Time point of assessment: Data collected within 1 week of admission
	Study length: Not reported
	Follow up: n/a
	Assessed by: Psychiatrist
Participants	**Total N**: 240
	N used in analysis: 240
	Populations and history of self-harm: Adult psychiatric inpatients assigned to a suicidal (risk) subgroup because of hospital admission for recent suicide attempts or serious threats at the time of admission. Adult non suicidal subgroup were admitted for other reasons not including history of suicide ideation or attempt at the time of admission. Adolescent psychiatric inpatients assigned to a suicidal (risk) subgroup because of hospital admission for recent suicide attempts/threats or (admission for other reasons) nonsuicidal subgroup.
Interventions	**Scale administered**: SBQ-R
	Cut off score: 8
Outcomes	Correct assignment of subjects to suicidal (suicide ideation or attempt) or non suicidal groups (suicide status)
	Reference standard: Self reported suicide ideation or attempt and admission
Diagnosis	DSM-IV. Schizophrenia 33% MDD 17% Other 50%.
Demographic	**Age**: Mean age 33 years (adults) 16 years (adolescents)
	Gender: Male 54% Female 46% (adults) Boys 65%

	Girls 35% (adolescents) **Ethnicity**: Caucasian 80% African American 5% Other 15% (adults) Caucasian 80% African American 5% Other 5%. (adolescents)
Study limitations	Self reported suicide ideation or attempt ad admission
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Unclear	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear	
Were withdrawals from the study explained?	Unclear	

2 **WAERN2010**

Methods	**Study Design**: Cohort **Recruitment setting**: At point of hospital emergency ward admission **Time point of assessment**: within 3 days of suicide attempt in most cases. **Study length**: 2001-2004 **Follow up**: 3 years **Assessed by**: Psychiatric nurses and psychiatrist

Participants	**Total N**: 165
	N used in analysis: 162
	Population and history of self-harm: Adult suicide attempters
Interventions	**Scale administered**: SUAS (modified)
	Cut off score: 24
Outcomes	**Repetition of self-harm**
	Reference Standard: Hospital records
Diagnosis	DSM-IV Major depression 33%, other depression 12%, psychotic disorders 7%, alcohol/substance use disorder 25%, anxiety/other psychiatric disorder 16%.
Demographic	**Age**: Mean 35.3 years
	Gender: Male 22% Female 78%.
	Ethnicity: Not reported
Study limitations	During follow-up, 2 deaths were certain suicides, however, cause of death was missing for 3 further deaths.
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	Yes	
Was the reference standard likely to classify the target condition correctly?	Yes	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes	
Were withdrawals from the study explained?	Yes	

1 ## Characteristics of excluded studies

2 ### ALLISON1986

Reason for exclusion	Uses another scale as a reference standard

3 ### ANTRETTER2008

Reason for exclusion	Does not look at risk assessment

4 ### AYER2008

Reason for exclusion	Does not specify how many subjects have a history of self harm. The study looks at people who have attempted suicide or have been hospitalised to prevent an attempt, and at changes in scores from 2 time points before a repeated attempt.

5 ### BAGLEY1985

Reason for exclusion	Does not look at risk assessment

6 ### BECK1989b

Reason for exclusion	Does not look at risk assessment. Looks at psychosocial characteristics of alcohol-abusing suicide attempters.

7 ### BECK1989c

Reason for exclusion	Sensitivity and specificity reported.

8 ### BECK1990

Reason for exclusion	Did not specify how many subjects have history of self harm.

1 **BROWN2000**

Reason for exclusion	Sensitivity and specificity not reported. Does not look at risk assessment.

2 **CHANG2009**

Reason for exclusion	Uses another scale as a reference standard

3 **CHEN2007**

Reason for exclusion	Sensitivity and specificity not reported. Retrospective study design.

4 **CHOCRANE-BRINK2000**

Reason for exclusion	Sensitivity and specificity not reported. Outcome is admission for suicide risk.

5 **COHEN1966**

Reason for exclusion	Sensitivity and specificity not reported. Does not look at risk assessment.

6 **COTTON1992**

Reason for exclusion	Sensitivity and specificity not reported. Does not look at risk assessment.

7 **COTTON1995**

Reason for exclusion Sensitivity and specificity not reported. Does not look at risk assessment.

1 **DEMANN1994**

Reason for exclusion Sensitivity and specificity not reported. Does not look at risk assessment.

2 **DRAKE1996**

Reason for exclusion Does not look at risk assessment.

3 **EISENBERG1989**

Reason for exclusion Does not specify how many subjects have a history of self harm.

4 **GARRISON1991**

Reason for exclusion Sensitivity and specificity not reported. Does not look at risk assessment.

5 **GOLDSTON2001**

Reason for exclusion Sensitivity and specificity not reported. Uses another scale as a reference standard.

6 **GUTIERREZ2000**

Reason for exclusion Uses another scale as a reference standard.

7 **GUTIERREZ2000b**

Reason for exclusion Uses another scale as a reference standard.

1 **GUTIERREZ2004**

Reason for exclusion Sensitivity and specificity not reported.

2 **GUTIERREZ2009**

Reason for exclusion Uses non clinical sample as a control group (case control study).

3 **HAMILTON1960**

Reason for exclusion Not a risk scale. Does not look at risk assessment.

4 **HARRISS2005b**

Reason for exclusion Sensitivity and specificity reported.

5 **HENDIN2010**

Reason for exclusion Uses another scale as a reference standard. Non clinical population.

6 **HJELMELAN1998**

Reason for exclusion Sensitivity and specificity reported.

7 **HOCKBERGER1988**

Reason for exclusion Uses another scale as a reference standard. Does not

specify history of self harm. Looks at hospitalisation to prevent a suicide attempt as an outcome.

1 **HOLI2005**

Reason for exclusion Uses another scale as a reference standard. Does not specify how many subjects have a history of self harm.

2 **HUTH-BOCKS2007**

Reason for exclusion Uses another scale as a reference standard.

3 **IJAZ2009**

Reason for exclusion Sensitivity and specificity reported.

4 **INNAMORATI2006**

Reason for exclusion Sensitivity and specificity not reported

5 **KEANE1996**

Reason for exclusion Does not specify how many subjects have a history of self-harm.

6 **KELLER1993**

Reason for exclusion Does not specify how many subjects have a history of self-harm.

7 **KINGSURY**

Reason for exclusion	Uses another scale as a reference standard.

1 **LARZELERE1996**

Reason for exclusion	Does not specify how many subjects have a history of self-harm.

2 **LARZELERE2004**

Reason for exclusion	Uses another scale as a reference standard.

3 **LEVINE1989**

Reason for exclusion	Sensitivity and specificity not reported.

4 **LEWISOHN1995**

Reason for exclusion	Sensitivity and specificity not reported. Does not look at risk assessment.

5 **NORDSTROM1995**

Reason for exclusion	Does not use a risk scale.

6 **OSMAN1996**

Reason for exclusion	Data cannot be extracted.

7 **OSMAN1998**

Reason for exclusion	Uses non clinical sample as a control group (case control

study).

1 **OSMAN2003**

Reason for exclusion Uses another scale as a reference standard.

2 **PFEFFER2000**

Reason for exclusion Uses another scale as a reference standard.

3 **PINNINTI2002**

Reason for exclusion Sensitivity and specificity not reported. Does not look at risk assessment.

4 **SHEMESH2001**

Reason for exclusion Sensitivity and specificity not reported. Does not look at risk assessment.

5 **SOKERO2003**

Reason for exclusion Does not look at risk assessment.

6 **TEJEDOR1999**

Reason for exclusion Does not look at risk assessment.

7 **THOMPSON1999**

Reason for exclusion Uses another scale as a reference standard.

1 **TRENTESEAU1989**

Reason for exclusion	Sensitivity and specificity not reported. Does not look at risk assessment.

2 **YIP2006**

Reason for exclusion	Non clinical population.

3 **YOUNG1996**

Reason for exclusion	Does not specify how many subjects have a history of self-harm.

4 **ZHANG2007**

Reason for exclusion	Sensitivity and specificity not reported.

5

6

REFERENCES OF EXCLUDED STUDIES

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