APPENDIX 15D: CLINICAL STUDY CHARACTERISTICS:

RISK ASSESSMENT TOOLS AND SCALES

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1.1 CHARACTERISTICS OF STUDIES INCLUDED IN THE META-ANALYSIS

BECK1985

Bibliographic reference	Beck, A. T., Steer, R. A., Kovacs, M., *et al.* (1985) Hopelessness and eventual suicide: a 10-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, *142*, 559–563.
Methods	Study design: cohort Recruitment setting: at point of hospital admission Time point of assessment: 24 to 48 hours after admission Study length: 1970 to 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 and (3) had not made a recent suicide attempt. History of self-harm in 32%.
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 completers 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 completers 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 were mainly suicide ideators and small numbers of sample had history of self-harm. Lengthy follow-up.

Risk of bias table

Item	Judgement
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	Unclear

described in sufficient detail to permit its replication?	
Was the execution of the reference standard described in sufficient detail to permit its replication?	Unclear
Were withdrawals from the study explained?	Unclear

BECK1999

Bibliographic reference	Beck, A., Brown, G., Steer, R. *et al*. (1999) Suicide ideation at its worst point: a predictor of eventual suicide in psychiatric outpatients. *Suicide and Life-Threatening Behavior*, *29*, 1–9.
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 to 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. History of self-harm in 13.3%.
Interventions	Scale administered: BHS, SSI-C, SSI-W, Cut-off score: BHS ≥8, SSI-C ≥2, SSI-W ≥16
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: African–American 6%, Caucasian 92%, other 2%
Study limitations	Participants were seeking psychiatric treatment for various reasons and small numbers of sample had history of self-harm. Lengthy follow-up.

Risk of bias table

Item	Judgement
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

BISCONER2007

Bibliographic reference	Bisconer, S. & Gross, D. (2007) Assessment of suicide risk in a psychiatric hospital. *Professional Psychology: Research and Practice*, *38*, 143–149.
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, that is admitted for suicide behaviour and admitted for other reasons. Suicide gestures 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: ASIQ = 60, SPS = 61 Populations and history of self-harm: 25 psychiatric inpatients admitted for suicide ideation/gesture resulting in hospitalisation. 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	Scales administered: ASIQ, SPS Cut-off score: ASIQ 31, SPS 50
Outcomes	Correct identification of subjects into suicide risk or control group. Reference standard: hospital admission for suicide risk (suicide ideation or gesture resulting in hospitalisation).

Diagnosis	Main diagnosis (including control group): substance use disorders 57%, personality disorders (all clusters) 42%, psychotic disorders 27%.
Demographic	Age: mean age 38 years Gender: male 37%, female 63% Ethnicity: not reported
Study limitations	Small study sample

Risk of bias table

Item	Judgement
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

CARTER2002

Bibliographic reference	Carter, G. L., Clover, K. A., Bryant, J. L., *et al*. (2002) Can the Edinburgh Risk of Repetition Scale predict repetition of deliberate self-poisoning in an Australian clinical setting? *Suicide and Life-Threatening Behavior*, *32*, 230–239.
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 to 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

Risk of bias table

Item	Judgement
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

COOPER2006B

Bibliographic reference	Cooper, J., Kapur, N., Dunning, J., *et al.* (2006b) A clinical tool for assessing risk after self-harm. *Annals of Emergency Medicine*, *48*, 459–66.
Methods	Study design: cohort Recruitment setting: A&E setting Time point of assessment: at presentation to the A&E Study length: 1997 to 2001 Follow-up: 6 months Assessed by: emergency clinician
Participants	Total N: 9,086 N used in analysis: 2,095 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 Self-harm project and 'National confidential inquiry into suicide and homicide by people with mental health illness' database.
Diagnosis	Not reported.

Demographic	Age: 11 to 98 years Gender: not reported. Ethnicity: predominantly Caucasian
Study limitations	None

Risk of bias table

Item	Judgement
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

COOPER2007

Bibliographic reference	Cooper, J., Kapur, N. & Mackway-Jones, K. (2007) A comparison between clinicians' assessment and the Manchester Self-Harm Rule: A cohort study. *Emergency Medicine Journal*, *24*, 720–721.
Methods	Study design: cohort Recruitment setting: A&E setting Time point of assessment: at presentation to A&E Study length: 1997 to 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 Self-harm project and 'National confidential inquiry into suicide and homicide by people with mental health illness' database.
Diagnosis	Not reported
Demographic	Age: 11 to 98 years

	Gender: not reported Ethnicity: predominantly Caucasian
Study limitations	None

Risk of bias table

Item	Judgement
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

CORCORAN1997

Bibliographic reference	Corcoran, J., Kelleher, M. J., Keeley, H. S., *et al.* (1997) A preliminary statistical model for identifying repeaters of parasuicide. *Archives of Suicide Research*, *3*, 65–74.
Methods	Study design: cohort Recruitment setting: general or psychiatric hospital Time point of assessment: at presentation to hospital Study length: 1 January to 30 June 1995 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	Did not report diagnosis or other demographics

Risk of bias table

Item	Judgement
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

GALFAVY2008

Bibliographic reference	Galfavy, H. C., Oquendo, M. A. & Mann, J. J. (2008) Evaluation of clinical prognostic models for suicide attempts after a major depressive episode. *Acta Psychiatrica Scandinavica*, *117*, 244–252.
Methods	Study design: cohort Recruitment setting: psychiatric research centre Time point of assessment: at intake and prior 2 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 for evaluation and treatment for major depressive episode/bipolar disorder. At least one prior suicide attempt reported, 54%.
Interventions	Scale administered: BDI, BHS, HDRS, RFL, SSI Cut-off score: BHS 5, BDI 16, HDRS 2, RFL 0.25 probability, SSI 10
Outcomes	Repetition of self-harm Reference standard: suicide attempt (ascertained by in-depth interview assessment) and completed suicide
Diagnosis	Diagnosis: DSM-IV MDD or bipolar disorder
Demographic	Age: 18 to 75 years Gender: male 41% female 59%

	Ethnicity: not reported
Study limitations	Mainly depressed patients, not all self-harm population

Risk of bias table

Item	Judgement
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

HARRISS2005A

Bibliographic reference	Harriss, L. & Hawton, K. (2005a) Suicidal intent in deliberate self-harm and the risk of suicide: the predictive power of the Suicide Intent Scale. *Journal of Affective Disorders,* 86, 225–233.
Methods	Study design: cohort Recruitment setting: A&E setting Time point of assessment: at A&E Study length: 1993 to 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

Risk of bias table

Item	Judgement
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

Bibliographic reference	Kapur, N., Cooper, J., Rodway, C., *et al.* (2005) Predicting the risk of repetition after self-harm: cohort study. *British Medical Journal, 330*, 394–395.
Methods	Study design: cohort Recruitment setting: A&E setting Time point of assessment: at A&E Study length: 1997 to 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 Self-harm 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

Risk of bias table

Item	Judgement
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

NIMEUS1997

Bibliographic reference	Niméus, A., Träskman-Bendz, L. & Alsen. M. (1997) Hopelessness and suicidal behavior. *Journal of Affective Disorders*, *42*, 2–3.
Methods	Study design: cohort Recruitment setting: psychiatric medical intensive care unit Time point of assessment: 1 week after admission to Suicide Research ward Study length: 2.4 years Follow-up: 4 months Assessed by: not reported
Participants	Total N: 212 N used in analysis: 212 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: MDD 26%, dysthymia 13%, substance-use disorder 30%, anxiety 2%, psychotic disorder 6%, depressive disorder, not otherwise specified 10%, other disorders 3%.
Demographic	Age: mean age 38 years Gender: male 43%, female 57% Ethnicity: not reported
Study limitations	None

Risk of bias table

Item	Judgement
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

NIMEUS2000

Bibliographic reference	Niméus, A., Alsén, M. & Träskman-Bendz, L. (2000) The Suicide Assessment Scale: an instrument assessing suicide risk of suicide attempters. *European Psychiatry*, *15*, 416–423.
Methods	Study design: cohort Recruitment setting: psychiatric medical intensive care unit Time point of assessment: 1 week after admission to Suicide Research ward Study length: 1987 to 1997 Follow-up: 12 months Assessed by: not reported
Participants	Total N: 191 N used in analysis: 191 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, not otherwise specified 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

Risk of bias table

Item	Judgement
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

NIMEUS2002

Bibliographic reference	Niméus, A., Alsén, M. & Träskman-Bendz, L. (2002) High suicide intent scores indicate future suicide. *Archives of Suicide Research*, *6*, 211–219.
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%, MDD 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

Risk of bias table

Item	Judgement
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

OSMAN1999

Bibliographic reference	Osman, A., Kopper, B., Linehan, M., *et al*. (1999) Validation of the Adult Suicidal Ideation Questionnaire and the Reasons for Living Inventory in an adult psychiatric inpatient sample. *Psychological Assessment*, *11*, 115–123.
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%, bipolar disorder 7%, substance related disorders 6%, other 12%.
Demographic	Age: mean age 32 years Gender: male 51%, female 49% Ethnicity: African–American 5%, Caucasian 91%, other 4%

Study limitations	Used a scale as well as medical records to assign groups according to prior suicide attempt

Risk of bias table

Item	Judgement
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

Bibliographic reference	Osman, A., Bagge, C., Gutierrez, P., *et al*. (2001) The Suicidal Behaviors Questionnaire – Revised (SBQ-R): validation with clinical and nonclinical samples. *Assessment*, *8*, 443–454.
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) non-suicidal 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%, adjustment disorder 13%, other psychiatric diagnosis 38%. DSM-IV conduct disorder 33%, MDD 30%, oppositional defiant disorder 18%, other psychiatric and behavioural disorders 11%.
Demographic	Age: mean age 33 years (adults) 16 years (adolescents) Gender: male 54%, female 46% (adults); boys 65%, girls 35% (adolescents) Ethnicity: African–American 5%, Caucasian 80%, other 15% (adults); African–American 5%, Caucasian 80%, other 5% (adolescents)
Study limitations	Self-reported suicide ideation or attempt and admission

Risk of bias table

Item	Judgement
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

WAERN2010

Bibliographic reference	Waern, M., Sjöström, T., Marlow, T., *et al.* (2010) Does the Suicide Assessment Scale predict risk of repetition? A prospective study of suicide attempters at a hospital emergency department. *European Psychiatry*, *25*, 421–426.
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 to 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, two deaths were certain suicides; however, cause of death was missing for three further deaths.

Risk of bias table

Item	Judgement
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

1.2 CHARACTERISTICS OF EXCLUDED STUDIES

ALLISON1986

Reason for exclusion	Used another scale as a reference standard

ANTRETTER2008

Reason for exclusion	Did not look at risk assessment

AYER2008

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

BAGLEY1985

Reason for exclusion	Did not look at risk assessment

BECK1989B

Reason for exclusion	Sensitivity and specificity not reported

BECK1989C

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

BECK1990

Reason for exclusion	Did not specify how many subjects had history of self-harm

BROWN2000

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

CHANG2009

Reason for exclusion	Used another scale as a reference standard

CHEN2007

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

COCHRANE-BRINK2000

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

	for suicide risk

COHEN1966

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

COTTON1992

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

COTTON1995

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

DEMAN1994

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

DRAKE1986

Reason for exclusion	Did not look at risk assessment

EISENBERG1989

Reason for exclusion	Did not specify how many subjects had a history of self-harm

GARRISON1991

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

GOLDSTON2001

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

GUTIERREZ2000A

Reason for exclusion	Used another scale as a reference standard

GUTIERREZ2000B

Reason for exclusion	Used another scale as a reference standard

GUTIERREZ2004

Reason for exclusion	Sensitivity and specificity not reported

GUTIERREZ2009

Reason for exclusion	Used non-clinical sample as a control group (case control study)

HAMILTON1960

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

HARRISS2005B

Reason for exclusion	Sensitivity and specificity not reported

HENDIN2010

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

HJELMELAN1998

Reason for exclusion	Sensitivity and specificity not reported

HOCKBERGER1988

Reason for exclusion	Used another scale as a reference standard. Did not specify history of self-harm. Looked at hospitalisation to prevent a suicide attempt as an outcome

HOLI2005

Reason for exclusion	Used another scale as a reference standard. Did not specify how many subjects had a history of self-harm

HUTH-BOCKS2007

Reason for exclusion	Used another scale as a reference standard

IJAZ2009

Reason for exclusion	Sensitivity and specificity not reported

INNAMORATI2006

Reason for exclusion	Sensitivity and specificity not reported.

KEANE1996

Reason for exclusion	Did not specify how many subjects had a history of self-harm

KELLER1993

Reason for exclusion	Did not specify how many subjects had a history of self-harm

KINGSURY1996

Reason for exclusion	Used another scale as a reference standard

LARZELERE1996

Reason for exclusion	Did not specify how many subjects had a history of self-harm

LARZELERE2004

Reason for exclusion	Used another scale as a reference standard

LEVINE1989

Reason for exclusion	Sensitivity and specificity not reported

LEWISOHN1995

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

NORDSTROM1995

Reason for exclusion	Did not use a risk scale

OSMAN1996

Reason for exclusion	Data cannot be extracted

OSMAN1998

Reason for exclusion	Used non-clinical sample as a control group (case control study)

OSMAN2003

Reason for exclusion	Used another scale as a reference standard

PFEFFER2000

Reason for exclusion	Used another scale as a reference standard

PINNINTI2002

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

SHEMESH2001

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

SOKERO2003

Reason for exclusion	Did not look at risk assessment

TEJEDOR1999

Reason for exclusion	Did not look at risk assessment

THOMPSON1999

Reason for exclusion	Used another scale as a reference standard

TRENTESEAU1989

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

YIP2006

Reason for exclusion	Non-clinical population

YOUNG1996

Reason for exclusion	Did not specify how many subjects had a history of self-harm

ZHANG2007

Reason for exclusion	Sensitivity and specificity not reported

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