



**WORLD PSYCHIATRIC
ASSOCIATION**

Advance Psychiatry and Mental
Health Across the World

**Brief Motivational Intervention and Long-term
Regular Follow-up Contact Program (BIC)**
Questionnaires

Questionnaires for BIC Study

Data will be collected at baseline and after 18 months of follow-up for all participants. The details of the suicide attempt according to the ICD-10 codes and Medical Damage Scale (MDS) will also be evaluated at baseline along with a series of mental and physical health statuses.

Additional questionnaires can be added if there is additional data that a site would like to collect. However, these additional questionnaire scales should also be translated into the local language of each site, adapted to consider the cultural specificities and pilot-tested to assess the validity (if it has not been used in similar settings before).

The following socio-demographic data will be collected at baseline: age, sex, country of birth, marital status, living arrangement, residence area, employment status, education level, income level, religious affiliation, and sexual orientation.

There will be additional follow-up contacts at nine-time points. These follow-ups will be conducted using a questionnaire template (Annex 2) and will follow up if the participant is still alive, any consequent suicide attempt, and the well-being of the participant.

1. Baseline questionnaires (see Annex 1):

Baseline assessment
I. BIC Questionnaire
II. Medical Damage Rating Scale (MDRS)
III. Patient Health Questionnaire-9 (PHQ-9)
IV. Athens Insomnia Scale (AIS)
V. Generalized Anxiety Disorder (GAD-7) Scale
VI. Multidimensional Scale of Perceived Social Support (MSPSS)
VII. Interpersonal Needs Questionnaire-15 (INQ-R)
VIII. Paykel Suicide Scale (PSS)
IX. Suicide Related Coping Scale (SRCS)
X. WHO WELL-BEING INDEX (WHO-5)
Follow-up questions
1. Follow-up questionnaire 6 questions
2. 1 question 'Hopelessness'

2. Follow-up questionnaires at 1 week, 2 weeks, 4 weeks, 12 weeks, 4 months, 6 months and 12 months (see Annex 2)

3. 18-months follow-up questionnaire (see Annex 3)

18-months follow-up evaluation questionnaires/scales
1. Follow-up questionnaire 6 questions
2. Patient Health Questionnaire-9 (PHQ-9)
3. Athens Insomnia Scale (ASS)
4. Generalized Anxiety Disorder (GAD-7) Scale
5. Interpersonal Needs Questionnaire-15 (INQ-R)
6. Paykel Suicide Scale (PSS)
7. WHO WELL-BEING INDEX (WHO-5)

ANNEX 1. Baseline Questionnaires

BIC QUESTIONNAIRE- operator

FILLED BY THE OPERATOR

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: __/____
(in case this is not possible to document, please write the time at which the patient was attended to)

1.5 Attended by: 1_Emergency Department
 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: __/____
(in case this is not possible to document, please write the time at which the patient was officially discharged by the professional treating the patient)

2. Identification of the patient (INTAKE)

2.1 Patient's identification number:

2.2 Sex: 1_Male 2_Female 3_Transsexual 4_Binary

2.3 Date of birth Day/Month/Year: __/__/____

3. Present suicide attempt (INTAKE)

3.1 Date of suicide attempt: __/__/____Day / Month / Year

3.2 Day of the week: _____

3.3 Time: Hour / Minute: __ / __ Hour/Minute

3.4 Place (e.g. at home, at work, at school): _____

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

- X60 _ Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
- X61 _ Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified
- X62 _ Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified
- 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
- 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
- 1 _ patient stayed under observation/treatment in emergency department and was discharged
- 2 _ from the emergency department patient was transferred to the intensive care until 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 _ was not referred to any professional service
- 1 _ was sent to general health care center (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 _ Patient accepts to go/come to consultation
- 1 _ Patient is not sure if he/she will show up or not
- 2 _ Patient refuses

4. MEDICAL DAMAGE RATING SCALE (MDRS)

Instructions to interviewer: These scales establish the lethality of patients' suicide attempt(s). Use all available information to establish the lethality of each previous suicide attempt.

4.1 LETH 01 Lethality Scale for Coma-Producing Drugs 00 Fully conscious and alert

- 01 Conscious but sleepy
- 02 Lethargic-speech and motility retarded but responsive to questions; intellectual functions intact
- 03 Lethargic with diminution in intellectual ability
- 04 Severely blunted, dull, or lacking in vigor, but awake and somewhat responsive
- 05 Asleep but easily aroused
- 06 Comatose- withdrawal from painful stimuli; reflexes intact
- 07 Comatose-no withdrawal from painful stimuli; most reflexes intact; no respiratory or circulatory depression
- 08 Comatose-most reflexes absent; no respiratory or circulatory depression
- 09 Comatose -all reflexes absent; respiratory depression with cyanosis or circulatory failure and shock both
- 10 Death
- 99 Does not apply

4.2 LETH 02 Lethality for Non-Coma-Producing Drugs 00 No damage

- 02 Minimal medical consequences or treatment
- 04 Some injury (e.g. mouth burns) and treatment in emergency room or on outpatient basis (e.g. gastric lavage)
- 06 Injury sufficient for hospitalization-vital signs and level of consciousness may be affected
- 08 Major systemic effects-such as G.I. perforation, renal failure, blood hemolysis, or shock; vital signs unstable
- 10 Death
- 99 Does not apply

4.3 LETH 03 Lethality Scale for Shooting 00 No Damage

- 02 Flesh wounds with powder burns
- 04 Bullet lodged in extremity - minor bleeding
- 06 Bullet in abdomen or chest - major bleeding; vital signs unstable
- 08 Bullet to head area
- 10 Death
- 99 Does not apply

4.4 LETH 04 Lethality Scale for Burning 00 No damage

- 02 First degree burns
- 04 Second degree burns
- 06 Third degree burns under 20% body area
- 08 Third degree burns over 60% body area
- 10 Death
- 99 Does not apply

4.5 LETH 05 Lethality Scale for Drowning 00 No damage

- 02 Conscious-some respiratory distress but no resuscitation needed
- 04 Conscious-minimal to moderate efforts at resuscitation needed
- 06 Conscious-extensive efforts at resuscitation needed
- 08 Unconscious-massive efforts at resuscitation necessary for revival
- 10 Death
- 99 Does not apply

4.6 LETH 06 Lethality Scale for Cutting 00 Surface scratches; none or minor bleeding; little or no wound care required.

- 02 Moderate bleeding with clotting before significant blood loss occurs; simple wound care required.
- 04 Bleeding of major vessel; danger of considerable blood loss without surgical intervention-suturing necessary but no transfusion; vital areas intact and no change in vital signs; care on out-patient basis.
- 06 Extensive blood loss; suturing, blood replacement and tendon repair required; wound may be to head, thorax, or abdomen but vital organs intact and vital signs stable; recovery with in-patient care expected.
- 08 Extensive blood loss with shock; insult to vital areas with change in vital signs; recovery with in-patient care doubtful.
- 10 Death
- 99 Does not apply

4.7 LETH 07 Lethality Scale for Jumping 00 Minor bruises only - no treatment necessary

- 02 Sprains or minor injuries-no bone, ligament, or tendon damage; no internal bleeding, tissue or brain damage.
- 04 Extremities fractured-casting necessary but no major tendon repair and complete recovery expected
- 06 Major one and/or tendon damage in multiple areas-internal bleeding; some residual impairment expected but not in vital areas
- 08 Major damage to vital area (skull, neck, spinal column). Paralysis expected.

- 10 Death
- 99 Does not apply

4.8 LETH 08 Lethality Scale for Hanging 00 No damage

- 02 Simple rope burns
- 04 More extensive injuries with treatment on out-patient basis
- 06 Hospitalization and resuscitation required
- 08 Paralysis or other spinal cord injury
- 10 Death
- 99 Does not apply

COVID-19 BIC QUESTIONNAIRE- patient

FILLED BY THE PATIENT

1. SOCIODEMOGRAPHIC INFORMATION

1.1 Where were you born? (country) _____

1.2 What is your nationality? _____

1.3 What is the highest education level you have obtained? (To be adapted to local coding categories)

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

1.4 Who do you currently live with? Please select ALL that apply

- live alone
- with spouse / partner
- with own / stepchildren
- with parents
- with siblings
- with extended family
- with roommate/companion
- other (please specify: _____)

1.5 What is your occupation?

- 1 _ Unemployed
- 2 _ Sales and service
- 3 _ Education, law and social, community and government services
- 4 _ Art, culture, recreation and sport
- 5 _ Trades, transport and equipment operators and related occupations

- 6 _ Health
- 7 _ Manufacturing and utilities
- 8 _ Business, finance and administration
- 9 _ Natural and applied sciences and related occupations
- 10 _ Management
- 11 _ Natural resources, agricultural and related production
- 12 _ Retired
- 13 _ Student
- 14 _ Other, specify_-----

1.6 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_-----

1.7 Do you consider yourself to be a religious person?

- 1_No 2_Yes

1.8 What is your preferred sexual orientation?

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

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.”

2. ALCOHOL AND DRUG RELATED QUESTIONS

2.1 In your life, which of the following substances have you ever used as a recreational activity?

- 2.1.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.) 1 _ No 2 _ Yes
- 2.1.2 Alcoholic beverages (beer, wine, liquor, etc.) 1 _ No 2 _ Yes
- 2.1.3 Marijuana (pot, grass, hash, etc.) 1 _ No 2 _ Yes
- 2.1.4 Cocaine or Crack 1 _ No 2 _ Yes

- 2.1.5 Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.) 1 _ No 2 _ Yes
- 2.1.6 Inhalants (nitrous, glue, spray paint, gasoline, petrol, paint thinner) 1 _ No 2 _ Yes
- 2.1.7 Sedatives or Sleeping Pills (Valium, Librium, Xanax, Haldol
Seconal, Quaaludes, Rivotril, Roche, etc.) 1 _ No 2 _ Yes
- 2.1.8 Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.) 1 _ No 2 _ Yes
- 2.1.9 Heroin, Morphine, Methadone or Pain Medication (codeine,
Dilaudid, Darvon, Stoppaine, Tramadol Demoral, Percodan, Fiorional, etc.) 1 _ No 2 _ Yes
- 2.1.10 Other, specify _____

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

2.2.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?

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

2.2.2 Alcoholic beverages (beer, wine, liquor, etc.)?

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

2.2.3 Marijuana (pot, grass, hash, etc.)?

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

2.2.4 Cocaine or Crack?

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

2.2.5 Stimulants or Amphetamines (speed, diet pills, ecstasy, etc.)?

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

2.2.6 Inhalants (nitrous, glue, spray paint, gasoline, paint thinner)?

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

2.2.7 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

2.2.8 Hallucinogens (LSD, acid, mushrooms, PDP, Special K, etc.)?

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

2.2.9 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

2.2.10 Other, specify _____

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

2.3 In the past year (= past 12 months), how often did you have a drink containing alcohol?

- 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
- 11 _ Daily or more often
- 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

2.4 How often in the past year did you drink more than 4 (for females) / 5 (for males) drinks in one occasion?

- 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
- 11 _ Daily or more often
- 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

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.”

3. PREVIOUS SUICIDE ATTEMPT HISTORY AND FAMILY DATA

3.1 Previous suicide attempt(s)?

- 1_No
- 2_Yes

3.1.1 If yes, how many? (Number) _____

3.1.2 When was the last one? Day / Month / Year: _____

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

Previous suicide attempt number: 1. 2. 3. 4. 5.

Please fill in the corresponding code: __ __ __ __ __

3.2 Has someone close (parents, other family members, friend, boy-/girlfriend) to you committed suicide?

- 1_No
- 2_Yes

If no, please skip this section

3.2.1 How long has it been since the person close to you committed suicide?

- 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

3.2.2 Who was the person that committed suicide?

1 _ parent

2 _ legal guardian (other than biological parents)

3 _ sister or brother

4 _ spouse

5 _ boy-/girlfriend

6 _ friend

7 _ other, specify _____

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.”

4. CURRENT EPISODE HISTORY

4.1 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

4.2 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 _ 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

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

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)

4.4 Around the time you harmed yourself, did you contact someone to tell what you just did?

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

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

- 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)

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

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

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

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

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

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

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

4.10 What outcome or end goal did you have in mind when you harmed yourself?

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

4.11 What did you think were the chances that you would die as a result of your act?

- 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: _____

4.12 Relation between alcohol/drug use (specify: _____) and current suicide attempt:

- 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

The following questions are used for exposure assessment in relation to the COVID-19 pandemic.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks , how often have you been bothered by any of the following problems? (Circle to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

ATHENS INSOMNIA SCALE

This scale is intended to record your own assessment of any sleep difficulty you might have experienced. Please, check (by circling the appropriate number) the items below to indicate your estimate of any difficulty, provided that it occurred at least three times per week during the last month.

1. SLEEP INDUCTION (time it takes you to fall asleep after turning-off the lights)

0	1	2	3
No problem	Slightly delayed	Markedly delayed	Very delayed or did not sleep at all

2. AWAKENINGS DURING THE NIGHT

0	1	2	3
No problem	Minor problem	Considerable problem	Serious problem or did not sleep at all

3. FINAL AWAKENING EARLIER THAN DESIRED

0	1	2	3
Not earlier	A little earlier	Markedly earlier	Much earlier or did not sleep at all

4. TOTAL SLEEP DURATION

0	1	2	3
Sufficient	Slightly insufficient	Markedly insufficient	Very insufficient or did not sleep at all

5. OVERALL QUALITY OF SLEEP (no matter how long you slept)

0	1	2	3
Satisfactory	Slightly unsatisfactory	Markedly unsatisfactory	Very unsatisfactory or did not sleep at all

6. SENSE OF WELL-BEING DURING THE DAY

0	1	2	3
Normal	Slightly decreased	Markedly decreased	Very decreased

7. FUNCTIONING (PHYSICAL AND MENTAL) DURING THE DAY

0	1	2	3
Normal	Slightly decreased	Markedly decreased	Very decreased

8. SLEEPINESS DURING THE DAY

0	1	2	3
None	Mild	Considerable	Intense

GENERALIZED ANXIETY DISORDER (GAD-7) SCALE

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
6. Feeling afraid as if something awful might happen	0	1	2	3

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the "4" if you are **Neutral**

Circle the "5" if you **Mildly Agree**

Circle the "6" if you **Strongly Agree**

Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

INTERPERSONAL NEEDS QUESTIONNAIRE-15 (INQ-R)

The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel and circle that number. There are no right or wrong answers: we are interested in what **you** think and feel.

	Not at all true for me			Somewhat true for me		Very True for me	
	1	2	3	4	5	6	7
1. These days the people in my life would be better off if I were gone	1	2	3	4	5	6	7
2. These days the people in my life would be happier without me	1	2	3	4	5	6	7
3. These days I think I am a burden on society	1	2	3	4	5	6	7
4. These days I think my death would be a relief to the people in my life	1	2	3	4	5	6	7
5. These days I think the people in my life wish they could be rid of me	1	2	3	4	5	6	7
6. These days I think I make things worse for the people in my life	1	2	3	4	5	6	7
7. These days other people care about me	1	2	3	4	5	6	7
8. These days, I feel like I belong	1	2	3	4	5	6	7
9. These days, I rarely interact with people who care about me	1	2	3	4	5	6	7
10. These days, I am fortunate to have many caring and supportive friends	1	2	3	4	5	6	7
11. These days, I feel disconnected from other people	1	2	3	4	5	6	7
12. These days, I often feel like an outsider in social gatherings	1	2	3	4	5	6	7
13. These days, I feel that there are people I can turn to in times of need	1	2	3	4	5	6	7
14. These days, I am close to other people	1	2	3	4	5	6	7
15. These days, I have at least one satisfying interaction every day	1	2	3	4	5	6	7

PAKEL SUICIDE SCALE (PSS)

In your life...

	Never	Rarely	Sometimes	Often	Very often	Always
1. Have you ever felt that life was not worth living?	0	1	2	3	4	5
2. Have you ever wished you were dead? For instance, that you go to sleep and not wake up?	0	1	2	3	4	5
3. Have you ever thought of taking your life even if you would not really do it?	0	1	2	3	4	5
4. Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it?	0	1	2	3	4	5
5. Have you ever made an attempt to take your life?	0	1	2	3	4	5

During the past two weeks...

	Never	Rarely	Sometimes	Often	Very often	Always
1. Have you ever felt that life was not worth living?	0	1	2	3	4	5
2. Have you ever wished you were dead? For instance, that you go to sleep and not wake up?	0	1	2	3	4	5
3. Have you ever thought of taking your life even if you would not really do it?	0	1	2	3	4	5
4. Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it?	0	1	2	3	4	5
5. Have you ever made an attempt to take your life?	0	1	2	3	4	5

Suicide Related Coping Scale (SRCS)

To what extent do you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am able to confide in someone, such as a friend, family member, supervisor, or spiritual advisor when I am experiencing a crisis.	0	1	2	3	4
2. I feel that I have no one to turn to when I am feeling suicidal.	0	1	2	3	4
3. I know which friends and/or family members to contact to help take my mind off my suicidal feelings.	0	1	2	3	4
4. It is useless to talk to anyone about my suicidal thoughts.	0	1	2	3	4
5. I know it is important to limit access to weapons or other ways to hurt myself when I am feeling suicidal.	0	1	2	3	4
6. I have contact information for at least one health care professional (such as doctor or therapist) whom I can call during a suicidal crisis.	0	1	2	3	4
7. I know the nearest hospital or urgent care facility where I can go if I cannot handle my suicidal feelings.	0	1	2	3	4
8. When I am suicidal, I know of things to do by myself that help me feel less suicidal.	0	1	2	3	4
9. I can distract myself by doing other things or thinking about other things when I am feeling suicidal.	0	1	2	3	4
10. Even if I am alone, there are things I can do to take mind off my suicidal feelings and thoughts for at least a while.	0	1	2	3	4
11. If one way of trying to cope with suicidal feelings does not work, I have other ways to try.	0	1	2	3	4
12. When I feel suicidal, there are places I can go (such as a coffee shop, the gym, place of worship, or shopping mall) to help me take my mind off my problems.	0	1	2	3	4

13. Seeking help from health care professionals is a good way to keep myself safe when I am feeling suicidal.	0	1	2	3	4
14. I cannot do anything to control my suicidal thoughts.	0	1	2	3	4
15. I have several things I can do to get through a suicidal crisis.	0	1	2	3	4
16. I do not think there is anything that I can do to help myself when I am feeling suicidal	0	1	2	3	4
17. I am at the mercy of my suicidal thoughts.	0	1	2	3	4
18. It can be helpful for me to socialize with other people when I am feeling suicidal.	0	1	2	3	4
19. If I try, it is possible for me to figure out some of the feelings, thoughts, and/or behaviours that led to my becoming suicidal.	0	1	2	3	4
20. I have removed or limited my access to lethal methods (for instance, pills or bullets in a gun) that I could potentially use to hurt myself.	0	1	2	3	4
21. I recognize the circumstances or people that can make me suicidal.	0	1	2	3	4

WHO WELL-BEING INDEX (WHO-5)

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.”

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
1. I have felt cheerful and in good spirits	0	1	2	3	4	5
2. I have felt calm and relaxed	0	1	2	3	4	5
3. I have felt active and vigorous	0	1	2	3	4	5
4. I have felt fresh and rested	0	1	2	3	4	5
5. My daily life has been filled with things that interest me	0	1	2	3	4	5

ANNEX 2. BIC Follow-up questions

Follow-up questionnaire at 1 week

Date:

Patient's identification number:

Filled by operator

1. Is the patient alive?

- 1_ No 2_ Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

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

4. How do you feel?

- 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

6. If (5) yes, did you try any of these for support?

- 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 _ _ _ _ _

7. At the **present time**, my future seems dark to me.

- 1 _ False 2 _ True

Follow-up questionnaires at 2 weeks

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

Patient's identification number:

Filled by operator

1. Is the patient alive?

- 1_ No 2_ Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

- 1_ No 2_ Yes, specify how many _____

4. How do you feel?

- 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

6. If (5) yes, did you try any of these for support?

- 1 _ psychiatric or general hospital
 2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

Follow-up questionnaires at 4 weeks

Date: ___/___/____ (Day/Month/Year)

Patient's identification number:

Filled by operator

1. Is the patient alive?

1_ No

2_Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

1_ No

2_Yes, specify how many _____

4. How do you feel?

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

6. If (5) yes, did you try any of these for support?

1 _ psychiatric or general hospital

2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

Follow-up questionnaires at 8 weeks

Date: ___/___/____ (Day/Month/Year)

Patient's identification number:

Filled by operator

1. Is the patient alive?

1_ No

2_Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

1_ No

2_Yes, specify how many _____

4. How do you feel?

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

6. If (5) yes, did you try any of these for support?

1 _ psychiatric or general hospital

2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

Follow-up questionnaires at 12 weeks

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

Patient's identification number:

Filled by operator

1. Is the patient alive?

1_ No

2_ Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

1_ No

2_ Yes, specify how many _____

4. How do you feel?

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

6. If (5) yes, did you try any of these for support?

1 _ psychiatric or general hospital

2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

Follow-up questionnaires at 4 months

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

Patient's identification number:

Filled by operator

1. Is the patient alive?

1_ No

2_ Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

1_ No

2_ Yes, specify how many _____

4. How do you feel?

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

6. If (5) yes, did you try any of these for support?

1 _ psychiatric or general hospital

2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

Follow-up questionnaires at 6 months

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

Patient's identification number:

Filled by operator

1. Is the patient alive?

1_ No

2_ Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

1_ No

2_ Yes, specify how many _ _ _ _ _

4. How do you feel?

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

6. If (5) yes, did you try any of these for support?

1 _ psychiatric or general hospital

2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

Follow-up questionnaires at 12 months

Date: ___/___/____ (Day/Month/Year)

Patient's identification number:

Filled by operator

1. Is the patient alive?

1_ No

2_Yes

2. If (1) is No what was the cause of death?

Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

1_ No

2_Yes, specify how many _____

4. How do you feel?

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

6. If (5) yes, did you try any of these for support?

1 _ psychiatric or general hospital

2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the **present time**, my future seems dark to me.

1 _ False

2 _ True

ANNEX 3. 18-months follow-up questionnaire for BIC Intervention

Follow-up questionnaires at 18 months

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

Patient's identification number:

Filled by operator

1. Is the patient alive?

- 1_ No 2_ Yes

2. If (1) is No what was the cause of death?

Filled by the patient/Operator asks Q3-Q7 to the patient

3. If (1) yes, did you (=patient) commit any further suicide attempts since the discharge from the hospital?

- 1_ No 2_ Yes, specify how many _____

4. How do you feel?

- 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

6. If (5) yes, did you try any of these for support?

- 1 _ psychiatric or general hospital
 2 _ out-patient psychiatric service, polyclinic 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 _____

7. At the present time, my future seems dark to me.

- 1 _ False 2 _ True

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

ATHENS INSOMNIA SCALE

This scale is intended to record your own assessment of any sleep difficulty you might have experienced. Please, check (by circling the appropriate number) the items below to indicate your estimate of any difficulty, provided that it occurred at least three times per week during the last month.

1. SLEEP INDUCTION (time it takes you to fall asleep after turning-off the lights)

0	1	2	3
No problem	Slightly delayed	Markedly delayed	Very delayed or did not sleep at all

2. AWAKENINGS DURING THE NIGHT

0	1	2	3
No problem	Minor problem	Considerable problem	Serious problem or did not sleep at all

3. FINAL AWAKENING EARLIER THAN DESIRED

0	1	2	3
Not earlier	A little earlier	Markedly earlier	Much earlier or did not sleep at all

4. TOTAL SLEEP DURATION

0	1	2	3
Sufficient	Slightly insufficient	Markedly insufficient	Very insufficient or did not sleep at all

5. OVERALL QUALITY OF SLEEP (no matter how long you slept)

0	1	2	3
Satisfactory	Slightly unsatisfactory	Markedly unsatisfactory	Very unsatisfactory or did not sleep at all

6. SENSE OF WELL-BEING DURING THE DAY

0	1	2	3
Normal	Slightly decreased	Markedly decreased	Very decreased

7. FUNCTIONING (PHYSICAL AND MENTAL) DURING THE DAY

0	1	2	3
Normal	Slightly decreased	Markedly decreased	Very decreased

8. SLEEPINESS DURING THE DAY

0	1	2	3
None	Mild	Considerable	Intense

GENERALIZED ANXIETY DISORDER (GAD-7) SCALE

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
6. Feeling afraid as if something awful might happen	0	1	2	3

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

INTERPERSONAL NEEDS QUESTIONNAIRE-15 (INQ-R)

The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel and circle that number. There are no right or wrong answers: we are interested in what **you** think and feel.

	Not at all true for me			Somewhat true for me		Very True for me	
1. These days the people in my life would be better off if I were gone	1	2	3	4	5	6	7
2. These days the people in my life would be happier without me	1	2	3	4	5	6	7
3. These days I think I am a burden on society	1	2	3	4	5	6	7
4. These days I think my death would be a relief to the people in my life	1	2	3	4	5	6	7
5. These days I think the people in my life wish they could be rid of me	1	2	3	4	5	6	7

6. These days I think I make things worse for the people in my life	1	2	3	4	5	6	7
7. These days other people care about me	1	2	3	4	5	6	7
8. These days, I feel like I belong	1	2	3	4	5	6	7
9. These days, I rarely interact with people who care about me	1	2	3	4	5	6	7
10. These days, I am fortunate to have many caring and supportive friends	1	2	3	4	5	6	7
11. These days, I feel disconnected from other people	1	2	3	4	5	6	7
12. These days, I often feel like an outsider in social gatherings	1	2	3	4	5	6	7
13. These days, I feel that there are people I can turn to in times of need	1	2	3	4	5	6	7
14. These days, I am close to other people	1	2	3	4	5	6	7
15. These days, I have at least one satisfying interaction every day	1	2	3	4	5	6	7

PAYKEL SUICIDE SCALE (PSS)

In your life...

	Never	Rarely	Sometimes	Often	Very often	Always
1. Have you ever felt that life was not worth living?	0	1	2	3	4	5
2. Have you ever wished you were dead? For instance, that you go to sleep and not wake up?	0	1	2	3	4	5
3. Have you ever thought of taking your life even if you would not really do it?	0	1	2	3	4	5
4. Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it?	0	1	2	3	4	5
5. Have you ever made an attempt to take your life?	0	1	2	3	4	5

During the past two weeks...

	Never	Rarely	Sometimes	Often	Very often	Always
1. Have you ever felt that life was not worth living?	0	1	2	3	4	5
2. Have you ever wished you were dead? For instance, that you go to sleep and not wake up?	0	1	2	3	4	5
3. Have you ever thought of taking your life even if you would not really do it?	0	1	2	3	4	5
4. Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it?	0	1	2	3	4	5
5. Have you ever made an attempt to take your life?	0	1	2	3	4	5

WHO WELL-BEING INDEX (WHO-5)

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.”

	At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
1. I have felt cheerful and in good spirits	0	1	2	3	4	5
2. I have felt calm and relaxed	0	1	2	3	4	5
3. I have felt active and vigorous	0	1	2	3	4	5
4. I have felt fresh and rested	0	1	2	3	4	5
5. My daily life has been filled with things that interest me	0	1	2	3	4	5

ANNEX 4. CONSENT FORM (BIC STUDY)

1. Information

Suicide is already the second leading cause of death among adolescents and young. Globally, the suicide rate stands at 10.5 deaths per 100,000 inhabitants. There is evidence that suicide rates initially decrease but then increase during pandemics such as the COVID-19 pandemic that started at the end of 2019.

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 as follow:

- To raise awareness about mental health, suicide and suicidal behaviours among health care professionals
- To inform good treatment routine among emergency doctors and psychiatry staff
- To raise awareness about mental health, suicide and suicidal behaviours among the general population
- To evaluate the effectiveness of different treatment strategies in reducing death by suicide
- To draw similarities of suicide prevention and treatment effectiveness across different countries
- To pinpoint differences of suicide prevention and treatment effectiveness among different countries

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 attempt as well as 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 5. Agreement for publications resulting from the study

We would like to confirm the current general rules regarding authorship in terms of maximum number of authors from each center that can be included:

- Four authors for the center that is taking the lead on the preparation of the manuscript
- Two from each other center (more if agreed upon)
- All members of the executive committee

However, we would like to clarify who these authors should be, and we want to enforce a strict adherence to the rules for authorship stated by the APA and by the Vancouver group. In order to be considered an author, one must have satisfied all three conditions:

1. Contributed substantially to the conception and design of the study, the acquisition of data, or the analysis and interpretation
2. Drafted or provided critical revision of the article, and
3. Provided final approval of the version to be published

Strict adherence to these rules has some consequences on our internal rules for authorship:

1. The members of the Executive Committee have already complied with the first condition for all papers generated by BIC by designing the study, the interventions, the evaluation procedure and coordinating the project. Natalie Riblet, Alexander Fleischmann and Danuta Wasserman designed the COVID-19 BIC intervention. Natalie Riblet and Danuta Wasserman have been responsible for the adaptation and training of the BIC intervention to each country. Danuta Wasserman, Nuhamin Gebrewold Petros, Vsevolod Rozanov worked together during several meetings with the essential input and support of Vladimir Carli to design the project, the evaluation instruments and procedures before the start of the project. The developed design, evaluation and intervention tools have been the basis for the BIC study grounds for receiving an initial funding from Karolinska Institutet, and this developed design will be used to apply for more funding.

2. The official Site leader of each center have also complied with the first condition for all papers generated by BIC study. For this reason, they are expected to be listed as authors in every BIC paper. If they abstain from authorship, it can be transferred only to the person with an equal role and competence. The site leaders identify and propose the second author from their center. They also propose a third author in the case their center has main responsibility for the manuscript preparation, as stated by the authorship rules.

3. The second additional author from each BIC study should be included only if he or she gave a substantial contribution to the manuscript and/or to the design of the specific study that is the focus of the manuscript. Therefore, he or she should have participated in formulating the problem or hypothesis, structuring the experimental design, organizing and conducting the statistical analysis, interpreting the results, or writing a major portion of the paper. Participation in the field work and other auxiliary tasks are not enough to meet the conditions for authorship.

We are aware that at most sites there are several young researchers who somehow contributed to the project. However, we believe that we should be very careful not to include any person who does not strictly meet the above-mentioned criteria. We are obviously very willing to support all good ideas that come from young researchers regarding new manuscripts they wish to prepare, and we are open to receive ideas for master and PhD studies on the basis of the BIC study. It is a wonderful opportunity to use the BIC material and gain sound scientific training.

In the meanwhile, we want to ask you that when preparing a manuscript, you draft a provisional list of authors according to the above rules and send it to Executive Committee. Other site leaders should at this stage propose and motivate the choice of the second author from their center, i.e a person who complies with the criteria for the authorship for that specific paper. When the manuscript and author list is accepted by the PRC, it should be circulated **only** among the co-authors and not to the whole BIC study consortium.