

## Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

<b>eTable 1. World Mental Health Survey Sample Characteristics by World Bank Income Categories<sup>a</sup></b>								
Country by income category	Survey <sup>b</sup>	Sample characteristics <sup>c</sup>	Field dates	Age range	Sample size			Response rate <sup>d</sup>
					Part I	Part II	Assessed for Random Events	
<b>I. Low and lower middle income countries</b>								
Colombia	NSMH	All urban areas of the country (approximately 73% of the total national population)	2003	18-65	4,426	2,381	2,068	87.7
Peru	EMSMP	All urban areas of the country.	2004-5	18-65	3,930	1,801	1,530	90.2
Ukraine	CMDPSD	Nationally representative.	2002	18-91	4,725	1,720	1,167	78.3
<b>TOTAL</b>					<b>(13,081)</b>	<b>(5,902)</b>	<b>(4,765)</b>	<b>84.7</b>
<b>II. Upper-middle income countries</b>								
Brazil - São Paulo	São Paulo Megacity	São Paulo metropolitan area.	2005-8	18-93	5,037	2,942	1,803	81.3
Bulgaria	NSHS	Nationally representative.	2002-6	18-98	5,318	2,233	449	72.0
Colombia – Medellín <sup>e</sup>	MMHHS	Medellin metropolitan area	2011-12	19-65	3,261	1,673	1,387	97.2
Lebanon	LEBANON	Nationally representative.	2002-3	18-94	2,857	1,031	871	70.0
Mexico	M-NCS	All urban areas of the country (approximately 75% of the total national population).	2001-2	18-65	5,782	2,362	1,818	76.6
Romania	RMHS	Nationally representative.	2005-6	18-96	2,357	2,357	997	70.9
South Africa <sup>f</sup>	SASH	Nationally representative.	2002-4	18-92	4,315	4,315	1,483	87.1
<b>TOTAL</b>					<b>(28,927)</b>	<b>(16,913)</b>	<b>(8,808)</b>	<b>78.5</b>
<b>III. High-income countries</b>								
Belgium	ESEMeD	Nationally representative. The sample was selected from a national register of Belgium residents	2001-2	18-95	2,419	1,043	693	50.6
France	ESEMeD	Nationally representative. The sample was selected from a national list of households with listed telephone numbers.	2001-2	18-97	2,894	1,436	1,040	45.9
Germany	ESEMeD	Nationally representative.	2002-3	19-95	3,555	1,323	909	57.8
Israel	NHS	Nationally representative.	2003-4	21-98	4,859	4,859	1,494	72.6
Italy	ESEMeD	Nationally representative. The sample was selected from municipality resident registries.	2001-2	18-100	4,712	1,779	1,043	71.3
Japan	WMHJ 2002-2006	Eleven metropolitan areas.	2002-6	20-98	4,129	1,682	1,137	55.1
Netherlands	ESEMeD	Nationally representative. The sample was selected from municipal postal registries.	2002-3	18-95	2,372	1,094	765	56.4
New Zealand <sup>f</sup>	NZMHS	Nationally representative.	2004-5	18-98	12,790	7,312	6,089	73.3
N. Ireland	NISHS	Nationally representative.	2005-8	18-97	4,340	1,986	877	68.4
Spain	ESEMeD	Nationally representative.	2001-2	18-98	5,473	2,121	1,244	78.6

Spain - Murcia	PEGASUS-Murcia	Murcia region.	2010-12	18-96	2,621	1,459	891	67.4
United States	NCS-R	Nationally representative.	2001-3	18-99	9,282	5,692	4,921	70.9
<b>TOTAL</b>					<b>(59,446)</b>	<b>(31,786)</b>	<b>(21,103)</b>	<b>66.1</b>
<b>IV. TOTAL</b>					<b>(101,454)</b>	<b>(54,601)</b>	<b>(34,676)</b>	<b>71.3</b>

<sup>a</sup> The World Bank (2012) Data. Accessed May 12, 2012 at: <http://data.worldbank.org/country>. Some of the WMH countries have moved into new income categories since the surveys were conducted. The income groupings above reflect the status of each country at the time of data collection. The current income category of each country is available at the preceding URL.

<sup>b</sup> NSMH (The Colombian National Study of Mental Health); EMSMP (La Encuesta Mundial de Salud Mental en el Peru); CMDPSD (Comorbid Mental Disorders during Periods of Social Disruption); NSHS (Bulgaria National Survey of Health and Stress); MMHHS (Medellin Mental Health Household Study); LEBANON (Lebanese Evaluation of the Burden of Ailments and Needs of the Nation); M-NCS (The Mexico National Comorbidity Survey); RMHS (Romania Mental Health Survey); SASH (South Africa Health Survey); ESEMeD (The European Study Of The Epidemiology Of Mental Disorders); NHS (Israel National Health Survey); WMHJ2002-2006 (World Mental Health Japan Survey); NZMHS (New Zealand Mental Health Survey); NISHS (Northern Ireland Study of Health and Stress); PEGASUS-Murcia (Psychiatric Enquiry to General Population in Southeast Spain-Murcia); NCS-R (The US National Comorbidity Survey Replication).

<sup>c</sup> Most WMH surveys are based on stratified multistage clustered area probability household samples in which samples of areas equivalent to counties or municipalities in the US were selected in the first stage followed by one or more subsequent stages of geographic sampling (e.g., towns within counties, blocks within towns, households within blocks) to arrive at a sample of households, in each of which a listing of household members was created and one or two people were selected from this listing to be interviewed. No substitution was allowed when the originally sampled household resident could not be interviewed. These household samples were selected from Census area data in all countries other than France (where telephone directories were used to select households) and the Netherlands (where postal registries were used to select households). Several WMH surveys (Belgium, Germany, Italy, Poland) used municipal or country resident registries to select respondents without listing households. The Japanese sample is the only totally un-clustered sample, with households randomly selected in each of the 11 metropolitan areas and one random respondent selected in each sample household. 15 of the 22 surveys are based on nationally representative household samples.

<sup>d</sup> The response rate is calculated as the ratio of the number of households in which an interview was completed to the number of households originally sampled, excluding from the denominator households known not to be eligible either because of being vacant at the time of initial contact or because the residents were unable to speak the designated languages of the survey. The weighted average response rate is 71.3%.

<sup>e</sup> Colombia moved from the "lower and lower-middle income" to the "upper-middle income" category between 2003 (when the Colombian National Study of Mental Health was conducted) and 2010 (when the Medellin Mental Health Household Study was conducted), hence Colombia's appearance in both income categories. For more information, please see footnote a.

<sup>f</sup> For the purposes of cross-national comparisons we limit the sample to those 18+.

**eTable 2.** Study Institutional Review Boards (IRB) and Consent Features Across WMH Survey Initiative

Country	Type of organization	IRB/ Ethics approval	Type of consent obtained
Belgium	Government agency	Ethics Committee of the Institute of Public Health (Federal Public Service Health, Food Chain Safety, and Environment)	Verbal
Brazil (Sao Paulo metropolitan area)	Academic center/Institute; Private for profit company	Research and Ethics Committee of the School of Medicine, University of Sao Paulo	Written
Bulgaria	Academic center/Institute	Ethics approval from the Deputy Minister and head of the Executive Committee of the National Psychiatric Program	Verbal
Colombia	Non-profit organization	Ethics Committee for the FES Social Foundation	Verbal
Colombia-Medellin	Academic center/Institute	Comité Institucional de Ética Universidad CES	Written
France	Academic center/Institute	Acta No. 39	Written
Germany	Academic center/Institute	Ethics Committee of the University of Leipzig	Verbal
Israel	Government agency	Human Subjects Committee for survey and field procedures in Eitanim-Kfar Shaul Hospital	Verbal
Italy	Private for profit company	Italian National Institute of Health	Written
Japan	Government agency; Academic center/Institute	National Center of Neurology and Psychiatry Okayama University School of Medicine, Nagasaki University School of Medicine, Keio University School of Medicine, Jichi University School of Medicine, Juntendo University School of Medicine, Yamagata University School of Medicine	Written
Lebanon	Not for profit research institute; Non-governmental organization	University of Balamand Faculty of Medicine Institutional Review Board	Verbal
Mexico	Academic center/Institute	Ethics committee in research of the National Institute of Psychiatry Ramon de la Fuente Muñiz	Verbal
Netherlands	Private for profit company; Academic center/Institute	Ethics Committee of the Netherlands Institute of Mental Health and Addiction	Written
New Zealand	Ministry of health	New Zealand Health Ethics Committees (approval from 14 separate committees)	Written
Northern Ireland	Academic center/Institute	University of Ulster Ethics Committee	Written
Peru	Institute of health	National Institute of Health Peru	Verbal
Romania	Academic center/Institute; Public organization	Ethic Commission, Scientific Board of National Institute for Research and Development in Health	Verbal
South Africa	Academic center	Human Subjects committees of the University of Michigan, Harvard Medical School, and the Medical University of South Africa	Written

Spain	Academic center/Institute	Ethical Committee of Sant Joan de Deu Serveis de Salut Mental and Ethical Committee of IMIM-Hospital del Mar Medical Research Institute	Written
Spain-Murcia	Public health authority	The Clinical Research Ethics Committee of the University Hospital Virgen de la Arrixaca of Murcia (Spain)	Written
Ukraine	Academic center/Institute	Kiev International Institute of Sociology, and Ukrainian Psychiatric Association	Written
United States of America	Academic center/Institute	Human Subjects Committees of the Institute for Social Research at the University of Michigan and of Harvard Medical School	Verbal

**eTable 3.** Lifetime Prevalence of Traumatic Experiences (TE) and Mean Number of TEs by World Mental Health Survey (n = 54 601)

Country by income category <sup>a</sup>	Lifetime prevalence of TE/ any		Mean number of TE/any	
	%	(SE)	Mean	(SE)
I. Low and lower-middle income countries				
Colombia	82.7	(1.4)	5.5	(0.2)
Peru	83.1	(0.8)	4.4	(0.1)
Ukraine	84.6	(1.7)	4.4	(0.2)
II. Upper-middle income countries				
Brazil - São Paulo	73.8	(1.5)	4.5	(0.1)
Bulgaria	28.6	(1.3)	2.6	(0.1)
Colombia - Medellin	75.1	(2.6)	5.4	(0.3)
Lebanon	81.1	(2.7)	4.8	(0.2)
Mexico	68.8	(1.8)	4.2	(0.1)
Romania	41.5	(1.1)	3.1	(0.2)
South Africa	73.8	(1.2)	4.3	(0.1)
III. High-income countries				
Belgium	65.8	(3.1)	3.5	(0.2)
France	72.7	(2.3)	3.9	(0.2)
Germany	67.3	(2.2)	4.0	(0.2)
Israel	74.8	(0.7)	4.4	(0.1)
Italy	56.1	(2.2)	4.0	(0.2)
Japan	60.7	(1.7)	3.4	(0.2)
Netherlands	65.6	(2.8)	3.6	(0.2)
New Zealand	79.3	(0.8)	5.2	(0.1)
N. Ireland	60.6	(1.7)	4.1	(0.1)
Spain	54	(1.7)	2.8	(0.1)
Spain - Murcia	62.4	(1.9)	2.5	(0.1)
United States	82.7	(0.9)	5.9	(0.1)
IV. Total				
	70.3	(0.3)	4.5	(0.04)

<sup>a</sup> The World Bank (2012) Data. Accessed May 12, 2012 at: <http://data.worldbank.org/country>. Some of the WMH countries have moved into new income categories since the surveys were conducted. The income groupings above reflect the status of each country at the time of data collection. The current income category of each country is available at the preceding URL.

**eTable 4.** Odds of *DSM-IV* or CIDI PTSD Among People Exposed to Randomly Selected TE in Cross-national Sample by Country Income, Survey Response Rate, and Length of Recalls, Controlling for Survey, Sex, Age at Random Event, and Age at Interview

	Country income				Survey response rate				Length of recalls			
	High		Middle/Low		Greater than or equal to 60%		Less than 60%		Greater than 15 years		Less than or equal to 15 years	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
I. Random TE												
Civilian in war zone	0.3	(0.1-1.2)	0.2	(0.1-0.7)	0.3	(0.1-1.0)	<0.001	(<0.001-<0.001)	0.4	(0.1-1.2)	0.0	(<0.001-0.1)
Civilian in region of terror	0.1	(0.0-0.4)	1.2	(0.4-3.7)	0.3	(0.1-0.9)	0.5	(0.1-4.4)	0.2	(0.1-0.7)	0.8	(0.2-3.1)
Kidnapped	5.9	(3.0-11.9)	3.7	(1.3-10.5)	5.1	(2.9-9.0)	<0.001	(<0.001-0.0)	4.6	(2.1-10.0)	4.6	(1.8-11.5)
Witnessed death, dead body, or serious injury	0.6	(0.4-1.0)	0.9	(0.5-1.9)	0.8	(0.5-1.2)	0.3	(0.1-1.0)	0.6	(0.4-1.1)	0.8	(0.4-1.6)
Witnessed atrocities	0.5	(0.2-1.6)	18.6	(4.5-76.8)	4.4	(1.0-19.8)	0.3	(0.0-2.6)	6.1	(1.4-26.3)	1.3	(0.2-7.5)
Experience of sexual violence	2.4	(1.7-3.5)	2.8	(1.5-4.9)	2.6	(1.9-3.7)	2.0	(1.0-3.9)	2.2	(1.5-3.3)	3.1	(2.0-4.6)
Natural disaster	0.1	(0.0-0.2)	0.0	(0.0-0.3)	0.1	(0.0-0.2)	<0.001	(<0.001-<.001)	0.1	(0.0-0.2)	0.1	(0.0-0.2)
Unexpected death of loved one	1.4	(0.9-2.2)	2.1	(1.3-3.5)	1.7	(1.2-2.4)	1.0	(0.4-2.2)	1.6	(1.0-2.6)	1.6	(1.1-2.4)
All others	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
II. Prior lifetime exposure to the same TE type												
Participation in organized violence	0.3	(0.1-1.2)	0.1	(0.0-1.0)	0.2	(0.1-0.8)	0.2	(0.0-1.9)	0.1	(0.0-0.9)	0.4	(0.1-1.5)
Experience of physical violence	0.9	(0.2-3.1)	4.3	(0.9-19.4)	1.5	(0.5-4.8)	4.6	(0.7-27.8)	0.5	(0.1-5.6)	3.5	(1.2-10.2)
All others	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
III. Prior lifetime exposure to other TEs												
Participation in organized violence	1.4	(1.1-1.7)	1.0	(0.7-1.5)	1.3	(1.1-1.6)	0.6	(0.4-1.0)	1.2	(0.9-1.7)	1.3	(1.0-1.7)
Experience of physical violence	1.4	(1.2-1.7)	1.5	(1.0-2.1)	1.4	(1.2-1.7)	1.4	(0.8-2.5)	1.4	(1.1-1.8)	1.5	(1.1-1.9)
Raped	2.5	(1.6-4.1)	2.7	(1.1-6.4)	2.6	(1.7-4.1)	1.0	(0.4-2.5)	2.0	(1.3-3.2)	3.0	(1.6-5.6)
Sexually assaulted	1.3	(0.9-2.0)	2.7	(1.3-5.8)	1.6	(1.0-2.4)	1.5	(0.6-3.4)	1.7	(1.0-2.7)	1.4	(0.8-2.5)
All others	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--	1.0	--
IV. Cross-validated AUC	0.76		0.70		0.73		0.73		0.68		0.73	