

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	International Study of Definitions of English-Language Terms for Suicidal Behaviours ©: Protocol of an opinion survey
AUTHORS	Goodfellow, Benjamin; Kolves, Kairi; De Leo, Diego; Silverman, Morton; Berman, Alan; Mann, John; Arensman, Ella; Hawton, Keith; Phillips, M. R.; Vijayakumar, Lakshmi

VERSION 1 – REVIEW

REVIEWER	Qijin Cheng The Chinese University of Hong Kong, Hong Kong SAR.
REVIEW RETURNED	02-Oct-2018

GENERAL COMMENTS	<p>To scientifically examine suicide and conduct meaningful cross-cultural comparisons, it is crucial to clarify definitions and terms for suicidal behaviours. The paper identified an important research topic and proposed an international survey to map out how suicide is defined and how different terms of suicidal behaviours are used in different countries. The survey questionnaire is based on systematic reviews of previous literature and the survey procedure is formulated by an expert panel. With the support of the three international professional associations, the survey can potentially reach a wide range of participants and generate valuable knowledge.</p> <p>However, I have a few concerns with the study design:</p> <ol style="list-style-type: none">1. As the study uses WPA and WONCA as the complementary sources for participants recruitment, it seems that the survey targets professionals with medical or public health training. However, suicide is also a socially constructed concept. There are suicide researchers trained in sociology or the humanities, whose understanding and interpretation of suicide might be different from medical professionals. Especially for countries where official death registration systems are not well established and suicide has not been widely viewed as a public health issue, suicide researchers in those countries may mostly come from non-medical fields. I understand that the authors may not want to extend the research objectives to investigate the cross-disciplinary differences. Can the authors state more clearly the inclusion and exclusion criteria for the survey participants? If the study focuses on medical or public health professionals, the authors should add more discussion on the sample biases and limitations of the study.2. The study plans to first recruit participants from the 62 national representatives of IASP, and then use WPA and WONCA members as complementary. Can the authors estimate how many more eligible participants can be recruited by WPA and WONCA?
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	<p>3. Will WPA and WONCA be contacted at the same time? If more than one eligible expert from the same country is recommended by the two organisations, how will the authors handle it?</p> <p>4. What happens if an expert does not respond to your invitation after three rounds of contact? Will the team contact another expert from the same country? Can the authors add a flowchart to illustrate the participants recruitment procedure?</p> <p>5. The study uses the general members of IASP as a reference group for “a check of the validity of the opinions expressed by the ‘designated experts’” (Line 27-Line29, p13). I’m confused with this design. Are the national representatives of IASP, who are the major components of the ‘designated experts’, included in the “general members of IASP”? If yes, would it make the reference group to be very similar with the designated expert group? If no, how many other IASP members remained as the reference group? What are their profiles? What differences between the two groups do the authors hypothesise? Why are their opinions more valid and can be used for validity check?</p> <p>6. The authors did not state how they will analyse the data and what kind of outcomes are expected. Will they only conduct descriptive statistical analyses? How will they make use of the qualitative feedback? Will the task force conduct the data analysis together?</p> <p>7. Based on the paper’s introduction, it seems that the survey may again demonstrate heterogeneous definitions and terms of suicide in different countries. The survey participants might be the authors or readers of those papers being reviewed in the authors’ previous publications (i.e. the three systematic reviews cited). In this case, can the authors discuss how this survey can help with generating consensus and informing “an internationally shared set of terms and definitions” (Abstract)?</p>
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REVIEWER	Carlos Alejandro Hidalgo Rasmussen University of Guadalajara, Mexico
REVIEW RETURNED	19-Feb-2019

GENERAL COMMENTS	<p>Such the authors establish, it is relevant to find to consensus in the scientific community about main concepts such as suicidal behavior. I consider the authors will be an excellent input to suicidal behavior consensus when they finish the study.</p> <p>Nevertheless, some important issues are important to address in this project. In the abstract number of participants are not specified. Unnecessary repetition in abstract of next words: outcome, intent, knowledge, and agency The objective in abstracts and in Page 6 are not the same.</p> <p>The representation of main experts such as psychologist is not considered, I suggest to include the representatives of the American Psychological Association, while is possible that APA has representatives in similar countries of WPA, no necessary the background of the professional included will be the same. Neither IASP nor WONCA are characterized by the psychologist.</p>
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	<p>In page 13 says the first attempt to survey the field internationally...but the title establishes a worldwide character. We consider it is an international (or WHO-registered country?), but not a worldwide study.</p> <p>The countries participating are not declared only the number (62), that limitation no permits to judge the country representation or bias risk. In worldwide it has 195 countries then are been considered 31.8% of worldwide countries and is not know which regions are been under or overrepresented.</p> <p>Although the author recognized the limitation of the survey only one representative by country, I consider it is important authors take some actions to get a more proportional scope may be so simple such as take three representatives in big countries (north, center, and south). Consider by example a big country and diverse such as India and a very small and uniform country such as Danmark, one representative for Danmark looks as sufficient but is difficult to accept the same for India.</p> <p>On page 6 authors recognize that the IASP members are not necessarily experts, and let to the people who get the invitations to decide if himself is an expert. I consider certain criteria could be useful in order to establish who is an expert and who not. With this proposal, could be possible to consider if the expert is expert research, expert academic, an expert in intervention, or a theoretical expert?. How to help people to decide?</p> <p>The author establishes the definitions vary in statisticians, clinicians, researchers, public health experts, etc. Then it is important to establish which are the reaches of the study because if only one "expert" is considered by country then it is possible this expert only will give the optical of one of those areas. Not necessary the concept agreement is a prevalence problem (how much experts say they agree with one option) if not the theoretical implication of each option, then it is possible the more used way to talk about suicidal behavior is the wronger between the theoretical ways. But the author has taken the theoretical decisions based on their previous papers - fatal suicidal behavior (i.e., "suicide"): agency (self or other-inflicted), knowledge (of the consequences of the act), intent, and outcome- the surveyed "experts" will not decide about these theoretical categories if not the way to talk about it in their context.</p> <p>On page 6 establish as an aim:to design and validate the questionnaire...but the questionnaire is designed because is presented, then that must not be an aim. The other aim "validate the questionnaire" the kind of validity is not named, but the procedures correspond possibly to content validity but are not specify why were select this sections in the questionnaire and if all items in the questionnaire are equally relevant or if the items consider different populations.</p>
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VERSION 1 – AUTHOR RESPONSE

Answer to reviewers

We wish to thank the reviewers for their thorough reading of the document and their detailed comments which will enhance the quality of the present paper. Please find below the answers to reviewers point by point.

Reviewer: 1

Reviewer Name: Qijin Cheng

Institution and Country: The Chinese University of Hong Kong, Hong Kong SAR.

1. As the study uses WPA and WONCA as the complementary sources for participants recruitment, it seems that the survey targets professionals with medical or public health training. However, suicide is also a socially constructed concept. There are suicide researchers trained in sociology or the humanities, whose understanding and interpretation of suicide might be different from medical professionals. Especially for countries where official death registration systems are not well established and suicide has not been widely viewed as a public health issue, suicide researchers in those countries may mostly come from non-medical fields. I understand that the authors may not want to extend the research objectives to investigate the cross-disciplinary differences. Can the authors state more clearly the inclusion and exclusion criteria for the survey participants? If the study focuses on medical or public health professionals, the authors should add more discussion on the sample biases and limitations of the study.

Response of authors: We agree with the reviewer. Suicide prevention needs a multidisciplinary approach. The help of WPA and WONCA was sought with respect to their global range of action. Indeed, it would bias responses towards a medical point of view and this is a limitation of the methodology. Analyses were nevertheless performed with regards to disciplinary background.

Please find the following additions in text:

“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 is standardised.”

And in the limitations section:

“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. “

2. The study plans to first recruit participants from the 62 national representatives of IASP, and then use WPA and WONCA members as complementary. Can the authors estimate how many more eligible participants can be recruited by WPA and WONCA?

Response of authors: The highly specialized field of terminology and definitions for suicidal behavior, and standardized criteria, led us to anticipate that the response rate from these organizations would be very low, without however being able to provide any quantified estimate.

3. Will WPA and WONCA be contacted at the same time? If more than one eligible expert from the same country is recommended by the two organisations, how will the authors handle it?

Response of authors: WONCA and WPA were contacted after IASP ‘experts’ were recruited and were contacted simultaneously. With respect to the expected low response rate, it was highly unlikely that two experts might be recommended for the same country. Should this have occurred, a direct discussion with the two experts regarding their background and experience would have helped the choice.

4. What happens if an expert does not respond to your invitation after three rounds of contact? Will the team contact another expert from the same country? Can the authors add a flowchart to illustrate the participants recruitment procedure?

Response of authors: If no expert could be found for a particular country through one of the four organizations, the country was not included in the ‘expert’ sample.

Please find the following additions in text:

“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 see added Figure 1 (Flowchart)

5. The study uses the general members of IASP as a reference group for “a check of the validity of the opinions expressed by the ‘designated experts’” (Line 27-Line29, p13). I’m confused with this design. Are the national representatives of IASP, who are the major components of the ‘designated experts’, included in the “general members of IASP”? If yes, would it make the reference group to be very similar with the designated expert group? If no, how many other IASP members remained as the reference group? What are their profiles? What differences between the two groups do the authors hypothesise? Why are their opinions more valid and can be used for validity check?

Response of authors: Indeed, we are thankful for this comment, as the term “validity” is not appropriate within this context. The aim was comparison and not validation of opinion, as there is of course no right or wrong opinion. Please see addition mentioned in point 1 above. Indeed, the main differences between ‘expert’ and IASP member samples are related to recruitment and representativity; the expert sample is more wide-ranging. However, to not stay at this level of comparison, we chose to compare answers between HICs and LAMIs, between English-speaking and not, and between occupation and professional groups.

6. The authors did not state how they will analyse the data and what kind of outcomes are expected. Will they only conduct descriptive statistical analyses? How will they make use of the qualitative feedback? Will the task force conduct the data analysis together?

Response of authors: Indeed, the paper did not describe these points with sufficient details. We accordingly added those details.

Please find the following additions in text:

“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 of items on which international professionals could be said to reasonably agree upon, and discuss opportunities for developing further consensus. “

7. Based on the paper’s introduction, it seems that the survey may again demonstrate heterogeneous definitions and terms of suicide in different countries. The survey participants might be the authors or readers of those papers being reviewed in the authors’ previous publications (i.e. the three systematic reviews cited). In this case, can the authors discuss how this survey can help with generating consensus and informing “an internationally shared set of terms and definitions” (Abstract)?

Response of authors: The study does not aim at attaining a unanimous agreement, rather, a minimum agreement which could be used for further steps. Some publications appeared to shift with regards to certain features of the definition of suicide, namely, the definition of intent. It was thus not possible to anticipate what more recent developments would be. Again, the literature in the field is scarce, especially regarding non-fatal suicidal behaviors.

Please refer to second part of addition above in point 6.

Reviewer: 2

Reviewer Name: Carlos Alejandro Hidalgo Rasmussen

Institution and Country: University of Guadalajara, Mexico

In the abstract number of participants are not specified.

Response of authors: Thank you for this comment. However, this being a protocol paper we could not include the number of participants. These will be included in the presentation of results paper.

Unnecessary repetition in abstract of next words: outcome, intent, knowledge, and agency

Response of authors: Thank you, repetition has been deleted accordingly

The objective in abstracts and in Page 6 are not the same.

Response of authors: Indeed, there was a difference in phrasing leading to some confusion. The text was modified accordingly.

Please find the following additions in text:

“The outputs of this review were then used [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 outline 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.”

The representation of main experts such as psychologist is not considered, I suggest to include the representatives of the American Psychological Association, while is possible that APA has representatives in similar countries of WPA, no necessary the background of the professional included will be the same. Neither IASP nor WONCA are characterized by the psychologist.

Response of authors: We are thankful for the suggestion of recruiting experts through the American Psychological Association. Indeed, psychological expertise is precious in this area. However, we aimed at a global representativity. WPA and WONCA are some of the few worldwide organizations that could at the same time claim competence in suicide prevention. Recruiting ‘experts’ though these organizations could indeed lead to a medical disciplinary bias, and this was a limitation of the methodology. On the other hand, it is expected that the vast majority of participants are to be recruited through IASP which is a transdisciplinary institution which includes many psychologists.

Please find the following additions in text:

“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 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 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. “

In page 13 says the first attempt to survey the field internationally...but the title establishes a worldwide character.

We consider it is an international (or WHO-registered country?), but not a worldwide study.

The countries participating are not declared only the number (62), that limitation no permits to judge the country representation or bias risk. In worldwide it has 195 countries then are been considered 31.8% of worldwide countries and is not know which regions are been under or overrepresented.

Response of authors: We are very thankful for this serious comment, which led us to rename the whole project’s name. The countries represented in the study will be presented in the results section of the paper on results.

Although the author recognized the limitation of the survey only one representative by country, I consider it is important authors take some actions to get a more proportional scope may be so simple such as take three representatives in big countries (north, center, and south). Consider by example a big country and diverse such as India and a very small and uniform country such as Danmark, one representative for Danmark looks as sufficient but is difficult to accept the same for India.

Response of authors: Indeed, we agree with this comment. However, the one-expert-per-country methodology aimed to widen the recruitment and methodology as much as possible. Based on the results of the review of literature it was expected that many knowledgeable respondents would be found in high income countries, and especially large ones like the USA. In order to avoid ending up in

the usual unbalance found in the literature on the subject, the methodology was thought to encourage wider representativity and thus, relatively more focus on LAMICs.

Please find the following additions in text:

“In spite of the varying size of countries around the world, only one ‘expert’ for each country is to be 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 review of literature 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. Nevertheless, further research in the field could aim at more practical approaches testing classifications in real life situations by field professionals which could potentially raise more interest and participation rate. “

On page 6 authors recognize that the IASP members are not necessarily experts, and let to the people who get the invitations to decide if himself is an expert. I consider certain criteria could be useful in order to establish who is an expert and who not. With this proposal, could be possible to consider if the expert is expert research, expert academic, an expert in intervention, or a theoretical expert?. How to help people to decide?

Response of authors: Indeed, this is a limitation of the study. However, apart from a significant level of professional experience, being an official representative of professionals in one’s country, and feeling confident with the issue of definitions and terms, not many other criteria could be used without tending to select professionals coming from high income countries, more regularly having specialized competences. We needed to find a compromise between an acceptable level of relevant expertise and global/international representativity.

Please find the following additions in text:

“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 to 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. This 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.”

And please see addition cited above for preceding comment.

The author establishes the definitions vary in statisticians, clinicians, researchers, public health experts, etc. Then it is important to establish which are the reaches of the study because if only one "expert" is considered by country then it is possible this expert only will give the optical of one of those areas. Not necessary the concept agreement is a prevalence problem (how much experts say they agree with one option) if not the theoretical implication of each option, then it is possible the more used way to talk about suicidal behavior is the wronger between the theoretical ways. But the author has taken the theoretical decisions based on their previous papers - fatal suicidal behavior (i.e., “suicide”): agency (self or other-inflicted), knowledge (of the consequences of the act), intent, and outcome- the surveyed "experts" will not decide about these theoretical categories if not the way to talk about it in their context.

Response of authors: Indeed, the study may lack the exploratory quality which could help discover more unpublished universal features of any definition of suicide. We however decided to build upon important work previously accomplished in this field by other authors working in various disciplines (medical, psychological, sociological, philosophical, etc.) and base our line of research on what universal features had already been discovered. Regarding professional background, again, recruitment methodology for ‘experts’ was focused on including a wide range of countries. The comparison sample would provide an opportunity to compare ‘experts’ opinion but also provided the possibility of comparing different professional’s opinion, albeit with a narrower international representativity.

Please find the following additions in text in the “analysis of results” section:

“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.”

On page 6 establish as an aim:to design and validate the questionnaire...but the questionnaire is designed because is presented, then that must not be an aim. The other aim "validate the questionnaire" the kind of validity is not named, but the procedures correspond possibly to content validity but are not specify why were select this sections in the questionnaire and if all items in the questionnaire are equally relevant or if the items consider different populations.

Response of authors: Yes, the questionnaire has already been validated and used. The phrasing was incorrect. Thank you for this comment. One of the aims of the paper was to outline the validation process, which was a validation of content. The complete version of the questionnaire was included as a supplementary file. All questions were to be answered by all respondents, no selection process was involved in the type of questions asked.

Please find the following additions in text:

“The aim of the current paper is to describe the methodology of the International Study of Definitions and Terms for Suicidal Behaviors © (ISDTSB), i.e. the selection of participants, the questionnaire design and validation process, and the analysis of expected results.”

And further:

“The study questionnaire was assessed regarding content validity.”

VERSION 2 – REVIEW

REVIEWER	Carlos Alejandro Hidalgo Rasmussen University of Guadalajara
REVIEW RETURNED	20-Apr-2019
GENERAL COMMENTS	As the Study is only in the English language, and this is a limitation that the authors express in limitations, this is an important limitation because not always the expert could be good in English or translating the other language terms in English. I

	<p>suggest that the limitation be transformed in a characteristic of the study. Then, the name of the Protocol could be: International Study in the English Language, of Definitions and Terms for Suicidal Behaviours©.</p> <p>In the Abstract this limitation (English Language) is not specified. I suggest that in the abstract be specified that that questionnaire is in English.</p> <p>Pag 5. Line 31. Say one 'expert' for each country in the world. In reality, will be one expert for one country? I know that not all countries will be contacted. I suggest being more specific something as One for each of the 87(by example) countries which participate in the organizations mentioned before.</p> <p>Page 13: Say: This paper outlines the main features of the Worldwide Study of Definitions and Terms for Suicidal Behaviours©.</p> <p>Most to say: This paper outlines the main features of the International Study of Definitions and Terms for Suicidal Behaviours©.</p> <p>I consider is a limitation that the experts invited be only one for country because as the authors said p3 line 43 - 48 : "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." Then by consequence, I consider at least need to be surveyed two persons for a country: one clinical and another a public health expert or researcher. The other possibility is one more psychological or sociological and another expert more medical. That could be very useful because a comparison between others used in the same country could be discussed too.</p>
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REVIEWER	Qijin Cheng The Chinese University of Hong Kong, Hong Kong SAR, China
REVIEW RETURNED	02-May-2019

GENERAL COMMENTS	No further comments.
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VERSION 2 – AUTHOR RESPONSE

Answer to reviewers

We are thankful for the persistent efforts of reviewers to help enhance the quality of this document.

Our answers to reviewer 2 will be inserted in blue color in the text below.

As the Study is only in the English language, and this is a limitation that the authors express in limitations, this is an important limitation because not always the expert could be good in English or

translating the other language terms in English. I suggest that the limitation be transformed in a characteristic of the study. Then, the name of the Protocol could be:

International Study in the English Language, of Definitions and Terms for Suicidal Behaviours©.

Response of authors: We agree with reviewer 2. Indeed, the fact that this study was conducted in the English language is a characteristic of the study. We propose the following title:

“International Study of Definitions of English-Language Terms for Suicidal Behaviours”

In the Abstract this limitation (English Language) is not specified. I suggest that in the abstract be specified that that questionnaire is in English.

Response of authors: We agree. Accordingly, the words “English language” were added in the abstract:

“The aim of the study is to survey existing English language terms and definitions used around the world for suicidal behaviour.”

Pag 5. Line 31. Say one ‘expert’ for each country in the world. In reality, will be one expert for one country? I know that not all countries will be contacted. I suggest being more specific something as One for each of the 87(by example) countries which participate in the organizations mentioned before.

Response of authors: Reviewer 2 is right. We changed the sentence accordingly:

“...with one ‘expert’ each representing one participating country.”

Page 13: Say: This paper outlines the main features of the Worldwide Study of Definitions and Terms for Suicidal Behaviours©.

Most to say: This paper outlines the main features of the International Study of Definitions and Terms for Suicidal Behaviours©.

Response of authors: We are thankful to reviewer 2 for pointing out this omission. The text was corrected accordingly.

I consider is a limitation that the experts invited be only one for country because as the authors said p3 line 43 - 48 : “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.”

Then by consequence, I consider at least need to be surveyed two persons for a country: one clinical and another a public health expert or researcher. The other possibility is one more psychological or sociological and another expert more medical. That could be very useful because a comparison between others used in the same country could be discussed too.

Response of authors: We are thankful to reviewer 2 for this comment. Indeed, interdisciplinary representation is very important in this area. We understand that this is a fundamental point of reviewer 2 since this comment is in line with his comments in the previous revision.

Considering this very specialized area of research, it wouldn't be realistic to expect a large number of participants, which may impact on the interdisciplinary representation of experts. The aim of selecting one ‘expert’ per participating country was to give a stronger voice to low- and middle-income countries. Indeed, we expect that most knowledgeable participants will originate from high income

countries (HIC), and that on the other hand, fewer low- and middle-income countries (LMIC) will be able to produce experts in this field. This can be explained by the fact that relatively few LMICs dispose of elaborated suicide prevention programs including research in which highly trained and specialized professionals may be employed. Our strategy aimed to harmonize representation across national incomes and avoid centering data on high income countries as is already the case in the existing published literature.

This being said, including non-national representatives from IASP (an international transdisciplinary organization dedicated to suicide research and prevention) through a general invitation would enable inclusion of a wider range of participants coming from various professional backgrounds and various countries. This would however, increase the proportion of participants coming from HICs for the reasons mentioned above. Analyses in terms of countries' income, and participants' professional background would then enable a consideration of these factors.