

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
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.
Outcomes	Cut off score: >10 Suicide
Diagnosis	Reference Standard: Deaths judged as suicide by the Philadelphia(or other) Medical Examiner's Office / coroner's office Suicide sample (n=14): DSM-II Personality disorder 7%, Psychotic depressions 14%, Neurotic depressions 36%, Manic depressive depression 7%, Schizo affective schizophrenia 7%, Paranoid schizophrenia 14% Other schizophrenia 14%. Non suicide sample (n=193) Neurotic depression 38% Personality disorder 13%,

Demographic Psychotic depression 9% Other disorders 40%.
Age: Mean 34 years

Gender: Male 46% Female 54%.

Study limitations **Ethnicity:** Caucasian 62%, Non-Caucasian 38%.
 Participants are mainly suicide ideators and small numbers of sample have history of self-harm. Lengthy follow up.

Notes

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	

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
Participants	Assessed by: Interviewer Total N: 3,701
	N used in analysis: 3,701 (SSI) 3,573 (BHS)
Interventions	Populations and history of self-harm: Outpatients seeking psychiatric treatment. 13.3% had history of self harm. Scale administered: SSI-C, SSI-W, BHS
Outcomes	Cut off score: SSI-C >, SSI-W >12, BHS?8 Suicide
Diagnosis	Reference Standard: Suicide ascertained by National Death Index (computer database). 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	

Risk of bias table

Item	Judgement	Description
Were the selection criteria clearly described?	<input type="text" value="No"/> ▼	
Was the reference standard likely to	<input type="text" value="Yes"/> ▼	

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?

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%,

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

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="▼"/>	

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

Risk of bias table

Item

Judgement

Description

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?

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

Interventions

Populations and history of self-harm: All self harmers

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

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?	Yes <input type="button" value="v"/>	

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. Ethnicity: Predominantly Caucasian
Study limitations Notes	None

Risk of bias table

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

CORCORAN1997

Methods	Study Design: Cohort
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Recruitment setting: A&E setting

Time point of assessment: At presentation to A&E

Study length: 1 Jan - 30 June 1995

Follow up: 6 months

Assessed by: Emergency and mental health staff

Participants

Total N: 212

N used in analysis: 112

Interventions

Populations and history of self-harm: All self harmers

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

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	Unclear	

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?

GALFAVY2008

Methods	<p>Study Design: Cohort</p> <p>Recruitment setting: Psychiatric research center</p> <p>Time point of assessment: At intake and prior two weeks</p> <p>Study length: n/a</p> <p>Follow up: 2 years</p>
Participants	<p>Assessed by: Not reported</p> <p>Total N: 304</p> <p>N used in analysis: 304</p> <p>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.</p>
Interventions	<p>Scale administered: BHS, BDI, SSI, RFL, HDRS</p> <p>Cut off score: BHS 5, BDI 16, SSI 10, RFL 0.25 probability, HDRS 2</p>
Outcomes	<p>Repetition of self harm</p>
Diagnosis	<p>Reference Standard: Suicide attempt (ascertained by in-depth interview assessment) and completed suicide</p> <p>Diagnosis: DSM-IV Major depressive disorder or bipolar disorder (20%).</p>
Demographic	<p>Age: Range 18-75 years</p>

Gender: Male 41% Female 59%

Ethnicity: Not reported

Mainly depressed patients, not all self harm population.

**Study limitations
Notes**

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	

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

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

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	

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
Participants	Assessed by: Mental health staff Total N: 7,612 N used in analysis: 3,828
Interventions	Populations and history of self-harm: All deliberate self harm patients Scale administered: GCA
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: At least 16 years Gender: Not reported
Study limitations	Ethnicity: Not reported
Notes	None

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?

Yes ▼

Were withdrawals from the study explained?

Unclear ▼

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
Participants	Assessed by: Not reported
	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**Risk of bias table**

Item	Judgement	Description
Were the selection criteria clearly described?	<input type="text" value="No"/>	
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="No"/>	
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="Unclear"/>	

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

Outcomes	<p>Cut off score: 39</p> <p>Suicide</p> <p>Reference Standard: Completed suicide ascertained by Lund Department of Forensic Medicine and Swedish National Central Bureau of Statistics.</p>
Diagnosis	<p>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%.</p>
Demographic	<p>Age: Mean age 39 years</p> <p>Gender: Male 46% Female 64%</p> <p>Ethnicity: Not reported</p>
Study limitations	<p>The predictive validity was calculated in a case control design</p>
Notes	

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="▼"/>	

NIMEUS2002

Methods	<p>Study Design: Cohort</p> <p>Recruitment setting: Psychiatric medical intensive care</p>
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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

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?

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?

OSMAN1999

Methods	<p>Study Design: Case control</p> <p>Recruitment setting: Psychiatric inpatient units</p> <p>Time point of assessment: At intake</p> <p>Study length: Not reported</p> <p>Follow up: n/a</p>
Participants	<p>Assessed by: Psychiatrist</p> <p>Total N: 205</p> <p>N used in analysis: 205</p> <p>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.</p>
Interventions	<p>Scale administered: ASIQ, RFL</p> <p>Cut off score: ASIQ 14, RFL 3.8</p>
Outcomes	<p>Correct identification of subjects in suicide attempter and control groups.</p> <p>Reference standard: Prior or current suicide attempt ascertained by SIS and hospital's standard intake diagnostic assessment packet and review of medical records.</p>
Diagnosis	<p>DSM-IV: Schizophrenia 30%, MDD 19%,</p>

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

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	

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

Participants	<p>Follow up: n/a</p> <p>Assessed by: Psychiatrist</p> <p>Total N: 240</p> <p>N used in analysis: 240</p> <p>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.</p>
Interventions	<p>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.</p> <p>Scale administered: SBQ-R</p>
Outcomes	<p>Cut off score: 8</p> <p>Correct assignment of subjects to suicidal (suicide ideation or attempt) or non suicidal groups (suicide status)</p>
Diagnosis	<p>Reference standard: Self reported suicide ideation or attempt and admission</p>
Demographic	<p>DSM-IV. Schizophrenia 33% MDD 17% Other 50%.</p> <p>Age: Mean age 33 years (adults) 16 years (adolescents)</p> <p>Gender: Male 54% Female 46% (adults) Boys 65% Girls 35% (adolescents)</p> <p>Ethnicity: Caucasian 80% African American 5% Other 15% (adults) Caucasian 80% African American 5% Other 5%. (adolescents)</p>
Study limitations	<p>Self reported suicide ideation or attempt ad admission</p>
Notes	

Risk of bias table

Item	Judgement	Description
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Self-Harm: longer term management: DRAFT September 2011 21

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?

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

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 	

CHARACTERISTICS OF EXCLUDED STUDIES

1.1.1 ALLISON1986

Reason for exclusion Uses another scale as a reference standard

1.1.2 ANTRETTTER2008

Reason for exclusion Does not look at risk assessment

1.1.3 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.

1.1.4 BAGLEY1985

Reason for exclusion Does not look at risk assessment

1.1.5 BECK1989b

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

1.1.6 BECK1989c

Reason for exclusion Sensitivity and specificity reported.

1.1.7 BECK1990

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

1.1.8 BROWN2000

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

1.1.9 CHANG2009

Reason for exclusion Uses another scale as a reference standard

1.1.10 CHEN2007

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

1.1.11 CHOCHRANE-BRINK2000

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

1.1.12 COHEN1966

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

1.1.13 COTTON1992

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

1.1.14 COTTON1995

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

1.1.15 DEMANN1994

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

1.1.16 DRAKE1996

Reason for exclusion Does not look at risk assessment.

1.1.17 EISENBERG1989

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

1.1.18 GARRISON1991

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

1.1.19 GOLDSTON2001

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

1.1.20 GUTIERREZ2000

Reason for exclusion Uses another scale as a reference standard.

1.1.21 GUTIERREZ2000b

Reason for exclusion Uses another scale as a reference standard.

1.1.22 GUTIERREZ2004

Reason for exclusion Sensitivity and specificity not reported.

1.1.23 GUTIERREZ2009

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

1.1.24 HAMILTON1960

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

1.1.25 HARRISS2005b

Reason for exclusion Sensitivity and specificity reported.

1.1.26 HENDIN2010

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

1.1.27 HJELMELAN1998

Reason for exclusion Sensitivity and specificity reported.

1.1.28 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.

1.1.29 HOLI2005

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

1.1.30 HUTH-BOCKS2007

Reason for exclusion Uses another scale as a reference standard.

1.1.31 IJAZ2009

Reason for exclusion Sensitivity and specificity reported.

1.1.32 INNAMORATI2006

Reason for exclusion Sensitivity and specificity not reported

1.1.33 KEANE1996

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

1.1.34 KELLER1993

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

1.1.35 KINGSURY

Reason for exclusion Uses another scale as a reference standard.

1.1.36 LARZELERE1996

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

1.1.37 LARZELERE2004

Reason for exclusion Uses another scale as a reference standard.

1.1.38 LEVINE1989

Reason for exclusion Sensitivity and specificity not reported.

1.1.39 LEWISOHN1995

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

1.1.40 NORDSTROM1995

Reason for exclusion Does not use a risk scale.

1.1.41 OSMAN1996

Reason for exclusion Data cannot be extracted.

1.1.42 OSMAN1998

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

1.1.43 OSMAN2003

Reason for exclusion Uses another scale as a reference standard.

1.1.44 PFEFFER2000

Reason for exclusion Uses another scale as a reference standard.

1.1.45 PINNINTI2002

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

1.1.46 SHEMESH2001

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

1.1.47 SOKERO2003

Reason for exclusion Does not look at risk assessment.

1.1.48 TEJEDOR1999

Reason for exclusion Does not look at risk assessment.

1.1.49 THOMPSON1999

Reason for exclusion Uses another scale as a reference standard.

1.1.50 TRENTSEAU1989

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

1.1.51 YIP2006

Reason for exclusion Non clinical population.

1.1.52 YOUNG1996

Reason for exclusion

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

1.1.53 ZHANG2007

Reason for exclusion

Sensitivity and specificity not reported.

1.1.54 REFERENCES OF EXCLUDED STUDIES

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