

Supplementary material for Charvet et al. How to measure mental pain?

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Supplementary material 1 – Global study flow chart

Identification of the measures of mental pain

Sources	Pubmed, Embase, PsychInfo and direct outreach to authors
Search strategy	('mental pain', 'psychological pain', 'psychache', 'psychic pain')
Eligibility criteria	Scientific publication mentioning use of a measure of mental pain
Exclusion criteria	<ul style="list-style-type: none"> • Not about mental pain • Animal studies • Exclusive use of unstructured interviews

Content overlap and similarity of the measures

Content of the measures

Semantic analysis
Qualitative content analysis to evaluate the content overlap

Assessment of the similarity of the measures

Calculation of the Jaccard Similarity Index

Assessment of the development and content validity of the measures

Content validity rated sufficient
or inconsistent

Content validity rated insufficient
or indeterminate

Evaluation of the remaining measurement properties:

1. Structural validity
2. Internal consistency
3. Cross cultural validity
4. Reliability
5. Measurement error
6. Criterion validity
7. Hypotheses testing for construct validity

STOP

Supplementary material 2 – Search queries of the systematic review

We performed 2 searches:

- A first extraction on June 22 2020 (initial search)
- A second extraction on February 8 2022 (update required in the revision process)

PubMed: 'mental pain' [Title/Abstract] OR 'psychological pain' [Title/Abstract] OR psychache [Title/Abstract] OR 'psychic pain' [Title/Abstract] AND 'humans' [MeSH Terms]

EMBASE: 'mental pain':ab,ti OR 'psychological pain':ab,ti OR 'psychache':ab,ti OR 'psychic pain':ab,ti AND [humans]/lim

PsychINFO: 'mental pain':ab,ti OR 'psychological pain':ab,ti OR 'psychache':ab,ti OR 'psychic pain':ab,ti AND [humans]/lim

Supplementary material 3 – List of the 167 studies included in the systematic review

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Supplementary material 4 – Data charting form for the systematic review

We extracted:

- name of the measure,
 - characteristics of the study (eg, journal, year of publication, author, title, country, language).
 - field of study
 - clinical psychology: studying human experience and behaviour
 - experimental psychology: involving an experimental design
 - social psychology: focusing on social interaction
 - psychometrics: focusing on the measurement properties of an instrument
 - biomarker study: studying the correlation with a physiological parameter
 - effectiveness research: testing or involving a therapeutic method
 - study design
 - reviews
 - observational studies
 - interventional studies
 - development and validation studies of mental pain measurement instrument
 - population
 - sample size
 - type:
 - general population
 - patients
 - type of disorder:
 - mood disorder
 - schizophrenia
 - anxiety disorder,
 - addiction
 - abuse/trauma
 - personality disorder
- Whether or not mental pain was the main outcome
- If the studies investigated suicidal behaviours, so as to evaluate the use of mental pain measures for their original purpose (suicidology) and for other purposes.

Supplementary material 5a – COSMIN box 1. Standards for evaluating the quality of PROM development

COSMIN box 1. Standards for evaluating the quality of PROM development

Check the COSMIN website to see if the quality of the PROM development was already rated in another review

Ratings: V= very good; A = adequate; D = doubtful; I = inadequate; N= not applicable

1a. PROM design

General design requirements

- 1 Is a clear description provided of the construct to be measured?
- 2 Is the origin of the construct clear: was a theory, conceptual framework or disease model used or clear rationale provided to define the construct to be measured?
- 3 Is a clear description provided of the target population for which the PROM was developed?
- 4 Is a clear description provided of the context of use (i.e. discriminative, evaluative purpose, and/or predictive)
- 5 Was the PROM development study performed in a sample representing the target population for which the PROM was developed?

Concept elicitation (relevance and comprehensiveness)

- 6 Was an appropriate qualitative data collection method used to identify relevant items for a new PROM?
- 7 Were skilled group moderators/interviewers used?
- 8 Were the group meetings or interviews based on an appropriate topic or interview guide?
- 9 Were the group meetings or interviews recorded and transcribed verbatim?
- 10 Was an appropriate approach used to analyse the data?
- 11 Was at least part of the data coded independently?
- 12 Was data collection continued until saturation was reached?
- 13 For quantitative studies: was the sample size appropriate?

SUBTOTAL QUALITY CONCEPT ELICITATION STUDY *Lowest score of items 6-13*

TOTAL QUALITY OF THE PROM DESIGN *Lowest score of items 1-13*

1b. Cognitive interview study or other pilot test

- 14 Was a cognitive interview study or other pilot test performed? *If NO skip items 15-35*

General design requirements

- 15 Was the cognitive interview study or other pilot test performed in a sample representing the target population?

Comprehensibility

- 16 Were patients asked about the comprehensibility of the PROM? *If NO or not clear, skip items 17-25*
- 17 Were all items tested in their final form?
- 18 Was an appropriate qualitative method used to assess the comprehensibility of the PROM instructions, items, response options, and recall period?
- 19 Was each item tested in an appropriate number of patients?

20	Were skilled interviewers used?
21	Were the interviews based on an appropriate interview guide?
22	Were the interviews recorded and transcribed verbatim?
23	Was an appropriate approach used to analyse the data?
24	Were at least two researchers involved in the analysis?
25	Were problems regarding the comprehensibility of the PROM instructions, items, response options, and recall period appropriately addressed by adapting the PROM?
SUBTOTAL QUALITY OF COMPREHENSIBILITY STUDY <i>Lowest score of items 15-25</i>	

<i>Comprehensiveness</i>	
26	Were patients asked about the <u>comprehensiveness</u> of the PROM? <i>If NO or not clear, skip items 27-35</i>
27	Was the final set of items tested?
28	Was an appropriate method used for assessing the comprehensiveness of the PROM?
29	Was each item tested in an appropriate number of patients?
30	Were skilled interviewers used?
31	Were the interviews based on an appropriate interview guide?
32	Were the interviews recorded and transcribed verbatim?
33	Was an appropriate approach used to analyse the data?
34	Were at least two researchers involved in the analysis?
35	Were problems regarding the <u>comprehensiveness</u> of the PROM appropriately addressed by adapting the PROM?
SUBTOTAL QUALITY OF COMPREHENSIVENESS STUDY <i>Lowest score of items 15, 26-35</i>	

TOTAL QUALITY OF THE PILOT STUDY <i>Lowest score of items 14-35</i>	
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TOTAL QUALITY OF THE PROM DEVELOPMENT STUDY <i>Lowest score of items 1-35</i>	
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Explanation from the COSMIN methodology for assessing the content validity of PROMS, User manual, version 1.0, p14-15:

A 4-point rating scale is used (i.e. very good, adequate, doubtful, inadequate) to rate each standard. Standards that are considered not applicable can be skipped. An Excel file is provided on the COSMIN website for data entry and calculating overall ratings.

When rating the standards, the following general rules should be applied:

- A standard is rated as very good when there is evidence that the quality aspect of the study to which the standard is referring is adequate. For example, if evidence is provided that interviews were based on an appropriate interview guide (e.g. the guide was clearly described or published) standard 8 in box 1 is rated as very good.
- A standard is rated as adequate when relevant information is not reported in an article, but it can be assumed that the quality aspect is adequate. For example, if it is assumable that saturation was reached (e.g. because a large number of focus groups or interviews were performed in a diverse sample of patients), but evidence is not provided, standard 12 in box 1 is rated as adequate.

- A standard is rated as doubtful if it is doubtful whether the quality aspect is adequate. For example, if it was doubtful whether the cognitive interview study was performed in a diverse sample of patients (e.g. because the characteristics of the patient sample were not clearly described), standard 15 of box 1 is rated as doubtful.
- Finally, a standard is rated as inadequate when evidence is provided that the quality aspect is not adequate. For example, if items were not re-tested after substantial adjustments standard 25 of box 1 is rated as inadequate.

An overall rating for the PROM development can be obtained by taking the lowest rating of any of the standards in box 1 (“worst score counts” method). It is also possible to obtain and report a rating for a specific part of the box, e.g. for the concept elicitation study (items 6-13), the total PROM design (items 1- 13), the cognitive interview study (items 15-35).

The “worst score counts” method is used in all COSMIN boxes because poor methodological aspects of a study cannot be compensated by good aspects. In defining the response options, the “worst score counts” method was taken into consideration. Only fatal flaws in the design or statistical analyses were regarded as inadequate quality. If, for example, an appropriate qualitative data collection method was not used to identify relevant items for a new PROM, this is considered a fatal flaw in the PROM development study and the overall quality of the PROM development study is rated as inadequate. For some standards, the worst possible response option was defined as adequate or doubtful instead of inadequate because we did not want these standards to have too much impact on the quality rating per box.

Supplementary material 5b – COSMIN box 2. Standards for evaluating the quality of content validity studies of PROMs

COSMIN box 2. Standards for evaluating the quality of content validity studies of PROMs

Only those parts of the box need to be completed for which information is available

Score: *V*= very good; *A* = adequate; *D* = doubtful; *I* = inadequate; *N*= not applicable

2a. Asking patient about relevance

- 1 Was an appropriate method used to ask patients whether each item is relevant for their experience with the condition?
- 2 Was each item tested in an appropriate number of patients?
- 3 Were skilled group moderators/interviewers used?
- 4 Were the group meetings or interviews based on an appropriate topic or interview guide?
- 5 Were the group meetings or interviews recorded and transcribed verbatim?
- 6 Was an appropriate approach used to analyse the data?
- 7 Were at least two researchers involved in the analysis?

SUBTOTAL QUALITY OF RELEVANCE STUDY *Lowest score of items 1-7*

2b. Asking patients about comprehensiveness

- 8 Was an appropriate method used for assessing the comprehensiveness of the PROM?
- 9 Was each item tested in an appropriate number of patients?
- 10 Were skilled group moderators/interviewers used?
- 11 Were the group meetings or interviews based on an appropriate topic or interview guide?
- 12 Were the group meetings or interviews recorded and transcribed verbatim?
- 13 Was an appropriate approach used to analyse the data?
- 14 Were at least two researchers involved in the analysis?

SUBTOTAL QUALITY OF COMPREHENSIVENESS STUDY *Lowest score of items 8-14*

2c. Asking patients about comprehensibility

- 15 Was an appropriate qualitative method used for assessing the comprehensibility of the PROM instructions, items, response options, and recall period?
- 16 Was each item tested in an appropriate number of patients?
- 17 Were skilled group moderators/interviewers used?
- 18 Were the group meetings or interviews based on an appropriate topic or interview guide?
- 19 Were the group meetings or interviews recorded and transcribed verbatim?
- 20 Was an appropriate approach used to analyse the data?
- 21 Were at least two researchers involved in the analysis?

SUBTOTAL QUALITY OF COMPREHENSIBILITY STUDY *Lowest score of items 15-21*

2d. Asking professionals about relevance

- 22 Was an appropriate method used to ask professionals whether each item is relevant for the construct of interest?
- 23 Were professionals from all relevant disciplines included?
- 24 Was each item tested in an appropriate number of professionals?
- 25 Was an appropriate approach used to analyse the data?
- 26 Were at least two researchers involved in the analysis?

SUBTOTAL QUALITY OF RELEVANCE STUDY *Lowest score of items 22-26*

2e. Asking professionals about comprehensiveness

- 27 Was an appropriate method used for assessing the comprehensiveness of the PROM?
- 28 Were professionals from all relevant disciplines included?
- 29 Was each item tested in an appropriate number of professionals?
- 30 Was an appropriate approach used to analyse the data?
- 31 Were at least two researchers involved in the analysis?

SUBTOTAL QUALITY OF COMPREHENSIVENESS STUDY *Lowest score of items 27-31*

Explanation from the COSMIN methodology for assessing the content validity of PROMS, User manual, version 1.0 :

Page 14-15: A 4-point rating scale is used (i.e. very good, adequate, doubtful, inadequate) to rate each standard. Standards that are considered not applicable can be skipped. An Excel file is provided on the COSMIN website for data entry and calculating overall ratings.

When rating the standards, the following general rules should be applied:

- A standard is rated as very good when there is evidence that the quality aspect of the study to which the standard is referring is adequate.
- A standard is rated as adequate when relevant information is not reported in an article, but it can be assumed that the quality aspect is adequate.
- A standard is rated as doubtful if it is doubtful whether the quality aspect is adequate.
- Finally, a standard is rated as inadequate when evidence is provided that the quality aspect is not adequate.

An overall rating for the content validity study can be obtained by taking the lowest rating of any of the standards in box 2. However, often only one or a few parts of box 2 will be completed. In that case we recommend to determine the overall ratings per sub study separately (part 2a, 2b, 2c, 2d, 2e).

The “worst score counts” method is used in all COSMIN boxes because poor methodological aspects of a study cannot be compensated by good aspects. In defining the response options, the “worst score counts” method was taken into consideration. Only fatal flaws in the design or statistical analyses were regarded as inadequate quality. If, for example, an appropriate qualitative data collection method was not used to identify relevant items for a new PROM, this is considered a fatal flaw in the PROM development study and the overall quality of the PROM development study is rated as inadequate. For some standards, the worst possible response option was defined as adequate or doubtful instead of inadequate because we did not want these standards to have too much impact on the quality rating per box.

Page 36: “If patients nor professionals were asked about the relevance, comprehensiveness, or comprehensibility of the PROM items, no parts of the box can be completed and the results of the study will be ignored.

Example: Content validity of the WHO-QOL-BREF was examined in a study by calculating the skewness and kurtosis of each item. One question was excluded from further analyses because of values deviating too much from prevailing skewness or kurtosis criteria. It was concluded that the content validity of the remaining items was good [74]. Since the study did not ask patients, not professionals about the relevance, comprehensiveness, or comprehensibility of the PROM items, this is not regarded as a content validity study, and the results of the study are ignored.”

Supplementary material 6 – Development and validation studies for the measures of mental pain

Development and validation studies for the PPAS

- 1 Leenaars A, Lester D. A Note on Shneidman's Psychological Pain Assessment Scale. *Omega-journal of Death and Dying - OMEGA-J DEATH DYING* 2005; **50**: 301–7.
- 2 Pompili M, Lester D, Leenaars AA, Tatarelli R, Girardi P. Psychache and suicide: a preliminary investigation. *Suicide Life Threat Behav* 2008; **38**: 116–21.
- 3 Shneidman ES. The Psychological Pain Assessment Scale. *Suicide and Life-Threatening Behavior* 1999; **29**: 287–94.

Development and validation studies for the PAS

- 1 Campos RC, Holden RR. Psychological pain and previous suicide attempts in young adults: Results with the Portuguese version of the Psychache Scale. *J Clin Psychol* 2020; **76**: 1965–71.
- 2 Campos RC, Holden RR, Gomes M. Assessing psychache as a suicide risk variable: Data with the Portuguese version of the psychache scale. *Death Stud* 2019; **43**: 527–33.
- 3 Chodkiewicz J, Miniszewska J, Strzelczyk D, Gąsior K. Polish Adaptation of the Psychache Scale by Ronald Holden and Co-workers. *Psychiatr Pol* 2017; **51**: 369–81.
- 4 DeLisle M, Holden R. Differentiating Between Depression, Hopelessness, and Psychache in University Undergraduates. *Measurement and Evaluation in Counseling and Development* - 2009; **42**: 46–63.
- 5 Holden RR, Mehta K, Cunningham EJ, McLeod LD. Development and preliminary validation of a scale of psychache. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement* 2001; **33**: 224–32.
- 6 Meerwijk EL, Weiss SJ. Utility of a time frame in assessing psychological pain and suicide ideation. *PeerJ* 2017; **5**: e3491.
- 7 Mills JF, Green K, Reddon JR. An evaluation of the Psychache Scale on an offender population. *Suicide Life Threat Behav* 2005; **35**: 570–80.
- 8 Ordóñez-Carrasco JL, Cuadrado Guirado I, Rojas Tejada A. Scale of psychological pain: Spanish adaptation of the Psychache Scale in young adults. *Rev Psiquiatr Salud Ment (Engl Ed)* 2019; : S1888-9891(19)30051-5.
- 9 Patterson AA, Holden RR. Psychache and suicide ideation among men who are homeless: a test of Shneidman's model. *Suicide Life Threat Behav* 2012; **42**: 147–56.
- 10 Troister T, D'Agata MT, Holden RR. Suicide risk screening: Comparing the Beck Depression Inventory-II, Beck Hopelessness Scale, and Psychache Scale in undergraduates. *Psychol Assess* 2015; **27**: 1500–6.

Development and validation studies for the OMMPS-44

- 1 Guimarães R, Fleming M, Cardoso MF. Validation of the Orbach & Mikulincer Mental Pain Scale (OMMP) on a drug addicted population. *Soc Psychiatry Psychiatr Epidemiol* 2014; **49**: 405–15.
- 2 Orbach I, Mikulincer M, Sirota P, Gilboa-Schechtman E. Mental pain: a multidimensional operationalization and definition. *Suicide Life Threat Behav* 2003; **33**: 219–30.
- 3 Trent Haines R, Jackson AD, Thomas EL. Evaluating the Orbach Mikulincer Mental Pain Scale among Late Adolescent and Early Adult African Americans: A Rasch Analysis. *Issues Ment Health Nurs* 2015; **36**: 761–72.

Development and validation studies for the OMMPS-40 items

- 1 Meerwijk EL, Chesla CA, Weiss SJ. Psychological pain and reduced resting-state heart rate variability in adults with a history of depression. *Psychophysiology* 2014; **51**: 247–56.
- 2 Orbach I. Personal Communication. 2010; published online Feb 17.

Of note, Levinger et al. 2015 used a 41 items version.

Development and validation studies for the OMMPS-31 items

- 1 Tossani E, Garotti M, Mikulincer M, et al. Psychometric evaluation of the Italian version of Orbach & Mikulincer mental pain scale in a non-clinical sample. *Current Psychology* 2021; **40**. DOI:10.1007/s12144-019-0128-4.

Development and validation studies for the OMMPS-8 items

- 1 Casanova MP, Nelson MC, Pickering MA, et al. Measuring psychological pain: psychometric analysis of the Orbach and Mikulincer Mental Pain Scale. *Measurement Instruments for the Social Sciences* 2021; **3**: 7.

Development and validation studies for the TMPS-20

- 1 Becker G, Orbach I, Mikulincer M, Iohan M, Gilboa-Schechtman E, Grossman-Giron A. Reexamining the Mental Pain-Suicidality Link in Adolescence: The Role of Tolerance for Mental Pain. *Suicide Life Threat Behav* 2019; **49**: 1072–84.
- 2 Soumani A, Damigos D, Oulis P, et al. Mental pain and suicide risk: application of the Greek version of the Mental Pain and the Tolerance of Mental Pain scale. *Psychiatriki* 2011; **22**: 330–40.
- 3 Orbach I, Gilboa-Schechtman E, Johan M, Mikulincer M, 2004. Tolerance for Mental Pain Scale. Bar-Ilan University, Ramat-Gan, Israel (unpublished data, no access available when contacting the author)

Development and validation studies for the TMPS-10

- 1 Demirkol M, Tamam L, Namlı Z, Eris O. Validity and reliability study of the Turkish version of the tolerance for mental pain scale-10. 2019; **29**: 899–906.
- 2 Landi G, Furlani A, Boccolini G, Mikulincer M, Grandi S, Tossani E. Tolerance for Mental Pain Scale (TMPS): Italian validation and evaluation of its protective role in depression and suicidal ideation. *Psychiatry Res* 2020; **291**: 113263.
- 3 Meerwijk EL, Mikulincer M, Weiss SJ. Psychometric evaluation of the Tolerance for Mental Pain Scale in United States adults. *Psychiatry Res* 2019; **273**: 746–52.

Development and validation studies for the PPP-VAS

- 1 Jollant F, Voegeli G, Kordsmeier NC, *et al.* A visual analog scale to measure psychological and physical pain: A preliminary validation of the PPP-VAS in two independent samples of depressed patients. *Prog Neuropsychopharmacol Biol Psychiatry* 2019; **90**: 55–61.
- 2 Olié E, Guillaume S, Jaussent I, Courtet P, Jollant F. Higher psychological pain during a major depressive episode may be a factor of vulnerability to suicidal ideation and act. *J Affect Disord* 2010; **120**: 226–30.

Development and validation studies for the MBPPS

- 1 Mee S, Bunney BG, Bunney WE, Hetrick W, Potkin SG, Reist C. Assessment of psychological pain in major depressive episodes. *J Psychiatr Res* 2011; **45**: 1504–10.
- 2 Mee S, Bunney BG, Fujimoto K, *et al.* A study of psychological pain in substance use disorder and its relationship to treatment outcome. *PLoS One* 2019; **14**: e0216266.
- 3 Reist C, Mee S, Fujimoto K, Rajani V, Bunney WE, Bunney BG. Assessment of psychological pain in suicidal veterans. *PLoS One* 2017; **12**: e0177974.

Development and validation studies for the TDPPS

- 1 Campos RC, Simões A, Costa S, Pio AS, Holden RR. Psychological pain and suicidal ideation in undergraduates: The role of pain avoidance. *Death Stud* 2020; **44**: 375–8.
- 2 Li H, Fu R, Zou Y, Cui Y. Predictive Roles of Three-Dimensional Psychological Pain, Psychache, and Depression in Suicidal Ideation among Chinese College Students. *Front Psychol* 2017; **8**: 1550.
- 3 Li H, Xie W, Luo X, *et al.* Clarifying the role of psychological pain in the risks of suicidal ideation and suicidal acts among patients with major depressive episodes. *Suicide Life Threat Behav* 2014; **44**: 78–88.

4 Sun X, Li H, Song W, Jiang S, Shen C, Wang X. ROC analysis of three-dimensional psychological pain in suicide ideation and suicide attempt among patients with major depressive disorder. *J Clin Psychol* 2020; **76**: 210–27.

Development and validation studies for the MPQ

- 1 Fava GA. Well-Being Therapy: Current Indications and Emerging Perspectives. *Psychother Psychosom* 2016; **85**: 136–45.
- 2 Fava GA, Tomba E, Brakemeier E-L, *et al.* Mental Pain as a Transdiagnostic Patient-Reported Outcome Measure. *Psychother Psychosom* 2019; **88**: 341–9.
- 3 Fava, G. Well-Being Therapy. La psychothérapie du bien-être | Livre | 9782294760501, Elsevier Masson. 2018
- 4 Guidi J, Piolanti A, Gostoli S, Schamong I, Brakemeier E-L. Mental Pain and Euthymia as Transdiagnostic Clinimetric Indices in Primary Care. *Psychother Psychosom* 2019; **88**: 252–3.
- 5 Svicher A, Romanazzo S, De Cesaris F, Benemei S, Geppetti P, Cosci F. Mental Pain Questionnaire: An item response theory analysis. *J Affect Disord* 2019; **249**: 226–33.

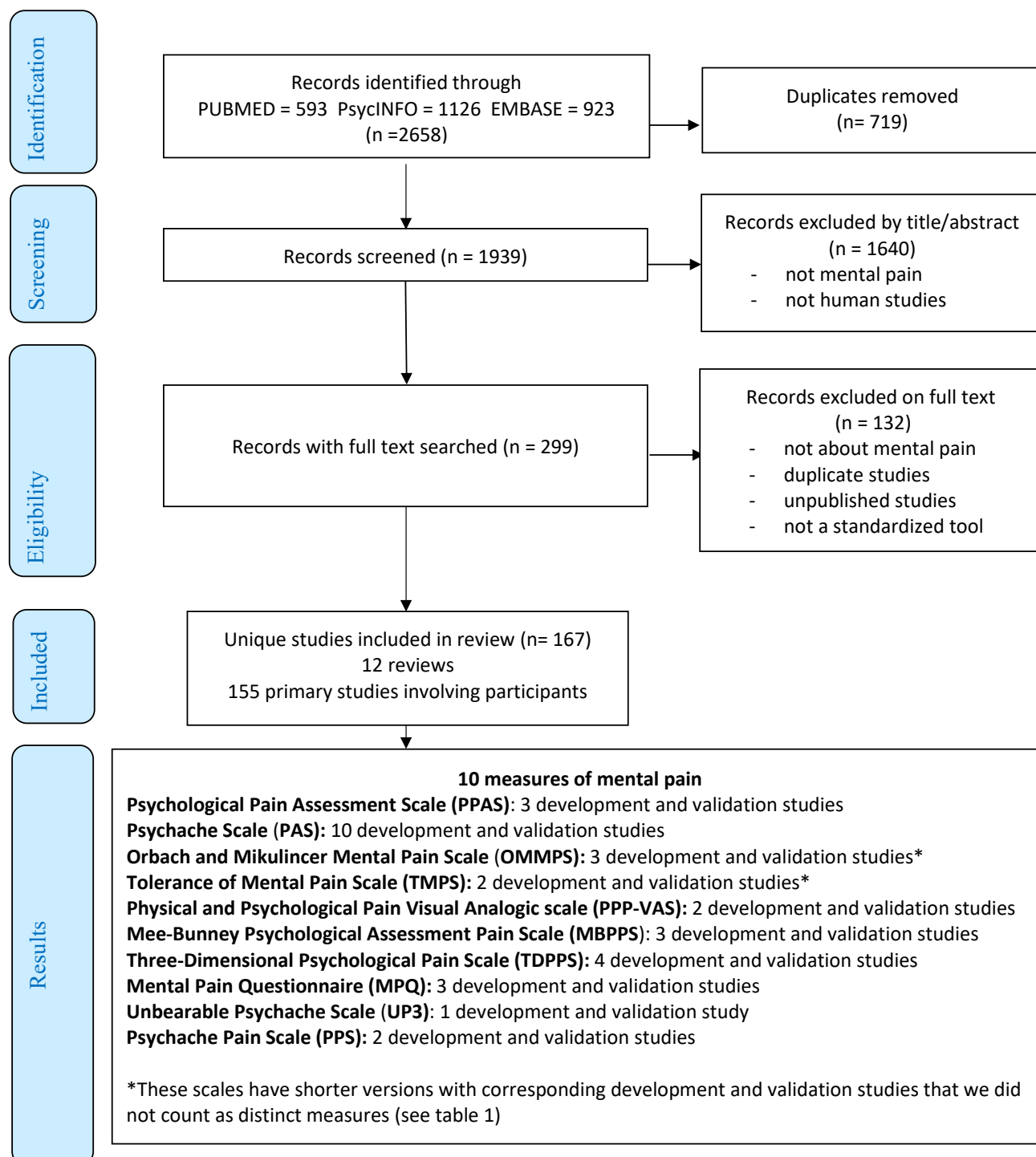
Development and validation studies for the UP3

- 1 Pachkowski MC, May AM, Tsai M, Klonsky ED. A Brief Measure of Unbearable Psychache. *Suicide Life Threat Behav* 2019; **49**: 1721–34.

Development and validation studies for the PPS

- 1 Lewis KC, Good EW, Tillman JG, Hopwood CJ. Assessment of Psychological Pain in Clinical and Non-Clinical Samples: A Preliminary Investigation Using the Psychic Pain Scale. *Arch Suicide Res* 2020; : 1–18.
- 2 Tillman JG, Clemence AJ, Cree R, Lewis KC, Stevens JL, Reiss D. The persistent shadow of suicide ideation and attempts in a high-risk group of psychiatric patients: A focus for intervention. *Compr Psychiatry* 2017; **77**: 20–6.

Supplementary material 7 – Flow chart of systematic review to identify measures of mental



Supplementary material 8 - Description of the studies included in the review

Field and type of studies. All studies: N=167

Field	Number of studies N=107	
Clinical psychology	105	
Psychometric	37	
Biomarker studies	12	
Effectiveness research	10	
Experimental psychology	4	
Social psychology	2	
Type of study		
Observational	107	
Development and validation	38	
Review	12	
Interventional	10	

Type of Reviews and objective/main outcome. N=12

Type of review	Number of reviews N=12	Objective or main outcome
Systematic review	2	<p><i>Mental pain and suicide: A systematic review of the literature, Verrocchio et al., 2016</i> Objective: to investigate the relationship of mental pain and suicide</p> <p><i>Psychological pain and risk of suicide in adolescence, Mento et al., 2020</i> Objective: to investigate the relationship of mental pain and suicide</p>
Meta-analysis	1	<p><i>Psychological pain in suicidality: A meta-analysis, Ducasse et al., 2018</i></p> <p>Main outcome: Difference in psychological pain between individuals with and without current or lifetime history of suicidal ideation or suicide attempt.</p>
Narrative review	9	<p>Objectives:</p> <ul style="list-style-type: none"> - To investigate the relationship between mental pain and suicide (N=4) - To synthesise knowledge about mental pain (N=4) - To synthesise knowledge about neural network and mental pain (N=1)

Characteristics of primary studies involving participants. N=153

Country		
North America	49	
Europe	44	
Middle-East	26	
Asia	22	
Africa	4	
Multiple countries	8	
Population		
Clinical population	71	
General population	58	
Both	24	
Studies including clinical populations with mental disorders *N=75		
Mood disorders	51	
Schizophrenia	12	
Anxiety disorders	13	
Addiction	7	
Trauma	4	
Personality disorders	7	
NA	18	
Sample size		
<100	44	
100-500	73	
500-1000	18	
>1000	18	
Studies investigating the relationship between suicidal ideation and behaviour	97	
Studies investigating mental pain as a primary aim	116	

* 153 studies involving participants = 167 studies -12 review -2 development/validation study without participants

Countries detail

Countries	
USA	30
Chine	21
Canada	19
Israel	19
Italy	12
France	11
Portugal	10
Multiple countries	9
Turkey	8
Poland	4
Spain	3
Nigeria	2
Greece	2
Belgium	1
Uzbekistan	1
South Africa	1

Supplementary material 9 – Comparison of the content validity of the mental pain measures

PROM	Content validity				
	Asking patients			Asking professionals	
	Relevance	Comprehensiveness	Comprehensibility	Relevance	Comprehensiveness
PPAS	I	I	I	I	I
PAS	I	I	I	I	I
OMMPS	I	I	I	I	I
TMPS	I	I	I	I	I
PPP-VAS	I	I	I	I	I
MBPPS	D	D	D	I	I
TDPPS	I	I	I	I	I
MPQ	I	I	I	I	I
UP3	I	I	I	I	I
PPS	I	I	I	I	I

This table is proposed as in the *COSMIN methodology for assessing the content validity of PROMs, user manual version 1.0* <https://www.cosmin.nl/wp-content/uploads/PROM-Development-ratings-for-COSMIN-website-v1.pdf>

V = very good; A = adequate; D = doubtful; I = inadequate; NA = not applicable

Psychological Pain Assessment scale (PPAS), the Psychache Scale (PAS), and the Unbearable Psychache Scale, consisting in three items from the PAS, the Orbach and Mikulincer Mental Pain Scale (OMMPS 44 items), the Psychache Pain Scale (PPS 12 items), the Physical and Psychological Pain Visual Analogue Scale (PPPVAS), the Mee-Bunney Psychological Assessment Pain Scale (MBPPS), the Three-Dimensional Psychological Pain Scale (TDPPS), the Mental Pain Questionnaire (MPQ), the Tolerance of Mental Pain Scale (TMPS 20 items)

To rate each item of the COSMIN checklist, we used for each measures the selection of papers gathered in **Supplementary material 6**.

For the PPAS, the PAS, the UP3, the OMMPS, the PPS, the PPP-VAS, the MBPPS, TDPPS, and the TMPS we found no report of an evaluation of the content validity. Therefore, as recommended by COSMIN, we quoted "Inadequate"*¹.

For the MBPPS, we found one citation about the content validity in Mee-Bunney 2011 (paragraph 2.3: "Known-groups, content and convergent validity and internal reliability of the scale were established through administration of the scale to MDE subjects and to a comparison group of normal controls.") Following the COSMIN guidelines, we quoted the cognitive interview as 'Doubtful' since the method was not clearly reported.

¹ "If patients nor professionals were asked about the relevance, comprehensiveness, or comprehensibility of the PROM items, no parts of the box can be completed and the results of the study will be ignored.

Example: Content validity of the WHO-QOL-BREF was examined in a study by calculating the skewness and kurtosis of each item. One question was excluded from further analyses because of values deviating too much from prevailing skewness or kurtosis criteria. It was concluded that the content validity of the remaining items was good [74]. Since the study did not ask patients, not professionals about the relevance, comprehensiveness, or comprehensibility of the PROM items, this is not regarded as a content validity study, and the results of the study are ignored."

Page 36 of COSMIN methodology for assessing the content validity of PROMs, user manual, version 1.0. <https://cosmin.nl/wp-content/uploads/COSMIN-methodology-for-content-validity-user-manual-v1.pdf>

For further explanation of the methodology of the evaluation (how to rate each of the 31 items of the checklist), please see **Supplementary material 5b** page 20-21. Or report directly to the COSMIN methodology for assessing the content validity of PROMs, user manual, version 1.0. <https://cosmin.nl/wp-content/uploads/COSMIN-methodology-for-content-validity-user-manual-v1.pdf>