National Institute for Health and Care Excellence

Draft for consultation

Self-harm: assessment, management and preventing recurrence

[S] Evidence reviews for supervision required for staff in non-specialist settings

NICE guideline number tbc

Evidence reviews underpinning recommendations 1.14.1-1.14.2. in the NICE guideline

January 2022

Draft for consultation

These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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ISBN:

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Supervision required for staff in non-specialist settings

Review question

What are the views and preferences of staff in non-specialist settings about what supervision is required for staff in non-specialist settings who assess and treat people who have self-harmed?

Introduction

Staff working in non-mental health settings are likely to have limited experience working with people who have self-harmed and limited access to appropriate supervision. Working with people who self-harm may have considerable emotional impact on clinicians who are likely to experience a range of conflicting feelings about their work. It is important that organisations support and maintain the ability of clinicians to work with people who self-harm in a compassionate and respectful way at all times. It can be necessary to intervene to prevent further harm and to ensure the person's safety, but at the same time staff need to respect people's autonomy. This can be a difficult balance at times and requires team and organisational support for individual clinical decision making. The objective of this review is to identify the views and preferences of staff in non-specialist mental health settings about the supervision that is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed.

Summary of the protocol

See Table 1 for a summary of the Population, Phenomenon of Interest, Context (PPC) characteristics of this review.

1 **Table 1: Summary of the protocol (PPC table)**

Population	• Staff in non-specialist settings that assess and/or treat people who have self-harmed • Staff in specialist settings who are providing supervision for staff in non-specialist settings that assess and/or treat people who have self-harmed
Phenomenon of interest	Views and preferences of the population about staff supervision regarded as required/ not required or important/ not important Themes will be identified from the literature, but may include: • Respectful behaviour • Compassion • Understanding function of behaviour • Communication style • Frequency • Support to make decisions • Skilled supervision
Context	All non-specialist inpatient, outpatient and community settings in which management of people who have self-harmed is provided, including: • Primary, secondary and tertiary healthcare settings (including pre-hospital care, accident and emergency departments, community pharmacies, inpatient care, and transitions between departments and services) • Home, residential and community settings, such as supported accommodation • Supported care settings • Education and childcare settings • Criminal justice system • Immigration removal centres.

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and the methods document (supplementary document 1).

Declarations of interest were recorded according to NICE's conflicts of interest policy.

Qualitative evidence

Included studies

Six studies reported in 7 articles were included for this review. Two articles reported results from the same study (Hoifodt 2016, Hoifodt 2017).

The included studies are summarised in Table 2.

The studies were carried out in 5 different countries: 2 studies in the UK (Awenat 2017, MacDonald 2021); 1 study in Australia (Ngune 2020); 1 study in New Zealand (Te Maro 2019); 1 study in Norway (Hoifodt 2006, Hoifodt 2007); 1 study in Sweden (Omerov 2020).

Studies exploring the views and preferences of non-specialist staff regardless of setting were included in this review. At the time of agreeing the protocol, the objective of the review was to identify the views and preferences of staff in non-specialist settings about what supervision is required for staff in non-specialist settings who assess and treat people who have self-harmed. However, the committee later agreed the best way to summarize evidence regarding non-specialist staff supervision would be to split evidence according to the specialty of the staff rather than the setting, because some non-specialist staff work in specialist settings and it would be inappropriate to suggest they should have the same views and preferences on supervision as specialist staff. Therefore, this review summarised evidence regarding supervision required by non-specialist staff, while another review was conducted to summarise evidence regarding skills required by specialist staff (see Evidence Report Q).

The studies included non-specialist staff working in the following settings: 1 study in educational settings (Te Maro 2019); 2 studies in an emergency department (MacDonald 2021, Ngune 2020); 1 study in inpatient psychiatric wards (Awenat 2017); 1 study in general primary and secondary care settings (Hoifodt 2006, Hoifodt 2007); 1 study in an outpatient psychiatric care setting (Omerov 2020).

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix J.

Summary of included studies

Summaries of the studies that were included in this review are presented in Table 2.

Table 2: Summary of included studies

Study and aim of the study	Population	Methods	Author themes
Awenat 2017 **Aim of the study:** To investigate staff experiences of working with in-patients who are suicidal **Country:** UK	N=20 staff members who work with psychiatric in-patients **Mean age (SD):** not reported **Sex (female/ male):** 14/6 **Role:** Nurses: 8* Nursing assistants/ support workers: 2* Psychiatrists: 4 Allied health professionals (including clinical psychologists, social workers and occupational therapists): 6 *Only data from these groups of participants were extracted **Setting:** Inpatient psychiatric wards **Range of years in post/ experience:** 4-38 **Client group (adults, children/ CYP):** not reported	**Study dates:** Not reported **Data collection and analysis:** Semi-structured interviews (average of 64 minutes) were held using a flexible topic guide. Interviews were audio-recorded and transcribed verbatim Data were analysed using thematic analysis.	• Talking about suicide – not my role to talk about suicide
Hoifodt 2006 **Aim of the study:** explore the meaning of newly educated	N=13 newly qualified doctors **Mean age (SD):** not reported	**Study dates:** January to June 2002 **Data collection and analysis:** Individual interviews were conducted	• Evaluating one's own competence - Concern about one's own reputation

Study and aim of the study	Population	Methods	Author themes
physicians' lived experiences in treating patients at risk of committing suicide **Country:** Norway	**Sex (female/ male):** 6/7 **Role:** Newly qualified doctors: 13 **Setting:** Primary and secondary care **Mean years in post/ experience (SD):** Not reported (around 6 months) **Client group (adults, children/ CYP):** Not reported	using open-ended questions. Interviews were transcribed and data analysed.	
Hoifodt 2007 See Hoifodt 2006	See Hoifodt 2006	See Hoifodt 2006	• Participating in the professional community- Being an apprentice • Participating in the professional community- Relating clinical stories and receiving feedback • Participating in the professional community- Sharing emotions from clinical experiences • Developing personal competence- Achieving self-confidence
MacDonald 2021 **Aim of the study:** To explore the experiences and encounters of professionals who care for people who have self-harmed **Country:** UK	N=14 healthcare professionals **Mean age (SD):** not reported **Sex (female/ male):** 12/2 **Role:** Nurse: 6	**Study dates:** September 2018 to March 2019 **Data collection and analysis:** In-depth, semi-structured interviews were conducted using a topic guide. Interviews were recorded and transcribed verbatim. Data were analysed using a	• Constructing the 'patient': a culture of risk and risk management

Study and aim of the study	Population	Methods	Author themes
	Doctor: 7 Project coordinator: 1 **Setting:** emergency department of a large urban hospital **Mean years in post/ experience (SD):** Not reported (around 6 months) **Client group (adults, children/ CYP):** CYP	thematic analysis approach with principles of grounded theory applied.	
Ngune 2020 **Aim of the study:** **Country:** Australia	N=18 emergency department nurses **Mean age (SD):** 46.06 (11.49) **Sex (female/ male):** 14/4 **Role:** Emergency department nurse: 18 **Setting:** Emergency department **Years in post/ experience:** <10 years' experience: 22.2% ≥10 years' experience: 77.8% (Range = 1 to ≥10 years)	**Study dates:** November 2018 to January 2019 **Data collection and analysis:** Semi-structured interviews were conducted using an interview guide. Interviews were recorded and transcribed verbatim. Data were analysed using inductive content analysis and thematic framework analysis.	• Facilitators and barriers

Study and aim of the study	Population	Methods	Author themes
	Client group (adults, children/ CYP): not reported		
Omerov 2020 **Aim of the study:** to explore how nurses may contribute to suicide prevention through a caring science perspective **Country:** Sweden	N= 6 healthcare professionals **Mean age (SD):** not reported **Sex (female/ male):** 4/2 **Role:** Qualified nurses: 1* General medical doctors: 1* Psychiatrists: 3 Allied health professionals (including clinical psychologists, social workers and occupational therapists): 1 *Only data from these participants were extracted **Setting:** Psychiatric outpatient care **Mean years in post/ experience (SD):** Not reported (all participants had at least 10 years of clinical experience) **Client group (adults, children/ CYP):** not reported	**Study dates:** 2015 **Data collection and analysis:** Individual interviews with open-ended questions were held. Interviews were recorded and transcribed. Data were analysed using thematic analysis.	• Support the nurses
Te Maro 2019	N= 26 school staff members	**Study dates:** Not reported	• Discrepancy—Differences in the Way

Study and aim of the study	Population	Methods	Author themes
Aim of the study: to explore the experience of school staff managing self-harm, and to obtain their views on the use of guidelines in their work **Country:** New Zealand	**Mean age (SD):** not reported **Sex (female/ male):** 21/7* *probable mistake in reporting as N = 26 **Role:** School guidance counsellor: 24 Chaplain: 1 Social worker: 1 **Setting:** schools **Mean years in post/ experience (SD):** not reported **Client group (adults, children/ CYP):** CYP	**Data collection and analysis: I**ndividual interviews were conducted (45 - 80 minutes). Interviews were recorded and transcribed verbatim. Thematic analysis was used to analyse data.	That Self-Harm is Managed • Need for Guidelines

1 See the full evidence tables in appendix D.

2 Summary of the evidence

3 The views and preferences of non-specialist staff on supervision identified in the included
4 studies were categorised into 4 main themes: support to make decisions, emotional support,
5 skill development, frequency of supervision. A total of 4 subthemes were associated with the
6 4 main themes, and these are illustrated in Figure 1 and summarised in Table 3.

Figure 1: Theme map

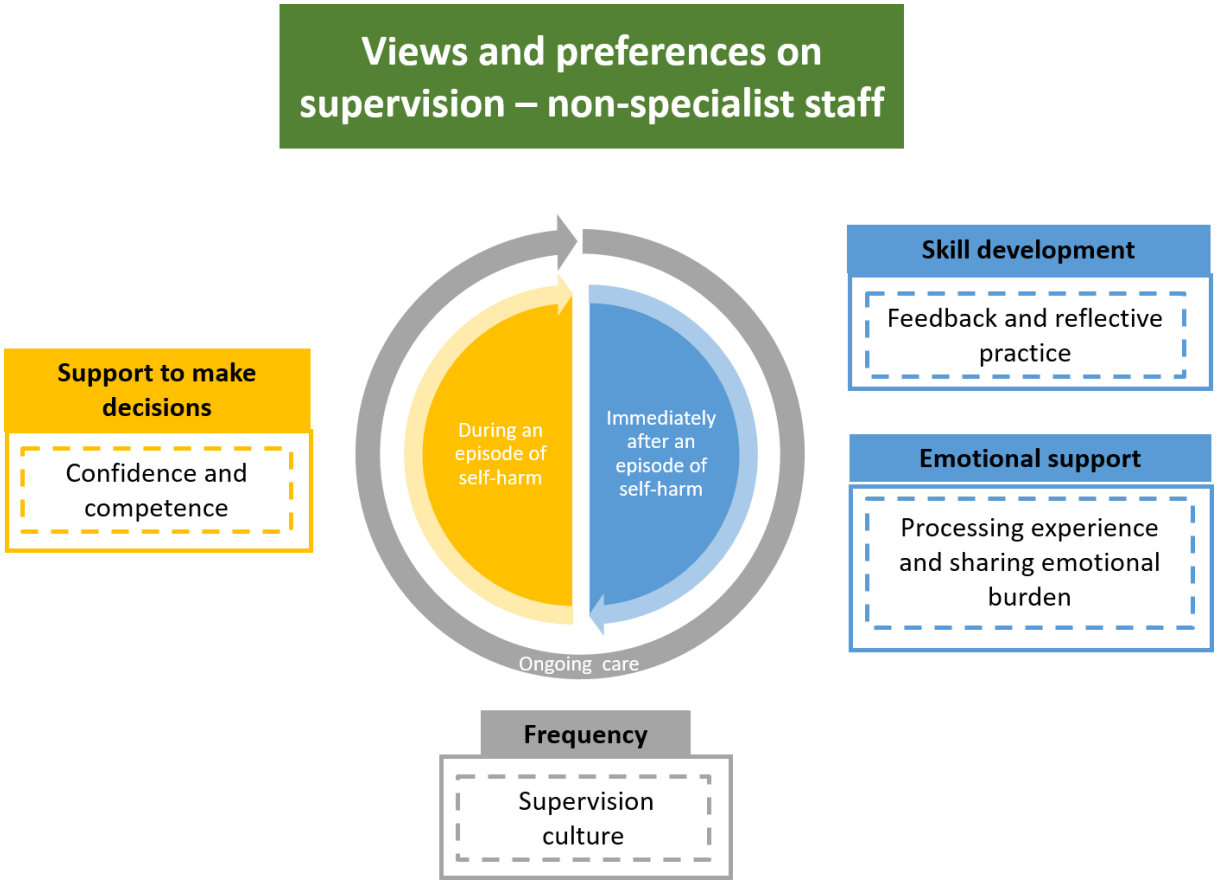


Table 3: Summary of themes and subthemes

Themes and subthemes	Quality	No. of studies	Study populations (no. of studies)
1. Support to make decisions			
1.1 Confidence and competence	Low	4	Newly qualified doctors (1); Emergency department nurse (1)' Qualified nurses (1); Pastoral care staff/ school guidance counsellors (1)
2. Emotional support			
2.1 Processing experience and sharing emotional burden	Low	3	Qualified nurses (2); nursing assistants/ support workers (1); newly qualified doctors (1); doctors (1);
3. Skill development			
3.1 Feedback and reflective practice	Low	3	Qualified nurses (2); nursing assistants/ support workers (1); newly qualified doctors (1); doctors (1);
4. Frequency of supervision			
4.1 Supervision culture	Low	3	Qualified nurses (2); nursing assistants/ support workers (1); Pastoral care staff/ school guidance counsellors (1)

See appendix F for full GRADE-CERQual tables.

Economic evidence

Included studies

A single economic search was undertaken for all topics included in the scope of this guideline but no economic studies were identified which were applicable to this review question. See the literature search strategy in appendix B and economic study selection flow chart in appendix G.

Excluded studies

Economic studies not included in the guideline economic literature review are listed, and reasons for their exclusion are provided in appendix J.

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

Evidence statements

Economic

No economic studies were identified which were applicable to this review question.

The committee's discussion and interpretation of the evidence

The outcomes that matter most

The aim of this review question was to identify what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed. The committee agreed that any differentiation between required supervision would likely be due to the staff rather than the setting, because non-specialist staff may work in specialist settings. As a result, the views of non-specialist staff who assess and treat people who have self-harmed or their supervisors were considered the most important for this question. The committee suggested potential themes which may have arisen from the evidence such as respectful behaviour, compassion, understanding function of behaviour, communication style, frequency, support to make decisions and skilled supervision but did not want to constrain the question; therefore, any views and preferences about specialist staff supervision regarded as useful/ not useful or important/ not important by the population were included.

The quality of the evidence

When assessed using GRADE CERQual methodology the evidence was found to be low quality. The recommendations were drafted mostly based on the evidence but in some parts supplemented accordingly with the committee's own expertise.

In some cases, the evidence was downgraded due to poor applicability where the themes were not based on any research from a UK context, or where the study population were non-specialist staff who worked with people with suicidal behaviour (which did not specify whether the patients had self-harmed). It was noted where studies were conducted in non-specialist settings, but studies were not downgraded for applicability solely due to this. Some downgrading for adequacy occurred when the richness or quantity of the data was low. Other issues resulting in downgrading were methodological limitations, mainly inadequate

explanation of the recruitment approach, *co*ncerns about potential influence of researchers on study findings, a lack of researcher reflexivity and a lack of acknowledgement of data saturation that may have had an impact on the findings.

There was no evidence from staff working in the following settings: home, residential and community settings, such as supported accommodation; supported care settings; criminal justice system; and immigration removal centres.

Benefits and harms

The recommendations about supervision for staff who work with people who have self-harmed were based on the evidence from both specialist and non-specialist staff (see evidence review Q), which showed there was a significant overlap between the kind of supervision both specialist mental health and non-specialist professionals wanted when working with people who have self-harmed. Many of the identified themes in the specialist staff review were similar to those identified in the non-specialist staff review, with some differences between themes relating to the level of detail or specific needs of non-specialist staff. As a result, the committee's discussion of the evidence for both this review and the specialist staff skills review has been summarised in Evidence Review Q. Please refer to the Benefits and harms section of Evidence Review Q for information regarding how the evidence found in this review informed recommendations.

The sub-theme of 'supervision culture' described how often formal supervision was not embedded in routine practice and was more of an exception than a rule, provided only in times of crisis. There was evidence of the value placed on receiving professional emotional support following an episode of self-harm or suicide, with staff describing how it helped them to process their experience and normalise their feelings and reactions. However, it was reported that often formal emotional support was not provided for non-specialist staff. Cost effectiveness and resource use

The committee noted that no relevant published economic evaluations had been identified in the literature review. In addition, the development of a bespoke economic model in this area of the guideline was not prioritised as other areas were considered as higher priorities for primary economic analysis. When drafting the recommendations, the committee agreed that staff working with people who self-harm should receive regular, high-quality formal supervision, the regularity of which should be determined, among other factors, by available resources. The committee noted a likely increase in costs associated with providing health and social care staff in non-specialist mental health settings with regular support and supervision. However, they expressed the opinion that additional costs are likely to be offset by better health outcomes, by improving the care and quality of life of people who have self-harmed.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.14.1-1.14.2. Other evidence supporting these recommendations can be found in the evidence reviews on supervision in specialist settings (evidence report Q).

References – included studies

Qualitative

Study

Study
Awenat, Yvonne, Peters, Sarah, Shaw-Nunez, Emma et al. (2017) Staff experiences and perceptions of working with in-patients who are suicidal: qualitative analysis. The British journal of psychiatry : the journal of mental science 211: 103-108
Hoifodt, T. S. and Talseth, A. G. (2006) Dealing with suicidal patients - A challenging task: A qualitative study of young physicians' experiences. BMC Medical Education 6: 44
Hoifodt, T. S.; Talseth, A. G.; Olstad, R. (2007) A qualitative study of the learning processes in young physicians treating suicidal patients: From insecurity to personal pattern knowledge and self-confidence. BMC Medical Education 7: 21
MacDonald, S., Sampson, C., Biddle, L. et al. (2021) Theorising health professionals' prevention and management practices with children and young people experiencing self-harm: a qualitative hospital-based case study. Sociology of health & illness 43: 201-219
Ngune, I., Wynaden, D., McGough, S. et al. (2020) Emergency nurses' experience of providing care to patients who self-harm. Australasian emergency care
Omerov, P., Kneck, Å, Karlsson, L. et al. (2020) To Identify and Support Youths Who Struggle with Living—Nurses' Suicide Prevention in Psychiatric Outpatient Care. Issues in Mental Health Nursing 41: 574-583
Te Maro, Ben, Cuthbert, Sasha, Sofo, Mia et al. (2019) Understanding the Experience and Needs of School Counsellors When Working with Young People Who Engage in Self-Harm. International journal of environmental research and public health 16

1 **Economic**

2 No studies were identified that met the inclusion criteria.

Appendices

Appendix A Review protocols

Review protocol for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

Table 4: Review protocol

Field	Content
PROSPERO registration number	CRD42021220484
Review title	Supervision required for staff in non-specialist mental health settings who assess and treat people who have self-harmed
Review question	What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?
Objective	To identify the views and preferences of staff in non-specialist mental health settings about the supervision that is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed
Searches	The following databases will be searched: • Applied Social Sciences Index and Abstracts (ASSIA) • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Database of Abstracts of Reviews of Effects (DARE) • Embase • Emcare • International Health Technology Assessment (IHTA) database • MEDLINE & MEDLINE In-Process • PsycINFO • Web of Science (WoS) Searches will be restricted by: • Qualitative/patient issues study filter • English language studies • Human studies • Date: 2000 onwards. The GC felt that a date limit of 2000 was reasonable and would capture all the relevant studies while also ensuring the data within them was still in-date/relevant.

Field	Content
	Other searches: • Inclusion lists of systematic reviews • Reference lists of included studies • Forward and backward citation searches of key studies • Country: The committee wished to prioritise evidence from settings which most closely reflect the UK practice context. They therefore agreed to include studies from high income European countries according to the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519; i.e., Andorra, Austria, Belgium, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK), Canada, US, Australia and New Zealand, which would be sufficiently transferable. Priority will be given to UK studies, however data from studies conducted in other high-income countries will be added if new themes arise that are not captured in the UK evidence. The full search strategies will be published in the final review.
Condition or domain being studied	All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability. 'Self-harm' is defined as intentional self-poisoning or injury irrespective of the apparent purpose of the act. This does not include repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability.
Population	Inclusion: • Staff in non-specialist settings that assess and/or treat people who have self-harmed • Staff in specialist settings who are providing supervision for staff in non-specialist settings that assess and/or treat people who have self-harmed
Phenomenon of interest	Views and preferences of the population about staff supervision regarded as required/ not required or important/ not important Themes will be identified from the literature, but may include: • Respectful behaviour • Compassion • Understanding function of behaviour • Communication style • Frequency • Support to make decisions • Skilled supervision
Comparator/Reference standard/Confounding factors	Not applicable
Types of study to be included	• Systematic reviews of qualitative studies • Qualitative studies (for example, semi-structured and structured interviews, focus groups, observations, and surveys with free text questions)
Other exclusion criteria	Studies will not be included for the following reasons:

Field	Content
	Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
Context	Settings - Inclusion: All non-specialist inpatient, outpatient and community settings in which management of people who have self-harmed is provided, including: • Primary, secondary and tertiary healthcare settings (including pre-hospital care, accident and emergency departments, community pharmacies, inpatient care, and transitions between departments and services) • Home, residential and community settings, such as supported accommodation • Supported care settings • Education and childcare settings • Criminal justice system • Immigration removal centres.
Primary outcomes (critical outcomes)	Please see potential themes under Phenomenon of interest
Secondary outcomes (important outcomes)	Please see potential themes under Phenomenon of interest
Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into EPPI and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Dual sifting will be performed on 10% of records; 90% agreement is required. Disagreements will be resolved via discussion between the two reviewers, and consultation with senior staff if necessary. Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. A standardised form will be used to extract data from studies. The following data will be extracted: study details (reference, country where study was carried out, type and dates), participant characteristics, details of research questions and methods (including analytical and data collection technique), relevant key themes/ findings, risk of bias and source of funding. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.
Risk of bias (quality) assessment	Risk of bias of systematic reviews of qualitative studies will be assessed using the scale by Flemming (2012) (https://www.sbu.se/contentassets/14570b8112c5464cbb2c256c11674025/methodological_limitations_qualitative_evidence_synthesis.pdf) and risk of bias of original qualitative studies will be assessed using the CASP qualitative checklist as described in Developing NICE guidelines: the manual

Field	Content
Strategy for data synthesis	EPPI will be used for generating bibliographies/citations, study sifting and data extraction. Studies will be reviewed chronologically from most recent first to oldest. Thematic analysis of the data will be conducted and findings presented. The quality of the evidence will be assessed using GRADE-CERQual for each theme.
Analysis of sub-groups	Formal subgroup analyses are not appropriate for this question due to qualitative data
Type and method of review	Qualitative
Language	English
Country	England
Anticipated or actual start date	11/11/2020
Anticipated completion date	26/01/2022
Stage of review at time of this submission	Review stage / Started / Completed Preliminary searches ☐ ☐ Piloting of the study selection process ☐ ☐ Formal screening of search results against eligibility criteria ☐ ☐ Data extraction ☐ ☐ Risk of bias (quality) assessment ☐ ☐ Data analysis ☐ ☐
Named contact	5a. Named contact: National Guideline Alliance

Field	Content
	5b Named contact e-mail: selfharm@nice.org.uk 5e Organisational affiliation of the review: National Institute for Health and Care Excellence (NICE) and National Guideline Alliance
Review team members	National Guideline Alliance
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10105
Other registration details	None
URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=220484
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
Keywords	Self-harm, assessment, management, prevention, support needs, families and carers, health care
Details of existing review of same topic by same authors	None
Current review status	Ongoing
Additional information	Not applicable
Details of final publication	www.nice.org.uk

CASP: Critical Appraisal Skills Programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CERQual: Confidence in the Evidence from Reviews of Qualitative Research; GRADE: Grading of Recommendations Assessment, Development and Evaluation; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence

Appendix B Literature search strategies

Literature search strategies for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

Clinical

Database(s): MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily – OVID interface

Date of last search: 3rd March 2021

#	searches
1	poisoning/ or exp self-injurious behavior/ or self mutilation/ or suicide/ or suicidal ideation/ or suicide, attempted/ or suicide, completed/
2	(automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*).ti,ab.
3	or/1-2
4	clinical supervision/ or exp education, professional/ or exp inservice training/ or learning/ or mentoring/ or mentors/ or models, educational/ or nursing supervisory/ or exp professional competence/
5	advanced practice nursing/ or nurse clinicians/
6	exp Professional-Patient Relations/
7	ed.fs.
8	(*patient safety/ or "personnel staffing and scheduling"/ or shift work schedule/ or work schedule tolerance/ or (health manpower/ or exp health personnel/ or health workforce/ or nurse practitioners/ or nursing service, hospital/ or nursing staff, hospital/ or nursing staff/ or nursing team/ or exp patient care team/ or patient safety/ or exp personnel management/ or safety/ or exp safety management/ or work-life balance/ or workload/)) and (curricul* or development or educat* or learn* or module* or support* or teach* or train* or workshop* or work shop*).ti,ab.
9	or/4-8
10	((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (mentor* or skill* or supervi*)).ti,ab.
11	((curricul* or educat* or elearn* or learn* or module* or skill* or teach* or train* or

#	searches
	workshop*) adj3 (((choos* or choice) adj2 word*) or communicat* or compassion* or consultation* or (cultur* adj2 aware*) or (decision* adj2 mak*) or ((engag* or speak* or talk*) adj2 (nonjud* or non jud*)) or empath* or engag* or language or listen* or professionalism or respect* or speak* or talk* or (time adj2 manag*) or trust* or (understand* adj2 (behav* or patient*)) or understanding)).ti,ab.
12	((((choos* or choice) adj2 word*) or communicat* or compassion* or consultation* or (cultur* adj2 aware*) or (decision* adj2 mak*) or empath* or language or professionalism or respect* or (time adj2 manag*) or trust* or (understand* adj2 (behav* or patient*)) or understanding or (((engag* or listen* or speak* or talk*) adj2 patient*) or ((people* or men or population* or women) adj2 (automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*))) or ((how* to* or nonjud* or non jud*) adj2 (engag* or listen* or speak* or talk*))) and (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (curricul* or educat* or knowledge or learn* or module* or teach* or train* or workshop* or work shop*)).ti,ab.
13	((mentor* or skill* or supervi*) adj3 (acquire or acquisition or curricul* or educat* or elearn* or knowledge or learn* or module* or support* or teach* or train* or workshop*)).ti,ab.
14	(((clinical or management or peer) adj2 supervi*) or ((education or essential or practical) adj2 skill*) or (reflect* adj2 practice) or skillset* or skill* set* or (skill* adj2 supervis*)).ti,ab.
15	(((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) adj5 (cpd or curricul* or DEVELOPMENT or educat* or elearn* or knowledge or learn* or module* or teach* or train* or workshop* or work shop*)) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and ((cpd or curricul* or educat* or elearn* or knowledge or learn* or module* or skill* or teach* or train* or workshop* or work shop*) adj3 (intervention* or program* or strateg*)))).ti,ab.
16	(buddy or buddies or ((colleague* or peer*) adj2 support*)).ti,ab.
17	(care coordinator* or ((charge or lead) adj2 nurs*) or nurs* manag*).ti,ab.

#	searches
18	(in service or inservice).ti,ab.
19	((develop* adj2 (abilit* or knowledge or professional* or skill*)) or (self adj (awareness or development))).ti,ab.
20	((cme and education) or (continuing adj2 (development or education*))).ti,ab.
21	((education* or mentor* or skill* or supervi*) adj2 (intervention* or program* or hospital? or office? or ward*)).ti,ab.
22	(((clinician* or nurs* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or therapist*) adj patient) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or worker*) adj3 patient* adj3 (communicat* or relation*))).ti,ab.
23	(therapeutic adj (alliance* or engagement or relation*)).ti,ab.
24	(collaborative adj (care or working)).ti,ab.
25	(active learning or didactic* or roleplay* or role play*).ti,ab.
26	((patient* or ((people* or men or population* or women) adj2 (automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*))) adj5 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*) adj5 (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*)).ti,ab.
27	or/9-26
28	anthropology, cultural/ or cluster analysis/ or focus groups/ or grounded theory/ or health care surveys/ or interview.pt. or "interviews as topic"/ or narration/ or nursing methodology research/ or observation/ or "personal narratives as topic"/ or narrative/ or qualitative research/ or "surveys and questionnaires"/ or sampling studies/ or tape recording/ or videodisc recording/
29	focus group*.ti,ab.
30	(qualitative* or interview* or questionnaire* or narrative* or narration* or survey*).ti,ab.

#	searches
31	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
32	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
33	(metasynthes* or meta synthes* or metasummar* or meta summar* or metastud* or meta stud* or metathem* or meta them*).tw.
34	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
35	((brother* or carer* or caregiv* or care giv* or famil* or father* or husband* or mother* or parent* or partner* or relative* or sibling* or sister* or spous* or mother* or parent* or wife* or wive* or consumer* or inpatient* or man or men or patient* or person or people or population or user* or women or woman or advisor* or clinician* or coordinator* or counsel* or doctor* or gp or health visitor* or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or intra disciplin* or multi disciplin* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) adj6 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*)).ti,ab.
36	or/28-35
37	3 and 27 and 36
38	letter/ or editorial/ or news/ or exp historical article/ or anecdotes as topic/ or comment/ or case report/ or (letter or comment*).ti. or (animals not humans).sh. or exp animals, laboratory/ or exp animal experimentation/ or exp models, animal/ or exp rodentia/ or (rat or rats or mouse or mice).ti.
39	37 not 38
40	limit 39 to english language
41	limit 40 to yr="2000 -Current"

Database(s): Embase and Emcare – OVID interface
Date of last search: 3rd March 2021

#	searches
1	automutilation/ or exp suicidal behavior/
2	(automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*).ti,ab.

#	searches
3	or/1-2
4	clinical supervision/ or vocational education/ or inservice training/ or learning/ or mentoring/ or mentor/ or educational model/ or nursing/ or professional competence/
5	advanced practice nursing/ or clinical nurse specialist/
6	exp Professional-Patient Relationship/
7	education.hw.
8	(health workforce/ or exp health care personnel/ or health workforce/ or nurse practitioner/ or nursing/ or nursing staff / or team nursing/ or patient care / or patient safety/ or exp personnel management/ or safety/ or shift schedule/ or team nursing/ or work-life balance/ or workload/ or work schedule/ or (personnel management/ and "organization and management"/)) and (curricul* or development or educat* or learn* or module* or support* or teach* or train* or workshop* or work shop*).ti,ab.
9	or/4-8
10	((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (mentor* or skill* or supervi*)).ti,ab.
11	((curricul* or educat* or elearn* or learn* or module* or skill* or teach* or train* or workshop*) adj3 (((choos* or choice) adj2 word*) or communicat* or compassion* or consultation* or (cultur* adj2 aware*) or (decision* adj2 mak*) or ((engag* or speak* or talk*) adj2 (nonjud* or non jud*)) or empath* or engag* or language or listen* or professionalism or respect* or speak* or talk* or (time adj2 manag*) or trust* or (understand* adj2 (behav* or patient*)) or understanding)).ti,ab.
12	((((choos* or choice) adj2 word*) or communicat* or compassion* or consultation* or (cultur* adj2 aware*) or (decision* adj2 mak*) or empath* or language or professionalism or respect* or (time adj2 manag*) or trust* or (understand* adj2 (behav* or patient*)) or understanding or (((engag* or listen* or speak* or talk*) adj2 patient*) or ((people* or men or population* or women) adj2 (automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*))) or ((how* to* or nonjud* or non jud*) adj2 (engag* or listen* or speak* or talk*))) and (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (curricul* or educat* or knowledge or learn* or module* or teach* or train* or workshop* or work shop*)).ti,ab.

#	searches
13	((mentor* or skill* or supervi*) adj3 (acquire or acquisition or curricul* or educat* or elearn* or knowledge or learn* or module* or support* or teach* or train* or workshop*)).ti,ab.
14	(((clinical or management or peer) adj2 supervi*) or ((education or essential or practical) adj2 skill*) or (reflect* adj2 practice) or skillset* or skill* set* or (skill* adj2 supervis*)).ti,ab.
15	(((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) adj5 (cpd or curricul* or DEVELOPMENT or educat* or elearn* or knowledge or learn* or module* or teach* or train* or workshop* or work shop*)) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and ((cpd or curricul* or educat* or elearn* or knowledge or learn* or module* or skill* or teach* or train* or workshop* or work shop*) adj3 (intervention* or program* or strateg*))))).ti,ab.
16	(buddy or buddies or ((colleague* or peer*) adj2 support*)).ti,ab.
17	(care coordinator* or ((charge or lead) adj2 nurs*) or nurs* manag*).ti,ab.
18	(in service or inservice).ti,ab.
19	((develop* adj2 (abilit* or knowledge or professional* or skill*)) or (self adj (awareness or development))).ti,ab.
20	((cme and education) or (continuing adj2 (development or education*))).ti,ab.
21	((education* or mentor* or skill* or supervi*) adj2 (intervention* or program* or hospital? or office? or ward*)).ti,ab.
22	(((clinician* or nurs* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or therapist*) adj patient) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or worker*) adj3 patient* adj3 (communicat* or relation*))).ti,ab.
23	(therapeutic adj (alliance* or engagement or relation*)).ti,ab.
24	(collaborative adj (care or working)).ti,ab.
25	(active learning or didactic* or roleplay* or role play*).ti,ab.

#	searches
26	((patient* or ((people* or men or population* or women) adj2 (automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*))) adj5 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*) adj5 (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*)).ti,ab.
27	or/9-26
28	cultural anthropology/ or cluster analysis/ or grounded theory/ or health care survey/ or information processing/ or interview/ or narrative/ or nursing methodology research/ or observation/ or qualitative research/ or questionnaire/ or recording/ or verbal communication/ or videorecording/
29	focus group*.ti,ab.
30	(qualitative* or interview* or questionnaire* or narrative* or narration* or survey*).ti,ab.
31	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
32	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
33	(metasynthes* or meta synthes* or metasummar* or meta summar* or metastud* or meta stud* or metathem* or meta them*).tw.
34	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
35	((brother* or carer* or caregiv* or care giv* or famil* or father* or husband* or mother* or parent* or partner* or relative* or sibling* or sister* or spous* or mother* or parent* or wife* or wive* or consumer* or inpatient* or man or men or patient* or person or people or population or user* or women or woman or advisor* or clinician* or coordinator* or counsel* or doctor* or gp or health visitor* or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or intra disciplin* or multi disciplin* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) adj6 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*)).ti,ab.

#	searches
36	or/28-35
37	3 and 27 and 36
38	(animal/ not human/) or exp Animal Experiment/ or animal model/ or exp Experimental Animal/ or nonhuman/ or exp Rodent/ or (rat or rats or mouse or mice).ti.
39	37 not 38
40	limit 39 to english language
41	limit 40 to yr="2000 -Current"

Database(s): PsycINFO – OVID interface
Date of last search: 3rd March 2021

#	searches
1	self-injurious behavior/ or self-destructive behavior/ or self-inflicted wounds/ or self-mutilation/ or self-poisoning/ or exp suicide/ or suicidal ideation/
2	(automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*).ti,ab.
3	or/1-2
4	exp inservice training/
5	learning/ or mentor/
6	exp professional competence/ or professional development/ or exp professional supervision/
7	education.hw.
8	(exp observation methods/ or *patient safety/ or (medical personnel and human resource management).sh. or exp working conditions/ or work scheduling/ or exp *health personnel/ or *nurses/ or (*nursing/ and teams.hw.) or exp *human resource management/ or *safety/ or exp *occupational safety/ or *work-life balance/ or *work load/) and (curricul* or development or educat* or learn* or module* or support* or teach* or train* or workshop* or work shop*).ti,ab.
9	or/4-8
10	((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (mentor* or skill* or supervi*)).ti,ab.

#	searches
11	((curricul* or educat* or elearn* or learn* or module* or skill* or teach* or train* or workshop*) adj3 (((choos* or choice) adj2 word*) or communicat* or compassion* or consultation* or (cultur* adj2 aware*) or (decision* adj2 mak*) or ((engag* or speak* or talk*) adj2 (nonjud* or non jud*)) or empath* or engag* or language or listen* or professionalism or respect* or speak* or talk* or (time adj2 manag*) or trust* or (understand* adj2 (behav* or patient*)) or understanding)).ti,ab.
12	((((choos* or choice) adj2 word*) or communicat* or compassion* or consultation* or (cultur* adj2 aware*) or (decision* adj2 mak*) or empath* or language or professionalism or respect* or (time adj2 manag*) or trust* or (understand* adj2 (behav* or patient*)) or understanding or (((engag* or listen* or speak* or talk*) adj2 patient*) or ((people* or men or population* or women) adj2 (automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*))) or ((how* to* or nonjud* or non jud*) adj2 (engag* or listen* or speak* or talk*))) and (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (curricul* or educat* or knowledge or learn* or module* or teach* or train* or workshop* or work shop*)).ti,ab.
13	((mentor* or skill* or supervi*) adj3 (acquire or acquisition or curricul* or educat* or elearn* or knowledge or learn* or module* or support* or teach* or train* or workshop*)).ti,ab.
14	(((clinical or management or peer) adj2 supervi*) or ((education or essential or practical) adj2 skill*) or (reflect* adj2 practice) or skillset* or skill* set* or (skill* adj2 supervis*)).ti,ab.
15	(((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) adj5 (cpd or curricul* or DEVELOPMENT or educat* or elearn* or knowledge or learn* or module* or teach* or train* or workshop* or work shop*)) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) and ((cpd or curricul* or educat* or elearn* or knowledge or learn* or module* or skill* or teach* or train* or workshop* or work shop*) adj3 (intervention* or program* or strateg*)))).ti,ab.
16	(buddy or buddies or ((colleague* or peer*) adj2 support*)).ti,ab.

#	searches
17	(care coordinator* or ((charge or lead) adj2 nurs*) or nurs* manag*).ti,ab.
18	(in service or inservice).ti,ab.
19	((develop* adj2 (abilit* or knowledge or professional* or skill*)) or (self adj (awareness or development))).ti,ab.
20	((cme and education) or (continuing adj2 (development or education*))).ti,ab.
21	((education* or mentor* or skill* or supervi*) adj2 (intervention* or program* or hospital? or office? or ward*)).ti,ab.
22	(((clinician* or nurs* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or therapist*) adj patient) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or worker*) adj3 patient* adj3 (communicat* or relation*))).ti,ab.
23	(therapeutic adj (alliance* or engagement or relation*)).ti,ab.
24	(collaborative adj (care or working)).ti,ab.
25	(active learning or didactic* or roleplay* or role play*).ti,ab.
26	((patient* or ((people* or men or population* or women) adj2 (automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*))) adj5 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*) adj5 (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or multi disciplin* or health visitor* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*)).ti,ab.
27	or/9-26
28	cluster analysis/ or focus group/ or grounded theory/ or surveys/ or intervies/ or narratives/ or qualitative methods/ or questionnaires/ or tape recorders/
29	focus group*.ti,ab.
30	(qualitative* or interview* or questionnaire* or narrative* or narration* or survey*).ti,ab.
31	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.

#	searches
32	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or van manen* or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*).tw.
33	(metasynthes* or meta synthes* or metasummar* or meta summar* or metastud* or meta stud* or metathem* or meta them*).tw.
34	(critical interpretive synthes* or (realist adj (review* or synthes*)) or (noblit and hare) or (meta adj (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) adj synthes*)).tw.
35	((brother* or carer* or caregiv* or care giv* or famil* or father* or husband* or mother* or parent* or partner* or relative* or sibling* or sister* or spous* or mother* or parent* or wife* or wive* or consumer* or inpatient* or man or men or patient* or person or people or population or user* or women or woman or advisor* or clinician* or coordinator* or counsel* or doctor* or gp or health visitor* or interdisciplin* or inter disciplin* or intradisciplin* or intra disciplin* or multidisciplin* or intra disciplin* or multi disciplin* or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or personal assistant* or personnel or pharmacist* or physician* or police* or practitioner* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or warden* or worker*) adj6 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*)).ti,ab.
36	or/28-35
37	3 and 27 and 36
38	limit 37 to english language
39	limit 38 to yr="2000 -Current"

Database(s): Cochrane Library - Wiley interface
Cochrane Database of Systematic Reviews, Issue 3 of 12, March 2021; Cochrane Central Register of Controlled Trials, Issue 3 of 12, March 2021
Date of last search: 3rd March 2021

#	searches
1	MeSH descriptor: [poisoning] this term only
2	MeSH descriptor: [self-injurious behavior] explode all trees
3	MeSH descriptor: [self mutilation] this term only
4	MeSH descriptor: [suicide] this term only
5	MeSH descriptor: [suicidal ideation] this term only
6	MeSH descriptor: [suicide, attempted] this term only
7	MeSH descriptor: [suicide, completed] this term only
8	(automutilat* or “auto mutilat*” or cutt* or (self near/2 cut*) or selfdestruct* or “self

#	searches
	destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*):ti,ab.
9	{or #1-#8}
10	MeSH descriptor: [clinical supervision] this term only
11	MeSH descriptor: [education, professional] this term only
12	MeSH descriptor: [inservice training] explode all trees
13	MeSH descriptor: [learning] this term only
14	MeSH descriptor: [mentoring] this term only
15	MeSH descriptor: [mentors] this term only
16	MeSH descriptor: [models, educational] this term only
17	MeSH descriptor: [nursing supervisory] this term only
18	MeSH descriptor: [professional competence] explode all trees
19	MeSH descriptor: [advanced practice nursing] this term only
20	MeSH descriptor: [nurse clinicians] this term only
21	MeSH descriptor: [Professional-Patient Relations] explode all trees
22	MeSH descriptor: [patient safety] this term only
23	MeSH descriptor: [personnel staffing and scheduling] this term only
24	MeSH descriptor: [shift work schedule] this term only
25	MeSH descriptor: [work schedule tolerance] this term only
26	MeSH descriptor: [health manpower] this term only
27	MeSH descriptor: [health personnel] explode all trees
28	MeSH descriptor: [health workforce] this term only
29	MeSH descriptor: [nurse practitioners] this term only
30	MeSH descriptor: [nursing service, hospital] this term only
31	MeSH descriptor: [nursing staff, hospital] this term only
32	MeSH descriptor: [nursing staff] this term only
33	MeSH descriptor: [nursing team] this term only
34	MeSH descriptor: [patient care team] this term only
35	MeSH descriptor: [patient safety] this term only

#	searches
36	MeSH descriptor: [personnel management] explode all trees
37	MeSH descriptor: [safety] this term only
38	MeSH descriptor: [safety management] explode all trees
39	MeSH descriptor: [work-life balance] this term only
40	MeSH descriptor: [workload] this term only
41	{OR #22-#40}
42	(curricul* or development or educat* or learn* or module* or support* or teach* or train* or workshop* or "work shop*"):ti,ab.
43	#41 and #42
44	{OR #10-#21}
45	#43 or #44
46	((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or "inter disciplin*" or intradisciplin* or "intra disciplin*" or multidisciplin* or "multi disciplin*" or "health visitor*" or neuropsychol* or nurs* or officer* or paramedic* or peer worker* or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (mentor* or skill* or supervi*)):ti,ab.
47	((curricul* or educat* or elearn* or learn* or module* or skill* or teach* or train* or workshop*) near/3 (((choos* or choice) near/2 word*) or communicat* or compassion* or consultation* or (cultur* near/2 aware*) or (decision* near/2 mak*) or ((engag* or speak* or talk*) near/2 (nonjud* or non jud*)) or empath* or engag* or language or listen* or professionalism or respect* or speak* or talk* or (time near/2 manag*) or trust* or (understand* near/2 (behav* or patient*)) or understanding)):ti,ab.
48	((((choos* or choice) near/2 word*) or communicat* or compassion* or consultation* or (cultur* near/2 aware*) or (decision* near/2 mak*) or empath* or language or professionalism or respect* or (time near/2 manag*) or trust* or (understand* near/2 (behav* or patient*)) or understanding or (((engag* or listen* or speak* or talk*) near/2 patient*) or ((people* or men or population* or women) near/2 (automutilat* or "auto mutilat*" or cutt* or (self near/2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*))) or (("how* to*" or nonjud* or non jud*) near/2 (engag* or listen* or speak* or talk*))) and (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or "inter disciplin*" or intradisciplin* or "intra disciplin*" or multidisciplin* or "multi disciplin*" or "health visitor*" or neuropsychol* or nurs* or officer* or paramedic* or "peer worker*" or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or warden* or worker*) and (curricul* or educat* or knowledge or learn* or module* or teach* or train* or workshop* or "work shop*")):ti,ab.

#	searches
49	((mentor* or skill* or supervi*) near/3 (acquire or acquisition or curricul* or educat* or elearn* or knowledge or learn* or module* or support* or teach* or train* or workshop*)):ti,ab.
50	(((clinical or management or peer) near/2 supervi*) or ((education or essential or practical) near/2 skill*) or (reflect* near/2 practice) or skillset* or skill* set* or (skill* near/2 supervis*)):ti,ab.
51	(((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or "inter disciplin*" or intradisciplin* or "intra disciplin*" or multidisciplin* or "multi disciplin*" or "health visitor*" or neuropsychol* or nurs* or officer* or paramedic* or "peer worker*" or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or warden* or worker*) near/5 (cpd or curricul* or DEVELOPMENT or educat* or elearn* or knowledge or learn* or module* or teach* or train* or workshop* or "work shop*")) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or "inter disciplin*" or intradisciplin* or "intra disciplin*" or multidisciplin* or "multi disciplin*" or "health visitor*" or neuropsychol* or nurs* or officer* or paramedic* or "peer worker*" or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or warden* or worker*) and ((cpd or curricul* or educat* or elearn* or knowledge or learn* or module* or skill* or teach* or train* or workshop* or work shop*) near/3 (intervention* or program* or strateg*)))):ti,ab.
52	(buddy or buddies or ((colleague* or peer*) near/2 support*)):ti,ab.
53	("care coordinator*" or ((charge or lead) near/2 nurs*) or "nurs* manag*"):ti,ab.
54	("in service" or inservice):ti,ab.
55	((develop* near/2 (abilit* or knowledge or professional* or skill*)) or (self next (awareness or development))):ti,ab.
56	((cme and education) or (continuing near/2 (development or education*))):ti,ab.
57	((education* or mentor* or skill* or supervi*) near/2 (intervention* or program* or hospital? or office? or ward*)):ti,ab.
58	(((clinician* or nurs* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or therapist*) next patient) or ((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or intradisciplin* or "intra disciplin*" or multidisciplin* or "multi disciplin*" or "health visitor*" or neuropsychol* or nurs* or officer* or paramedic* or "peer worker*" or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or worker*) near/3 patient* near/3 (communicat* or relation*))):ti,ab.
59	(therapeutic next (alliance* or engagement or relation*)):ti,ab.
60	(collaborative next (care or working)):ti,ab.

#	searches
61	(“active learning” or didactic* or roleplay* or “role play*”):ti,ab.
62	((patient* or ((people* or men or population* or women) near/2 (automutilat* or “auto mutilat*” or cutt* or (self near/2 cut*) or selfdestruct* or “self destruct*” or selfharm* or “self harm*” or selfimmolat* or “self immolat*” or selfinflict* or “self inflict*” or selfinjur* or “self injur*” or selfmutilat* or “self mutilat*” or selfpoison* or “self poison*” or selfwound* or “self wound*” or suicid*))) near/5 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*) near/5 (advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or “inter disciplin*” or intradisciplin* or “intra disciplin*” or multidisciplin* or “multi disciplin*” or “health visitor”* or neuropsychol* or nurs* or officer* or paramedic* or “peer worker*” or “personal assistant*” or personnel or pharmacist* or physician* or police* or practitioner* or “prison officer*” or professional* or psychiatrist* or psychologist* or psychotherapist* or “psycho therapist*” or “social worker*” or staff* or teacher* or team or teams or therapist* or warden* or worker*)):ti,ab.
63	{OR #46-#62}
64	#45 or #63
65	MeSH descriptor: [anthropology, cultural] this term only
66	MeSH descriptor: [cluster analysis] this term only
67	MeSH descriptor: [focus groups] this term only
68	MeSH descriptor: [grounded theory] this term only
69	MeSH descriptor: [health care surveys] this term only
70	(interview):pt.
71	MeSH descriptor: [interviews as topic] this term only
72	MeSH descriptor: [narration] this term only
73	MeSH descriptor: [nursing methodology research] this term only
74	MeSH descriptor: [observation] this term only
75	MeSH descriptor: [personal narratives as topic
76	MeSH descriptor: [narrative] this term only
77	MeSH descriptor: [qualitative research] this term only
78	MeSH descriptor: [surveys and questionnaires] this term only
79	MeSH descriptor: [sampling studies] this term only
80	MeSH descriptor: [tape recording] this term only
81	MeSH descriptor: [videodisc recording] this term only

#	searches
82	"focus group*":ti,ab.
83	(qualitative* or interview* or questionnaire* or narrative* or narration* or survey*):ti,ab.
84	(ethno* or emic or etic or phenomenolog* or "grounded theory" or "constant compar*" or (thematic near/4 analys*) or "theoretical sampl*" or "purposive sampl*"):ti,ab.
85	(hermeneutic* or heidegger* or husser* or colaizzi* or van kaam* or "van manen*" or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau*):ti,ab.
86	(metasynthes* or "meta synthes*" or metasummar* or "meta summar*" or metastud* or "meta stud*" or metathem* or "meta them*"):ti,ab.
87	("critical interpretive synthes*" or (realist next (review* or synthes*)) or (noblit and hare) or (meta next (method or triangulation)) or (cerqual or conqual) or ((thematic or framework) next synthes*)):ti,ab.
88	((brother* or carer* or caregiv* or "care giv*" or famil* or father* or husband* or mother* or parent* or partner* or relative* or sibling* or sister* or spous* or mother* or parent* or wife* or wive* or consumer* or inpatient* or man or men or patient* or person or people or population or user* or women or woman or advisor* or clinician* or coordinator* or counsel* or doctor* or gp or "health visitor*" or interdisciplin* or "inter disciplin*" or intradisciplin* or "intra disciplin*" or multidisciplin* or "intra disciplin*" or "multi disciplin*" or neuropsychol* or nurs* or officer* or paramedic* or "peer worker*" or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or warden* or worker*) near/6 (anx* or attitude* or aware* or belief* or concern* or emotion* or experience* or fear* or feeling* or felt* or know* or opinion* or perception* or perspective* or preference* or satisfact* or stress* or thought* or uncertain* or understand* or unsure or view*)):ti,ab.
89	{OR #65-#88}
90	(#9 and #64 and #89) with Cochrane Library publication date Between Jan 2000 and Mar 2021

Database(s): CDSR and HTA – CRD interface
Date of last search: 3rd March 2021

#	Searches
1	MeSH descriptor: poisoning IN CDSR, HTA
2	MeSH descriptor: self-injurious behavior EXPLODE ALL TREES IN CDSR, HTA
3	MeSH descriptor: self mutilation IN CDSR, HTA
4	MeSH descriptor: suicide IN CDSR, HTA
5	MeSH descriptor: suicidal ideation IN CDSR, HTA
6	MeSH descriptor: suicide, attempted IN CDSR, HTA
7	MeSH descriptor: suicide, completed IN CDSR, HTA
8	(automutilat* or "auto mutilat*" or cutt* or (self near2 cut*) or selfdestruct* or "self

#	Searches
	destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*) IN CDSR, HTA
9	(#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8) from 2000 to 2021

Database(s): ASSIA - Proquest interface
Date of last search: 3rd March 2021

#	Searches
S7	(S1 and s4 and s5 and s6) with limits
S6	(MAINSUBJECT.EXACT("Cluster analysis") or MAINSUBJECT.EXACT("Focus groups") or MAINSUBJECT.EXACT("Grounded theory") or MAINSUBJECT.EXACT("Narration") or MAINSUBJECT.EXACT("Personal narratives") or MAINSUBJECT.EXACT("Qualitative research") or MAINSUBJECT.EXACT("Social surveys") or MAINSUBJECT.EXACT("Surveys") or MAINSUBJECT.EXACT("Tape recordings") or MAINSUBJECT.EXACT("Videotape recording")) OR noft("focus group*" or qualitative* or interview* or focus or questionnaire* or narrative* or narration* or survey* or ethno* or emic or etic or phenomenolog* or "grounded theory" or "constant compar*" or (thematic near/4 analys*) or "theoretical sampl*" or "purposive sampl*" or hermeneutic* or heidegger* or husser* or colaizzi* or "van kaam*" or "van manen*" or giorgi* or glaser* or strauss* or ricoeur* or spiegelberg* or merleau* or metasynthes* or "meta-synthes*" or metasummar* or "meta-summar*" or metastud* or "meta-stud*" or metathem* or "meta-them*" "critical interpretive synthes*" or "realist synthes*" or "thematic framework" or "thematic synthes*")
S5	su(attitude* or perspective* or view*) OR noft(attitude* or experience* or opinion* or perspective* or view*)
S4	S2 or s3
S3	noft((advisor* or clinician* or coordinator* or counsel* or doctor* or gp or interdisciplin* or "inter disciplin*" or intradisciplin* or "intra disciplin*" or multidisciplin* or "multi disciplin*" or "health visitor*" or neuropsychol* or nurs* or officer* or paramedic* or "peer worker*" or "personal assistant*" or personnel or pharmacist* or physician* or police* or practitioner* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or warden* or worker*)) AND noft((mentor* or skill* or supervi*))
S2	MAINSUBJECT.EXACT("Advanced practice nurses") or MAINSUBJECT.EXACT("Clinical supervision") or MAINSUBJECT.EXACT("Collaborative learning") or MAINSUBJECT.EXACT("Inservice training") or MAINSUBJECT.EXACT("Mentoring") or MAINSUBJECT.EXACT("Mentors") or MAINSUBJECT.EXACT("Multiprofessional education") or MAINSUBJECT.EXACT("Nurse managers") or MAINSUBJECT.EXACT("Nursing models") or MAINSUBJECT.EXACT("Professional competence") or MAINSUBJECT.EXACT("Health professional-Patient relationships")
S1	(MAINSUBJECT.EXACT("Poisoning") or MAINSUBJECT.EXACT("Selfdestructive behaviour") or MAINSUBJECT.EXACT("Suicide") or MAINSUBJECT.EXACT("Violent suicide")) OR noft((selfharm* or "self harm*" or suicid*))

Database(s): SSCI - Clarivate interface
Date of last search: 3rd March 2021
[forward citation searches conducted for selected references found in the systematic database search, above]

Economic

A global, population based search was undertaken to find for economic evidence covering all parts of the guideline.

Database(s): MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily – OVID interface
Date of last search: 12th August 2021

#	Searches
1	poisoning/ or exp self-injurious behavior/ or self mutilation/ or suicide/ or suicidal ideation/ or suicide, attempted/ or suicide, completed/
2	(automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*).ti,ab.
3	or/1-2
4	Economics/
5	Value of life/
6	exp "Costs and Cost Analysis"/
7	exp Economics, Hospital/
8	exp Economics, Medical/
9	Economics, Nursing/
10	Economics, Pharmaceutical/
11	exp "Fees and Charges"/
12	exp Budgets/
13	budget*.ti,ab.
14	cost*.ti.
15	(economic* or pharmaco?economic*).ti.
16	(price* or pricing*).ti,ab.
17	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
18	(financ* or fee or fees).ti,ab.
19	(value adj2 (money or monetary)).ti,ab.
20	Quality-Adjusted Life Years/
21	Or/4-20
22	3 and 21
23	limit 22 to yr="2000 -current"

Database(s): Embase and Emcare – OVID interface
Date of last search: 12th August 2021

#	searches
1	automutilation/ or exp suicidal behavior/
2	(auto mutilat* or automutilat* or self cut* or selfcut* or self destruct* or selfdestruct* or self harm* or selfharm* or self immolat* or selfimmolat* or self inflict* or selfinflict* or self injur* or selfinjur* or self mutilat* or selfmutilat* or self poison* or selfpoison* or suicid*).ti,ab.

#	searches
3	or/1-2
4	health economics/
5	exp economic evaluation/
6	exp health care cost/
7	exp fee/
8	budget/
9	funding/
10	budget*.ti,ab.
11	cost*.ti.
12	(economic* or pharmaco?economic*).ti.
13	(price* or pricing*).ti,ab.
14	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
15	(financ* or fee or fees).ti,ab.
16	(value adj2 (money or monetary)).ti,ab.
17	Quality-Adjusted Life Year/
18	Or/4-17
19	3 and 18
20	limit 19 to yr="2000 -current"

Database(s): Cochrane Library - Wiley interface
Cochrane Central Register of Controlled Trials, Issue 8 of 12, August 2021
Date of last search: 12th August 2021

#	Searches
1	MeSH descriptor: [poisoning] this term only
2	MeSH descriptor: [self-injurious behavior] explode all trees
3	MeSH descriptor: [self mutilation] this term only
4	MeSH descriptor: [suicide] this term only
5	MeSH descriptor: [suicidal ideation] this term only
6	MeSH descriptor: [suicide, attempted] this term only
7	MeSH descriptor: [suicide, completed] this term only
8	(automutilat* or “auto mutilat*” or cutt* or (self near/2 cut*) or selfdestruct* or “self destruct*” or selfharm* or “self harm*” or selfimmolat* or “self immolat*” or selfinflict* or “self inflict*” or selfinjur* or “self injur*” or selfmutilat* or “self mutilat*” or selfpoison* or

#	Searches
	"self poison*" or selfwound* or "self wound*" or suicid*):ti,ab.
9	{or #1-#8}
10	MeSH descriptor: [Economics] this term only
11	MeSH descriptor: [Value of life] this term only
12	MeSH descriptor: [Costs and Cost Analysis] explode all trees
13	MeSH descriptor: [Economics, Hospital] explode all trees
14	MeSH descriptor: [Economics, Medical] explode all trees
15	MeSH descriptor: [Economics, Nursing] this term only
16	MeSH descriptor: [Economics, Pharmaceutical] this term only
17	MeSH descriptor: [Fees and Charges"]
18	MeSH descriptor: [Budgets] this term only
19	budget*:ti,ab.
20	cost*.ti.
21	(economic* or pharmaco?economic*):ti.
22	(price* or pricing*):ti,ab.
23	(cost* near/2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)):ab.
24	(financ* or fee or fees):ti,ab.
25	(value near/2 (money or monetary)):ti,ab.
26	MeSH descriptor: [Quality-Adjusted Life Years] this term only
27	{OR #10-#26}
28	(#9 and #27) with Cochrane Library publication date Between Jan 2000 and Aug 2021

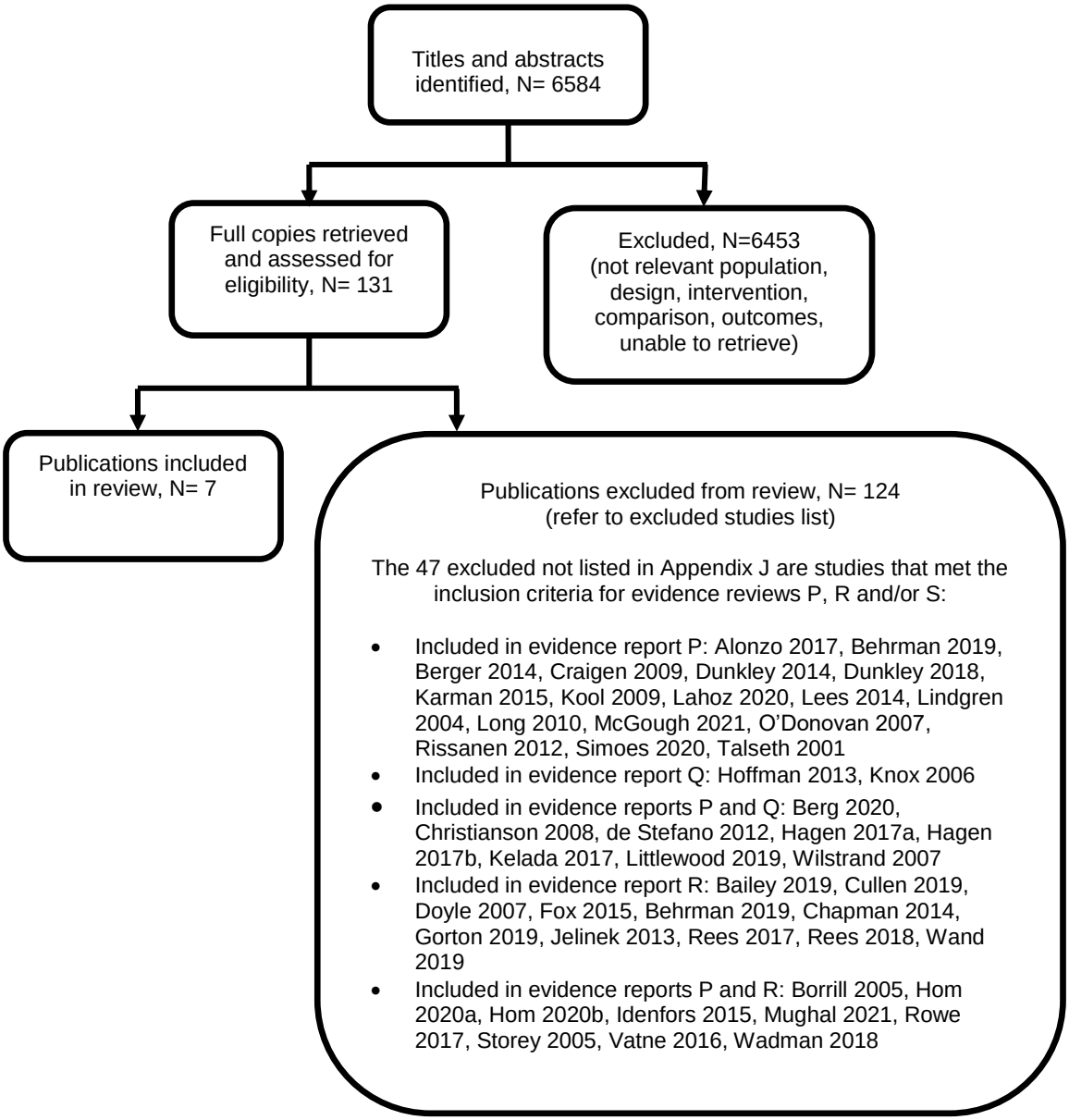
Database(s): NHS EED and HTA – CRD interface
Date of last search: 12th August 2021

#	Searches
1	MeSH descriptor: poisoning IN NHSEED, HTA
2	MeSH descriptor: self-injurious behavior EXPLODE ALL TREES IN NHSEED, HTA
3	MeSH descriptor: self mutilation IN NHSEED, HTA
4	MeSH descriptor: suicide IN NHSEED, HTA
5	MeSH descriptor: suicidal ideation IN NHSEED, HTA
6	MeSH descriptor: suicide, attempted IN NHSEED, HTA
7	MeSH descriptor: suicide, completed IN NHSEED, HTA
8	(automutilat* or "auto mutilat*" or cutt* or (self near2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*) IN NHSEED, HTA
9	(#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8) from 2000 to 2021

Appendix C Effectiveness evidence study selection

Study selection for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

Figure 2: Study selection flow chart



Appendix D Evidence tables

Evidence tables for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

Table 5: Evidence tables

Awenat, 2017

Bibliographic Reference Awenat, Yvonne; Peters, Sarah; Shaw-Nunez, Emma; Gooding, Patricia; Pratt, Daniel; Haddock, Gillian; Staff experiences and perceptions of working with in-patients who are suicidal: qualitative analysis; The British journal of psychiatry : the journal of mental science; 2017; vol. 211; 103-108

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	UK
Setting	Healthcare - inpatient
Data collection and analysis	Semi-structured interviews were held for an average of 64 minutes with participants using a flexible topic guide. Interviews were audio-recorded and transcribed verbatim, and data were thematically analysed using a systemic method of identifying patterns.
Recruitment strategy	Participants were purposively sampled from an NHS mental health trust in Northern England and recruited from ward- and community-based clinical teams.
Study dates	Not reported.

Sources of funding	This study was funded by NIHR Research for Patient Benefit programme (PB-PG-111-26026).
Inclusion criteria	Participants had to: Work with psychiatric in-patients
Exclusion criteria	Not reported.
Sample size	N = 20 healthcare staff members
Participant characteristics	**Mean age (SD):** Not reported **Sex (female/ male):** 14/ 6 **Role:** Qualified nurses: 8* Nursing assistants/ support workers: 2* Psychiatrists: 4 Allied health professionals (including clinical psychologists, social workers and occupational therapists): 6 **Setting:** Inpatient mental-health clinics **Range of years in post/ experience**: 4-38

	Client group (adults, children/ CYP): Not reported. *Only data from these groups of participants were extracted
Results	Author theme: experiences of suicidality- maintaining business as usual *"I did, sort of, speak about it over supervision and just... knowing that my manager was there, and she offered me support and I could access support and stuff, so... it was okay" (Nurse assistant/ support worker: 02)* (p. 104) Author theme: experiences of suicidality- severe and enduring effects *"I had an incident when I was on the PICU ward in [date] on nights that just left me absolutely, it was awful, and I was never debriefed, I was never involved in the SUI, [Serious Untoward Incident Investigation] never asked what I thought, how I felt, how things could be done better." (Nurse: 07)* (p.104) Author theme: talking about suicide- not my role to talk about suicide *"As someone that actually has clinical supervision I find it really quite helpful, so that's why I encourage people to go... I mean if you're a member of a profession I think you should take responsibility for your own development and progression and, and needs really." (Nurse: 03)* *"It's a historical thing. We never used to bother it was always, "well, why do I need to talk about it?"… the excuse is always about time and space but, you know, we've got ways of working around that, if we want to. There is no formal expectation that nurses get supervision in order to practice... it might be guided and recommended... but that's it... then what you get is a flurry of activity when people are really in crisis, really struggling... by the time they're saying "I need supervision, I need it quick", it's possibly a bit late. You know, they don't see it as things that sustains you, and maintains you, it's just something that rescues you, sort of, you know, in a difficult time' (Nurse: 01) p. 105*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(A lack of researcher reflexivity; No consideration of ethical issues in study methods; No discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are people working on psychiatric wards with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed.)*

Hoifodt, 2006

Bibliographic Reference Hoifodt, T. S.; Talseth, A. G.; Dealing with suicidal patients - A challenging task: A qualitative study of young physicians' experiences; BMC Medical Education; 2006; vol. 6; 44

Study Characteristics

Study type	Phenomenological
Country/ies where study was carried out	Norway
Setting	Primary and secondary care (newly graduated doctors)
Data collection and analysis	Participants were interviewed individually and asked to tell a story about treating suicidal patients in their own practice. The interviewer used clarifying questions - inviting the participants to elaborate any parts that were unclear or missing detail. Analysis involved transcribing the interviews, reading these several times, dividing the text into meaning units - sentences or whole paragraphs that covered particular concepts. The content of the meaning units was then simplified and organised into sub themes, themes and main themes. Finally the original texts were considered as a whole alongside the themes and research questions to provide the final results.

Recruitment strategy	Participants were invited to participate through a larger project on the development of psychiatric competence among medical students.
Study dates	2002
Sources of funding	A grant from Psychiatric Research Centre of Northern Norway.
Inclusion criteria	Not reported.
Exclusion criteria	Not reported.
Sample size	N=54 were invited to participate. N=16 agreed to participate and N=13 were included
Participant characteristics	**Mean age (SD):** around 30 years **Sex (female/ male):** 6/ 7 **Role:** Newly qualified doctors: 13 **Setting:** primary care: 9; secondary care (non-psychiatric) : 4 **Mean years in post/ experience (SD):** around 6 months **Client group (adults, children/ CYP):** Not reported.

Results	Author theme: Evaluating one's own competence- Concern about one's own reputation Example quote: *"Did I do something wrong – that was the immediate reaction – am I going to be charged? The consequences: I was afraid of the consequences; maybe I have made an error, made the wrong assessment." (p. 5)*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been	Yes

	adequately considered?	
Ethical Issues	Have ethical issues been taken into consideration?	No
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(No consideration of ethical issues in study methods; No discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are newly qualified doctors working with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed. Limited data collected relevant to staff supervision in non-specialist settings.)*

Hoifodt, 2007

Bibliographic Reference Hoifodt, T. S.; Talseth, A. G.; Olstad, R.; A qualitative study of the learning processes in young physicians treating suicidal patients: From insecurity to personal pattern knowledge and self-confidence; BMC Medical Education; 2007; vol. 7; 21

Study Characteristics

Study type	Phenomenological
Country/ies where	Norway

study was carried out	
Setting	Primary and secondary care (newly graduated doctors)
Data collection and analysis	Participants were interviewed individually and asked to tell a story about treating suicidal patients in their own practice. The interviewer used clarifying questions - inviting the participants to elaborate any parts that were unclear or missing detail. Analysis involved transcribing the interviews, reading these several times, dividing the text into meaning units - sentences or whole paragraphs that covered particular concepts. The content of the meaning units was then simplified and organised into sub themes, themes and main themes. Finally the original texts were considered as a whole alongside the themes and research questions to provide the final results.
Recruitment strategy	Participants were invited to participate through a larger project on the development of psychiatric competence among medical students.
Study dates	January to June 2002
Sources of funding	Supported by a grant from Psychiatric Research Centre of Northern Norway
Inclusion criteria	Medical graduates of the University of Tromso who had completed an 18-month internship following graduation (including internal medicine, surgery and primary health care) within the last 6 months.
Exclusion criteria	Not reported
Sample size	N=54 were invited to participate. N=16 agreed to participate and N=13 were included
Participant characteristics	**Mean age (SD):** around 30 years **Sex (female/ male):** 6/ 7

	Role: Newly qualified doctors: 13 **Setting:** primary care: 9; secondary care (non-psychiatric) : 4 **Mean years in post/ experience (SD):** around 6 months **Client group (adults, children/ CYP):** Not reported
Results	Author theme: Participating in the professional community- Being an apprentice Example quote: "*It is invaluable support to have people around you, who know these things. We had a very skilled homecare nurse who knew everybody and exactly what the problem was." (p. 5)* *"My supervisor was very important – especially her way of presenting the group of young people with personality disorders. I had tried to understand, but did not get it. She managed to play that helplessness they show and convey it to others. She set up role playing in her office; that helped me understand what had been a complete chaos in my head." (p. 5)*

	The informants reported the benefit of observing senior physicians in daily practice, how they related to the patients and what they laid emphasis on in their assessment. However, these experiences seemed to be infrequent. (p. 5) Author theme: Participating in the professional community- Relating clinical stories and receiving feedback Example quote: "*To exchange experiences with colleagues has been rewarding, especially when you get to talk to a more experienced colleague and tell about one's own experiences, not necessarily to hear if you did right or wrong, but to describe and go through the situation." (p. 5)* *"I talked with one of the doctors, described briefly what had happened and got feedback that I had done it in a good way." (p.5)* *"Supervision consisted of only answers and advice." (p. 5)* *"We are very kind to each other in the health care system; we have great difficulties in saying that you should probably have done this in another way. ..... I often wonder if I will ever receive feedback, unless something really goes wrong." (p. 5-6)* *"With good feedback you receive some kind of critique, what was good, what was bad..... I have had very little of that during*

	medical school and my time as an intern, I think that I have hardly experienced it." (p. 6) Author theme: Participating in the professional community- Sharing emotions from clinical experiences *Example quote: "When you talk about it, it can be aired a little, although I never really get it out enough. I always remain with some reactions. I am sure it would have been good to talk those things through, instead of keeping those feelings within. That [feelings] has never been a topic in my supervision." (p. 6)* Author theme: Developing personal competence- Achieving self-confidence *Example quote: "Confidence is to know what to do, the next step, to recognize signs, the situation, pictures and feelings, ones own feelings, and to observe the response of the patient as a way to confirm that something is going right. It is also that you can ask others, to dare to ask, seek help and advice, realizing that you are never alone." (p. 7)*

Critical appraisal

Section	Question	Answer

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	No
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(No consideration of ethical issues in study methods; No discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are newly qualified doctors working with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed.)*

MacDonald, 2021

Bibliographic Reference MacDonald, S.; Sampson, C.; Biddle, L.; Kwak, S. Y.; Scourfield, J.; Evans, R.; Theorising health professionals' prevention and management practices with children and young people experiencing self-harm: a qualitative hospital-based case study; Sociology of health & illness; 2021; vol. 43; 201-219

Study Characteristics

Study type	Grounded theory
Country/ies where study was carried out	UK
Setting	Large urban hospital
Data collection and analysis	In-depth, semi-structured interviews were conducted using a topic guide with the aim of exploring participants' experiences and encounters of caring for people who have self-harmed in detail and in context. Interviews were recorded and transcribed verbatim. The data was analysed using a thematic analysis approach with principles of grounded theory applied. A coding framework was developed through coding of a subset of transcripts which was applied to all transcripts after verification by a second

	researcher. Codes were categorised into emergent themes and four higher-level 'meta-themes' were developed.
Recruitment strategy	Purposive sampling of healthcare and affiliated healthcare professionals who were responsible for caring for CYP presenting to the hospital after an episode of self-harm. Snowball sampling based on information received in initial interviews.
Study dates	September 2018 to March 2019
Sources of funding	Health and Care Research Wales (Project Reference 1319)
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Sample size	N= 14
Participant characteristics	**Mean age (SD):** not reported **Sex (female/ male):** 12/ 2 **Role:** Nurse: 6 Doctor: 7 Project coordinator: 1 **Setting:** paediatric ward 2; paediatric emergency ward 6; voluntary support project 1; community paediatric mental health care 3; community paediatric care 1

	Mean years in post/ experience (SD): around 6 months **Client group (adults, children/ CYP):** CYP
Results	Author theme: Barriers to changing the complex system Example quote: *As such, there was individual advocacy for staff* *supervision but this seemed dependent on individuals providing and accessing support rather* *than embedded supportive systems:* ". . .*any nursing is stressful and you hear lots of sad things but when you're hearing lots of sad things and people wanting to die it's not a good thing to hear. . .I'm supported really* *well and I feel quite passionate that other people should be supported. So I often support* *staff on the ward and therefore I hold theirs and therefore I'm supported as well and that's* *important. (Professional 1, paediatric ward, nurse)" (p. 212)*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes

Section	Question	Answer
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Relevant *(The study presents only limited data and themes regarding supervision)*

Ngune, 2020

Bibliographic Reference Ngune, I.; Wynaden, D.; McGough, S.; Janerka, C.; Hasking, P.; Rees, C.; Emergency nurses' experience of providing care to patients who self-harm; Australasian emergency care; 2020

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Australia
Setting	Emergency department
Data collection and analysis	Semi-structured interviews conducted using an interview guide. Interviews recorded and transcribed verbatim. Interviews analysed by inductive content analysis, via open coding and categorising codes into units of meaning by abstraction and interpretation. Final categories developed within a framework. Four researchers carried out analysis and discussed discrepancies until consensus was reached.
Recruitment strategy	Recruitment via email to members of College of Emergency Nursing Australasia. Interested participants contacted the study authors
Study dates	November 2018 to January 2019
Sources of funding	The study was not funded
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Sample size	N= 18
Participant characteristics	**Mean age (SD):** 46.06 (11.49) **Sex (female/ male):** 14/ 4

	Role: Emergency department nurse: 18 **Setting:** emergency department **Years in post/ experience:** ≥ 10 years experience (77.8%) (range, 1 to ≥ 10 years) **Client group (adults, children/ CYP):** not reported
Results	Author theme: Facilitators and barriers *Strong leadership from senior emergency nurses and doctors were important facilitators for participants. They assisted participants to ensure the person was safe after admission to the ED. They also assisted nurses to put in place safeguards within the ED to lessen any identified risk associated with the person: "Big facilitators are senior nurses . . .. Having the ability to go to a shift co-ordinator and say,¨I think this person needs a [security]guard¨. I think they are high risk [of further self-harm] and having them come assess the patient [and] agree with you and get a[security] guard. (P1) (p. 4)*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate	Yes

Section	Question	Answer
	to address the aims of the research?	
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No
Ethical Issues	Have ethical issues been taken into consideration?	No
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(No explanation of recruitment approach; Lack of discussion about recruitment challenges; A lack of researcher reflexivity; No consideration of ethical issues in study methods; No discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Relevant *(The study presents only limited data and themes regarding supervision)*

Omerov, 2020

Bibliographic Reference	Omerov, P.; Kneck, Å; Karlsson, L.; Cronqvist, A.; Bullington, J.; To Identify and Support Youths Who Struggle with Living—Nurses' Suicide Prevention in Psychiatric Outpatient Care; Issues in Mental Health Nursing; 2020; vol. 41; 574-583

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Sweden
Setting	Psychiatric outpatient care
Data collection and analysis	Participants were interviewed individually with the same 3 open ended questions. Interviews were recorded and transcribed. Data analysis involved: reading the transcriptions several times to get an understanding of the interviews as well as of the material. Marking and grouping relevant quotes of text with similar content and context. These quotes were refined in to sub-categories, categories and main categories. A retrospective interpretation was done by further analyzing the data and themes were generated . The findings were presented with example quotes.
Recruitment strategy	People meeting the inclusion criteria were suggested by central organizations who establish strategies and guidelines for suicide-prevention in Sweden
Study dates	2015
Sources of funding	The authors received no financial compensation. No grants were been received in support of this study or for covering the costs to publish in open access.
Inclusion criteria	Participants had to be involved in suicide-prevention by teaching or supporting healthcare professionals in mental healthcare, to have long experience of working with suicide-prevention with youths or young adults, and be recognized as an expert by organizations who establish strategies and guidelines for suicide-prevention in Sweden.
Exclusion criteria	Not reported

Sample size	N= 6
Participant characteristics	**Mean age (SD):** Not reported **Sex (female/ male):** 4/ 2 **Role:** Qualified nurses: 1* General medical doctors: 1* Psychiatrists: 3 Allied health professionals (including clinical psychologists, social workers and occupational therapists): 1 **Setting:** Psychiatric outpatient care **Mean years in post/ experience (SD):** not reported all had at least 10 years of clinical experience **Client group (adults, children/ CYP):** not reported *Only data from these participants were extracted
Results	Author theme: Support the nurses

	Example quote: *Nurses also need to be supported in believing that they are capable of working with suicidal patients, with clinical supervision. (P. 576)*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	No
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No
Ethical Issues	Have ethical issues been taken	No

Section	Question	Answer
	into consideration?	
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(No clear statement about the research aims; Lack of justification for research design; Lack of discussion about recruitment challenges; A lack of researcher reflexivity; Ethical approval not described; No consideration of ethical issues in study methods; No discussion of ethical issues raised by the study; Data to support study findings are thin)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are newly qualified doctors working with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed. Limited data collected relevant to staff supervision.)*

Te Maro, 2019

Bibliographic Reference Te Maro, Ben; Cuthbert, Sasha; Sofo, Mia; Tasker, Kahn; Bowden, Linda; Donkin, Liesje; Hetrick, Sarah E.; Understanding the Experience and Needs of School Counsellors When Working with Young People Who Engage in Self-Harm; International journal of environmental research and public health; 2019; vol. 16

Study Characteristics

Study type	General qualitative inquiry
Country/ies where	New Zealand

study was carried out	
Setting	Schools
Data collection and analysis	An interview guide was used to conduct interviews (45 - 80 minutes). Interviews were recorded and transcribed verbatim. Thematic analysis method used to analyse transcripts; initial codes developed based on the research aims and ordered into units of meaning which were organised into categories of higher-level themes. 6 interviews were coded by a second researcher.
Recruitment strategy	Snowball sampling method via sending emails to authors' existing networks. Interested participants were required to contact the author by email or phone.
Study dates	Not reported
Sources of funding	No external funding
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Sample size	N= 26
Participant characteristics	**Mean age (SD):** not reported **Sex (female/ male):** 21/ 7 (probable mistake in reporting as N = 26) **Role:** School guidance counsellor: 24

	Chaplain: 1 Social worker: 1 **Setting:** schools **Mean years in post/ experience (SD):** not reported **Client group (adults, children/ CYP):** CYP
Results	Author theme: Discrepancy—Differences in the Way That Self-Harm is Managed Example quote: *"I guess I just really relied on supervision and talking about it" [Interview 3] (p.7)* *"I can go to a really good supervisor you know, but I know it's all private and state schools are all challenged by budgets" [Interview 26] (p.7)* Author theme: Need for Guidelines *"That's where a guideline would come in like as a checkbox like have you thought of this, this, this, this, this. We can actually work your way through because it can be quite an intense thing depending on the time, depending on the situation" [Interview 3] (p. 11)*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of justification for research design; Lack of discussion about recruitment challenges)*

Section	Question	Answer
Overall risk of bias and relevance	Relevance	Relevant

Appendix E Forest plots

Forest plots for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

No meta-analysis was conducted for this review question and so there are no forest plots.

Appendix F GRADE - CERQual tables

GRADE-CERQual tables for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

Table 6: Summary of evidence: 1. Support to make decisions

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.1 Confidence and competence					
4 (Hoifodt 2006, Hoifodt 2007, Ngune 2020, Omerov 2020, Te Maro 2019)	1 study using in-depth interviews; 1 study using open-ended questions; 2 studies using semi-structured interviews	This sub-theme relates to the value non-specialist staff placed on supervision support in providing the confidence and competence to make decisions when caring for people who had self-harmed or were at risk of self-harm. Staff emphasized the importance of knowing that they were not alone in making decisions and that they valued having the opportunity to confirm care decisions with senior staff. In difficult situations, staff noted the importance of being reassured by senior colleagues that they were capable of caring for the person and were doing the right thing. One study noted the importance of guidelines as a reassurance for non-specialist staff, which they perceived as invaluable for supporting decision-making in difficult situations. Although the evidence to support this sub theme was relatively thin, the findings did not suggest a need for a formal supervision to provide this support, instead referring to the importance of informal interactions with senior staff.	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a substantially different context (participants were staff who had worked with people with suicidal behaviour and ideation, who had not necessarily previously self-harmed). No studies conducted in the UK.	
			Coherence	No or minor concerns	
			Adequacy	Moderate concerns: the finding was based on 4 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

Table 7: Summary of evidence: 2. Emotional support

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 2.1 Processing experience and sharing emotional burden					
3 (Awenat 2017, Hoifodt 2007, MacDonald 2021)	2 studies using semi-structured interviews; 1 study using in-depth interviews	This theme relates to findings of non-specialist staff expressing the importance of a supervisor providing emotional support in order to *'talk things through'* following an episode of self-harm or death of a patient by suicide. Staff identified that this was important to help normalise their feelings and reactions to difficult experiences. The findings were all drawn from clinical settings; however, due to the thinness of the data there was a lack of coherence on whether emotional support was expected to be provided by a senior colleague, an established clinical supervisor or an external mental health specialist. This theme was associated with theme 3.1 feedback and reflective practice: as staff processing their experience was described as necessary to engage with feedback and reflective practice.	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a substantially different context (participants were staff who had worked with people with suicidal behaviour and ideation, who had not necessarily previously self-harmed). 1 study not conducted in the UK.	
			Coherence	Minor concerns: most evidence indicated that emotional support is important directly after a difficult experience. However, there was a lack of clarity over whom it should be provided by.	
			Adequacy	Moderate concerns: the finding was based on 3 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

Table 8: Summary of evidence: 3. Skill development

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 3.1 Feedback and reflective practice					
3 (Awenat 2017, Hoifodt 2007, Te	2 studies using semi-structured interviews; 1 study using in-depth	This sub- theme relates to findings on the importance of feedback and reflective practice after staff have worked with someone who has self-harmed. Staff valued the opportunity to talk through what they did well and what they could have	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a substantially different context (studies	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Maro 2019)	interviews	done better within a structured supervision environment as this enabled them to learn from their experiences and improve their clinical practice. Across all studies, there was an agreement that feedback was often inadequate, either being too brief or not constructive. Staff saw value in feedback and reflective practice with a supervisor which allowed them to discuss their experience and receive constructive feedback.		included staff who had worked with people with suicidal behaviour and ideation who had not necessarily self-harmed). 2 studies not conducted in the UK.	
			Coherence	No or minor concerns	
			Adequacy	Moderate concerns: the finding was based on 3 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

Table 9: Summary of evidence: 5. Frequency and structure of supervision

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 5.1 Supervision culture					
3 (Awenat 2017, MacDonald 2021, Te Maro 2019)	Semi-structured interviews	This overarching sub- theme relates to findings which described the views and preferences of staff on supervision culture. Staff reflected on the importance of embedding a culture of supervision within clinical practice in order for staff to feel supported during ongoing care. One study provided evidence on the informality and inadequacy of supervision in clinical settings and that often it was only provided after a difficult situation. There were discrepancies over whether staff should be responsible for seeking their own supervision and in what settings this should be provided; this discrepancy was likely due to the thinness of the data and may reflect differences in staff views who work in different settings.	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a substantially different context (studies included staff who had worked with people with suicidal behaviour and ideation who had not necessarily self-harmed). 1 study not conducted in the UK.	
			Coherence	Minor concerns: the findings agree that supervision is important but the evidence is too thin to resolve discrepancies around whether supervision should be provided within a formal structure or whether the onus should be on staff to seek supervision when it is needed.	

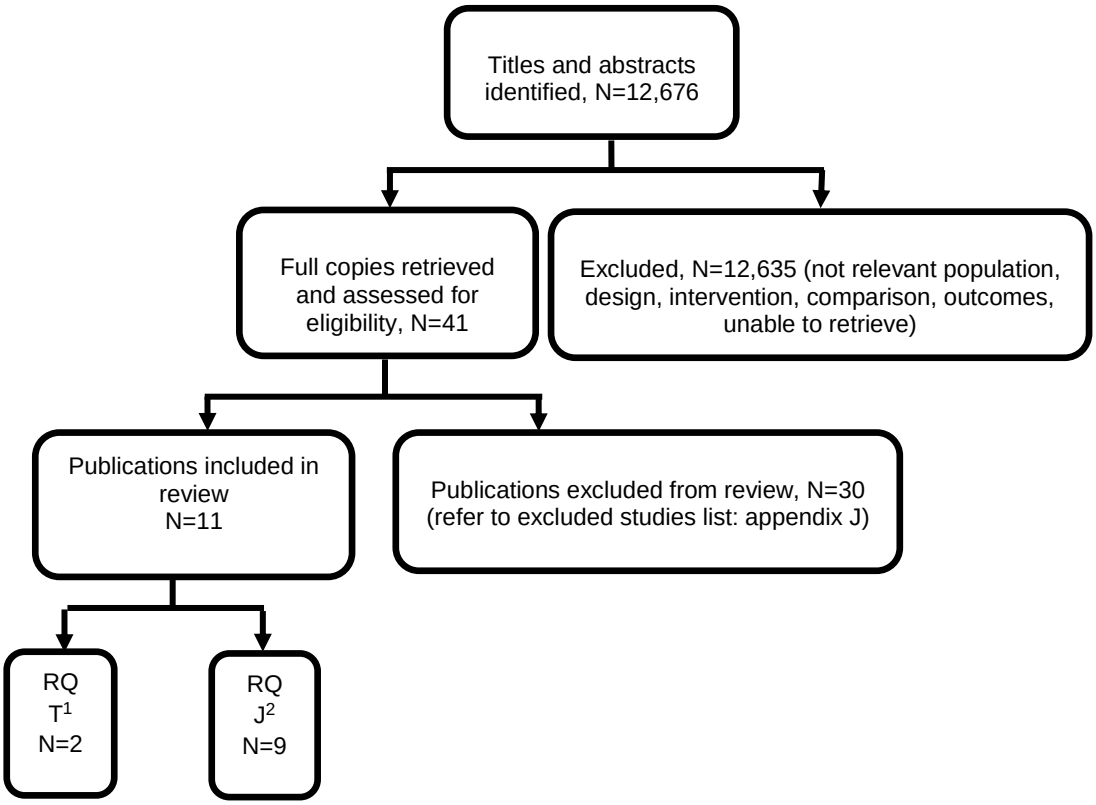
Study information		Description of theme or finding	CERQual assessment of the evidence		
			Adequacy	Moderate concerns: the finding was based on 3 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

Appendix G Economic evidence study selection

Study selection for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

A global health economics search was undertaken for all areas covered in the guideline. Figure 3 shows the flow diagram of the selection process for economic evaluations of interventions and strategies associated with the care of people who have self-harmed.

Figure 3: Flow diagram of economic article selection for global health economic search



Abbreviations: RQ: Research question
Notes:
1 What are the most effective models of care for people who have self-harmed?
2 What psychological and psychosocial interventions (including safety plans and electronic health-based interventions) are effective for people who have self-harmed?

Appendix H Economic evidence tables

Economic evidence tables for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

No evidence was identified which was applicable to this review question.

Appendix I Economic model

Economic model for review question: What are the views and preferences of staff in specialist mental health settings about what supervision is required for staff in specialist mental health settings who assess and treat people who have self-harmed?

No economic analysis was conducted for this review question.

Appendix J Excluded studies

Excluded studies for review question: What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?

Excluded qualitative studies

Please note that the current search was undertaken with the search for review questions P (What are the views and preferences of staff in specialist mental health settings, people who have self-harmed and their family members/carers about what skills are required for staff in specialist mental health settings who assess and treat people who have self-harmed?), Q What are the views and preferences of staff in specialist mental health settings about what supervision is required for staff in specialist mental health settings who assess and treat people who have self-harmed?), and R (What are the views and preferences of staff in non-specialist mental health settings, people who have self-harmed and their family members/carers about what skills are required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?), and the list of excluded studies below only lists the 77 studies that were excluded for all reviews in contrast to the 124 excluded studies specified in the PRISMA diagram. This is because routing used in EPPI-Reviewer to separate the results of review questions P-S (for which a combined search was performed) resulted in EPPI-Reviewer being unable to generate excluded studies list in the usual format, with the excluded studies for review questions P-S separated. Please see the PRISMA diagram for details of the (124-77 =) 47 studies not listed in the excluded studies tables below, which are studies that met the inclusion criteria for review questions P, Q and/ or R.

Table 10: Excluded studies and reasons for their exclusion

Study	Code [Reason]
Balcombe, Lucille; Phillips, Louise; Jones, Julia (2011) ENGAGEMENT WITH YOUNG PEOPLE WHO SELF-HARM. Mental Health Practice 15: 14-18	- No direct qualitative data on phenomena of interest
Barekatain, M., Aminoroaia, M., Samimi, S. M. A. et al. (2013) Educational needs assessment for psychiatry residents to prevent suicide: A qualitative approach. International Journal of Preventive Medicine 4: 1200-1205	- Country not in PICO
Berg, Siv Hilde; Rortveit, Kristine; Aase, Karina (2017) Suicidal patients' experiences regarding their safety during psychiatric in-patient care: a systematic review of qualitative studies. BMC health services research 17: 73	- Systematic review - included studies checked for relevance
Berger, E.; Hasking, P.; Reupert, A. (2014)	- No direct qualitative data on phenomena of

Study	Code [Reason]
"We're Working in the Dark Here": Education Needs of Teachers and School Staff Regarding Student Self-Injury. School Mental Health 6: 201-212	interest
Berger, Emily; Hasking, Penelope; Martin, Graham (2013) 'Listen to them': Adolescents' views on helping young people who self-injure. Journal of adolescence 36: 935-45	- Population not in PICO *Only 10% (N=263) of participants had self-harmed*
Best, R. (2005) An educational response to deliberate self-harm: Training, support and school-agency links. Journal of Social Work Practice 19: 275-287	- Population not in PICO *Participants are non-specialist staff who do not normally assess as treat people who have self-harmed*
Brown, J. and Beail, N. (2009) Self-harm among people with intellectual disabilities living in secure service provision: a qualitative exploration. Journal of Applied Research in Intellectual Disabilities 22: 503-513	- Population not in PICO *Study defined self-harm as inclusive of repetitive stereotypical self-injurious behaviour such as head-banging. The study included people who had intellectual disabilities who had self-harmed but did not specify how many of the participants' method of self-harm was repetitive stereotypical self-injurious behaviour*
Davis, Taijah (2020) Applied suicide intervention skills training program (ASIST): An evaluation of school counselor preparedness for immediate suicide intervention. Dissertation Abstracts International Section A: Humanities and Social Sciences 81: No-Specified	- Full text not provided *Only part of text provided in PDF*
De Silva, Eve; Bowerman, Lisa; Zimitat, Craig (2015) A suicide awareness and intervention program for health professional students. Education for health (Abingdon, England) 28: 201-4	- No direct qualitative data on phenomena of interest
Duperouzel, H. and Fish, R. (2008) Why couldn't I stop her? Self injury: The views of staff and clients in a medium secure unit. British Journal of Learning Disabilities 36: 59-65	- Study conducted pre-2000 *Paper includes 2 studies - 1 (Fish 2000) conducted pre-2000; the other study is not referenced*
Eckerström, Joachim, Flyckt, Lena, Carlborg, Andreas et al. (2020) Brief admission for patients with emotional instability and self-harm: A qualitative analysis of patients' experiences during crisis. International Journal of Mental Health Nursing 29: 962-971	- No direct qualitative data on phenomena of interest *Themes explored patients perspectives of a specific intervention (brief admission)*

Study	Code [Reason]
El-Den, Sarira, O'Reilly, Claire L., Murphy, Andrea L. et al. (2019) A systematic review of healthcare professionals' knowledge, attitudes and confidence in relation to suicide. Research in Social & Administrative Pharmacy 15: e8-e9	- Conference abstract
Elzinga, Elke, de Kruif, Anja J. T. C. M., de Beurs, Derek P. et al. (2020) Engaging primary care professionals in suicide prevention: A qualitative study. PloS one 15: e0242540	- No direct qualitative data on phenomena of interest *Primary healthcare professionals provided feedback on a specific suicide prevention training course; they did not discuss required skills*
Ferguson, M. S., Reis, J. A., Rabbetts, L. et al. (2018) The effectiveness of suicide prevention education programs for nurses: A Systematic Review. Crisis 39: 96-109	- Systematic review - included studies checked for relevance
Fish, R. M. (2000) Working with people who harm themselves in a forensic learning disability service: experiences of direct care staff. Journal of Learning Disabilities (14690047) 4: 193-207	- Study conducted pre-2000
Fisher, G. and Foster, C. (2016) Examining the needs of paediatric nurses caring for children and young people presenting with self-harm/suicidal behaviour on general paediatric wards: Findings from a small-scale study. Child Care in Practice: 1-14	- No direct qualitative data on phenomena of interest
Fox, C. (2011) Working with clients who engage in self-harming behaviour: experiences of a group of counsellors. British Journal of Guidance & Counselling 39: 41-51	- No direct qualitative data on phenomena of interest
Gelkopf, Marc, Roffe, Ziva, Behrbalk, Pnina et al. (2009) Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. Issues in mental health nursing 30: 758-63	- Country not in PICO
Granek, L., Nakash, O., Shapira, S. et al. (2020) Oncologists, oncology nurses and oncology social workers experiences with suicide: impact on patient care. Journal of Psychosocial Oncology 38: 543-556	- Country not in PICO
Gryglewicz, K., Monahan, M. M., Chen, J. I. et al. (2020) Examining the effects of role play practice in enhancing clinical skills to assess and manage	- Quantitative study

Study	Code [Reason]
suicide risk. Journal of Mental Health 29: 549-557	
James, M. and Warner, S. (2005) Coping with their lives - women, learning disabilities, self-harm and the secure unit: A Q-methodological study. British Journal of Learning Disabilities 33: 120-127	- No direct qualitative data on phenomena of interest
Jordan, Joanne, McKenna, Hugh, Keeney, Sinead et al. (2012) Providing meaningful care: learning from the experiences of suicidal young men. Qualitative health research 22: 1207-19	- Population not in PICO *Study included men who had experienced suicidal ideation but did not specify whether any participants had self-harmed*
Keogh, Brian; Doyle, Louise; Morrissey, Jean (2007) Suicidal behaviour. A study of emergency nurses' educational needs when caring for this patient group. Emergency nurse : the journal of the RCN Accident and Emergency Nursing Association 15: 30-5	- Literature review
Leavey, Gerard, Mallon, Sharon, Rondon-Sulbaran, Janeet et al. (2017) The failure of suicide prevention in primary care: family and GP perspectives - a qualitative study. BMC psychiatry 17: 369	- No direct qualitative data on phenomena of interest
Lee, Frances (2016) Self-harm training in secondary schools: An educational psychology intervention using interpretative phenomenological analysis. Educational and Child Psychology 33: 105-116	- Population not in PICO
Leung, M., Chow, C. B., Ip, P. K. P. et al. (2019) Self-harm attempters' perception of community services and its implication on service provision. International Journal of Nursing Sciences 6: 50-57	- No direct qualitative data on phenomena of interest
Lindeman, M. A.; Kuipers, P.; Grant, L. (2015) Front-line worker perspectives on indigenous youth suicide in Central Australia: Contributors and prevention strategies. International Journal of Emergency Mental Health 17: 191-196	- No direct qualitative data on phenomena of interest
Lindgren, B. M., I, O. Ster, Astrom, S. et al. (2011) 'They don't understand . . . you cut yourself in order to live.' Interpretative repertoires jointly constructing interactions between adult women who self-harm and professional caregivers. International Journal of Qualitative	- No direct qualitative data on phenomena of interest

Study	Code [Reason]
Studies on Health and Well-being 6: 7254	
Long, Maggie; Manktelow, Roger; Tracey, Anne (2016) "Knowing that I'm not alone": client perspectives on counselling for self-injury. Journal of mental health (Abingdon, England) 25: 41-6	- No direct qualitative data on phenomena of interest
Lukaschek, K.; Erazo, N.; Ladwig, K. H. (2016) Police deployment after railway suicide: A qualitative content analysis of 127 narrative reports. Nervenheilkunde 35: 329-335	- Study not in english
Maple, M.; McKay, K.; Sanford, R. (2019) The attempt was my own! suicide attempt survivors respond to an Australian community-based suicide exposure survey. International Journal of Environmental Research and Public Health 16: 4549	- No direct qualitative data on phenomena of interest
Maple, Myfanwy, McKay, Kathy, Hess, Nicole C. L. et al. (2019) Providing support following exposure to suicide: A mixed method study. Health & social care in the community 27: 965-972	- Population not in PICO *Participants are people providing support to people bereaved by suicide*
Martin, Catherine and Chapman, Rose (2014) A mixed method study to determine the attitude of Australian emergency health professionals towards patients who present with deliberate self-poisoning. International emergency nursing 22: 98-104	- No direct qualitative data on phenomena of interest
Marzano, Lisa; Ciclitira, Karen; Adler, Joanna (2012) The impact of prison staff responses on self-harming behaviours: prisoners' perspectives. The British journal of clinical psychology 51: 4-18	- No direct qualitative data on phenomena of interest
Mason, Karen; Geist, Monica; Clark, Mollie (2019) A Developmental Model of Clergy Engagement With Suicide: A Qualitative Study. Omega 79: 347-363	- Population not in PICO
McAllister, Margaret, Moyle, Wendy, Billett, Stephen et al. (2009) 'I can actually talk to them now': qualitative results of an educational intervention for emergency nurses caring for clients who self-injure. Journal of clinical nursing 18: 2838-45	- No direct qualitative data on phenomena of interest
McGrath, Ryan L., Parnell, Tracey, Verdon, Sarah	- Population not in PICO

Study	Code [Reason]
et al. (2020) Trust, conversations and the 'middle space': A qualitative exploration of the experiences of physiotherapists with clients with suicidal thoughts and behaviours. PloS one 15: e0238884	
Michail, Maria and Tait, Lynda (2016) Exploring general practitioners' views and experiences on suicide risk assessment and management of young people in primary care: a qualitative study in the UK. BMJ open 6: e009654	- No direct qualitative data on phenomena of interest
Montross Thomas, Lori P., Palinkas, Lawrence A., Meier, Emily A. et al. (2014) Yearning to be heard: what veterans teach us about suicide risk and effective interventions. Crisis 35: 161-7	- No direct qualitative data on phenomena of interest
Moseley, R. L., Gregory, N. J., Smith, P. et al. (2019) A 'choice', an 'addiction', a way 'out of the lost': exploring self-injury in autistic people without intellectual disability. Molecular autism 10: 18	- No direct qualitative data on phenomena of interest
Mughal, F., Troya, M. I., Dikomitis, L. et al. (2020) Role of the GP in the management of patients with self-harm behaviour: A systematic review. Cancer Prevention Research 13: E364-E373	- No direct qualitative data on phenomena of interest
Newman, C. F. (2005) Reducing the risk of suicide in patients with bipolar disorder: Interventions and safeguards. Cognitive and Behavioral Practice 12: 76-88	- Literature review
Ngune, I., Hasking, P., McGough, S. et al. (2020) Perceptions of knowledge, attitude and skills about non-suicidal self-injury: A survey of emergency and mental health nurses. International journal of mental health nursing	- Quantitative study
O'Connor, Sophie and Glover, Lesley (2017) Hospital staff experiences of their relationships with adults who self-harm: A meta-synthesis. Psychology and psychotherapy 90: 480-501	- No direct qualitative data on phenomena of interest
O'Donovan, A. and Gijbels, H. (2006) Understanding Psychiatric Nursing Care with Nonsuicidal Self-Harming Patients in Acute Psychiatric Admission Units: The Views of Psychiatric Nurses. Archives of Psychiatric Nursing 20: 186-192	- Full text not provided

Study	Code [Reason]
Perry, Amanda E., Waterman, Mitch G., House, Allan O. et al. (2019) Implementation of a problem-solving training initiative to reduce self-harm in prisons: a qualitative perspective of prison staff, field researchers and prisoners at risk of self-harm. Health & justice 7: 14	- No direct qualitative data on phenomena of interest
Pierret, A. C. S., Anderson, J. K., Ford, T. J. et al. (2020) Review: Education and training interventions, and support tools for school staff to adequately respond to young people who disclose self-harm - a systematic literature review of effectiveness, feasibility and acceptability. Child and Adolescent Mental Health	- No direct qualitative data on phenomena of interest
Popadiuk, Natalee; Young, Richard A.; Valach, Ladislav (2008) Clinician perspectives on the therapeutic use of the self-confrontation procedure with suicidal clients. Journal of Mental Health Counseling 30: 14-30	- No direct qualitative data on phenomena of interest *Study lacks direct qualitative data on either skills or supervision*
Rebair, Annessa and Hulatt, Ian (2017) Identifying nurses' needs in relation to suicide awareness and prevention. Nursing standard (Royal College of Nursing (Great Britain) : 1987) 31: 44-51	- Full text not provided
Reeves, A. and Mintz, R. (2001) Counsellors' experiences of working with suicidal clients: An exploratory study. Counselling and Psychotherapy Research 1: 172-176	- Population not in PICO
Reichardt, Jane (2016) Exploring school experiences of young people who have self-harmed: How can schools help?. Educational and Child Psychology 33: 28-39	- Full text not provided
Rippon, Daniel; Reid, Keith; Kay, Gail (2018) Views on restrictive practices on young people in psychiatric wards. Nursing Times 114: 4-4	- No direct qualitative data on phenomena of interest
Ross, Victoria; Kolves, Kairi; De Leo, Diego (2017) Teachers' Perspectives on Preventing Suicide in Children and Adolescents in Schools: A Qualitative Study. Archives of suicide research : official journal of the International Academy for Suicide Research 21: 519-530	- Population not in PICO
Rossetti, Jeanette, Jones-Bendel, Trish, Portell, Pauline et al. (2012) Changing attitudes about	- Literature review

Study	Code [Reason]
self-injury prevention management: lessons learned. Journal of psychosocial nursing and mental health services 50: 42-6	
Russell-Broaddus, C. A. (2004) The suicidal patient's experience of nursing care in the emergency room. msn: N.PAG p-N.PAG p	- Full text unavailable
Scheckel, Martha M. and Nelson, Kimberly A. (2014) An interpretive study of nursing students' experiences of caring for suicidal persons. Journal of professional nursing : official journal of the American Association of Colleges of Nursing 30: 426-35	- Population not in PICO
Shamsaei, Farshid; Yaghmaei, Safura; Haghighi, Mohammad (2020) Exploring the lived experiences of the suicide attempt survivors: a phenomenological approach. International Journal of Qualitative Studies on Health & Well-Being 15: 1-11	- Country not in PICO
Sharpe, T. L., Jacobson Frey, J., Osteen, P. J. et al. (2014) Perspectives and Appropriateness of Suicide Prevention Gatekeeper Training for MSW Students. Social Work in Mental Health 12: 117-131	- Population not in PICO
Shilubane, Hilda N., Bos, Arjan Er, Ruiter, Robert Ac et al. (2015) High school suicide in South Africa: teachers' knowledge, views and training needs. BMC public health 15: 245	- No direct qualitative data on phenomena of interest
Shtivelband, Annette; Aloise-Young, Patricia A.; Chen, Peter Y. (2015) Sustaining the Effects of Gatekeeper Suicide Prevention Training. Crisis 36: 102-109	- No direct qualitative data on phenomena of interest
Sousa, Marta, Goncalves, Rui Abrunhosa, Cruz, Ana Rita et al. (2019) Prison officers' attitudes towards self-harm in prisoners. International journal of law and psychiatry 66: 101490	- Quantitative study
Stallman, Helen M. (2020) Online needs-based and strengths-focused suicide prevention training: Evaluation of Care · Collaborate · Connect. Australian Psychologist 55: 220-229	- No direct qualitative data on phenomena of interest
Stanley, Nicky, Mallon, Sharon, Bell, Jo et al. (2010) Suicidal students' use of and attitudes to	- No direct qualitative data on phenomena of interest

Study	Code [Reason]
primary care support services. Primary Health Care Research and Development 11: 315-325	
Sun, Fan-Ko, Long, Ann, Boore, Jennifer et al. (2006) Patients and nurses' perceptions of ward environmental factors and support systems in the care of suicidal patients. Journal of clinical nursing 15: 83-92	- Country not in PICO
Sun, Fan-Ko, Long, Ann, Chiang, Chun-Ying et al. (2019) A theory to guide nursing students caring for patients with suicidal tendencies on psychiatric clinical practicum. Nurse education in practice 38: 157-163	- Country not in PICO
Sun, Fan-Ko, Long, Ann, Chiang, Chun-Ying et al. (2020) The psychological processes voiced by nursing students when caring for suicidal patients during their psychiatric clinical practicum: A qualitative study. Journal of clinical nursing 29: 525-534	- Country not in PICO
Sweeney, F.; Clarbour, J.; Oliver, A. (2018) Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. Journal of Forensic Psychiatry and Psychology 29: 467-482	- No direct qualitative data on phenomena of interest
Talseth, Anne-Grethe and Gilje, Fredricka L. (2011) Nurses' responses to suicide and suicidal patients: a critical interpretive synthesis. Journal of clinical nursing 20: 1651-67	- Systematic review - included studies checked for relevance
Taylor, B. (2003) Exploring the perspectives of men who self-harm. Learning in Health & Social Care 2: 83-91	- No direct qualitative data on phenomena of interest
Taylor, Tatiana L., Hawton, Keith, Fortune, Sarah et al. (2009) Attitudes towards clinical services among people who self-harm: systematic review. The British journal of psychiatry : the journal of mental science 194: 104-10	- Systematic review - included studies checked for relevance
Vandewalle, J., Deproost, E., Goossens, P. et al. (2020) The working alliance with people experiencing suicidal ideation: A qualitative study of nurses' perspectives. Journal of advanced nursing 76: 3069-3081	- Population not in PICO
Vatne, May and Naden, Dagfinn (2018)	- No direct qualitative data on phenomena of

Study	Code [Reason]
Experiences that inspire hope: Perspectives of suicidal patients. Nursing ethics 25: 444-457	interest
Vedana, Kelly Graziani Giacchero, Magrini, Daniel Fernando, Miasso, Adriana Inocenti et al. (2017) Emergency Nursing Experiences in Assisting People With Suicidal Behavior: A Grounded Theory Study. Archives of psychiatric nursing 31: 345-351	- No direct qualitative data on phenomena of interest
Vrale, G. B. and Steen, E. (2005) The dynamics between structure and flexibility in constant observation of psychiatric inpatients with suicidal ideation. Journal of psychiatric and mental health nursing 12: 513-8	- Population not in PICO
Warrender, D. (2015) Staff nurse perceptions of the impact of mentalization-based therapy skills training when working with borderline personality disorder in acute mental health: a qualitative study. Journal of psychiatric and mental health nursing 22: 623-33	- No direct qualitative data on phenomena of interest *Qualitative data are feedback on training for a specific psychosocial intervention (Mentalisation-Based Therapy)*
Wheatley, Malcolm and Austin-Payne, Hannah (2009) Nursing staff knowledge and attitudes towards deliberate self-harm in adults and adolescents in an inpatient setting. Behavioural and cognitive psychotherapy 37: 293-309	- Quantitative study
Whisenhunt, J. L., Chang, C. Y., Flowers, L. R. et al. (2014) Working with clients who self-injure: A grounded theory approach. Journal of Counseling and Development 92: 387-397	- No direct qualitative data on phenomena of interest

Excluded economic studies

Table 11: Excluded studies from the guideline economic review

Study	Reason for Exclusion
Adrian, M., Lyon, A. R., Nicodimos, S., Pullmann, M. D., McCauley, E., Enhanced "Train and Hope" for Scalable, Cost-Effective Professional Development in Youth Suicide Prevention, Crisis, 39, 235-246, 2018	Not relevant to any of the review questions in the guideline - this study examined the impact of an educational training ongoing intervention, and the effect of the post-training reminder system, on mental health practitioners' knowledge, attitudes, and behaviour surrounding suicide assessment and intervention. As well, this study was not a full health economic evaluation
Borschmann R, Barrett B, Hellier JM, et al. Joint crisis plans for people with borderline personality disorder: feasibility and outcomes in a randomised controlled trial. Br J Psychiatry. 2013;202(5):357-364.	Not relevant to any of the review questions in the guideline - this study examined the feasibility of recruiting and retaining adults with borderline personality disorder to a pilot randomised controlled trial investigating the potential efficacy

Study	Reason for Exclusion
	and cost-effectiveness of using a joint crisis plan
Bustamante Madsen, L., Eddleston, M., Schultz Hansen, K., Konradsen, F., Quality Assessment of Economic Evaluations of Suicide and Self-Harm Interventions, Crisis, 39, 82-95, 2018	Study design - this review of health economics studies has been excluded for this guideline, but its references have been hand-searched for any relevant health economic study
Byford, S., Barrett, B., Aglan, A., Harrington, V., Burroughs, H., Kerfoot, M., Harrington, R. C., Lifetime and current costs of supporting young adults who deliberately poisoned themselves in childhood and adolescence, Journal of Mental Health, 18, 297-306, 2009	Study design – no comparative cost analysis
Byford, S., Leese, M., Knapp, M., Seivewright, H., Cameron, S., Jones, V., Davidson, K., Tyrer, P., Comparison of alternative methods of collection of service use data for the economic evaluation health care interventions, Health Economics, 16, 531-536, 2007	Study design – no comparative cost analysis
Byford, Sarah, Barber, Julie A., Harrington, Richard, Barber, Baruch Beautrais Blough Brent Brodie Byford Carlson Chernoff Collett Fergusson Garland Goldberg Harman Harrington Hawton Huber Kazdin Kazdin Kerfoot Kerfoot Kerfoot Knapp Lindsey McCullagh Miller Netten Reynolds Sadowski Shaffer Simms Wu, Factors that influence the cost of deliberate self-poisoning in children and adolescents, Journal of Mental Health Policy and Economics, 4, 113-121, 2001	Study design – no comparative cost analysis
Denchev, P., Pearson, J. L., Allen, M. H., Claassen, C. A., Currier, G. W., Zatzick, D. F., Schoenbaum, M., Modeling the cost-effectiveness of interventions to reduce suicide risk among hospital emergency department patients, Psychiatric Services, 69, 23-31, 2018	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of outpatient interventions (Postcards, Telephone outreach, Cognitive Behaviour Therapy) to reduce suicide risk among patients presenting to general hospital emergency departments
Dunlap, L. J., Orme, S., Zarkin, G. A., Arias, S. A., Miller, I. W., Camargo, C. A., Sullivan, A. F., Allen, M. H., Goldstein, A. B., Manton, A. P., Clark, R., Boudreaux, E. D., Screening and Intervention for Suicide Prevention: A Cost-Effectiveness Analysis of the ED-SAFE Interventions, Psychiatric services (Washington, D.C.), appips201800445, 2019	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of suicide screening followed by an intervention to identify suicidal individuals and prevent recurring self-harm
Fernando, S. M., Reardon, P. M., Ball, I. M., van Katwyk, S., Thavorn, K., Tanuseputro, P., Rosenberg, E., Kyeremanteng, K., Outcomes and Costs of Patients Admitted to the Intensive Care Unit Due to Accidental or Intentional Poisoning, Journal of Intensive Care Medicine, 35, 386-393, 2020	Study design – no comparative cost analysis
Flood, C., Bowers, L., Parkin, D., Estimating the costs of conflict and containment on adult acute inpatient psychiatric wards, Nursing economic$, 26, 325-330, 324, 2008	Study design – no comparative cost analysis
Fortune, Z., Barrett, B., Armstrong, D., Coid, J., Crawford, M., Mudd, D., Rose, D., Slade, M.,	Not relevant to any of the review questions in the guideline

Study	Reason for Exclusion
Spence, R., Tyrer, P., Moran, P., Clinical and economic outcomes from the UK pilot psychiatric services for personality-disordered offenders, International Review of Psychiatry, 23, 61-9, 2011	
George, S., Javed, M., Hemington-Gorse, S., Wilson-Jones, N., Epidemiology and financial implications of self-inflicted burns, Burns, 42, 196-201, 2016	Study design – no comparative cost analysis
Gunnell, D., Shepherd, M., Evans, M., Are recent increases in deliberate self-harm associated with changes in socio-economic conditions? An ecological analysis of patterns of deliberate self-harm in Bristol 1972-3 and 1995-6, Psychological medicine, 30, 1197-1203, 2000	Study design - cost-of-illness study
Kapur, N., House, A., Dodgson, K., Chris, M., Marshall, S., Tomenson, B., Creed, F., Management and costs of deliberate self-poisoning in the general hospital: A multi-centre study, Journal of Mental Health, 11, 223-230, 2002	Study design – no comparative cost analysis
Kapur, N., House, A., May, C., Creed, F., Service provision and outcome for deliberate self-poisoning in adults - Results from a six centre descriptive study, Social Psychiatry and Psychiatric Epidemiology, 38, 390-395, 2003	Study design – no comparative cost analysis
Kinchin, I., Russell, A. M. T., Byrnes, J., McCalman, J., Doran, C. M., Hunter, E., The cost of hospitalisation for youth self-harm: differences across age groups, sex, Indigenous and non-Indigenous populations, Social Psychiatry and Psychiatric Epidemiology, 55, 425-434, 2020	Study design – no comparative cost analysis
O'Leary, F. M., Lo, M. C. I., Schreuder, F. B., "Cuts are costly": A review of deliberate self-harm admissions to a district general hospital plastic surgery department over a 12-month period, Journal of Plastic, Reconstructive and Aesthetic Surgery, 67, e109-e110, 2014	Study design – no comparative cost analysis
Olfson, M., Gameroff, M. J., Marcus, S. C., Greenberg, T., Shaffer, D., National trends in hospitalization of youth with intentional self-inflicted injuries, American Journal of Psychiatry, 162, 1328-1335, 2005	Study design – no comparative cost analysis
Ostertag, L., Golay, P., Dorogi, Y., Brovelli, S., Cromec, I., Edan, A., Barbe, R., Saillant, S., Michaud, L., Self-harm in French-speaking Switzerland: A socio-economic analysis (7316), Swiss Archives of Neurology, Psychiatry and Psychotherapy, 70 (Supplement 8), 48S, 2019	Conference abstract
Ougrin, D., Corrigall, R., Poole, J., Zundel, T., Sarhane, M., Slater, V., Stahl, D., Reavey, P., Byford, S., Heslin, M., Ivens, J., Crommelin, M., Abdulla, Z., Hayes, D., Middleton, K., Nnadi, B., Taylor, E., Comparison of effectiveness and cost-effectiveness of an intensive community	Not self-harm. In addition, the interventions evaluated in this economic analysis (a supported discharge service provided by an intensive community treatment team compared to usual care) were not relevant to any review questions

Study	Reason for Exclusion
supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: a randomised controlled trial, The Lancet Psychiatry, 5, 477-485, 2018	
Palmer, S., Davidson, K., Tyrer, P., Gumley, A., Tata, P., Norrie, J., Murray, H., Seivewright, H., The cost-effectiveness of cognitive behavior therapy for borderline personality disorder: results from the BOSCOT trial, Journal of Personality Disorders, 20, 466-481, 2006	Not self-harm
Quinlivan L, Steeg S, Elvidge J, et al. Risk assessment scales to predict risk of hospital treated repeat self-harm: A cost-effectiveness modelling analysis. J Affect Disord. 2019;249:208-215.	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of of risk assessment scales versus clinical assessment for adults attending an emergency department following self-harm
Richardson JS, Mark TL, McKeon R. The return on investment of postdischarge follow-up calls for suicidal ideation or deliberate self-harm. Psychiatr Serv. 2014;65(8):1012-1019.	Not enough data reporting on cost-effectiveness findings
Smits, M. L., Feenstra, D. J., Eeren, H. V., Bales, D. L., Laurenssen, E. M. P., Blankers, M., Soons, M. B. J., Dekker, J. J. M., Lucas, Z., Verheul, R., Luyten, P., Day hospital versus intensive out-patient mentalisation-based treatment for borderline personality disorder: Multicentre randomised clinical trial, British Journal of Psychiatry, 216, 79-84, 2020	Not self-harm
Tsiachristas, A., Geulayov, G., Casey, D., Ness, J., Waters, K., Clements, C., Kapur, N., McDaid, D., Brand, F., Hawton, K., Incidence and general hospital costs of self-harm across England: estimates based on the multicentre study of self-harm, Epidemiology & Psychiatric Science, 29, e108, 2020	Study design – no comparative cost analysis
Tsiachristas, A., McDaid, D., Casey, D., Brand, F., Leal, J., Park, A. L., Geulayov, G., Hawton, K., General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis, The Lancet Psychiatry, 4, 759-767, 2017	Study design – no comparative cost analysis
Tubeuf, S., Saloniki, E. C., Cottrell, D., Parental Health Spillover in Cost-Effectiveness Analysis: Evidence from Self-Harming Adolescents in England, PharmacoEconomics, 37, 513-530, 2019	This study is not a separate study from one already included in the guideline for topic 5.2 (Cottrel 2018). This secondary analysis presents alternative parental health spillover quantification methods in the context of a randomised controlled trial comparing family therapy with treatment as usual as an intervention for self-harming adolescents of (Cottrel 2018), and discusses the practical limitations of those methods
Tyrer, P., Thompson, S., Schmidt, U., Jones, V., Knapp, M., Davidson, K., Catalan, J., Airlie, J., Baxter, S., Byford, S., Byrne, G., Cameron, S., Caplan, R., Cooper, S., Ferguson, B., Freeman, C., Frost, S., Godley, J., Greenshields, J., Henderson, J., Holden, N., Keech, P., Kim, L.,	Study design - no economic evaluation

Study	Reason for Exclusion
Logan, K., Manley, C., MacLeod, A., Murphy, R., Patience, L., Ramsay, L., De Munroz, S., Scott, J., Seivewright, H., Sivakumar, K., Tata, P., Thornton, S., Ukoumunne, O. C., Wessely, S., Randomized controlled trial of brief cognitive behaviour therapy versus treatment as usual in recurrent deliberate self-harm: The POPMACT study, Psychological medicine, 33, 969-976, 2003	
Van Roijen, L. H., Sinnaeve, R., Bouwmans, C., Van Den Bosch, L., Cost-effectiveness and Cost-utility of Shortterm Inpatient Dialectical Behavior Therapy for Chronically Parasuicidal BPD (Young) Adults, Journal of Mental Health Policy and Economics, 18, S19-S20, 2015	Conference abstract
van Spijker, B. A., Majo, M. C., Smit, F., van Straten, A., Kerkhof, A. J., Reducing suicidal ideation: cost-effectiveness analysis of a randomized controlled trial of unguided web-based self-help, Journal of medical Internet research, 14, e141, 2012	Not self-harm

Appendix K Research recommendations – full details

Research recommendations for review question: What are the views and preferences of staff in non-specialist settings about what supervision is required for staff in non-specialist settings who assess and treat people who have self-harmed?

No research recommendations were made for this review question.

Appendix L Qualitative quotes

Qualitative quotes for review question: What are the views and preferences of staff in non-specialist settings about what supervision is required for staff in non-specialist settings who assess and treat people who have self-harmed?

Table 12: Theme 1. Support to make decisions

Study	Evidence
Sub theme 1.1 Confidence and competence	
Hoifodt 2006	“Thus it would seem prudent to provide some form of supervision and/or support from experienced colleagues. This could serve to promote both learning and the younger physician's sense of well-being” (p. 6)
Hoifodt 2007	"It is invaluable support to have people around you, who know these things. We had a very skilled homecare nurse who knew everybody and exactly what the problem was." (p. 5)
Hoifodt 2007	"My supervisor was very important – especially her way of presenting the group of young people with personality disorders. I had tried to understand, but did not get it. She managed to play that helplessness they show and convey it to others. She set up role playing in her office; that helped me understand what had been a complete chaos in my head." (p. 5)
Hoifodt 2007	"Confidence is to know what to do, the next step, to recognize signs, the situation, pictures and feelings, ones own feelings, and to observe the response of the patient as a way to confirm that something is going right. It is also that you can ask others, to dare to ask, seek help and advice, realizing that you are never alone." (p. 7)
Ngune 2020	"Big facilitators are senior nurses . . .. Having the ability to go to a shift co-ordinator and say,¨I think this person needs a [security]guard. I think they are high risk [of further self-harm] and having them come assess the patient [and] agree with you and get a[security] guard” (p. 4)
Omerov 2020	“Nurses also need to be supported in believing that they are capable of working with suicidal patients, with clinical supervision” (p. 576)
Te Maro 2019	“Situations are not clear cut and guidelines are really helpful to go back and have something that you’re concretely measuring up against to help you work your way through to best practice” (p. 11)
Te Maro 2019	“That’s where a guideline would come in like as a checkbox like have you thought of this, this, this, this, this. We can actually work your way through because it can be quite an intense thing depending on the time, depending on the situation” (p. 11)

Table 13: Theme 2. Emotional support

Study	Evidence
Sub-theme 2.1 Processing experience and sharing emotional burden	
Awenat 2017	"I did, sort of, speak about it over supervision and just... knowing that my manager was there, and she offered me support and I could access support and stuff, so... it was okay" (Nurse assistant/ support worker: 02) (p. 104)
Hoifodt 2007	“When you talk about it, it can be aired a little, although I never really get it out enough. I always remain with some reactions. I am sure it would have been good to talk those things through, instead of keeping those feelings within. That [feelings] has never been a topic in my supervision." (p. 6)
Hoifodt 2007	“When such difficult and bad things happen, you have to talk about it. He also felt this was a tough case” (p. 6)

Study	Evidence
MacDonald 2021	". . .any nursing is stressful and you hear lots of sad things but when you're hearing lots of sad things and people wanting to die it's not a good thing to hear […] So I often support staff on the ward and therefore I hold theirs and therefore I'm supported as well and that's important" (p. 212)

Table 14: Theme 3. Skill development

Study	Evidence
Sub theme 3.1 Feedback and reflective practice	
Awenat 2017	"I had an incident when I was on the PICU ward in [date] on nights that just left me absolutely, it was awful, and I was never debriefed, I was never involved in the SUI, [Serious Untoward Incident Investigation] never asked what I thought, how I felt, how things could be done better." (p.104)
Hoifodt 2007	"To exchange experiences with colleagues has been rewarding, especially when you get to talk to a more experienced colleague and tell about one's own experiences, not necessarily to hear if you did right or wrong, but to describe and go through the situation." (p. 5)
Hoifodt 2007	"I talked with one of the doctors, described briefly what had happened and got feedback that I had done it in a good way." (p.5)
Hoifodt 2007	"Supervision consisted of only answers and advice." (p. 5)
Hoifodt 2007	"We are very kind to each other in the health care system; we have great difficulties in saying that you should probably have done this in another way. ..... I often wonder if I will ever receive feedback, unless something really goes wrong." (p. 5-6)
Hoifodt 2007	"With good feedback you receive some kind of critique, what was good, what was bad..... I have had very little of that during medical school and my time as an intern, I think that I have hardly experienced it." (p. 6)
Te Maro 2019	"I guess I just really relied on supervision and talking about it" (p.7)

Table 15: Theme 4. Frequency of supervision and communication style

Study	Evidence
Sub-theme 4.1 Supervision culture	
Awenat 2017	"As someone that actually has clinical supervision I find it really quite helpful, so that's why I encourage people to go... I mean if you're a member of a profession I think you should take responsibility for your own development and progression and, and needs really." (p. 105)
Awenat 2017	"It's a historical thing. We never used to bother it was always, "well, why do I need to talk about it?"… the excuse is always about time and space but, you know, we've got ways of working around that, if we want to. There is no formal expectation that nurses get supervision in order to practice... it might be guided and recommended... but that's it... then what you get is a flurry of activity when people are really in crisis, really struggling... by the time they're saying "I need supervision, I need it quick", it's possibly a bit late. You know, they don't see it as things that sustains you, and maintains you, it's just something that rescues you, sort of, you know, in a difficult time'" (p. 105)
MacDonald 2021	"I'm supported really well and I feel quite passionate that other people should be supported. So I often support staff on the ward and therefore I hold theirs and therefore I'm supported as well and that's important" (p. 212)
Te Maro 2019	"I can go to a really good supervisor you know, but I know it's all private and state schools are all challenged by budgets" (p.7)