Appendix 3. Risk of bias table

Study ID	Consecutive	Selection bias	Index test results interpreted without knowledge of reference standard?	Could the conduct or interpretation of the index test have introduced bias?	Reference standards likely to correctly classify the target condition?	Reference standard results interpreted without knowledge of the results of the index tests?	Could reference standard, its conduct, or interpretation have introduced bias?	Appropriate interval between index test and reference standard	All patients receive same reference standard	All patients included analysis?	Withdrawals explained
Cooper *et al* [28]	Yes*	Low risk but assessed patients only	Yes	Low risk	Yes	Yes	Low risk	Yes	Yes	No	Yes
Steeg *et al* [37]	Yes	Low risk	Yes	Low risk	Yes	Yes	Low risk	Yes	Yes	Yes	None
Bilén *et al* [36]	Yes	Low risk	Yes	Low risk	Yes	Yes	Low risk	Yes	Yes	No	Yes
Waern *et al* [34]	Unclear	Moderate risk	Yes	Low risk	Yes	Unclear	Low risk	Yes	Yes	No	Yes
Bolton *et al* [35]	Yes	Moderate risk**	Yes	Moderate risk**	Unclear	Unclear	Unclear	Yes	Yes	No	No
Carter [30]	Yes	Low risk	Yes	Low risk	Yes	Yes	Low risk	Yes	Yes	No	Yes
Randall *et al* [15]	No	High***	Yes	Low risk	Yes	Unclear	Low risk	Unclear	Yes	No	Yes
Spittal *et al* [14]	Yes	Low	Yes	Low ****	Yes	Yes	Low risk	Yes	Yes	Yes	Yes

*MSHT based on assessed patients and may not apply to non-assessed; item on benzodiazepines may not be as relevant due to changes in prescriptions (e.g., -9.17% between 2005/ 2006 and 2007/ 2008). [56, 57]

**study included suicide attempts which were defined by suicidal intent and determined by clinicians. Recruitment flow unclear

***non-consecutive sample which could overestimate effects and participants were more likely to be have psychiatric consultation

****patients admitted for self-harm which may represent a more severe clinical population and inflate diagnostic accuracy statistics. May have slight risk of spectrum bias due to differences in population