

of the movies on the audiences, and this was discussed in our paper. Further studies are necessary to determine the effect of movies that do not differ with regard to characteristics other than the crisis outcome.

Regarding the screening process, ethical considerations and the safety of participants are of course a main priority. Therefore, we excluded individuals with high depression or suicidality scores from participation in the study and offered psychological counselling to them and to all participants after the screening, to help them cope with any distress they may have experienced due to exposure to the films or answering questions on suicidality. The screening process was approved by the Ethics Committee of the Medical University of Vienna and the Vienna General Hospital (study protocol 942/2011, date 24/11/2011). Of note, there is no evidence of general harmful effects of answering questions on suicidality among depressed patients⁶ or the general population. Obtaining a detailed clinical history or examining the mental state with screening instruments such as the Composite International Diagnostic Interview,⁷ as suggested by Jah & Kumar, would have further increased the participants' time spent on completing questionnaires, which may have resulted in negative consequences on participation. It is also important to note that suicidal ideation scores among study participants with baseline suicidality above the median who watched the suicide film were still considerably lower after the film screening than suicidal ideation scores of individuals with a history of suicidal ideation or parasuicide in previous studies (e.g. Linehan *et al*²). We also checked for incoherent responses during the screening process in order to identify potentially unreliable responses. There were no

contradictory or inconsistent responses in the questionnaires, and there were no indicators of psychotic illnesses among the participants during briefing and debriefing of the study, which were both conducted by a psychologist (B.T.).

- 1 Lehl S, Gallwitz A. *Erlanger Depression Scale (EDS)* [in German]. Vless, 1983.
- 2 Linehan MM, Goodstein JL, Nielsen SL, Chiles JA. Reasons for staying alive when you are thinking of killing yourself: the Reasons for Living Inventory. *J Consult Clin Psychol* 1983; **51**: 276–86.
- 3 Brown GK. *A Review of Suicide Assessment Measures for Intervention Research with Adults and Older Adults*. National Institute of Mental Health, 2004.
- 4 Osman A, Kopper BA, Barrios FX, Osman JR, Besett T, Linehan MM. The Brief Reasons for Living Inventory for Adolescents (BRFL-A). *J Abnorm Child Psychol* 1996; **24**: 433–42.
- 5 Range LM. The family of instruments that assess suicide risk. *J Psychopathol Behav Assessment* 2005; **27**: 133–40.
- 6 Smith P, Poindexter E, Cuckrowicz K. The effect of participating in suicide research: does participating in a research protocol on suicide and psychiatric symptoms increase suicide ideation and attempts? *Suicide Life Threat Behav* 2010; **40**: 535–43.
- 7 Kessler RC, Üstün TB. The World Mental Health (WMH) Survey Initiative version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI). *Int J Meth Psychiatr Res* 2004; **13**: 93–121.

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