

1 **APPENDIX 15A: RISK ASSESSMENT SCALES**

2 **CHARACTERISTICS OF INCLUDED STUDIES**

3 **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
Participants	Assessed by: Research assistant 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%, comorbid 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?

Was the execution of the index test described in sufficient detail to permit its replication?

Was the execution of the reference standard described in sufficient detail to permit its replication?

Were withdrawals from the study explained?

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

Outcomes

Cut off score: SPS 50, ASIQ 31

Correct identification of subjects into suicide risk or control group.

Diagnosis

Reference Standard: Hospital admission for suicide risk. (Suicide ideation or gesture resulting in hospitalization).

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
Self-Harm: longer term management DRAFT April 2011		

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

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
Participants	Assessed by: Emergency clinician
	Total N: 9,086
	N used in analysis: 2095
Interventions	Populations and history of self-harm: All self harmers
	Scale administered: MSHR
Outcomes	Cut off score: n/a
	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

Interventions

Populations and history of self-harm: All self harmers

Scale administered: MSHR, GCA

Outcomes

Cut off score: n/a

Repetition of self harm

**Diagnosis
Demographic**

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

Not reported

Age: Range 11-98 years

Gender: Not reported.

**Study limitations
Notes**

Ethnicity: Predominantly Caucasian

None

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	<p>Study Design: Cohort</p> <p>Recruitment setting: A&E setting</p> <p>Time point of assessment: At presentation to A&E</p> <p>Study length: 1 Jan - 30 June 1995</p> <p>Follow up: 6 months</p>
Participants	<p>Assessed by: Emergency and mental health staff</p> <p>Total N: 212</p> <p>N used in analysis: 112</p>
Interventions	<p>Populations and history of self-harm: All self harmers</p> <p>Scale administered: Corcoran statistical model. Used 11 variables entered into a logistic regression model</p> <p>Cut point probability: 0.2, 0.25, 0.3, 0.35, 0.4, 0.45, and 0.5</p>
Outcomes	<p>Repetition of self harm</p> <p>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</p>
Diagnosis	<p>Not reported</p>
Demographic	<p>Age: Not reported</p> <p>Gender: Not reported.</p> <p>Ethnicity: Not reported</p>
Study limitations	<p>Does not report diagnosis or other demographics.</p>
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?	<input type="text" value="Unclear"/>
Was the execution of the index test described in sufficient detail to permit its replication?	<input type="text" value="Unclear"/>
Was the execution of the reference standard described in sufficient detail to permit its replication?	<input type="text" value="Unclear"/>
Were withdrawals from the study explained?	<input type="text" value="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

Demographic

disorder (20%).

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

Outcomes

Cut off score: 10 male 14 female

Suicide

**Diagnosis
Demographic**

Reference Standard: Office of National Statistics for England and Wales, the Central Services Agency in Northern Ireland and the General Register Office for Scotland.

Not reported

Age: Not reported

Gender: Male 42% Female 58%

Ethnicity: Not reported

**Study limitations
Notes**

None

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	<p>Study Design: Cohort</p> <p>Recruitment setting: A&E setting</p> <p>Time point of assessment: At A&E</p> <p>Study length: 1997-2001</p> <p>Follow up: 12 months</p>
Participants	<p>Assessed by: Mental health staff</p> <p>Total N: 7,612</p> <p>N used in analysis: 3,828</p>
Interventions	<p>Populations and history of self-harm: All deliberate self harm patients</p> <p>Scale administered: GCA</p>
Outcomes	<p>Cut off score: n/a</p> <p>Repetition of self harm</p> <p>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</p>
Diagnosis	<p>Not reported</p>
Demographic	<p>Age: At least 16 years</p> <p>Gender: Not reported</p> <p>Ethnicity: Not reported</p>
Study limitations	<p>None</p>
Notes	

1 **Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	<input type="text" value="Yes"/>	

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

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 <input type="button" value="v"/>	
Was the reference standard likely to classify the target condition correctly?	Yes <input type="button" value="v"/>	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes <input type="button" value="v"/>	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes <input type="button" value="v"/>	

Were withdrawals from the study explained?

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
Outcomes	Cut off score: ASIQ 14, RFL 3.8 Correct identification of subjects in suicide attempter and control groups.
Diagnosis	Reference standard: Prior or current suicide attempt ascertained by SIS and hospital's standard intake diagnostic assessment packet and review of medical records. 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 <input type="button" value="▼"/>	
Was the reference standard likely to classify the target condition correctly?	Yes <input type="button" value="▼"/>	
Was the execution of the index test described in sufficient detail to permit its replication?	Yes <input type="button" value="▼"/>	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Yes <input type="button" value="▼"/>	
Were withdrawals from the study explained?	Unclear <input type="button" value="▼"/>	

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)

Self reported suicide ideation or attempt ad admission

Study limitations

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?	<input type="text" value="Yes"/> ▼	
Was the reference standard likely to classify the target condition correctly?	<input type="text" value="Yes"/> ▼	
Was the execution of the index test described in sufficient detail to permit its replication?	<input type="text" value="Yes"/> ▼	
Was the execution of the reference standard described in sufficient detail to permit its replication?	<input type="text" value="Yes"/> ▼	
Were withdrawals from the study explained?	<input type="text" value="Yes"/> ▼	

1 **Characteristics of excluded studies**

2 **ALLISON1986**

Reason for exclusion

Uses another scale as a reference standard

3 **ANTRETTTER2008**

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

1 **REFERENCES OF EXCLUDED STUDIES**

- 2 Allison, M., Hubbard, R., Ginzburg, H., *et al.* (1986) "Validation of a three-item measure of
3 depressive and suicidal symptoms." *Hospital & Community Psychiatry*, 37, 738-740.
4
- 5 Antretter, E., Dunkel, D., Haring, C., *et al.* (2008) The factorial structure of the Suicide Intent
6 Scale: A comparative study in clinical samples from 11 European regions. *International Journal*
7 *of Methods in Psychiatric Research*, 17, 63-79.
8
- 9 Ayer, D. W., Jayathilake, K. & Meltzer, H. Y. (2008) The InterSePT suicide scale for prediction
10 of imminent suicidal behaviors. *Psychiatry Research*, 161, 87-96.
11
- 12 Bagley, C. & Ramsay, R. (1985) Psychosocial correlates of suicidal behaviors in an urban
13 population. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 6, 63-77.
14
- 15 Beck, A. T. & Steer, R. A. (1989b) Clinical predictors of eventual suicide: a 5- to 10-year
16 prospective study of suicide attempters. *Journal of Affective Disorders*, 17, 203-209.
17
- 18 Beck, A. T., Steer, R. A. & Trexler, L. D. (1989c) Alcohol abuse and eventual suicide: a 5- to
19 10-year prospective study of alcohol-abusing suicide attempters. *Journal of Studies on Alcohol*,
20 50, 202-209.
21
- 22 Beck, A., Brown, G., Berchick, R., *et al.* (1990) Relationship between hopelessness and ultimate
23 suicide: A replication with psychiatric outpatients. *The American Journal of Psychiatry*, 147,
24 190-195.
25
- 26 Brown, G., Beck, A., Steer, R., *et al.* (2000) Risk factors for suicide in psychiatric outpatients: A
27 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 68, 371-377.
28
- 29 Chang, H. J., Lin, C. C., Chou, K. R., *et al.* (2009) Chinese version of the Positive and Negative
30 Suicide Ideation: instrument development. *Journal of Advanced Nursing*, 65, 1485-1496.
31
- 32 Chen, E., Chan, W., Chan, S., *et al.* (2007) A cluster analysis of the circumstances of death in
33 suicides in Hong Kong. *Suicide and Life-Threatening Behavior*, 37, 576-584.
34

CONSULTATION DRAFT

- 1 Cochran-Brink, K. A., Lofchy, J. S. & Sakinofsky, I. (2000) Clinical rating scales in suicide risk
2 assessment. *General Hospital Psychiatry*, 22, 445-451.
- 3 Cohen, E., Motto, J. & Seiden, R. (1966) An instrument for evaluating suicide potential: a
4 preliminary study. *The American Journal of Psychiatry*, 122, 886-891.
5
- 6 Cotton, C. R. & Range, L. (1992) Reliability and validity of the Suicide Intervention Response
7 Inventory. *Death Studies*, 16, 79-86.
8
- 9 Cotton, C. R., Peters, D. & Range, L. (1995) Psychometric properties of the Suicidal Behaviors
10 Questionnaire. *Death Studies*, 19, 391-397.
- 11 DeMan, A. F. & Leduc, C. P. (1994) Validity and reliability of a self-report suicide ideation
12 scale for use with adolescents. *Social Behavior and Personality*, 22, 261-266.
13
- 14 Drake, R. E. & Cotton, P. G. (1986) Depression, hopelessness and suicide in chronic
15 schizophrenia. *British Journal of Psychiatry*, 148, 554-559.
- 16 Eisenberg, M., Hubbard, K. & Epstein, D. (1989) Efficacy of a suicide detection scale in
17 determining lethality of ideation among hospitalized veterans: a case study. *Military Medicine*,
18 154, 246-249.
19
- 20 Garrison, C., Lewinsohn, P., Martseller, F., *et al.* (1991) The assessment of suicidal behavior in
21 adolescents. *Suicide and Life-Threatening Behavior*, 21, 217-230.
22
- 23 Goldston, D. B., Daniel, S. S., Reboussin, B. A., *et al.* (2001) Cognitive risk factors and suicide
24 attempts among formerly hospitalized adolescents: a prospective naturalistic study. *Journal of*
25 *the American Academy of Child and Adolescent Psychiatry*, 40, 91-99.
26
- 27 Gutierrez, P., Osman, A., Kopper, B., *et al.* (2000) Why young people do not kill themselves: the
28 Reasons for Living Inventory for Adolescents. *Journal of Clinical Child Psychology*, 29, 177-
29 187.
30
- 31 Gutierrez, P., Osman, A., Kopper, B., *et al.* (2000) Suicide risk assessment in a college student
32 population. *Journal of Counseling Psychology*, 47, 403-413.
- 33 Gutierrez, P. & Osman, A. (2009) Getting the best return on your screening investment: an
34 analysis of the Suicidal Ideation Questionnaire and Reynolds Adolescent Depression Scale.

CONSULTATION DRAFT

- 1 *School Psychology Review*, 38, 200-217.
2
- 3 Hamilton, M. (1960) A rating scale for depression. *Journal of Neurology, Neurosurgery &*
4 *Psychiatry*, 23, 56-62.
- 5 Harriss, L., Hawton, K. & Zahl, D. (2005b) Value of measuring suicidal intent in the assessment
6 of people attending hospital following self-poisoning or self-injury. *The British Journal of*
7 *Psychiatry*, 186, 60-66.
- 8 Hendin, H., Al Jurdi, R. K., Houck, P. R. *et al.* (2010) Role of intense affects in predicting short-
9 term risk for suicidal behavior: a prospective study. *The Journal of Nervous and Mental Disease*,
10 198, 220-225.
- 11 Hjelmeland, H., Stiles, T. C., Bille-Brahe, U., *et al.* (1998) Parasuicide: the value of suicidal
12 intent and various motives as predictors of future suicidal behaviour. *Archives of Suicide*
13 *Research*, 4, 209-225.
14
- 15 Hockberger, R. S. & Rothstein, R. J. (1988) Assessment of suicide potential by nonpsychiatrists
16 using the Sad Persons Score. *Journal of Emergency Medicine*, 6, 99-107.
17
- 18 Holli, M., Pelkonen, M., Karlsson, L., *et al.* (2005) Psychometric properties and clinical utility of
19 the Scale for Suicidal Ideation (SSI) in adolescents. *BMC Psychiatry*, 5, 8.
20
- 21 Huth-Bocks, A. C., Kerr, D. C. R., Ivey, A. Z., *et al.* (2007) Assessment of psychiatrically
22 hospitalized suicidal adolescents: self-report instruments as predictors of suicidal thoughts and
23 behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*. 46, 387-395.
24
- 25 Ijaz, A., Papaconstantinou, A., O'Neill, H., *et al.* (2009) The Suicide Risk Assessment and
26 Management Manual (S-RAMM) Validation Study 1. *Irish Journal of Psychological Medicine*,
27 26, 54-58.
28
- 29 Innamorati, M., Pompili, M., Ferrari, V., *et al.* (2006) Psychometric properties of the Reasons for
30 Living Inventory in Italian university students. *Individual Differences Research*, 4 (1).
31
- 32 Keane, E., Eick, R., Bechtold, D., *et al.* (1996) Predictive and concurrent validity of the Suicidal
33 Ideation Questionnaire among American Indian adolescents. *Journal of Abnormal Child*
34 *Psychology: An official publication of the International Society for Research in Child and*

CONSULTATION DRAFT

- 1 *Adolescent Psychopathology*, 24, 735-747.
2
- 3 Keller, F. & Wolfersdorf, M. (1993) Hopelessness and the tendency to commit suicide in the
4 course of depressive disorders. *Crisis: The Journal of Crisis Intervention and Suicide*
5 *Prevention*, 14, 173-177.
6
- 7 Kingsbury, S. (1996) PATHOS: A screening instrument for adolescent overdose: a research note.
8 *Journal of Child Psychology and Psychiatry*, 37, 609-611.
9
- 10 Larzelere, R., Smith, G., Batenhorst, L., *et al.* (1996) Predictive validity of the Suicide
11 Probability Scale among adolescents in group home treatment. *Journal of the American Academy*
12 *of Child & Adolescent Psychiatry*, 35, 166-172.
13
- 14 Larzelere, R., Andersen, J., Ringle, J., *et al.* (2004) The child suicide risk assessment: a
15 screening measure of suicide risk in pre-adolescents. *Death Studies*, 28, 809-827.
16
- 17 Levine, S., Ancill, R. J. & Roberts, A. P. (1989) Assessment of suicide risk by computer-
18 delivered self-rating questionnaire: preliminary findings. *Acta Psychiatrica Scandinavica*, 80,
19 216-220.
20
- 21 Lewinsohn, P., Langhinrichsen-Rohling, J., Langford, R., *et al.* (1995) The Life Attitudes
22 Schedule: a scale to assess adolescent life-enhancing and life-threatening behaviors. *Suicide and*
23 *Life-Threatening Behavior*, 25, 458-474.
24
- 25 Nordstrom, P., Asberg, M., Aberg-Wistedt, A., *et al.* (1995) Attempted suicide predicts suicide
26 risk in mood disorders. *Acta Psychiatrica Scandinavica*, 92, 345-350.
27
- 28 Osman, A., Kopper, B., Barrios, F., *et al.* (1996) The Brief Reasons for Living Inventory for
29 adolescents (BRFL-A). *Journal of Abnormal Child Psychology: An official publication of the*
30 *International Society for Research in Child and Adolescent Psychopathology*, 24, 433-443.
31
- 32 Osman, A., Downs, W., Kopper, B., *et al.* (1998) The Reasons for Living Inventory for
33 Adolescents (RFL-A): development and psychometric properties. *Journal of Clinical*
34 *Psychology*, 54, 1063-1078.
35

CONSULTATION DRAFT

- 1 Osman, A., Gutierrez, P., Jiandani, J., *et al.* (2003) A preliminary validation of the Positive and
2 Negative Suicide Ideation (PANSI) inventory with normal adolescent samples. *Journal of*
3 *Clinical Psychology*, 59, 493-512.
4
- 5 Pfeffer, C., Jiang, H. & Kakuma, T. (2000) Child-Adolescent Suicidal Potential Index (CASPI):
6 A screen for risk for early onset suicidal behavior. *Psychological Assessment*, 12, 304-318.
7
- 8 Pinninti, N., Steer, R. A., Rissmiller, D. J., *et al.* (2002) Use of the Beck Scale for Suicide
9 Ideation with psychiatric inpatients diagnosed with schizophrenia, schizoaffective, or bipolar
10 disorders. *Behaviour Research and Therapy*, 40, 1071-1079.
11
- 12 Shemesh, E., Annunziato, R. A. A., Rubinstein, D., *et al.* (2001) Screening for depression and
13 suicidality in patients with cardiovascular illnesses. *American Journal of Cardiology*, 104, 1194-
14 97.
15
- 16 Sokero, P., Melartin, T., Rytsala, H., *et al.* (2003) Suicidal ideation and attempts among
17 psychiatric patients with major depressive disorder. *Journal of Clinical Psychiatry*, 64, 1094-
18 1100.
19
- 20 Tejedor, M. C., Diaz, A., Castillon, J. J., *et al.* (1993) Attempted suicide: repetition and survival-
21 -findings of a follow-up study. *Acta Psychiatrica Scandinavica*, 100, 205-211.
22
- 23 Trenteseau, J., Hyer, L., Verenes, D., *et al.* (1989) Hopelessness among later-life patients.
24 *Journal of Applied Gerontology*, 8, 355-364.
25
- 26 Yip, P. S. F. & Cheung, Y. B. (2006) Quick assessment of hopelessness: a cross-sectional study.
27 *Health and Quality of Life Outcomes*, 4, 13.
28
- 29 Young, M. A., Fogg, L. F., Scheftner, W., *et al.* (1996) Stable trait components of hopelessness:
30 baseline and sensitivity to depression. *Journal of Abnormal Psychology*, 105, 155-165.
31
- 32 Zhang, J. X., Zhang, Y. & Weng, Z. (2007) Characteristics of suicide mortality in different
33 populations of Shandong province: a comparison of three epidemiologic study methods. *Journal*
34 *of Clinical Rehabilitative Tissue Engineering Research*, 11.
35