BMJ Open

Worldwide Study of Definitions and Terms for Suicidal Behaviors ©: Rationale and Methodology

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2018-025770
Article Type:	Protocol
Date Submitted by the Author:	28-Aug-2018
Complete List of Authors:	Goodfellow, Benjamin; Australian Institute of Suicide Research and Prevention, ; centre hospitalier albert bousquet, psychiatrie générale Kolves, Kairi; Griffith University, AISRAP De Leo, Diego Silverman, Morton; Medical College of Wisconsin Berman, Alan; Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences Mann, John; Columbia University Department of Neuroscience Arensman , Ella ; National Suicide Research Foundation, School of Public Health Hawton, Keith; Centre for Suicide Research, Oxford University, Psychiatry Phillips, M. R.; Shanghai Mental Health Center, Suicide Research and Prevention Center Vijayakumar , Lakshmi ; Voluntary Heath Services, Department of Psychiatry
Keywords:	Suicide, Suicidal behavior, , Suicidal ideation, Definitions, Terms

Worldwide Study of Definitions and Terms for Suicidal Behaviors ©: Rationale and Methodology

Benjamin Goodfellow MD [1,2,] Kairi Kõlves PhD [1,] Diego de Leo MD PhD, [1] Morton M. Silverman, M.D.[3], Alan Berman [4], John Mann [5], Ella Arensman [6], Keith Hawton [7], Michael Phillips [8], Lakshmi Vijayakumar [9]

1 Australian Institute of Suicide Research and Prevention, World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University, Mt Gravatt, Australia

2 Centre Hospitalier Albert Bousquet, Nouméa, New Caledonia

3 Medical College of Wisconsin, Milwaukee, Wisconsin, USA

4 Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine, Baltimore, MD, USA

5 Columbia University, New York, USA

6 National Suicide Research Foundation & School of Public Health, University College Cork, Cork, Ireland

7 Centre for Suicide Research, University of Oxford, United Kingdom

8 Suicide Research and Prevention Center, Shanghai Mental Health Center, Shanghai, China

9 Department of Psychiatry, Voluntary Heath Services, Chennai, India

Corresponding author:

Benjamin Goodfellow, MD

Centre Hospitalier Albert Bousquet, BP 120, 98845 Nouméa Cédex, New Caledonia.

Phone: +687 24 36 67

E-mail: b.goodfellow@chs.nc

Word count: 2702

Abstract

Introduction: The objective of present paper is to outline the methodology of the Worldwide Study of Definitions and Terms for Suicidal Behaviors © (WSDTSB). The aim of the study is to survey existing definitions and terms used around the world for suicidal behavior.

Methods and Analysis: The WSDTSB is a worldwide survey based on one 'designated-expert' per each WHO-registered country. 'Experts' were contacted through the International Association for Suicide Prevention (IASP), the World Psychiatric Association (WPA), and the World Organization of Family Doctors (WONCA). Each individual was sent an invitation to participate and a link to an online questionnaire. A comparison sample was created by inviting all IASP members to respond to the questionnaire. The questionnaire was designed to assess respondents' preferences about a particular set of definitions and terms by using the four major criteria of the definition of suicide identified in the literature (outcome, intent, knowledge and agency). The questionnaire used a multiple-choice question format. Participants were asked to choose one term in the list for each of the proposed definitions. Statements and definitions in the questionnaire were elaborated using the four main features (outcome, intent, knowledge and agency), starting by the definitions and terms for which there is already a certain degree of consensus and then progressing to definitions and terms less agreed upon.

Ethics and Dissemination: The study protocol obtained approval of Griffith University's Ethics Committee. This study will map the international use of definitions and terms for suicidal behavior and ideation and favor the future use of an internationally shared set of terms and definitions. This will hopefully avoid undue duplication of efforts and reliably permit meta-analysis of data produced in different countries.

Key Words: Suicide, Suicidal behavior, Suicidal ideation, Definitions, Terms

Strengths and Limitations:

Strengths:

- This study is the first of its kind, surveying existing definitions and terms used around the world for suicidal behavior.
- It is authored by a special interest group part of an international organization (IASP).

Limitations:

- It is focused on English language.
- It is partly based on self-defined expertise.

Introduction and rationale

Suicidal behavior represents a significant global health burden. Research and prevention efforts have only recently started to counteract the phenomenon. The World Health Organization (WHO, 2014) has recommended that suicide prevention should become a priority for national health stakeholders and governments, and the United Nations have included the reduction of suicide mortality as one of the key indicators for achieving the Sustainable Development Goals by 2030 (UN, 2016). Despite the appearance of suicidology as a specific discipline less than 70 years ago (Maris, 1993), and the growing body of knowledge arising from it, the exchange of information between different professionals in the area still poses serious problems. Indeed, definitions and terms related to suicidal ideation and behavior vary considerably around the world, as demographers, statisticians, coroners, clinicians, researchers, public health experts, etc. in different countries (and often within the same country) use their own terminology and definitions. For this reason, in the field of research, it is difficult to compare or combine efforts from different investigators. This would permit appropriate evaluations or reaching the statistical power that for a rare phenomenon like suicide remains one of the major obstacles to generalization of results. Thus, comparing or assembling research data through meta-analytic procedures continues to be a challenging task because of the difficulty in overlapping categories of suicidal behaviors used by different

researchers. These categories are often idiosyncratically and sometimes imprecisely defined. Among the authors that have solicited interventions in this problematic area, Silverman and De Leo (2016) argued for the establishment of a shared set of terms and definitions, i.e. a common nomenclature usable worldwide that would enable researchers to compare their work and avoid unnecessary duplication of efforts. A common language would improve communication between professionals and, most importantly, would enable the elaboration of common criteria that can be used worldwide to classify deaths as suicide, thus increasing the validity and reliability of mortality statistics. In turn, this would help stakeholders and government agencies to wisely allocate available resources and, thus, promote more effective suicide prevention practices.

A systematic literature review of terms, definitions, nomenclatures, and classifications for suicidal ideation and behaviors (Goodfellow, Kolves & De Leo, 2018a; 2018b; 2018c) revealed a heterogeneous and sometimes contradictory landscape reminding us that we are presently far away from reaching international consensus in these areas. Moreover, the review was restricted to the English language literature: a study of terms and definitions in other languages would probably reveal an even more challenging scenario. However, the literature evidences the existence of sufficient agreement around the main criteria characterizing fatal suicidal behavior (i.e., "suicide"): *agency* (self or other-inflicted), *knowledge* (of the consequences of the act), *intent,* and *outcome* (Goodfellow, Kolves, De Leo, 2018b).

The reviews mentioned before (Goodfellow, Kolves & De Leo, 2018a; 2018b; 2018c) found that today it would not be possible to elaborate and standardize a universal set of terms and definitions describing the whole range of suicidal ideation and behaviors. Apparently, there are two main reasons for this. First, the level of international consensus is too low, especially for suicidal ideation and non-fatal suicidal behaviors. Second, the existing literature on the subject is quite limited. If terms and definitions were to be widely accepted and used by clinicians and researchers around the world, there would need to be a high level of agreement among potential users of these terms and definitions.

The *Worldwide Study of Definitions and Terms for Suicidal Behaviors* ©

The idea of a worldwide study of definitions and terms for suicidal behaviors was developed in 2013 under the initiative of one of the authors (DDL) and became the subject of a PhD thesis by another of the authors (BG). A systematic review of the literature on nomenclatures, definitions, and classifications for suicidal ideation and behaviors was undertaken to provide the necessary background for the study. The outputs of this review were then used (Goodfellow, Kolves, De Leo, 2018b) to create a questionnaire that would enable the assessment of the most widely used terms and definitions around the world. The aim of the current paper is to outline the methodology used to define and select participants, to design and validate the questionnaire, and present the expected results.

Participants

In the Worldwide Study of Definitions and Terms for Suicidal Behaviors © (WSTDTSB) targeted respondents are *designated experts*, with one 'expert' for each country in the world. The method of recruitment of these 'experts' used a network provided by three main institutions, the International Association for Suicide Prevention (IASP), the World Psychiatric Association (WPA), and the World Organization of Family Doctors (WONCA). Constitutionally, IASP includes a Council of National Representatives, which currently has representatives from 62 countries. An invitation was sent by e-mail to all IASP national representatives. This e-mail included a link to the online study questionnaire. The invitation letter asked the representative to provide the name of an appropriate respondent if the recipient did not feel confident enough in answering the questionnaire. IASP membership is multidisciplinary, and national representatives might not necessarily be 'experts' in suicide research and prevention and be aware of the most used terms in their country to define suicidal behavior. In order to increase the number of 'designated experts' from countries not having a IASP national delegate, we sent an explanatory e-mail to two worldwide organizations, the WPA and the WONCA. This e-mail explained the aim of the study and asked for contact information for a relevant expert from a country not yet

represented. Once identified, this 'expert' received an e-mail invitation similar to the one sent to IASP national representatives. As in the case of IASP National Representatives, if 'designated experts' did not answer within a week, a second invitation was then sent, and then a third after another week. 'Experts' were thus identified through international organizations, but also self-defined as 'expert' by accepting to represent their country.

In a second phase of the study we sent a general invitation to all IASP members, thus building a separate sample of participants to enable comparisons between the two groups of recruits.

Questionnaire

The English-language questionnaire was distributed to respondents using Qualtrics® software. A paper version of the questionnaire was also prepared for respondents with no Internet access or those preferring a paper version. The latter is included in Annex A.

An introduction to the questionnaire details the framework and rationale of the study, the level of expertise required, expected questionnaire completion time, and ethical and confidentiality considerations. This section clearly explains that the answers should represent the opinion of the majority of professionals who deal with suicide in the country, rather than being based solely on the opinions of the respondent.

The multiple-choice format to the questionnaire will result in percentages for each option that can be used to assess the level of agreement about specific terms and definitions.

The questionnaire is divided into four main parts. The first part covers the definition of suicide. The second addresses different forms of fatal and non-fatal suicidal behaviors and self-harm. The third part focuses on suicidal ideation, and the fourth on distinguishing between ideation and behavior.

Suicide

The questionnaire separately assesses opinions regarding each of the four main features of the definition of suicide (i.e., agency, knowledge, intent, and outcome). A recent review (Goodfellow et al., 2018b), highlighted the importance of these features in the definition of suicide. Several statements were created, providing possible alternatives for each of the four main features. For instance, the statement on outcome read as follows:

"*Please choose one single statement to complete the sentence:* Suicide is an act that

- ○ Necessarily leads to death.
- ○ May result in survival.

Respondents have to choose a single answer to complete the sentences related to 'outcome' and 'agency'. In the case of 'intent' and 'knowledge', several statements are proposed to respondents, who have to choose if they agree or disagree with each of the statements, as illustrated below for 'intent':

"Statements regarding *intent*: please tick *Yes* if you agree with statement in table, or *No* if you don't

Statements	**Yes**	**No**
Suicide is an act that can only be done with an intent to die	○	○
Suicide is an act that may be done with an intent other than an explicit intent to die	○	○
Suicide is an act that may be done with an ambiguous or unclear intent	○	○
Suicide is an act that may be done with an intent to take the risk of dying	○	○
Suicide is an act that may be done without explicit intent to die"	○	○

Respondents have the opportunity to comment on their choices and provide alternative terms for 'suicide' if they think that this term is not appropriate.

Other types of suicidal behavior and self-harm

The three following sections were built using the 'clinical' vignette method. This particular section focuses on self-harm behaviors with or without suicidal intent where the person either dies or survives. The vignettes do not present real life situations but rather describe basic behaviors corresponding to the definitions found in the review of the literature (Goodfellow et al., 2018b). For Instance, question 10 reads as follows:

Please choose one single statement to complete the sentences

10. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, with the intention to die, and survives, his or her act is:

After reading each vignette, respondents have to choose a single option from a list to name the described behavior. For instance, in case of question 10:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non-suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication) "

These terms were found by reviewing the literature on nomenclatures, definitions, and classifications (Goodfellow et al., 2018a; 2018b; 2018c). There is no right or wrong answer. However, results of our reviews indicate that there might be a high level of consensus for some particular case descriptions; for instance, in question 10, one might expect a higher number of answers indicating "A suicide attempt".

Suicidal ideation

This section assesses definitions of different degrees or patterns of suicidal ideation, with or without suicidal intent, as in question 16:

16. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who occasionally thinks of suicide when confronted to distress, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes
- ○ Reactive suicide ideation

Suicidal ideation or behavior

This section assesses the boundaries between suicidal ideation and behavior and proposes vignettes describing situations that could be defined as either one or the other. These situations were chosen because they are often referred to in the literature. For instance, for the following example, one might expect the answer "Is engaging in preparatory suicidal behavior":

"In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone prepares a suicidal act (e.g. assembles pills, buys a gun, attaches a rope, visits a bridge), but does not initiate it and thus does not sustain any injuries, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

This area of investigation is very controversial and complicated, and the level of consensus among international experts around this particular question is expected to be quite low.

The construction of the questionnaire thus followed a progression from terms and definitions that are quite shared and agreed upon in the literature to the ones that are less agreed upon and more complex (Goodfellow et al., 2018a; 2018b; 2018c).

Questionnaire validation process

The first version of the questionnaire was reviewed by the members of the IASP Taskforce on Nomenclature and Classifications, namely, E. Arensman, A. Berman, K. Hawton, J. Mann, M. Philips, M. Silverman, and L. Vijayakumar, who now co-author this article. The questionnaire was modified after the input of each member. Feedback was mainly centered on the following issues: phrasing and logical layout of questions, terminology, relationship with evidence, field work, cultural context, usefulness of certain questions with regards to the logic of questionnaire, issues of understandability, and clarification of ambiguous terms.

The modified version was then sent out to a sample of experts (IASP National Representatives) in four culturally different countries, namely Pakistan, Uganda, Portugal, and Tonga. The questionnaire was found to be acceptable and understandable by the 'experts' of these countries and considered ready to be sent out to all other countries.

Consent, ethics, and anonymity

As detailed in the questionnaire cover letter, by answering the online or paper version of the questionnaire, respondents express their consent to participate.

The WSTDTSB project is being conducted with the approval of Griffith University's Ethics Committee (ethics reference number 2017/601) and in accordance with the Australian National Statement on Ethical Conduct in Human Research.

Respondents are asked if they would accept to be personally acknowledged in any output originating from this study, and if so to provide their full name, title, and affiliations. If respondents do not accept, they will be informed that the conduct of this research respects Griffith University's Privacy Plan and that identified personal information is confidential and that anonymity would at all times be safeguarded.

Expected results

The study questionnaire was designed in such a way that respondents either have to choose a single answer from lists of terms, or agree or disagree with a list of statements, thus requiring respondents to make a clear-cut choice. Respondents still have the opportunity to make comments about their answers and to provide alternatives if they cannot find a satisfying option.

Limitations

The study is being conducted in the English language only. This will limit the reach of the nomenclature originating from the study, and will render its cross-cultural validity debatable. On the other hand, the methodological implications of conducting a multilingual study would pose serious problems with regards to translation and back translation. This study was designed to be the first of its kind, i.e. a first attempt to survey the filed internationally and it was decided to conduct it in English. A future experiment should assemble a wider sample of professionals around the world.

The WSDTSB is a study based on 'experts' identified through IASP, WPA, and WONCA. In spite of the varying size of countries around the world, only one 'expert' for each country is to be appointed. The expert has the option of handing over the responsibility of representing the professionals in his or her country to someone else. The opinions expressed by these 'designated experts' will be compared to those of IASP members participating in the effort. In a number of cases, this will allow for a check of the validity of the opinions expressed by the 'designated experts'.

Conclusion

This paper outlines the main features of the Worldwide Study of Definitions and Terms for Suicidal Behaviors©. The study is based on a review of the literature on nomenclatures, definitions, terms and classifications for suicidal behavior that found a confusing landscape and poor agreement among authors who publish in English. The study questionnaire was developed on the basis of the four main criteria of the definition of suicidal behavior: outcome, intent, knowledge (of the consequences of the act), and agency (self- or other-inflicted). Respondents are encouraged to take clear-cut decisions with limited answer options. The results of this survey will provide several indications, including the state of the art on prevailing terms and definitions. This would help in elaborating an internationally applicable nomenclature for suicidal ideation and behavior. The next step could be to elaborate a classification of

suicidal behavior. A better knowledge of the international scenario may help to reduce confusion in the field of suicidology and progress towards a shared understanding of suicidal behavior.

Acknowledgements

We would like to thank IASP Administrative Officers, Wendy Orchard and Wendy Cliff; Professor Roy Abraham Kallivayalil, Secretary General at the WPA, as well as the WPA team; Professor Chris Dowrick, Chair of Working Party for Mental Health at WONCA, as well as the WONCA team, for their assistance in distributing the questionnaire.

Funding: This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflicts of interests: Authors have no conflicts of interest to declare

References

Goodfellow, B., Kolves, K., & De Leo, D. (2018a). Contemporary nomenclatures of suicidal behaviors: a systematic literature review. *Suicide and Life-Threatening Behavior*. 2018 Jun;48(3):353-366. doi: 10.1111/sltb.12354.

Goodfellow, B., Kolves, K., & De Leo, D. (2018b). Contemporary definitions of suicidal behaviors: a systematic literature review. *Suicide and Llife-Threatening Behavior,* 2018 Mar 24. doi: 10.1111/sltb.12457.

Goodfellow, B., Kolves, K., & De Leo, D. (2018c). Contemporary classifications of suicidal behavior: a systematic literature review. *Crisis, In press*.

Maris, R. W. (1993) The evolution of Suicidology. In A. A. Leenaars, A. L. Berman, P. Cantor, R. E. Litman, & R. W. Maris (Eds.) Suicidology: Essays in honor of Edwin S. Shneidman (pp. 3-21). Northvale, New Jersey: Jason Aronson, Inc

Silverman, M. M., & De Leo, D. (2016). Why There Is a Need for an International Nomenclature and Classification System for Suicide. *Crisis, 37*(2), 83-87.

United Nations (2016), Sustainable Development Goal 3. *Sustainable Development Knowledge Platform* https://sustainabledevelopment.un.org/sdg3, accessed July 2018

World Health Organization. (2014). *Preventing Suicide: A Global Imperative*. Geneva: WHO.

Contributor ship statement:

BG helped design the study, designed the questionnaire, drafted and wrote the manuscript. KK helped design the study, helped design and critically reviewed the questionnaire, and critically reviewed the manuscript. DDL originated the study idea and design, helped design and critically reviewed the questionnaire, and critically reviewed the manuscript. MMS reviewed the questionnaire and critically reviewed the manuscript. AB reviewed the questionnaire and critically reviewed the manuscript. JM reviewed the questionnaire and critically reviewed the manuscript. EA reviewed the questionnaire and critically reviewed the manuscript. KH reviewed the questionnaire, and critically reviewed the manuscript. MP reviewed the questionnaire and critically reviewed the manuscript. LV reviewed the questionnaire and critically reviewed the manuscript.

Patient and Public Involvement statement:

No patients or public were involved in the design of this study.
The results will be disseminated to study participants by providing them a free copy of articles presenting the study results.

WORLDWIDE STUDY OF DEFINITIONS AND TERMS FOR SUICIDAL BEHAVIORS©
QUESTIONNAIRE

Main investigators: Diego De Leo, Benjamin Goodfellow, Kairi Kõlves

Australian Institute of Suicide Research and Prevention
World Health Organization Collaborating Centre for Research in Suicide Prevention and Training
Griffith University
Mt Gravatt, Australia

Corresponding investigator:
Benjamin Goodfellow, MD
Australian Institute of Suicide Research and Prevention (AISRAP), World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University,
Mt Gravatt Campus
M24; 176 Messines Ridge Road
Mt Gravatt
QLD 4122
Australia
E-mail to: benjamin.goodfellow@griffithuni.edu.au
Phone: +687 24 36 67

Australian Institute for
Suicide Research and Prevention

Dear Collaborator,

Welcome to the worldwide study of definitions and terms of suicidal behaviors. We would appreciate if you would take a moment to answer this questionnaire. Your participation in this study is very important to us.

This study is performed under the auspices of the International Association for Suicide Prevention (IASP), Task Force on Nomenclature and Classification. It aims at better understanding how terms for suicidal behavior vary across countries and cultures. This variability has hampered research efforts for decades. The use of a common language could help implement efficient research that allows comparability and avoids resource-consuming duplication of efforts.

You have been invited to contribute to this study having been identified as an expert in the field of suicidal behavior. We would appreciate if your answers could reflect the professionals' (e.g. researchers, practitioners) most common experience when working in your country.

We expect it will take you approximately 20 minutes to answer this questionnaire.

This research forms a component of an academic program at the Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University. It is to be part of a PhD thesis of which Dr Benjamin Goodfellow is a candidate, Prof. Diego De Leo is the principal supervisor, and Dr Kairi Kolves is the associate supervisor.

The conduct of this research involves the collection, access and/ or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University's Privacy Plan at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan.

Nevertheless, if you choose to, your contribution will be acknowledged by name and professional role in the appropriate section of any document originating from this investigation. We are aware that answering this questionnaire may be time consuming for you and we would like to offer you the opportunity of co-authorship in the main publications originating from this study should you wish to. Please advise us if you do via e-mail.

Once the study results are analysed you can be provided a convenient, plain language summary of results upon request (e.g. via email).

There are no foreseeable risks associated with participation in this research. All research data (survey responses and analysis) will be retained in a password protected electronic file at Griffith University for a period of five years before being destroyed.

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. If you have any concerns or complaints about the ethical conduct of this research project, you are encouraged to contact the Manager, Research Ethics on +617 3735 4375 or research-ethics@griffith.edu.au. Griffith University ethics reference number for this study is 2017/601.

If you have any questions, please contact the principal supervisor Prof Diego De Leo at the Australian Institute for Suicide Research and Prevention
WHO Collaborating Centre for Research and Training in Suicide Prevention

Level 1, Building M24 Psychology
176 Messines Ridge Road
Mt Gravatt Campus, Griffith University QLD 4122
Phone - 61 7 373 53379 Fax - 61 7 373 53450
Email - d.deleo@griffith.edu.au

On behalf of AISRAP and IASP, thank you for taking the time to answer this questionnaire.

Prof Diego De Leo
Dr Benjamin Goodfellow
Dr Kairi Kõlves

GENERAL INFORMATION

Do you consent to be acknowledged by name and professional role in any outputs related to this research?

- ○ Yes
- ○ No

Please provide your full name, title, and affiliation:

_____

Please type answer in provided space where relevant. Please choose one best answer when several options are provided.

1 **Information on site**

1.1 What is the name of your country?

_____

1.2 What is the estimated population of your country?

_____

1.3 What is (are) the main language(s) in your country?

_____

2 **Information about yourself**

2.1 Do you consider yourself a

- ○ Clinician
- ○ Researcher
- ○ Both
- ○ Other, please specify _____

2.2 What is your main profession?

- ○ Medical doctor
- ○ Psychologist
- ○ Nurse
- ○ Demographer
- ○ Epidemiologist
- ○ Other professional, please specify _____

NOMENCLATURE, DEFINITIONS, TERMS

You will now read a series of statements regarding definitions and terms. Please choose one *best* statement for each question. Remember, there are no right or wrong answers.

Questions about *suicide*

In your country, what is the meaning of the word *suicide*?

5. *Please choose one single statement to complete the sentence:* ***Suicide*** is an act that

- ○ Necessarily leads to death
- ○ May result in survival

Comments on question 5

_____

_____

_____

_____

6. Statements regarding ***intent***: please tick *Yes* if you agree with statement in table, or *No* if you don't

Statements	Yes	No
Suicide is an act that can only be done with an intent to die	○	○
Suicide is an act that may be done with an intent other than an explicit intent to die	○	○
Suicide is an act that may be done with an ambiguous or unclear intent	○	○
Suicide is an act that may be done with an intent to take the risk of dying	○	○
Suicide is an act that may be done without explicit intent to die	○	○

Comments on questions in section 6

_____

_____

_____

_____

7. Statements regarding ***knowledge*** of the consequences of the act: please tick Yes if you agree with statement in table, or No if you don't

Statements	Yes	No
Suicide is an act that is necessarily performed with certainty of a fatal result	○	○
Suicide is an act that can be performed with the knowledge of a fatal result, but person is not certain of that result	○	○
Suicide is an act that can be performed without any knowledge of the consequences of the act	○	○
Suicide is an act that can be performed with the certainty that the result will not be fatal	○	○

Comments on questions in section 7

_____

_____

_____

_____

8. *Please choose one single statement to complete the sentence:* ***Suicide*** is an act that

○ Is initiated and necessarily carried out by oneself to the end of the action

○ Is initiated by oneself, but not necessarily carried out by oneself to the end of the action

○ Can be initiated and carried out by oneself or by someone else

Comments on question 8

_____

_____

_____

_____

9. Please provide alternate terms for the word ***suicide*** if you think it is not appropriate for describing what the previous questions were asking about. Please explain your reasons.

_____

_____

_____

_____

Questions on *different types of suicidal behavior or self-harm*

Please choose one single statement to complete the sentences

10. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, **with the intention to die, and survives,** his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)

Comments on question 10, or suggestions for alternate terms

_____

_____

_____

11. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself **without any intention to die, and survives,** his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)

Comments on question 11, or suggestions for alternate terms

_____

_____

_____

12. In your country, when professionals (e.g. clinicians, coroners, researchers) talk about types of possible suicidal behavior, the most common understanding is that when a person harms him- or herself **without any intention to die, and dies**, his or her act is:

- A suicide
- A suicide attempt
- Parasuicide
- Self-harm
- Deliberate self-harm
- Non suicidal self-injury
- Self-mutilation
- Fatal suicidal behavior
- Self-directed violence
- Self-injurious behavior (including self-poisoning/overdosing with medication)
- An accident
- An undetermined death (open verdict)

Comments on question 12, or suggestions for alternate terms

_____

_____

_____

13. In your country, when professionals (e.g. clinicians, researchers) talk about other types of possible suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, but**,** for whatever reasons, **cannot state his or her intentions and the person survives**, his or her act is:

- A suicide attempt
- Parasuicide
- Self-harm
- Deliberate self-harm
- Non suicidal self-injury
- Self mutilation
- Non-fatal suicidal behavior
- Self-directed violence
- Self-injurious behavior (including self-poisoning/overdosing with medication)
- An accident
- An undetermined event

Comments on question 13, or suggestions for alternate terms

_____

_____

_____

14. In your country, when professionals (e.g. clinicians, researchers) talk about other types of possible suicidal behavior than suicide, the most common view is that when a person harms him- or herself, but **does not want to state his or her intentions and the person survives**, his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)
- ○ An accident
- ○ An undetermined event

Comments on question 14, or suggestions for alternate terms

_____

_____

_____

15. In your country, when professionals (e.g. clinicians, coroners, researchers) talk about possible types of suicidal behavior, the most common view is that when a person **dies as a consequence of harming him or herself**, but his or her **intentions in doing so cannot be known or inferred,** his or her act is:

- ○ A suicide
- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)
- ○ An accident
- ○ An undetermined death (open verdict)

Comments on question 15, or suggestions for alternate terms

_____

_____

_____

Questions on *suicidal ideation*

Please choose one single statement to complete the sentences

16. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **occasionally thinks of suicide** when confronted to distress, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes
- ○ Reactive suicide ideation

Comments on question 16, or suggestions for alternate terms

_____

_____

_____

17. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **continuously thinks of suicide but has no suicidal intent**, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Persistent suicide ideation
- ○ Death wishes

Comments on question 17, or suggestions for alternate terms

_____

_____

_____

18. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **hopes for death** but has no thoughts of killing him- or herself, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes

Comments on question 18, or suggestions for alternate terms

_____

_____

_____

19. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone **hopes for death by killing him- or herself**, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes

Comments on question 19, or suggestions for alternate terms

_____

_____

_____

Questions on *suicidal ideation or behavior*

Please choose one single statement to complete the sentences

20. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **states suicidal intention without engaging in behavior,** this person:

- ○ Is engaging in suicidal behavior
- ○ Is experiencing suicidal ideation
- ○ Is experiencing passive suicidal ideation
- ○ Is experiencing active suicidal ideation
- ○ Has made a suicide attempt
- ○ Has made a suicide threat
- ○ Has made a suicide communication
- ○ Has made a suicide plan
- ○ Is engaging in preparatory suicidal behavior
- ○ Has made an interrupted suicide attempt
- ○ Has made an aborted suicide attempt

Comments on question 20, or suggestions for alternate terms

_____

_____

_____

21. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **mimics (i.e. acts in a way that has the appearance of) suicidal behavior without sustaining any injuries,** this person:

- ○ Is engaging in suicidal behavior
- ○ Is experiencing suicidal ideation
- ○ Is experiencing passive suicidal ideation
- ○ Is experiencing active suicidal ideation
- ○ Has made a suicide attempt
- ○ Has made a suicide threat
- ○ Has made a suicide communication
- ○ Has made a suicide plan
- ○ Is engaging in preparatory suicidal behavior
- ○ Has made an interrupted suicide attempt
- ○ Has made an aborted suicide attempt

Comments on question 21, or suggestions for alternate terms

_____

Griffith UNIVERSITY

_____

_____

22. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **has decided how and when to perform a suicidal act**, but does not actively prepare anything, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 22, or suggestions for alternate terms

_____

_____

_____

23. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when **someone prepares a suicidal act** (e.g. assembles pills, buys a gun, attaches a rope, visits a bridge), **but does not initiate it and thus does not sustain any injuries**, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 23, or suggestions for alternate terms

_____

Griffith UNIVERSITY

_____

_____

24. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **initiates a suicidal act** (e.g. stands or sits on the edge of a high bridge, ties a rope around his or her neck), **but stops him or herself before sustaining any injuries**, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 24, or suggestions for alternate terms

_____

_____

_____

25. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **initiates a suicidal act** (e.g. stands or sits on the edge of a high bridge, ties a rope around his or her neck), but **is stopped by someone else** before sustaining any injuries, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 25, or suggestions for alternate terms

_____

_____

_____

General comments

26. Please take a moment to give us some general comments on this study, your impressions and reflections, especially regarding the cultural aspects that might be overlooked. This study was purposefully conducted in English language, but we do realize how challenging it can be to translate some of the contents of this questionnaire. Thank you for your help.

_____

_____

_____

_____

_____

_____

On behalf of AISRAP and IASP, thank you for taking the time to answer this questionnaire. Your help will be valuable in order to take important steps towards a common language in suicidology.

BMJ Open

International Study of Definitions and Terms for Suicidal Behaviours ©: Protocol of an opinion survey

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2018-025770.R1
Article Type:	Protocol
Date Submitted by the Author:	10-Apr-2019
Complete List of Authors:	Goodfellow, Benjamin; Australian Institute of Suicide Research and Prevention, ; centre hospitalier albert bousquet, psychiatrie générale Kolves, Kairi; Griffith University, AISRAP De Leo, Diego Silverman, Morton; Medical College of Wisconsin Berman, Alan; Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences Mann, John; Columbia University Department of Neuroscience Arensman , Ella ; National Suicide Research Foundation, School of Public Health Hawton, Keith; Centre for Suicide Research, Oxford University, Psychiatry Phillips, M. R.; Shanghai Mental Health Center, Suicide Research and Prevention Center Vijayakumar , Lakshmi ; Voluntary Heath Services, Department of Psychiatry
Primary Subject Heading:	Global health
Secondary Subject Heading:	Mental health, Communication
Keywords:	Suicide, Suicidal behavior, , Suicidal ideation, Definitions, Terms

International Study of Definitions and Terms for Suicidal Behaviours ©: Protocol of an opinion survey

Benjamin Goodfellow [1,2,] Kairi Kõlves[1,] Diego de Leo[1] Morton M. Silverman[3], Alan Berman[4], John Mann[5], Ella Arensman[6], Keith Hawton[7], Michael Phillips[8], Lakshmi Vijayakumar[9]

1 Australian Institute of Suicide Research and Prevention, World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University, Mt Gravatt, Australia

2 Centre Hospitalier Albert Bousquet, Nouméa, New Caledonia

3 Medical College of Wisconsin, Milwaukee, Wisconsin, USA

4 Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine, Baltimore, MD, USA

5 Columbia University, New York, USA

6 National Suicide Research Foundation & School of Public Health, University College Cork, Cork, Ireland

7 Centre for Suicide Research, University of Oxford, United Kingdom

8 Suicide Research and Prevention Center, Shanghai Mental Health Center, Shanghai, China

9 Department of Psychiatry, Voluntary Heath Services, Chennai, India

Corresponding author:

Benjamin Goodfellow, MD

Centre Hospitalier Albert Bousquet, BP 120, 98845 Nouméa Cédex, New Caledonia.

Phone: +687 24 36 67

E-mail: b.goodfellow@chs.nc

Word count:

Abstract

Introduction: The objective of present paper is to outline the methodology of the International Study of Definitions and Terms for Suicidal Behaviours © (ISDTSB). The aim of the study is to survey existing definitions and terms used around the world for suicidal behaviour.

Methods and Analysis: The ISDTSB is a worldwide survey based on one 'designated-expert' per each WHO-registered country. 'Experts' were contacted through the International Association for Suicide Prevention (IASP), the World Psychiatric Association (WPA), and the World Organization of Family Doctors (WONCA). Each individual was sent an invitation to participate and a link to an online questionnaire. A comparison sample was created by inviting all IASP members to respond to the questionnaire. The questionnaire was designed to assess respondents' preferences about a particular set of definitions and terms by using the four major criteria of the definition of suicide identified in the literature (outcome, intent, knowledge and agency). The questionnaire used a multiple-choice question format. Participants were asked to choose one term in the list for each of the proposed definitions. Statements and definitions in the questionnaire were elaborated using the four main features of the definition of suicide, starting by the definitions and terms for which there is already a certain degree of consensus and then progressing to definitions and terms less agreed upon.

Ethics and Dissemination: The study protocol obtained approval of Griffith University's Ethics Committee. This study aims to map the international use of definitions and terms for suicidal behaviour and ideation and favour the future use of an internationally shared set of terms and definitions. This will hopefully avoid undue duplication of efforts and reliably permit meta-analysis of data produced in different countries.

Key Words: Suicide, Suicidal behaviour, Suicidal ideation, Definitions, Terms

Strengths and Limitations:

Strengths:

- This study is the first of its kind, surveying existing definitions and terms used around the world for suicidal behaviour.
- It is authored by a special interest group part of an international organization (IASP).

Limitations:

- It is focused on English language.
- It is partly based on self-defined expertise.

Introduction and rationale

Suicidal behaviour represents a significant global health burden. Research and prevention efforts have only recently started to counteract the phenomenon. The World Health Organization [1] has recommended that suicide prevention should become a priority for national health stakeholders and governments, and the United Nations have included the reduction of suicide mortality as one of the key indicators for achieving the Sustainable Development Goals by 2030 [2]. Despite the appearance of suicidology as a specific discipline less than 70 years ago [3], and the growing body of knowledge arising from it, the exchange of information between different professionals in the area still poses serious problems. Indeed, definitions and terms related to suicidal ideation and behaviour vary considerably around the world, as demographers, statisticians, coroners, clinicians, researchers, public health experts, etc. in different countries (and often within the same country) use their own terminology and definitions. For this reason, in the field of research, it is difficult to compare or combine efforts from different investigators. This would permit appropriate evaluations or reaching the statistical power that for a rare phenomenon like suicide remains one of the major obstacles to generalization of results. Thus, comparing or assembling research data through meta-analytic procedures continues to be a challenging task because of the difficulty in overlapping categories of suicidal behaviours used by different researchers. These

categories are often idiosyncratically and sometimes imprecisely defined. Among the authors that have solicited interventions in this problematic area, Silverman and De Leo [4] argued for the establishment of a shared set of terms and definitions, i.e. a common nomenclature usable worldwide that would enable researchers to compare their work and avoid unnecessary duplication of efforts. A common language would improve communication between professionals and, most importantly, would enable the elaboration of common criteria that can be used worldwide to classify deaths as suicide, thus increasing the validity and reliability of mortality statistics. In turn, this would help stakeholders and government agencies to wisely allocate available resources and, thus, promote more effective suicide prevention practices.

A systematic literature review of terms, definitions, nomenclatures, and classifications for suicidal ideation and behaviours [5; 6; 7] revealed a heterogeneous and sometimes contradictory landscape reminding us that we are presently far away from reaching international consensus in these areas. Moreover, the review was restricted to the English language literature: a study of terms and definitions in other languages would probably reveal an even more challenging scenario. However, the literature evidences the existence of sufficient agreement around the main criteria characterizing fatal suicidal behaviour (i.e., "suicide"): *agency* (self or other-inflicted), *knowledge* (of the consequences of the act), *intent,* and *outcome* [6].

The reviews mentioned before [5; 6; 7] found that today it would not be possible to elaborate and standardize a universal set of terms and definitions describing the whole range of suicidal ideation and behaviours. Apparently, there are two main reasons for this. First, the level of international consensus is too low, especially for suicidal ideation and non-fatal suicidal behaviours. Second, the existing literature on the subject is quite limited. If terms and definitions were to be widely accepted and used by clinicians and researchers around the world, there would need to be a high level of agreement among potential users of these terms and definitions.

The *International Study of Definitions and Terms for Suicidal Behaviours* ©

The idea of an international study of definitions and terms for suicidal behaviours was developed in 2013 under the initiative of one of the authors (DDL) and became the subject of a PhD thesis by another of the authors (BG). A systematic review of the literature on nomenclatures, definitions, and classifications for suicidal ideation and behaviours was undertaken to provide the necessary background for the study. The outputs of this review [6] were then used to create a questionnaire that would enable the assessment of the most widely used terms and definitions around the world which is the final aim of the research. The aim of the current paper is to describe the methodology of the International Study of Definitions and Terms for Suicidal Behaviours © (ISDTSB), i.e. the selection of participants, the questionnaire design and validation process, and the planned analysis of results.

Participants

In the International Study of Definitions and Terms for Suicidal Behaviours © (ISDTSB) targeted respondents are *designated experts*, with one 'expert' for each country in the world. The method of recruitment of these 'experts' uses a network provided by four main institutions, the International Association for Suicide Prevention (IASP), the World Psychiatric Association (WPA), the World Organization of Family Doctors (WONCA), and the Australian Institute for Suicide Research and Prevention (AISRAP). Inclusion criteria are to be designated by one of the organizations just cited, to be a professional working in the field of suicide research or prevention, to be experienced enough to have good knowledge of the terms and definitions used to describe suicidal behaviour in corresponding country such as determined by the organization or professional recommending that 'expert', and to feel confident in answering the survey questionnaire. Only one expert per country is included. There are no exclusion criteria based on professional or academic background, and participants are excluded if they do not feel confident in answering the questionnaire. The recruitment methodology was standardised.

Constitutionally, IASP includes a Council of National Representatives, which currently has representatives from 62 countries. A personal invitation was sent by e-mail to all IASP national representatives. This e-mail

includes a link to the online study questionnaire. The invitation letter asks the representative to provide the name of an appropriate respondent if the recipient does not feel confident enough in answering the questionnaire. Indeed, despite some significant level of expertise, IASP national representatives might not necessarily be aware of the most used terms in their country to define suicidal behaviour. In order to increase the number of designated 'experts', an explanatory e-mail was sent to the WPA and the WONCA. This e-mail describes the aim of the study and asked for contact information for relevant 'experts' from countries not yet having an IASP designated 'expert'. Once identified, these 'experts' receive an e-mail invitation similar to the one sent to IASP national representatives. If IASP, WPA, and WONCA designated 'experts' do not answer within a week, a second invitation is then sent, and then a third after another week. If no response is obtained after three e-mail invitations, the 'expert' is excluded. Using the same method, more experts could be identified through AISRAP's international network for countries which do not have a designated 'expert'. If no 'expert' can be identified after all, the country cannot be included in the 'expert' sample. Please refer to the flowchart in Figure 1.

In a second phase of the study a general invitation was sent to all IASP members except national representatives, thus building a separate sample of participants to enable comparisons between the two groups of recruits.

- Please insert Figure 1 here -

Questionnaire

The English-language questionnaire was distributed to respondents using Qualtrics® software. A paper version of the questionnaire was also prepared for respondents with no Internet access or those preferring a paper version. The latter is included as supplementary file.

An introduction to the questionnaire details the framework and rationale of the study, the level of expertise required, expected questionnaire completion time, and ethical and confidentiality considerations. This section clearly explains that the answers should represent the opinion of the majority

of professionals who deal with suicide in the country, rather than being based solely on the opinions of the respondent.

The multiple-choice format to the questionnaire will result in percentages for each option that can be used to assess the level of agreement about specific terms and definitions.

The questionnaire is divided into four main parts. The first part covers the definition of suicide. The second addresses different forms of fatal and non-fatal suicidal behaviours and self-harm. The third part focuses on suicidal ideation, and the fourth on distinguishing between ideation and behaviour.

Suicide

The questionnaire separately assesses opinions regarding each of the four main features of the definition of suicide (i.e., agency, knowledge, intent, and outcome). A recent review [6], highlighted the importance of these features in the definition of suicide. Several statements were created, providing possible alternatives for each of the four main features. For instance, the statement on outcome read as follows:

"*Please choose one single statement to complete the sentence:* Suicide is an act that

- ○ Necessarily leads to death.
- ○ May result in survival.

Respondents had to choose a single answer to complete the sentences related to 'outcome' and 'agency'. In the case of 'intent' and 'knowledge', several statements are proposed to respondents, who have to choose if they agreed or disagreed with each of the statements, as illustrated in table 1 for 'intent'.

Table 1: Statements regarding intent in the ISDTSB questionnaire:

"please tick Yes if you agree with statement in table, or No if you don't"

Statements	Yes	No
Suicide is an act that can only be done with an intent to die	○	○
Suicide is an act that may be done with an intent other than an explicit intent to die	○	○
Suicide is an act that may be done with an ambiguous or unclear intent	○	○
Suicide is an act that may be done with an intent to take the risk of dying	○	○
Suicide is an act that may be done without explicit intent to die"	○	○

Respondents have the opportunity to comment on their choices and provide alternative terms for 'suicide' if they think that this term is not appropriate.

Other types of suicidal behaviour and self-harm

The three following sections were built using the 'clinical' vignette method. This particular section focuses on self-harm behaviours with or without suicidal intent where the person either dies or survives. The vignettes do not present real-life situations but rather described basic behaviours corresponding to the definitions found in the review of the literature [6]. For Instance, question 10 read as follows:

Please choose one single statement to complete the sentences

10. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, with the intention to die, and survives, his or her act is:

After reading each vignette, respondents have to choose a single option from a list to name the described behaviour. For instance, in case of question 10:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non-suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication) ”

These terms were found by reviewing the literature on nomenclatures, definitions, and classifications [5; 6; 7]. There is no right or wrong answer. However, results of our reviews indicated that there might be a high level of consensus for some particular case descriptions; for instance, in question 10, one might expect a higher number of answers indicating “A suicide attempt”.

Suicidal ideation

This section assesses definitions of different degrees or patterns of suicidal ideation, with or without suicidal intent, as in question 16:

16. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who occasionally thinks of suicide when confronted to distress, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes
- ○ Reactive suicide ideation

Suicidal ideation or behavior

This section assesses the boundaries between suicidal ideation and behaviour and proposed vignettes describing situations that could be defined as either one or the other. These situations were chosen because they are often referred to in the literature. For instance, for the following example, one might expect the answer "Is engaging in preparatory suicidal behaviour":

"In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone prepares a suicidal act (e.g. assembles pills, buys a gun, attaches a rope, visits a bridge), but does not initiate it and thus does not sustain any injuries, this person:

- ○ Is engaging in suicidal behavior
- ○ Is experiencing suicidal ideation
- ○ Is experiencing passive suicidal ideation
- ○ Is experiencing active suicidal ideation
- ○ Has made a suicide attempt
- ○ Has made a suicide threat
- ○ Has made a suicide communication
- ○ Has made a suicide plan
- ○ Is engaging in preparatory suicidal behavior
- ○ Has made an interrupted suicide attempt
- ○ Has made an aborted suicide attempt

This area of investigation is very controversial and complicated, and the level of consensus among international experts around this particular question is expected to be quite low.

The construction of the questionnaire thus followed a progression from terms and definitions that were quite shared and agreed upon in the literature to the ones that are less agreed upon and more complex [5; 6; 7].

Questionnaire validation process

The study questionnaire was assessed regarding content validity. The first version of the questionnaire was reviewed by the members of the IASP Taskforce on Nomenclature and Classifications, namely, E. Arensman, A. Berman, K. Hawton, J. Mann, M. Philips, M. Silverman, and L. Vijayakumar, who co-authored this article. The questionnaire was modified after the input of each member. Feedback was mainly centred on the following issues: phrasing and logical layout of questions, terminology, relationship with evidence, field work, cultural context, usefulness of certain questions with regards to the logic of questionnaire, issues of understandability, and clarification of ambiguous terms.

The modified version was then sent out to a sample of experts (IASP National Representatives) in four culturally different countries, namely Pakistan, Uganda, Portugal, and Tonga. The questionnaire was found to be acceptable and understandable by the 'experts' of these countries and considered ready to be sent out to all other countries.

Patient and Public Involvement statement

No patients or public were involved in the design of this study.

Analysis of results

Expected outcomes are percentages of agreement with each answer. Differences of agreement between 'experts' and IASP members will be analysed using Odds Ratios or Fisher exact tests if expected numbers are less than 6. In order to further assess agreement or disagreement, both these samples will be blended together and levels of agreement will again be analysed between respondents from high- vs. low-and middle-income countries, countries in which English is the main or one of the main languages spoken vs.

countries where it is not, between occupation groups, and between professional background groups. Two of the authors (BG and KK) will analyse the data, and results will be discussed among the Taskforce.

Responses attaining a high level of agreement would be candidates for integrating an agreed-upon nomenclature. Those with lower levels of agreement could be discussed in the light of the reasons for disagreement (i.e. which groups disagree, why they disagree, and what are the comments of respondents). The aim of the study is to identify the minimum number if items on which international professionals could be said to reasonably agree upon, and discuss opportunities for developing further consensus.

Limitations

The study is being conducted in the English language only. This will limit the reach of the nomenclature originating from the study, and will render its cross-cultural validity debatable. On the other hand, the methodological implications of conducting a multilingual study would pose serious problems with regards to translation and back translation. This study was designed to be the first of its kind, i.e. a first attempt to survey the filed internationally and it was decided to conduct it in English. A future experiment should assemble a wider sample of professionals around the world.

The criteria used to recruit 'experts' rely on an appreciation by the institution to which the 'expert' belongs and the confidence of the participant in answering to the study as a representative of his or her country. No other objective criteria were established by the research team, and this could lead to question the expertise of participants in the 'expert' sample. For this reason, single quotation marks were used for the word 'expert' in the context of the ISDTSB. Indeed, confronted with the scarcity of literature on the subject of definitions and terms [5; 6; 7] it is expected that great difficulties will be faced when attempting to recruit participants with a sufficient level of expertise for such a specialized field of knowledge. Setting too high a threshold may result in extremely low participation rate. For this reason, recruitment method in this sample used a personal approach by direct e-mail contact between the investigator and the participant, which is probably more stimulating than a general invitation and could result in a higher

participation rate in this sample. This in turn could result in a wider range of countries being represented. On the other hand, in spite of the varying size of countries around the world, only one 'expert' for each country is appointed, which could bias results towards countries with smaller population by not recruiting more 'experts' for more populated countries. Based on the results of the literature review it is expected that many knowledgeable respondents will be found in high income countries, especially the USA. The proposed methodology was thought to encourage wider representativity and relatively more focus on low-and-middle-income-countries. Also, the recruitment methodology was standardised. Nevertheless, further research in the field could aim at more practical approaches to testing classifications in real life situations by field professionals which could potentially raise more interest and the participation rate.

IASP and AISRAP are multidisciplinary institutions including psychologists, psychiatrists, and sociologists among other disciplines. On the other hand, WPA and WONCA are medical associations, which could bias results towards medically used definitions of suicidal behaviours. However, WPA and WONCA can be counted among the very few organisations that could claim some competence in the field of suicide prevention and at the same time tend to have worldwide representativity. The opinions expressed by the designated 'experts' will be compared to those of IASP members participating in the effort. In a number of cases, this will allow for a check of the consistency of the opinions expressed by the designated 'experts'. Analyses will also be performed with regards to professional background, which will control for any disciplinary bias.

Conclusion

This paper outlines the main features of the Worldwide Study of Definitions and Terms for Suicidal Behaviours©. The study is based on a review of the literature on nomenclatures, definitions, terms and classifications for suicidal behaviour that found a confusing landscape and poor agreement among authors who publish in English. The study questionnaire was developed on the basis of the four main criteria of the definition of suicidal behaviour: outcome, intent, knowledge (of the consequences of the act), and

agency (self- or other-inflicted). Respondents are encouraged to take clear-cut decisions with limited answer options. The results of this survey will provide several indications, including the state of the art on prevailing terms and definitions. This would help in elaborating an internationally applicable nomenclature for suicidal ideation and behaviour. The next step could be to elaborate a classification of suicidal behaviour. A better knowledge of the international scenario may help to reduce confusion in the field of suicidology and progress towards a shared understanding of suicidal behaviour.

Ethics and dissemination

As detailed in the questionnaire cover letter, by answering the online or paper version of the questionnaire, respondents express their consent to participate. The WISDTSB project is conducted with the approval of Griffith University's Ethics Committee (ethics reference number 2017/601) and in accordance with the Australian National Statement on Ethical Conduct in Human Research. Respondents are asked if they accept to be personally acknowledged in any output originating from this study, and if so to provide their full name, title, and affiliations. If respondents do not accept, they are informed that the conduct of this research respects Griffith University's Privacy Plan and that identified personal information is confidential and that anonymity will at all times be safeguarded.

Dissemination of results will be done through a peer reviewed journal article publication.

Acknowledgements

We would like to thank IASP Administrative Officers, Wendy Orchard and Wendy Cliff; Professor Roy Abraham Kallivayalil, Secretary General at the WPA, as well as the WPA team; Professor Chris Dowrick, Chair of Working Party for Mental Health at WONCA, as well as the WONCA team, for their assistance in distributing the questionnaire.

Funding: This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflicts of interests: Authors have no conflicts of interest to declare

References

1. World Health Organization. Preventing suicide: a global imperative. Geneva: 2014.

2. United Nations, Sustainable Development Goal 3. Sustainable Development Knowledge Platform [Internet]. 2016 [cited March 2019]. Available from: https://sustainabledevelopment.un.org/sdg3.

3. Maris RW. The evolution of Suicidology. In: Leenaars AA, Berman AL, Cantor P, Litman R, E., editors. Suicidology: essays in honor of Edwin S Shneidman: Jason Aronson; 1993.

4. Silverman MM, De Leo D. Why There Is a Need for an International Nomenclature and Classification System for Suicide. Crisis. 2016;37(2):83-7.

5. Goodfellow B, Kõlves K, De Leo D. Contemporary Nomenclatures of Suicidal Behaviors: A Systematic Literature Review. Suicide & life-threatening behavior. 2018;48(3):353-66.

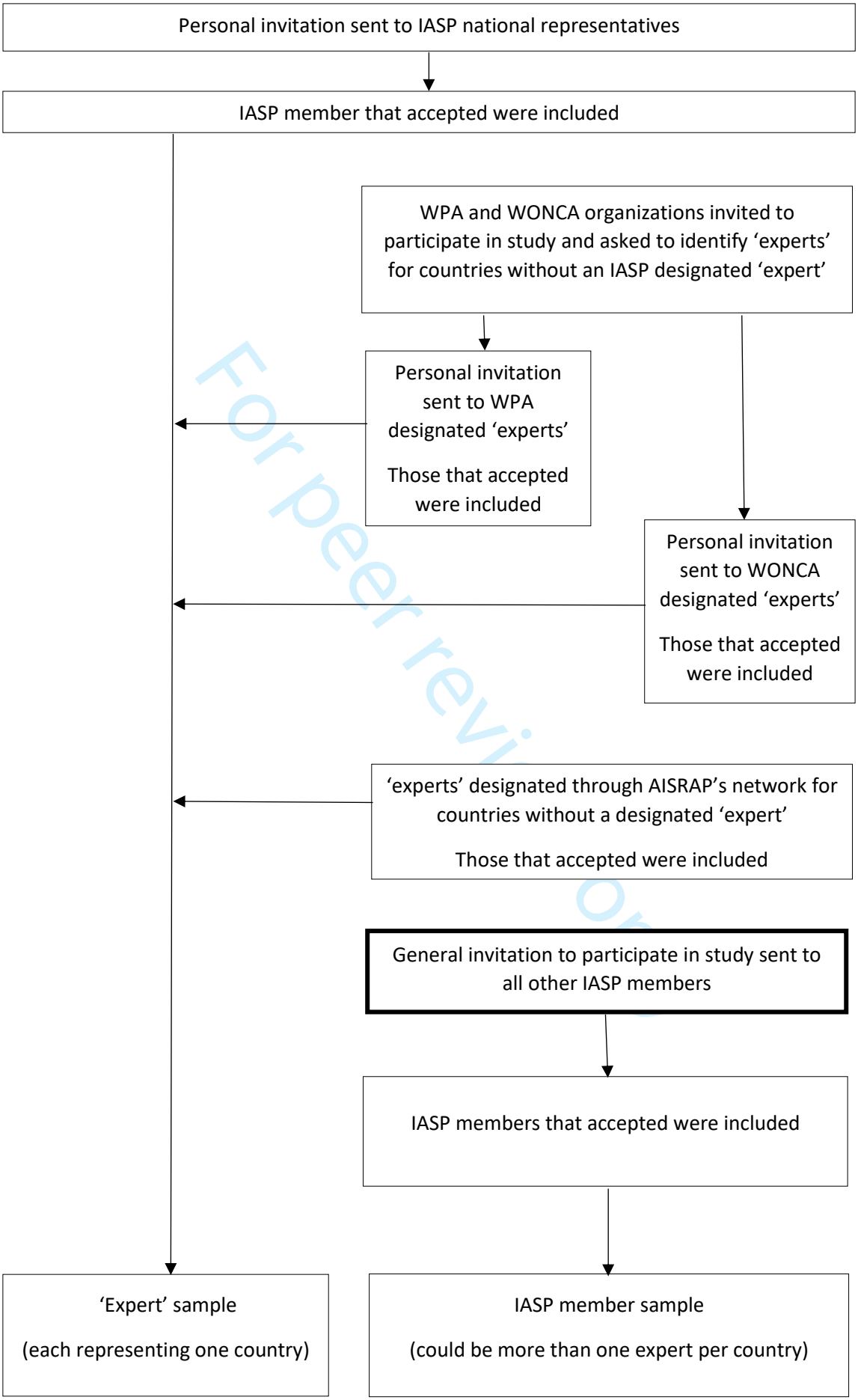
6. Goodfellow B, Kõlves K, De Leo D. Contemporary Definitions of Suicidal Behavior: A Systematic Literature Review. Suicide & life-threatening behavior. 2018.

7. Goodfellow B, Kõlves K, De Leo D. Contemporary Classifications of Suicidal Behavior: A Systematic Literature Review. Crisis. 2018; submitted.

Contributor ship statement:

BG helped design the study, designed the questionnaire, drafted and wrote the manuscript. KK helped design the study, helped design and critically reviewed the questionnaire, and critically reviewed the manuscript. DDL originated the study idea and design, helped design and critically reviewed the questionnaire, and critically reviewed the manuscript. MMS reviewed the questionnaire and critically reviewed the manuscript. AB reviewed the questionnaire and critically reviewed the manuscript. JM reviewed the questionnaire and critically reviewed the manuscript. EA reviewed the questionnaire and critically reviewed the manuscript. KH reviewed the questionnaire, and critically reviewed the manuscript. MP reviewed the questionnaire and critically reviewed the manuscript. LV reviewed the questionnaire and critically reviewed the manuscript.

Title: Figure 1: Flowchart of inclusion of ISDTSB participants



WORLDWIDE STUDY OF DEFINITIONS AND TERMS FOR SUICIDAL BEHAVIORS©
QUESTIONNAIRE

Main investigators: Diego De Leo, Benjamin Goodfellow, Kairi Kõlves

Australian Institute of Suicide Research and Prevention
World Health Organization Collaborating Centre for Research in Suicide Prevention and Training
Griffith University
Mt Gravatt, Australia

Corresponding investigator:
Benjamin Goodfellow, MD
Australian Institute of Suicide Research and Prevention (AISRAP), World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University,
Mt Gravatt Campus
M24; 176 Messines Ridge Road
Mt Gravatt
QLD 4122
Australia
E-mail to: benjamin.goodfellow@griffithuni.edu.au
Phone: +687 24 36 67

Australian Institute for
Suicide Research and Prevention

Dear Collaborator,

Welcome to the worldwide study of definitions and terms of suicidal behaviors. We would appreciate if you would take a moment to answer this questionnaire. Your participation in this study is very important to us.

This study is performed under the auspices of the International Association for Suicide Prevention (IASP), Task Force on Nomenclature and Classification. It aims at better understanding how terms for suicidal behavior vary across countries and cultures. This variability has hampered research efforts for decades. The use of a common language could help implement efficient research that allows comparability and avoids resource-consuming duplication of efforts.

You have been invited to contribute to this study having been identified as an expert in the field of suicidal behavior. We would appreciate if your answers could reflect the professionals' (e.g. researchers, practitioners) most common experience when working in your country.

We expect it will take you approximately 20 minutes to answer this questionnaire.

This research forms a component of an academic program at the Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University. It is to be part of a PhD thesis of which Dr Benjamin Goodfellow is a candidate, Prof. Diego De Leo is the principal supervisor, and Dr Kairi Kolves is the associate supervisor.

The conduct of this research involves the collection, access and/ or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University's Privacy Plan at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan.

Nevertheless, if you choose to, your contribution will be acknowledged by name and professional role in the appropriate section of any document originating from this investigation. We are aware that answering this questionnaire may be time consuming for you and we would like to offer you the opportunity of co-authorship in the main publications originating from this study should you wish to. Please advise us if you do via e-mail.

Once the study results are analysed you can be provided a convenient, plain language summary of results upon request (e.g. via email).

There are no foreseeable risks associated with participation in this research. All research data (survey responses and analysis) will be retained in a password protected electronic file at Griffith University for a period of five years before being destroyed.

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. If you have any concerns or complaints about the ethical conduct of this research project, you are encouraged to contact the Manager, Research Ethics on +617 3735 4375 or research-ethics@griffith.edu.au. Griffith University ethics reference number for this study is 2017/601.

If you have any questions, please contact the principal supervisor Prof Diego De Leo at the Australian Institute for Suicide Research and Prevention
WHO Collaborating Centre for Research and Training in Suicide Prevention

Level 1, Building M24 Psychology
176 Messines Ridge Road
Mt Gravatt Campus, Griffith University QLD 4122
Phone - 61 7 373 53379 Fax - 61 7 373 53450
Email - d.deleo@griffith.edu.au

On behalf of AISRAP and IASP, thank you for taking the time to answer this questionnaire.

Prof Diego De Leo
Dr Benjamin Goodfellow
Dr Kairi Kõlves

GENERAL INFORMATION

Do you consent to be acknowledged by name and professional role in any outputs related to this research?

- ○ Yes
- ○ No

Please provide your full name, title, and affiliation:

_____

Please type answer in provided space where relevant. Please choose one best answer when several options are provided.

1 **Information on site**

1.1 What is the name of your country?

_____

1.2 What is the estimated population of your country?

_____

1.3 What is (are) the main language(s) in your country?

_____

2 **Information about yourself**

2.1 Do you consider yourself a

- ○ Clinician
- ○ Researcher
- ○ Both
- ○ Other, please specify _____

2.2 What is your main profession?

- ○ Medical doctor
- ○ Psychologist
- ○ Nurse
- ○ Demographer
- ○ Epidemiologist
- ○ Other professional, please specify _____

NOMENCLATURE, DEFINITIONS, TERMS

You will now read a series of statements regarding definitions and terms. Please choose one *best* statement for each question. Remember, there are no right or wrong answers.

Questions about *suicide*

In your country, what is the meaning of the word *suicide*?

5. *Please choose one single statement to complete the sentence:* ***Suicide*** is an act that

- ○ Necessarily leads to death
- ○ May result in survival

Comments on question 5

_____

_____

_____

_____

6. Statements regarding ***intent***: please tick *Yes* if you agree with statement in table, or *No* if you don't

Statements	Yes	No
Suicide is an act that can only be done with an intent to die	○	○
Suicide is an act that may be done with an intent other than an explicit intent to die	○	○
Suicide is an act that may be done with an ambiguous or unclear intent	○	○
Suicide is an act that may be done with an intent to take the risk of dying	○	○
Suicide is an act that may be done without explicit intent to die	○	○

Comments on questions in section 6

_____

_____

_____

_____

7. Statements regarding ***knowledge*** of the consequences of the act: please tick Yes if you agree with statement in table, or No if you don't

Statements	Yes	No
Suicide is an act that is necessarily performed with certainty of a fatal result	○	○
Suicide is an act that can be performed with the knowledge of a fatal result, but person is not certain of that result	○	○
Suicide is an act that can be performed without any knowledge of the consequences of the act	○	○
Suicide is an act that can be performed with the certainty that the result will not be fatal	○	○

Comments on questions in section 7

_____

_____

_____

_____

8. *Please choose one single statement to complete the sentence:* ***Suicide*** is an act that

○ Is initiated and necessarily carried out by oneself to the end of the action

○ Is initiated by oneself, but not necessarily carried out by oneself to the end of the action

○ Can be initiated and carried out by oneself or by someone else

Comments on question 8

_____

_____

_____

_____

9. Please provide alternate terms for the word ***suicide*** if you think it is not appropriate for describing what the previous questions were asking about. Please explain your reasons.

_____

_____

_____

_____

Questions on *different types of suicidal behavior or self-harm*

Please choose one single statement to complete the sentences

10. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, **with the intention to die, and survives,** his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)

Comments on question 10, or suggestions for alternate terms

_____

_____

_____

11. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself **without any intention to die, and survives,** his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)

Comments on question 11, or suggestions for alternate terms

_____

_____

_____

12. In your country, when professionals (e.g. clinicians, coroners, researchers) talk about types of possible suicidal behavior, the most common understanding is that when a person harms him- or herself **without any intention to die, and dies**, his or her act is:

- A suicide
- A suicide attempt
- Parasuicide
- Self-harm
- Deliberate self-harm
- Non suicidal self-injury
- Self-mutilation
- Fatal suicidal behavior
- Self-directed violence
- Self-injurious behavior (including self-poisoning/overdosing with medication)
- An accident
- An undetermined death (open verdict)

Comments on question 12, or suggestions for alternate terms

_____

_____

_____

13. In your country, when professionals (e.g. clinicians, researchers) talk about other types of possible suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, but**,** for whatever reasons, **cannot state his or her intentions and the person survives**, his or her act is:

- A suicide attempt
- Parasuicide
- Self-harm
- Deliberate self-harm
- Non suicidal self-injury
- Self mutilation
- Non-fatal suicidal behavior
- Self-directed violence
- Self-injurious behavior (including self-poisoning/overdosing with medication)
- An accident
- An undetermined event

Comments on question 13, or suggestions for alternate terms

_____

_____

_____

14. In your country, when professionals (e.g. clinicians, researchers) talk about other types of possible suicidal behavior than suicide, the most common view is that when a person harms him- or herself, but **does not want to state his or her intentions and the person survives**, his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)
- ○ An accident
- ○ An undetermined event

Comments on question 14, or suggestions for alternate terms

_____

_____

_____

15. In your country, when professionals (e.g. clinicians, coroners, researchers) talk about possible types of suicidal behavior, the most common view is that when a person **dies as a consequence of harming him or herself**, but his or her **intentions in doing so cannot be known or inferred,** his or her act is:

- ○ A suicide
- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)
- ○ An accident
- ○ An undetermined death (open verdict)

Comments on question 15, or suggestions for alternate terms

_____

_____

_____

Questions on *suicidal ideation*

Please choose one single statement to complete the sentences

16. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **occasionally thinks of suicide** when confronted to distress, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes
- ○ Reactive suicide ideation

Comments on question 16, or suggestions for alternate terms

_____

_____

_____

17. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **continuously thinks of suicide but has no suicidal intent**, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Persistent suicide ideation
- ○ Death wishes

Comments on question 17, or suggestions for alternate terms

_____

_____

_____

18. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **hopes for death** but has no thoughts of killing him- or herself, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes

Comments on question 18, or suggestions for alternate terms

_____

_____

_____

19. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone **hopes for death by killing him- or herself**, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes

Comments on question 19, or suggestions for alternate terms

_____

_____

_____

Questions on *suicidal ideation or behavior*

Please choose one single statement to complete the sentences

20. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **states suicidal intention without engaging in behavior,** this person:

- ○ Is engaging in suicidal behavior
- ○ Is experiencing suicidal ideation
- ○ Is experiencing passive suicidal ideation
- ○ Is experiencing active suicidal ideation
- ○ Has made a suicide attempt
- ○ Has made a suicide threat
- ○ Has made a suicide communication
- ○ Has made a suicide plan
- ○ Is engaging in preparatory suicidal behavior
- ○ Has made an interrupted suicide attempt
- ○ Has made an aborted suicide attempt

Comments on question 20, or suggestions for alternate terms

_____

_____

_____

21. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **mimics (i.e. acts in a way that has the appearance of) suicidal behavior without sustaining any injuries,** this person:

- ○ Is engaging in suicidal behavior
- ○ Is experiencing suicidal ideation
- ○ Is experiencing passive suicidal ideation
- ○ Is experiencing active suicidal ideation
- ○ Has made a suicide attempt
- ○ Has made a suicide threat
- ○ Has made a suicide communication
- ○ Has made a suicide plan
- ○ Is engaging in preparatory suicidal behavior
- ○ Has made an interrupted suicide attempt
- ○ Has made an aborted suicide attempt

Comments on question 21, or suggestions for alternate terms

_____

Griffith UNIVERSITY

_____

_____

22. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **has decided how and when to perform a suicidal act**, but does not actively prepare anything, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 22, or suggestions for alternate terms

_____

_____

_____

23. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when **someone prepares a suicidal act** (e.g. assembles pills, buys a gun, attaches a rope, visits a bridge), **but does not initiate it and thus does not sustain any injuries**, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 23, or suggestions for alternate terms

_____

Griffith UNIVERSITY

_____

_____

24. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **initiates a suicidal act** (e.g. stands or sits on the edge of a high bridge, ties a rope around his or her neck), **but stops him or herself before sustaining any injuries**, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 24, or suggestions for alternate terms

_____

_____

_____

25. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **initiates a suicidal act** (e.g. stands or sits on the edge of a high bridge, ties a rope around his or her neck), but **is stopped by someone else** before sustaining any injuries, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 25, or suggestions for alternate terms

_____

_____

_____

General comments

26. Please take a moment to give us some general comments on this study, your impressions and reflections, especially regarding the cultural aspects that might be overlooked. This study was purposefully conducted in English language, but we do realize how challenging it can be to translate some of the contents of this questionnaire. Thank you for your help.

_____

_____

_____

_____

_____

_____

On behalf of AISRAP and IASP, thank you for taking the time to answer this questionnaire. Your help will be valuable in order to take important steps towards a common language in suicidology.

BMJ Open

International Study of Definitions of English-Language Terms for Suicidal Behaviours ©: Protocol of an opinion survey

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2018-025770.R2
Article Type:	Protocol
Date Submitted by the Author:	12-Jun-2019
Complete List of Authors:	Goodfellow, Benjamin; Australian Institute of Suicide Research and Prevention, ; centre hospitalier albert bousquet, psychiatrie générale Kolves, Kairi; Griffith University, AISRAP De Leo, Diego Silverman, Morton; Medical College of Wisconsin Berman, Alan; Johns Hopkins School of Medicine, Department of Psychiatry and Behavioral Sciences Mann, John; Columbia University Department of Neuroscience Arensman , Ella ; National Suicide Research Foundation, School of Public Health Hawton, Keith; Centre for Suicide Research, Oxford University, Psychiatry Phillips, M. R.; Shanghai Mental Health Center, Suicide Research and Prevention Center Vijayakumar , Lakshmi ; Voluntary Heath Services, Department of Psychiatry
Primary Subject Heading:	Global health
Secondary Subject Heading:	Mental health, Communication
Keywords:	Suicide, Suicidal behavior, , Suicidal ideation, Definitions, Terms

International Study of Definitions of English-Language Terms for Suicidal Behaviours ©: Protocol of an opinion survey

Benjamin Goodfellow [1,2,] Kairi Kõlves[1,] Diego de Leo[1] Morton M. Silverman[3], Alan Berman[4], John Mann[5], Ella Arensman[6], Keith Hawton[7], Michael Phillips[8], Lakshmi Vijayakumar[9]

1 Australian Institute of Suicide Research and Prevention, World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University, Mt Gravatt, Australia

2 Centre Hospitalier Albert Bousquet, Nouméa, New Caledonia

3 Medical College of Wisconsin, Milwaukee, Wisconsin, USA

4 Department of Psychiatry and Behavioral Sciences, Johns Hopkins School of Medicine, Baltimore, MD, USA

5 Columbia University, New York, USA

6 National Suicide Research Foundation & School of Public Health, University College Cork, Cork, Ireland

7 Centre for Suicide Research, University of Oxford, United Kingdom

8 Suicide Research and Prevention Center, Shanghai Mental Health Center, Shanghai, China

9 Department of Psychiatry, Voluntary Heath Services, Chennai, India

Corresponding author:

Benjamin Goodfellow, MD

Centre Hospitalier Albert Bousquet, BP 120, 98845 Nouméa Cédex, New Caledonia.

Phone: +687 24 36 67

E-mail: b.goodfellow@chs.nc

Word count:

Abstract

Introduction: The objective of present paper is to outline the methodology of the International Study of Definitions of English-Language Terms for Suicidal Behaviours © (ISDELTSB). The aim of the study is to survey existing English language terms and definitions used around the world for suicidal behaviour.

Methods and Analysis: The ISDELTSB is a worldwide survey based on one 'designated-expert' per each WHO-registered country. 'Experts' were contacted through the International Association for Suicide Prevention (IASP), the World Psychiatric Association (WPA), and the World Organization of Family Doctors (WONCA). Each individual was sent an invitation to participate and a link to an online questionnaire. A comparison sample was created by inviting all IASP members to respond to the questionnaire. The questionnaire was designed to assess respondents' preferences about a particular set of terms and definitions by using the four major criteria of the definition of suicide identified in the literature (outcome, intent, knowledge and agency). The questionnaire used a multiple-choice question format. Participants were asked to choose one term in the list for each of the proposed definitions. Statements and definitions in the questionnaire were elaborated using the four main features of the definition of suicide, starting by the definitions and terms for which there is already a certain degree of consensus and then progressing to definitions and terms less agreed upon.

Ethics and Dissemination: The study protocol obtained approval of Griffith University's Ethics Committee. This study aims to map the international use of definitions and terms for suicidal behaviour and ideation and favour the future use of an internationally shared set of terms and definitions. This will hopefully avoid undue duplication of efforts and reliably permit meta-analysis of data produced in different countries.

Key Words: Suicide, Suicidal behaviour, Suicidal ideation, Definitions, Terms

Strengths and Limitations:

Strengths:

- This study is the first of its kind, surveying existing definitions and terms used around the world for suicidal behaviour.
- It is authored by a special interest group part of an international organization (IASP).

Limitations:

- It is focused on English language.
- It is partly based on self-defined expertise.

Introduction and rationale

Suicidal behaviour represents a significant global health burden. Research and prevention efforts have only recently started to counteract the phenomenon. The World Health Organization [1] has recommended that suicide prevention should become a priority for national health stakeholders and governments, and the United Nations have included the reduction of suicide mortality as one of the key indicators for achieving the Sustainable Development Goals by 2030 [2]. Despite the appearance of suicidology as a specific discipline less than 70 years ago [3], and the growing body of knowledge arising from it, the exchange of information between different professionals in the area still poses serious problems. Indeed, definitions and terms related to suicidal ideation and behaviour vary considerably around the world, as demographers, statisticians, coroners, clinicians, researchers, public health experts, etc. in different countries (and often within the same country) use their own terminology and definitions. For this reason, in the field of research, it is difficult to compare or combine efforts from different investigators. This would permit appropriate evaluations or reaching the statistical power that for a rare phenomenon like suicide remains one of the major obstacles to generalization of results. Thus, comparing or assembling research data through meta-analytic procedures continues to be a challenging task because

of the difficulty in overlapping categories of suicidal behaviours used by different researchers. These categories are often idiosyncratically and sometimes imprecisely defined. Among the authors that have solicited interventions in this problematic area, Silverman and De Leo [4] argued for the establishment of a shared set of terms and definitions, i.e. a common nomenclature usable worldwide that would enable researchers to compare their work and avoid unnecessary duplication of efforts. A common language would improve communication between professionals and, most importantly, would enable the elaboration of common criteria that can be used worldwide to classify deaths as suicide, thus increasing the validity and reliability of mortality statistics. In turn, this would help stakeholders and government agencies to wisely allocate available resources and, thus, promote more effective suicide prevention practices.

A systematic literature review of terms, definitions, nomenclatures, and classifications for suicidal ideation and behaviours [5; 6; 7] revealed a heterogeneous and sometimes contradictory landscape reminding us that we are presently far away from reaching international consensus in these areas. Moreover, the review was restricted to the English language literature: a study of terms and definitions in other languages would probably reveal an even more challenging scenario. However, the literature evidences the existence of sufficient agreement around the main criteria characterizing fatal suicidal behaviour (i.e., “suicide”): *agency* (self or other-inflicted), *knowledge* (of the consequences of the act), *intent,* and *outcome* [6].

The reviews mentioned before [5; 6; 7] found that today it would not be possible to elaborate and standardize a universal set of terms and definitions describing the whole range of suicidal ideation and behaviours. Apparently, there are two main reasons for this. First, the level of international consensus is too low, especially for suicidal ideation and non-fatal suicidal behaviours. Second, the existing literature on the subject is quite limited. If terms and definitions were to be widely accepted and used by clinicians and researchers around the world, there would need to be a high level of agreement among potential users of these terms and definitions.

The *International Study of Definitions and Terms for Suicidal Behaviours* ©

The idea of an international study of definitions and terms for suicidal behaviours was developed in 2013 under the initiative of one of the authors (DDL) and became the subject of a PhD thesis by another of the authors (BG). A systematic review of the literature on nomenclatures, definitions, and classifications for suicidal ideation and behaviours was undertaken to provide the necessary background for the study. The outputs of this review [6] were then used to create a questionnaire that would enable the assessment of the most widely used terms and definitions around the world which is the final aim of the research. The aim of the current paper is to describe the methodology of the International Study of Definitions of English-Language Terms for Suicidal Behaviours © (ISDELTSB), i.e. the selection of participants, the questionnaire design and validation process, and the planned analysis of results.

Participants

In the International Study of Definitions of English-Language Terms for Suicidal Behaviours © (ISDELTSB) targeted respondents are *designated experts*, with one 'expert' each representing one participating country. The method of recruitment of these 'experts' uses a network provided by four main institutions, the International Association for Suicide Prevention (IASP), the World Psychiatric Association (WPA), the World Organization of Family Doctors (WONCA), and the Australian Institute for Suicide Research and Prevention (AISRAP). Inclusion criteria are to be designated by one of the organizations just cited, to be a professional working in the field of suicide research or prevention, to be experienced enough to have good knowledge of the terms and definitions used to describe suicidal behaviour in corresponding country such as determined by the organization or professional recommending that 'expert', and to feel confident in answering the survey questionnaire. Only one expert per country is included. There are no exclusion criteria based on professional or academic background, and participants are excluded if they do not feel confident in answering the questionnaire. The recruitment methodology was standardised.

Constitutionally, IASP includes a Council of National Representatives, which currently has representatives from 62 countries. A personal invitation was sent by e-mail to all IASP national representatives. This e-mail includes a link to the online study questionnaire. The invitation letter asks the representative to provide the name of an appropriate respondent if the recipient does not feel confident enough in answering the questionnaire. Indeed, despite some significant level of expertise, IASP national representatives might not necessarily be aware of the most used terms in their country to define suicidal behaviour. In order to increase the number of designated 'experts', an explanatory e-mail was sent to the WPA and the WONCA. This e-mail describes the aim of the study and asked for contact information for relevant 'experts' from countries not yet having an IASP designated 'expert'. Once identified, these 'experts' receive an e-mail invitation similar to the one sent to IASP national representatives. If IASP, WPA, and WONCA designated 'experts' do not answer within a week, a second invitation is then sent, and then a third after another week. If no response is obtained after three e-mail invitations, the 'expert' is excluded. Using the same method, more experts could be identified through AISRAP's international network for countries which do not have a designated 'expert'. If no 'expert' can be identified after all, the country cannot be included in the 'expert' sample. Please refer to the flowchart in Figure 1.

In a second phase of the study a general invitation was sent to all IASP members except national representatives, thus building a separate sample of participants to enable comparisons between the two groups of recruits.

- Please insert Figure 1 here -

Questionnaire

The English-language questionnaire was distributed to respondents using Qualtrics® software. A paper version of the questionnaire was also prepared for respondents with no Internet access or those preferring a paper version. The latter is included as supplementary file.

An introduction to the questionnaire details the framework and rationale of the study, the level of expertise required, expected questionnaire completion time, and ethical and confidentiality

considerations. This section clearly explains that the answers should represent the opinion of the majority of professionals who deal with suicide in the country, rather than being based solely on the opinions of the respondent.

The multiple-choice format to the questionnaire will result in percentages for each option that can be used to assess the level of agreement about specific terms and definitions.

The questionnaire is divided into four main parts. The first part covers the definition of suicide. The second addresses different forms of fatal and non-fatal suicidal behaviours and self-harm. The third part focuses on suicidal ideation, and the fourth on distinguishing between ideation and behaviour.

Suicide

The questionnaire separately assesses opinions regarding each of the four main features of the definition of suicide (i.e., agency, knowledge, intent, and outcome). A recent review [6], highlighted the importance of these features in the definition of suicide. Several statements were created, providing possible alternatives for each of the four main features. For instance, the statement on outcome read as follows:

"*Please choose one single statement to complete the sentence:* Suicide is an act that

- ○ Necessarily leads to death.
- ○ May result in survival.

Respondents had to choose a single answer to complete the sentences related to 'outcome' and 'agency'. In the case of 'intent' and 'knowledge', several statements are proposed to respondents, who have to choose if they agreed or disagreed with each of the statements, as illustrated in table 1 for 'intent'.

Table 1: Statements regarding intent in the ISDELTSB questionnaire:

"please tick Yes if you agree with statement in table, or No if you don't"

Statements	Yes	No
Suicide is an act that can only be done with an intent to die	○	○
Suicide is an act that may be done with an intent other than an explicit intent to die	○	○
Suicide is an act that may be done with an ambiguous or unclear intent	○	○
Suicide is an act that may be done with an intent to take the risk of dying	○	○
Suicide is an act that may be done without explicit intent to die"	○	○

Respondents have the opportunity to comment on their choices and provide alternative terms for 'suicide' if they think that this term is not appropriate.

Other types of suicidal behaviour and self-harm

The three following sections were built using the 'clinical' vignette method. This particular section focuses on self-harm behaviours with or without suicidal intent where the person either dies or survives. The vignettes do not present real-life situations but rather described basic behaviours corresponding to the definitions found in the review of the literature [6]. For Instance, question 10 read as follows:

Please choose one single statement to complete the sentences

10. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, with the intention to die, and survives, his or her act is:

After reading each vignette, respondents have to choose a single option from a list to name the described behaviour. For instance, in case of question 10:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non-suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication) ”

These terms were found by reviewing the literature on nomenclatures, definitions, and classifications [5; 6; 7]. There is no right or wrong answer. However, results of our reviews indicated that there might be a high level of consensus for some particular case descriptions; for instance, in question 10, one might expect a higher number of answers indicating “A suicide attempt”.

Suicidal ideation

This section assesses definitions of different degrees or patterns of suicidal ideation, with or without suicidal intent, as in question 16:

16. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who occasionally thinks of suicide when confronted to distress, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes
- ○ Reactive suicide ideation

Suicidal ideation or behavior

This section assesses the boundaries between suicidal ideation and behaviour and proposed vignettes describing situations that could be defined as either one or the other. These situations were chosen because they are often referred to in the literature. For instance, for the following example, one might expect the answer "Is engaging in preparatory suicidal behaviour":

"In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone prepares a suicidal act (e.g. assembles pills, buys a gun, attaches a rope, visits a bridge), but does not initiate it and thus does not sustain any injuries, this person:

- ○ Is engaging in suicidal behavior
- ○ Is experiencing suicidal ideation
- ○ Is experiencing passive suicidal ideation
- ○ Is experiencing active suicidal ideation
- ○ Has made a suicide attempt
- ○ Has made a suicide threat
- ○ Has made a suicide communication
- ○ Has made a suicide plan
- ○ Is engaging in preparatory suicidal behavior
- ○ Has made an interrupted suicide attempt
- ○ Has made an aborted suicide attempt

This area of investigation is very controversial and complicated, and the level of consensus among international experts around this particular question is expected to be quite low.

The construction of the questionnaire thus followed a progression from terms and definitions that were quite shared and agreed upon in the literature to the ones that are less agreed upon and more complex [5; 6; 7].

Questionnaire validation process

The study questionnaire was assessed regarding content validity. The first version of the questionnaire was reviewed by the members of the IASP Taskforce on Nomenclature and Classifications, namely, E. Arensman, A. Berman, K. Hawton, J. Mann, M. Philips, M. Silverman, and L. Vijayakumar, who co-authored this article. The questionnaire was modified after the input of each member. Feedback was mainly centred on the following issues: phrasing and logical layout of questions, terminology, relationship with evidence, field work, cultural context, usefulness of certain questions with regards to the logic of questionnaire, issues of understandability, and clarification of ambiguous terms.

The modified version was then sent out to a sample of experts (IASP National Representatives) in four culturally different countries, namely Pakistan, Uganda, Portugal, and Tonga. The questionnaire was found to be acceptable and understandable by the 'experts' of these countries and considered ready to be sent out to all other countries.

Patient and Public Involvement statement

No patients or public were involved in the design of this study.

Analysis of results

Expected outcomes are percentages of agreement with each answer. Differences of agreement between 'experts' and IASP members will be analysed using Odds Ratios or Fisher exact tests if expected numbers are less than 6. In order to further assess agreement or disagreement, both these samples will be blended together and levels of agreement will again be analysed between respondents from high- vs. low-and middle-income countries, countries in which English is the main or one of the main languages spoken vs.

countries where it is not, between occupation groups, and between professional background groups. Two of the authors (BG and KK) will analyse the data, and results will be discussed among the Taskforce.

Responses attaining a high level of agreement would be candidates for integrating an agreed-upon nomenclature. Those with lower levels of agreement could be discussed in the light of the reasons for disagreement (i.e. which groups disagree, why they disagree, and what are the comments of respondents). The aim of the study is to identify the minimum number if items on which international professionals could be said to reasonably agree upon, and discuss opportunities for developing further consensus.

Limitations

The study is being conducted in the English language only. This will limit the reach of the nomenclature originating from the study, and will render its cross-cultural validity debatable. On the other hand, the methodological implications of conducting a multilingual study would pose serious problems with regards to translation and back translation. This study was designed to be the first of its kind, i.e. a first attempt to survey the filed internationally and it was decided to conduct it in English. A future experiment should assemble a wider sample of professionals around the world.

The criteria used to recruit 'experts' rely on an appreciation by the institution to which the 'expert' belongs and the confidence of the participant in answering to the study as a representative of his or her country. No other objective criteria were established by the research team, and this could lead to question the expertise of participants in the 'expert' sample. For this reason, single quotation marks were used for the word 'expert' in the context of the ISDELTSB. Indeed, confronted with the scarcity of literature on the subject of definitions and terms [5; 6; 7] it is expected that great difficulties will be faced when attempting to recruit participants with a sufficient level of expertise for such a specialized field of knowledge. Setting too high a threshold may result in extremely low participation rate. For this reason, recruitment method in this sample used a personal approach by direct e-mail contact between the investigator and the participant, which is probably more stimulating than a general invitation and could result in a higher

participation rate in this sample. This in turn could result in a wider range of countries being represented. On the other hand, in spite of the varying size of countries around the world, only one 'expert' for each country is appointed, which could bias results towards countries with smaller population by not recruiting more 'experts' for more populated countries. Based on the results of the literature review it is expected that many knowledgeable respondents will be found in high income countries, especially the USA. The proposed methodology was thought to encourage wider representativity and relatively more focus on low-and-middle-income-countries. Also, the recruitment methodology was standardised. Nevertheless, further research in the field could aim at more practical approaches to testing classifications in real life situations by field professionals which could potentially raise more interest and the participation rate.

IASP and AISRAP are multidisciplinary institutions including psychologists, psychiatrists, and sociologists among other disciplines. On the other hand, WPA and WONCA are medical associations, which could bias results towards medically used definitions of suicidal behaviours. However, WPA and WONCA can be counted among the very few organisations that could claim some competence in the field of suicide prevention and at the same time tend to have worldwide representativity. The opinions expressed by the designated 'experts' will be compared to those of IASP members participating in the effort. In a number of cases, this will allow for a check of the consistency of the opinions expressed by the designated 'experts'. Analyses will also be performed with regards to professional background, which will control for any disciplinary bias.

Conclusion

This paper outlines the main features of the International Study of Definitions of English-Language Terms for Suicidal Behaviours©. The study is based on a review of the literature on nomenclatures, definitions, terms and classifications for suicidal behaviour that found a confusing landscape and poor agreement among authors who publish in English. The study questionnaire was developed on the basis of the four main criteria of the definition of suicidal behaviour: outcome, intent, knowledge (of the consequences of

the act), and agency (self- or other-inflicted). Respondents are encouraged to take clear-cut decisions with limited answer options. The results of this survey will provide several indications, including the state of the art on prevailing terms and definitions. This would help in elaborating an internationally applicable nomenclature for suicidal ideation and behaviour. The next step could be to elaborate a classification of suicidal behaviour. A better knowledge of the international scenario may help to reduce confusion in the field of suicidology and progress towards a shared understanding of suicidal behaviour.

Ethics and dissemination

As detailed in the questionnaire cover letter, by answering the online or paper version of the questionnaire, respondents express their consent to participate. The ISDELTSB project is conducted with the approval of Griffith University's Ethics Committee (ethics reference number 2017/601) and in accordance with the Australian National Statement on Ethical Conduct in Human Research. Respondents are asked if they accept to be personally acknowledged in any output originating from this study, and if so to provide their full name, title, and affiliations. If respondents do not accept, they are informed that the conduct of this research respects Griffith University's Privacy Plan and that identified personal information is confidential and that anonymity will at all times be safeguarded.

Dissemination of results will be done through a peer reviewed journal article publication.

Acknowledgements

We would like to thank IASP Administrative Officers, Wendy Orchard and Wendy Cliff; Professor Roy Abraham Kallivayalil, Secretary General at the WPA, as well as the WPA team; Professor Chris Dowrick, Chair of Working Party for Mental Health at WONCA, as well as the WONCA team, for their assistance in distributing the questionnaire.

Funding: This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflicts of interests: Authors have no conflicts of interest to declare

References

1. World Health Organization. Preventing suicide: a global imperative. Geneva: 2014.

2. United Nations, Sustainable Development Goal 3. Sustainable Development Knowledge Platform [Internet]. 2016 [cited March 2019]. Available from: https://sustainabledevelopment.un.org/sdg3.

3. Maris RW. The evolution of Suicidology. In: Leenaars AA, Berman AL, Cantor P, Litman R, E., editors. Suicidology: essays in honor of Edwin S Shneidman: Jason Aronson; 1993.

4. Silverman MM, De Leo D. Why There Is a Need for an International Nomenclature and Classification System for Suicide. Crisis. 2016;37(2):83-7.

5. Goodfellow B, Kõlves K, De Leo D. Contemporary Nomenclatures of Suicidal Behaviors: A Systematic Literature Review. Suicide & life-threatening behavior. 2018;48(3):353-66.

6. Goodfellow B, Kõlves K, De Leo D. Contemporary Definitions of Suicidal Behavior: A Systematic Literature Review. Suicide & life-threatening behavior. 2018.

7. Goodfellow B, Kõlves K, De Leo D. Contemporary Classifications of Suicidal Behavior: A Systematic Literature Review. Crisis. 2018; submitted.

Contributor ship statement:

BG helped design the study, designed the questionnaire, drafted and wrote the manuscript. KK helped design the study, helped design and critically reviewed the questionnaire, and critically reviewed the manuscript. DDL originated the study idea and design, helped design and critically reviewed the questionnaire, and critically reviewed the manuscript. MMS reviewed the questionnaire and critically reviewed the manuscript. AB reviewed the questionnaire and critically reviewed the manuscript. JM reviewed the questionnaire and critically reviewed the manuscript. EA reviewed the questionnaire and critically reviewed the manuscript. KH reviewed the questionnaire, and critically reviewed the manuscript. MP reviewed the questionnaire and critically reviewed the manuscript. LV reviewed the questionnaire and critically reviewed the manuscript.

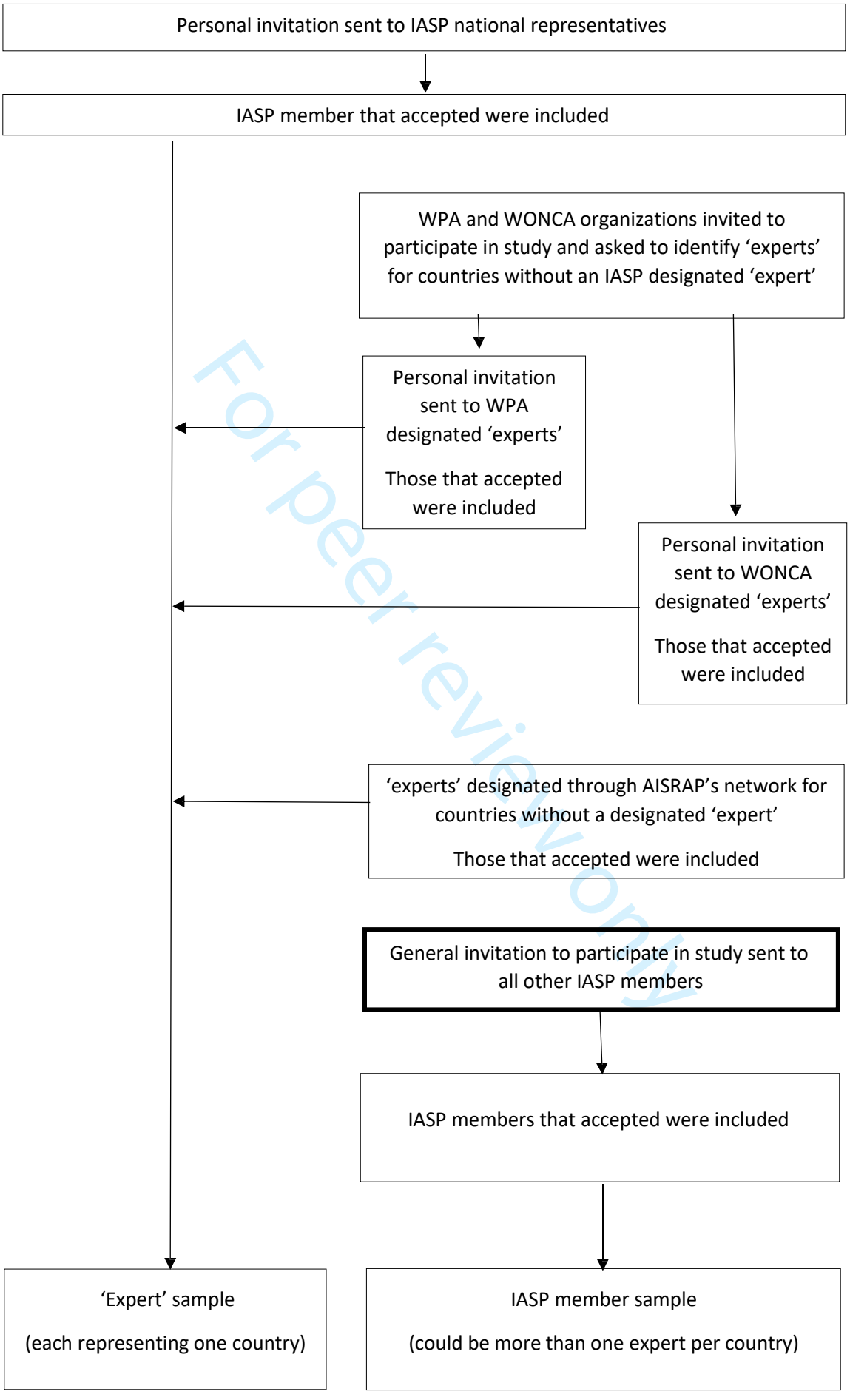


Figure 1: Flowchart of inclusion of ISDTSB participants

WORLDWIDE STUDY OF DEFINITIONS AND TERMS FOR SUICIDAL BEHAVIORS©
QUESTIONNAIRE

Main investigators: Diego De Leo, Benjamin Goodfellow, Kairi Kõlves

Australian Institute of Suicide Research and Prevention
World Health Organization Collaborating Centre for Research in Suicide Prevention and Training
Griffith University
Mt Gravatt, Australia

Corresponding investigator:
Benjamin Goodfellow, MD
Australian Institute of Suicide Research and Prevention (AISRAP), World Health Organization Collaborating Centre for Research in Suicide Prevention and Training, Griffith University,
Mt Gravatt Campus
M24; 176 Messines Ridge Road
Mt Gravatt
QLD 4122
Australia
E-mail to: benjamin.goodfellow@griffithuni.edu.au
Phone: +687 24 36 67

Dear Collaborator,

Welcome to the worldwide study of definitions and terms of suicidal behaviors. We would appreciate if you would take a moment to answer this questionnaire. Your participation in this study is very important to us.

This study is performed under the auspices of the International Association for Suicide Prevention (IASP), Task Force on Nomenclature and Classification. It aims at better understanding how terms for suicidal behavior vary across countries and cultures. This variability has hampered research efforts for decades. The use of a common language could help implement efficient research that allows comparability and avoids resource-consuming duplication of efforts.

You have been invited to contribute to this study having been identified as an expert in the field of suicidal behavior. We would appreciate if your answers could reflect the professionals' (e.g. researchers, practitioners) most common experience when working in your country.

We expect it will take you approximately 20 minutes to answer this questionnaire.

This research forms a component of an academic program at the Australian Institute for Suicide Research and Prevention (AISRAP), Griffith University. It is to be part of a PhD thesis of which Dr Benjamin Goodfellow is a candidate, Prof. Diego De Leo is the principal supervisor, and Dr Kairi Kolves is the associate supervisor.

The conduct of this research involves the collection, access and/ or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of this data may be used for other research purposes. However, your anonymity will at all times be safeguarded. For further information consult the University's Privacy Plan at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan.

Nevertheless, if you choose to, your contribution will be acknowledged by name and professional role in the appropriate section of any document originating from this investigation. We are aware that answering this questionnaire may be time consuming for you and we would like to offer you the opportunity of co-authorship in the main publications originating from this study should you wish to. Please advise us if you do via e-mail.

Once the study results are analysed you can be provided a convenient, plain language summary of results upon request (e.g. via email).

There are no foreseeable risks associated with participation in this research. All research data (survey responses and analysis) will be retained in a password protected electronic file at Griffith University for a period of five years before being destroyed.

Griffith University conducts research in accordance with the National Statement on Ethical Conduct in Human Research. If you have any concerns or complaints about the ethical conduct of this research project, you are encouraged to contact the Manager, Research Ethics on +617 3735 4375 or research-ethics@griffith.edu.au. Griffith University ethics reference number for this study is 2017/601.

If you have any questions, please contact the principal supervisor Prof Diego De Leo at the Australian Institute for Suicide Research and Prevention
WHO Collaborating Centre for Research and Training in Suicide Prevention

Level 1, Building M24 Psychology
176 Messines Ridge Road
Mt Gravatt Campus, Griffith University QLD 4122
Phone - 61 7 373 53379 Fax - 61 7 373 53450
Email - d.deleo@griffith.edu.au

On behalf of AISRAP and IASP, thank you for taking the time to answer this questionnaire.

Prof Diego De Leo
Dr Benjamin Goodfellow
Dr Kairi Kõlves

GENERAL INFORMATION

Do you consent to be acknowledged by name and professional role in any outputs related to this research?

- ○ Yes
- ○ No

Please provide your full name, title, and affiliation:

_____

Please type answer in provided space where relevant. Please choose one best answer when several options are provided.

1 **Information on site**

1.1 What is the name of your country?

_____

1.2 What is the estimated population of your country?

_____

1.3 What is (are) the main language(s) in your country?

_____

2 **Information about yourself**

2.1 Do you consider yourself a

- ○ Clinician
- ○ Researcher
- ○ Both
- ○ Other, please specify _____

2.2 What is your main profession?

- ○ Medical doctor
- ○ Psychologist
- ○ Nurse
- ○ Demographer
- ○ Epidemiologist
- ○ Other professional, please specify _____

NOMENCLATURE, DEFINITIONS, TERMS

You will now read a series of statements regarding definitions and terms. Please choose one *best* statement for each question. Remember, there are no right or wrong answers.

Questions about *suicide*

In your country, what is the meaning of the word *suicide*?

5. *Please choose one single statement to complete the sentence:* ***Suicide*** is an act that

- ○ Necessarily leads to death
- ○ May result in survival

Comments on question 5

_____

_____

_____

_____

6. Statements regarding ***intent***: please tick *Yes* if you agree with statement in table, or *No* if you don't

Statements	Yes	No
Suicide is an act that can only be done with an intent to die	○	○
Suicide is an act that may be done with an intent other than an explicit intent to die	○	○
Suicide is an act that may be done with an ambiguous or unclear intent	○	○
Suicide is an act that may be done with an intent to take the risk of dying	○	○
Suicide is an act that may be done without explicit intent to die	○	○

Comments on questions in section 6

_____

_____

_____

_____

7. Statements regarding ***knowledge*** of the consequences of the act: please tick Yes if you agree with statement in table, or No if you don't

Statements	Yes	No
Suicide is an act that is necessarily performed with certainty of a fatal result	○	○
Suicide is an act that can be performed with the knowledge of a fatal result, but person is not certain of that result	○	○
Suicide is an act that can be performed without any knowledge of the consequences of the act	○	○
Suicide is an act that can be performed with the certainty that the result will not be fatal	○	○

Comments on questions in section 7

_____

_____

_____

_____

8. *Please choose one single statement to complete the sentence:* ***Suicide*** is an act that

○ Is initiated and necessarily carried out by oneself to the end of the action

○ Is initiated by oneself, but not necessarily carried out by oneself to the end of the action

○ Can be initiated and carried out by oneself or by someone else

Comments on question 8

_____

_____

_____

_____

9. Please provide alternate terms for the word ***suicide*** if you think it is not appropriate for describing what the previous questions were asking about. Please explain your reasons.

_____

_____

_____

_____

Questions on *different types of suicidal behavior or self-harm*

Please choose one single statement to complete the sentences

10. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, **with the intention to die, and survives,** his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)

Comments on question 10, or suggestions for alternate terms

_____

_____

_____

11. In your country, when professionals (e.g. clinicians, researchers) talk about other types of suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself **without any intention to die, and survives,** his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)

Comments on question 11, or suggestions for alternate terms

_____

_____

_____

12. In your country, when professionals (e.g. clinicians, coroners, researchers) talk about types of possible suicidal behavior, the most common understanding is that when a person harms him- or herself **without any intention to die, and dies**, his or her act is:

- ○ A suicide
- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self-mutilation
- ○ Fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)
- ○ An accident
- ○ An undetermined death (open verdict)

Comments on question 12, or suggestions for alternate terms

_____

_____

_____

13. In your country, when professionals (e.g. clinicians, researchers) talk about other types of possible suicidal behavior than suicide, the most common understanding is that when a person harms him- or herself, but**,** for whatever reasons, **cannot state his or her intentions and the person survives**, his or her act is:

- ○ A suicide attempt
- ○ Parasuicide
- ○ Self-harm
- ○ Deliberate self-harm
- ○ Non suicidal self-injury
- ○ Self mutilation
- ○ Non-fatal suicidal behavior
- ○ Self-directed violence
- ○ Self-injurious behavior (including self-poisoning/overdosing with medication)
- ○ An accident
- ○ An undetermined event

Comments on question 13, or suggestions for alternate terms

_____

_____

_____

14. In your country, when professionals (e.g. clinicians, researchers) talk about other types of possible suicidal behavior than suicide, the most common view is that when a person harms him- or herself, but **does not want to state his or her intentions and the person survives**, his or her act is:

- A suicide attempt
- Parasuicide
- Self-harm
- Deliberate self-harm
- Non suicidal self-injury
- Self mutilation
- Non-fatal suicidal behavior
- Self-directed violence
- Self-injurious behavior (including self-poisoning/overdosing with medication)
- An accident
- An undetermined event

Comments on question 14, or suggestions for alternate terms

_____

_____

_____

15. In your country, when professionals (e.g. clinicians, coroners, researchers) talk about possible types of suicidal behavior, the most common view is that when a person **dies as a consequence of harming him or herself**, but his or her **intentions in doing so cannot be known or inferred,** his or her act is:

- A suicide
- A suicide attempt
- Parasuicide
- Self-harm
- Deliberate self-harm
- Non suicidal self-injury
- Self-mutilation
- Non-fatal suicidal behavior
- Self-directed violence
- Self-injurious behavior (including self-poisoning/overdosing with medication)
- An accident
- An undetermined death (open verdict)

Comments on question 15, or suggestions for alternate terms

_____

_____

_____

Questions on *suicidal ideation*

Please choose one single statement to complete the sentences

16. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **occasionally thinks of suicide** when confronted to distress, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes
- ○ Reactive suicide ideation

Comments on question 16, or suggestions for alternate terms

_____

_____

_____

17. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **continuously thinks of suicide but has no suicidal intent**, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Persistent suicide ideation
- ○ Death wishes

Comments on question 17, or suggestions for alternate terms

_____

_____

_____

18. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone who **hopes for death** but has no thoughts of killing him- or herself, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes

Comments on question 18, or suggestions for alternate terms

_____

_____

_____

19. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal ideation, the most common understanding is that when someone **hopes for death by killing him- or herself**, this person has:

- ○ A normal pattern of thinking
- ○ Suicidal ideation
- ○ Passive suicidal ideation
- ○ Active suicidal ideation
- ○ Death wishes

Comments on question 19, or suggestions for alternate terms

_____

_____

_____

Questions on *suicidal ideation or behavior*

Please choose one single statement to complete the sentences

20. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **states suicidal intention without engaging in behavior,** this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 20, or suggestions for alternate terms

_____

_____

_____

21. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **mimics (i.e. acts in a way that has the appearance of) suicidal behavior without sustaining any injuries,** this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 21, or suggestions for alternate terms

_____

Griffith UNIVERSITY

_____

_____

22. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **has decided how and when to perform a suicidal act**, but does not actively prepare anything, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 22, or suggestions for alternate terms

_____

_____

_____

23. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when **someone prepares a suicidal act** (e.g. assembles pills, buys a gun, attaches a rope, visits a bridge), **but does not initiate it and thus does not sustain any injuries**, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 23, or suggestions for alternate terms

_____

Griffith UNIVERSITY

_____

_____

24. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **initiates a suicidal act** (e.g. stands or sits on the edge of a high bridge, ties a rope around his or her neck), **but stops him or herself before sustaining any injuries**, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 24, or suggestions for alternate terms

_____

_____

_____

25. In your country, when professionals (e.g. clinicians, researchers) talk about suicidal behavior or ideation, the most common understanding is that when someone **initiates a suicidal act** (e.g. stands or sits on the edge of a high bridge, ties a rope around his or her neck), but **is stopped by someone else** before sustaining any injuries, this person:

- Is engaging in suicidal behavior
- Is experiencing suicidal ideation
- Is experiencing passive suicidal ideation
- Is experiencing active suicidal ideation
- Has made a suicide attempt
- Has made a suicide threat
- Has made a suicide communication
- Has made a suicide plan
- Is engaging in preparatory suicidal behavior
- Has made an interrupted suicide attempt
- Has made an aborted suicide attempt

Comments on question 25, or suggestions for alternate terms

_____

_____

_____

General comments

26. Please take a moment to give us some general comments on this study, your impressions and reflections, especially regarding the cultural aspects that might be overlooked. This study was purposefully conducted in English language, but we do realize how challenging it can be to translate some of the contents of this questionnaire. Thank you for your help.

_____

_____

_____

_____

_____

_____

On behalf of AISRAP and IASP, thank you for taking the time to answer this questionnaire. Your help will be valuable in order to take important steps towards a common language in suicidology.