Supplementary Table 1. Items included in the secondary analysis looking at suicidal ideation, suicide attempt and suicide intent separately

Suicidal ideation	Attempt	Intent
BDI item 9	Mini module C items 5 and 6	BSSI/SSI item 21
MADRS item 10	BSSI/SSI item 20	CSSRS items on suicide intent
MINI screening item suicide	CSSRS items on attempt	SIS items 1 to 13 and 14 to 17 and 19 and 20
MINI module C item 1,3,4	KSADS item on attempt	Suicide Scale Score items 8,9,18 and 19
BSSI/SSI items 1 to 19	SIS item 18	
CDI item 9	Suicide Scale Score item 6,7,16 and 17	
RCADS item 37	DIGS item on lifetime suicide attempt	
CSSRS items on ideation	SCID item on attempt	
SIQ 1 to 3, and 6 to 26 and 28 to 30	DIGS items on suicide attempt	
IDAS items 7 and 14	KSADS items on suicide attempt	
KSADS suicidal ideation item		
SIS item 13		
Suicide Score Scale items 1,4,5,11,14 and 15		
DIGS item on suicidal thoughts		
SCID item on suicidal thoughts and plans		

Supplementary Table 2. Reliability of items, scales, questionnaires and interviews assessing suicidal thoughts and behaviours

Measure	Description	Focus	Inter-rater reliability	Internal consistency	Test-retest reliability
Beck Depression Inventory suicide item; (Beck et al., 1961, 1996)	Item on suicidal ideation in self-report depression severity questionnaire (scored 0-3)	Suicidal ideation in the past two weeks for BDI-II, past week for BDI-I	NA	NA	40% of adolescents who scored 2 or 3 on the BDI suicide ideation item still reported significant suicidal ideation (a score of 2 or 3) when retested 4- to 6-weeks later (Larsson et al., 1991) In a sample with clinically suicidal young adults, the 6-month test–retest correlation for the BDI suicide item was .35 (Rudd et al., 1996)
Scale for Suicidal Ideation (SSI) (interviewer-administered) & Beck Scale for Suicidal Ideation (BSSI) (self-report); (Beck et al., 1988; Beck et al., 1979)	19 item clinician-rated semi-structured interview (SSI) or self-report questionnaire (BSSI) about intensity of (active or passive) ideation and intent to end life by suicide (all items are scored 0-2). An additional 2 items are not scored	Suicidal ideation in the past week	Interrater reliability for the SSI ranges between .83-.89 (Beck et al., 1979, 1997) Intra-class correlation for the SSI was .97 (Parris et al., 2018)	Cronbach's alpha: .84 - .97 (Beck et al., 1988; Beck et al., 1979, 1997; Hom et al., 2019; Pinninti et al., 2002) Cronbach's alpha varied between .75 and .96 for translated versions (Ayub, 2008; Li et al., 2019; Zhang & Brown, 2007; Zhang & Norvilitis, 2002). In a large sample of outpatients, the internal consistency was omega=.91 (Gallyer et al., 2020). In a veteran sample, the alpha was .95 (Gutierrez et al., 2019)	Three month test-retest reliability was .74 (Chioqueta & Stiles, 2006). One-week test-retest reliability was r = .88 (Pinninti et al., 2002) and r = .54 (Beck, 1991)
Children's Depression Rating Scale Revised (CDRS-R) suicide item (Poznanski & Mokros, 1996)	Clinician-rated interview to assess depression severity in children, based on the Hamilton Depression Rating Scale and includes 17 items. Includes one item on suicidal ideation and attempt (scored 1-7)	Suicidal ideation and suicidal behaviour in the past week	Acceptable interrater reliability was observed for the suicide index (K = .74) (Cowles, 2006) Interrater reliability for the suicide ideation scale was kappa=.65 in both clinical and non-clinical samples (Poznanski & Mokros, 1996)	NA	NA

Composite International Diagnostic Interview (CIDI) suicide questions (WHO, 1997)	Suicidal ideation, plans, and behaviour are assessed in the major depressive disorder module of the CIDI	Lifetime suicidal ideation and behaviour	NA	NA	NA
Columbia-Suicide Severity Rating Scale (C-SSRS) (Posner et al., 2011)	Semi-structured interview to assess recent and lifetime suicidal ideation and suicidal behaviour, including severity and intensity of ideation and lethality of attempt. The intensity and severity scales are scored on a five-point ordinal scale	Recent and lifetime suicidal ideation, suicidal behaviour, including lethality of attempts	Interrater reliability: weighted kappa of .92 and .88 for recent and lifetime most severe ideation respectively in a Turkish sample (Kilincaslan et al., 2019). Kappa was .75 for lifetime attempt, 1 for lifetime ideation, .84 for suicidal ideation in the past month and .52 for attempt in the past month in a sample of inpatients (Youngstrom et al., 2015). The weighted kappa for suicidal behaviour ranged from .70-.90 (Lindh et al., 2018). ICC=.09 for suicidal ideation, and 100% agreement for suicidal behaviour in adolescent sample (Brent et al., 2009); k=.88 for distinguishing actual, aborted, preparatory acts and other acts in adolescent sample (Kerr et al., 2014); Kappa was .94 for passive and active suicidal ideation, 1.00 for actual suicide attempt and any suicidal behaviour, but lower for interrupted attempt (.48) and aborted attempt (.89)	Cronbach's alpha: In the original study by Posner et al., 2011 Cronbach's alpha was between .73 and .93 (Posner et al., 2011) Alpha was .87 for ideation subscale, .73 suicide intensity scale,.89 for severity subscale and .91 for behaviour subscale in Spanish adolescents (Serrani Azcurra, 2017). In a Spanish clinical sample, Cronbach's alpha was .53 for the intensity subscale (Al-Halabí et al., 2016). Cronbach's alpha was .89 and .91 for a recent and lifetime C-SSRS score in a Turkish sample (Kilincaslan et al., 2019), .95 in an inpatient sample (Madan et al., 2016). Alpha was .53 for lifetime scores and .50 for past month in a sample of inpatients (Youngstrom et al., 2015) and .64 for the five initial questions in a sample of adult psychiatric patients (Lindh et al., 2018). In a sample of emergency department patients with suicidal ideation and/or attempt, alpha was .83 for the ideation subscale, and .76 for all items, but poorer for the intensity of ideation and suicidal behaviour subscale (both .42) (Brown et al., 2020). In a sample of veterans, alpha for the intensity subscale was .63 (Hom et al., 2019). In a veteran sample, alpha for the severity subscale was .77 for the severity subscale and 0.64 for the intensity subscale (Gutierrez et al., 2019)	NA

			(Mundt et al., 2010)		
Diagnostic Interview for Genetic Studies (DIGS) suicide items (Nurnberger et al., 1994)	Diagnostic interview which includes items about lifetime suicidal ideation and suicidal behaviour	Lifetime suicidal ideation and behaviour	The inter-rater agreement on suicidal behaviour using a Portuguese translation of the DIGS was 96.4% (Azevedo et al., 1993)	NA	NA
Hamilton Depression Rating Scale (HDRS) suicide item (Hamilton, 1960)	Clinician-rated scale with one item on suicidal ideation and attempt, which is scored from 0 (no ideation) to 4 (suicide attempt)	Suicidal ideation and behaviour in the past week	Inter-rater reliability: .95 (Potts et al., 1990) and .90 (Morriss et al., 2008)	NA	Test-retest reliability in a three day period is r=.64 (Williams, 1988)
Inventory of Depression and Anxiety Symptoms (IDAS-II) - Suicide Subscale (Watson et al., 2012)	Questionnaire to assess depressive and anxiety symptoms that includes 6 items on suicidal ideation and behaviour (scored 1-5)	Suicidal ideation and behaviour in the past two weeks	NA	Cronbach's alpha for the suicidality scale range between .79 and .86 in young adults, high school students, college student and patients (Watson et al., 2012) In a large community sample, Cronbach's alpha for the suicide subscale was .77 (Capron et al., 2012)	Test-retest reliability in patients was .77 for the IDAS-I suicidality scale for a 1-week time period (Watson et al., 2007)
Inventory of Depressive Symptomatology (IDS) & Quick Inventory of Depressive Symptomatology (QIDS) suicide item (Rush et al., 1986)	Depressive symptom severity questionnaire that includes one item on suicidal ideation and/or behaviour (scored 0-3)	Suicidal ideation and behaviour in the past week	NA	NA	NA
Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) suicide items (Kaufman et al., 1997)	Semi-structured diagnostic interview with five questions in the MDD module around ideation, suicidal behaviour and non-suicidal	Lifetime suicidal ideation and behaviour, non-suicidal self-injury	Interrater reliability: k=.9 for ideation, .83 for attempt and .71 for NSSI (Nock et al., 2007)	NA	NA

	self-injury (scored 0-3)				
Montgomery –Åsberg Depression Rating Scale (MADRS) suicide item (Montgomery & Asberg, 1979)	Clinician-administered depressive symptom severity assessment, with one item on suicidal ideation (scored 0-6)	Suicidal ideation in the past week	Interrater reliability: spearman correlation=.63 (Davidson et al., 1986) ICC ranged between 0.95 and 0.99 for three and two raters respectively on a Japanese version of the MADRS (Takahashi et al., 2004) ICCs were lower than 0.60 in three different samples (Maier et al., 1988)	Cronbach's alpha for the suicide item was .65 in a sample of people with schizophrenia spectrum disorders (Herniman et al., 2021)	NA
Mini International Neuropsychiatric Interview (MINI) suicidality module (Sheehan et al., 1998)	Diagnostic interview which includes 9 items around suicidal ideation, self-harm and suicidal behaviour (scored yes/no)	Suicidal ideation and behaviour, non-suicidal self-injury in the past month & lifetime	NA	NA	NA
Revised Children's Anxiety and Depression Scale (RCADS) suicide item (Chorpita et al., 2000)	Questionnaire to assess severity of depressive and anxiety symptoms in children, which includes one item on frequency of thoughts about death (scored on a four-point likert scale)	Lifetime suicidal ideation	NA	NA	NA
Structured Clinical Interview for DSM Disorders (SCID) Mood Disorder Module Suicide Questions (First, 1997)	Structured clinical interview that includes items on suicidal ideation, suicide plans and suicidal behaviour during	Lifetime suicidal ideation and behaviour	NA	NA	NA

	depressive episodes (scored 1-3)				
Suicidal Ideation Questionnaire (SIQ) (Reynolds, 1987)	30-item self-report questionnaire to assess suicidal ideation in adolescents (grades 10-12) (scored 0-6 per item)	Lifetime suicidal ideation	NA	Cronbach's alpha: .97 in the original clinical adolescent sample (Reynolds, 1987). Cronbach's alpha was .975 for a Chinese version in adolescents (Zhang et al., 2014), .95 for Kuwaiti students and .96 for American students (Abdel-Khalek & Lester, 2007), .973 in Chinese high school students (Jia et al., 2014), .95 in French adolescents (Potard et al., 2014) and .97 in a clinical adolescent sample (Pinto et al., 1997)	Test retest correlation was .91 for a two-week period in French adolescents (Potard et al., 2014). In a large sample of high school students, the SIQ had a test-retest reliability, over an interval of approximately 4 weeks, of .72 (Reynolds, 1988)
Beck's Suicide Intent Scale (SIS) (Beck et al., 1974)	Clinican-rated Interview with 15 items to assess the seriousness of previous suicide attempts (scored 0-2). Questions detail the preparation, lethality, expectations and planning. An additional 5 items are not scored	Suicide intent during most recent attempt and attempt with highest lethality	Interrater reliability: .81-.95 (Beck et al., 1974; Mieczkowski et al., 1993)	Cronbach's alpha: .95 (Beck et al., 1974), and .651 in Chinese samples (Zhang & Jia, 2011). Alpha was .85 in a sample of adolescent suicide attempters (Spirito et al., 1996). Alpha was .84 in a clinical sample (Diaz et al., 2003) and in two samples of adolescents with recent attempts (α=.74 and .79) (Kingsbury, 1993; Nasser & Overholser, 1999)	NA
Self-Injurious Thoughts and Behaviours Interview (SITBI) (Nock et al., 2007)	Structured interview that includes 169 items on suicidal ideation, plans, gestures, suicidal behaviour and non-suicidal self-injury	Suicidal ideation and behaviour, non-suicidal self-injury during lifetime, past year and past month	Interrater reliability: k= .99 (Nock et al., 2007), perfect interrater reliability for ideation, plans, gestures, attempts, NSSI in the previous year and month in a Spanish population (García-Nieto et al., 2013), A German version showed good interrater agreement for NSSI (.77) and perfect agreement for suicidal behaviour (Fischer et al., 2014)	NA	Test retest reliability: k=.7-1.0 for suicidal ideation, plan, attempt and NSSI over six months, but poor for suicidal gestures (K=.25) (Nock et al., 2007)

Suicide Score Scale (SSS) (Innamorati, Pompili, Lester, et al., 2008)	20-item self-report questionnaire to assess suicidal ideation and behaviour	Suicidal ideation and behaviour during past year and lifetime	NA	Cronbach's alpha: .75 for part I (ideation and attempt in last 12 months) and .80 for part II (lifetime ideation and attempt) in undergraduate students (Innamorati, Pompili, Lester, et al., 2008), and .87 in a different student sample (Innamorati, Pompili, Ferrari, et al., 2008)	NA
Youth Self-report suicide item (Achenbach et al., 1991)	Self-report questionnaire to assess internalizing and externalizing behaviour, which includes an item on suicidal behaviour (deliberate self-harm or suicidal behaviour; scored 0-2)	Suicidal ideation and behaviour, non-suicidal self-injury in the past six months	NA	NA	NA
Suicidal Ideation Questionnaire JR (SIQ-JR) (Reynolds, 1987)	15-item self-report version of the SIQ for grade 7-9 (scored 0-6)	Lifetime suicidal ideation		Cronbach's alpha: .93, .94, .94 for seventh, eighth, and ninth graders (Reynolds, 1988) .951 for Chinese version in adolescents (Zhang et al., 2014) and ranged between .93-.95 for American adolescents (Huth-Bocks et al., 2007), .92 in a sample of inpatient adolescents (King et al., 2014), and .96 in a sample of American Indian adolescents (Keane et al., 1996) and .91 in inner-city adolescents (Reynolds & Mazza, 1999)	Three-week test-retest reliability was r=.89 in inner-city children and adolescents (Reynolds & Mazza, 1999)

Supplementary Table 3. Concurrent and predictive validity of items, scales, questionnaires and interviews assessing suicidal thoughts and behaviours

Measure	Concurrent validity	Predictive validity

Beck Depression Inventory item 9	Correlation between BDI suicide item and BSSI was r=.56-.58 (Beck, 1991) Correlation was .48 with the first five items of the SSI in hospitalized suicide attempters (Desseilles et al., 2012) Correlation was .68 with the total BSSI score in university students (Chioqueta & Stiles, 2006) and .69 in adolescents (Steer et al., 1993) Correlation with BSI score was .41 in an inpatient sample and .69 in an outpatient sample (Beck et al., 1979) Correlation was .58 with the SSI total score and .53 with the Hamilton Depression Rating Scale item on suicidal ideation (Valtonen et al., 2009) Agreement on presence of ideation between the BDI (score 2 or higher) and Hamilton Depression Rating Scale suicidal ideation item (score 3 or higher) was kappa=.64 in primary care patients, kappa=.52 in outpatient and kappa=.39 in inpatients (Vuorilehto et al., 2014) The BDI suicide item was correlated with the MADRS and HDRS suicide items (r=.65 and .69) (Ballard et al., 2015) Correlations between the BDI suicide item and SSI score were r=.69 for outpatients and r=.58 for inpatients (Beck et al., 1988)	Participants who scored higher than 2 on the BDI suicidal ideation item, were 6.9 times more likely to commit suicide than those that scored lower (Brown, 2001) BDI item 9 showed good positive predictive value (.53) for suicidal behaviour in six months following the interview, but low sensitivity (.33) (Valtonen et al., 2009) BDI score predicted death by suicide and repeat suicide attempts in an outpatient sample with follow-up between 18 months and 20 years (Green et al., 2015) In a community sample of adolescents, the BDI suicidal ideation item was found to be predictive of both future suicide attempts (OR=6.9) and future depressive episodes (OR=2.1) (Lewinsohn et al., 1994) A non-zero score on the BDI suicidal ideation item predicted death by suicide in an impatient sample followed for 30 years (OR=2.41) (Wenzel et al., 2011)
Scale for Suicidal Ideation (SSI) (interviewer-administered) & Beck Scale for Suicidal Ideation (BSI/BSSI) (self-report)	SSI total scores correlated moderately with BDI suicide item score (r=.58) and Hamilton Depression Rating Scale suicidal ideation item (r=.67) (Valtonen et al., 2009) Agreement on presence of ideation between the SSI sum score (six or higher) and the BDI item 9 (score 2 or higher) was higher in a primary care sample (kappa=.45), then in outpatients (kappa=.29) and inpatients (kappa=.32), while agreement on the presence of ideation between the SSI sum score (six or higher) and HDRS item 3 (score 2 or higher) was highest in outpatients (kappa=.50), followed by primary care (kappa=.49) and inpatients (kappa=.42) (Vuorilehto et al., 2014) Correlation between BSSI scores and the SSI scores was r=.90, and correlation between the BDI suicide item and SSI were .69 for outpatients and r=.58 for inpatients (Beck et al., 1988) Agreement on presence of ideation between SITBI and BSSI was K=.59 (Nock et al., 2007) The BSSI scores were correlated with the BDI suicide item (r=.69) (Steer et al., 1993) In a sample of veterans, BSSI scores correlated with the C-SSRS ideation severity and intensity scores (r=.24 and .21 respectively); and 81% of participants reported a history of suicide attempt on both the BSSI and C-SSRS in this sample (Hom et al., 2019) The SSI was correlated with the HDRS suicide item and C-SSRS scores (r>.6) (McCall et al., 2021)	Outpatients with a total score higher than 2 on the SSI, were 7 times more likely to commit suicide than those that scored lower (Brown et al., 2000) In a sample of more than 3000 adult outpatients, those who had a total score higher than 2 on the SSI had 5.42 times higher odds of dying by suicide than under (Beck et al., 1999) In psychiatric outpatients, those that scored 16 or higher on the SSI during their worst ever suicidal ideation, were almost 14 times more likely to die by suicide than those that scored below 16 (Beck et al., 1999)
Children's Depression Rating Scale (CDRS) suicide item	NA	A suicide index composed of the sum of responses to five measures of suicidality (including the CDRS suicidal ideation item) was moderately associated with suicidal ideation one year later (r=.39)

		(Garber et al., 1998) Score on the CDRS-R suicidal ideation item was not related to suicidal behaviour during 36-week treatment in adolescents (Vitiello et al., 2009)
Composite International Diagnostic Interview (CIDI) suicide questions	NA	NA
Columbia-Suicide Severity Rating Scale (C-SSRS)	C-SSRS severity scores were correlated with the HDRS suicide item (r=.56) and with Beck Suicide Intent Scale scores in those with suicide attempt (r=.22) (Al-Halabí et al., 2016) C-SSRS severity scores and intensity scores were also correlated with SSI worst-point scores (r=.52 and r=.56 respectively) (Posner et al., 2011) The C-SSRS severity scores were correlated with the MADRS suicide item (r=.63) and the BDI suicide item (r=.80), while the intensity scores were also correlated with the MADRS item (r=.69) and BDI item (r=.51) (Posner et al., 2011) There were modest correlations between the C-SSRS severity scale and SIQ-JR total score (r=.36) and between C-SSRS intensity subscale and SIQ-JR total score (r=.23) (Posner et al., 2011) The correlation between C-SSRS severity and SSI total scores were moderate (r=.69), the correlation between C-SSRS intensity subscale scores and SSI total scores was modest (r=.34) (Posner et al., 2011) C-SSRS scores were associated with SSI scores (r=.71) and KSADS ideation item (r=.87) in Spanish adolescents (Serrani Azcurra, 2017) The total C-SSRS score was correlated with the BSSI score (r=.477) in an inpatient sample (Madan et al., 2016) In a sample of veterans, the severity and ideation subscale were moderately correlated with the SSI total score (r=.50 and .52) (Matarazzo et al., 2019) Agreement between the MINI and C-SSRS for lifetime suicidal behaviour (k=.97) (Hesdorffer et al., 2013) In a sample of veterans, C-SSRS ideation severity and intensity scores correlated with BSSI scores (r=.24 and .21 respectively) and 81% of participants reported a history of suicide attempt on both the BSSI and C-SSRS in this sample (Hom et al., 2019) The C-SSRS was correlated with the BSSI and suicide item from the HDRS (r>.6) (McCall et al., 2021)	C-SSRS intensity scale score predicted suicide attempt at one-year follow-up in adolescents (OR=1.09). Duration of ideation was a predictor of suicide attempt at follow-up (OR=1.80) (Gipson et al., 2015) Baseline C-SSRS severity scores based on worst-point lifetime ideation were significantly predictors of suicide attempt in the following six months (OR=1.45) (Posner et al., 2011) In adolescents, suicide attempt reported at baseline predicted suicidal behaviour at follow-up three months later (OR=4.03), but severity and intensity of suicidal ideation at baseline did not predict future attempt over and above baseline attempt (Conway et al., 2017) The C-SSRS total score was associated with suicidal behaviour in the six months following hospitalization (r between .239 and .289) (Madan et al., 2016) C-SSRS total score and intensity score predicted a suicide attempt in the following six months (OR=1.08 and 1.1 respectively) in an adult sample with psychiatric illness (Lindh et al., 2018) In a veteran sample, baseline intensity subscale and severity subscale scores predicted attempt at 6 months (OR between 1.19-3.23) (Matarazzo et al., 2019) Severity of ideation and history of suicide attempt predicted suicide attempt in the next 18 months in young people (OR=1.51 and 4.80 respectively), in ideators intensity and frequency of ideation predicted suicide attempt (OR=1.15 and 1.54 respectively) (Horwitz et al., 2015) Suicidal ideation and suicidal behaviour reported on the electronic version of the C-SSRS predicted suicide attempt in psychiatric and non-psychiatric patients (Greist et al., 2014) Current and worst-ever severity of ideation predicted future suicidal behaviour 12 months after visiting an emergency department for suicide risk (Arias et al., 2016) The C-SSRS suicidal ideation and suicidal behaviour subscales predicted subsequent suicide attempt in the following year (OR=1.07-1.19) in a sample of participants with suicidal thoughts and/or behaviour that visited an emergency department (Brown et al., 2020) In a sample of veterans, Ideation, plan/intent and suicidal behaviour determined using the C-SSRS predicted suicide attempts in the subsequent three months (Katz et al., 2020)

Diagnostic Interview for Genetic Studies (DIGS) suicide items	NA	NA
Hamilton Depression Rating Scale (HDRS) (interviewer-administered) suicide item	The HDRS suicide item was correlated with the first five items of the SSI (r=.40) (Desseilles et al., 2012) HDRS item 3 was correlated with C-SSRS severity score in a Spanish sample (r=.56) (Al-Halabí et al., 2016) HDRS and MADRS suicide items were strongly correlated in a ketamine trial for treatment-resistant major depressive disorder (r=.86) (Ballard et al., 2015) HDRS suicide item scores were moderately associated with BDI suicide item scores (r=.53), and total SSI scores (r=.67) (Valtonen et al., 2009) When using a cut-off, agreement between the SSI (6 or higher) and HDRS suicide item (2 or higher) was stronger (kappa=.70) than agreement between SSI (6 or higher) and BDI (2 or higher) (kappa=.15) (Valtonen et al., 2009) There was a strong concordance between SCID suicide items and HDRS suicide item in older participants (r=.94) (Heisel et al., 2010) The agreement between QIDS and HDRS was 76% (kappa=.40) (Rucci et al., 2011) The HDRS suicide item was correlated with the BSSI and C-SSRS scores (r>.6) (McCall et al., 2021)	Participants who score 2 or higher were 4.9 times more likely to die by suicide than those that scored lower (Brown, 2001)
Inventory of Depression and Anxiety Symptoms (IDAS) - Suicide Subscale	The IDAS suicidality scale was significantly correlated with the suicidality items from the Interview for Mood and Anxiety Symptoms (r=.62) (Watson et al., 2007)	NA
Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) suicide items	When the KSADS suicide items were used to categorize patients, the Beck SSI scores significantly differed between all five classes (Holi et al., 2005) The KSADS suicide items correlated with the SSI (r=.52) and SIS scores (r=.76) (Nock & Kazdin, 2002) Good agreement between SITBI and KSADS on presence of suicide attempt (K=.65), and NSSI (K=.74), but lower agreement on ideation (K=.48) (Nock et al., 2007)	Higher suicidal ideation at baseline on the K-SADS in adolescents was associated with suicide attempt in young adulthood in girls (OR=8.81), but not boys (Lewinsohn et al., 2001)
Montgomery–Åsberg Depression Rating Scale (MADRS) suicide item	The MADRS suicide item score correlated with the first five items of the SSI r=.62, BDI suicide item r=.45, HDRS suicide item r=.71 and SSI total score r=.53 (Ballard et al., 2015)	NA
Mini International Neuropsychiatric Interview	Agreement between MINI suicide items and QIDS item was 83.5% (weighted kappa: .30) in MDD and 83.1% (weighted kappa: .43) in BD (Gao et al., 2015)	The shorter 6-item version of the MINI suicide scale significantly predicted suicidal behaviour, but not NSSI 3 and 12 months after discharge

(MINI) suicidality module	There was a significant correlation between C-SSRS scores and the suicidality score from the MINI-KID (Children and adolescent version of the MINI) (r=.94) in a Turkish adolescent sample (Kilincaslan et al., 2019)	(OR=3.1-8.2 for the different items) in psychiatric patients (Roaldset et al., 2012) Suicidality subscale scores predicted suicide attempt at two-year follow-up in homeless people with mental illness (Log OR=1.08) (Katz et al., 2019)
Quick Inventory of Depressive Symptomatology (QIDS) suicide item	Agreement between MINI suicide items and QIDS item was 83.5% (weighted kappa: .30) in MDD and 83.1% (weighted kappa: .43) in BD (Gao et al., 2015) The agreement between QIDS and HDRS suicide items was 76% (kappa=.40) (Rucci et al., 2011)	NA
Revised Children's Anxiety and Depression Scale (RCADS) suicide item	NA	NA
Structured Clinical Interview for DSM Disorders (SCID) Mood Disorder Module Suicide Questions	Strong concordance between SCID suicide items and HDRS suicide item in older participants (r=.94) (Heisel et al., 2010)	NA
Suicidal Ideation Questionnaire (SIQ)	The SIQ scores were correlated with the SIS scores in adolescents (r=.26) (Spirito et al., 1996)	NA
Beck's Suicide Intent Scale (SIS)	SIS scores were positively correlated with C-SSRS severity scale scores in a Spanish outpatient sample (r=.22) (Al-Halabí et al., 2016) Negative association with SIQ (r=-.39) (Levy et al., 1995) Correlations between the SIS and SSI were r=.73 and r=.76 in prisoners and young adolescents respectively (Lohner & Konrad, 2006; Nock & Kazdin, 2002) SIS scores were correlated with scores from the KSADS in children and young adolescents (r=.72) (Nock & Kazdin, 2002) SIS total scores correlated with the SIQ (r=.26) in adolescents (Spirito et al., 1996)	SIS did not predict suicide 5-10 years later (Beck et al., 1989) SIS did not predict suicide 1.5-4 years later (Hjelmeland et al., 1998) SIS predicted suicide 12 years later in a Finnish sample (OR=1.2) (Suominen et al., 2004) SIS score above 19 predicted suicide at follow up (median 6 years later) in women only (Skogman et al., 2004) SIS did not predict suicidal behaviour in psychiatric patients in the following 10 years (Tejedor et al., 1999) SIS scores predicted death by suicide at follow-up (mean follow-up 5.2 years later), but the positive predictive value of the SIS was low (4%) (Harriss & Hawton, 2005) SIS scores distinguished those who died by suicide at follow-up (mean follow-up 9.5 years later) and those that did not (positive predictive value = 19%) (Stefansson et al., 2012)
Self-Injurious Thoughts and Behaviours Interview (SITBI)	Good agreement between SITBI and KSADS on presence of suicide attempt (K=.65), and NSSI (K=.74), but lower agreement on ideation (K=.48) (Nock et al., 2007) Agreement between the Spanish version of the SITBI and the Beck Scale for Suicidal Ideation was k=.99 for ideation, suicide plans and suicide	NA

	attempt, but lower (k=.78) for suicidal gestures (García-Nieto et al., 2013) Agreement on presence of ideation between SITBI and BSSI was good (K=.59) (Nock et al., 2007)	
Suicide Score Scale (SSS)	Moderate negative correlation with the Reasons for Living Scale (r=-.32) and Zung Depression Scale (r=-.41) (Innamorati, Pompili, Lester, et al., 2008)	NA
Youth Self-report suicide item	NA	A suicide index composed of the sum of responses to five measures of suicidality (including the YSR and the CBCL suicidal ideation/behaviour items) was moderately associated with suicidal ideation one year later (r=.39) (Garber et al., 1998)
Suicide Ideation Questionnaire JR (SIQ-JR)	NA	SIQ-JR predicted suicidal ideation or behaviour 6 months after discharge (OR=1.84) and suicide attempt in the follow-up period in inpatient adolescents (OR=1.74) (Huth-Bocks et al., 2007) SIQ-JR was a significant predictor of attempt two months later in American Indian Adolescents (Keane et al., 1996) In adolescent inpatients, higher SIQ-JR scores were predictive of suicidal thoughts and behaviour six months after hospitalization (King et al., 1997) SIQ-JR scores predicted suicide attempt one year later in girls, but not in boys (King et al., 2014)

Supplementary Table 4. Fit statistics for the common-factor models used for dimensionality reduction

Cohort	Instrument	CFI	RMSEA
The University of Melbourne	CSSRS	0.639	0.139
The University of Melbourne	SIQ	0.787	0.112
San Rafaelle Hospital	SSI	0.589	0.109

ETPB-STB	SSI	2.521	0
Fondazione Santa Lucia	MINI	0.876	0.071
Fondazione Santa Lucia	SSS	0.558	0.108
UCSF Adolescent MDD	CSSRS	0.326	0.131
CHU Montpellier Servier Study	SSI	0.264	0.266
Duke/Durham VA	SSI	0.332	0.152
Grady Trauma Project Emory University	CSSRS	1.054	0
McGill University	CSSRS	0.671	0.178
McGill University	SSI	0.687	0.097
McGill University	SIS	0.433	0.159
CHU Montpellier BICS study	CSSRS	0.614	0.164
Sydney Bipolar Risk Study	DIGS	0.981	0
Sydney Bipolar Risk Study	KSADS	0.965	0
Stanford University adolescent MDD TIGER	CSSRS	0.446	0.198
Stanford University AGG/FAA	SCID	0.992	0.092
CHU Montpellier IMPACT study	CSSRS	0.448	0.311
University of Minnesota adolescent MDD	KSADS	0.965	0.091
University of Minnesota adolescent MDD	IDAS	0.974	0.161
Yale School of Medicine	CSSRS	0.513	0.193
Yale School of Medicine	SSI	0.863	0.07
Yale School of Medicine	SIS	0.657	0.074

Supplementary Table 5. Correlations between different suicide measures

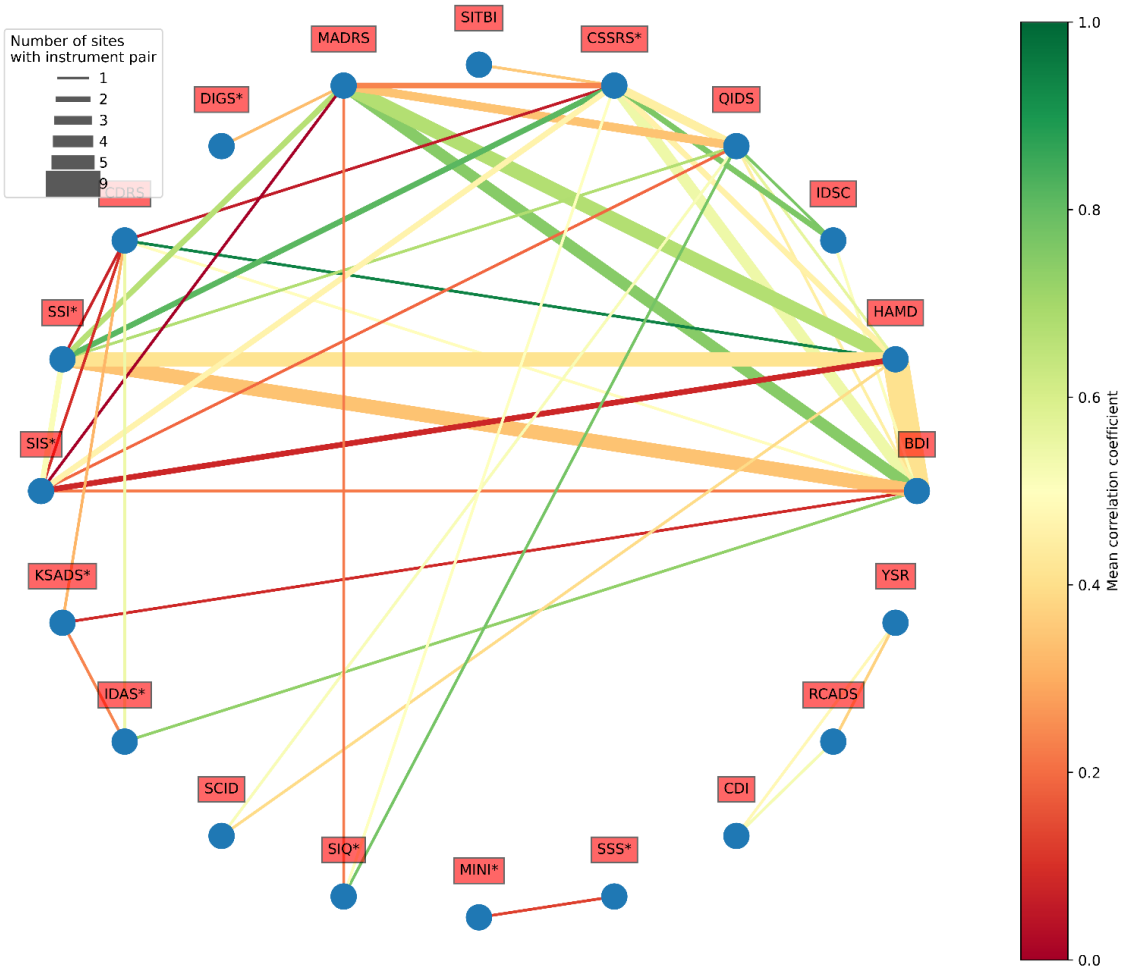
	BDI	HDRS	IDSC	CSSRS*	MADRS	CDRS	KSADS*	IDAS*	QIDS	SSI*	SIS*	SCID	SIQ*	SITBI	DIGS*	MINI*	SSS*	CDI	RCADS	YSR
HDRS	0.41 (s.d.= 0.17; Ncohorts=9)			0.46 (s.d.= 0.12; Ncohorts=2)	0.67 (s.d.= 0.16; Ncohorts=5)	0.94 (s.d.= 0.00; Ncohorts=1)			0.56 (s.d.= 0.00; Ncohorts=1)	0.38 (s.d.= 0.22; Ncohorts=5)	0.08 (s.d.= 0.19; Ncohorts=2)	0.42 (s.d.= 0.00; Ncohorts=1)								

IDSC	0.51 (s.d.= 0.00; Ncoho rts=1)			0.76 (s.d.= 0.20; Ncoho rts=2)							0.77 (s.d.= 0.00; Ncoho rts=1)									
CSSRS*	0.54 (s.d.= 0.08; Ncoho rts=4)	0.46 (s.d.= 0.12; Ncoho rts=2)	0.76 (s.d.= 0.20; Ncoho rts=2)		0.24 (s.d.= 0.20; Ncoho rts=2)	0.06 (s.d.= 0.00; Ncoho rts=1)					0.43 (s.d.= 0.11; Ncoho rts=3)	0.83 (s.d.= 0.01; Ncoho rts=2)	0.47 (s.d.= 0.05; Ncoho rts=2)		0.50 (s.d.= 0.00; Ncoho rts=1)	0.35 (s.d.= 0.00; Ncoho rts=1)				
MADRS	0.75 (s.d.= 0.02; Ncoho rts=4)	0.67 (s.d.= 0.16; Ncoho rts=5)		0.24 (s.d.= 0.20; Ncoho rts=2)							0.34 (s.d.= 0.23; Ncoho rts=3)	0.67 (s.d.= 0.10; Ncoho rts=2)	-0.13 (s.d.= 0.00; Ncoho rts=1)		0.22 (s.d.= 0.00; Ncoho rts=1)		0.33 (s.d.= 0.00; Ncoho rts=1)			
CDRS	0.49 (s.d.= 0.00; Ncoho rts=1)	0.94 (s.d.= 0.00; Ncoho rts=1)		0.06 (s.d.= 0.00; Ncoho rts=1)			0.32 (s.d.= 0.00; Ncoho rts=1)	0.54 (s.d.= 0.00; Ncoho rts=1)			0.08 (s.d.= 0.00; Ncoho rts=1)	0.10 (s.d.= 0.00; Ncoho rts=1)								
KSADS*	0.08 (s.d.= 0.00; Ncoho rts=1)					0.32 (s.d.= 0.00; Ncoho rts=1)		0.24 (s.d.= 0.00; Ncoho rts=1)												
IDAS*	0.73 (s.d.= 0.00; Ncoho rts=1)					0.54 (s.d.= 0.00; Ncoho rts=1)	0.24 (s.d.= 0.00; Ncoho rts=1)													
QIDS	0.45 (s.d.= 0.00; Ncoho rts=1)	0.56 (s.d.= 0.00; Ncoho rts=1)	0.77 (s.d.= 0.00; Ncoho rts=1)	0.43 (s.d.= 0.11; Ncoho rts=3)	0.34 (s.d.= 0.23; Ncoho rts=3)							0.68 (s.d.= 0.00; Ncoho rts=1)	0.19 (s.d.= 0.00; Ncoho rts=1)	0.52 (s.d.= 0.00; Ncoho rts=1)	0.77 (s.d.= 0.00; Ncoho rts=1)					
SSI*	0.37 (s.d.= 0.27; Ncoho rts=5)	0.38 (s.d.= 0.22; Ncoho rts=5)		0.83 (s.d.= 0.01; Ncoho rts=2)	0.67 (s.d.= 0.10; Ncoho rts=2)	0.08 (s.d.= 0.00; Ncoho rts=1)					0.68 (s.d.= 0.00; Ncoho rts=1)		0.51 (s.d.= 0.16; Ncoho rts=2)							
SIS*	0.22 (s.d.= 0.00; Ncoho rts=1)	0.08 (s.d.= 0.19; Ncoho rts=2)		0.47 (s.d.= 0.05; Ncoho rts=2)	-0.13 (s.d.= 0.00; Ncoho rts=1)	0.10 (s.d.= 0.00; Ncoho rts=1)					0.19 (s.d.= 0.00; Ncoho rts=1)	0.51 (s.d.= 0.16; Ncoho rts=2)								
BDI		0.41 (s.d.= 0.17; Ncoho rts=9)	0.51 (s.d.= 0.00; Ncoho rts=1)	0.54 (s.d.= 0.08; Ncoho rts=4)	0.75 (s.d.= 0.02; Ncoho rts=4)	0.49 (s.d.= 0.00; Ncoho rts=1)	0.08 (s.d.= 0.00; Ncoho rts=1)	0.73 (s.d.= 0.00; Ncoho rts=1)	0.45 (s.d.= 0.00; Ncoho rts=1)	0.37 (s.d.= 0.27; Ncoho rts=5)	0.22 (s.d.= 0.00; Ncoho rts=1)								
SCID		0.42 (s.d.= 0.00; Ncoho rts=1)							0.52 (s.d.= 0.00; Ncoho rts=1)										
SITBI				0.35 (s.d.= 0.00;																

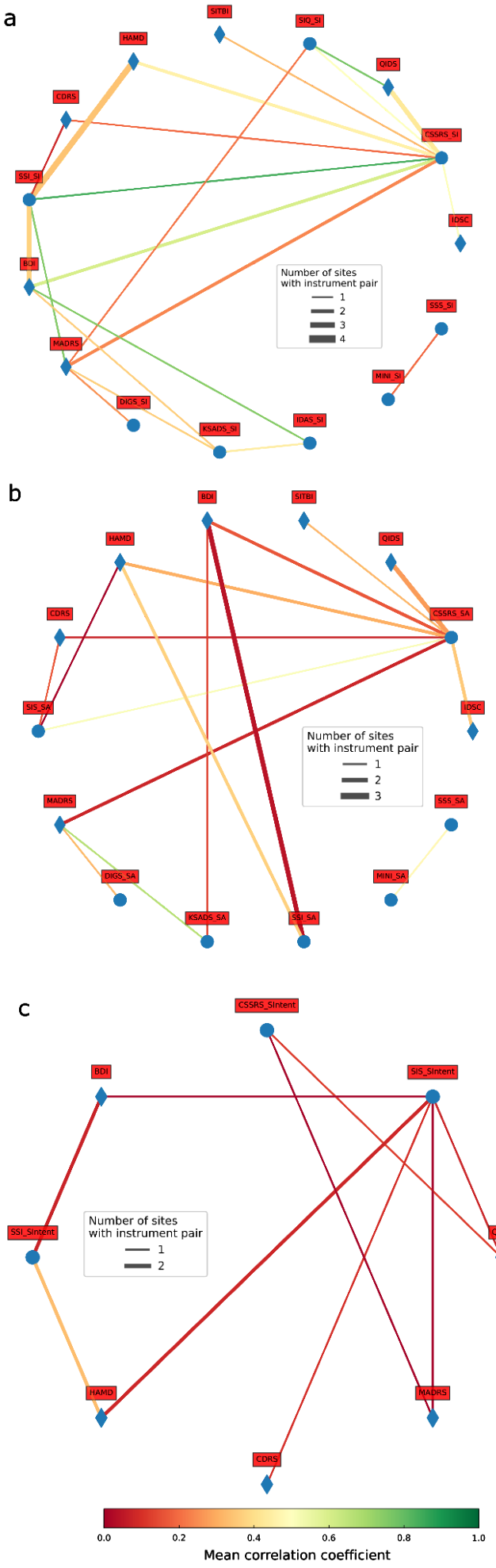
	Ncohorts=1)									
SIQ*	0.50 (s.d.= 0.00; Ncohorts=1)	0.22 (s.d.= 0.00; Ncohorts=1)	0.77 (s.d.= 0.00; Ncohorts=1)							
DIGS*		0.33 (s.d.= 0.00; Ncohorts=1)								
SSS*				0.13 (s.d.= 0.00; Ncohorts=1)						
MINI*					0.13 (s.d.= 0.00; Ncohorts=1)					
RCADS						0.52 (s.d.= 0.00; Ncohorts=1)		0.37 (s.d.= 0.00; Ncohorts=1)		
YSR						0.48 (s.d.= 0.00; Ncohorts=1)	0.37 (s.d.= 0.00; Ncohorts=1)			
CDI							0.52 (s.d.= 0.00; Ncohorts=1)	0.48 (s.d.= 0.00; Ncohorts=1)		

S.d: standard deviation, Ncohorts: number of cohorts
*: Complex measures

Supplementary Figures



Supplementary Figure 1 Sensitivity analysis removing protective factors
Same results as in Figure 1b but removing protective factors from C-SSRS and SSI where relevant. Results remained largely unchanged. Each node represents one of the instruments included in the study. Edge color represents the sample-size weighted average correlation coefficient between two instruments. The thickness of the edge increases with the number of cohorts contributing to estimate the correlation. Generally speaking the thicker the edge the more confidence in the correlation estimate.



Supplementary Figure 2 Construct specific analyses

Undirected acyclic graph shows the results for the meta-analysis of correlations of suicide risk assessment instruments across ENIGMA cohorts for latent factors representing (a); suicide ideation constructs (b); suicide attempt constructs or (c) suicide intent constructs for the complex instruments. Simple instruments were left for comparison and to assess whether they preferably load onto a specific construct. Each node represents one of the instruments included in the study. Each edge color represents the sample-size weighted average correlation coefficient between two instruments. The thickness of the edge increases with the number of cohorts contributing to estimate the correlation. Generally speaking the thicker the edge the more confidence in the correlation estimate.

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