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WHO – SUICIDE PREVENTION
SUPRE

MULTISITE INTERVENTION STUDY ON SUICIDAL BEHAVIOURS – SUPRE-MISS:

PROTOCOL OF SUPRE-MISS

This document presents the protocol of SUPRE-MISS, the multisite intervention study on suicidal behaviours.

The study uses a questionnaire covering socio-demographic, medical and psychological information with regards to present and previous suicide attempts and suicidal ideation, as well as a socio-cultural assessment instrument.

This document is part of SUPRE, the WHO worldwide initiative for the prevention of suicidal behaviours.

Keywords: suicide / suicide attempt / prevention / treatment / socio-cultural assessment / research / multisite

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World Health Organization
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FOREWORD

SUPRE, the WHO worldwide initiative for the prevention of suicide was launched in 1999 with the overall goal of reducing mortality and morbidity associated with suicidal behaviours (both attempted and completed suicide). Although official data provided by Member States allow for an estimated one million deaths from suicide in the year 2000, no reliable data exist on the real dimension of the burden of suicide attempts on a global basis. Nevertheless, attempted suicide is the strongest predictor of suicide and there are indications that in some places suicide attempts can be up to 40 times more frequent than completed suicides. The identification of specific effective interventions for suicide attempters can reduce suicide mortality and morbidity and, at the same time, improve the efficiency of health care services.

SUPRE-MISS, the multisite intervention study on suicidal behaviours, is part of SUPRE and shares the overall goal of reducing mortality and morbidity due to suicidal behaviours. The study comprises the evaluation of treatment strategies for suicide attempters, a community survey of suicidal ideation and behaviour, and a community description aimed at assessing basic socio-cultural indices.

The present document gives instructions on how to carry out the several sub-components of the study. The number of subjects to be included and the instruments to be applied are described with instructions for the interviewer on how to proceed.

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WHO – SUICIDE PREVENTION
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MULTISITE INTERVENTION STUDY ON SUICIDAL BEHAVIOURS – SUPRE-MISS: PROTOCOL OF SUPRE-MISS

THE SUPRE-MISS PROTOCOL

BACKGROUND

In 1999 WHO launched a worldwide initiative - SUPRE - aiming at reducing the growing mortality due to suicidal behaviours. The rationale behind SUPRE is based on the following facts:

- Globally speaking, mortality due to suicide has increased by about 60%, in the last 45 years.
- This trend is observed in both developed and developing countries.
- During these 45 years, the highest suicide rates have shifted from the elderly towards younger subjects (35-45 year olds and even 15-25 year olds, in some places), to the point that for the latter, suicide is among the 5 top causes of death for both men and women.
- A few interventions have demonstrated to be highly effective in reducing these rates in some places.
- Some of these interventions (e.g. the treatment of individuals with severe depression, which are at a particularly high risk) are cost effective and can be integrated into the primary health care approach.

However, there are indications that depending on the place, suicide attempts can be up to 10-40 times more frequent than completed suicides, but unfortunately there are no reliable data on the real dimension of the burden of suicide attempt on a global basis. Although a non-fatal outcome is always better than a fatal one, the amount and type of suffering and burden associated with suicide attempts is by no means negligible.

The overall goal of SUPRE-MISS, the multisite intervention study on suicidal behaviours, is to reduce morbidity and mortality associated with suicidal behaviours (both attempted and completed suicide).

More specifically, its objectives are:

- to contribute to increase the awareness about the burden of suicidal behaviours;
- to identify reliable and valid variables for determining risk factors for fatal and non fatal suicidal behaviour, with a special emphasis on social factors;
- to describe patterns of suicidal behaviour;
- to identify variables that determine the presentation or not at health facilities following a suicide attempt;
- to improve the efficiency of general health care services through the identification of specific interventions effective for the reduction of suicide attempts.

The background document “Multisite Intervention Study on Suicidal Behaviours – SUPRE-MISS: Components and Instruments” may be accessed directly via the internet at http://www.who.int/mental_health/PDFdocuments/SUPRE-MISS.pdf or it may be received by mail upon request.

OBJECTIVES

The overall goal of SUPRE-MISS is to evaluate the treatment strategies for suicide attempters, to assess suicidal ideation and behaviour in the community, and to describe the basic socio-cultural characteristics of the community.

METHODOLOGY

Basic research strategy

The instruments which have been pilot tested will be used to:

- evaluate treatment strategies of suicide attempters through a randomized clinical trial in a defined catchment area;
- conduct a community survey of suicidal ideation and behaviour in the catchment area to offset hospital sampling bias;
- describe the basic socio-cultural characteristics of the community.

The SUPRE-MISS will be carried out in 18 sites (2-3 per WHO region).

Each site is requested to translate the 3 questionnaires into the respective local languages. Furthermore, several answers have to be adapted to local coding categories. They are marked in the text with “TO BE ADAPTED TO LOCAL CODING CATEGORIES”.

In each site, 600 subjects (suicide attempters seen in the emergency department, to be assigned to two different treatment groups) will be interviewed using the SUPRE-MISS questionnaire (Annex 1). These interviews should be conducted by a person with clinical experience (e.g. doctor, nurse, psychologist).

In addition, 500 subjects selected at random (e.g. from voting lists, register of residents) living in the catchment area of the emergency department where suicide attempters were contacted, will also be interviewed, using the SUPRE-MISS community survey questionnaire (Annex 2). These interviews should be conducted by a person experienced in the field, e.g. a psychologist, sociologist or anthropologist.

The community description (Annex 4) should be conducted by a person experienced in the field, e.g. a cultural psychologist, anthropologist or sociologist.

The instruments which are to be used are described below including an explanation on how to apply them.

Sub-projects and instruments

The following sub-projects and the community description are part of SUPRE-MISS:

Sub-project 1. Intervention study of medically treated suicide attempters

The study unit which carries out SUPRE-MISS has to be an emergency care department with a catchment area of a population of approximately 250,000. It will involve all suicide attempters seen at the emergency department during a 12 month period as well as an intervention study based on the same subject pool.

All of the attempters identified in the 12 month period will be offered to participate in a treatment group. Using the SUPRE-MISS questionnaire (Annex 1), based on EPSIS, European Parasuicide Study Interview Schedule (of the WHO/EURO Multicentre Study on Parasuicide), a longitudinal prospective evaluation of attempters will be performed. This is aimed at evaluating/predicting relapses/repeats of suicidal behaviour. Those who agree to participate in a treatment group will be asked by a health worker (e.g. doctor, nurse, psychologist) to fill in a consent form (Annex 3A) and, if possible, a copy has to be provided for each participant. The SUPRE-MISS questionnaire covers detailed sociodemographic and clinical information (e.g. mental and physical health status, traumatic events, criminal record). Specific instruments include self-report questionnaires such as the Pearce Suicide Intent Scale, Beck Depression Inventory, Beck Hopelessness Scale, WHO Well-Being Index, Spielberger Trait Anger Scale, and Bille-Brahe Social Support Scale.

Irrespective of whether the patient chooses to participate in a treatment group or not, a comprehensive data base of all suicide attempters seen at the emergency department will be compiled using a monitoring form (i.e. "Intake" parts 1.-3. of the SUPRE-MISS questionnaire) that includes demographic variables plus a description of the circumstances of the event and previous suicidal episodes/suicidal ideation. Family history of suicidal behaviour and routine psychiatric diagnoses (ICD-10) will also be recorded. Hospital data collection procedures already in place can be used. This will take about 15 minutes to be completed by the health worker (e.g. doctor, nurse, psychologist) who initially treats the person. Beforehand each patient has to fill in a consent form (Annex 3A).

The Intervention

The suicide attempters who agreed to participate in a treatment group will then be randomly assigned to two different treatment modalities, with approximately 300 subjects per group, considering a confidence level of 95%, power of 80%, and expected repetition rates of 15.0% and 7.5% respectively. The two treatment modalities are:

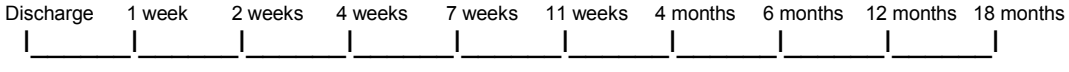
- "Treatment as usual" according to norms prevailing in the respective emergency department (Annex 6). It has to be defined by each site.

- "Brief intervention for suicide prevention" (Annex 6, 7) which includes the following:

    - a 1 hour individual information session as close to the time of discharge as possible: The content of this information session is the following:
        - suicidal behaviour as a sign of psychological/social distress;
        - risk factors;
        - basic epidemiology / repetition;
        - alternatives;
        - contacts / referrals.

    - after discharge: phone calls or visits (as appropriate) according to the time line given below. During each visit or phone call, the person will be asked how he or she feels and if he or she needs any support. If the person needs support he or she will be referred to an appropriate channel. If the person does not need support, but a risk is noted, referral to an appropriate channel will be suggested. These phone calls or visits should be conducted by a person with clinical experience (e.g. doctor, nurse, psychologist).

      The time line is the following:



Sub-project 2. Community Survey

The same catchment area of the emergency department where suicide attempters were contacted will be investigated by means of a community survey performed on a sample basis. Considering a catchment area size of a population of approximately 250,000 with an expected frequency of suicide attempts between 1.8% and 3.6% and a confidence level >95%, 500 persons should be selected at random (e.g. from voting lists, register of residents). The survey is aimed at identifying suicidal behaviour and suicidal thinking among people who, for various reasons, do not present at the emergency department with this specific complaint (the "submerged part of the iceberg" phenomenon). The community survey will be based on individual telephone interviews using a standardized questionnaire (Annex 2). Consent to the telephone interview has to be given by each participant (Annex 3B). The telephone interviews should be conducted by a person experienced in the field, e.g. a psychologist, sociologist, or anthropologist. Data will be analysed by descriptive statistics.

Impulsiveness

An optional, but additionally recommended measurement (Annex 5) of sub-project 1, is the Impulsiveness scale (Eysenck & Eysenck, 1978), to be used in sites where its validity has been demonstrated.

Community Description

The community description grasps the basic socio-cultural characteristics of each participating site, described by means of a specially developed instrument (Annex 4). A cultural psychologist, anthropologist or sociologist has to fill in the questionnaire.

MANAGEMENT

SUPRE-MISS will be coordinated by the WHO Department of Mental Health and Substance Dependence in Geneva, with the technical expertise and support from the Australian Institute for Suicide Prevention and Research, Griffith University in Brisbane, Australia, and the Swedish National Centre for Suicide Research and Prevention of Mental Ill-Health at the Institute for Psychosocial Medicine, Karolinska Institute, Stockholm, Sweden.

TIMETABLE

The total duration of SUPRE-MISS will be 40 months:

00-03 months:	selection of sites and adaptation of the protocol; first meeting of investigators.
03-06 months:	training of local personnel.
06-18 months:	case identification, treatment, data collection; second meeting of investigators.
18-36 months:	follow-up.
36-39 months:	data analysis, preparation of report; third meeting of investigators.
40 months:	publication of final report.

Each site will retain, jointly with WHO, the ownership and rights over data related to its work. Publications relating to the data obtained as part of the pilot study will follow WHO rules for publication of multisite studies (Annex 8).

Annex 1

SUPRE-MISS QUESTIONNAIRE
(SUPRE-MISS-Q)

1. IDENTIFICATION OF THE SITE **(INTAKE)**

2. IDENTIFICATION OF THE PATIENT **(INTAKE)**

3. PRESENT SUICIDE ATTEMPT **(INTAKE)**

4. SOCIO-DEMOGRAPHIC INFORMATION

5. CURRENT EPISODE HISTORY

6. PREVIOUS SUICIDE ATTEMPT HISTORY AND FAMILY DATA

7. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH

8. ALCOHOL AND DRUG RELATED QUESTIONS

9. WHO WELL-BEING INDEX

10. BECK DEPRESSION INVENTORY

11. HOPELESSNESS

12. TRAIT ANGER SCALE

13. SOCIAL SUPPORT

14. LEGAL OR OFFENDING HISTORY / ANTISOCIAL BEHAVIOUR

15. WHO/DAS – PSYCHIATRIC DISABILITY ASSESSMENT SCHEDULE: SOCIAL ROLE PERFORMANCE

SUPRE-MISS QUESTIONNAIRE

INSTRUCTIONS FOR THE INTERVIEWER

Please note that INTAKE part 1.-3. have to be filled in by the interviewer and part 4.-15. have to be filled in alternatively by the interviewer in the presence of the interviewee and by the interviewee himself/herself.

PLEASE INSTRUCT THE INTERVIEWEE TO GIVE ONLY **ONE ANSWER** PER QUESTION!

Please mark the chosen answer with an "**X**" on the right hand side of each page, or, if requested, fill in numbers or write down the answer.

Rate "888" if information is not available and "999" if item is not applicable.

SUPRE-MISS QUESTIONNAIRE
(SUPRE-MISS-Q)

1. IDENTIFICATION OF THE SITE **(INTAKE)**

1.1 Country: ☐☐

1.2 Service/Hospital: _ _ _ _ _ _ _ _ _ _

1.3 Date of admission: Day / Month / Year: _ _ / _ _ / _ _ _ _

1.4 Time of admission: Hour / Minute: _ _ / _ _

1.5 Attended by: 1 _ Emergency Department 1 2 3
2 _ Intensive Care Unit
3 _ Other ward, specify: _____

1.6 Who accompanies the patient? _

1.7 Date of discharge from hospital: Day / Month / Year: _ _ / _ _ / _ _ _ _
(in case of access to hospital administration files, discharge date can be taken from the files)

1.8 Time of discharge from hospital: Hour / Minute: _ _ / _ _

2. IDENTIFICATION OF THE PATIENT **(INTAKE)**

2.1 Patient's identification number: ☐☐☐

2.2 Sex: 1 _ Male 2 _ Female 3 _ Transsexual 1 2 3 888 999

2.3 Date of birth: Day / Month / Year: _ _ / _ _ / _ _ _ _
888 999

2.4 Present marital status:
1 2 3 4 888 999

1 _ Single
2 _ Married or living with permanent partner; since when: _ _ Day _ _ Month _ _ _ _ Year
3 _ Widowed; since when: _ _ Day _ _ Month _ _ _ _ Year
4 _ Divorced / separated; since when: _ _ Day _ _ Month _ _ _ _ Year

2.5 Years of education: Years: ☐☐ 888 999

2.6 What is the highest completed education the patient has? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

1 2 3 4 5 6
888 999

1 _ None
2 _ Primary education
3 _ Secondary education
4 _ Non-university higher education
5 _ University education
6 _ Other, specify _

2.7 Does the patient currently go to school? 1 _ No 2 _ Yes 1 2 888 999

2.8a What is the patient's occupation? If he or she is unemployed or not economically active: What was his or her last occupation? (State if the patient never had a paid job.) (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

Use the patient's words:

_ _

2.8b Which of the following occupational categories best describes the patient's occupation? **Choose only one answer according to the patient's most important occupation.** 1 2 3 4 5 6 7 8 9 10 11 888 999

1 _ Legislator, senior official or manager
2 _ Professional (e.g. science, health, art)
3 _ Technician or associate professional (e.g. inspector, medical assistant)
4 _ Clerk (e.g. secretary)
5 _ Service worker, shop or market sales worker (e.g. waiter, police officer)
6 _ Skilled agricultural and fishery worker
7 _ Craft and related trades worker (e.g. painter, baker, tailor)
8 _ Plant or machine operator or assembler (e.g. driver)
9 _ Elementary occupation (e.g. cleaner, labourer)
10 _ Armed forces
11 _ Other, specify _

2.9 What is the patient's employment status? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!) **Choose only one answer according to the patient's most important activity at the present time.** 1 2 3 4 5 6 7 8 9 10 11 888 999

1 _ Full-time employed (including self-employed)
2 _ Part-time employed (including self-employed)
3 _ Employed, but on sick leave
4 _ Temporary work
5 _ Unemployed; since when: _ _ Day _ _ Month _ _ _ _ Year
6 _ Armed services
7 _ Full-time student
8 _ Disabled, permanently sick; since when: _ _ Day _ _ Month _ _ _ _ Year
9 _ Retired; since when: _ _ Day _ _ Month _ _ _ _ Year
10 _ Housewife/homemaker
11 _ Other, specify _

3. PRESENT SUICIDE ATTEMPT **(INTAKE)**

3.1 Date of suicide attempt: Day / Month / Year: _ _ / _ _ / _ _ _ _ 888 999

3.2 Day of the week: _

3.3 Time: Hour / Minute: _ _ / _ _ 888 999

3.4 Place: _

3.5 Method: _ _ _ _ _ _ _ _ _ _ _ (according to ICD-10 codes, see below):

X60 _	Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	60 61 62 63 64 65 66 67 68 69
X61 _	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	70 71 72 73 74 75 76 77 78 79
X62 _	Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified	80 81 82 83 84 888 999
X63 _	Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	
X64 _	Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	
X65 _	Intentional self-poisoning by and exposure to alcohol	
X66 _	Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	
X67 _	Intentional self-poisoning by and exposure to other gases and vapours	
X68 _	Intentional self-poisoning by and exposure to pesticides	
X69 _	Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	
X70 _	Intentional self-harm by hanging, strangulation and suffocation	
X71 _	Intentional self-harm by drowning and submersion	
X72 _	Intentional self-harm by handgun discharge	
X73 _	Intentional self-harm by rifle, shotgun and larger firearm discharge	
X74 _	Intentional self-harm by other and unspecified firearm discharge	
X75 _	Intentional self-harm by explosive material	
X76 _	Intentional self-harm by smoke, fire and flames	
X77 _	Intentional self-harm steam, hot vapours and hot objects	
X78 _	Intentional self-harm by sharp object	
X79 _	Intentional self-harm by blunt object	
X80 _	Intentional self-harm by jumping from a high place	
X81 _	Intentional self-harm by jumping or lying before moving object	
X82 _	Intentional self-harm by crashing of motor vehicle	
X83 _	Intentional self-harm by other specified means	
X84 _	Intentional self-harm by unspecified means	

3.6 Regarding the physical consequences and the danger to life for the attempted suicide:

0 _ no significant physical harm, no medical treatment required	0 1 2 888 999
1 _ medical attention/surgery required, but no danger to life	
2 _ medical attention/surgery required, had/has danger to life	

3.7 Regarding the type of care:

0 _ After treatment at emergency department patient was discharged	0 1 2 3 888 999
1 _ Patient stayed under observation/treatment in emergency department and was discharged	
2 _ From the emergency department patient was transferred to the intensive care unit or other clinical or surgical ward/unit	
3 _ From emergency department patient was directly transferred to a psychiatric institution	

3.8 (If applicable:) Patient was referred to:

0 1 2 3 888 999

0 _ was not referred to any professional service
1 _ was sent to general health care centre (or primary health care)
2 _ was sent to psychiatric outpatient clinic
3 _ was sent to private professional service

3.9 (If applicable:) Offer of professional care:

0 1 2 888 999

0 _ Patient accepts to go/come to consultation
1 _ Patient is not sure if he/she will show up or not
2 _ Patient refuses

INSTRUCTIONS FOR THE INTERVIEWER

Please ask the interviewee the following questions and give the following introduction:
"In the following, I will ask general questions about your age, living arrangements, work or study, etc. Your answers should reflect your actual situation. Please give only one answer per question and please indicate any question that is unclear to you."
Rate "888" if information is not available and "999" if item is not applicable.

4. SOCIO-DEMOGRAPHIC INFORMATION

4.1 Where were you born? (country) _ _ _ _ _ _ _ _ _ _

4.2 What is your nationality? _ _ _ _ _ _ _ _ _ _

4.3 Have you lived with different partners? 1 _No 2 _Yes; 4.3.1 If yes, how many: _ _ 1 2 888 999

4.4 How many times have you been divorced? (Number) ☐☐ 888 999

4.5 How many children do or did you have, including children who are adopted? (Do not count children who were born dead.) (Number) ☐☐ 888 999

4.6 How many children do you have, who are aged less than 16 years, for whom you have shared or sole responsibility? (Number) ☐☐ 888 999

4.7 With whom do you live presently (at the time you were admitted to the hospital)? (Household composition at time of suicide attempt).

1 2 3 4 5 6 7
8 9 10 888 999

1 _ Living alone
2 _ Living alone with child(ren)
3 _ Living with partner without child(ren)
4 _ Living with partner and child(ren)
5 _ Living with parents
6 _ Living with other relatives / friends
7 _ Living in jail
8 _ Living in psychiatric institution
9 _ Living in homes/institutions
10 _ Other, specify: _____

4.8 During the past year, with whom did you live most of the time? (What was the usual situation?) (Household composition during past year, usual situation).

1 2 3 4 5 6 7
8 9 10 888 999

1 _ Living alone
2 _ Living alone with child(ren)
3 _ Living with partner without child(ren)
4 _ Living with partner and child(ren)
5 _ Living with parents
6 _ Living with other relatives / friends
7 _ Living in jail
8 _ Living in psychiatric institution
9 _ Living in homes/institutions
10 _ Other, specify: _____

4.9 Area of residence at time of the suicide attempt: (area or postal code) ☐☐☐☐☐

4.10 Do you live in a rural or urban residence area? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!) 1 2 888 999

1 _ Rural 2 _ Urban

4.11 During the past year (that is: between now and one year ago), have you been unemployed for some time? With unemployed I mean that you were looking for a job but could not find one. If yes, how long in total have you been unemployed during the past year? (Fill in zero, if patient has not been unemployed.) Weeks: _ _ Weeks

4.12 What was your annual income in the last year (after tax)?
(TO BE ADAPTED TO LOCAL CODING CATEGORIES!) _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4.13a What is or was the occupation of your father?

Use your own words: _

4.13b Which of the following occupational categories best describes your father's occupation? **Choose only one answer according to your father's most important occupation.**

1 2 3 4 5 6 7 8 9 10 11 888 999

1 _ Legislator, senior official or manager
2 _ Professional (e.g. science, health, art)
3 _ Technician or associate professional (e.g. inspector, medical assistant)
4 _ Clerk (e.g. secretary)
5 _ Service worker, shop or market sales worker (e.g. waiter, police officer)
6 _ Skilled agricultural and fishery worker
7 _ Craft and related trades worker (e.g. painter, baker, tailor)
8 _ Plant or machine operator or assembler (e.g. driver)
9 _ Elementary occupation (e.g. cleaner, labourer)
10 _ Armed forces
11 _ Other, specify _

4.14 What is your religious denomination?

1 _ None
2 _ Protestant
3 _ Catholic
4 _ Jewish
5 _ Muslim
6 _ Hindu
7 _ Greek orthodox
8 _ Buddhist
9 _ Other, specify _ _ _ _ _ _ _ _ _ _ _

1 2 3 4 5 6 7 8 9 888 999

4.15 How often do you go to church (or other place of worship)?

1 _ At least once a week
2 _ Once a month
3 _ 2-3 times a year
4 _ About once a year
5 _ Almost never

1 2 3 4 5 888 999

4.16 Why? What is your motive? (Use the patient's words) _ _ __ _ _ _ _ _ _ _ _ _ _ _

_ _

4.17 Do you consider yourself to be a religious person?

1 _ No 2 _ Yes

1 2 888 999

4.18 What is your preferred sexual orientation?

1 _ Heterosexual
2 _ Homosexual
3 _ Bisexual
4 _ Uncertain
5 _ Refused to answer

1 2 3 4 5 888 999

INSTRUCTIONS FOR THE INTERVIEWER

Please ask the interviewee the following questions and give the following introduction:
"After the general questions, let us talk about the things that happened just before your admission to the hospital. Please think back to what happened. Please listen to all answers carefully and then give only one answer per question. Please indicate any question that is unclear to you."

Rate "888" if information is not available and "999" if item is not applicable.

5. CURRENT EPISODE HISTORY

5.1 Was anybody near you when you tried to harm yourself? (e.g. in the same room, telephone conversation.)

0 _ Somebody present
1 _ Somebody nearby or in contact (e.g. telephone)
2 _ No one nearby or in contact

0 1 2 888 999

5.2 At the moment you did it? Were you expecting someone? Could someone soon arrive? Did you know that you had some time before anyone could arrive? Or didn't you think about the possibility?

0 1 2 3 888 999

0 _ Timed so that intervention is probable
1 _ Timed so that intervention is not likely
2 _ Timed so that intervention is highly unlikely
3 _ You did not think about it

5.3 Did you do anything to prevent someone finding you? (e.g. disconnect the telephone, put a note on the door, etc.)

0 1 2 888 999

0 _ No precautions at all
1 _ Passive precautions, such as avoiding others but doing nothing to prevent their intervention (e.g. being alone in room with unlocked door)
2 _ Active precautions (e.g. being alone in room with locked door)

5.4 Around the time you harmed yourself, did you call someone to tell what you just did?

0 1 2 888 999

0 _ Notified potential helper regarding attempt
1 _ Contacted but did not specifically notify potential helper regarding attempt
2 _ Did not contact or notify potential helper

5.5 Did you do anything, such as paying bills, say goodbye, write a testament, once you decided to harm yourself?

0 1 2 888 999

0 _ None
1 _ You thought about making or made some arrangements in anticipation of death
2 _ Definite plans made (making up or changing a will, giving gifts, taking out insurance)

5.6 Had you planned the attempt for some time? Did you make any preparations such as saving pills, etc.?

0 1 2 888 999

0 _ No preparation (no plan)
1 _ Minimal or moderate preparation
2 _ Extensive preparation (detailed plan)

5.7 Did you write one or more farewell letters? If yes, to whom? If no, did you think about writing one?

0 1 2 888 999

0 _ Neither written a note, nor thought about writing one
1 _ Thought about writing one
2 _ Note written (present or torn up)

5.8 Did you tell neighbours, friends and/or family members, implicitly or explicitly, that you had the intention to harm yourself?

0 1 2 888 999

0 _ None
1 _ Equivocal communication (ambiguous or implied)
2 _ Unequivocal communication (explicit)

5.9 What were your feelings towards life and death? Did you want to live more strongly than you wanted to die? Didn't you care whether to live or to die?

0 1 2 888 999

0 _ You did not want to die
1 _ You did not care whether you lived or died
2 _ You wanted to die

5.10 Can you tell me what you hoped to accomplish by harming yourself? 0 1 2 3 888 999

0 _ Mainly to manipulate others
1 _ Temporary rest
2 _ Death
3 _ Other, specify: _ _ _ _ _ _ _ _ _ _ _

5.11 What did you think were the chances that you would die as a result of your act? 0 1 2 3 888 999

0 _ You thought that death was unlikely or did not think about it
1 _ You thought that death was possible but not probable
2 _ You thought that death was probable or certain
3 _ Other, specify: _ _ _ _ _ _ _ _ _ _ _

5.12 Relation between alcohol/drug use (specify: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _) and current suicide attempt: 0 1 2 888 999

0 _ none/some previous ingestion, but without relation to the suicide attempt
1 _ sufficient for the deterioration of judicious capacity and responsibility
2 _ intentional intake to facilitate and implement the suicide attempt

OPTIONAL 5.13 In your opinion, what was the main reason why you harmed yourself?
Why did you do this?_ _

_ _

INSTRUCTIONS FOR INTERVIEWER

Please ask the interviewee the following questions and give the following introduction:
“In the following, let us see if you have ever before deliberately poisoned or injured yourself, or if a family member has ever before done so.”
Rate “888” if information is not available and “999” if item is not applicable.

6. PREVIOUS SUICIDE ATTEMPT HISTORY AND FAMILY DATA

6.1 Previous suicide attempt(s)?
1 _ No 2 _ Yes 1 2 888 999

6.1.1 If yes, how many? (Number) ☐☐ 888 999

6.1.2 When was the last one? Day / Month / Year: _ _ / _ _ / _ _ _ _
888 999

6.2 If yes, method of previous suicide attempt (see ICD-10 codes in 3.5):

Previous suicide attempt number:	1.	2.	3.	4.	5.
Please fill in the corresponding code:	_ _	_ _	_ _	_ _	_ _

6.3 Suicide of closest people (parents, friend, boy-/girlfriend) = “model”:
1 _ No 2 _ Yes 1 2 888 999

6.4 If no, skip sub-questions and go to question 6.5.

If yes, specify the person (=”model), the method of the “model” event (see ICD-10 codes in 3.5), and the time lapse between “model” event and present suicide attempt.

6.4.1a "Model" number 1: specify who?

6 _ 12 months or more ago

1 _ parent
2 _ child
3 _ sister or brother
4 _ spouse
5 _ boy-/girlfriend
6 _ friend
7 _ other, specify _ _ _ _ _ _ _ _ _

1 2 3 4 5 6 7
888 999

6.4.1b "Model number 1: method (please fill in corresponding code, see 3.5) _ _ _ _ _ _

_ _ 888 999

6.4.1c "Model" number 1: time lapse:

1 _ less than 1 day ago
2 _ less than 1 week ago
3 _ less than 1 month ago
4 _ less than 3 months ago
5 _ less than 12 months ago
6 _ 12 months or more ago

1 2 3 4 5 6
888 999

6.4.2a "Model" number 2: who?

1 _ parent
2 _ child
3 _ sister or brother
4 _ spouse
5 _ boy-/girlfriend
6 _ friend
7 _ other, specify _ _ _ _ _ _ _ _ _

1 2 3 4 5 6 7
888 999

6.4.2b "Model number 2: method (please fill in corresponding code, see 3.5) _ _ _ _ _ _

_ _ 888 999

6.4.2c "Model" number 2: time lapse:

1 _ less than 1 day ago
2 _ less than 1 week ago
3 _ less than 1 month ago
4 _ less than 3 months ago
5 _ less than 12 months ago
6 _ 12 months or more ago

1 2 3 4 5 6
888 999

6.4.3a "Model" number 3: who?

1 _ parent
2 _ child
3 _ sister or brother
4 _ spouse
5 _ boy-/girlfriend
6 _ friend
7 _ other, specify _ _ _ _ _ _ _ _ _

1 2 3 4 5 6 7
888 999

6.4.3b "Model number 3: method (please fill in corresponding code, see 3.5) _ _ _ _ _ _

_ _ 888 999

6.4.3c "Model" number 3: time lapse:

1 _ less than 1 day ago
2 _ less than 1 week ago
3 _ less than 1 month ago
4 _ less than 3 months ago
5 _ less than 12 months ago

1 2 3 4 5 6
888 999

6.4.4a "Model" number 4: who?

1 2 3 4 5 6 7
888 999

1 _ parent
2 _ child
3 _ sister or brother
4 _ spouse
5 _ boy-/girlfriend
6 _ friend
7 _ other, specify _ _ _ _ _ _ _ _ _

6.4.4b "Model number 4: method (please fill in corresponding code, see 3.5) _ _ _ _ _ _ _ _ 888 999

6.4.4c "Model" number 4: time lapse:

1 2 3 4 5 6
888 999

1 _ less than 1 day ago
2 _ less than 1 week ago
3 _ less than 1 month ago
4 _ less than 3 months ago
5 _ less than 12 months ago
6 _ 12 months or more ago

6.4.5a "Model" number 5: who?

1 2 3 4 5 6 7
888 999

1 _ parent
2 _ child
3 _ sister or brother
4 _ spouse
5 _ boy-/girlfriend
6 _ friend
7 _ other, specify _ _ _ _ _ _ _ _ _

6.4.5b "Model number 5: method (please fill in corresponding code, see 3.5) _ _ _ _ _ _ _ _ 888 999

6.4.5c "Model" number 5: time lapse:

1 2 3 4 5 6
888 999

1 _ less than 1 day ago
2 _ less than 1 week ago
3 _ less than 1 month ago
4 _ less than 3 months ago
5 _ less than 12 months ago
6 _ 12 months or more ago

6.5 I would like to know how then, after the last time you poisoned/harmed yourself, your relatives and friends reacted to what you had done. I will mention some possible reactions, and I would like you to indicate whether such a reaction was shown by no one of your family and friends, by some of them, or by all of them.

6.5.1	They felt pity for you	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999
6.5.2	They showed understanding	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999
6.5.3	They showed anger or irritation	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999
6.5.4	They felt embarrassed, tried to avoid you	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999
6.5.5	They felt uncertain	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999
6.5.6	They laughed at you	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999
6.5.7	They ignored the attempt	1 _ No one 2 _ One person 3 _ Some people	1 2 3	888 999

6.6 I would also like to know how you felt, after the previous time you poisoned/harmed yourself. I will again mention some possible feelings, and I would like you to say whether that applied to you. Please think back to how you felt one week after the previous time you poisoned/harmed yourself.

6.6.1 Did you feel good?	1 _ No	2 _ Yes	1 2	888 999
6.6.2 Did you feel released?	1 _ No	2 _ Yes	1 2	888 999
6.6.3 Proud because you managed to carry it through?	1 _ No	2 _ Yes	1 2	888 999
6.6.4 Did you feel pity about yourself?	1 _ No	2 _ Yes	1 2	888 999
6.6.5 Did you feel angry about yourself?	1 _ No	2 _ Yes	1 2	888 999
6.6.6 Did you feel afraid of yourself?	1 _ No	2 _ Yes	1 2	888 999
6.6.7 Did you feel uncertain of yourself?	1 _ No	2 _ Yes	1 2	888 999
6.6.8 Did you feel ashamed of yourself?	1 _ No	2 _ Yes	1 2	888 999
6.6.9 Did you feel uncertain towards others?	1 _ No	2 _ Yes	1 2	888 999
6.6.10 Did you feel embarrassed?	1 _ No	2 _ Yes	1 2	888 999

6.7 Have any of the following members of your biological family (i.e. related by birth only) died by suicide or made a suicide attempt?

6.7.1.	Died by suicide:		
6.7.1.1 Parent	1_No 2_Yes	1 2	888 999
6.7.1.2 Brother or sister	1_No 2_Yes	1 2	888 999
6.7.1.3 Child	1_No 2_Yes	1 2	888 999
6.7.1.4 Grandparent	1_No 2_Yes	1 2	888 999
6.7.2.	Made a suicide attempt:		
6.7.2.1 Parent	1_No 2_Yes	1 2	888 999
6.7.2.2 Brother or sister	1_No 2_Yes	1 2	888 999
6.7.2.3 Child	1_No 2_Yes	1 2	888 999
6.7.2.4 Grandparent	1_No 2_Yes	1 2	888 999

INSTRUCTIONS FOR THE INTERVIEWER

Please ask the interviewee the following questions and give the following introduction:
"Some people are affected by traumatic experiences in their lives. Have you ever experienced any of the following events?"

6.8 Have you ever suffered any persecution, violence, prejudice or hardship because of any of the following?

6.8.1 Your race	1_No	2_Yes	1 2	888 999
6.8.2 Your religious beliefs	1_No	2_Yes	1 2	888 999
6.8.3 Your political beliefs	1_No	2_Yes	1 2	888 999
6.8.4 A physical handicap or disability	1_No	2_Yes	1 2	888 999
6.8.5 Your sexual orientation	1_No	2_Yes	1 2	888 999
6.9 Were you ever threatened with abuse by someone?	1_No	2_Yes	1 2	888 999
6.10 Were you ever emotionally abused?	1_No	2_Yes	1 2	888 999
6.11 Were you ever beaten so badly you had to see (or should have seen) a doctor?	1_No	2_Yes	1 2	888 999
6.12 Have you ever been physically or psychologically forced by anyone to engage in any unwanted sexual activity, sexually assaulted or raped?	1_No	2_Yes	1 2	888 999
6.13 Were you ever the victim of a disaster, accident or war which affected your ability to live as before?	1_No	2_Yes	1 2	888 999
6.14 Were you ever the witness of a disaster, accident or war which affected your ability to live as before?	1_No	2_Yes	1 2	888 999
6.15 Were you ever a prisoner of war?	1_No	2_Yes	1 2	888 999
6.16 Were you ever physically tortured?	1_No	2_Yes	1 2	888 999
6.17 Were you ever emotionally or psychologically tortured?	1_No	2_Yes	1 2	888 999

INSTRUCTIONS FOR THE INTERVIEWER

Please ask the interviewee the following questions and give the following introduction:
"In the following, I will ask general questions about your health."

Rate "888" if information is not available and "999" if item is not applicable.

7. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH

7.1 Height in cm: _ _ _ _ _ _ 888 999

7.2 Weight in kg: _ _ _ _ _ _ 888 999

7.3 Do you have any longstanding physical illness or disability that has troubled you for at least one year?

1 _ No 2 _ Yes 1 2 888 999

7.3.1 If yes, what is the matter with you? _

7.3.2 How long have you had this? 555 _ from birth on 555 _ _ 888 999
_ _ (Years)

7.4 I would like you to think about the two weeks before you were admitted to the hospital. During these two weeks, did you have to cut down on any of the things you usually do because of physical illness or injury?

1 _ No 2 _ Yes — 1 2 888 999

7.4.1 If yes, what was the matter with you? _

7.5 Over the last three months, would you say your physical health on the whole has been excellent, good, fair, or poor?

1 _ Excellent — 1 2 3 4 888 999
2 _ Good
3 _ Fair
4 _ Poor

Contact with health services:

General practitioner

7.6 How many times did you see a general practitioner or family doctor, or specialists during the last year? (excludes dentist, psychiatrist)

1 2 3 4 888 999

1 _ not at all
2 _ one time
3 _ 2-3 times
4 _ 4 or more times

7.7 Could you give the approximate dates of the last time you contacted a doctor before you poisoned/harmed yourself? Why did you contact him/her, what were your complaints? Did the doctor prescribe any medicines?

7.7.1 Date of last contact (before suicide attempt): Day / Month / Year: _ _ / _ _ / _ _ _ _
888 999

7.7.2 Reason:

1 _ physical — 1 2 3 888 999
2 _ psychological
3 _ both physical and psychological

7.7.3 Medicines prescribed:

1 _ No — 1 2 888 999
2 _ Yes, specify: _____

7.7.4 If medicines prescribed, ask:
Did you use any of the medicines prescribed in that contact for self-poisoning (did you deliberately overdose)? — 1 2 888 999

1 _ No
2 _ Yes

7.8 At the time of your last contact with the doctor, did you have thoughts about poisoning or injuring yourself? — 1 2 3 888 999

1 _ No
2 _ To some extent
3 _ Yes, definitely

7.8.1 If “To some extent” (2_) or “Yes, definitely” (3_), ask:
Did you talk to the doctor about these thoughts? (Maybe you vaguely referred to such plans) — 1 2 3 888 999

1 _ No
2 _ Vaguely referred to
3 _ Yes

In-patient psychiatric treatment (includes treatment on psychiatric ward of general hospital)

7.9 How many times, if ever, have you been treated in a psychiatric hospital, in a psychiatric ward of a general hospital, or in any other in-patient institution for people with mental problems?
(Be sure that the patient refers to in-patient treatment: "you were in the hospital both night and day". In-patient treatment after the present suicide attempt not included.)

1 2 3 4 888 999

1 _ Never
2 _ 1 time
3 _ 2-3 times
4 _ 4 times or more

If "Never" (1_), continue with: Out-patient psychiatric treatment and day care.

7.10 If one or more times in-patient treatment:
Could you, as accurately as possible and for each admission separately describe: when you were admitted, how long you stayed there, and for which reasons you were admitted?
(Start with last admission. If patient was in in-patient psychiatric treatment at the time of the suicide attempt, start facts on this treatment. Do not code admissions after present suicide attempt.)

	Admission: Month/Year	Length of stay: Months	Reason for admission:
1.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
2.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
3.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
4.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
5.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
6.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _

Out-patient psychiatric treatment and day care

7.11 Have you ever been in contact with one of the following professional services for treatment or advice?
(TO BE FILLED IN ACCORDING TO NATIONAL SITUATION, codes should include treatment by private psychiatrist; an example (based on health services in the Netherlands) is given below for reference.)

(EXAMPLE)

7.11.1 Psychiatric service, polyclinic service	1 _ No 2 _ Yes	1 2	888 999
7.11.2 Psychiatric service, day-care	1 _ No 2 _ Yes	1 2	888 999
7.11.3 Community Mental Health Care	1 _ No 2 _ Yes	1 2	888 999
7.11.4 Private psychologist or psychiatrist	1 _ No 2 _ Yes	1 2	888 999
7.11.5 Consultation service for alcohol and drug related problems	1 _ No 2 _ Yes	1 2	888 999
7.11.6 Consultation service for relational and sexual problems	1 _ No 2 _ Yes	1 2	888 999

7.12 Other intervention for emotional problems

Have you ever received assistance for emotional problems from anyone else? For instance self-help groups like Alcoholics Anonymous, S.O.S. telephone services, etc. ?

1_No 2_Yes; Specify: _ _ _ _ _ _ _ _ _ _ 1 2 888 999

7.13 This question only, if respondent has treatment:

Did the treatment you received have any influence on you poisoning/injuring yourself last week? 1 2 3 888 999

1 _ no influence
2 _ some influence
3 _ decisive influence

7.14 Do you or did you ever experience for prolonged periods of time (for over at least on year) troubles within yourself that hindered your functioning? (Make this question clearer, if needed, by examples like: fears of places, anxiety to leave your house, excessive fear of people in general, depressive feelings, other emotions or thoughts that influenced you repeatedly like obsessions, e.g., to be compelled to clean yourself or your house, etc.).

1 _ No 2 _ Yes 1 2 888 999

7.14.1 If yes, what was the matter with you? _

7.14.2 How long have you had this? 555 _ from birth on 555 _ _ 888 999
_ _ (Years)

7.15 Did you have any psycho-social difficulties during the last year with _ _ _ _ _ _ ?
Specify how long ago:

7.15.1 With your partner (fights, infidelity, separation, alcohol, death):
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.2 With your family (father, mother, siblings, others):
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.3 Work/studies (dissatisfaction, unemployment, reproof, conflicts):
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.4 Serious financial problems (housing, hunger, default of payment, etc.):
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.5 Disability or serious physical illness:
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.6 Pregnancy (unwanted?), recent provoked abortion:
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.7 Problems with police, justice:
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.15.8 Others: which? _ _ _ _ _ _ _ _ _ _
1 _No 2 _1 month 3 _6 months 4 _1 year ago 1 2 3 4 888 999

7.16 Now I would like you to think about the two weeks before you were admitted to the hospital. During these two weeks, did you have to cut down on any of the things you usually do because of feelings or thoughts or any other troubles like the ones I mentioned just before (like fears of places, depressive feelings, obsessions or compulsions, or any other psychological condition)?
(Please note that it concerns afflictions which must severely hinder normal functioning.)

1 _ No 2 _ Yes 1 2 888 999

7.16.1 If yes, what was the matter with you? _

7.17 How satisfied are you with your life?
(from "1" = dissatisfied to "5" = satisfied)

7.17.1	Now	1	2	3	4	5	1 2 3 4 5 888 999
7.17.2	30 days ago	1	2	3	4	5	1 2 3 4 5 888 999
7.17.3	One year ago	1	2	3	4	5	1 2 3 4 5 888 999
7.17.4	Five years ago	1	2	3	4	5	1 2 3 4 5 888 999

7.18 How satisfied with your life do you think you will be?
(from "1" = dissatisfied to "5" = satisfied)

7.18.1	30 Days from now	1	2	3	4	5	1 2 3 4 5 888 999
7.18.2	One year from now	1	2	3	4	5	1 2 3 4 5 888 999
7.18.3	Five years from now	1	2	3	4	5	1 2 3 4 5 888 999

7.19 Did you have the opportunity to talk about your problems (ask for help) with any relatives during the last month? 1 2 888 999

1 _ No 2 _ Yes

7.19.1 If yes, with whom? 1 2 3 4 5 888 999

1 _ parent
2 _ child
3 _ sister or brother
4 _ spouse
5 _ other relative, specify _ _ _ _ _ _ _ _ _ _

7.20 Did you have the opportunity to talk about your problems (ask for help) with anyone outside your family during the last month? 1 2 888 999

1 _ No 2 _ Yes

7.20.1 If yes, with whom? 1 2 3 4 5 6 888 999

1 _ boy-/girlfriend
2 _ friend
3 _ colleague
4 _ neighbour
5 _ health professional
6 _ other, specify _ _ _ _ _ _ _ _ _ _

7.21 Did you take any psychopharmacologic drugs during the last month? 1 2 888 999

1 _ No 2 _ Yes 7.21.1 If yes, which one(s)? _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

7.22 Do you receive psychological/psychiatric treatment currently? 1 2 888 999

1 _ No 2 _ Yes

7.23 Psychological exam

"0" = absent
"1" = light
"2" = moderate
"3" = marked
"4" = severe

7.23.1 Psycho-motor slowdown	0	1	2	3	4	0 1 2 3 4 888 999
7.23.2 Distrustful, defensive	0	1	2	3	4	0 1 2 3 4 888 999
7.23.3 Histrionic	0	1	2	3	4	0 1 2 3 4 888 999
7.23.4 Depressive mood	0	1	2	3	4	0 1 2 3 4 888 999
7.23.5 Anxious, tense, uneasy	0	1	2	3	4	0 1 2 3 4 888 999
7.23.6 Euphoria, excited mood	0	1	2	3	4	0 1 2 3 4 888 999
7.23.7 Incongruent, flattened emotions	0	1	2	3	4	0 1 2 3 4 888 999
7.23.8 Delirium, misinterpretations	0	1	2	3	4	0 1 2 3 4 888 999
7.23.9 Thought disturbance	0	1	2	3	4	0 1 2 3 4 888 999
7.23.10 Hallucinations	0	1	2	3	4	0 1 2 3 4 888 999
7.23.11 Diminished intelligence	0	1	2	3	4	0 1 2 3 4 888 999
7.23.12 Excessive preoccupation with physical functions	0	1	2	3	4	0 1 2 3 4 888 999
7.23.13 Suicidal ideation	0	1	2	3	4	0 1 2 3 4 888 999

7.24 Psychiatric diagnosis, according to _
(preferably ICD-10; if DSM-IV, only axis I diagnosis required.)

1. _
2. _
3. _
4. _

7.25 Psychiatric diagnosis made by (name of the person): _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

7.26 Date of psychiatric diagnosis: Day / Month / Year: _ _ / _ _ / _ _ _ _
888 999

7.27 Time of psychiatric diagnosis: Hour / Minute: _ _ / _ _
888 999

7.28 Former psychiatric diagnosis: _

7.29 Somatic diagnosis: _

7.30 Type of prescribed medicines: _

INSTRUCTIONS FOR THE INTERVIEWER

Please ask the interviewee the following questions and give the following introduction:
"I would like to continue with some questions related to alcohol and drugs."
Rate "888" if information is not available and "999" if item is not applicable.

8. ALCOHOL AND DRUG RELATED QUESTIONS

8.1 In your life, which of the following substances have you ever used?

8.1.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.2 Alcoholic beverages (beer, wine, liquor, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.3 Marijuana (pot, grass, hash, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.4 Cocaine or Crack	1 _ No 2 _ Yes	1 2	888 999
8.1.5 Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.6 Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)	1 _ No 2 _ Yes	1 2	888 999
8.1.7 Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol, Seconal, Quaaludes, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.8 Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.9 Heroin, Morphine, Methadone or Pain Medication (codeine, Dilaudid, Darvon, Demoral, Percodan, Fiorional, etc.)	1 _ No 2 _ Yes	1 2	888 999
8.1.10 Other, specify _ _ _ _ _ _ _ _ _ _	1 _ No 2 _ Yes	1 2	888 999

Probe if all answers are negative and ask: Not even when you were in school?

8.2 If yes to any of these items, in the past three months, how often have you used the substances you mentioned?

8.2.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.2 Alcoholic beverages (beer, wine, liquor, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.3 Marijuana (pot, grass, hash, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.4 Cocaine or Crack?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.5 Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.6 Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.7 Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol, Seconal, Quaaludes, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.8 Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.9 Heroin, Morphine, Methadone or Pain Medication (codeine, Dilaudid, Darvon, Demoral, Percodan, Fiorional, etc.)?

1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.2.10 Other, specify _ _ _ _ _ _ _ _ _ _
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5 888 999

8.3 When was the last time you had a drink containing alcohol? 1 2 3 888 999

1 _hour ago 2 _days ago 3 _months ago

8.4 How many standard drinks* did you have on that occasion? _ _ 888 999
_ _ number of drinks

8.4.1 How many standard drinks* of beer did you have on that occasion? _ _ 888 999
_ _ number of drinks

8.4.2 How many standard drinks* of wine did you have on that occasion? _ _ 888 999
_ _ number of drinks

8.4.3 How many standard drinks* of spirits did you have on that occasion? _ _ 888 999
_ _ number of drinks

8.4.4 How many standard drinks* of other (please specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _) did you have on that occasion? _ _ 888 999
_ _ number of drinks

* 330 ml of regular beer (can, bottle, glass), 120 ml of wine, 40 ml of whisky/liquor. TO BE ADAPTED TO LOCAL CODING CATEGORIES (One standard drink contains 10g of pure alcohol. Usually a regular beer contains 4-5% alcohol, wine 12% and spirits 40%. The ethanol content is calculated as: Amount in ml x percentage of alcohol in the beverage x ethanol conversion factor (1ml ethanol=0.79g): Example: 330ml beer x 0.04 x 0.79 = approximately 10g pure alcohol.)

8.5 In the past year (= past 12 months), how often did you have a drink containing alcohol? 1 2 3 4 5 6 7 8 9 10 11 888 999

1 _ Never
2 _ 1-3 times in the past year
3 _ 4-6 times in the past year
4 _ 7-9 times in the past year
5 _ 10-12 times in the past year
6 _ 1-2 times a month
7 _ 3-4 times a month
8 _ 1-2 times a week
9 _ 3-4 times a week
10 _ 5-6 times a week
11 _ Daily or more often

8.6 On those days when you drank, how many drinks did you usually have?
_ _ drinks (Record exact number of drinks, all types of beverages together)

8.7 How often in the past year did you drink more than 4 (for females) / 5 (for males) drinks* in one occasion? 1 2 3 4 5 6 7 8 9 10 11 888 999

1 _ Never
2 _ 1-3 times in the past year
3 _ 4-6 times in the past year
4 _ 7-9 times in the past year
5 _ 10-12 times in the past year
6 _ 1-2 times a month
7 _ 3-4 times a month
8 _ 1-2 times a week
9 _ 3-4 times a week
10 _ 5-6 times a week
11 _ Daily or more often

* TO BE ADAPTED TO LOCAL BINGE/HIGH RISK DRINKING CATEGORIES

INSTRUCTIONS FOR THE INTERVIEWER

At this time, please hand the questionnaire to the interviewee for the parts 9.-13.

The chosen answer has to be marked with an "**X**".

Rate "888" if information is not available and "999" if item is not applicable.

Please take back the questionnaire for the parts 14. and 15. and enter the answers.

Please stay with the interviewee all along and offer to clarify any questions that may arise.

INSTRUCTIONS FOR THE INTERVIEWEE

In the following, you will find questions regarding various aspects of your life, e.g., your well-being or social issues.

Please read both the questions and the answers you can choose from carefully and answer what comes to your mind first. Try not to stay with one question too long.

PLEASE GIVE ONLY **ONE ANSWER** PER QUESTION!

Please mark the chosen answer with an "**X**", for example "3 **X**" or "**X** Yes", or, if requested, fill in numbers or write down the answer. Please mark the chosen answer directly after the corresponding question.

Mark "888" if information is not available and "999" if item is not applicable.

In case you have any questions or in case anything is unclear to you, please do not hesitate to ask the interviewer.

If you do not have any questions at this time, please start filling in the questionnaire.

9. WHO WELL-BEING INDEX

Instruction:
"Please indicate for each of the following statements which is closest to how you have been feeling **over the last two weeks**. Only make one indication per statement. Notice that higher numbers mean better well-being."

"5" = All of the time
"4" = Most of the time
"3" = More than half of the time
"2" = Less than half of the time
"1" = Some of the time
"0" = At no time

9.1 I have felt cheerful and in good spirits	5 _	4 _	3 _	2 _	1 _	0 _	0 1 2 3 4 5 888 999
9.2 I have felt calm and relaxed	5 _	4 _	3 _	2 _	1 _	0 _	0 1 2 3 4 5 888 999
9.3 I have felt active and vigorous	5 _	4 _	3 _	2 _	1 _	0 _	0 1 2 3 4 5 888 999
9.4 I have felt fresh and rested	5 _	4 _	3 _	2 _	1 _	0 _	0 1 2 3 4 5 888 999
9.5 My daily life has been filled with things that interest me	5 _	4 _	3 _	2 _	1 _	0 _	0 1 2 3 4 5 888 999

10. BECK DEPRESSION INVENTORY

Instruction:
"Below you will find groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best represents **the way you feel right now**. Be sure to read all statements in each group before making your choice."

10.1
0 _ I do not feel sad. 0 1 2 3 888 999
1 _ I feel sad.
2 _ I am sad all the time and I can't snap out of it.
3 _ I am so sad or unhappy that I can't stand it.

10.2
0 _ I am not particularly discouraged about the future. 0 1 2 3 888 999
1 _ I feel discouraged about the future.
2 _ I feel I have nothing to look forward to.
3 _ I feel that the future is hopeless and that things cannot improve.

10.3
0 _ I do not feel like a failure. 0 1 2 3 888 999
1 _ I feel I have failed more than the average person.
2 _ As I look back on my life, all I can see is a lot of failures.
3 _ I feel I am a complete failure as a person.

10.4
0 _ I get as much satisfaction out of things as I used to. 0 1 2 3 888 999
1 _ I don't enjoy things the way I used to.
2 _ I don't get real satisfaction out of anything anymore.
3 _ I am dissatisfied or bored with everything.

10.5
0 _ I don't feel particularly guilty. 0 1 2 3 888 999
1 _ I feel guilty a good part of the time.
2 _ I feel quite guilty most of the time.
3 _ I feel guilty all of the time.

10.6
0 _ I don't feel I am being punished. 0 1 2 3 888 999
1 _ I feel I may be punished.
2 _ I expect to be punished.
3 _ I feel I am being punished.

10.7
0 _ I don't feel disappointed in myself. 0 1 2 3 888 999
1 _ I am disappointed in myself.
2 _ I am disgusted with myself.
3 _ I hate myself.

10.8
0 _ I don't feel I am any worse than any body else. 0 1 2 3 888 999
1 _ I am critical of myself for my weaknesses or mistakes.
2 _ I blame myself all the time for my faults.
3 _ I blame myself for everything bad that happens.

10.9
0 _ I don't have any thoughts of killing myself. 0 1 2 3 888 999
1 _ I have thoughts of killing myself, but I would not carry them out.
2 _ I would like to kill myself.
3 _ I would kill myself if I had the chance.

10.10
0 _ I don't cry any more than usual. 0 1 2 3 888 999
1 _ I cry more now than I used to.
2 _ I cry all the time now.
3 _ I used to be able to cry, but now I can't cry even though I want to.

10.11
0 _ I am no more irritated now than I ever am. 0 1 2 3 888 999
1 _ I get annoyed or irritated more easily than I used to.
2 _ I feel irritated all the time now.
3 _ I don't get irritated at all by the things that used to irritate me.

10.12
0 _ I have not lost interest in other people. 0 1 2 3 888 999
1 _ I am less interested in other people than I used to be.
2 _ I have lost most of my interest in other people.
3 _ I have lost all of my interest in other people.

10.13
0 _ I make decisions about as well as I ever did. 0 1 2 3 888 999
1 _ I put off making decisions more than I used to.
2 _ I have greater difficulty in making decisions than before.
3 _ I can't make decisions at all anymore.

10.14
0 _ I don't feel I look any worse than I used to. 0 1 2 3 888 999
1 _ I am worried that I am looking old or unattractive.
2 _ I feel that there are permanent changes in my appearance that make me look unattractive.
3 _ I believe I look ugly.

10.15
0 _ I can work as well as before. 0 1 2 3 888 999
1 _ It takes an extra effort to get started at doing something.
2 _ I have to push myself very hard to do anything.
3 _ I can't do any work at all.

10.16
0 _ I can sleep as well as usual. 0 1 2 3 888 999
1 _ I don't sleep as well as I used to.
2 _ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 _ I wake up several hours earlier than I used to and cannot get back to sleep.

10.17
0 _ I don't get more tired than usual. 0 1 2 3 888 999
1 _ I get tired more easily than I used to.
2 _ I get tired from doing almost anything.
3 _ I am too tired to do anything.

10.18
0 _ My appetite is no worse than usual. 0 1 2 3 888 999
1 _ My appetite is not as good as it used to be.
2 _ My appetite is much worse now.
3 _ I have no appetite at all anymore.

10.19
0 _ I haven't lost much weight, if any lately. 0 1 2 3 888 999
1 _ I have lost more than 5 pounds.
2 _ I have lost more than 10 pounds.
3 _ I have lost more than 15 pounds.

10.20
I am purposely trying to lose weight by eating less.
0 _ No 1 _ Yes 0 1 888 999

10.21
0 _ I am no more worried about my health than usual. 0 1 2 3 888 999
1 _ I am worried about physical problems such as aches and pains; or upset stomach; or constipation.
2 _ I am very worried about physical problems and it's hard to think of much else.
3 _ I am so worried about physical problems, that I cannot think about anything else.

10.22
0 _ I have not noticed any recent change in my interest in sex. 0 1 2 3 888 999
1 _ I am less interested in sex than I used to be.
2 _ I am much less interested in sex now.
3 _ I have lost interest in sex completely.

11. HOPELESSNESS

Instruction:
"Below, there is one statement regarding your future. Please mark the option which reflects best the way you feel **at the present time**."

11.1 My future seems dark to me. 1 _ False 2 _ True 1 2 888 999

12. TRAIT ANGER SCALE

Instruction:
"The following questions deal with feelings of anger. Please indicate for each statement whether it applies to you in **general** (**how you generally feel**). Mark **only one answer** that represents best how you generally feel.

"1" = Almost never
"2" = Sometimes
"3" = Often
"4" = Almost always

12.1 I have a fiery temper.	1	2	3	4	1	2	3	4	888 999
12.2 I am quick-tempered.	1	2	3	4	1	2	3	4	888 999
12.3 I am a hot headed person.	1	2	3	4	1	2	3	4	888 999
12.4 It makes me furious when I am always criticized in front of others.	1	2	3	4	1	2	3	4	888 999
12.5 I get angry when I'm slowed down by others' mistakes.	1	2	3	4	1	2	3	4	888 999
12.6 I feel infuriated when I do a good job and get poor evaluation.	1	2	3	4	1	2	3	4	888 999
12.7 I fly off the handle.	1	2	3	4	1	2	3	4	888 999
12.8 I feel annoyed when I am not given recognition for doing good work.	1	2	3	4	1	2	3	4	888 999
12.9 When I get mad, I say nasty things.	1	2	3	4	1	2	3	4	888 999
12.10 When I get frustrated, I feel like hitting someone.	1	2	3	4	1	2	3	4	888 999

13. SOCIAL SUPPORT

Instruction:
"The following part deals with the question of giving and getting support from or to family and friends.
Two kinds of support are distinguished:
- Practical support refers to support concerning daily activities such as looking after your house when you are away, looking after your children, pets or flowers, looking after you or doing the shopping when you are ill, etc. It also includes financial support.
- Moral support refers to emotional support when minor or major problems arise. It includes that people are available to share worries with, to talk about personal problems, etc.
Please read each question carefully. Please indicate in the "family" row the one answer that applies best to how you feel about it and then indicate in the "friends" row the one answer that applies best to how you feel about it.

"0" = No, not at all
"1" = To some extent
"2" = Yes, very much

WHETHER YOU NEED SUPPORT FROM

13.1	Do you feel that you need practical support?							
13.1.1	Family:	0	1	2	0	1	2	888 999
13.1.2	Friends:	0	1	2	0	1	2	888 999
13.2	Do you feel that you need moral support from?							
13.2.1	Family:	0	1	2	0	1	2	888 999
13.2.2	Friends:	0	1	2	0	1	2	888 999

WHETHER YOU GET SUPPORT FROM

13.3	Do you feel that you get the practical support you need?							
13.3.1	Family:	0	1	2	0	1	2	888 999
13.3.2	Friends:	0	1	2	0	1	2	888 999
13.4	Do you feel that you get the moral support you need?							
13.4.1	Family:	0	1	2	0	1	2	888 999
13.4.2	Friends:	0	1	2	0	1	2	888 999

WHETHER YOU ARE NEEDED FOR SUPPORT BY

13.5	Do you feel that you are needed for practical support?							
13.5.1	Family:	0	1	2	0	1	2	888 999
13.5.2	Friends:	0	1	2	0	1	2	888 999
13.6	Do you feel that you are needed for moral support?							
13.6.1	Family:	0	1	2	0	1	2	888 999
13.6.2	Friends:	0	1	2	0	1	2	888 999

WHETHER YOU GIVE SUPPORT TO

13.7	Do you feel that you give the practical support that is needed from you?							
13.8.1	Family:	0	1	2	0	1	2	888 999
13.8.2	Friends:	0	1	2	0	1	2	888 999
13.8	Do you feel that you give the moral support that is needed from you?							
13.8.1	Family:	0	1	2	0	1	2	888 999
13.8.2	Friends:	0	1	2	0	1	2	888 999

Instruction:

Please hand the questionnaire back to the interviewer at this point.

INSTRUCTIONS FOR THE INTERVIEWER

Please take the questionnaire back from the interviewee.

Please ask the interviewee the following questions and give the following introduction:
"I would like to continue with some questions on legal matters."

Rate "888" if information is not available and "999" if item is not applicable.

14. LEGAL OR OFFENDING HISTORY / ANTISOCIAL BEHAVIOUR

14.1 Have you done any of the following during the past five years?

14.1.1 boycott	1 _No	2 _Yes	1 2	888 999
14.1.2 occupation of buildings and sit-ins	1 _No	2 _Yes	1 2	888 999
14.1.3 blocking traffic	1 _No	2 _Yes	1 2	888 999
14.1.4 personal violence	1 _No	2 _Yes	1 2	888 999
14.1.5 damage to property	1 _No	2 _Yes	1 2	888 999
14.1.6 violent demonstration	1 _No	2 _Yes	1 2	888 999

14.2 Have you ever been convicted of a criminal offence (excluding traffic offences)?
1 _ No 2 _ Yes 1 2 888 999

14.3 If yes; specify: 1 _ once 1 2 3 888 999
2 _ 2-3 times
3 _ several times

14.4 If yes, specify the date of the most recent conviction: Day / Month / Year: _ _ / _ _ / _ _ _ _
888 999

14.5 If yes, what was the major reason for the most recent conviction?

14.5.1 Property offences	1 _No	2 _Yes	1 2	888 999
14.5.2 Violent offences	1 _No	2 _Yes	1 2	888 999
14.5.3 Political or administrative crimes	1 _No	2 _Yes	1 2	888 999
14.5.4 Substance use	1 _No	2 _Yes	1 2	888 999
14.5.5 Sexual offences	1 _No	2 _Yes	1 2	888 999
14.5.6 Other: (specify) _ _ _ _ _ _ _ _ _	1 _No	2 _Yes	1 2	888 999

14.6 Have you ever been to prison (for other than traffic reasons)?
1 _ No 2 _ Yes 1 2 888 999

14.7 If yes, specify: 1 _ once 1 2 3 888 999
2 _ 2-3 times
3 _ several times

14.8 If yes, specify the date of the most recent imprisonment: Day / Month / Year: _ _ / _ _ / _ _ _ _
888 999

14.9 If yes, what was the major reason for the most recent imprisonment?

14.9.1 Property offences	1 _No	2 _Yes	1 2	888 999
14.9.2 Violent offences	1 _No	2 _Yes	1 2	888 999
14.9.3 Political or administrative crimes	1 _No	2 _Yes	1 2	888 999
14.9.4 Substance use	1 _No	2 _Yes	1 2	888 999
14.9.5 Sexual offences	1 _No	2 _Yes	1 2	888 999
14.9.6 Other: (specify) _ _ _ _ _ _ _ _ _	1 _No	2 _Yes	1 2	888 999

INSTRUCTIONS FOR THE INTERVIEWER

In the following part, please inquire about the issues (i, ii, …) listed for each question and then indicate the rating for each question.

Please give the following introduction:
"I would like to finish with some questions regarding your everyday life."

Rate "888" if information is not available and "999" if item is not applicable.

15. SOCIAL ROLE PERFORMANCE (SECTION 2 OF WHO/DAS – PSYCHIATRIC DISABILITY ASSESSMENT SCHEDULE)

"0"= no dysfunction
"1" = minimum dysfuction
"2" = obvious dysfunction
"3" = serious dysfunction
"4" = very serious dysfunction
"5" = maximum dysfunction

15.1 Participation in household activities during past month

0 1 2 3 4 5
888 999

Inquire about:
(i) patient's participation in common activities of the household, such as having meals together, doing domestic chores, going out or visiting together, playing games, watching television, etc.;
(ii) patient's participation in decision-making concerning the household, e.g. decisions about the children, money, etc. For housewives, consider the household jobs that a housewife usually has to do. Make a rating without regard to whether patient is asked to participate, left on his/her own or rejected in some way.

15.2 Marital role: affective relationship to spouse during past month
(Here "spouse" means a steady partner regardless of legal status)

0 1 2 3 4 5
888 999

Inquire about:
(i) patient's communication with spouse (e.g. talking to spouse about ordinary events, news, the children, etc.)
(ii) patient's ability to show affection and warmth towards spouse (occasional outbursts of anger or irritability should be evaluated against the cultural norm)
(iii) spouse's feeling that patient is a source of support to whom spouse can turn. Ask for examples.

15.3 Marital role: sexual relations with spouse during past month

0 1 2 3 4 5
888 999

Consider:
(i) occurrence of sexual intercourse in past month
(ii) whether patient experiences sexual relations as satisfactory
(iii) whether spouse experiences sexual relationships as satisfactory

15.4 Parental role: interest and care of child (children) during past month

0 1 2 3 4 5
888 999

Consider:
(i) undertaking and performance of child care tasks appropriate to patient's position in household (e.g. feeding, putting to bed, taking to school – for small children; looking after child's needs – for older children);
(ii) interest in child (e.g. playing, reading to, taking interest in his/her problems, school work, etc.).
If children are not living with patient, consider and rate only (ii).

15.5 Sexual role: relationships with persons other than marital partner during past month (unmarried patient or patient not living with spouse)

0 1 2 3 4 5
888 999

Consider:
(i) heterosexual (or homosexual) interests and emotional responsiveness shown by patient;
(ii) actual relationship or contacts sought by patient (regardless) of whether sexual relations involved or not).

15.6 Social contacts: friction in interpersonal relationships outside the household in past month

0 1 2 3 4 5
888 999

Consider:
Overt conflictive behaviour on the part of the patient involving inappropriate arguments, annoyance, anger or marked irritability arising in social situations outside own home, e.g.
(i) with supervisors, colleagues, customers, etc., if patient is working;
(ii) with neighbours, other people in the community etc., if patient is a housewife or not working;
(iii) with teachers, administrators, other students etc., if patient is a student. For patients living in hostels or other communal accommodation, include frictions arising with other boarders.

15.7 Occupational role: work performance during past month (including students and persons in sheltered employment)

0 1 2 3 4 5
888 999

Inquire about:
(i) whether patient conforms to the work routine – going to work regularly and on time, observing the rules, etc.;
(ii) quality of performance and output.
Household work is excluded (rate in question 1.). If key informant is unable to provide information, make a rating after consulting alternative sources.

15.8 Occupational role: interest in getting a job or in going back to work or studies

0 1 2 3 4 5
888 999

(To be rated for patients of employable age but currently not employed or not working, students are included. If the patient is a housewife, use judgement about local expectations concerning housewife's seeking employment outside the home.)
Consider:
(i) interest in obtaining or returning to a job or studies;
(ii) actual steps undertaken to get a job or start studies.

15.9 Interests and information during the past month

0 1 2 3 4 5
888 999

Consider:
(i) interest shown by patient in local or world events or in other matters, as commensurate with his/her social background, education, and level of intelligence;
(ii) efforts to obtain such information.

15.10 Patient's behaviour in emergencies or in out-of-the-ordinary situations that have occurred in the past six months

0 1 2 3 4 5
888 999

Consider:
Patient's response to events, such as:
(i) sickness or accident affecting a family member;
(ii) sickness, accident or incident involving other people;
(iii) minor emergencies (e.g. breakdown of equipment);
(iv) any other situation out of the routine for the patient, normally requiring action (e.g. patient left to baby-sit, requested to pass on a message, etc.)

Annex 2

SUPRE-MISS COMMUNITY SURVEY

INSTRUCTIONS FOR THE INTERVIEWER

The questionnaire comprises questions regarding socio-demographic information, the history of suicide attempt, family data, physical health, contact with health services, mental health, alcohol and drug related items, and community stress and problems.

Please ask the interviewee to mark the chosen answer with an "**X**" directly after the question or read both the questions and the eligible answers to the interviewee and mark the chosen answer. Mark "888" if information is not available and "999", if item is not applicable.

Please enter the subject's identification number, the country and the site in the questionnaire at the beginning (see 0.1 to 0.3 on the first page).

SUPRE-MISS COMMUNITY SURVEY

0.1 Identification number: _ _

0.2 Country: _ _ _ _ _ _ _ _ _ _

0.3 Site: _ _ _ _ _ _ _ _ _ _

INSTRUCTIONS FOR THE INTERVIEWEE

In the following, you will find questions regarding yourself, your family, the community you live in, and your physical and mental health.

Please read the questions carefully and answer what comes to your mind first. Try not to stay with one question too long.

PLEASE GIVE ONLY **ONE ANSWER** PER QUESTION!

Please mark an "**X**" on the "_" next to the answer you choose, for example "**X** Yes" or "3 **X**", or, if requested, fill in numbers or write down the answer. Please mark the chosen answer directly after the corresponding question. Mark "888" if information is not available and "999" if item is not applicable.

In case you have any questions or in case anything is unclear to you, please do not hesitate to ask the interviewer.

Thank you for participating in the survey and if you do not have any questions at this time, please start filling in the questionnaire.

1. SOCIO-DEMOGRAPHIC INFORMATION

1.1 Sex: 1 _ Male 2 _ Female 3 _ Transsexual — 1 2 3 888 999

1.2 Date of birth: _ _ Day _ _ Month _ _ _ _ Year — _ _ / _ _ / _ _ _ _ 888 999

1.3 Where were you born? (country) _

1.4 What is your nationality? _

1.5 Present marital status: — 1 2 3 4 888 999
1 _ Single
2 _ Married or living with permanent partner; since when: _ _ Day _ _ Month _ _ _ _ Year
3 _ Widowed; since when: _ _ Day _ _ Month _ _ _ _ Year
4 _ Divorced / separated; since when _ _ Day _ _ Month _ _ _ _ Year

1.6 Have you lived with different partners? 1 _ No 2 _ Yes, how many: _ _ — 1 2 888 999

1.7 How many times have you been divorced? (Number) _ _ — ☐☐ 888 999

1.8 How many children do or did you have, including children who are adopted? (Do not count children who were born dead.) (Number) _ _ — ☐☐ 888 999

1.9 How many children do you have, who are aged less than 16 years, for whom you have shared or sole responsibility? (Number) _ _ — ☐☐ 888 999

1.10 With whom do you live presently (household composition) 1 2 3 4 5 6
1 _ Living alone 7 8 9 10
2 _ Living alone with child(ren) 888 999
3 _ Living with partner without child(ren)
4 _ Living with partner and child(ren)
5 _ Living with parents
6 _ Living with other relatives / friends
7 _ Living in jail
8 _ Living in psychiatric institution
9 _ Living in homes/institutions
10 _ Other, specify: _ _ _ _ _ _ _ _ _ _ _

1.11 Do you live in a rural or urban residence area? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!) 1 2 888 999
1 _ Rural 2 _ Urban

1.12 Years of education: _ _ Years ☐☐ 888 999

1.13 What is the highest completed education you have? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!) 1 2 3 4 5 6
888 999
1 _ None
2 _ Primary education
3 _ Secondary education
4 _ Non-university higher education
5_ University education
6 _ Other; specify: _ _ _ _ _ _ _ _ _ _

1.14a <u>What is your occupation</u>? If you are unemployed or not economically active: <u>What was your last occupation</u>? (State if you never had a paid job.)
(TO BE ADAPTED TO LOCAL CODING CATEGORIES!)

Use your own words: _

1.14b Which of the following occupational categories best describes your occupation?
Choose only one answer according to your most important occupation.

1 2 3 4 5 6 7
8 9 10 11
888 999

1 _ Legislator, senior official or manager
2 _ Professional (e.g. science, health, art)
3 _ Technician or associate professional (e.g. inspector, medical assistant)
4 _ Clerk (e.g. secretary)
5 _ Service worker, shop or market sales worker (e.g. waiter, police officer)
6 _ Skilled agricultural and fishery worker
7 _ Craft and related trades worker (e.g. painter, baker, tailor)
8 _ Plant or machine operator or assembler (e.g. driver)
9 _ Elementary occupation (e.g. cleaner, labourer)
10 _ Armed forces
11 _ Other, specify _

1.15 What is your employment status? (TO BE ADAPTED TO LOCAL CODING CATEGORIES!)
Choose only one answer according to the most important activity for you at the present time. 1 2 3 4 5 6 7 8 9 10 11 888 999

1 _ Full-time employed (including self-employed)
2 _ Part-time employed (including self-employed)
3 _ Employed, but on sick leave
4 _ Temporary work
5 _ Unemployed; since when: _ _ Day _ _ Month _ _ _ _ Year
6 _ Armed services
7 _ Full-time student
8 _ Disabled, permanently sick; since when: _ _ Day _ _ Month _ _ _ _ Year
9 _ Retired; since when: _ _ Day _ _ Month _ _ _ _ Year
10 _ Housewife/homemaker
11 _ Other, specify _

1.16 During the past year (that is: between now and one year ago), have you been unemployed for some time? With unemployed I mean that you were looking for a job but could not find one. If yes, how long in total have you been unemployed during the past year? (Fill in zero, if you have not been unemployed.) (Weeks) _ _ 888 999
_ _ Weeks

1.17 What was your annual income in the last year (after tax)? _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
(TO BE ADAPTED TO LOCAL CODING CATEGORIES!) _ _ _ _ _ _ 888 999

1.18 What is your religious denomination? 1 2 3 4 5 6 7 8 9 888 999
1 _ None
2 _ Protestant
3 _ Catholic
4 _ Jewish
5 _ Muslim
6 _ Hindu
7 _ Greek orthodox
8 _ Buddhist
9 _ Other, specify _ _ _ _ _ _ _ _ _ _ _ _ _ _

1.19 How often do you go to church (or other place of worship)? 1 2 3 4 5 888 999
1 _ At least once a week
2 _ Once a month
3 _ 2-3 times a year
4 _ About once a year
5 _ Almost never

1.20 Why? What is your motive? (Use your own words) _

_ _

1.21 Do you consider yourself being a religious person? 1 _ No 2 _ Yes 1 2 888 999

1.22 What is your preferred sexual orientation? 1 2 3 4 5 888 999
1 _ Heterosexual
2 _ Homosexual
3 _ Bisexual
4 _ Uncertain
5 _ Refused to answer

2. SUICIDE ATTEMPT HISTORY AND FAMILY DATA

2.1 Have you ever seriously thought about committing suicide? 1_ No 2_ Yes 1 2 888 999

If answer is no, skip sub-questions and go to question 2.2.

2.1.1 How old were you the first time this happened? _ _ years old ☐☐ 888 999

2.1.2 Did this happen to you at all in the last twelve months? 1_ No 2_ Yes 1 2 888 999

2.1.3 How old were you the last time this happened to you? _ _ years old ☐☐ 888 999

2.2 Have you ever made a plan for committing suicide? 1_ No 2_ Yes 1 2 888 999

If answer is no, skip sub-questions and go to question 2.3.

2.2.1 How old were you the first time this happened? _ _ years old ☐☐ 888 999

2.2.2 Did this happen to you at all in the last twelve months? 1_ No 2_ Yes 1 2 888 999

2.2.3 How old were you the last time this happened to you? _ _ years old ☐☐ 888 999

2.3 Have you ever attempted suicide? 1_ No 2_ Yes 1 2 888 999

If answer is no, skip sub-questions and go to question 2.4.

2.3.1 How many times ever in your lifetime have you attempted suicide? (Number of times) _ _ ☐☐ 888 999

2.3.2 How old were you the first time this happened? _ _ years old ☐☐ 888 999

2.3.3 How old were you the last time this happened to you? _ _ years old ☐☐ 888 999

2.3.4 Did you make a suicide attempt at all in the last twelve months? 1_ No 2_ Yes 1 2 888 999

2.3.5 Thinking about the first time you ever attempted suicide, which of these statements best describes the situation? 1 2 3 4 888 999

1 _ I made a serious attempt to kill myself and it was only luck that I did not succeed.
2 _ I tried to kill myself but knew that the method was not fool-proof.
3 _ My attempt was a cry for help. I did not intend to die.
4 _ Don't know.

2.3.6 What was the method of this first suicide attempt (How did you try to kill yourself)?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

2.3.7 Did this first suicide attempt result in an injury or poisoning? 1 2 3 888 999
1_No 2_Yes 3_Don't know

2.3.8 Did this first suicide attempt require medical attention? 1 2 3 888 999
1_No 2_Yes 3_Don't know

2.3.9 Did this first suicide attempt require hospital admission for one night or longer? 1 2 3 888 999
1_No 2_Yes 3_Don't know

2.3.10 Thinking about the last (most recent) time you attempted suicide, which of these statements best describes the situation? 1 2 3 4 888 999

1 _ I made a serious attempt to kill myself and it was only luck that I did not succeed.
2 _ I tried to kill myself but knew that the method was not fool-proof.
3 _ My attempt was a cry for help. I did not intend to die.
4 _ Don't know.

2.3.11 What was the method of this last suicide attempt (How did you try to kill yourself)?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

2.3.12 Did this last suicide attempt result in an injury or poisoning? 1 2 3 888 999
1_No 2_Yes 3_Don't know

2.3.13 Did this last suicide attempt require medical attention? 1 2 3 888 999
1_No 2_Yes 3_Don't know

2.3.14 Did this last suicide attempt require hospital admission for one night or longer? 1 2 3 888 999
1_No 2_Yes 3_Don't know

2.4 Family history of suicidal behaviour:
Have any of the following members of your biological family (i.e. related by birth only) died by suicide or made a suicide attempt?

2.4.1 Died by suicide:

2.4.1.1 Parent	1_No	2_Yes	1 2	888 999
2.4.1.2 Brother or sister	1_No	2_Yes	1 2	888 999
2.4.1.3 Child	1_No	2_Yes	1 2	888 999
2.4.1.4 Grandparent	1_No	2_Yes	1 2	888 999

2.4.2 Made a suicide attempt:

2.4.2.1 Parent	1_No	2_Yes	1 2	888 999
2.4.2.2 Brother or sister	1_No	2_Yes	1 2	888 999
2.4.2.3 Child	1_No	2_Yes	1 2	888 999
2.4.2.4 Grandparent	1_No	2_Yes	1 2	888 999

3. PHYSICAL HEALTH, CONTACT WITH HEALTH SERVICES, MENTAL HEALTH

3.1 Height in **cm** _ 888 999

3.2 Weight in **kg** _ 888 999

3.3 Do you have any longstanding physical illness or disability that has troubled you for at least one year? 1 2 888 999

1 _ No 2 _ Yes

3.3.1 If yes, what is the matter with you? _

3.3.2 How long have you had this? 555 _ from birth on 555 _ _ 888 999
_ _ (Years)

<u>In-patient psychiatric treatment (includes treatment on psychiatric ward of general hospital)</u>

3.4 How many times, if ever, have you been treated in a psychiatric hospital, in a psychiatric ward of a general hospital, or in any other in-patient institution for people with mental problems?
(Be sure that you refer to in-patient treatment, meaning: “you were in the hospital both night and day”).

1 2 3 4 888 999

1 _ Never
2 _ 1 time
3 _ 2-3 times
4 _ 4 times or more

If “Never” (1_), continue with: Out-patient psychiatric treatment and day care (3.6).

3.5 If one or more times in-patient treatment:

Could you, as accurately as possible and for each admission separately describe: when you were admitted, how long you stayed there, and for which reasons you were admitted?

(Please start with the last admission).

	Admission: Month/Year	Length of stay: Months	Reason for admission:
1.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
2.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
3.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
4.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
5.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
6.	_ _ _ _ _ _	_ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _

Out-patient psychiatric treatment and day care

3.6 Have you ever been in contact with one of the following professional services for treatment or advice?
(TO BE FILLED IN ACCORDING TO NATIONAL SITUATION, codes should include treatment by private psychiatrist; an EXAMPLE (based on health services in the Netherlands) is given below for reference.)

(EXAMPLE)

3.6.1	Psychiatric service, polyclinic service	1 _ No	2 _ Yes	1 2	888 999
3.6.2	Psychiatric service, day-care	1 _ No	2 _ Yes	1 2	888 999
3.6.3	Community Mental Health Care	1 _ No	2 _ Yes	1 2	888 999
3.6.4	Private psychologist or psychiatrist	1 _ No	2 _ Yes	1 2	888 999
3.6.5	Consultation service for alcohol and drug related problems	1 _ No	2 _ Yes	1 2	888 999
3.6.6	Consultation service for relational and sexual problems	1 _ No	2 _ Yes	1 2	888 999

3.7 Other intervention for emotional problems:
Have you ever received assistance for emotional problems from anyone else? For instance self-help groups like Alcoholics Anonymous, S.O.S. telephone services, etc.?

1 _ No	2 _ Yes; Specify: _ _ _ _ _ _ _ _ _	1 2	888 999

3.8 Do you or did you ever experience for prolonged periods of time (for over at least one year) troubles within yourself that hindered your functioning? (Examples: fears of places, anxiety to leave your house, excessive fear of people in general, depressive feelings, other emotions or thoughts that influenced you repeatedly like obsessions, e.g., to be compelled to clean yourself or your house, etc.).

1 _ No	2 _ Yes	1 2	888 999

3.8.1 If yes, what was the matter with you? _

3.8.2 How long have you had this?	555 _ from birth on _ _ (Years)	555 _ _	888 999

4. ALCOHOL AND DRUG RELATED QUESTIONS

4.1 In your life, which of the following substances (see DRUG CARD) have you ever used?

DRUG CARD

4.1.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.2 Alcoholic beverages (beer, wine, liquor, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.3 Marijuana (pot, grass, hash, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.4 Cocaine or Crack	1 _ No 2 _ Yes	1 2	888 999
4.1.5 Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.6 Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)	1 _ No 2 _ Yes	1 2	888 999
4.1.7 Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol, Seconal, Quaaludes, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.8 Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.9 Heroin, Morphine, Methadone or Pain Medication (codeine, Dilaudid, Darvon, Demoral, Percodan, Fiorional, etc.)	1 _ No 2 _ Yes	1 2	888 999
4.1.10 Other, specify _	1 _ No 2 _ Yes	1 2	888 999

4.2 If yes to any of these items, in the past three months, how often have you used the substances you mentioned?

4.2.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)? 1 2 3 4 5
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 888 999

4.2.2 Alcoholic beverages (beer, wine, liquor, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

4.2.3 Marijuana (pot, grass, hash, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

4.2.4 Cocaine or Crack?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

4.2.5 Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

4.2.6 Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

4.2.7 Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol, Seconal, Quaaludes, etc.)? 1 2 3 4 5
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 888 999

4.2.8 Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)?
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

4.2.9 Heroin, Morphine, Methadone or Pain Medication (codeine, Dilaudid, Darvon, Demoral, Percodan, Fiorional, etc.)? 1 2 3 4 5
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 888 999

4.2.10 Other, specify _
1 _Never 2 _Once or Twice 3 _Monthly 4 _Weekly 5 _Daily or Almost Daily 1 2 3 4 5
888 999

5. COMMUNITY STRESS AND PROBLEMS

5.1 What do you think are some of the major problems facing your community today? (Please use your own words) _

_ _

_ _

5.2 How serious do you think the following problems are for your community?
(From “1” = not serious to “5” = very serious)

5.2.1	Housing	1 2 3 4 5	1 2 3 4 5 888 999
5.2.2	Crime	1 2 3 4 5	1 2 3 4 5 888 999
5.2.3	Poverty	1 2 3 4 5	1 2 3 4 5 888 999
5.2.4	Education	1 2 3 4 5	1 2 3 4 5 888 999
5.2.5	Government	1 2 3 4 5	1 2 3 4 5 888 999
5.2.6	Family Life	1 2 3 4 5	1 2 3 4 5 888 999
5.2.7	Transportation	1 2 3 4 5	1 2 3 4 5 888 999
5.2.8	Health Care	1 2 3 4 5	1 2 3 4 5 888 999
5.2.9	Job Security	1 2 3 4 5	1 2 3 4 5 888 999
5.2.10	Racial Prejudice	1 2 3 4 5	1 2 3 4 5 888 999
5.2.11	Pollution	1 2 3 4 5	1 2 3 4 5 888 999
5.2.12	Drug Abuse	1 2 3 4 5	1 2 3 4 5 888 999
5.2.13	Alcohol Abuse	1 2 3 4 5	1 2 3 4 5 888 999
5.2.14	Child and Spouse Abuse	1 2 3 4 5	1 2 3 4 5 888 999
5.2.15	Quality of life	1 2 3 4 5	1 2 3 4 5 888 999
5.2.16	Physical Security and Safety	1 2 3 4 5	1 2 3 4 5 888 999

5.3 In your opinion, how close and supportive of one another are the people of this …….?
(From “1” = not close/supportive to “5” = very close/supportive)

5.3.1	Neighbourhood?	1 2 3 4 5	1 2 3 4 5 888 999
5.3.2	City?	1 2 3 4 5	1 2 3 4 5 888 999
5.3.3	Region?	1 2 3 4 5	1 2 3 4 5 888 999
5.3.4	Nation?	1 2 3 4 5	1 2 3 4 5 888 999

5.4 In your opinion, how hopeful and optimistic about the future are the people of this …….?
(From “1” = not hopeful/optimistic to “5” = hopeful/optimistic)

5.4.1	Neighbourhood?	1 2 3 4 5	1 2 3 4 5 888 999
5.4.2	City?	1 2 3 4 5	1 2 3 4 5 888 999
5.4.3	Region?	1 2 3 4 5	1 2 3 4 5 888 999
5.4.4	Nation?	1 2 3 4 5	1 2 3 4 5 888 999

Annex 3 A

CONSENT FORM (SUPRE-MISS QUESTIONNAIRE)

1. Information

In the year 2000, approximately one million people died of suicide. The number of attempted suicide is estimated to be up to 40 times higher. However, no reliable data exist on the real number of suicide attempts worldwide.

The present research study will compare different treatment strategies for suicide attempters and tries to find out more about suicidal thoughts and behaviour in the community. The overall goal is to reduce death and suffering associated with suicidal behaviours.

The objectives of the research study are the following:

- to contribute to more awareness about suicidal behaviours;
- to identify risk factors for suicidal behaviour;
- to describe patterns of suicidal behaviour;
- to identify reasons for turning to health facilities or not following a suicide attempt;
- to identify specific interventions effective for the reduction of suicide attempts;
- to improve the efficiency of general health care services with regards to treatment of suicide attempts.

Participating in the research study means filling in a questionnaire and being asked questions, for example, about your age, living conditions, work, study, regarding medical and psychological information and about suicidal thoughts and attempts, and adhering to a suggested follow-up.

2. Certificate of consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I have also been informed that the interview is confidential. The information given will be coded and treated in the same way as a medical record. I know that I will not receive any financial or other reward for my participation in the study. I consent voluntarily to participate as a subject in the study and understand that I have the right to refuse answers to sensitive questions or to withdraw from the interview at any time without in any way affecting my further medical care.

Date: _ _   _ _   _ _ _ _
Day / Month / Year

_ _
Name

_ _
Signature

Annex 3 B

CONSENT FORM (COMMUNITY SURVEY)

1. Information

In the year 2000, approximately one million people died of suicide. The number of attempted suicide is estimated to be up to 40 times higher. However, no reliable data exist on the real number of suicide attempts worldwide.

The present research study will compare different treatment strategies for suicide attempters and tries to find out more about suicidal thoughts and behaviour in the community. The overall goal is to reduce death and suffering associated with suicidal behaviours.

The objectives of the research study are the following:

- to contribute to more awareness about suicidal behaviours;
- to identify risk factors for suicidal behaviour;
- to describe patterns of suicidal behaviour;
- to identify reasons for turning to health facilities or not following a suicide attempt;
- to identify specific interventions effective for the reduction of suicide attempts;
- to improve the efficiency of general health care services with regards to treatment of suicide attempts.

Participating in the community survey of the research study means being asked questions, for example, about your age, living conditions, work, study, regarding medical and psychological information and about suicidal thoughts and attempts.

2. Certificate of consent

The foregoing information has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I have also been informed that the interview is confidential. The information given will be coded and treated in the same way as a medical record. I know that I will not receive any financial or other reward for my participation in the interview. I consent voluntarily to participate as a subject in the interview and understand that I have the right to refuse answers to sensitive questions or to withdraw from the interview at any time without any effect.

Date: _ _   _ _   _ _ _ _   _
Day / Month / Year   Identification number of interviewed person

_   _
Name of interviewer   Signature of interviewer

Annex 4

COMMUNITY DESCRIPTION
SUPRE-MISS

INSTRUCTIONS

Under the best of circumstances, the community description should be filled in by a cultural psychologist, anthropologist or sociologist because of their training in this kind of research.

The questionnaire comprises a broad listing of socio-cultural and community indices and dimensions. In answering these items, efforts should be made to use both objective record data and data bases in combination with key informants or focus group members. The researchers should do their best to obtain accurate and valid data for their sites and should cite the unique cultural circumstances under which they have collected their data.

1. Please enter your professional background: _

2. Please describe your experience in your field shortly: _

_ _

3. Please note any observations you have:

_ _

_ _

_ _

_ _

_ _

_ _

COMMUNITY DESCRIPTION
SUPRE-MISS

1. SOCIO-CULTURAL INDICES

A. External Socio-Cultural Context

1.1 Location Description and History _ _ _ _ _ _ _ _ _ _

1.2 Describe community location with regard to:

1.2.1 Physical environment _ _ _ _ _ _ _ _ _ _

1.2.2 Define and describe climate _ _ _ _ _ _ _ _ _ _

1.2.3 Urban-rural status, dynamics, and changes _ _ _ _ _ _ _ _ _ _

1.3 Describe location via a brief historical chronology (past 10 years) – Include at least 20 entries citing major political, economic, and social events: _ _ _ _ _ _ _ _ _ _

1.4 Describe socioenvironmental quality via:

1.4.1 Pollution problems and changes in pollution for patient's setting:

1.4.1.1 Air _ _ _ _ _ _ _ _ _ _

1.4.1.2 Water _ _ _ _ _ _ _ _ _ _

1.4.1.3 Noise _ _ _ _ _ _ _ _ _ _

1.4.1.4 Visual _ _ _ _ _ _ _ _ _ _

1.4.2 Traffic congestion in patient's setting _ _ _ _ _ _ _ _ _ _

1.4.3 Crowding/density in terms of people/location unit (i.e., dwelling, neighbourhood, region) _ _ _ _ _ _ _ _

1.4.4 Homeless numbers and rates as an index of social stress _ _ _ _ _ _ _ _ _ _

1.5 Population Distribution

Describe and define:

1.5.1 Population _ _ _ _ _ _ _ _ _ _

1.5.2 Population parameters (e.g., gender, age, ethnicity, religion affiliation) _ _ _ _ _ _ _ _ _ _

1.5.3 Population density (i.e., see point 1.4.3 above) _ _ _ _ _ _ _ _ _ _

1.5.4 Ratio of urban versus rural population for major cities and for the country as a whole. _ _ _ _ _ _ _ _ _ _

1.6 Social structure

1.6.1 Gender status and roles.
Comment particularly on status of women, especially with regard to homelife, work, employment, and other issues of equality. Address the genderization of the society and community. _ _ _ _ _ _ _ _ _ _

1.6.2 Patriarchy and matriarchy status, especially pattern of authority _ _ _ _ _ _ _ _ _ _

1.6.3 Age status and roles _ _ _ _ _ _ _ _ _ _

1.6.4 Migration patterns (In and Out) _ _ _ _ _ _ _ _ _ _

1.6.5 Family organization patterns (i.e., nuclear, extended, other) _ _ _ _ _ _ _ _ _ _

1.6.6 Marriage and divorce rates, mean age of marriage _ _ _ _ _ _ _ _ _ _

1.6.7 Educational distribution levels, opportunities, and access _ _ _ _ _ _ _ _ _ _

1.6.8 Percent school dropouts before age 16 and reasons (e.g., poverty, illness, poor school performance, disliked school, etc. _ _ _ _ _ _ _ _ _ _

1.6.9 Number of schools, private and public per 100,000 population. Include education institutions at all levels from elementary to college. _ _ _ _ _ _ _ _ _ _

1.6.10 Household qualities
1.6.10.1 Size or Mean number of people per household _ _ _ _ _ _ _ _ _ _

1.6.10.2 Number of single parent households _ _ _ _ _ _ _ _ _ _

1.6.10.3 Number of widow households _ _ _ _ _ _ _ _ _ _

1.6.10.4 Data on recent migration versus long-term residents from rural, other urban, and/or foreign. _ _ _ _ _ _ _ _ _

1.6.11 Occupational distribution and patterns _ _ _ _ _ _ _ _ _ _

B. Socio-Cultural and Linguistic

Describe:

1.7 Languages spoken _ _ _ _ _ _ _ _ _ _

1.8 Ethnic minority population composition/distribution _ _ _ _ _ _ _ _ _ _

1.9 Ethnic minority status and empowerment _ _ _ _ _ _ _ _ _ _

1.10 Estimated percent literacy _ _ _ _ _ _ _ _ _ _

1.11 Ethnic tensions and problems _ _ _ _ _ _ _ _ _ _

C. Social and Economic Structure

Describe:

1.12 GNP for country _ _ _ _ _ _ _ _ _ _

1.13 Dominant economic and employment patterns _ _ _ _ _ _ _ _ _ _

1.14 Unemployment rates and patterns _ _ _ _ _ _ _ _ _ _

1.15 Poverty level distributions _ _ _ _ _ _ _ _ _ _

1.16 Housing patterns/styles _ _ _ _ _ _ _ _ _ _

1.17 Industry and work patterns _ _ _ _ _ _ _ _ _ _

1.18 Percentage of families where both parents work _ _ _ _ _ _ _ _ _ _

1.19 Percent expenditures (if available) on food, housing, clothing, health, transportation, recreation (to see how money is spent) _ _ _ _ _ _ _ _ _ _

1.20 Number of tourists per year _ _ _ _ _ _ _ _ _ _

1.21 Number of banks _ _ _ _ _ _ _ _ _ _

1.22 Number of registered automobiles _ _ _ _ _ _ _ _ _ _

D. Religious Systems

Describe:

1.23 Formal religions present in community via churches, temples, etc. _ _ _ _ _ _ _ _ _ _

1.24 Religious conflicts among groups _ _ _ _ _ _ _ _ _ _

1.25 Religious affiliation patterns and rates _ _ _ _ _ _ _ _ _ _

1.26 Number of churches, temples, or places of religious worship _ _ _ _ _ _ _ _ _ _

1.27 Religious rituals and ceremonies regarding death _ _ _ _ _ _ _ _ _ _

E. Communications/Media/Entertainment

Describe:

1.28 Number of newspapers _ _ _ _ _ _ _ _ _ _

1.29 Number of TV stations or cable _ _ _ _ _ _ _ _ _ _

1.30 Number of radio stations _ _ _ _ _ _ _ _ _ _

1.31 Describe most popular (circulation) items and why _ _ _ _ _ _ _ _ _ _

F. Health and Medical Dynamics

Describe:

1.32 Birth rates _ _ _ _ _ _ _ _ _ _

1.33 Life expectancy rates _ _ _ _ _ _ _ _ _ _

1.34 Number of western medicine physicians per 100,000 population _ _ _ _ _ _ _ _ _ _

1.35 Number of mental health professionals (i.e., psychiatrists, psychologists, social workers, nurses). See also Section H _ _ _ _ _ _ _ _ _ _

1.36 Number and types of indigenous healers. Describe availability, accessibility, and acceptability _ _ _ _ _ _ _ _ _

1.37 Availability of special emergency telephone lines or services for suicide _ _ _ _ _ _ _ _ _ _

1.38 Number of hospitals _ _ _ _ _ _ _ _ _ _

1.39 Models of illness: Western, Supernatural, Social/Internal _ _ _ _ _ _ _ _ _ _

1.40 Number of deaths per year per 100,000 population _ _ _ _ _ _ _ _ _ _

1.41 Primary causes of death? _ _ _ _ _ _ _ _ _ _

1.42 Estimates of smoking rates _ _ _ _ _ _ _ _ _ _

1.43 Number of suicides per year in last ten years? _ _ _ _ _ _ _ _ _ _

1.44 Sanitation _ _ _ _ _ _ _ _ _ _

1.45 Recent epidemics or hysteria episodes _ _ _ _ _ _ _ _ _ _

G. Social Deviancy Patterns According to Demographic Markers

Describe:

1.46 Homicidal rates _ _ _ _ _ _ _ _ _ _

1.47 Crime rates _ _ _ _ _ _ _ _ _ _

1.48 Juvenile crime rates _ _ _ _ _ _ _ _ _ _

1.49 Alcohol rates _ _ _ _ _ _ _ _ _ _

1.50 Substance abuse rates _ _ _ _ _ _ _ _ _ _

1.51 Child and spouse abuse rates _ _ _ _ _ _ _ _ _ _

1.52 Prostitution rates _ _ _ _ _ _ _ _ _ _

1.53 Number of admissions to psychiatric facilities _ _ _ _ _ _ _ _ _ _

1.54 Sexual violence and abuse rates _ _ _ _ _ _ _ _ _ _

H. Mental Health and Wellbeing

1.55 Resources for mental health including hospitals, clinics, mental health professionals, volunteer agencies, policies and plans. _ _ _ _ _ _ _ _ _ _

1.56 The distribution of mental health resources including issues of availability, accessibility, and acceptability. _ _ _ _ _ _ _ _ _ _ _

1.57 Status, salary, budgets, training of mental health personnel _ _ _ _ _ _ _ _ _ _

I. General Sociocultural Context

Describe:

1.58 Socio-cultural ethos, world views, and orientations as indexed by the following dimensions:

1.58.1 Materialism _ _ _ _ _ _ _ _ _ _ Spirituality _ _ _ _ _ _ _ _ _ _

1.58.2 Individualism _ _ _ _ _ _ _ _ _ _ Collectivism _ _ _ _ _ _ _ _ _ _

1.58.3 Competition _ _ _ _ _ _ _ _ _ _ Cooperation _ _ _ _ _ _ _ _ _ _

1.58.4 Change _ _ _ _ _ _ _ _ _ _ Tradition _ _ _ _ _ _ _ _ _ _

1.58.5 Product _ _ _ _ _ _ _ _ _ _ Process _ _ _ _ _ _ _ _ _ _

1.58.6 Scientism _ _ _ _ _ _ _ _ _ _ Intuition _ _ _ _ _ _ _ _ _ _

1.58.7 Westernization _ _ _ _ _ _ _ _ _ _ Traditional _ _ _ _ _ _ _ _ _ _

1.58.8 Time orientation (past, present, future) _ _ _ _ _ _ _ _ _ _

1.58.9 Perceptions of death and afterlife _ _ _ _ _ _ _ _ _ _

1.59 Socio-Cultural and Political Stability

Try to determine socio-cultural and political stability as indexed by the following dimensions:

1.59.1 Recent history of natural disaster in community _ _ _ _ _ _ _ _ _ _

1.59.2 Recent history of war or civil disturbances _ _ _ _ _ _ _ _ _ _

1.59.3 Governmental pattern and stability _ _ _ _ _ _ _ _ _ _

1.59.4 Levels of government and/or police/justice corruption _ _ _ _ _ _ _ _ _ _

1.59.5 Rapid social-technical change via industry, investment, land development _ _ _ _ _ _ _ _ _ _

1.59.6 Levels of crime and violence related to ethnopolitical strife _ _ _ _ _ _ _ _ _ _

1.59.7 Situation with regard to refugees and IDPs _ _ _ _ _ _ _ _ _ _

2. SOCIO-CULTURAL CONTEXT OF SUICIDE QUESTIONS

It will be necessary to adjust the questions to the population under study.

2.1 What has been the historical cultural attitude toward suicide in your country (or cultural group or community)? That is to say, what have people thought about the act of committing suicide?
(For example: ritualized suicide in Japan and India, or position of Catholic Church on suicide as sin)

_ _

_ _

2.2 How has the cultural background of your country (cultural group or community) influenced the frequencies and kinds of ways people commit suicide?
(For example: political system, educational system, attitudes toward women, attitudes toward drinking, religion, etc.)

_ _

_ _

2.3 What has been the influence of your country's (cultural group or community) history, geography/climate, and religion on the act of committing suicide?
(For example: absence of sun in Northern European countries, exposure to toxic pollutants in Eastern Europe)

_ _

_ _

2.4 Within the culture of your country, what is the attitude toward suicide today?
(For example: euthanasia may be accepted, or may be seen as a final act of dignity and taking control of one's life)

_ _

_ _

2.5 What is the general attitude in your country (cultural group or community) toward a person who commits suicide?
(For example: sympathy, condemnatory, critical, anger, etc.)

_ _

_ _

2.6 What is the general attitude in your country (cultural group or community) toward the person who attempts suicide but survives?
(For example: caring, guilt, anger, support)

_ _

_ _

2.7 What is the general attitude in your country (cultural group or community) toward the family members of the suicide victim?
(For example: caring, anger, distrust)

_ _

_ _

2.8 What are the burial and mourning practices in your country (cultural group or community) for someone who has committed suicide?
(For example: no religious service, burn body, avoid family members)

_ _

_ _

2.9 What references to suicide are found in your country's (cultural group or community) religion, literature, songs, art?
(For example: Masada deaths, The Bell Jar, John Donne's "Self-Homicide")

_ _

_ _

3. CORONER'S QUESTIONS (ASCERTAINMENT OF SUICIDE)

3.1 Please describe the procedure for the ascertainment of suicide in your country.

_ _

_ _

3.2 If ascertainment is made through a coroner, please describe the system used (i.e., To whom is the coroner responsible? What is the current legislation relating to the coroner's office and functions?):

_ _

_ _

3.3 What are the instructions in the Coroner's Act (or equivalent) that govern or are pertinent to the ascertainment of suicide?

_ _

_ _

3.4 What qualifications do coroners have with regard to specific dimensions of their functioning?

1 _ Legal
2 _ Medical
3 _ Medico-Legal
4 _ Religious
5 _ Psychological

3.5 What options exist for the possible misclassification of suicidal deaths (e.g., open verdict, accidental death, undetermined death – *please specify all options*)?

_ _

_ _

3.6 Taking each of the last ten years for which data are available, what were the numbers for each of the following in your country and community?

3.6.1 Suicides _
3.6.2 Accidental deaths _
3.6.3 Deaths with open verdict _
3.6.4 Undetermined deaths _
3.6.5 Homicides _

3.7 What are the leading methods of suicide in your country/region, community?

_ _

_ _

3.8 Taking each of the last ten years for which data are available, what were the percentages for each of the five major methods of suicide?

_ _

_ _

Annex 5

IMPULSIVENESS (OPTIONAL)

2.1 Do you often long for excitement?	1 _ No	2 _ Yes	1 2 888 999
2.2 Do you feel at your best after taking a couple of drinks?	1 _ No	2 _ Yes	1 2 888 999
2.3 Do you save regularly?	1 _ No	2 _ Yes	1 2 888 999
2.4 Do you often buy things on impulse?	1 _ No	2 _ Yes	1 2 888 999
2.5 Do you generally do and say things without stopping to think?	1 _ No	2 _ Yes	1 2 888 999
2.6 Do you prefer quiet parties with good conversations to “wild” uninhibited ones?	1 _ No	2 _ Yes	1 2 888 999
2.7 Do you often get into a jam because you do things without thinking?	1 _ No	2 _ Yes	1 2 888 999
2.8 Would you often like to get high (drinking liquor or smoking marijuana)?	1 _ No	2 _ Yes	1 2 888 999
2.9 Are you an impulsive person?	1 _ No	2 _ Yes	1 2 888 999
2.10 Do you usually think carefully before doing anything?	1 _ No	2 _ Yes	1 2 888 999
2.11 Do you often do things on the spur of the moment?	1 _ No	2 _ Yes	1 2 888 999
2.12 Do you often enjoy breaking rules you consider unreasonable?	1 _ No	2 _ Yes	1 2 888 999
2.13 Are you rather cautious in unusual situations?	1 _ No	2 _ Yes	1 2 888 999
2.14 Do you mostly speak before thinking things out?	1 _ No	2 _ Yes	1 2 888 999
2.15 Do you often get involved in things you later wish you could get out of?	1 _ No	2 _ Yes	1 2 888 999
2.16 Do you get so “carried away” by new and exciting ideas, that you never think of possible snags?	1 _ No	2 _ Yes	1 2 888 999
2.17 Do you get bored more easily than most people, doing the same old things?	1 _ No	2 _ Yes	1 2 888 999
2.18 Would you agree that planning things ahead takes the fun out of life?	1 _ No	2 _ Yes	1 2 888 999
2.19 Do you need to use a lot of self-control to keep out of trouble?	1 _ No	2 _ Yes	1 2 888 999
2.20 Would you agree that almost everything enjoyable is illegal or immoral?	1 _ No	2 _ Yes	1 2 888 999
2.21 Are you often surprised at people’s reactions to what you do or say?	1 _ No	2 _ Yes	1 2 888 999
2.22 Do you get extremely impatient if you are kept waiting by someone who is late?	1 _ No	2 _ Yes	1 2 888 999
2.23 Do you think an evening out is more successful if it is unplanned or arranged at the last moment?	1 _ No	2 _ Yes	1 2 888 999
2.24 Do you get very restless if you have to stay around home for any length of time?	1 _ No	2 _ Yes	1 2 888 999

Annex 6

SUPRE-MISS

FOLLOW-UP AT 1 WEEK AFTER DISCHARGE

[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last week, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 2 WEEKS AFTER DISCHARGE
[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last week, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 4 WEEKS AFTER DISCHARGE
[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last two weeks, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 7 WEEKS AFTER DISCHARGE
[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last three weeks, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 11 WEEKS AFTER DISCHARGE
[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last four weeks, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 4 MONTHS AFTER DISCHARGE
[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last five weeks, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 6 MONTHS AFTER DISCHARGE
[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last two months, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 12 MONTHS AFTER DISCHARGE

[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last six months, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 18 MONTHS AFTER DISCHARGE

[BRIEF INTERVENTION]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last six months, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

SUPRE-MISS

FOLLOW-UP AT 18 MONTHS AFTER DISCHARGE
[TREATMENT AS USUAL]

Date: _ _ / _ _ / _ _ _ _ (Day/Month/ Year) _ _ / _ _ / _ _ _ _

Patient's identification number: ☐☐☐

1. Is the patient alive?

1 _ No 2 _ Yes 1 2 888 999

2. If no, what was the cause of death?

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. If yes, did you (= patient) commit any further suicide attempts since discharge from hospital?

1 2 888 999

1 _ No 2 _ Yes, specify how many: _ _ _ _ _

4. How do you feel?

1 2 3 4 5 888 999

1 _ bad
2 _ not so good
3 _ moderately good
4 _ rather good
5 _ very good

5. In the last 18 months, did you feel that you needed any support?

1 _ No 2 _ Yes 1 2 888 999

6. If yes, did you try any of these for support? 1 2 3 4 5 6 7 8 9 888 999

1 _ psychiatric or general hospital
2 _ out-patient psychiatric service, policlinic service, day-care centre, community mental health care
3 _ private psychologist or psychiatrist
4 _ consultation service for alcohol and drug related problems
5 _ consultation service for relational and sexual problems
6 _ self-help group
7 _ telephone help line
8 _ relatives, friends
9 _ other, specify _ _ _ _ _ _ _ _ _ _

Annex 7

Brief Intervention: Information session about suicide

Introduction

The brief information session should encompass the following characteristics in order to be most effective:

- Feedback: information about suicidal behaviours, risk factors, and protective factors should be provided;
- Responsibility: emphasis should be placed on the patient's responsibility for change;
- Self-efficacy: the patient's belief in his or her ability to make successful changes should be strengthened.
- Advice: simple advice on what to change and on how to reduce future health risks should be given;
- Menu: a range of treatment options to select from should be provided;
- Empathy: the situation should be seen from the patient's perspective, while also maintaining a foot outside his or her reality;

The objectives of the information session are the following:

- to provide accurate information about suicidal behaviours;
- to provide accurate information about risk factors and protective factors;
- to face myths about suicidal behaviours;
- to provide advice and recommendations;
- to build the patient's motivation for treatment.

During the session, a pattern of questioning and answering should be avoided, which does not allow the patient to ask questions but just to give short answers. Also, the health worker should not convey the impression of having all the answers to every problem. This would easily move the patient into a passive role. Above all, the patient should not be blamed. It must be made clear that it is irrelevant who is to blame, but that it is a key issue of the session to see what is wrong and what can be done about it.

A non-judgmental approach should be used and labelling should be avoided. During the session, encouragement should be provided and empathy expressed. The health worker should listen carefully and summarize statements in order to reinforce what has been said and to link material that has been discussed.

Above all, the health worker should respond to the patient's individual characteristics and tailor the session to the patient's individual needs using the information provided below, adapting it and delivering it in his own words.

A possible opening of the session would be the following:

“For our session of one hour I have put together some information about suicidal behaviours. I would like to cover some basic points, some of which you may already know and some of which might be quite new. If you have any questions or topics related to suicidal behaviour that are of particular interest to you, please let me know. I would like to make sure that we have a chance to address them. Please feel free to ask any question or to clarify something any time. I would like to make this session as interactive and as helpful to you as possible. Also, I would like to spend some time talking about how you might make use of this information in the future. How does that sound?”

1. What is suicidal behaviour?

Suicidal behaviour covers the whole range from suicidal thoughts, to attempted suicide and completed suicide.

Thoughts about suicide and suicide attempts can be seen as preliminary stages of completed suicide. This means that there is a development from thoughts or ideas about suicide to attempted suicide and from attempted suicide to completed suicide.

Completed suicide includes all deaths in which a willful, self-inflicted, life-threatening act has been performed which has resulted in death. This act with fatal outcome was deliberately initiated and performed. The person knew or expected a fatal outcome. Through this act the person aimed at realizing changes he or she desired. However, the intention may be vague or ambiguous. This means that in most cases the person does not want to die and does not see death as the goal, but the person wants to stop living or the person wants to stop being conscious.

Suicide attempt includes those situations in which a person has performed a life-threatening act with the intent of putting his or her life into danger or giving the appearance of such an intent. However, the life-threatening act has not resulted in death. Attempted suicide has to be seen as a cry for help. The person wants to provoke changes which should make life bearable. It includes acts interrupted by others before the actual self-harm occurs.

Suicidal thoughts include behaviours that move in the direction of a possible threat to the person's life. However, the act which might be lethal has not actually been performed.

2. a How many people commit suicide?

Suicidal behaviour is a personal and family tragedy, causing great suffering to the person concerned and to those close to him or her. On average, a single suicide intimately affects at least six other people. If a suicide occurs in a school or workplace it has an impact on hundreds of people.

Globally speaking, suicide rates have been increasing over the last 45 years (Annex, Figure 1). In the year 2000, there were approximately one million people who committed suicide (Annex, Figure 2). This represents a global mortality rate of about 16 suicide deaths per 100,000 population or one death every 40 seconds. Suicide is among the top 10 causes of death in every country, and among the three leading causes of death for young people (15 to 34-year age group).

The highest suicide rates for both men and women are found in Europe, more particularly in Eastern Europe, such as Estonia, Latvia, Lithuania, Finland, Hungary, Russian Federation and in Asian countries such as China and Japan. Medium rates are mostly found in countries of Central and Northern Europe, North America, South East Asia and the Western Pacific, such as Australia, Canada, India, New Zealand, USA. The lowest rates are mostly found in Latin American, Arabic and some Asian countries, for instance in Argentina, Brazil, Kuwait and Thailand. Information concerning most African countries is badly lacking. Some relatively isolated islands have suicide rates surprisingly higher than the regional average, such as Cuba, Sri Lanka, Fiji, Mauritius, Samoa or Seychelles.

The highest suicide rates are currently found in Eastern Europe. However, the highest numbers of suicide are found in Asia. In China and India almost 30% of all cases of suicide in the world are committed.

With regards to gender, suicide rates are on average three times higher in males than in females, globally speaking (Annex, Figure 3). The only exception is China where suicide rates for females are higher than for males in rural areas and similar to the rates for males in urban areas.

With regards to age, there is a clear tendency for suicide rates to increase with age. However, there is a remarkable change in the picture, because currently the number of suicides is higher among young people (Annex, Figure 4). Suicide rates are already higher among young people in one third of all countries, for example in Australia, Bahrain, Canada, Kuwait, Mauritius, New Zealand, Sri Lanka and the United Kingdom.

ADD NATIONAL AND LOCAL INFORMATION ABOUT COMPLETED SUICIDE!

2. b How many people attempt suicide?

In contrast to the situation for data on committed suicide, no national statistics exist for attempted suicide. In general, attempted suicide seems to be 10-20 times more frequent than completed suicide. In several countries attempted suicide is one of the most frequent reasons for hospital emergency admissions in young people.

The majority of attempted suicides occurs among persons below 35 years of age.

The rates of attempted suicide are higher among females than among males.

ADD NATIONAL AND LOCAL INFORMATION ABOUT ATTEMPTED SUICIDE!

3. What pushes people towards suicide or suicide attempt?

It is difficult to accept suicide as a rational act, because the following three criteria would have to be met:

Firstly, the suicidal person knows and fully understands the consequences of his or her act. Secondly, the act is absolutely voluntary. Thirdly, there are no alternatives to escaping the pain and the problems.

These criteria are rarely – if ever – met and that is why there are reservations to accept suicide as a rational act.

People do not know what death is like. It is beyond the capacity of the human brain to understand such concepts as eternity and infinity. Humans cannot grasp what not living is really like. The act of suicide is rarely, if ever, voluntary. It is a road the person feels forced to follow, because he or she can see no other way out of the problems, pain and misery. The life situation seems to be intolerable and problems seem to be overwhelming. But usually, there are other ways out. Somebody else may have to point them out to the person thinking about suicide and may have to support him or her in the efforts to follow the other ways out.

Three features in particular are characteristic of a suicidal person:

- Most people have mixed feelings about committing suicide which is called ambivalence. The wish to live and the wish to die fight a see-saw battle in the person. The person feels an urge to get away from the pain of living and feels the desire to live at the same time. Many suicidal persons do not really want to die. It is just that they are unhappy with life. If they receive support and if the wish to live is increased, the risk of suicide will be decreased.

- Suicide is also an impulsive act. Like any other impulse, the impulse to commit suicide is passing and lasts for a few minutes only or for a few hours. It is usually set off by negative day-to-day events. By taking the edge off the crisis and by playing for time the risk of suicide can be reduced.

- When people are suicidal, their thinking, feelings and actions are constricted or rigid. They constantly think about suicide and they are unable to see other ways out of the problem. They think in a drastic way.

Many suicidal people communicate their thoughts about suicide and their intentions. They often send out signals and make statements about “wanting to die” or “feeling useless”, for instance. These signals must not be ignored.

Whatever the problems, the feelings and thoughts of the suicidal person – they tend to be the same all over the world.

There is a model of the suicidal process to better understand the development towards suicide (Annex, Figure 5). The model shows that suicidal behaviour has a history and that there is a development of gradually increasing seriousness in suicidal behaviour, from suicidal thoughts to suicide attempts and to suicide. Before the suicidal act, there is a process which is highly individual and which may take a different length of time for every person. For long periods, thoughts of suicide may be completely absent, but they may return in response to new stress and strains.

The model tries to provide a better understanding of the communication and interaction between the suicidal people and the people around them. Factors that are taken into account include the person's personality, the role of the environment, the role of stress, other people's reactions and psychosocial and cultural support, protective factors and risk factors. The model wants to show that the suicidal process is affected by numerous different factors.

[This model should be discussed with the patient, taking into account the patient's personal situation and trying to identify individual factors contributing to his or her suicide attempt.]

4. What can be done?

Suicide is a complex problem for which there is no single cause or single reason. It results from a complex interaction of biological, genetic, psychological, social, cultural and environmental factors. It is difficult to explain why some people decide to commit suicide while others, in a similar or even worse situation, do not. However, most suicides can be prevented.

4.a Risk factors of suicidal behaviour

Risk factors and risk situations vary from one continent and from one country to another, depending on cultural, political and economic features. However, all the factors and situations described in the following are frequently associated with attempted and committed suicide.

The detection and management of risk factors is an important step in suicide prevention.

[The risk factors should be discussed with the patient, taking into account the patient's personal situation and trying to identify individual risk factors contributing to his or her suicide attempt. Those risk factors should be discussed that are meaningful to the patient.]

Suicide and mental disorders

Both in developing and developed countries, the majority (80-100%) of people who commit suicide have a mental disorder which can be diagnosed. It is very common that those who commit suicide suffer from more than one mental disorder.

Depression

Depression is most common in completed suicide.

Everyone feels depressed, sad, lonely and unstable from time to time, but usually those feelings pass. However, when the feelings are persistent and disrupt a person's usual normal life, they are no longer depressive feelings, but the condition becomes a depressive illness.

Feeling sad during most of the day every day is a common symptom of depression. Also, losing interest in usual activities or feeling tired and weak all the time are symptoms. Sleeping too much or too little or waking too early, losing or gaining weight, feeling worthless, guilty or hopeless, feeling irritable and restless all the time, having difficulty in concentrating or in making decisions or having difficulty remembering things or having repeated thoughts of death and suicide are further symptoms of depression.

The risk of suicide is even higher, if a person suffers from persistent sleeplessness, from a severe illness, impaired memory, agitation, panic attacks or shows self-neglect.

There are several reasons why depression is often not diagnosed:

- People are often embarrassed to admit that they are depressed, as they see the symptoms as a "sign of weakness".
- People are familiar with the feelings associated with depression, but they are not able to recognize it as an illness.
- Depression is more difficult to diagnose when the person has a physical illness.
- Patients with depression may present with a wide variety of vague aches and pains which makes it more difficult to diagnose depression.

Alcoholism

Alcoholism (both alcohol abuse and dependence) is frequent among those who have committed suicide, particularly in young people. 5-10% of people who are dependent on alcohol end their life by suicide. At the time of the suicidal act many are found to have been under the influence of alcohol.

Among people with alcohol problems the risk of suicide is increased when they have started drinking at a very young age, when they have consumed alcohol over a long period or when they drink heavily. Also, the risk is increased when they feel depressed, when the physical health is poor, when they perform poorly at work or when the personal life is disturbed and chaotic. Having suffered a recent major interpersonal loss, such as separation from the spouse and/or the family, divorce or bereavement may also increase the risk of suicide.

The presence of both alcohol problems and depression in a person strongly increases the risk of suicide.

Schizophrenia

Suicide is the largest single cause of premature death among people with schizophrenia. Approximately 10% of them ultimately commit suicide.

Schizophrenia is characterized by disturbances in speech, thought, hearing or seeing, personal hygiene and social behaviour; in short, by a drastic change in behaviour and/or feelings, or by strange ideas.

Among people suffering from schizophrenia, the risk of suicide is increased in the early stage of the illness and in young, single, unemployed males. The risk is also increased when the person is prone to frequent relapses, depressed, paranoid/suspicious or highly educated. Early in a relapse, when the person feels to have overcome the problem, but the symptoms recur and early in the recovery, when outwardly the symptoms are better, but internally the person feels vulnerable, the risk of suicide is very high.

Personality disorders

The personality disorders that are more frequently associated with suicide are borderline personality and antisocial personality disorder. Also, impulsivity and aggression have been associated with suicide.

Anxiety disorders

Among anxiety disorders, panic disorder and obsessive-compulsive disorder have been most frequently associated with suicide. Somatoform disorder and eating disorders are also related to suicidal behaviour.

Suicide and physical illness

Suicide risk is increased in chronic physical illness. Also, disability and negative prognosis are correlated with suicide. In addition, there is generally an increased rate of mental disorder, especially depression, in people with physical illness.

Neurological disorders

The increased impulsivity, aggression and chronic disability often seen in persons with epilepsy are the likely reasons for their increased suicidal behaviour. Alcohol and drug abuse contribute to it.

Spinal or brain injuries and stroke also increase the risk of suicide. Recent studies have shown that after a stroke 19% of patients are depressed and suicidal. The more serious the injuries are the greater is the risk of suicide.

Cancer

There are indications that terminal illness, such as cancer, is associated with increased suicide rates. The risk of suicide is greater in males, soon after the diagnosis (within the first five years), and when the patient is undergoing chemotherapy. Pain is a significant contributing factor to suicide.

HIV/AIDS

The stigma, poor prognosis and nature of the illness increase the suicide risk of HIV infected people. The risk is greater at the time of confirmation of the diagnosis and in the early stages of the illness. Intravenous drug users are at still higher risk.

Other chronic conditions

The following chronic medical conditions have a possible association with increased suicide risk:

- diabetes;
- multiple sclerosis;
- chronic renal, liver and other gastrointestinal conditions;
- bone and joint disorders with chronic pain;
- cardiovascular and neurovascular diseases;
- sexual disorders;
- disabilities of walking, seeing and hearing.

Suicide and sociodemographic and environmental factors

Suicide is an individual act. However, it occurs in the context of a given society and certain sociodemographic and environmental factors are associated with it.

Sex

In the majority of countries, more males commit suicide than females, but more females attempt suicide. The male/female ratio varies from country to country. China is the only country in which female suicides outnumber male suicides in rural areas and are approximately equal to male suicides in urban areas.

Age

Suicide takes place at all ages with the young (15-34 years) and the elderly (over 65 years) being age groups at even higher risk of suicide. The act of suicide depends most importantly on the presence of risk factors and the lack of protective factors.

Marital status

Divorced, widowed and single people are at a higher risk of suicide than married people. Those who live alone or who are separated are more vulnerable.

Occupation

Certain occupational groups, such as veterinarians, pharmacists, chemists, dentists, medical practitioners and farmers have a higher risk of suicide. There is no obvious explanation for these findings, although access to lethal means, work pressure, social isolation and financial difficulties might be contributing factors.

Unemployment

Loss of job, rather than the status of unemployed persons has been found to be associated with suicide. The effects of unemployment are probably mediated by factors such as poverty, social deprivation, domestic difficulties and hopelessness.

Residence

In some countries suicides are more frequent in urban areas, whereas in others they occur more frequently in rural areas.

Migration

People who have moved from a rural to an urban area or to a different region or country are more vulnerable to suicidal behaviour. Migration is associated with problems of poverty, poor housing, lack of social support and unmet expectations.

Life stressors

The majority of those who commit suicide have experienced a number of stressful life events in the three months prior to suicide.

Such stressful life events may be interpersonal problems, e.g. quarrels with spouses, family, friends or lovers. The person may have experienced a rejection, e.g. the separation from family and friends. Loss events may be very stressful, e.g. financial loss or bereavement. Also, work or financial problems, e.g. job loss, retirement or financial difficulties may be perceived as a stressful life event. Changes in society, e.g. rapid political and economic changes may cause stress. There are various other stressors, such as shame or the threat of being found guilty which are of importance.

Easy availability

The immediate availability of a method to commit suicide is an important factor in determining whether or not an individual will commit suicide. Reducing access to the means of committing suicide is an effective suicide prevention strategy.

Exposure to suicide

A small portion of suicides consists of vulnerable adolescents who are exposed to suicide in real life or through the media and who may be influenced to engage in suicidal behaviour.

Previous suicide attempt

Previous single or recurrent suicide attempts are associated with suicide. 10-14% of people who attempted suicide eventually die through suicide.

[The health worker should select the following item only if it is meaningful to the patient.]

4.b Suicidal behaviour in children and adolescents

With regards to children and adolescents, it has been observed that young suicidal people often come from families with more than one problem. Since they are loyal to their parents and sometimes unwilling or forbidden to reveal family secrets, they frequently do not seek help outside the family. There are a number of family patterns that are often, but by no means always, found in children and adolescents who attempt or commit suicide.

One or both parents may suffer from a mental disorder, there may be alcohol and substance abuse or antisocial behaviour in the family or a family history of suicide and suicide attempts can be found. The family pattern may also reveal a violent and abusive family, including physical and sexual abuse of the child. It may be that parents/guardians are found to provide poor care with poor communication in the family, there may be frequent quarrels between the parents/guardians, with tension and aggression or there is a divorce, separation or death of the parents/guardians. Both parents/guardians who have very high or very low expectations may be problematic, just like showing excessive or inadequate authority. They may spend too little time to observe and deal with the child's emotional distress resulting in a negative emotional environment with rejection or neglect. An adoptive or foster family and frequent moves to a different residential area may also represent problems.

In suicidal young people even trivial occurrences may be perceived as threats directed against their self-image and they suffer from a sense of wounded personal dignity. Family disturbances, separation from friends, girl-/boyfriends or classmates, death of a loved one or of another significant person, termination of a love relationship, interpersonal conflicts or losses may lead to suicide attempts or suicide among young people.

Also, legal or disciplinary problems, peer-group pressure, bullying or victimization, poor finances, unwanted pregnancy or abortion are situations and events that may lead to suicide attempts or suicide among children and adolescents.

Disappointment with school results or failure in studies and high demands at school during examination periods may present such risk situations or events as well.

4.c Protective factors against suicidal behaviour

There are not only various risk factors that are associated with suicidal behaviour, but also major protective factors that have been identified to afford protection against suicidal behaviour.

Family patterns

Good relationships with family members and receiving support from the family have been identified as protective factors.

Cognitive style and personality

Confidence in oneself and confidence in one's own situation and achievements, good social skills, seeking help when difficulties arise, seeking advice when important choices must be made, openness to other people's experiences and solutions, and openness to new knowledge are factors providing protection against suicidal behaviours.

Cultural and sociodemographic factors

Social integration, e.g. through participation in sport, church associations, clubs and other activities, good relationships with schoolmates or work colleagues, good relationships with teachers or superiors and support from relevant people can also be found among protective factors.

5. What is available?

In 1996, the United Nations issued a document in which the importance of a guiding policy on activities related to suicide prevention was highlighted and which became a landmark in the subject. The following is stated in this document:

"Suicide is a global tragedy … the suicide problem has been generally neglected or ignored all around the globe … In many countries, suicide attempts are one of the main reasons for hospital emergency admissions and treatment of young people, putting a heavy burden on their health-care systems … In addition to the many millions of persons who, for reasons of social and emotional suffering and loss of hope, commit or attempt suicide, there are the innumerable others, such as family members, friends, colleagues and care-givers, whose lives are profoundly affected … In most cases, the tragedy of suicide can be prevented … Rising to the challenge of preventing suicidal behaviour is the basic human motive behind the call for countries to develop national strategies for suicide prevention and for relevant organizations to assist them in this most needed and urgent endeavour."

The strong taboo on suicide that still exists and the distress it arouses and has aroused throughout history make it difficult to approach the problem of suicide in an open way. To this day, suicidal behaviour is associated with shame, uneasiness and guilt. However, by openly discussing suicidal thoughts they turn from a problem to be hidden to a problem to be solved.

For the prevention of suicide, the following approaches are of importance:

- A few mental disorders are significantly associated with suicide. Therefore, the early identification and the appropriate treatment of those mental disorders are important strategies for the prevention of suicide. Mood disorders, alcohol and other substance misuse, schizophrenia and personality disorders are particularly relevant in this respect. The education of primary health care personnel in the identification and treatment of people with mood disorders results in a reduction of suicide rates among those at risk. Also, new medication for both mood and schizophrenic disorders with less side effects increases adherence to treatment and better outcomes. The reduction of the stigma which is still attached to people with mental disorders helps these people coming forward to receive treatment at early stages of the disease, when treatment is more efficient.

- Evidence of the efficacy of restriction of access to means of suicide is available from several countries. The reduction of availability of sedatives and toxic substances, such as pesticides, demonstrated a decrease in suicide rates. The detoxification of gas, that is the removal of carbon monoxide from domestic gas and from car exhausts, is another example for the reduction of suicide rates. Legislation which regulates sales, ownership and storage of guns, the introduction of mechanisms that distance guns from bullets and the incorporation of trigger blocking devices have also proven to be effective in reducing suicide rates. It is crucial to reduce the access to the means of committing suicide as a strategy of effective suicide prevention.

The treatment after attempted suicide should be effective in helping people who are troubled by suicidal thoughts and effective in reducing the rate of repeated suicide attempts and completed suicide.

The following approaches are of importance in the treatment after attempted suicide:

- The psychological treatment tries to modify factors, such as problem-solving skills, particularly interpersonal problem solving, or feelings of hopelessness. The therapist helps the person to try

out new ways of overcoming obstacles. It seems likely that problem solving has the effect of reducing hopelessness in people who have previously been unable to see any way out of a seemingly insoluble situation. Also, skills and techniques to deal with depression, anxiety and stress and to cope with interpersonal and emotional difficulties are taught. The aim of the treatment is to empower the person to apply whatever is learnt during the therapy to later and other situations in a flexible way.

- Pharmacological interventions are usually aimed at the specific treatment of a psychic or somatic disorder that may be the underlying cause for an attempted suicide. They may also be aimed at the actual prevention of suicide by mostly sedative procedures.

ADD UP-TO-DATE INFORMATION ABOUT LOCAL RESOURCES, INCLUDING ADDRESS, TELEPHONE NUMBER AND CONTACT PERSON, SUCH AS:

suicide prevention centres;
crisis intervention centres;
health professionals;
volunteer organizations;
telephone emergency or crisis lines, lifelines, hotlines;
telephone counselling;
resources for medical, psychological, social interventions and for therapy;
aftercare programmes for people previously treated in hospitals;
school-based programmes.

Annex

Figure 1. Global suicide rates since 1950 and trends until 2020

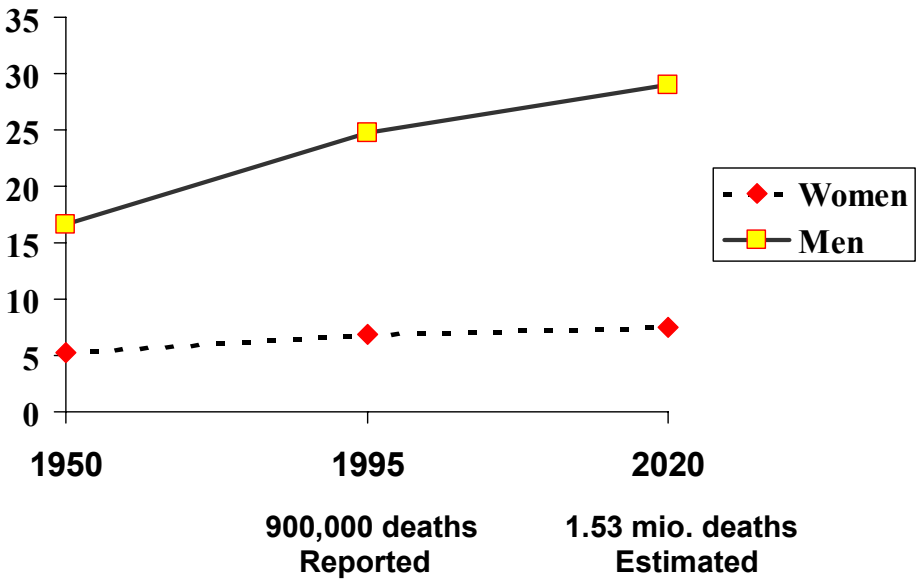


Figure 2. Evolution of global suicide rates 1950-1995 (per 100,000)

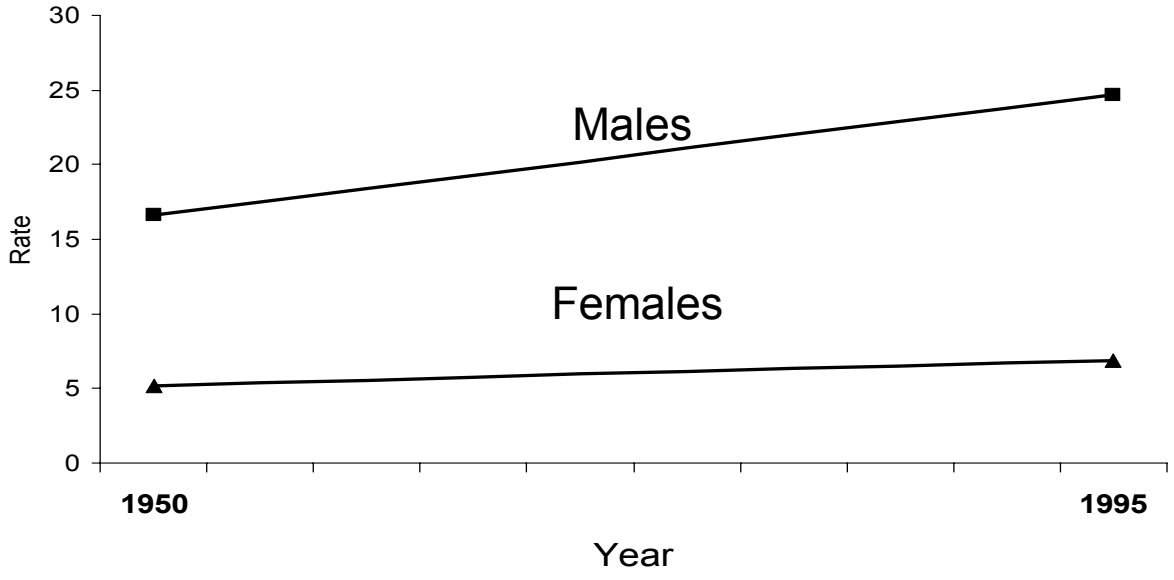
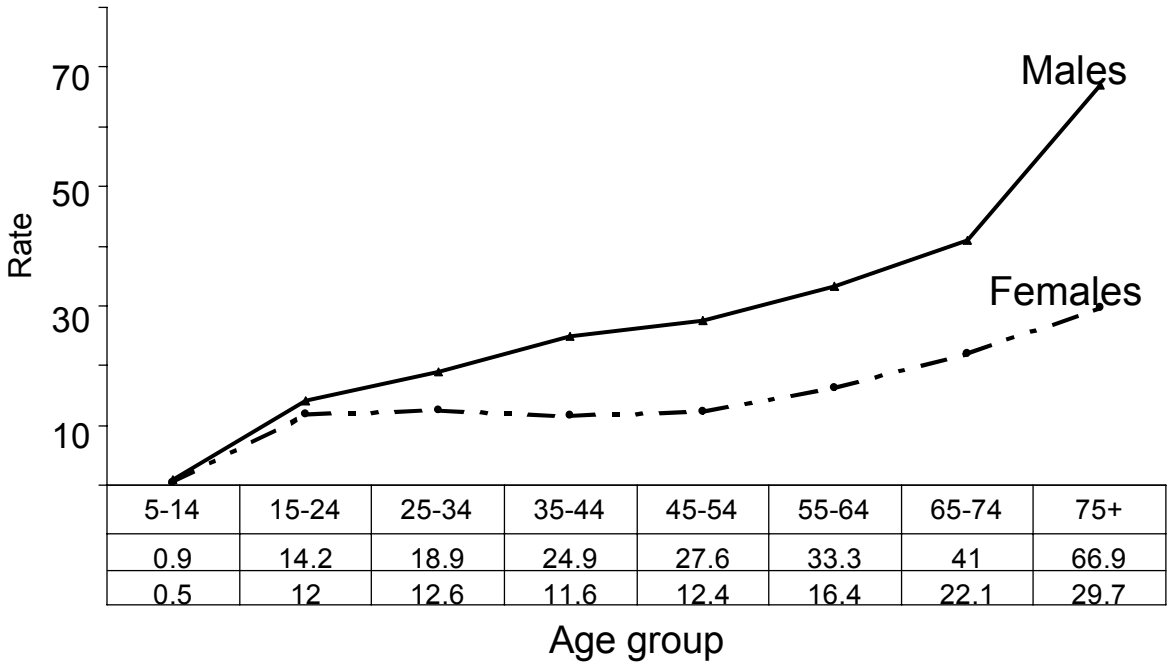


Figure 3. Distribution of suicide rates (per 100,000) by gender and age, 1995



5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
0.9	14.2	18.9	24.9	27.6	33.3	41	66.9
0.5	12	12.6	11.6	12.4	16.4	22.1	29.7

Age group

Figure 4. Changes in the age distribution of cases of suicide between 1950 and 1995

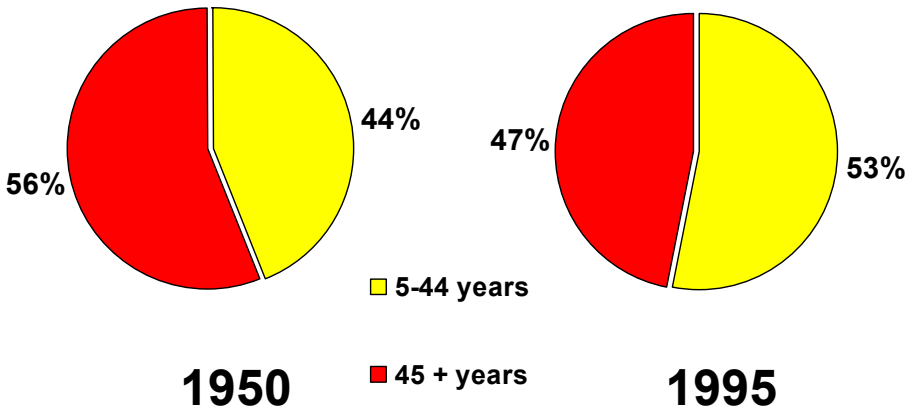


Figure 5a. Risk factors, stress and acute triggers for suicidal behaviour.

RISK FACTORS

Suicidal propensity inherited and/or acquired due to stress

STRESS

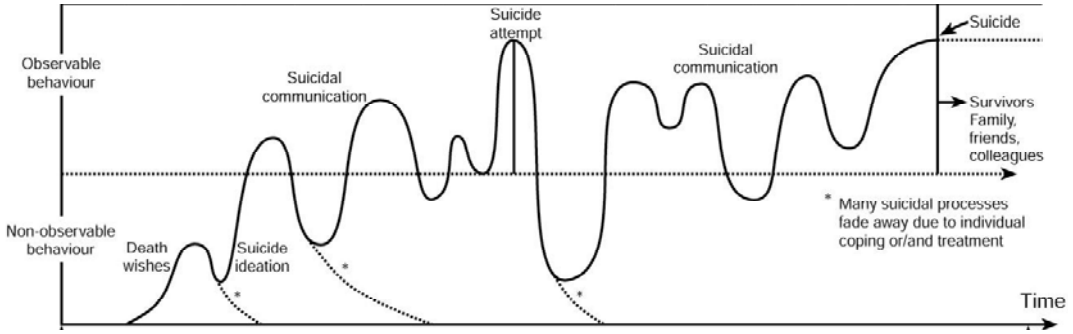
- Relationship problems
- Violence and psychic trauma
- Social stress, poverty, unemployment
- Psychiatric illness
- Alcohol and drug abuse
- Somatic illness, pain

ACUTE TRIGGERS FOR SUICIDAL BEHAVIOUR

- Separation, loss, relationship conflicts
- Financial problems, bullying, harassment
- Different negative and traumatic life event
- Relapse or exacerbation of illness
- Narcissistic injury

Adapted from *Stress-vulnerability model and development of the suicidal process from suicidal ideation to suicide*. Wasserman D, 1999. (Source: Wasserman D (editor). Suicide: An Unnecessary Death. London. Martin Dunitz. 2001. p.20. With permission from the editor).

Figure 5b. Observable and non-observable suicidal behaviour in the suicidal process.



Adapted from *Stress-vulnerability model and development of the suicidal process from suicidal ideation to suicide*. Wasserman D, 1999. (Source: Wasserman D (editor). Suicide: An Unnecessary Death. London. Martin Dunitz. 2001. p.20. With permission from the editor).

Figure 5c. Protective factors against suicidal behaviour.

PROTECTIVE FACTORS

Suicidal resilience, inherited and/or acquired during antenatal life, upbringing and adult life

Cognitive style and personality
- A sense of personal value
- Confidence in oneself and one's own situation and achievements
- Seeking help when difficulties arise
- Seeking advice when important choices must be made
- Openness to other people's experiences and solutions
- Openness to learning
- Ability to communicate

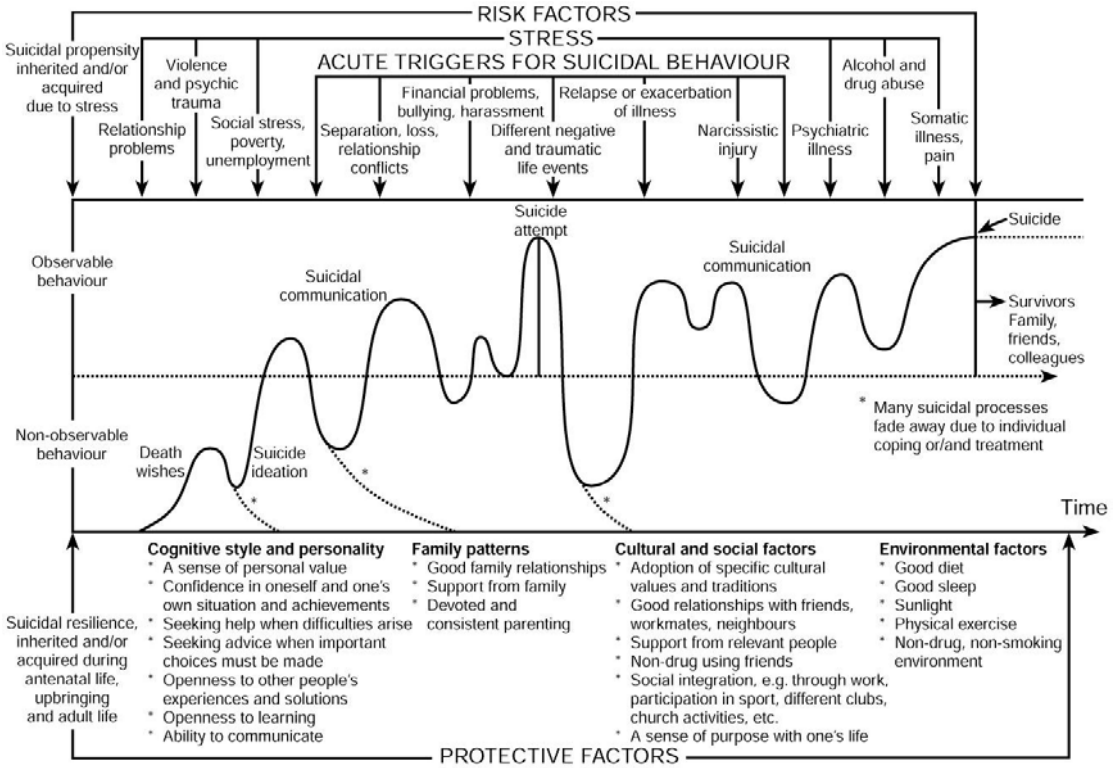
Family patterns
- Good family relationships
- Support from family
- Devoted and consistent parenting

- **Cultural and social factors**
- Adoption of specific cultural values and traditions
- Good relationships with friends, workmates, neighbours
- Support from relevant people
- Non-drug using friends
- Social integration, e.g. through work, participation in sport, different clubs, church activities
- A sense of purpose with one's life

Environmental factors
- Good diet
- Good sleep
- Sunlight
- Physical exercise
- Non-drug, non-smoking environment

Adapted from *Stress-vulnerability model and development of the suicidal process from suicidal ideation to suicide*. Wasserman D, 1999. (Source: Wasserman D (editor). Suicide: An Unnecessary Death. London. Martin Dunitz. 2001. p.20. With permission from the editor).

Figure 5d. Stress-vulnerability model and development of the suicidal process from suicidal ideation to suicide. Wasserman D, 1999.



Source: Wasserman D (editor). Suicide: An Unnecessary Death. London. Martin Dunitz. 2001. p. 20. With permission from the editor.

Annex 8

AGREEMENT FOR PUBLICATIONS RESULTING FROM MULTI-CENTRE COLLABORATIVE STUDIES

Reference

World Health Organization. Agreement for Publications Resulting from Multi-centre Collaborative Studies. Division of Mental Health. MNH/93.1. Geneva.