National Institute for Health and Care Excellence

Self-harm: assessment, management and preventing recurrence

[A] Evidence review for information and support needs of people who have self-harmed

NICE guideline number NG225

Evidence reviews underpinning recommendations 1.1.1 to 1.1.4 in the NICE guideline

September 2022

Final

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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Information and support needs of people who have self-harmed

Review question

What are the information and support needs of people who have self-harmed?

Introduction

People who self-harm may require specific information and support from agencies involved in conducting psychosocial assessments and delivering aftercare. The objective of this review was to identify the information and support needs of people who have self-harmed.

Summary of the protocol

Please see Table 1 for a summary of the Population, Phenomenon of interest and Context (PPC) characteristics of this review.

Table 1: Summary of the protocol (PPC table)

Population	Inclusion: All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability. **Exclusion:** People displaying repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability
Phenomenon of interest	Views and preferences of the population about information and support needs regarded as useful/ not useful or important/ not important
Context	All inpatient, outpatient and community settings in which information and support are available to people who have self-harmed, 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. • Community mental health services • Inpatient mental health services

For further details see the review protocol in appendix A.

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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

38 qualitative studies reported in 39 articles were identified for this review (Alexander 2019, Bailey 2019, Bergmans 2009, Biddle 2020, Brown 2013, Bywaters 2002, Chan 2017, Cooper 2011, Crona 2017, Cutcliffe 2006, Dunkley 2018, Fogarty 2018, Frey 2018, Frost 2016, Haberstroh 2012, Heredia Montesinos 2019, Holliday 2015, Holliday 2018, Holm 2011, Horrocks 2005, Hume 2007, Idenfors 2015a, Idenfors 2015b, Kelada 2018, Klineberg 2013, Lewis 2016, Long 2016, McGill 2019, Owens 2016, Peterson 2015, Rissanen 2009, River 2018, Rivlin 2013, Strike 2006, Vatne 2018, Ward 2013, Weber 2002, Williams 2018, Wong 2015). Two articles (Idenfors 2015a, Idenfors 2015b) reported results from the same study at different time points (initial interview and at 6 months follow-up).

The included studies are summarised in Table 2.

The studies were carried out in the following countries: UK (Alexander 2004, Bailey 2019, Biddle 2020, Bywaters 2002, Cooper 2011, Cutcliffe 2006, Dunkley 2018, Holliday 2018, Horrocks 2005, Hume 2007, Klineberg 2013, Long 2016, Owens 2016, Rivlin 2013, Ward 2013); Australia (Fogarty 2018, Frost 2016, McGill 2019, River 2018); Canada (Bergmans 2009, Chan 2017, Lewis 2016, Strike 2006); Finland (Rissanen 2009); Germany (Heredia Montesinos 2019); New Zealand (Peterson 2015); Norway (Holm 2011, Vatne 2018); Sweden (Crona 2017, Idenfors 2015a, Idenfors 2015b); USA (Brown 2013, Frey 2018, Haberstroh 2012, Holliday 2015, Weber 2002, Williams 2018, Wong 2015). One article reported study cohorts from Australia, Belgium and USA (Kelada 2018).

The following settings were represented in the included studies: community (Alexander 2004, Frey 2018, Holliday 2018, Kelada 2018, Long 2016, McGill 2019, Peterson 2015, Williams 2018); e-community or online group (Frost 2016, Haberstroh 2012, Lewis 2016); health care (including: emergency [emergency department (Cooper 2011, Holliday 2015, Horrocks 2005, Idenfors 2015a, Idenfors 2015b, Owens 2016); emergency psychiatric services (Cutcliffe 2006)]; inpatient (Hume 2007, Weber 2002); outpatient (Dunkley 2018, Heredia Montesino 2019, Holm 2011, Strike 2006, Vatne 2018); primary care (Bailey 2019)); educational [including: university (Brown 2013); secondary school (Klineberg 2013)]; prison [including: adult male prison (Rivlin 2013); adult female prison (Ward 2013)]. Three studies represented mixed settings, including: community and emergency department (Biddle 2020); community and outpatient (River 2018); emergency department and other health setting (Wong 2015). Six studies did not explicitly report the setting and it was unclear from the information reported (Bergmans 2009, Bywaters 2002, Chan 2017, Crona 2017, Fogarty 2018, Rissanen 2009).

The studies included people who have self-harmed in the following age groups: adults (aged 18 years-plus: Alexander 2004, Bergmans 2009, Biddle 2020, Brown 2013, Cooper 2011, Crona 2017, Cutcliffe 2006, Dunkley 2018, Fogarty 2018, Frey 2018, Frost 2016, Haberstroh 2012, Heredia Montesino 2019, Holm 2011, Horrocks 2005, Hume 2007, Lewis 2016, Long 2016, McGill 2019, Owens 2016, Peterson 2015, River 2018, Rivlin 2013, Strike 2006, Vatne 2018, Ward 2013, Weber 2002, Williams 2018, Wong 2015); adolescent and adults (age 16 to 25 years: Bailey 2019, Bywaters 2002, Holliday 2015, Idenfors 2015a, Idenfors 2015b, Kelada 2018; age 12 to 21 years: Rissanen 2009; age <20 to 58 years: Chan 2017); adolescents (age 11 to 17 years: Holliday 2018, Klineberg 2013).

Reporting of ethnicity and race information in general was poor: 20 studies did not report ethnicity/ race information (Bergmans 2009, Biddle 2020, Chan 2017, Cooper 2011, Crona 2017, Cutcliffe 2006, Dunkley 2018, Fogarty 2018, Holliday 2015, Holm 2011, Horrocks 2005, Hume 2007, Idenfors 2015a, Idenfors 2015b, Long 2016, Peterson 2015, Rissanen 2009, River 2018, Strike 2006, Vatne 2018, Ward 2013). One study reported that all participants were women of Turkish descent but did not otherwise report ethnicity/race information (Heredia Montesinos 2019). Three studies only partially reported ethnicity/ race information (Frost 2016 [12 participants were from an ethnic minority group but the rest of participants' (the majority's) ethnicity/ race information was not reported]; Kelada 2018 [ethnicity/ race information was only reported for one of the included countries; of these participants, the majority were Caucasian or of white ethnic origin]; McGill 2019 [2 participants from the total cohort were from an ethnic minority group but the rest of participants' (the majority's) ethnicity/ race information was not reported]). Fourteen studies reported ethnicity/ race information (Alexander 2004, Bailey 2019, Brown 2013, Bywaters 2002, Frey 2018, Haberstroh 2012, Holliday 2018, Klineberg 2013, Lewis 2016, Owens 2016, Rivlin 2013, Weber 2002, Williams 2018, Wong 2015). Of these studies, most reported all or a majority of participants were Caucasian or of white ethnic origin (Alexander 2004, Bailey 2019, Brown 2013, Bywaters 2002, Frey 2018, Haberstroh 2012, Holliday 2018, Lewis 2016, Owens 2016, Rivlin 2013, Weber 2002, Williams 2018); 3 studies included mostly or all ethnic minority groups (Heredia Montesinos 2019 [women of Turkish descent in Germany], Klineberg 2013 [study conducted in a UK secondary school with White British & White other, Bangladeshi, Pakistani, Indian and Sri Lankan Tamil, Black including British and African, mixed ethnicity including White & Black African, African & Asian, White & Black Caribbean, White & Oriental Asian, Pakistani and Asian British students], Wong 2015 [Chinese immigrants in USA]).

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

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix J.

Summary of included studies

A summary 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
Alexander 2004 **Aim of the study:** To explore the meaning of women's self-injury within the context of having a lesbian or bisexual identity, and to consider the possible relationship between identifying in this way and engaging in self-injury, as a means of focusing on the relevance of wider social context to an understanding of self-injurious behaviour. **Country:** UK	N=16 women who had self-harmed **Mean age (SD):** 29 (8.1) years **Sex (female/male):** 16/ 0 **Ethnicity:** White English/ British: 8 White European: 6 White Jewish: 1 Mixed-race Jewish: 1 **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** In the community	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using interpretative phenomenological analysis.	• Moving on
Bailey 2019 **Aim of the study:** To explore with young people, GPs and practice nurses: (i) why young people present with self-harm to primary care and (ii) whether young people, GPs and practice nurses can take steps to have more helpful consultations about self-harm in GP surgeries that include self-help materials developed by young people being used to support such	N=15 young people who had self-harmed **Mean age (range):** Not reported (16 to 25 years) **Sex (female/male):** 7/ 8 **Ethnicity:** White: 25 Asian: 5 **Co-morbidity:** Not reported	**Study dates:** 2014 to 2015 **Data collection & analysis methods:** Focus groups were held. Data were analysed using inductive thematic analysis.	• Type and pattern of self-harm influences consultation experience • Reasons for self-harm and concern about disclosure • Interventions for self-harm and potential use of self-help materials in GP surgeries

Study and aim of the study	Population	Methods	Author themes
consultations to take place **Country:** UK	**Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** GP surgeries		
Bergmans 2009 **Aim of the study:** To provide suggestions for physicians and other clinicians to understand and provide care to this population. **Country:** Canada	N=16 people who had attempted suicide **Mean age (SD):** 22.3 (not reported) years at time of assessment; 25.8 (not reported) years at time of study **Sex (female/ male):** 14/ 2 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Mean: 7.9 **Setting:** Not reported	**Study dates:** Not reported (PISA program was introduced over a 3-year period 2000 to 2003) **Data collection & analysis methods:** Qualitative interviews were held. Data were analysed using grounded theory analysis.	• Pockets of recovery
Biddle 2020 **Aim of the study:** To explore distressed users' perceptions of formal online help and their experiences of using this in times of crisis. **Country:** UK	N=53 people with suicidal thoughts or self-harm behaviour **Mean age (range):** Not reported (19 to 69 years) **Sex (female/ male):** 31/ 22	**Study dates:** 2014 to 2016 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using thematic analysis.	• Patterns of online help seeking • Impersonal care • Ill-fitting solutions • Lived-experience content

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Study and aim of the study	Population	Methods	Author themes
	Ethnicity: Not reported **Co-morbidity:** Self-reported life-time psychiatric disorder: 15 (75%) (hospital patients); 8 (62%) (community-based young people); 19 (95%) (community-based adults) **Duration of self-harm:** Not reported **Suicide attempts:** Unclear: 2 None: 17 1–3: 18 3 or more: 16 **Setting:** In the community (n=33) and emergency department (n=20)		• Instant messaging and dialogue • Self-help • Links to moderated forums • Barriers to following signposts (limitations of signposting) • Old/ineffective solutions (limitations of signposting) • Limited use in crisis (limitations of signposting) • Limitations of information giving
Brown 2013 **Aim of the study:** To explore the meaning of self-harm from the perspective of the individuals suffering from self-harm. **Country:** USA	N=11 people who had self-harmed **Mean age (range):** 23.5 (19 to 39) years **Sex (female/male):** 10/ 1 **Ethnicity:** Caucasian: 8 Latina: 3 **Co-morbidity:** Not reported **Duration of self-harm:** Mean 8.64 (range 2 to 24) years	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using thematic analysis.	• Advice for professionals – don't judge us • Advice for professionals; Get Educated

Study and aim of the study	Population	Methods	Author themes
	Suicide attempts: Not reported **Setting:** University		
Bywaters 2002 **Aim of the study:** To raise awareness of self-injury and prompt debate about how best social care, health, education, and other services can respond to young people who deliberately injure themselves. **Country:** UK	N=24 (n=19 people who had self-harmed; n=5 friends or partners of people who had self-injured who do not meet the population eligibility criterion for this review) **Mean age (range):** Not reported for target population but total cohort age range: 16 to 49 years **Sex (female/ male):** Not reported for target population but total cohort: 19/ 5 **Ethnicity:** Nearly all participants described themselves as white British. **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Not reported	**Study dates:** 2000-2001 **Data collection & analysis methods:** In-depth interviews were held. Data were grouped by themes, implying they were analysed thematically. No other information was given.	• What does and doesn't help - attitudes positive • What does and doesn't help - talking about it • What does and doesn't help - a range of services
Chan 2017 **Aim of the study:** To understand the	N=113 people who had self-harmed (demographic data	**Study dates:** 2008 to 2013	• Connection: Healthcare professionals

Study and aim of the study	Population	Methods	Author themes
transition from making a suicide attempt to choosing life. **Country:** Canada	not reported for all participants) **Mean age (range):** Not reported (<20 to 83 years) **Sex (female/ male):** 62/ 22 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** 1 clear suicide attempt: 37 Multiple attempts: 48 **Setting:** Not reported	**Data collection & analysis methods:** Participants completed an online response form. Data were analysed using thematic analysis.	• Connection: Valuing family and friends • Coping: Healthy behaviours
Cooper 2011 **Aims of the study:** To obtain user and staff views on treatment following hospital attendance for self-harm in general and contact interventions in particular; to gain a further understanding of how such interventions might be of benefit; to identify practical issues in the delivery of interventions. **Country:** UK	N=11 people who had self-harmed **Mean age (range):** Not reported (18 to 53 years) **Sex (female/ male):** 6/ 5 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:**	**Recruitment period:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using thematic analysis.	• Service user and staff views on treatment and proposed interventions • Identifying potential mechanisms of action • Practical issues and problems with proposed interventions (design and delivery)

Study and aim of the study	Population	Methods	Author themes
	Not reported **Setting:** Emergency department		
Crona 2017 **Aim of the study:** To increase knowledge about important factors relating to the desire to continue living after a suicide attempt in persons with severe depression, in the very long-term perspective. **Country:** Sweden	N=13 people who had attempted suicide **Median age (SD):** 74 years (not reported) **Sex (female/ male):** 9/ 4 **Ethnicity:** Not reported **Co-morbidity:** Diagnoses were not mutually exclusive: Disease related to old age such as arthritis, high blood pressure, myocardial ischemia, or transient ischemic attack: 9 More serious conditions such as cancer or gastrointestinal diseases: 4 Chronic non-severe disease such as hypothyroidism: 2 None: 1 **Duration of self-harm:** Not reported **Suicide attempts:** Mean number of attempts: 2; 1 attempt: 7 2 attempts: 3 3 attempts: 2 7 attempts: 1	**Study dates:** 2013 to 2014 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using a modified grounded theory approach.	• Coming under professional care • Experiencing relief in the personal situation

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Study and aim of the study	Population	Methods	Author themes
	Setting: Not reported		
Cutcliffe 2006 **Aim of the study:** To determine if psychiatric or mental health nurses provide meaningful caring response to suicidal people, and if so how. **Country:** UK	N=20 people who had attempted suicide or were suicidal **Mean age (SD):** Not reported. All participants reported as age >18 years **Sex (female/ male):** Not reported **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Emergency psychiatric services (receipt of care in the community, inpatient or outpatient setting)	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using a modified grounded theory approach.	• Guiding the individual back to humanity • Learning to live - accommodating an existential crisis, past, present and future • Reflecting an image in humanity - experiencing intense warm, care-based human to human contact
Dunkley 2018 **Aim of the study:** To identify factors impeding or facilitating emotional pain communication between patients at risk of suicide and mental health professionals. **Country:** UK	N=9 people who had attempted suicide **Mean age (range):** Not reported (27 to 58 years) **Sex (female/ male):** 9/ 0 **Ethnicity:** Not reported	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using iterative, inductive thematic analysis.	• Spoken and unheard/heard - depersonalised versus individualised • Spoken and heard - co-bearing

Study and aim of the study	Population	Methods	Author themes
	Co-morbidity: Not reported **Duration of self-harm:** Not reported **Suicide attempts:** At least 1 medically serious suicide attempt: 9 **Setting:** Outpatient (participants were accessing adult mental health services)		
Fogarty 2018 **Aim of the study: T**o explore the views of at-risk men, friends and family about the tensions inherent in suicide prevention and to consider how prevention may be improved. **Country:** Australia	N=82 (n=35 men who had attempted suicide, n=47 adult family and friends who do not meet the population eligibility criterion for this review) **Median age (range):** Not reported for target population but total cohort: 43 (18 to 67) years **Sex (female/ male):** 0/ 35 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** At least 1 attempt: 35	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using qualitative secondary analysis.	• Differentiating normal vs risky behaviour • Familiarity vs anonymity in risk monitoring • Respecting autonomy vs imposing constraints • Dependence on vs perceived failures of community services

Study and aim of the study	Population	Methods	Author themes
	Setting: Not reported		
Frey 2018 **Aim of the study:** To explore the decision-making processes for disclosing suicidal ideation and behaviour. **Country:** USA	N=40 people who had attempted suicide **Mean age (SD):** 45.8 (9.8) years **Sex (female/ male):** 28/ 12 **Ethnicity:** Caucasian: 36 Latinx/ Hispanic: 3 Asian: 1 **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Mean (SD): 4.0 (5.2). **Setting:** In the community	**Study dates:** 2013 to 2014 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using a grounded theory approach.	• Whether to disclose? Benefits • To whom to disclose? Someone nearby
Frost 2016 **Aim of the study:** To investigate the perspectives of young people who self-injure regarding online services, with the aim of informing online service delivery. **Country:** Australia	N=457 (n=679 participants reported a history of self-injury, n=457 of these participants completed the qualitative question of relevance) **Mean age (SD):** 18.01 (2.02) years **Sex (female/ male):** 399/ 58 **Ethnicity:** Aboriginal or Torres Strait Islander: 12 Not reported: 440	**Study dates:** 2012 **Data collection & analysis methods:** Participants completed an online survey, including a qualitative question. Qualitative data were analysed thematically.	• Guidance • Reduced isolation • Information • Online culture • Access • Privacy • Facilitation of help-seeking

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Study and aim of the study	Population	Methods	Author themes
	Co-morbidity: Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Online		
Haberstroh 2012 **Aim of the study:** To discover the processes guiding this virtual community, and to develop a grounded theory of online group support for clients struggling with self-injury. **Country:** USA	N=20 people who had self-harmed **Mean age (SD):** 36 years (not reported) **Sex (female/ male):** 17/ 3 **Ethnicity:** Caucasian: 20 **Co-morbidity:** Not reported **Duration of self-harm:** Mean (SD): 20 (8) years **Suicide attempts:** Not reported **Setting:** Online self-help support group	**Study dates:** Not reported **Data collection & analysis methods:** Participants completed an online survey with qualitative questions. Data were analysed using a grounded theory approach.	• The Online Group Supplemented Counselling • Online Group Support, Connection and Feedback • Safety and frustration with the no triggering norm - Safety • Asynchronous group limitations
Heredia Montesinos 2019 **Aim of the study:** To assess explanatory models including patterns of distress, perceived causes, course/consequences of and reactions towards a suicidal	N=61 (n=15 women who had attempted suicide, n=46 professionals, Local Community Mothers, and women from the Turkish community who did not meet the population eligibility criteria for this review)	**Study dates:** 2010 to 2013 **Data collection & analysis methods:** Focus groups were held. Data were analysed thematically.	• Potential intervention and prevention strategies • Help-seeking behaviour

Study and aim of the study	Population	Methods	Author themes
crisis, help-seeking behaviour, and potential intervention and prevention strategies. **Country:** Germany	**Mean age (SD):** For the 15 individuals meeting the population criteria for this review: Age group 18 to 33 years (n=5): 26.4 (5.4) years Age group 38 to 66 years (n=10): 45.6 (9.8) years **Sex (female/ male):** 15/ 0 **Ethnicity** Not reported. All participants were women of Turkish descent living in Germany. **Co-morbidity** Current or past diagnosis of affective disorder: 11 Neurotic, stress-related or somatoform disorder: 3 Not reported: 1 **Duration of self-harm** Not reported **Suicide attempts** At least 1 attempt: 15 **Setting:** Outpatient clinics		
Holliday 2015 **Aim of the study:** To generate a comprehensive interpretation of the	N=6 people who had attempted suicide	**Study dates:** Not reported **Data collection & analysis methods:**	• Connecting as climbing up

Study and aim of the study	Population	Methods	Author themes
experiences of adolescents who attempt suicide and are admitted to the emergency department and (b) the meaning of being suicidal as an adolescent. **Country:** USA	**Mean age (range):** Not reported (15 to 19 years) **Sex (female/ male):** 5/ 1 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** At least 1 attempt: 6 **Setting:** Emergency department	Open ended, unstructured interviews were held. Data were analysed using an interpretative phenomenological approach.	
Holliday 2018 **Aim of the study:** To explore, using first-hand accounts, adolescents' understandings of why they self-harmed, what their responses to self-harm were, and how they resisted or ceased self-harm. **Country:** UK	N=22 children and young people who had self-harmed **Mean age (SD):** Not reported. n=12 aged between 11 and 14 years (55%) and n=10 aged between 15 and 17 years (45%) **Sex (female/ male):** 14/ 8 **Ethnicity:** White: 17 Asian 2 Mixed-race: 2 Black: 1 **Co-morbidity:** Not reported **Duration of self-harm:**	**Study dates:** 2009 to 2013 **Data collection & analysis methods:** Participants took part in video-recorded family therapy sessions. Data were analysed using inductive thematic analysis.	• Moving forward

Study and aim of the study	Population	Methods	Author themes
	Not reported **Suicide attempts:** Not reported **Setting:** Family therapy sessions		
Holm 2011 **Aim of the study:** To explore how a recovery process facilitated changes in suicidal behaviour in a sample of women with borderline personality disorder. **Country:** Norway	N=13 women with suicidal behaviour **Mean age (range):** 39 (25 to 53) years **Sex (female/ male):** 13/ 0 **Ethnicity:** Not reported **Co-morbidity:** Borderline personality disorder (BPD): 13 **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Outpatient	**Study dates:** Not reported **Data collection & analysis methods:** In-depth interviews were held. Data were analysed thematically.	• The desire to recover by searching for strength • Recovering by being able to feel safe and trusted • The struggle to be understood as the person you are
Horrocks 2005 **Aim of the study:** To elicit people's stories of their experiences of attending hospital after self-harm; to describe the experiences of people who attend hospital after self-harm; to identify which aspects of hospital care people describe as helpful; to identify which aspects of hospital care people describe as	N=45 people who had self-harmed **Mean age (range):** Not reported (18 to 56 years) **Sex (female/ male):** 27/ 18 **Ethnicity:** Not reported **Co-morbidity:** Not reported	**Study dates:** June 2000 to April 2001 **Data collection & analysis methods:** Free-association narrative interviews were held. Data were analysed thematically.	• Experience of A&E • Psychosocial assessment

Study and aim of the study	Population	Methods	Author themes
unhelpful; to suggest ways in which experiences of hospital care after self-harm might be improved. **Country:** UK	**Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Emergency department		
Hume 2007 **Aim of the study:** To investigate perceptions of interventions for self-harm (formal and informal, prevention and treatment) among people who have first-hand experience as a result of their own behaviour. **Country:** UK	N=14 people who had self-harmed **Mean age (range):** Not reported (20 to 49 years) **Sex (female/ male):** 6/ 8 **Ethnicity:** Not reported **Co-morbidity:** Co-morbidities were self-reported and not mutually exclusive: A history of alcoholism and/or depression and/or drug abuse: 12 Depression: 3 Borderline personality disorder: 3* Bipolar disorder: 1* *2 of these participants had not received a formal diagnosis. **Duration of self-harm:** All patients had self-harmed at least twice previously, many on several occasions. Participants	**Study dates:** June to July 2005 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed thematically.	• Ideal interventions

Study and aim of the study	Population	Methods	Author themes
	reported engaging in a variety of self-harming behaviours over the past 3 years. >50% had engaged in more than one form of self-harm. **Suicide attempts:** 5 patients reported a desire to end their life in connection with their most recent self-harm or a prior act. **Setting:** Inpatient		
Idenfors 2015a **Aim of the study:** To explore young people's views of professional care before first contact for DSH, and factors that influenced the establishing of contact. **Country:** Sweden	N=10 people who had self-harmed **Mean age (range):** 20 (17 to 24) years **Sex (female/ male):** 6/ 4 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Emergency (no previous contact for self-harm with emergency department, psychiatric emergency services 0 initial contact)	**Study dates:** 2009 to 2011 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using inductive thematic analysis.	• A need for a more flexible, available and varied health care • A struggle to be independent and yet being in need of reliable support

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Study and aim of the study	Population	Methods	Author themes
Idenfors 2015b **Aim of the study:** To explore young people's perceptions of care and support during a six-month period following their first contact for deliberate self-harm. **Country:** Sweden	N=9 (of 10 participants interviewed in Idenfors 2015a) **Mean age years (range):** Not reported (17 to 24 years) **Sex (female/ male):** 5/ 4 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Earlier DSH: 3 No earlier DSH: 5 Unknown: 1 **Suicide attempts:** Not reported **Setting:** Emergency (no previous contact for self-harm with emergency department, psychiatric emergency services – 6-month follow-up after initial contact)	**Study dates:** 2009 to 2011 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using inductive thematic analysis.	• Am I really in good hands? • Help should match life circumstances • Making yourself better
Kelada 2018 **Aim of the study:** To understand similarities across three samples in (a) how young people define recovery from non-suicidal self-injury and (b) what they consider helpful approaches taken by parents and	N=98 people who had self-harmed **Mean age (SD):** Australia (n=48): 15.15 (1.64) years Belgium (n=25): 17.32 (0.56) years USA (n=25): 20.24 (2.83) years	**Study dates:** Not reported **Data collection & analysis methods:** Australian and Belgian participants completed questionnaires. Interviews were held with American participants.	• Supportive and calm communication (parents) • Feeling supported, engaged, and not judged (professionals)

Study and aim of the study	Population	Methods	Author themes
professionals to assist their recovery. **Countries:** Australia, Belgium, USA	**Sex (female/ male):** Australia (n=48): 32/ 16 Belgium (n=25): 20/ 5 USA (n=25): 23/ 2 **Ethnicity:** Not reported for Australia and Belgium. USA (n=25): European American/ Caucasian: 18 Mixed-race: 3 African American: 1 Asian American: 1 Not reported: 2 **Co-morbidity:** Total sample: Mental illness diagnosis: 34. The most common diagnoses (not mutually exclusive) were depressive disorder (n = 27) and anxiety disorder (n = 16). No mental illness diagnosis: 64 **Duration of self-harm:** Total sample: Frequency of non-suicidal self-injury: 1-5 times: 32 6-10 times: 11 11-20 times: 11 21-50 times: 13 50+ times: 29 Not reported: 2 **Suicide attempts:** Participants who had self-harmed	Data were analysed thematically.	

Study and aim of the study	Population	Methods	Author themes
	with the intention of suicide were excluded from the study. **Setting:** In the community		
Klineberg 2013 **Aim of the study:** To increase understanding about how adolescents in the community speak about self-harm; exploring their attitudes towards and experiences of disclosure and help-seeking. **Country:** England	N=30 (n=20 adolescents who had self-harmed, n=10 peers who did not meet the population eligibility criteria for this review) **Mean age (range):** Not reported (15 to 16 years) **Sex (female/ male):** Of those who had self-harmed: 17/ 3 **Ethnicity:** Of those who had self-harmed: White British & White Other (including UK, Irish, Irish & Welsh, Turkish): 2 Asian (including Bangladeshi, Pakistani, Indian and Sri Lankan Tamil): 10 Black (including British and African): 4 Mixed ethnicity (including White & Black African, African & Asian, White & Black Caribbean, White & Oriental Asian, Pakistani & Asian British): 4 **Co-morbidity:**	**Study dates:** 2007 **Data collection & analysis methods:** Interviews were held. Data were analysed thematically using a framework approach.	• Help-seeking • Response to self-harm without help being sought

Study and aim of the study	Population	Methods	Author themes
	Not reported **Duration of self-harm:** Of those who had self-harmed: 1 episode of self-harm: 9 Repeat episodes of self-harm: 11 **Suicide attempts:** Not reported **Setting:** Secondary school		
Lewis 2016 **Aim of the study:** To examine possible motives for non-suicidal self-injury e-communication. **Country:** Canada	N=68 people who had self-harmed **Mean age (SD):** 24.15 (8.41) years (3 participants did not report their age) **Sex (female/ male):** 57/ 10 (1 participant did not report their gender) **Ethnicity:** Caucasian: 58 Hispanic: 1 Mixed-race: 3 Other ethnicities: 5 Not reported: 1 **Co-morbidity:** Not reported **Duration of self-harm:** Mean number of self-harm episodes (SD): 1030.07 (2396.63) At least 13 times: 68 **Suicide attempts:** Not reported	**Recruitment period:** Not reported **Data collection & analysis methods:** Participants answered a set of open-ended questions online. Data were analysed thematically.	• Seeking support • Understanding non-suicidal self-injury

Study and aim of the study	Population	Methods	Author themes
	Setting: e-Community		
Long 2016 **Aim of the study:** To understand clients' experiences of counselling for self-injury. **Country:** Northern Ireland	N=10 people who had self-harmed **Mean age (range):** 31 (19 to 42) years **Sex (female/ male):** 8/ 2 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** In the community (accessing counselling services)	**Study dates:** 2010 **Data collection & analysis methods:** Interviews were held. Data were analysed using a grounded theory approach.	• Seeing beyond the cutting • Human contact • Integrating experiences
McGill 2019 **Aim of the study:** To identify the information that people who have attempted suicide and those who support them believed to be helpful to receive after an attempt. **Country:** Australia	N=37 (n=22 people who had attempted suicide, n=6 family members/ friends who had also attempted suicide, and n=9 family members/ friends only who did not meet the population eligibility criteria for this review) **Mean age (range):** Not reported for target population. Total cohort: 40 (18 to 79) years **Sex (female/ male):** Not reported	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed thematically.	• The need for information that addresses stigma • Desire for practical information and signposts for getting through • The value and role of hearing other people's stories as a way to communicate health information and change attitudes

Study and aim of the study	Population	Methods	Author themes
	for target population. Total cohort: 28/9 **Ethnicity:** Not reported for target population. Total cohort: Aboriginal/ Torres Strait Islander: 2 Not reported: 35 **Co-morbidity:** Not reported for target population. 84% of total participants indicated they had a diagnosis of mental illness. **Duration of self-harm:** Not reported **Suicide attempts:** At least 1 attempt: 28 **Setting:** In the community		• Health information should be a foundation for, and enable, warm compassionate support
Owens 2016 **Aim of the study:** To examine young people's perceptions of A&E treatment following self-harm and their views on what constitutes a positive clinical encounter. **Country:** UK	N=31 young people who had self-harmed **Mean age (SD):** 19.5 (not reported) years **Sex (female/ male):** 30/ 1 **Ethnicity:** White: 30 Not reported: 1 **Co-morbidity:** Not reported	**Study dates:** Summer 2009 (for 14 weeks) **Data collection & analysis methods:** Participants took part in an online discussion forum. Data were analysed using inductive thematic analysis (qualitative secondary analysis).	• Perceptions of treatment and care

Study and aim of the study	Population	Methods	Author themes
	Duration of self-harm: Not reported **Suicide attempts:** Not reported **Setting:** Emergency department		
Peterson 2015 **Aim of the study:** To understand how people self-manage suicidality, why they self-manage, and the effects that self-management may have on suicidal thoughts and behaviour. **Country:** New Zealand	N=27 suicidal people **Median age (range):** 44 (early 20s to mid-70s) years **Sex (female/ male/ did not identify):** 17/ 9/ 1 **Ethnicity:** Not reported **Co-morbidity:** The majority described experiencing depression either on its own or with another form of mental illness including psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, personality disorder, and posttraumatic stress disorder. **Duration of self-harm:** Not reported **Suicide attempts:** Most had attempted suicide in the past.	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using a narrative thematic approach.	• What is self-management?

Study and aim of the study	Population	Methods	Author themes
	Setting: In the community		
Rissanen 2009 **Aim of the study:** To describe help from the viewpoint of self-mutilating Finnish adolescents. **Country:** Finland	N=72 adolescents who had self-harmed (n=62 written descriptions; n=10 individual interviews) **Mean age (range):** Written descriptions: Not reported (12 to 21 years) Interviews: not reported (15 to 19 years) **Sex (female/ male):** Written descriptions: Not reported Interviews: 10/ 0 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Not reported	**Study dates:** Not reported **Data collection & analysis methods:** 62 participants provided written descriptions by mail or email; open-ended interviews were held with 10 participants. Data were analysed using inductive content analysis.	• Factors contributing to help
River 2018 **Aim of the study:** To understand the variability of suicidal men's help-seeking practices and how this relates to, and interacts with, the kinds of health	N=18 men who had attempted suicide **Mean age (range):** Not reported (23 to 66 years) **Sex (female/ male):** 0/ 18	**Study dates:** 2009 to 2014 **Data collection & analysis methods:** Life history interviews were held. Data were analysed using a theoretical	• "Nothing to lose": actively seeking help • A window of opportunity: unsolicited encounters with health services • "Gender friendly" rather

Study and aim of the study	Population	Methods	Author themes
services that men encounter. **Country:** Australia	**Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** 1 attempt: 9 2 attempts: 8 6 attempts: 1 **Setting:** Outpatient (in contact with health services) and in the community (no current contact with health services)	framework of gender relation analysis.	than "male-friendly" services
Rivlin 2013 **Aim of the study:** To identify the psychological problems and processes leading up to, and following, suicide attempts in order to identify key opportunities for prevention. **Country:** UK	N=60 men in prison who had attempted suicide **Median age (range):** 29 (18 to 57) years **Sex (female/ male):** 0/ 60 **Ethnicity:** White: 52 Non-white: 8 **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** At least 1 attempt: 60	**Study dates:** 2007 to 2009 **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed thematically.	● Support/ interventions wanted

Study and aim of the study	Population	Methods	Author themes
	Setting: Adult male prison		
Strike 2006 **Aim of the study:** To examine health service access issues among suicidal men with substance use disorder or personality disorders. **Country:** Canada	N=15 men who had attempted suicide **Mean age (SD):** Not reported. 20 to 40 years: n=9 41+ years: n=6 **Sex (female/ male):** 0/ 15 **Ethnicity:** Not reported **Co-morbidity:** Groups are not mutually exclusive. Alcohol use disorder: 67% Other substance disorder: 60% Mood disorder: 87% Anxiety disorder: 53% Borderline personality disorder: 67% Antisocial personality disorder: 47% **Duration of self-harm:** Not reported **Suicide attempts:** Most recent suicide attempt within 1 year: 67% Most recent suicide attempt 2 to 3 years ago: 33% **Setting:** Outpatient settings within the	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed thematically.	• Difficulty with the referral system • Insufficient time for proper assessment • Distress mislabelled by healthcare providers

Study and aim of the study	Population	Methods	Author themes
	psychiatric care network		
Vatne 2018 **Aim of the study:** To examine health service access issues among suicidal men with substance use disorder or personality disorders. **Country:** Norway	N=10 people with suicidal tendencies **Mean age (range):** Not reported (21 to 52 years) **Sex (female/ male):** 4/ 6 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** At least 1 attempt: 9 Not reported: 1 **Setting:** Outpatient settings - psychiatric or mental health professional contact	**Study period:** Not reported **Data collection & analysis methods:** In-depth, open-ended interviews were held. Data were analysed thematically, using Gadamer's hermeneutical approach.	• Experiencing hope through encounters
Ward 2013 **Aim of the study:** To outline the first use of service user involvement in a custodial setting in developing care pathways for self-harm. **Country:** UK	N=50 women in prison who had self-harmed **Mean age (range):** 36 (18 to 58) years **Sex (female/ male):** 50/ 0 **Ethnicity:** Not reported **Co-morbidity:** Not reported **Duration of self-harm:**	**Study dates:** Not reported **Data collection & analysis methods:** Participants completed questionnaires. Data were analysed thematically.	• Current procedures • Understanding of self-harm • Identified opportunities

Study and aim of the study	Population	Methods	Author themes
	Not reported **Suicide attempts:** Not reported **Setting:** Adult female prison		
Weber 2002 **Aim of the study:** To describe how self-abusing women in a locked, state psychiatric hospital defined self-abuse in the context of their lives. **Country:** USA	N=9 women who had self-harmed **Mean age (range):** 32 (21 to 48) years **Sex (female/ male):** 0/9 **Ethnicity:** White: 7 Black: 2 **Co-morbidity:** The women had multiple psychiatric diagnoses, ranging from bipolar disease, schizophrenia, schizoaffective disorder, bipolar disorder, and dissociative identity disorder. **Duration of self-harm:** Not reported **Suicide attempts:** Not reported **Setting:** Locked state psychiatric hospital	**Study dates:** Not reported **Data collection & analysis methods:** Interviews were held. Data were analysed using a social constructionist framework approach to narrative thematic analysis.	• Talking to me • Comfort
Williams 2018 **Aim of the study:** To understand the unique experience of surviving a suicide	N=25 people who had attempted suicide **Mean age (SD):** 32.1 (10.5) years	**Study dates:** Not reported **Data collection & analysis methods:** Interviews were held.	• Identity-based stigma and discrimination • General Social Support

Study and aim of the study	Population	Methods	Author themes
attempt as a gender and sexual minority. **Country:** USA	**Sex (female/ male/ non-binary):** 18/ 6/ 1 **Ethnicity:** Non-Hispanic/ Latinx Caucasian: 22 Hispanic/ Latinx Caucasian: 1 Asian: 2 **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** 1 attempt: 11 Multiple attempts: 14 **Setting:** In the community	Data were analysed using an interpretive phenomenological approach.	• Family of Origin Dynamics • Chosen family support • Importance of Peer Support
Wong 2015 **Aim of the study:** To explore the impact of cultural influences on attitudes about suicide and help-seeking behaviours. **Country:** USA	N=6 people who had attempted suicide **Mean age (SD):** 55.5 (17.35) years **Sex (female/ male):** 4/ 2 **Ethnicity:** Asian-American: 6 **Co-morbidity:** Not reported **Duration of self-harm:** Not reported **Suicide attempts:** 1 attempt: 3 2 attempts: 2	**Study dates:** Not reported **Data collection & analysis methods:** Semi-structured interviews were held. Data were analysed using a grounded theory approach.	• Attitudes about use of medications dependent on family and service providers • Negative Attitudes about Social Services Related to Preference for Self-reliance • Social Context of Family and Community Not Providing Needed Support • Role of Family in Suicide Prevention

Study and aim of the study	Population	Methods	Author themes
	3 attempts: 1 **Setting:** Emergency room, investigators' professional contacts, social service agency		

DSH: deliberate self-harm; GP: general practitioner; N: Number; PISA: psychosocial/psychoeducational intervention for people with recurrent suicide attempts; SD: standard deviation

See the full evidence tables in appendix D.

Summary of the evidence

The information and support needs and preferences identified in the included studies fell under 6 main themes – communication and dialogue, information content, information format, sources of information/ support, type of support, and access to or availability of support. A total of 35 subthemes were associated with the 6 main themes, and these are all illustrated in Figure 1 and summarised in Table 3. All subgroups were represented in the evidence: age (adults [age 18 years-plus], adults and adolescents [age 16 to 25 years] and adolescents [age 1 to 17 years]), setting (community, health, educational or mixed [community and health], and, in addition, studies in prison settings were identified), and ethnicity (ethnic minority; non ethnic minority) subgroups. Ethnic minority subgroups were the least well represented amongst the studies identified.

Figure 1: Information and support needs thematic map
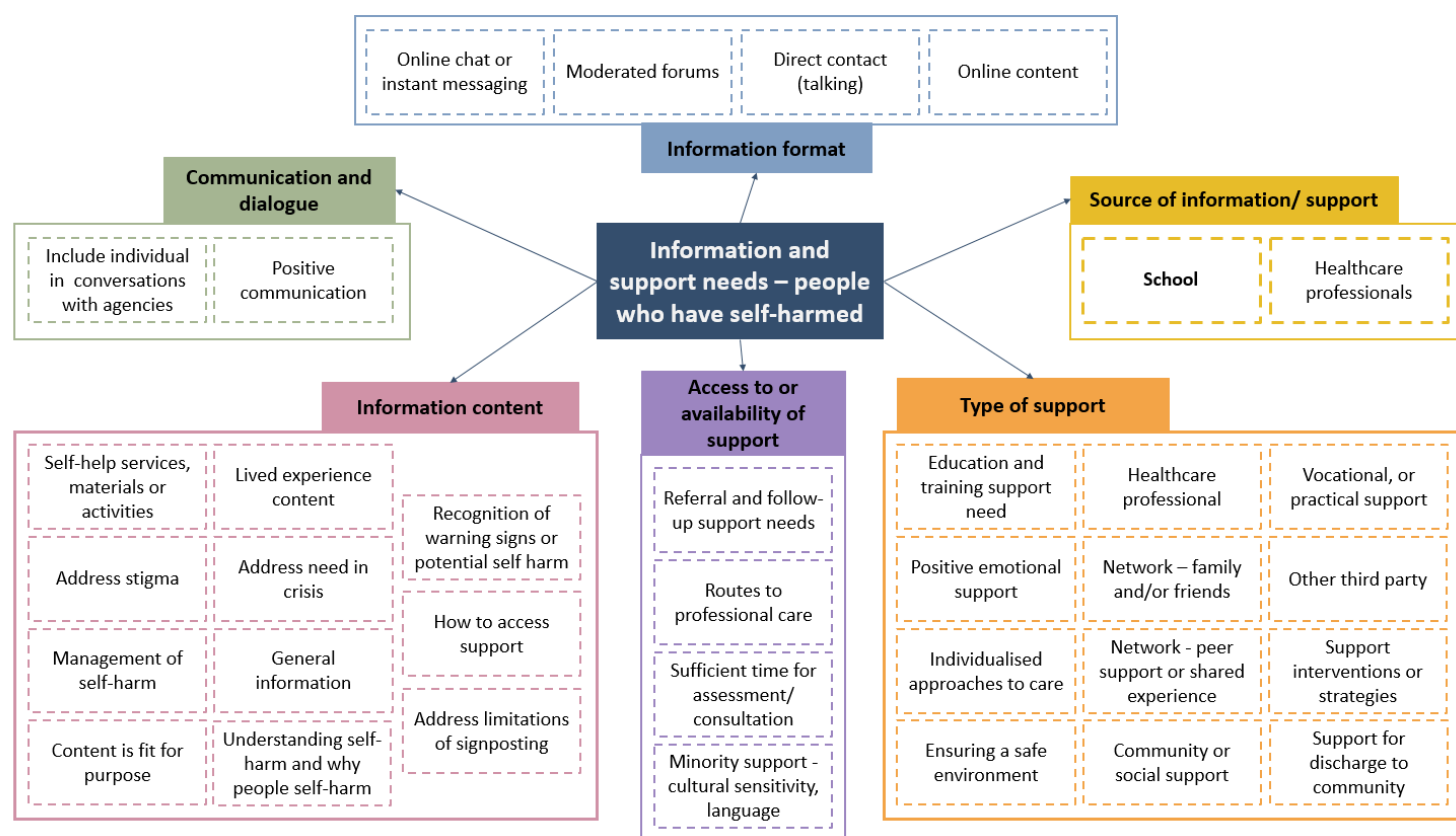
Table 3: Summary of themes and subthemes

Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
1. Communication and dialogue			
1.1 Positive communication	Moderate	14	**Age group[1]:** adults (8); adults and adolescents (6[2]); adolescents (0) **Ethnicity[3]:** ethnic minority (0); non-ethnic minority (3); not/ partially reported (11) **Setting:** community (3); online (0); health (emergency 5; inpatient 0; outpatient 1; primary care 1; educational (0); prison (0); mixed (1 [outpatient and community]); not reported (3)
1.2 Inclusion of the individual in conversations with agencies (providing support/care)	Moderate	1	**Age group[1]:** adults (0); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0); non-ethnic minority (0); not/ partially reported (1) **Setting:** community (0); online (0); health (emergency 1; inpatient 0; outpatient 0; primary care 0; educational (0); prison (0); mixed (0); not reported (0)
2. Information content			

Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
2.1 Address need in crisis	Moderate	1	**Age group[1]:** adults (1); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0); non-ethnic minority (0); not/ partially reported (1) **Setting:** community (0); online (0); (emergency 0; inpatient 0; outpatient 0; primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
2.2 Address stigma	Moderate	3	**Age group[1]:** adults (3); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (1); non-ethnic minority (1); not/ partially reported (1) **Setting:** community (2); online (0); health (emergency 0; inpatient 0; outpatient 0; primary care 0); educational (0); prison (0); mixed (1 [emergency and outpatient]); not reported (0)
2.3 Self-help services, materials, or activities	Moderate	3	**Age group[1]:** adults (2); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0); non-ethnic minority (1); not/ partially reported (2) **Setting:** community (0); online (1); health (emergency 0; inpatient 0; outpatient 0; primary care 1); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
2.4 Lived experience content	Moderate	2	**Age group[1]:** adults (2); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (2) **Setting:** community (1); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
2.5 General information (knowledge, education, understanding, treatment)	Low	1	**Age group[1]:** adults (1); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (1) **Setting:** community (0); online (1); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (0); not reported (0)
2.6 Understanding self-harm why people self-harm	Moderate	7	**Age group[1]:** adults (7); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0); non-ethnic minority (1); not/ partially reported (6) **Setting:** community (2); online (1); health (emergency 2, inpatient 0, outpatient 1,

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Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
			primary care 0); educational (0); prison (0); mixed (0); not reported (1)
2.7 How to access support	Moderate	4	**Age group[1]:** adults (4); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0); non-ethnic minority (0); not/ partially reported (4) **Setting:** community (1); online (1); health (emergency 1, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (0); not reported (1)
2.8 Address limitations of signposting	Moderate	3	**Age group[1]:** adults (2); adults and adolescents (0); adolescents (1) **Ethnicity[3]:** ethnic minority (1); non-ethnic minority (0); not/ partially reported (2) **Setting:** community (0); online (1); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (1 [school]); prison (0); mixed (1 [community and emergency]); not reported (0)
2.9 Recognition of warning signs or potential self-harm	Moderate	2	**Age group[1]:** adults (1); adults and adolescents (1[2]); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (2) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (0); not reported (2)
2.10 Management of self-harm	Moderate	3	**Age group[1]:** adults (1); adults and adolescents (2); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (1); not/ partially reported (2) **Setting:** community (0); online (0); health (emergency 1, inpatient 0, outpatient 0, primary care 1); educational (0); prison (0); mixed (0); not reported (1)
2.11 Content is fit for purpose	High	1	**Age group[1]:** adults (1); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (1) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
3. Information format			
3.1 Online content	Moderate	2	**Age group[1]:** adults (2); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (2)

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Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
			Setting: community (1); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
3.2 Online chat or instant messaging	Moderate	2	**Age group[1]:** adults (2); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (1); not/ partially reported (1) **Setting:** community (0); online (1); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
3.3 Moderated forums	High	1	**Age group[1]:** adults (1); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (1) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
3.4 Direct contact (talking)	Low	6	**Age group[1]:** adults (5); adults and adolescents (0); adolescents (1) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (3); not/ partially reported (3) **Setting:** community (3); online (0); health (emergency 2, inpatient 1 [locked psychiatric facility], outpatient 0, primary care 0); educational (0); prison (0); mixed (0); not reported (0)
4. Type of support			
4.1 Education and training support need	Moderate	4	**Age group[1]:** adults (4); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (2); not/ partially reported (2) **Setting:** community (0); online (0); health (emergency 1, inpatient 2, outpatient 0, primary care 0); educational (1 [university]); prison (0); mixed (0); not reported (0)
4.2 Healthcare professionals	Moderate	10	**Age group[1]:** adults (7); adults and adolescents (3); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (2); not/ partially reported (8) **Setting:** community (0); online (0); health (emergency 3, inpatient 1, outpatient 0, primary care 1); educational (0); prison (0); mixed (1 [outpatient and community]); not reported (4)

Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
4.3 Network - family and/ or friends	Moderate	8	**Age group[1]:** adults (5); adults and adolescents (3); adolescents (0) **Ethnicity[3]:** ethnic minority (1), non-ethnic minority (1); not/ partially reported (6) **Setting:** community (2); online (0); health (emergency 1, inpatient 1, outpatient 0, primary care 0); educational (0); prison (1) [adult female prison]; mixed (1 [emergency and outpatient]); not reported (2)
4.4 Network - peer support or shared experience	Moderate	8	**Age group[1]:** adults (7); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (3); not/ partially reported (5) **Setting:** community (2); online (3); health (emergency 1, inpatient 0, outpatient 1, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
4.5 Community or social support	Moderate	3	**Age group[1]:** adults (3); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (1); not/ partially reported (2) **Setting:** community (1); online (0); health (emergency 0, inpatient 1, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [outpatient and community]); not reported (0)
4.6 Vocational, or practical support	Moderate	2	**Age group[1]:** adults (0); adults and adolescents (2); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (1); not/ partially reported (1) **Setting:** community (0); online (0); health (emergency 1, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (0); not reported (1)
4.7 Other third party	Moderate	2	**Age group[1]:** adults (1); adults and adolescents (1[2]); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (2) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (0); prison (1 [adult female prison]); mixed (0); not reported (1)
4.8 Support interventions	Moderate	10	**Age group[1]:** adults (8); adults and adolescents (2); adolescents (0) **Ethnicity[3]:** ethnic minority (2), non-ethnic minority (3); not/ partially reported (5) **Setting:** community (2); online (1); health (emergency 0, inpatient 1, outpatient 1,

Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
			primary care 0); educational (0); prison (2 [adult male and adult female prisons]); mixed (1 [emergency, inpatient and outpatient]); not reported (2)
4.9 Support for discharge to community	Moderate	4	**Age group[1]:** adults (3); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (4) **Setting:** community (0); online (0); health (emergency 3, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (0); not reported (1)
4.10 Positive emotional support	Moderate	9	**Age group[1]:** adults (8); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (3); not/ partially reported (6) **Setting:** community (2); online (0); health (emergency 2, inpatient 0, outpatient 1, primary care 1); educational (1 [university]); prison (1 [adult female]); mixed (0); not reported (1)
4.11 Individualised approaches to care	Moderate	7	**Age group[1]:** adults (6); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (7) **Setting:** community (1); online (0); health (emergency 3, inpatient 0, outpatient 2, primary care 0); educational (0); prison (0); mixed (1 [outpatient and community]); not reported (0)
4.12 Ensuring a safe environment	Very Low	6	**Age group[1]:** adults (4); adults and adolescents (1[2]); adolescents (1) **Ethnicity[3]:** ethnic minority (1), non-ethnic minority (1); not/ partially reported (4) **Setting:** community (0); online (2); health (emergency 0, inpatient 0, outpatient 1, primary care 0); educational (1 [secondary school]); prison (0); mixed (0); not reported (2)
5. Access to and/or availability of support			
5.1 Referral and follow-up support needs	Moderate	4	**Age group[1]:** adults (2); adults and adolescents (2); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (0); not/ partially reported (4) **Setting:** community (0); online (0); health (emergency 2, inpatient 1, outpatient 1, primary care 0); educational (0); prison (0); mixed (0); not reported (0)
5.2 Routes to professional care	Moderate	3	**Age group[1]:** adults (2); adults and adolescents (1); adolescents (0)

Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
			Ethnicity[3]: ethnic minority (0), non-ethnic minority (0); not/ partially reported (3) **Setting:** community (0); online (1); health (emergency 1, inpatient 0, outpatient 0, primary care 0); educational (0); prison (0); mixed (1 [community and emergency]); not reported (0)
5.3 Sufficient time for assessment/ consultation	Moderate	3	**Age group[1]:** adults (2); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (1); not/ partially reported (2) **Setting:** community (0); online (0); health (emergency 1, inpatient 0, outpatient 1, primary care 1); educational (0); prison (0); mixed (0); not reported (0)
5.4 Minority support - cultural sensitivity and understanding, language	Low	2	**Age group[1]:** adults (2); adults and adolescents (0); adolescents (0) **Ethnicity[3]:** ethnic minority (2), non-ethnic minority (0); not/ partially reported (0) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 1, primary care 0); educational (0); prison (0); mixed (1 [emergency and outpatient); not reported (0)
6. Sources of information			
6.1 School	Moderate	2	**Age group[1]:** adults (0); adults and adolescents (1[2]); adolescents (1) **Ethnicity[3]:** ethnic minority (1), non-ethnic minority (0); not/ partially reported (1) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 0); educational (1 [secondary school]); prison (0); mixed (0); not reported (1)
6.2 Healthcare professionals	Moderate	1	**Age group[1]:** adults (0); adults and adolescents (1); adolescents (0) **Ethnicity[3]:** ethnic minority (0), non-ethnic minority (1); not/ partially reported (0) **Setting:** community (0); online (0); health (emergency 0, inpatient 0, outpatient 0, primary care 1); educational (0); prison (0); mixed (0); not reported (0)

[1] *Age groups defined as follows except where noted otherwise: adults, age ≥18 years; adults and adolescents age 16 to 25 years inclusive; adolescents age 11 to 17 years*
[2] *Rissanen 2009 categorised as adults and adolescents but age range of participants starts from 12 (to 21 years)*
[3] *Reporting of ethnicity/ race information did not allow for more detailed breakdown of ethnic groups*

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 the information and support needs of people who have self-harmed. As a result, the views of people who have self-harmed were considered the most important for this question. The committee suggested potential themes which may have arisen from the evidence such as Information content and Information format, but did not want to constrain the question; therefore, any views and preferences about information and support needs 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 range in quality from very low to high quality, with most of the evidence being of moderate quality. The recommendations were drafted mostly based on the evidence but in some parts supplemented accordingly with the committee's own expertise.

In most cases, the evidence was downgraded due to poor applicability where the themes were not based on any research from a UK context, or due to methodological problems that may have had an impact on the findings (for example due to ethical issues, lack of discussion of author reflexivity, and/ or bias arising through study design, recruitment or data collection processes). Some downgrading for adequacy occurred when the richness or quantity of the data was low, for example when the understanding of the theme would benefit from more specific or informative data. Another issue resulting in downgrading was incoherence within the findings.

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Despite the range of quality of evidence, the committee agreed that most themes identified were representative of their own knowledge and experience, including those of low or very low quality. The committee also discussed the fact that many of the themes identified in this review were also found in the review on the information and support needs of family members and carers, and agreed that this showed some of the themes were widely experienced by different populations. For this reason, the committee considered all evidence when drafting the recommendations, supplementing any poor quality data with their own expertise when necessary.

Benefits and harms

There was evidence from the sub-theme 'Network – family and/ or friends' that people who had self-harmed considered family/ carers to be important sources of information and support, and therefore wanted certain information to be shared with family members in order to reduce stigma around the topic and enable family/ carers to provide adequate support. However, evidence from the sub-theme 'Ensuring a safe environment' also showed that people who had self-harmed valued anonymity and privacy when seeking information. Committee members were concerned about the potential distress caused to the service user by sharing information on self-harm with family or carers, and compared this with the potential benefits of doing so as identified by the evidence from the review on involving family members and carers (Evidence Report D). The committee agreed that information should be shared with family/ carers but only if appropriate, according to the service user's individual circumstances.

The sub-theme 'Include individual in conversations with agencies' showed that people who had self-harmed felt it was important that they were included in conversations about self-harm, and the committee agreed that information sharing would promote the involvement of patients in their own care. The recommendations about information content were based on the evidence from sub-themes identified under the theme 'Information content', in which participants identified a wide range of useful information content, such as general information about self-harm and its management (from the sub-themes 'General information', 'Understanding self-harm and why people self-harm' and 'Management of self-harm'), as well as specific advice for what to do in certain circumstances and where to find additional support and information (from the sub-themes 'Referral and follow-up support needs', 'Routes to professional care' and 'How to access support'). In particular, the committee agreed that information should be provided to people who had self-harmed and their family members and carers about the impact of stigma, based on evidence from the sub-theme 'Address stigma' from this review, and the sub-theme 'Addressing stigma' from the review on the information and support needs of family members and carers. The committee agreed that addressing how stigma surrounding self-harm can negatively affect people would provide a number of benefits, including preparing people for how to combat stigma, and enabling family members and carers to provide better support not clouded by inaccurate myths surrounding self-harm. Many of the identified themes were consistent with evidence on the information needs of family members and carers, as identified in the sub-themes under 'Information content' in Evidence Report B.

There was evidence from sub-themes identified under the themes 'Source of information/ support' and 'Type of support' that people who had self-harmed considered multiple different sources of information and support useful, including healthcare professionals, peers, social groups, local services, school staff, and other

third party groups such as police. The importance of content provided by other people who had self-harmed was highlighted by the sub-theme 'Lived experience content', which showed that people who had self-harmed felt that sharing experiences could provide hope and promote recovery. Additionally, people who had self-harmed who were being discharged into the community wanted reassurances of a continuation of support in community settings and thought that practical help with other factors such as finances were helpful, as evidenced in the sub-themes 'Support for discharge to community' and 'Vocational or practical support', respectively. The committee agreed this evidence showed that healthcare professionals needed to provide information about how to access further information and support from a multitude of sources, especially when people who had self-harmed were not currently in a healthcare setting. However, there was conflicting evidence from the sub-theme 'Address limitations of signposting' that being pointed to other services or sources of information and support was a barrier to seeking help. The committee discussed the potential risk that signposting people elsewhere could devalue their current needs, and agreed, based on evidence from the sub-theme 'Address need in crisis', that having access to local services, including out-of-hours services, would in fact reduce the likelihood that people would be left without crisis support when they need it. The committee also agreed that providing information about available local and online support and how to access it would overall help to remove barriers to help-seeking rather than reaffirm them, through the provision of further sources of information and support.

There was evidence from the sub-theme 'Self-help services, materials or activities' that people who had self-harmed thought that self-help materials and information were useful. The committee discussed whether providing these would discourage people from seeking help or support when it was needed, but agreed that information about approaches to self-care could empower individuals to manage their urges to self-harm and promote autonomy. However, the committee agreed it was important to ensure people are still encouraged to seek help and access services. They agreed, based on their knowledge and experience, that the provision of unhelpful information about managing self-harm alone could make people feel dismissed or hopeless. Therefore, any information about self-care should encourage help-seeking and include information about its importance. The committee discussed the importance of providing information about responding to injuries caused by self-harm but were concerned this, too, could discourage help-seeking. They agreed that information about responding to injuries could include wound management to reduce rates of high-risk injuries or infection, but that information on injury response should also include how and when to seek care for injuries caused by self-harm.

There was evidence that family members and carers had further information and support needs in addition to those identified by people who had self-harmed, which were individual to their own experiences. People who had self-harmed said it would be helpful if family members and carers were provided with information about how to recognise potential self-harm in the sub-theme 'education and training support need', which was supplemented by evidence from family members and carers in the sub-theme 'how to recognise potential self-harm' in Evidence Report B. The committee decided family members and carers should be provided this information when appropriate so they could provide effective care and support to people who had self-harmed outside of healthcare settings. The rest of the recommendations on specific information and support for family members and carers were based on the evidence as outlined in Evidence Report B.

The recommendations about the principles of information sharing were based on the evidence. There was evidence from the sub-themes 'Individualised approaches to care' and 'Content is fit for purpose' that people who had self-harmed felt it was important for the provision of information to be personalised and appropriate for the service user's individual needs. Based on this evidence as well as the committee's own knowledge and experience, the committee decided that it was important to emphasise that information provided to service users should be tailored to their specific circumstances. They agreed it was important that the provision of any information and support be considered with this principle in mind to avoid potential harm arising from giving too much or too little information inappropriately to the person who had self-harmed, and to avoid contradicting any existing care plan. Based on their experience, the committee also agreed that information may need to be further tailored if the person has any co-existing health conditions, neurodevelopmental conditions or a learning disability to ensure it is person centred. Evidence from the sub-themes 'positive communication' and 'positive emotional support' from this review, and the sub-theme 'positive emotional support' from the review on the information and support needs of family members and carers showed that sensitivity, positivity, encouragement, respect and consideration for individual circumstances when communicating were important to both people who had self-harmed and their family members and carers, who felt these factors would improve the quality of care. The provision of information in this manner was seen as therapeutic in itself. The sub-themes identified under the theme 'Information format' showed that people who had self-harmed also thought it would be helpful if information and support was provided in different formats, including online, through direct contact and in written documents. The committee agreed that any information provided should be accessible to all people to ensure everyone had equal access to resources, and that this was in line with the NICE guidelines on [service user experience in adult NHS mental health (CG136), patient experience in adult NHS mental health services (QS15)](#) and [babies, children and young people's experience of healthcare (NG204), which also have further recommendations relating to information and support and were therefore appropriate to refer to](#). The committee agreed that the guidance sufficiently covered a number of topics regarding how information and support should be provided, including accessibility, and therefore decided that these recommendations should be followed because they would improve the standard of care.

Evidence from the sub-theme 'Minority support - cultural sensitivity, language' showed that access to information and support that was sensitive to their cultural background was important to people who had self-harmed, which required staff to be culturally competent and able to recognise when the person's background may intersect with their self-harm. The committee discussed the fact that this included religious, racial, cultural, sexual orientation, gender identity, educational, health, and economic factors, and agreed that these were likely to influence how a person would access or react to care. For example, discrimination based on other factors may intersect with discrimination regarding self-harm to result in increased difficulties accessing services, and cultural pressures may also influence how comfortable people feel about seeking support. The committee therefore agreed that any provision of information and support should be adapted for situations when a person's self-harm or care may be influenced by these factors.

Evidence from the sub-theme 'Sufficient time for assessment/ consultation' showed that people thought it was important they be provided the time to discuss self-harm without being rushed, which could feel impersonal. This evidence aligned with the

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sub-theme 'Making time for the patient' from the review on non-specialist staff skills (Evidence Report R), and the committee used it to inform the recommendation that staff training should address how to deal with time constraints. The committee also discussed the sub-theme 'Education and training support need' and used this evidence when developing recommendations about staff training. The sub-theme 'Support interventions' showed that people who have self-harmed generally felt that psychosocial interventions were a source of support, which the committee kept in mind when drafting the intervention recommendations, although these recommendations were drafted largely based on the effectiveness evidence.

Cost effectiveness and resource use

The committee noted that no relevant published economic evaluations had been identified and no additional economic analysis had been undertaken in this area. Therefore, they based the recommendations on the evidence, their knowledge and experience, and on existing NICE guidance. They recognised that there is a moderate variation across the NHS in responding to information and support needs of people who have self-harmed. However, it was pointed out how the recommended adjustments that promote information or enhance support to people who had self-harmed would have a minimal cost impact to the NHS in terms of extra healthcare professionals' time. This may 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 1.1.1 to 1.1.4. Other evidence supporting these recommendations can be found in the evidence review on information and support for families and carers (evidence report B).

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Qualitative

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Study
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Study
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Weber, Mary T (2002) Triggers for self-abuse: A qualitative study. Archives of Psychiatric Nursing 16(3): 118-124
Williams, Sara M, Frey, Laura M, Stage, Dese'Rae L et al. (2018) Exploring lived experience in gender and sexual minority suicide attempt survivors. The American journal of orthopsychiatry 88(6): 691-700
Wong, R.; Hou, D.L.; Wong-Kim, E. (2015) Understanding family connections and help seeking behavior in Chinese American immigrant adults who attempt suicide. Open Family Studies Journal 7(1): 8-76

Economic

No studies were identified that met the inclusion criteria.

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Appendices

Appendix A – Review protocols

Review protocol for review question: What are the information and support needs of people who have self-harmed?

Table 4: Review protocol for review question: What are the information and support needs of people who have self-harmed?

Field	Content
PROSPERO registration number	Not applicable – signed off by NICE and commenced before it was formally signed off by the guideline committee due to restrictions caused by COVID
Review title	Information and support needs for people who have self-harmed
Review question	What are the information and support needs of people who have self-harmed?
Objective	To identify the information and support needs of 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 • Social Sciences Citation Index (SSCI) • 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 Other searches: • Inclusion lists of systematic reviews • Forward and backward citation searches of key studies

Field	Content
	• Checking reference lists of key papers • 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 any mental health problem or substance use disorder that may be associated with self-harm, nor does it include repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability.
Population	Inclusion: All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability. Exclusion: People displaying repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability
Phenomenon of interest	Views and preferences of the population about information and support needs regarded as useful/ not useful or important/ not important Themes will be identified from the literature, but may include: • Information content • Information format • Language • Communication • Types and availability of support
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: Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status:

Field	Content
	• Abstract only
Context	Settings - Inclusion: All inpatient, outpatient and community settings in which information and support needs are available to people who have self-harmed, 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. • Community mental health services • Inpatient mental health services
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.
Strategy for data synthesis	NGA EPPI software will be used for generating bibliographies/citations, study sifting and data extraction.

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Field	Content
	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, but the evidence from the following groups will be considered separately if there is inconsistency or incoherence in the results for a given theme: • Age group: ≥65 years, 26-64 years, 16-25 years, , <16 years • Ethnicity: Ethnic minority v non-ethnic minority • Setting: Community v health v educational
Type and method of review	Qualitative
Language	English
Country	England
Anticipated or actual start date	21/07/2020
Anticipated completion date	26/01/2022
Stage of review at time of this submission	Review stage / Started / Completed Preliminary searches — Completed ✔ Piloting of the study selection process — Completed ✔ Formal screening of search results against eligibility criteria — Completed ✔ Data extraction — Completed ✔ Risk of bias (quality) assessment — Completed ✔ Data analysis — Completed ✔
Named contact	5a. Named contact: National Guideline Alliance 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

Field	Content
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
Reference/URL for published protocol	Not applicable – signed off by NICE and commenced before it was formally signed off by the guideline committee due to restrictions caused by COVID
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, 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

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Appendix B – Literature search strategies

Literature search strategies for review question: What are the information and support needs of the families and carers of people who have self-harmed?

<u>Clinical</u>

Database(s): Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily – OVID interface
Date of last search: 19th May 2020

#	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	access to information/ or communication/ or computer communication networks/ or consumer health information/ or government publications as topic/ or exp health education/ or health promotion/ or information dissemination/ or information seeking behaviour/ or internet/ or pamphlets/ or exp patient education as topic/ or posters as topic/ or publications/
5	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 educat*).ti.
6	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 educat*).ab. /freq=2
7	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 (advice or informat*)).ti,ab.
8	((app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or

#	searches
	video* or web based or web page* or web site* or webpage* or website* or written) adj5 (informat* or educat*)).ti,ab.
9	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj5 (app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or web based or web page* or web site* or webpage* or website* or written)).ti,ab.
10	(informat* adj3 (access* or dissem* or model* or need* or program* or provision or requir* or seek* or shar*)).ti,ab.
11	(informat* adj3 (provid* or provision)).ti.
12	((informat* or advice) adj3 (provision or provid*)).ab. and informat*.ab. /freq=2
13	(informat* adj3 (accurat* or barrier* or benefi* or clear* or facilita* or help* or hinder* or hindran* or practical* or support*)).ti,ab.
14	(informat* adj3 (content* or method* or quality or type*)).ti,ab.
15	((added or additional or extra or further) adj3 informat*).ti,ab.
16	((prompt* or time* or timing or when) adj3 informat*).ti,ab.
17	((gave or give* or giving or receive*) adj3 (advice or informat*)).ti,ab.
18	(informat* adj3 (contact* or emergency care or hospital* or red flag* or resource* or service*)).ti,ab.
19	patient education handout.pt.
20	(patient care planning/ or critical pathway/ or clinical protocols/) and information*.ti,ab.
21	(informat* adj3 (care plan* or pathway* or protocol*)).ti,ab.
22	communication barriers/
23	((communicat* or language*) adj3 (barrier* or facilitat*)).ti,ab.
24	(communicat* adj3 (bad* or difficult* effect* or encourag* or good or help* or ineffect* or in-effect* or poor* or prevent* or unhelp* or un help*)).ti,ab.
25	(communicat* adj3 (initiate* or timing* or time*)).ti,ab.
26	(translat* adj7 (communicat* or informat* or language*)).ti,ab.
27	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 (advice or informat*)).ab.
28	health information.tw.
29	patient care planning/ or critical pathway/ or clinical protocols/
30	informat*.ti,ab.
31	informat*.ti. or ((advice* or information* or support*) adj5 (selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor*)).ti,ab.
32	or/4-31

#	searches
33	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/
34	focus group*.ti,ab.
35	(qualitative* or interview* or focus or questionnaire* or narrative* or narration* or survey*).ti,ab.
36	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
37	(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.
38	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
39	(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.
40	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
41	or/33-40
42	3 and 32 and 41
43	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.
44	42 not 43
45	44
46	limit 45 to (english language and yr="2000 -current")

Database(s): Embase and Emcare – OVID interface
Date of last search: 19th May 2020

#	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.
3	or/1-2
4	exp access to information/ or exp computer network/ or consumer health information/ or exp health education/ or information dissemination/ or exp information seeking/ or exp internet/ or interpersonal communication/ or

#	searches
	publication/
5	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 educat*).ti.
6	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 educat*).ab. /freq=2
7	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 (advice or informat*)).ti,ab.
8	((app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or web based or web page* or web site* or webpage* or website* or written) adj5 (informat* or educat*)).ti,ab.
9	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj5 (app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or web based or web page* or web site* or webpage* or website* or written)).ti,ab.
10	(informat* adj3 (access* or dissem* or model* or need* or program* or provision or requir* or seek* or shar*)).ti,ab.
11	(informat* adj3 (provid* or provision)).ti.
12	((informat* or advice) adj3 (provision or provid*)).ab. and informat*.ab. /freq=2
13	(informat* adj3 (accurat* or barrier* or benefi* or clear* or facilita* or help* or hinder* or hindran* or practical* or support*)).ti,ab.
14	(informat* adj3 (content* or method* or quality or type*)).ti,ab.
15	((added or additional or extra or further) adj3 informat*).ti,ab.
16	((prompt* or time* or timing or when) adj3 informat*).ti,ab.
17	((gave or give* or giving or receive*) adj3 (advice or informat*)).ti,ab.
18	(informat* adj3 (contact* or emergency care or hospital* or red flag* or resource* or service*)).ti,ab.
19	patient education handout.pt.

#	searches
20	(patient care planning/ or critical pathway/ or clinical protocols/) and information*.ti,ab.
21	(informat* adj3 (care plan* or pathway* or protocol*)).ti,ab.
22	communication barriers/
23	((communicat* or language*) adj3 (barrier* or facilitat*)).ti,ab.
24	(communicat* adj3 (bad* or difficult* effect* or encourag* or good or help* or ineffect* or in-effect* or poor* or prevent* or unhelp* or un help*)).ti,ab.
25	(communicat* adj3 (initiate* or timing* or time*)).ti,ab.
26	(translat* adj7 (communicat* or informat* or language*)).ti,ab.
27	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 (advice or informat*)).ab.
28	health information.tw.
29	patient care planning/ or critical pathway/ or clinical protocols/
30	informat*.ti,ab.
31	informat*.ti. or ((advice* or information* or support*) adj5 (selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor*)).ti,ab.
32	or/4-31
33	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/
34	focus group*.ti,ab.
35	(qualitative* or interview* or focus or questionnaire* or narrative* or narration* or survey*).ti,ab.
36	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
37	(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.
38	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
39	(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.
40	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.

#	searches
41	or/33-40
42	3 and 32 and 41
43	(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.
44	42 not 43
45	44
46	limit 45 to (english language and yr="2000 -current")

Database(s): PsycINFO – OVID interface
Date of last search: 19th May 2020

#	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	communication/ or exp computer mediated communication/ or health information/ or exp health education/ or health promotion/ or information dissemination/ or exp information seeking/ or internet/ or client education/
5	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 educat*).ti.
6	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 educat*).ab. /freq=2
7	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 (advice or informat*)).ti,ab.
8	((app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or web based or web page* or web site* or webpage* or website* or written) adj5 (informat* or educat*)).ti,ab.

#	searches
9	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj5 (app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or web based or web page* or web site* or webpage* or website* or written)).ti,ab.
10	(informat* adj3 (access* or dissem* or model* or need* or program* or provision or requir* or seek* or shar*)).ti,ab.
11	(informat* adj3 (provid* or provision)).ti.
12	((informat* or advice) adj3 (provision or provid*)).ab. and informat*.ab. /freq=2
13	(informat* adj3 (accurat* or barrier* or benefi* or clear* or facilita* or help* or hinder* or hindran* or practical* or support*)).ti,ab.
14	(informat* adj3 (content* or method* or quality or type*)).ti,ab.
15	((added or additional or extra or further) adj3 informat*).ti,ab.
16	((prompt* or time* or timing or when) adj3 informat*).ti,ab.
17	((gave or give* or giving or receive*) adj3 (advice or informat*)).ti,ab.
18	(informat* adj3 (contact* or emergency care or hospital*)).ti,ab.
19	(informat* adj3 (red flag* or resource* or service*)).ti,ab.
20	(treatment planning/ or treatment guidelines/) and information*.ti,ab.
21	(informat* adj3 (care plan* or pathway* or protocol*)).ti,ab.
22	communication barriers/
23	((communicat* or language*) adj3 (barrier* or facilitat*)).ti,ab.
24	(communicat* adj3 (bad* or difficult* effect* or encourag* or good or help* or ineffect* or in-effect* or poor* or prevent* or unhelp* or un help*)).ti,ab.
25	(communicat* adj3 (initiate* or timing* or time*)).ti,ab.
26	(translat* adj7 (communicat* or informat* or language*)).ti,ab.
27	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj3 (advice or informat*)).ab.
28	health information.tw.
29	*treatment planning/
30	informat*.ti,ab.
31	informat*.ti. or ((advice* or information* or support*) adj5 (selfcare* or self care or selfmanag* or self manag* or selfinstruct* or self instruct* or selfmonitor* or self monitor*)).ti,ab.
32	or/4-31
33	cluster analysis/ or focus group/ or grounded theory/ or surveys/ or intervies/ or narratives/ or qualitative methods/ or questionnaires/ or tape recorders/
34	focus group*.ti,ab.
35	(qualitative* or interview* or focus or questionnaire* or narrative* or narration* or survey*).ti,ab.

#	searches
36	(ethno* or emic or etic or phenomenolog* or grounded theory or constant compar* or (thematic adj4 analys*) or theoretical sampl* or purposive sampl*).tw.
37	(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.
38	(metasynthes* or meta-synthes* or metasummar* or meta-summar* or metastud* or meta-stud* or metathem* or meta-them*).tw.
39	(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.
40	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or personal assistant* or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) adj6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)).ti,ab.
41	or/33-40
42	3 and 32 and 41
43	limit 42 to (english language and yr="2000 -current")

Database(s): Cochrane Library - Wiley interface
Cochrane Database of Systematic Reviews, Issue 5 of 12, May 2020; Cochrane Central Register of Controlled Trials, Issue 5 of 12, May 2020
Date of last search: 19th May 2020

#	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 "self poison*" or selfwound* or "self wound*" or suicid*):ti,ab.
9	{or #1-#8}
10	MeSH descriptor: [access to information] this term only
11	MeSH descriptor: [communication] this term only
12	MeSH descriptor: [computer communication networks] this term only
13	MeSH descriptor: [consumer health information] this term only
14	MeSH descriptor: [government publications as topic] this term only
15	MeSH descriptor: [health education] explode all trees
16	MeSH descriptor: [health promotion] this term only
17	MeSH descriptor: [information dissemination] this term only

#	searches
18	MeSH descriptor: [information seeking behaviour] this term only
19	MeSH descriptor: [internet] this term only
20	MeSH descriptor: [pamphlets] this term only
21	MeSH descriptor: [patient education as topic] explode all trees
22	MeSH descriptor: [posters as topic] this term only
23	MeSH descriptor: [publications] this term only
24	((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 clinician* or counselor* or counsellor* or doctor* or gp or "health visitor*" or coordinator* or nurs* or officer* or "personal assistant*" or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) near/3 educat*):ti.
25	((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 clinician* or counselor* or counsellor* or doctor* or gp or "health visitor*" or coordinator* or nurs* or officer* or "personal assistant*" or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) near/3 educat*):ab.
26	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or "personal assistant*" or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) near/3 (advice or informat*)):ti,ab.
27	((app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or "web based" or "web page*" or "web site*" or webpage* or website* or written) near/5 (informat* or educat*)):ti,ab.
28	((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 clinician* or counselor* or counsellor* or doctor* or gp or "health visitor*" or coordinator* or nurs* or officer* or "personal assistant*" or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) near/5 (app* or booklet* or brochure* or dvd* or handout* or ict or internet* or leaflet* or manual* or media or online* or pamphlet* or phone or publication* or telephone or video* or "web based" or "web page*" or "web site*" or webpage* or website* or written)):ti,ab.
29	(informat* near/3 (access* or dissem* or model* or need* or program* or provision or requir* or seek* or shar*)):ti,ab.
30	(informat* near/3 (provid* or provision)):ti.
31	((informat* or advice) near/3 (provision or provid*)):ab. and informat*.ab.
32	(informat* near/3 (accurat* or barrier* or benefi* or clear* or facilita* or help* or hinder* or hindran* or practical* or support*)):ti,ab.
33	(informat* near/3 (content* or method* or quality or type*)):ti,ab.
34	((added or additional or extra or further) near/3 informat*):ti,ab.

#	searches
35	((prompt* or time* or timing or when) near/3 informat*):ti,ab.
36	((gave or give* or giving or receive*) near/3 (advice or informat*)):ti,ab.
37	(informat* near/3 (contact* or "emergency care" or hospital* or "red flag*" or resource* or service*)):ti,ab.
38	(patient education handout):pt
39	("patient care planning" or "critical pathway" or "clinical protocols"):kw
40	information*:ti,ab.
41	#39 and #40
42	(informat* near/3 ("care plan*" or pathway* or protocol*)):ti,ab.
43	MESH descriptor: [communication barriers] this term only
44	((communicat* or language*) near/3 (barrier* or facilitat*)):ti,ab.
45	(communicat* near/3 (bad* or "difficult* effect*" or encourag* or good or help* or ineffect* or "in-effect*" or poor* or prevent* or unhelp* or "un help*")):ti,ab.
46	(communicat* near/3 (initiate* or timing* or time*)):ti,ab.
47	(translat* near/7 (communicat* or informat* or language*)):ti,ab.
48	((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 clinician* or counselor* or counsellor* or doctor* or gp or health visitor* or coordinator* or nurs* or officer* or "personal assistant*" or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) near/3 (advice or informat*)):ab.
49	"health information":ti,ab.
50	("patient care planning" or "critical pathway" or "clinical protocols"):kw
51	informat*:ti,ab.
52	informat*.ti. or ((advice* or information* or support*) near/5 (selfcare* or "self care" or selfmanag* or "self manag*" or selfinstruct* or "self instruct*" or selfmonitor* or "self monitor*")):ti,ab.
53	{OR #10-38,#41-#52}
54	MeSH descriptor: [anthropology, cultural] this term only
55	MeSH descriptor: [cluster analysis] this term only
56	MeSH descriptor: [focus groups] this term only
57	MeSH descriptor: [grounded theory] this term only
58	MeSH descriptor: [health care surveys] this term only
59	(interview):pt.
60	MeSH descriptor: [interviews as topic] this term only
61	MeSH descriptor: [narration] this term only
62	MeSH descriptor: [nursing methodology research] this term only
63	MeSH descriptor: [observation] this term only
64	MeSH descriptor: [personal narratives as topic

#	searches
65	MeSH descriptor: [narrative] this term only
66	MeSH descriptor: [qualitative research] this term only
67	MeSH descriptor: [surveys and questionnaires] this term only
68	MeSH descriptor: [sampling studies] this term only
69	MeSH descriptor: [tape recording] this term only
70	MeSH descriptor: [videodisc recording] this term only
71	"focus group*":ti,ab.
72	(qualitative* or interview* or focus or questionnaire* or narrative* or narration* or survey*):ti,ab.
73	(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.
74	(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.
75	(metasynthes* or "meta-synthes*" or metasummar* or "meta-summar*" or metastud* or "meta-stud*" or metathem* or "meta-them*"):ti,ab.
76	("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.
77	((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 clinician* or counselor* or counsellor* or doctor* or gp or "health visitor*" or coordinator* or nurs* or officer* or "personal assistant*" or personnel or physician* or practitioner* or professional* or psychiatrist* or psychologist* or worker*) near/6 (experience* or belief* or stress* or emotion* or anx* or fear* or concern* or uncertain* or unsure or thought* or feeling* or felt* or view* or opinion* or perception* or perspective* or attitud* or satisfact* or know* or understand* or aware*)):ti,ab.
78	{OR #54-#77}
79	(#9 and #53 and #78) with Cochrane Library publication date Between Jan 2000 and May 2020

Database(s): CDSR and HTA – CRD interface

Date of last search: 19th May 2020

#	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

#	Searches
7	MeSH descriptor: suicide, completed IN CDSR, 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 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: 19th May 2020

#	Searches
S4	(s1 and s2 and s3) with limits
S3	(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*")
S2	(MAINSUBJECT.EXACT("Access to information") or MAINSUBJECT.EXACT("Communication") or MAINSUBJECT.EXACT("Computerized communication") or MAINSUBJECT.EXACT("Government publications") or MAINSUBJECT.EXACT.EXPLODE("Health education") or MAINSUBJECT.EXACT("Information seeking") or MAINSUBJECT.EXACT("Patient education") or MAINSUBJECT.EXACT("Publications")) OR noft((Information* or Support*))
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: 19th May 2020
[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*

#	Searches
	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: [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 – Evidence study selection

Clinical study selection for review question: What are the information and support needs of people who have self-harmed?

Figure 2: Study selection flow chart

Please note that the current search was undertaken with the search for review question B (What are the information and support needs of the families and carers of people who have self-harmed?) and the list of excluded studies (Appendix J) only lists the 76 studies that were excluded for both reviews in contrast to the 89 excluded studies specified in the below diagram. This is because routing used in EPPI-Reviewer to separate the results of review questions A and B (for which a combined search was performed) resulted in EPPI-Reviewer being unable to generate the PRISMA diagram in the usual format, with the excluded studies for review questions A and B separated. The (89-76 =) 13 studies not listed in the excluded studies tables (Appendix J) are studies that met the inclusion criteria for review question B. There were 3 studies that were included in both review question A and B.

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          ┌─────────────────────────┐
          │ Titles and abstracts    │
          │ identified, N= 6731     │
          └────────────┬────────────┘
               ┌───────┴────────────────────┐
    ┌──────────┴──────────┐      ┌───────────┴──────────────┐
    │ Full copies         │      │ Excluded, N=6603         │
    │ retrieved and       │      │ (not relevant population,│
    │ assessed for        │      │ design, phenomenon of    │
    │ eligibility, N= 128 │      │ interest, outcomes, unable│
    └──────────┬──────────┘      │ to retrieve)             │
        ┌──────┴───────┐         └──────────────────────────┘
  ┌─────┴──────┐  ┌────┴──────────┐
  │ Publications│  │ Publications  │
  │ included    │  │ excluded      │
  │ in review,  │  │ from review,  │
  │ N= 39       │  │ N= 89         │
  └─────────────┘  │ (refer to     │
                   │ excluded      │
                   │ studies list) │
                   └───────────────┘
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Self-harm: assessment, management and preventing recurrence: evidence reviews for information and support needs of people who have self-harmed FINAL (September 2022)
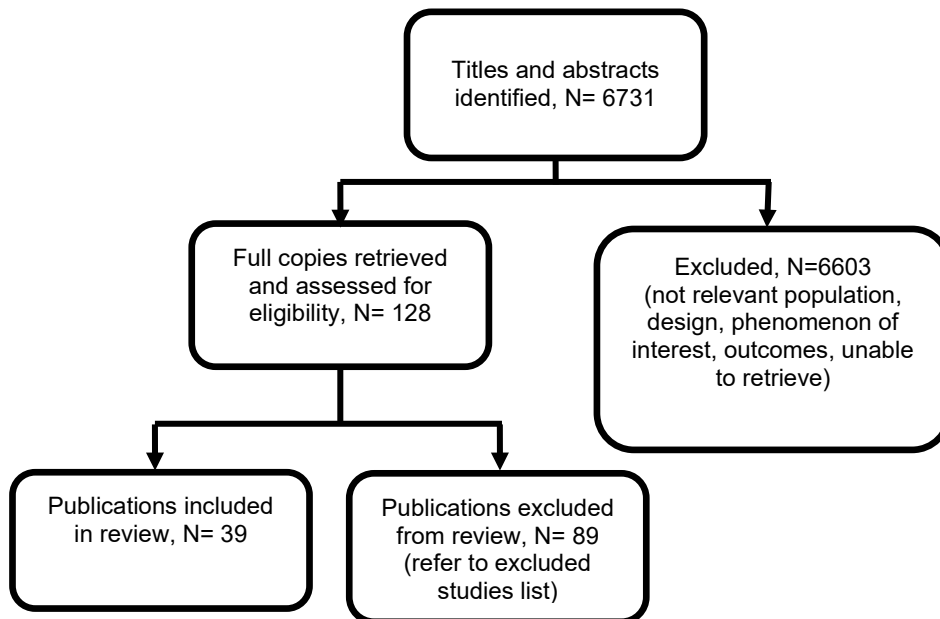
Appendix D – Evidence tables

Evidence tables for review question: What are the information and support needs of people who have self-harmed?

Table 5:   Evidence tables

Alexander, 2004	
Bibliographic Reference	Alexander, N.; Clare, L.; You still feel different: The experience and meaning of women's self-injury in the context of a lesbian or bisexual identity; Journal of Community and Applied Social Psychology; 2004; vol. 14 (no. 2); 70-84

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Unclear. The article was based on Natasha Alexander's dissertation for the Doctorate in Clinical Psychology at University College London, for which Linda Clare was the supervisor.
Recruitment strategy	Participants were recruited by placing advertisements in libraries, book shops and university notice boards, a magazine aimed at a predominantly lesbian and bisexual female readership, a national newsletter for women who self-injure, and a free newspaper aimed at a lesbian and gay readership that was distributed in libraries and cafes/bars. Recruitment period: Not reported
Inclusion criteria	• Women

	• Self injured on more than 1 occasion (defined as behaviour that involves deliberately inflicting pain or injury to one's own body and is intentional, done to oneself, by oneself and without suicidal intent)
Exclusion criteria	Women whose behaviour was self-destructive, rather than self-injurious (for example, they engaged in substance abuse or sexual risk-taking but not self-injury), if they had acted with a declared intent to kill themselves rather than as a means of self-injury, or if they had difficulties with eating in the absence of self-injury
Study setting	In the community
Participant characteristics	Sample size N=16 Mean age (SD) 29 (8.1) years Sex (female/male) Female/male: 16/0 Ethnicity White English/ British: 8 White European: 6 White Jewish: 1 Mixed-race Jewish: 1 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	1-2-1 semi-structured interviews lasting between 60 and 90 minutes. Data were analysed using Interpretative Phenomenological Analysis (IPA) to elicit themes from interview transcripts.
Findings	Author Theme: Moving on Example quote: ... of dealing with intense emotions, for example through participating in group therapy: I'm very impulsive, always act impulsively whether it's self-harm or violence and stuff, whereas now I do take a step back and think and work out what is actually going on, where is the feeling, where's it come from, and analyse it. (Roberta) (p80)

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 *(Limited discussion in context of description of the data analysis)*
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?	Can't tell *(Description of approach and methods of data collection is given but data saturation not reported. 1-2-1 interviews conducted (respondents who were not able to travel for interview were invited to submit written responses which were not incldued in the paper but informed the final thematic analysis)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited information reported: issues regarding confidentiality and boundaries discussed with participants but no explicit reference to relationship between researchers and participants)*
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	Serious concerns *(Limited discussion on the rationale for study design, and the relationship between researcher and participants. Data collection was well described. Written responses from respondents unable to travel were not reported but were used to inform the thematic analysis. No comment was made in respect of data saturation.)*

Section	Question	Answer
	Relevance	Highly relevant

Bailey, 2019

Bibliographic Reference	Bailey, Di; Kemp, Linda; Wright, Nicola; Mutale, Gabriella; Talk About Self-Harm (TASH): participatory action research with young people, GPs and practice nurses to explore how the experiences of young people who self-harm could be improved in GP surgeries.; Family practice; 2019; vol. 36 (no. 5); 621-626

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry (participatory action research)
Study dates	2014 to 2015
Sources of funding	NHS Nottingham City Clinical Commissioning Group (CCG/ NTU/01/RCF/13–14)
Recruitment strategy	Young people with experience of self-harm were recruited through a snowball sampling approach via agencies on an expert reference group (ERG). 3 young people with experience of self-harm volunteered, and approached others they knew meeting the criteria for inclusion. Recruitment period: 2014 to 2015 (for main study)
Inclusion criteria	Young people (aged 16 to 25 years) with experience of self-harm
Exclusion criteria	Not reported
Study setting	GP surgeries
Participant characteristics	Sample size N=15 (total cohort N=45, including also 14 GPs and 16 practice nurses who did not meet population eligibility criteria for this review)

	Mean age (SD) Not reported (age range 16 to 25 years) **Sex (female/male)** Female/male: 7/8 **Ethnicity:** White 25 Asian: 5 **Co-morbidity** Not reported **Duration of self-harm** Not reported **Suicide attempts** Not reported
Data collection and analysis	Focus groups used topic guides incorporating information from medical records and challenges of help-giving raised in the focus group with GPs and practice nurses. Data were analysed using inductive thematic analysis.
Findings	Author theme: Type and pattern of self-harm influences consultation experience Example quote: "I would say that my doctor's better than the mental health services … I'll see my doctor and she'll tak to me about everything" (p624) Author theme: Reasons for self-harm and concern about disclosure Example quote: "Just sort of reassure you that it's gonna be ok", … "say to you no matter what you're going through there is people there that can help" (p625) Author theme: Interventions for self-harm and potential use of self-help materials in GP surgeries Example quotes: "there should be like a set procedure to be honest, like, step one, if … that doesn't work … two, three, four, then, last resort, it's on medication" (p625) "Ten minute slot it's quite short and then the doctor feels rushed ... You've got more space and you won't feel rushed through it. I think that's useful." (p625) "I'd say like obviously get them out and look at them with the young person together" (p625) "Like it's good if you talk it through with them and then let them have something they can look at home" (p625)

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?	Can't tell *(Focus group. Limited information was reported on structure and format of focus groups. Data collection via focus group and the setting may have impacted the information shared, and data saturation was not discussed.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported on the relationship between researcher and participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval was granted. Otherwise limited detail was reported.)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Inductive thematic analysis was conducted although limited information was provided. Reliability was assessed)*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value *(Some discussion of findings in context of NICE guidelines. No further research recommendations were made although there was some recognition of the challenge as to how the recommendations could contribute to improved help-giving and help-seeking experiences)*
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(Data collection method has limitations; no discussion of data saturation; lack of clarity in respect of the researchers influence on review findings; and, limited information provided related to ethical considerations)*
	Relevance	Highly relevant

Bergmans, 2009

Bibliographic Reference	Bergmans, Yvonne; Langley, John; Links, Paul; Lavery, James V; The perspectives of young adults on recovery from repeated suicide-related behavior.; Crisis; 2009; vol. 30 (no. 3); 120-7

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study Grounded theory
Study dates	Not reported
Sources of funding	Funded by a research grant from the Wellesley Institute, Toronto, Ontario
Recruitment strategy	People who had completed at least one 20-week cycle of the psychosocial/ psychoeducational intervention for people with recurrent suicide attempts (PISA) program, were contacted via letter and/or e-mail with a follow-up telephone call inviting participation. Recruitment period: PISA program was introduced over a 3 year period 2000 to 2003. However, the timeframe for recruitment was unclear for the study reported
Inclusion criteria	Completion of at least one 20-week cycle of the PISA program. (Eligibility for the PISA program was a self-identified history of 2 or more suicide attempts with intent to die. Exclusion from the PISA program was a current psychotic disorder and/or a history of interpersonal violence towards another for which charges have been filed within the past 6 months.)
Exclusion criteria	Completion of <1 20-week cycle of the PISA program.
Study setting	Not reported (Individuals enrolled in the multi-modal intervention (PISA) program who had completed at least 1 20-week cycle (participants for PISA referred by health or community caregivers)
Participant characteristics	Sample size N=16 Mean age (SD) 22.3 years (SD NR; age at assessment); 25.8 years (SD NR; age at time of study) Sex (female/male) Female/male: 14/2 Ethnicity Not reported

	Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Mean: 7.9
Data collection and analysis	A qualitative interview of between 45 mins and 2 hours at the discretion of the participant. After transcription, data were analysed using grounded theory analysis.
Findings	Author theme: Pockets of recovery Example quotes: "[I] needed people to point out to me that I was not my depression … to start to realise it" (p123) "Sincere open" "just having them listen", "understanding", "alays up front and … completely consistent" (p123)

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 *(Limited information on the rationale for the research design)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(No information was provided. Although participants were young adults initially assessed for admission to the PISA intervention who had completed at least 1 20-week cycle of the PISA program)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(1-2-1 interviews conducted. Limited information provided in respect of data collection. No discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited information was reported on the relationship between researcher and participants)*

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval was granted but no other details were reported)*
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(Lack of information on recruitment strategy; lack of justification for data collection; no discussion of data saturation; some concerns around potential influence of the researchers on review findings; and, limited information related to ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Biddle, 2020

Bibliographic Reference	Biddle, L.; Derges, J.; Goldsmith, C.; Donovan, J.L.; Gunnell, D.; Online help for people with suicidal thoughts provided by charities and healthcare organisations: a qualitative study of users' perceptions; Social psychiatry and psychiatric epidemiology; 2020

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	2014 to 2016

Sources of funding	UK Department of Health Policy Research Programme (Grant No. PRP023/0163) ('Exploring the Use of the Internet in Relation to Suicidal Behaviour: Identifying Priorities for Prevention')
Recruitment strategy	Participants were purposively sampled from three cohorts: (1) Community based sample of young people (21-23 years) from the Avon Longitudinal Study of Parents and Children (ALSPAC cohort) reporting suicide-related internet use in a questionnaire; (2) Hospital patients (18+ years) presenting to the Emergency Departments of 2 major hospitals in South West England following a suicide attempt and reporting suicide-related internet use at psychosocial assessment; and (3) Community-based sample of adults (18+ years) reporting suicide-related internet use in an online survey by Samaritans. Recruitment period: 2014 to 2016
Inclusion criteria	Participants were included if they were English speaking, had experienced suicidal thoughts/behaviour and reported internet use in relation to these—'suicide-related internet use'
Exclusion criteria	Not reported
Study setting	In the community and emergency department
Participant characteristics	Sample size N=53 (n=20 hospital patients; n=13 community-based young people; n=20 community-based adults) Mean age (SD) Not reported for total cohort, age range 19 to 69 years Sex (female/male) Female/male: 31/22 Ethnicity: Not reported Co-morbidity Self-reported life-time psychiatric disorder 15 (75%) (hospital patients); 8 (62%) (community-based young people); 19 (95%) (community-based adults) Duration of self-harm Not reported Suicide attempts Unclear 2/53; None 17/53; 1–3 18/53; 3 or more 16/53
Data collection and analysis	1-2-1 face-to-face or telephone semi-structured interviews lasting between 1 and 2 hours. Data collection and analysis occurred simultaneously. Data were analysed using thematic analysis.
Findings	Author theme: Patterns of online help seeking Example quote: "I've been on [charity website] when I was confused about my diagnosis… I think they do a bloody good job of explaining things and making you feel less of an enigma to yourself… When it comes to suicide, I haven't gone down that avenue… It certainly wouldn't have been 'oh, I want to look up suicide prevention'. I've never thought like that. (SH2)" (p4 PDF) Author theme: Impersonal care

Example quote: "I sent an online 'I need help please' [to charity]… 2 days later I got a reply. A very generic, 'I'm sorry to hear you're feeling this way'… I wouldn't say they're bad, just not something (pause), I know if I was ever struggling, I would use again (SH15)." (p4 PDF)

Author theme: Ill-fitting solutions

Example quote: "A lot of sites say keep your friends close and make sure you talk to family… then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know… it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" (p5 PDF)

Author theme: Lived-experience content

Example quote: "If there could be a link to survivor forums to pop up that would be a real big advantage. Hopefully, that would potentially put it out there for someone that before you consider suicide, look at these people that have beat it… it's almost like, 'here's where you need to go for help, but here's where you need to go for inspiration'... that would have helped me at the time, if I could have read, straight away, positive stories or support (SM107)" (p7 PDF)

Author theme: Instant messaging and dialogue

Example quote: "The reason I go online and look is those times when I'm alone, I've gone to bed, I know I'm not going to sleep … I don't want to ring [helpline] because then you have to really talk to someone…and you don't always want that, and I always think, 'oh the neighbours would be able to hear me'… those times that I'm sat there with an iPad in my hands, and I just want (sighs) I just wish there was somebody there for me… for there to be an instant response (sighs), to be able to contact somebody—straight away—without having to talk to them. Because talking can be hard (SM79)" (p6 PDF)

Author theme: Self-help

Example quote: "The information didn't change, it's a static thing, I needed something extra then, something new or different. (Int: Can you recall anything that did feel different or new?) I think it was thinking to look for crisis plans, and I think it would have been better if they were more obviously accessible perhaps, rather than like I only found them because I thought to search for them… having something like that was very instructive… like step-by-step, and that then gave you something you could come back to at other times. (SM35)" (p6 PDF)

Author Theme: Links to moderated forums

Example quote: ""[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing… you could type a paragraph and then somebody would come back with the reply (SM1)" (p6 PDF)

Author theme: Limitations of signposting: Barriers to following signposts

Example quote: "They don't actually help you on the site, they help you find the help. And if people are feeling like they don't want to live anymore, why would they make the effort then, once you've already made the effort to look for online help, why are you then going to do something else and pick up the phone… it's so much effort when it's easier to go the other way. (SH8)" (p5 PDF)

Author Theme: Limitations of signposting - old/ineffective solutions

Example quote: ""A lot of [sites] kind of, if you clicked in the seek help thing, it will say, 'oh here's the number for [charity]', which I kind of had… and antidepressants and everything and just kind of like, 'that should help' but that's help I'm already getting (SH6)" (p5 PDF)

Author theme: Limitations of signposting - limited use in crisis

Example quote: "The support is you can 'phone or you can go in some where. But that's about it (pause) there's nothing else. There's nothing online. And I think what I want is something instant, online. (SM79)" (p5 PDF)

Author Theme: Limitations of information-giving

Example quote: "It will tell you what you already know: I know what suicide is, I know what self-harm is. And it'll give you, 'lots of people go through these things'—it's a bit like grandad, 'oh, you'll be alright son'. And you think, I'm not in a position where I want to go 'aah'. I'm in a position where I want to go 'I need some [expletive] help here. I need some help now, right now' (SH17)

Author theme: Limitations of signposting: Limited use in crisis

Example quote: "The support is you can 'phone or you can go in some where. But that's about it (pause) there's nothing else. There's nothing online. And I think what I want is something instant, online. (SM79)" (p5 PDF)

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?	Can't tell *(Insufficient information provided - mentions that memebers of the research steering group had lived experience but no other mention)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval was granted but no further information was reported)*
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 *(Insufficient information on the potential influence of the researchers on review findings; insufficient information given for ethical considerations)*
	Relevance	Partially relevant *(All participants were reported to have experienced suicidal thoughts or self-harm behaviour, and 64% had attempted suicide, however it is unclear how many participants had self-harmed)*

Brown, 2013

Bibliographic Reference	Brown, T.B.; Kimball, T.; Cutting to Live: A Phenomenology of Self-Harm; Journal of Marital and Family Therapy; 2013; vol. 39 (no. 2); 195-208

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Criterion sampling Recruitment period: Not reported
Inclusion criteria	Inclusion criteria (a) self identified as a individual who self harms; historically have engaged in self-harming behaviour (such as cutting, burning, banging head), (c) age 18 years or older; (d) have made attempts to stop their self-harming behaviours (including on their own or with the help of medical and/or mental health attention), and (e) are not currently in crisis or suicidal
Exclusion criteria	Not reported
Study setting	University
Participant characteristics	Sample size N=11 Mean age (SD) 23.5 (NR, range 19 to 29) years Sex (female/male) Female/male: 10/1 Ethnicity Caucasian: 8 Latina: 3 Co-morbidity Not reported Duration of self-harm

	Mean 8.64 (range 2, 24 years) **Suicide attempts** Not reported
Data collection and analysis	Interviews were conducted over a period of 1 week, and were audio taped and transcribed. All participants were interviewed individually and ranged from 45 to 100 minutes. Data were analysed using thematic analysis.
Findings	Author theme: Advice for professionals; Don't judge us Example quote: "The main thing is just like instead of judging them, and putting them down, try to look at it from their perspective and try to, you know, see. . .why is she doing this, what could be so awful that she could have to do this?" (p203) Author theme: Advice for professionals; Get Educated Example quote: "They haven't been taught. It's not in their textbooks, it's not. . .they don't hear enough stories of people being successful in stopping, of people hiding it, stuff like that." (p203)

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?	Can't tell *(Criterion sampling but limited information was provided)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Some information provided on interview structure and format but limited information as to the questions. Data saturation was not discussed)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited information on the relationship between researcher and participants)*

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information was given on ethical issues)*
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	Serious concerns *(Limited information of recruitment strategy; method of data collection has limitations; no discussion of data saturation; insufficient information to determine the potential influence of the researcher and participant relationship on results; and, limited information related to ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Bywaters P, 2002

Bibliographic Reference   Bywaters P RA; Look Beyond the Scars. Understanding and Responding to Self-Injury and Self-Harm; 2002; 44p.

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitiative inquiry
Study dates	October 2000 - April 2001

Sources of funding	Commissioned by the National Children's Home
Recruitment strategy	Not reported Recruitment period: 2000 to 2001
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Study setting	Not reported
Participant characteristics	Sample size N=19 (total cohort N=24, including 5 friends or partners of people who had self-injured) Mean age (SD) The age for people who had self injured was not reported separately (total cohort: age range was from 16 to 49 years old; all but three were in their late teens or early 20s) Sex (female/male) The sex of people who had self injured was not reported separately (total cohort female/male: 19/5) Ethnicity Nearly all participants described themselves as white British. Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	1-2-1 in-depth interviews were conducted with the participants, lasting between 45 and over 2 hours. No detail reported on data analysis but data grouped by themes (assume thematic analysis)
Findings	Author Theme: What does and doesn't help - attitudes positive Example quote: " He actually spoke to me, rather than talking down to me. He spoke to me like a person, instead of just a silly little girl, who cuts up and all this. He was different. Because a lot of GPs' attitudes are "Oh it's nothing. You'll get over it". But he wasn't. He was genuinely concerned, for a change, so it was nice." (p32) Author Theme: What does and doesn't help - talking about it Example quote: "It has been very, very useful because there are lots of things that I never talked about that happened in my past that I'd never been able to face before...getting somebody I can rely on, somebody stable who I know more often than not is going to be there every week" (p35) Author Theme: What does and doesn't help - a range of services Example quote: You get free food packages. This place, I'd praise it. This place is a godsend. There's a counsellor ... you get to meet people. ... I couldn't even describe all the help they've give me..." (p38)

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 *(No information given abut the research design)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(No information reported on the recruitment strategy although participants all had connection to a National Childrens' Home project.)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Limited information provided about data collection. Interviews were tape recorded (or notes were taken where participants asked). Data saturation not reported)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Not reported in the paper)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Limited information provided on the consideration of ethical issues)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No information reported about the data analysis)*
Findings	Is there a clear statement of findings?	Can't tell *(Discussion of the evidence is well documented and statement of findings are given in context of evidence discussed. No discussion provided on credibility of findings)*
Research value	How valuable is the research?	The research has some value *(Limited discussion on what value the research adds to existing literature)*
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(No information was provided on rationale for research design; limited information provided on data collection and data analysis)*
	Relevance	Relevant *(Study not conducted in the UK)*

Chan, 2017

Bibliographic Reference	Chan, K. Jacky; Kirkpatrick, Helen; Brasch, Jennifer; The Reasons to Go On Living Project: Stories of recovery after a suicide attempt.; Qualitative Research in Psychology; 2017; vol. 14 (no. 3); 350-373

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Funding from a McMaster University Department of Psychiatry and Behavioural Neuroscience – Psychiatry Associates AFP Research/Education Grant.
Recruitment strategy	The Reasons to go on Living Project was a web-based narrative research project which invited anonymous participants who had contemplated death by suicide to submit a narrative about their experience (no limitations on the content and style for the text submission). Recruitment period: Collected over a 5-year period 2008 to 2013
Inclusion criteria	Not reported
Exclusion criteria	Submissions that were not a story (for example,, individuals sharing their thoughts about the project, submissions that were not a story, and links to external websites) as well as duplicate submissions were excluded.
Study setting	Not reported
Participant characteristics	Sample size N=113 (demographic data not reported for all participants) Mean age (SD) Not reported (<20 years n=8; 20s n=25; 30s n=14; 40s n=6; 50+ n=8) (demographic data not reported for all participants) Sex (female/male) Female/male: 62/22 (demographic data not reported for all participants)

	Ethnicity Not reported **Co-morbidity** Not reported **Duration of self-harm** Not reported **Suicide attempts** 37 participants described one clear suicide attempt; 48 participants described multiple attempts to die by suicide. The remainder described intense self-harm behaviours (demographic data not reported for all participants)
Data collection and analysis	Stories were collected on the website over the course of five years. No transcription was required as the data were collected as written responses. Data were analysed using thematic analysis.
Findings	**Author Theme: Connection: Health care professionals** Example quote: "I had made a promise to [therapist] that I would call her before I took the pills. . . On Dec 31 around 11pm, she took my call, which I didn't think she would, and the mere fact that she cared about me and said she would miss my presence, was enough for me to hang in there until I could see her next week. . . It was that someone really cared about me, knowing how bad I was in the past that stuck with me. . . I guess I essentially borrowed her hope that she had for me until I found hope for myself." (p361) **Author theme: Connection: Valuing family and friends** Example quote: "All along the way were my dad, his mom and my brother, they have brought me happiness and a safe place. Their support and their love have made me feel committed to my happiness, because me being happy makes me and them happy. (Story 100)" (p363) **Author Theme: Coping: Healthy behaviours** Example quote: "Going to meetings (peer-support mental health program) sometimes twice a day until I got thinking more clearly and learned how to deal with my problems" and "By exposing myself to all these different people (sexual assault victim centre), I was able to build a community around myself and create a sense of normalcy which I had never before felt" (Story 109)." (p366) and "A few months later I met a minister that had a bible college for less than perfect adolescents. I went there. . . I had people around me that were wanting me to succeed and would help me to do so" (Story 32).

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?	Can't tell *(Secondary analysis of data from the RTGOL was conducted)*
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(Limited rationale for research design provided)*

Section	Question	Answer
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(No information on recuirment strategy provided. The study was linked to the Reasons to go on Living (RTGOL) a web-based narrative research project. Anonymous participants who have contemplated death by suicide to submit a narrative with no limitations on the content (although suggested topics were provided. No opportunity for follow-up questions.)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Collection of narratives with no limitations on the content and style for the text although topics were suggested; no direct interaction with participants to follow-up or clarify reliant on researchers' interpretation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported on the relationship between researcher and participants)*
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	Serious concerns *(This was a secondary analysis of data collected as part of a bigger project; methods of data collection limited; potential influence on the relationship between researcher and participant on results was unclear)*
	Relevance	Relevant *(Study not conducted in the UK)*

Cooper, 2011

Bibliographic Reference	Cooper, Jayne; Hunter, Cheryl; Owen-Smith, Amanda; Gunnell, David; Donovan, Jenny; Hawton, Keith; Kapur, Navneet; "Well it's like someone at the other end cares about you." A qualitative study exploring the views of users and providers of care of contact-based interventions following self-harm.; General hospital psychiatry; 2011; vol. 33 (no. 2); 166-76

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	The research was funded by the National Institute of Health Research (NIHR).
Recruitment strategy	Service users who had recently attended the emergency department of 3 hospitals in a city in the Northwest of England following self-harm. Purposive sampling was used to select male and female adult patients of varying age and self-harm history. Recruitment period: Not reported
Inclusion criteria	Male and female service users who had recently attended the emergency department of three hospitals in a city in the Northwest of England following self-harm
Exclusion criteria	Not reported
Study setting	Emergency department
Participant characteristics	Sample size N=11 Mean age (SD) Not reported (age range 18 to 53 years) Sex (female/male) Female/male: 6/5 Ethnicity Not reported Co-morbidity Not reported

	Duration of self-harm Not reported **Suicide attempts** Not reported
Data collection and analysis	1-2-1 semi-structured interviews were conducted in service users' homes or in a health service setting (according to preference). Interviews lasted approximately 1 hour each in duration (mean time=57 minutes). Data were analysed using thematic analysis.
Findings	**Author Theme: Service user and staff views on treatment and proposed interventions - the need for support and encouragement** Example quotes: "Just give me some more encouragement not to do stupid things, instead of being kicked out the front door and thinking that you're going to do yourself, if you got a bit more encouragement then it helps you along." (SU8) (p170) "It would be more support maybe and more like a plan you know, maybe having someone where I could sit down and plan you know, a bit like my future or about my health." (SU11) (p170) **Author Theme: Service user and staff views on treatment and proposed interventions - early intervention** Example quote: "I would say initially I felt like in the water unsupported but I don't know if that was me feeling overwhelmed." (SU2) (p170) **Author Theme: Service user and staff views on treatment and proposed interventions - genuine contact** Example quote: "If the person on the other end of the phone wasn't bothered because its half past four in the morning, she's just waiting to get off the phone or something, you can just tell in her voice." (SU8) (p171) **Author Theme:: Identifying potential mechanisms of action - a gesture of caring** Example quote: "SU11: When you think that no one's, you know like cares, you know you feel pain and you find it difficult to cope with. So like when someone, yeah call you or email you or write you a letter you, it makes you feel a bit better. I: Yeah, how does it help? SU11: In the way where you think even if that person is, even if it's his job, I mean like you feel that someone kind of think of you" (p171) **Author Theme:: Identifying potential mechanisms of action - promoting engagement with services** Example quotes: "It had like the Samaritans number in it, it had quite a few help lines in it and it had the hospital number on the front, it had all different services you could contact, basically. So if you needed to, then you could just ring them up." (SU7) (p171) "… for me the more you're aware what's out there the more choices you've got." (SU1) (p171) **Author Theme: Practical issues and problems with proposed interventions - design and delivery (immediacy of mode of contact)** Example quote: ""One to one talking, not just me writing something down and posting it, you getting it. By the time it gets there I might feel totally different. If you're one to one talking, you know exactly how I'm feeling." (SU8) (p172) **Author Theme: Practical issues and problems with proposed interventions - design and delivery (frequency of contact)** Example quote: "I think that like sort of like maybe even one letter, three to six months after you've been discharged would be fine. (SU9) Especially in the first month after you've done it, because nobody is just (…) going to think oh I'm alright now, it just doesn't happen (but …) not every single month because I'd start thinking its one of them, just throw it on the side. (SU8) **Author Theme: Practical issues and problems with proposed interventions - design and delivery (relationship to existing services)** Example quote: "You know, you don't want to speak to strangers do you? Especially about personal stuff and things like that. (SU5)" (p172) **Author Theme: Practical issues and problems with proposed interventions - design and delivery (delivery by mental health specialists)** Example quote: "It would be better if they were trained in mental health problems, because they have more understanding then. (SU7) I: Ok, who should make that phone call? SP5: Someone very experienced. SP8: I think, mental health practitioners." (p172)

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

Section	Question	Answer
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?	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
	Relevance	Highly relevant

Crona, 2017

Bibliographic Reference	Crona, Lisa; Stenmarker, Margaretha; Ojehagen, Agneta; Hallberg, Ulrika; Bradvik, Louise; Taking care of oneself by regaining control - a key to continue living four to five decades after a suicide attempt in severe depression.; BMC psychiatry; 2017; vol. 17 (no. 1); 69

Study details

Country/ies where the study was carried out	Sweden
Study type	Qualitative study
Study dates	2013-2014

Sources of funding	Grant sponsorship listed by author: L.Crona and M. Stenmarker: Futurum – the Academy for health and care, Jönköping County Council; L. Brådvik: The Swedish Medical Research Council, The Principal Government of Scania; A. Öjehagen and U. Hallberg; no funding; O.M. Persson Memorial Fund; The Lindhaga Foundation. The Ellen and Henrik Sjöbring; Fund; The Lundbeck Foundation
Recruitment strategy	Study participants had all been admitted to hospital with severe depression (1956 to 1969). In 2006 a survey of long-term depression was performed. There were 150 persons born from 1920 and onwards, who were alive and considered eligible. Out of those 75 were able/willing to participate in an interview by phone. This sample included 29 individuals who could be defined as "suicide attempters". In 2013, 21 of them were still alive. They were contacted by phone and asked to attend a qualitative interview in a personal meeting. A total of 13 subjects agreed to participate and they were informed that they could withdraw at any time.
Inclusion criteria	Individuals with long-term depression born from 1920 onwards and who could be defined as "suicide attempters"
Exclusion criteria	Not reported
Study setting	Not reported (previous psychiatric inpatients with long-term depression of short-term or chronic course, assume community or outpatient setting)
Participant characteristics	Sample size 13 Mean age (SD) Not reported (median age 74 years) Sex (female/male) 9/4 Ethnicity Not reported Co-morbidity Diagnoses were not mutually exclusive: Disease related to old age such as arthritis, high blood pressure, myocardial ischemia, or transient ischemic attack: 9 More serious conditions such as cancer or gastrointestinal diseases: 4 Chronic non-severe disease such as hypothyroidism: 2 None: 1 Duration of self-harm Not reported Suicide attempts Mean number of attempts: 2; 1 attempt: 7; 2 attempts: 3; 3 attempts: 2; 7 attempts: 1
Data collection and analysis	**Data collection:** The interviews were semi-structured using an interview guide with 23 questions arranged in four themes. Interviews lasted between 45 and 110 minutes. The interview guide was modified during the research process; some questions were reformulated and some questions were added. **Data analysis:** Modified grounded The text was analysed in an open, axial and selective coding process by three authors. The aim of the analysis was to provide an explanatory process describing the journey from a suicide attempt to continue living many years after.

Findings	Author Theme: Coming under professional care Example quote: ""It was people, doctors and the medication that made me feel better."When I was admitted to the hospital, I was in a ward with loads of people and it stopped, it became completely different somehow. Life became completely different, a change with people around you. The medication calmed the body down to another level." (p6) Author Theme: Experiencing relief in the personal situation Example quote: "… I had some very good friends who were very supportive during the whole period. It should not be forgotten either, that all the time I was at my worst, they kept contact. They came to visit me and they made an effort." It could also be a partner, spouse or relative, someone the respondents trusted, felt confidence in, and who made them feel accepted.... "thank my wife that I am alive, which is true." (p6-7)

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?	Can't tell *(No information reported on the relationship between researcher and participants)*
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

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Relevant *(Study not conducted in the UK)*

Cutcliffe, 2006

Bibliographic Reference	Cutcliffe, John R; Stevenson, Chris; Jackson, Sue; Smith, Paul; A modified grounded theory study of how psychiatric nurses work with suicidal people.; International journal of nursing studies; 2006; vol. 43 (no. 7); 791-802

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Grounded theory
Study dates	Unclear
Sources of funding	Not reported
Recruitment strategy	Theoretical sampling. Individuals who were former clients who had received care for a "suicide crisis" as "community clients", in-patients, or formerly suicidal individuals who had received care in a 'Day Hospital' or 'Day Unit' setting. Recruitment timeframe not reported Recruitment period: Not reported
Inclusion criteria	Individuals aged 18 years-plus who had made a serious attempt on their lives or felt they were on the cusp of doing so and had received "crisis care" from the "emergency" psychiatric services

Exclusion criteria	Not reported
Study setting	Emergency psychiatric services (receipt of care in the community, inpatient or outpatient setting)
Participant characteristics	Sample size N=20 Mean age (SD) Not reported (all participants reported as age 18 years-plus) Sex (female/male) Female/male: Not reported Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	1-2-1 semi-structured interviews comprising 23 questions, which was audiotaped and transcribed. The interviews lasted between 1 and 2 hours. Data were analysed using modified grounded theory analysis
Findings	Author Theme: Guiding the individual back to humanity nurturing insight and understanding Example quote: "It was so helpful to realise that I had an internal conflict going on, and through talking about it I could identify what was going on for me." (Int. N3) (p799): Author Theme: Guiding the individual back to humanity supporting and strengthening pre-suicidal beliefs Example quote: "Because my nurse stirred up different feelings, helped me change my perspective and I found this so helpful (Int. N2)" (p799) Author Theme: Guiding the individual back to humanity encountering a novel interpersonal, helping relationship Example quote: "I can tell the nurse things without him getting all emotional and I couldn't do that with my family and yet I needed that." (Int. S1) (p799) Author Theme: Learning to live - accommodating an existential crisis, past, present and future Example quote: "Talking to my CPN helped me gain a different perspective on the significant events. Instead of seeing the bad and feeling disconnected from my family, I was able to see the good, feel compassion, and feel more connected with her (daughter)." (Int. S7) (p800) Author theme: Reflecting an image in humanity - experiencing intense warm, care-based human to human contact Example quote: "The human warmth was crucial. They didn't come in and get their stuff out. They looked me in the eye; they listened. Just chatting, even if it was going off at a tangent, was valuable. You know, when I say something, they didn't just move onto the next question." (Int. N5) (p798)

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?	Can't tell *(No information on the relationship between researchers and participants)*
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	Moderate concerns *(Insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Partially relevant *(All participants had made a serious attempt on their lives or felt they were on the cusp of doing so, but it is unclear how many participants had self-harmed)*

Dunkley, 2018

Bibliographic Reference   Dunkley, Christine; Borthwick, Alan; Bartlett, Ruth; Dunkley, Laura; Palmer, Stephen; Gleeson, Stefan; Kingdon, David; Hearing the Suicidal Patient's Emotional Pain.; Crisis; 2018; vol. 39 (no. 4); 267-274

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	Unclear
Sources of funding	Not reported
Recruitment strategy	Criterion-based purposive sampling was used to recruit staff and patient participants. Staff members involved in the focus groups, helped to recruit patients via snowball sampling, plus strategically placed posters so that patients could self-refer. Recruitment period: Not reported
Inclusion criteria	• Current patients of Adult Mental Health Services who identified themselves as having direct, lived experience of emotional pain via the Emotional Pain Brief Screening Inventory, a self-report measure designed specifically for the study (Dunkley 2014) • A past history of one or more medically serious suicide attempts (defined as an incident in which the patient has expressed intent to die, and has engaged in a self-injurious act requiring hospitalisation for at least 24 hr),plus current suicidal ideation • Willing to be audiotaped (or if unable to communicate verbally to submit other forms of material that could be coded as part of the study)
Exclusion criteria	There were no exclusion criteria for staff or patients who met the inclusion criteria listed
Study setting	Outpatient (participants were accessing adult mental health services)
Participant characteristics	Sample size N=9 Mean age (SD) Not reported (age range 27 to 58 years) Sex (female/male) Female/male: 9/0 Ethnicity

	Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts At least 1 medically serious suicide attempt: 9
Data collection and analysis	1-2-1 semi-structured interviews were conducted. All interviews were digitally recorded. Interviews were conducted either at the patient's home, hospital ward, or usual treatment centre. Data were analysed using iterative, inductive thematic analysis.
Findings	Author Theme: Spoken and unheard/heard - depersonalised versus individualised Example quotes: "There was [sic], like, 15 of us [in a therapy group], and she'd remember something, like she'd say, 'oh –(whatever your name is)– you said last week…' […] And I'd think, God that's really amazing! […] and it made you think she's listening, and you felt like… comfortable, that you could engage with her." (patient) Patients asserted that continuity of relationships over time helped them feel understood as an individual." (p271) "Very patronizing, I think that makes it absolutely dreadful, if somebody says to me [mimics earnest tone] 'oh you've done really well today, you're doing...' you know, 'you're doing really great,' and you think... I don't really want to hear that." (patient) Although the content of the words may convey, "I hear how much you're suffering," something in the tone or delivery has the opposite effect on the patient. Broken promises – for example, in not following up with a phone call – also left the patient feeling unheard. (p271) Author Theme: Spoken and heard - co-bearing Example quote: "… Adult placement concept was quite good in that y'know you could have a safer environment and somebody who'd sit along side you, not necessarily treat you, or force you to change but just to actually, like, just be there alongside you." (patient) (p271)

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

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Limited information provided but 1-2-1 interviews in a setting of participants' choice (hospital ward, home, or treatment centre))*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information on the relationship between researchers and participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Iterative, inductive thematic analysis but only limited detail reported)*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value *(Summary provided of the evidence. Limited information provided to set evidence in context of existing research. Limitations of the study discussed. Future research mentioned.)*
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; limited information given on data analysis)*
	Relevance	Highly relevant

Fogarty, 2018

Bibliographic Reference	Fogarty, Andrea S; Spurrier, Michael; Player, Michael J; Wilhelm, Kay; Whittle, Erin L; Shand, Fiona; Christensen, Helen; Proudfoot, Judith; Tensions in perspectives on suicide prevention between men who have attempted suicide and their support networks: Secondary analysis of qualitative data.; Health expectations : an international journal of public participation in health care and health policy; 2018; vol. 21 (no. 1); 261-269

Study details

Country/ies where the study was carried out	Australia
Study type	Qualitative study General qualtiative inquiry
Study dates	Unclear
Sources of funding	The Movember Foundation, the research undertaking was a beyondblue initiative
Recruitment strategy	The study was publicised through local, state and national mental health organisations, professional associations and community networks. Respondents were screened for suitability versus specified criteria, and those who participated were reimbursed $50AUD. Recruitment period: Not reported
Inclusion criteria	Adult men who had made a suicide attempt in the previous 6-18 months, for a face-to-face interview, and (ii) adult family and friends of men who had made an attempt in the same time frame, for participation in focus group discussions. Family and friends were not necessarily related to the men interviewed.
Exclusion criteria	None reported
Study setting	Not reported (likely community and outpatient)
Participant characteristics	Sample size N=35 (total cohort N=82 including 47 adult family and friends who do not meet the population eligibility criterion) Mean age (SD) Not reported (total cohort median 43 [range 18-67] years) Sex (female/male) Female/male: 0/35 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts At least 1 attempt: 35
Data collection and analysis	1-2-1 semi-structured interviews consisting of open-ended questions were conducted with men who had made a recent suicide attempt (note focus groups were conducted with family and friends of men who had made a suicide attempt which did not meet population

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	eligibility criterion for this review). All interviews lasted 45-70 minutes. Interviews were recorded. Transcripts were thematically analysed by the authors using the principles of qualitative secondary analysis and contextualised using comparison and synthesis.
Findings	Author Theme: Differentiating normal vs risky behaviour Example quote: "…and I yell at someone and bump into somebody else on the way out, if the [person had] said, 'gee, it's not like [name]' that would've helped too, but nobody chased me down the corridor to the doorway to say, '[name], come back. I want to talk to you'. That would've helped. (Interviewee, Male, 60)" (p264) Author Theme: Familiarity vs anonymity in risk monitoring Example quote: "And I remember breaking down in the doctor's surgery. I was there just for an annual check-up and as soon as he closed the door I was a mess…I wouldn't allow myself to show it to friends and family. It was to a stranger where it was kind of like you felt that if you were going to be judged it would be far less than what it would be from family and friends." (Interviewee, Male, 36) (p265) Author Theme: Respecting autonomy vs imposing constraints Example quote: "…by the time I got down there, they've already got him off the side of the road… they got him in the police car and took him home. And he actually took a few swipes at the copper. A good guy, he just let go. Trying to help him was really hard." (Interviewee, Male, 29) (p266) Author Theme: Dependence on vs perceived failures of community services Example quote: "I suppose I used more of what was actually out there than a lot of people did. A lot of people don't know what services are out there for those sort of things… psychologists, psychiatrists, counsellors, they're great, especially in a mental health plan." (Interviewee, Male, 18) (p266)

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 *(Authors used a qualitative secondary analysis approach but did not justify their reasoning.)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(All states and territories in Australia publicised broadly through local, state and national mental health organisations and community network. If meeting screening criteria and enrolled, participants were reimbursed AUD50 it is unclear whether this was used to incentivise recruitment.)*
Data collection	Was the data collected in a way that addressed the research issue?	Yes

Section	Question	Answer
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 has some value *(Summary provided of the evidence. Limited information provided to set evidence in context of existing research. Limitations of the study discussed. Future research mentioned)*
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Lack of rationale for research design; some findings presented with a lack of evidence to support them; participants reimbursed for participation in the study)*
	Relevance	Relevant *(Study not conducted in the UK)*

Frey, 2018

Bibliographic Reference	Frey, Laura M; Fulginiti, Anthony; Lezine, DeQuincy; Cerel, Julie; The decision-making process for disclosing suicidal ideation and behavior to family and friends.; Family Relations: An Interdisciplinary Journal of Applied Family Studies; 2018; vol. 67 (no. 3); 414-427

Study details

Country/ies where the study was carried out	USA

Study type	Qualitative study Grounded theory
Study dates	2013-2014
Sources of funding	Funding from an Emerging Scholars Fellowship awarded by Active Minds, made possible through support by the Scattergood Foundation for Behavioral Health.
Recruitment strategy	Recruitment occurred as part of a larger study on attempt survivor experiences and family reactions. First, an invitation to participate in a survey was posted, open to individuals who had experienced suicidal ideation or who had experienced a nonfatal suicide attempt. Respondents to that survey were then invited to volunteer for an in-depth interview about their experiences. Recruitment period: 2013 to 2014
Inclusion criteria	Suicide attempt survivor who had experienced a non-fatal suicide attempt in the past
Exclusion criteria	Not reported
Study setting	In the community
Participant characteristics	Sample size N=40 Mean age (SD) 45.8 (9.8) years Sex (female/male) Female/male: 28/12 Ethnicity Caucasian: 36 Latinx/ Hispanic: 3 Asian: 1 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Mean 4.0 (SD 5.2) (range 1 to 25)
Data collection and analysis	1-2-1 semi-structured interviews comprising questions about suicide-related disclosure. Interviews were conducted by the same person via Skype audio due to the geographic spread of the participants (throughout the US). Data were analysed using a grounded theory approach.
Findings	Author Theme: Whether to disclose? Benefits

Example quote: "I think it was the beginning of the process of being able to talk about what happened to me and of not being ashamed to talk about it. And it helped me too because a few years later, my situation was nationally in the newspapers, and I was able to face it a lot better because I had experienced telling my story." (p419)
Author Theme: To whom to disclose? Someone nearby
Example quote: "... provided the participant felt the individual could be trusted to respond compassionately (no participant quotes for the theme)" (p422)

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?	Can't tell *(Recruitment occurred as part of a larger study.)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(1-2-1 interviews. Clear description provided of how data were collected and of methods used. Data saturation unclear.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information was reported on the relationship between researcher and participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information was reported on the consideration of ethical issues)*
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	Moderate concerns *(Limited information available on recruitment strategy (although part of a larger study); insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Frost, 2016

Bibliographic Reference	Frost, Mareka; Casey, Leanne; Rando, Natalie; Self-Injury, Help-Seeking, and the Internet: Informing Online Service Provision for Young People.; Crisis; 2016; vol. 37 (no. 1); 68-76

Study details

Country/ies where the study was carried out	Australia
Study type	Mixed-methods study
Study dates	2012
Sources of funding	The publication of this research was funded through a grant provided by the au. Domain Administration (auDA) Foundation
Recruitment strategy	Participants were recruited to complete an Internet survey via a variety of online and offline sources. Recruitment was strategically conducted throughout all states of Australia, including regional areas, with the assistance of young people volunteering with one of the partner organizations. Recruitment period: 2012
Inclusion criteria	• Age 14 to 25 years

	• History of self injury
Exclusion criteria	Not reported
Study setting	Community
Participant characteristics	Sample size N=457 (total cohort 679) Mean age (SD) 18.01 (2.02) years Sex (female/male) Female/male: 399/58 Ethnicity Aboriginal or Torres Strait Islander: 12 Not reported: 440 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	A survey link was provided. A mixed methods analysis was used. Demographic variables, history of self injury and help-seeking experiences were analysed. Thematic analysis was used as a basis for the analysis of responses to the open question, "What is most important to you in an online support service for self-injury?"
Findings	Author Theme: Guidance Example quotes: "Ideas on what to do instead of self-harming, or what to do when the thought comes across your mind ... indicated a need for harm minimization in the form of advice about first aid and less damaging self-injury: "Information on first aid, how to minimize damage, how to hide bruises/scars." (p72) "It not being an automated response system and is an actual person...Knowing that there is someone to listen to you and perhaps help you to stop no matter where you are...It not being an automated response system and is an actual person." (p72) Author Theme: Reduced Isolation Example quote: "Community feeling – not just facts and figures. I want to feel like there are other people experiencing this, and how they got/get through it. But at the same time, I want personal help. I want someone to understand my situation." (p72) Author theme: Information Example quote: "Being able to find information that I am too scared to ask for… relevant, recent and important information, facts and research… information of what constitutes self-harm (different types) and possible causes. Possible treatments available and effectiveness." (p72) Author Theme: Online culture Example quote: "That it acknowledges that self-harm is sometimes a survival strategy. That it does not stigmatize self-harm, blame people who self-harm, or ignore the underlying causes of self-harm … Safety in online services for self-injury centered around the need for moderation, warnings about triggering content, and the risks of self-injury becoming competitive. "That it is safe and not people just talking graphically about how they self-harm or flaming others or triggering others." (p72) Author Theme: Access

Example quote: "Being able to instant message a professional 24/7." "Being able to access online counselling on mobile Internet … That the people can talk straight away and you wouldn't have to wait for over 5 min to talk to a professional." (p72)

Author Theme: Privacy

Example quote: "That I have the opportunity to remain anonymous. Anonymity is something that is very important to me, especially in relation to such a private and personal topic such as self-harm. I would not use an online support service to talk about self-harm if I did not have the option to remain anonymous... "No judgment... too many services are boxed around a duty of care and won't let you hurt yourself without calling someone... real help comes in the form of people allowing you to hurt yourself and talking to you about what is causing the need and just being there with you for a while... helping you feel and think about what is so painful rather than making you feel in trouble or naughty for needing to do it." (p73)

Author Theme: Facilitation of help-seeking

Example quote: "Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)…. Advice on how to seek help from my GP and bring up the subject with family/partner." (p73)

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 *(Part of a large scale survey)*
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?	Can't tell *(Part of a large scale online survey; only data from the qualitative question of relevance to this study; no direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses; no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information provided on the relationship between researcher and participants)*

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Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted but no other ethical considerations discussed.)*
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	Serious concerns *(Insufficient rationale for selection of research design; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on the consideration of ethical issues; data collection methods limited; no discussion of data saturation)*
	Relevance	Relevant *(Study not conducted in the UK)*

Haberstroh, 2012

Bibliographic Reference	Haberstroh, Shane; Moyer, Michael; Exploring an online self-injury support group: Perspectives from group members.; Journal for Specialists in Group Work; 2012; vol. 37 (no. 2); 113-132

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Grounded theory
Study dates	Not reported

Sources of funding	Not reported
Recruitment strategy	Participants were purposefully selected because they were members of a unique group and self injury recovery experience. The self injury support group was a private, open enrolment group. Potential members requested access from a group moderator. Recruitment period: Not reported
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Study setting	Online self-harm support group
Participant characteristics	**Sample size** N=20 **Mean age (SD)** 36 (not reported) years **Sex (female/male)** Female/male: 17/3 **Ethnicity** Caucasian: 20 **Co-morbidity** Not reported **Duration of self-harm** Average 20 years (SD 8 years) **Suicide attempts** Not reported
Data collection and analysis	Online survey with questions related to participants' experiences with self-harm and the online group. Data were analysed using grounded theory analysis.
Findings	**Author Theme: The Online Group Supplemented Counselling** Example quotes: "I find that therapy is good, but you can only depend so much on therapy . . . and therapy can be anywhere from two times a week to once every month or more. Some people do not find that is enough support so they need to have something else in their life to turn to. That is where the group comes in. You can write whenever you want to and someone will respond when they get time or you can just felt heard or needed a place to vent." (p122) "Peer to peer support that has been a real good addition to my recovery." (p123) **Author Theme: Online Group Support, Connection and Feedback - Supportive understanding** Example quote: "I have found a very empathetic [sic] bunch of people there . . . sometimes when there is no advice to give, there is a sense of belonging. It is an additional support system of people who know what I am going through and so that is very comforting." (p124) **Author Theme: Online Group Support, Connection and Feedback - Relational connections** "Sometimes it is just knowing there are others with similar struggles, or triggers is comforting. They also can help me navigate through a difficult situation with an objective point of view or suggestion. Or sometimes just being able to post my emotional difficulties and pain that is enough to get through the urge to injure. Having that rapport with others prevents those feelings of isolation and loneliness from creeping in. No one judges me for what I have done, and yet can support me with the decision to change for the better." (p124)

Author Theme - Online group support, connection, and feedback - supportive feedback

Example quote: "When I started to post in this group I would get a lot of support. Now, since I am better and healthy I tend to give it more then take it. I guess you learn that when you get better and know the ins and outs of things. I do feel less alone because I have some of the members on messenger that I talk to. If I did not have a couple of them to talk to then I would be lost as I would not know who to talk to. I often talk to a few and open up to fewer. The friends that I make are for a long time. . . so I go slowly with opening up. I am glad I made friends." (p124)

Author Theme: Safety and frustration with the no triggering norm - Safety

Example quote: "it's relieving to know that it is supposed to remain trigger free, unlike a lot of groups which openly shows [sic] photos of SI, and talk, etc." (p125)

Author Theme: Asynchronous group limitations

Example quotes: ".. chat feature would be nice. The delay time is long to get responses, especially if you are in a crisis." (p126) "I wish that there was a chat feature on the side as there was when I joined the group, but [ISP] took that feature away. There is the [ISP] messenger however that people can go on and get peoples IDs and talk that way. There are several people on a run of a day. That is the way that chats will have to be till [sic] [ISP] does something about it." (p126-127)

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?	Can't tell *(Survey link to members via a moderator; no direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses; no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes

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Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information reported in respect of study conduct. Consideration of ethical implications is given in the discussion)*
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 *(Data collection method had limitations; no discussion of data saturation; limited information provided on ethical considerations in respect of study conduct but some discussion in respect of ethical implications in author discussion)*
	Relevance	Relevant *(Study not conducted in the UK)*

Heredia Montesinos, 2019

Bibliographic Reference	Heredia Montesinos, A.; Aichberger, M.C.; Temur-Erman, S.; Bromand, Z.; Heinz, A.; Schouler-Ocak, M.; Explanatory models of suicidality among women of Turkish descent in Germany: A focus group study; Transcultural Psychiatry; 2019; vol. 56 (no. 1); 48-75

Study details

Country/ies where the study was carried out	Germany
Study type	Qualitative study General qualitative inquiry
Study dates	2010-2013

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Sources of funding	No financial support for the research, authorship, and/or publication of this article
Recruitment strategy	Suicide attempters were recruited at an outpatient clinic that specialized in treating immigrants, as well as by means of Turkish-speaking psychotherapists, psychiatrists, general practitioners, counselling services, and a shelter for immigrant women. Recruitment period: 2010 to 2013
Inclusion criteria	• Turkish descent (defined as either having migrated oneself [first generation] or having parents from Turkey [second generation]) • 18 years-plus
Exclusion criteria	• For groups women from the community the following exclusion criteria applied: Previous suicide attempts, mental illness, and receipt of psychiatric or psychological treatment • For suicide attempters the following exclusion criteria applied: Current suicidal crisis (did you have suicideal thoughts or a suicide attempt within the last eyar), schizophrenia, schizotypal and delusional disorders, intellectual disability, and dementia
Study setting	Outpatient clinics
Participant characteristics	**Sample size** N=15 (suicide attempters of total cohort 61) **Mean age (SD)** Mean reported by age category: Age group 18 to 33 years: 26.4 (5.4) Aage group 38 to 66 years: 45.6 (9.8) **Sex (female/male)** Female/male: 15/0 **Ethnicity** Not reported. All participants were women of Turkish descent **Co-morbidity** Current or past diagnosis of affective disorder: 11 Neurotic, stress-related or somatoform disorder: 3 Not reported: 1 **Duration of self-harm** Not reported **Suicide attempts** At least 1 attempt: 15
Data collection and analysis	Prior to the focus group, women from the community and suicide attempters were interviewed individually. Focus group meetings were held in a conference room at a community centre and were led by a female bilingual moderator. A second moderator who took notes.

	The duration of focus group discussions was around two hours. Sessions were video and voice recorded. Data were analysed using thematic analysis.
Findings	Author Theme: Potential intervention and prevention strategies Example quote: "Participant 1: With therapy you can only change yourself; Participant 4: Yes!; Moderator: So therapy could help with what?; Participant 3: So that you don't take everything so seriously or you don't swallow everything anymore. One has to change oneself, it's hard, but you should try!; Participant 4: Because if not, you don't live how you want to live, you'll live like your parents!; Participant 3: Yes, try not to take everything so personally, or ...; Participant 2: Keep your emotional distance!; Participant 3: Keep your emotional distance, do something nice for yourself, because you cannot change the world!" (p67) Author Theme: Help-seeking behaviour Example quote: "Participant 2: I think that here in Germany you aren't taken seriously. I don't want to say something wrong now . . .Moderator: No, go ahead! That's important!; Participant 2: We just get labeled in some way. Women, and our culture as well. And with a headscarf even more! Eh, I don't know, I went to a German therapist and he didn't understand me; Participant 4: Hmm [agreeing]; Participant 2: He can't put himself into my position, or he can't understand my culture! Eh, I went to an appointment and it didn't help me!" (p65)

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?	Can't tell *(1-2-1 interviews were conducted prior to the focus group. Data collected via focus group, unclear to what extent this would have impeded the openness of participants. No discussion of data saturation.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted. Some additional discussion related to safeguarding interviewees (post interview counselling for example))*
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	Serious concerns *(Method of data collection had limitations; data saturation not discussed; insufficient information on the consideration of ethical issues)*
	Relevance	Relevant *(Study not conducted in the UK)*

Holliday, 2015

Bibliographic Reference	Holliday, Carrie; Vandermause, Roxanne; Teen experiences following a suicide attempt.; Archives of psychiatric nursing; 2015; vol. 29 (no. 3); 168-73

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Not reported

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Recruitment strategy	The research participants were identified through the use of purposeful sampling. Recruitment period: Not reported
Inclusion criteria	• Adolescents aged 15 to 19 years • English speaking • Male and female • All ethnic and racial groups • Attempted suicide one or more times in the preceding 6 months, and admitted to the Emergency Department for their attempt
Exclusion criteria	• Teens not deemed emotionally stable during the inpatient stay or after discharge as determined by their mental health providers • Teens diagnosed with a psychotic disorder or other cognitive disorder that would make interviewing difficult
Study setting	Emergency department
Participant characteristics	Sample size N=6 Mean age (SD) Not reported (age 15 to 19 years) Sex (female/male) Female/male: 5/1 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts At least 1 attempt: 6
Data collection and analysis	Data were collected using 1-2-1 face-to-face interviews. Each participant was interviewed once. A conversational strategy, open ended and unstructured was used. The interviews were recorded and transcribed verbatim. Data were analysed using an interpretative phenomenological approach.
Findings	Author Theme: Connecting as climbing up Example quote: Nathan was looking for someone to listen to him, "It seems people are more focused on themselves and "their own interests than actually taking five minutes to ask you what's wrong" (l. 210–211) ... Nathan stated all he wanted was 5 minutes of somebody's time. (p171)

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?	Can't tell *(Face-to-face interviews used. Saturation of data was not discussed.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information related to the researcher and participant relationship reported)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information related to the consideration of ethical issues reported)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Limited information reported on data analysis. Timeframe and approach described in brief.)*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value *(The discussion includes interpretation of the findings although no explicit reference to what the research adds to existing knowledge although some reference made to external literature in discussion throughout the paper)*
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Data saturation not discussed; insufficient information on the potential influence of the*

Section	Question	Answer
		researcher or of the relationship between researchers and participants on results; limited information reported on the data analysis)
	Relevance	Relevant *(Study not conducted in the UK)*

Holliday, 2018

Bibliographic Reference Holliday, R.; Brennan, C.; Cottrell, D.; Understanding Adolescents' Experiences of Self-Harm: Secondary Analysis of Family Therapy Sessions from the SHIFT Trial; Archives of suicide research : official journal of the International Academy for Suicide Research; 2018; 1-14

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	University of Leeds as part of the lead author's Doctorate in Clinical Psychology
Recruitment strategy	Video-recorded family therapy sessions collected as part of the self harm intervention: Family Therapy (SHIFT). Recruitment period: 2009 to 2013
Inclusion criteria	- At least one previous episode of self-harm - Self-harmed prior to assessment by the Child and Mental Health service (CAMHS) with self harm being the key feature of that assessment >/=3 family therapy sessions (as part of SHIFT)

Exclusion criteria	Not reported
Study setting	Family therapy sessions
Participant characteristics	Sample size N=22 Mean age (SD) Not reported; 12 participants aged between 11 and 14 years (55%) and 10 participants aged between 15 and 17 years (45%) Sex (female/male) Female/male: 14/8 Ethnicity White: 17 Asian 2 Mixed-race: 2 Black: 1 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	Previously recorded family therapy sessions were viewed for each participant except where the adolescent was not present (parent only session). Sessions were reviewed and excerpts of data were selected for transcription if they contained discussion of self-harm from the perspective of the adolescent or discussions of contextual factors identified as important on initial or subsequent viewings. Data were analysed using inductive thematic analysis.
Findings	Author Theme: Moving Forward Example quote: "I suppose the more I talk about and the more I talk about it without tears and get it out the more I can brush it aside…it's still hard though and I think it's going to take years…literally years. P7, session 2" (pS198)

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

Section	Question	Answer
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(Data were gathered via a secondary analysis of data collected during an RCT)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes *(Purposive sampling. Participants from the intervention arm of an RCT who consented to the use of their session recordings for future research)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Video recorded sessions of family therapy sessions where the adolescent was present. The impact of the interview format on the responses given (in terms of openness) is not clear). No direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses. Data saturation not discussed.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Unclear. SHIFT management approved the use of the data for secondary analysis (data for participants who consented to use of recorded sessions in future research although it is not clear if the future research was known at the time). Ethical approval was sought from the NHS integrated research application system. The project did not require local NHS governance review)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Inductive thematic analysis was conducted. No explanation provided as to how the data presented were selected from the original sample.)*
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 *(Method of data collection has limitations; data saturation not discussed; insufficient information on the consideration of ethical issues (unclear whether detail of secondary analysis discussed but participants had consented to use of data)*
	Relevance	Highly relevant

Holm, 2011

Bibliographic Reference	Holm, Anne Lise; Severinsson, Elisabeth; Struggling to recover by changing suicidal behaviour: Narratives from women with borderline personality disorder.; International Journal of Mental Health Nursing; 2011; vol. 20 (no. 3); 165-173

Study details

Country/ies where the study was carried out	Norway
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Financial support from the Department of Nursing Education, Stord/Haugesund University College, and the Faculty of Health Sciences, Vestfold University College, Tønsberg, Norway
Recruitment strategy	Participants were recruited via mental health nurses, therapists in different settings, and the "mental health" organization on the west coast of Norway. Recruitment period: Not reported
Inclusion criteria	Women diagnosed with borderline personality disorder
Exclusion criteria	Not reported
Study setting	Mixed (health, community, other)
Participant characteristics	Sample size N=13 Mean age (SD) 39 (range 25 to 53) years Sex (female/male) Female/male: 13/0 Ethnicity

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	Not reported **Co-morbidity** Borderline personality disorder (BPD): 13 **Duration of self-harm** Not reported **Suicide attempts** Not reported
Data collection and analysis	Narrative information was obtained by in-depth interviews in which participants were asked questions about their recovery process. The participants chose the setting for the interview. Data were analysed using thematic analysis.
Findings	**Author Theme: The desire to recover by searching for strength** Example quote: "... the psychologist helped them to understand that using drugs to overdose was not helpful" (no quotes to extract) (p169) **Author Theme: Recovering by being able to feel safe and trusted** "This place was different from other institutions. I felt safe here; they believed I could manage the same things as the others. This was a turning point and my way to freedom." (Participant 9) (p170) **Author Theme: The struggle to be understood as the person you are** "They asked me why I did it and why I did not think about them. I had no answer. I could not explain why I wanted to kill myself and could find no words to explain my pain. Today I think that this was childish, but I wish that someone could understand. (Participant 9)" (p169)

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?	Can't tell *(Very limited information given on recruitment)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Limited information provided on structure and format of interviews. Interviews were narrative*

Section	Question	Answer
		using two questions although it is not clear whether these were used as prompts for an open conversation or whether follow-up questions were asked. No discussion of data saturation)
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	Moderate concerns *(Limited information provided on recruitment strategy; method of data collection has limitations)*
	Relevance	Partially relevant *(Study not conducted in the UK; study included people with 'suicidal behaviour' which did not necessarily include self-harm)*

Horrocks, J, Hughes, J, Martin, C, House, A, Owens, 2005

Bibliographic Reference Horrocks, J, Hughes, J, Martin, C, House, A, Owens D; Patient Experiences of Hospital Care Following Self-Harm: A Qualitative Study; 2005; 38p.

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	June 2000 and April 2001
Sources of funding	Funded by the mental health charity Leeds MIND from a research grant awarded by the UK National Lotteries Charities Board
Recruitment strategy	People who attended A&E at 2 Leeds hospitals after self-harm between June 2000 and April 2001, who were aged 18 years-plus, were invited to take part. This continued weekly until at least 3 patients from each of the pre-specified categories had been interviewed. Recruitment period: June 2000 to April 2001
Inclusion criteria	• All people who had attended A&E at 2 Leeds hospitals after self harm between June 2000 and April 2001 • Age 18 years-plus
Exclusion criteria	Not reported (patients of no fixed abode or those who had been aggressive towards staff)
Study setting	Accident and emergency department
Participant characteristics	Sample size N=45 Mean age (SD) Not reported (age range 18 to 56 years) Sex (female/male) Female/male: 27/18 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported

Data collection and analysis	Two interviews were carried out with each participant using a free-association narrative interview method. Interviews were taped and transcribed and then all parts relating to the most recent hospital attendance and the subsequent aftercare were highlighted. Discussion groups were used to identify and categorise themes from the interview
Findings	Author Theme: Experience of A&E - feelings of isolation Example quote: "all they have to say is, we're here if you need us, don't think you're on your own...you feel like you're on your own" (p9) Author Theme: Experience of A&E - communication Example quote: it might have been better to have someone who could have sat down and talked me through the depression from start to finish..... someone to give you an explanation of depression so that you don't just feel you've gone out of control and your life isn't going to be the same again" (p10) Author Theme: Experience of A&E - being processed Example quote: "they don't have to be really nice to you all the time, just talk to you, because you feel as though they're looking at you because you've done what you've done, as though you're nothing and that's not nice" (p11) Author Theme: Experience of A&E - wanting understanding Example quote: ""the nurses didn't seem to have any appreciation of what I'd been through...one of them said, 'that was a stupid thing to do'... not nasty but not very understanding about it, it would have been better if someone had understood - the psychological side of it they didn't seem bothered about, they should have not put me down for what I did but tried to talk to me about it and help me" (p11) Author Theme: Experience of A&E - negative attitudes Example quote: "this other bloke, I don't know who he were, he just come and asked me some questions and he were really stroppy and he just wrote stuff down and then he just went, probably because of what I'd done I don't know but he was just as if, he just spoke down a little bit...obviously I were really down at the time anyway but it upset me a bit the way he spoke" (p12) Author Theme: Experience of A&E - positive experiences of communication Example quote: "they treat you like they would anybody really", "most of the nurses were really nice... talking to me as if I was a normal person, not somebody who'd just tried to kill myself, like a lot of them talk to you as if you're stupid" Author Theme: Psychosocial Assessment - Timing Example quote: "...if I'd have spent more time I probably could have opened up to him a lot" (p15) Author Theme: Psychosocial assessment - acceptance and understanding Example quote: "she was nice, she said, 'you've got a lot to put up with, you being a very sensitive person and everything'". There were other similar comments: "he was nice, he was understanding", "really caring and helpful", "came across more like a friend", "a really nice bloke and easy to talk to" (p17) Author Theme: Psychosocial Assessment - Assumptions and interpretations by staff Example quote: "she put it down to self-esteem which I think is spot on", "she seemed to get down to the nitty gritty really quickly" (p17) Author Theme: Psychosocial Assessment - Abandonment Example quote: "if I'd had someone to talk to before I came out of hospital at least I'd know that they're not just there to help me not die or to get me better...I'd walk out of hospital knowing that I could get in touch with somebody who's going to help me sort out my problems" (p20) Author Theme: Psychosocial Assessment - being processed Example quote: "She were nice, but, honestly I do think you just get your time slotted, you get your allocation. - that's it. I mean, quite honestly I could have left there and done anything, anything I'd have wanted, because you could. Because, they just, she was very nice, you know she had a nice soothing voice which you need. Asking me 'You know, how do you feel?'…I just had, you get the feeling – maybe I'm being cynical – that they just want you not to say anything that's going to mean that they are going to have to put that bit of extra work in, because basically if I said 'You know, I don't want to live, I've had enough, I you know I just weren't successful last night but next time I will be' I don't know what they'd done with me. She, she were very nice but you could tell you were allocated your hour, just over your hour whatever, because right at the end when she's gone into depth, everything gets rushed, because you've got to answer all the questions on the thing and some of them seem so, pointless really, but I suppose they always like to have the fuller picture don't they?…I think its just procedures – I think you have to see them before you go but to be quite honest they could just have given me a leaflet and palmed me out. But I suppose, maybe they can tell people that are a really, really bad risk. You know. It wasn't like they had to bring me back from death was it? Maybe if I'd have been on death's door when I'd walked in or say if I'd cut myself and they'd been blood dripping all over, maybe I wouldn't have got out that quickly, maybe I would have been kept in" (p16)

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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 *(Unclear. Part of a larger study on self-harm)*
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?	Can't tell *(1-2-1 interviews conducted using a free-association narrative method. Method allows for mroe detailed responses to a common question or topic but could perhaps create some inconsistency among responses. No discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information reported)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Limited detail provided but appears broadly appropriate - transcription of interiews and then parts linked to hospital attendance or assessment highlighted from which themes were discussed in groups)*
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	Moderate concerns *(Data collection method has limitations; no discussion of data saturation; insufficient information reported on ethical considerations)*
	Relevance	Highly relevant

Hume, 2007

Bibliographic Reference	Hume, M.; Platt, S.; Appropriate interventions for the prevention and management of self-harm: A qualitative exploration of service-users' views; BMC Public Health; 2007; vol. 7; 9

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Grounded theory
Study dates	2005
Sources of funding	Costs were covered through research fees to the University, paid by The Mayor of Elmbridge Trust Fund
Recruitment strategy	Patients were recruited following admission to the Edinburgh Royal Infirmary (ERI) after a repeat act of self-harm. Recruitment period: June and July 2005
Inclusion criteria	Males and females, aged 16–50 years, with a history of self-harm were sampled: • ≥1 previous act of self-harm within the last 3 years with/without hospital admission

Exclusion criteria	- Children under the age of 16 were excluded for ethical reasons, and adults over 50 years because self-harm is rare in this age group - Patients with learning difficulties, cognitive impairment or who were medically unfit - Habitual drug users following an overdose, due to difficulties in establishing self-harm intent
Study setting	Inpatient
Participant characteristics	**Sample size** N=14 **Mean age (SD)** Not reported (age between 20 and 49 years) **Sex (female/male)** Female/male: 6/8 **Ethnicity** Not reported **Co-morbidity** 12 patients described a history of alcoholism and/or depression and/or drug abuse. 3 patients reported that they were 'depressed'. 3 reported that they had borderline personality disorder and 1, bi-polar disorder, although 2 had not received a formal diagnosis. **Duration of self-harm** All patients had harmed themselves at least twice previously, many on several occasions. They reported engaging in a variety of self-harming behaviours over the past 3 years. >50% had engaged in more than one form of self-harm. **Suicide attempts** 5 patients reported a desire to end their life in connection with their most recent self-harm or a prior act.
Data collection and analysis	1-2-1 face-to-face qualitative interviews, using a semi-structured interview guide. Questioning was flexible. Average interview length was about 40 minutes. Interviews were recorded and transcribed. Data were analysed using thematic analysis.
Findings	**Author Theme: Immediate aftercare** Example quote: "I had to wait 12 weeks. A lot can happen in 12 weeks. When the appointment came I was, like, I didn't really see the point' [F, 20]...'What I'm thinking is I'll be discharged, and I'll have to go back to this empty flat. Nothing has really changed for me, and I know I'll have to wait, you know, 'til it comes appointment card]" [F, 25] **Author Theme: Community based vs hospital support** Example quotes: "The chaplain ... praying and stuff like that ... they're not in it for the money if you know what I mean ... they're mair [more] committed, duty bound to help through their faith and stuff' [M, 39]." (p5-6) "... a friend or family member as the single greatest source of support in connection with their self-harm, more important than any other source: 'My wife ... she's a diamond, if it wasn't for her I don't know what I'd do' [M, 41] ... 'If it wasn't for her [friend] I wouldn't be here now' [F, 26]" (p6) "... hospital staff very positively, as sympathetic and understanding: 'The ambulance driver ... he came back from another job and just popped his head round. It was really really really good, something I really appreciated. And the nurses... they were really nice to me, and gave me a lot of sympathy ... one of them I smelt she's been smoking, and I really needed a smoke, and she said I'll sort you out later. They were just really nice to me" [M, 22].'" (p6) **Author Theme: Management vs prevention, the need to self harm** Example quote: "Several patients were anxious to impress on their friends, family and, in some cases, professionals the importance of managing self-harm (rather than its prevention): 'I don't want to stop cutting myself. It's what I do. The sooner they understand you can't stop a self-harmer, the better" [F, 21].'" (p7)

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?	Can't tell *(1-2-1 qualitative interviews. Interview topic guide with flexibility to ask follow-up questions should participants raised additional issues. No discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Interviewer was a student unconnected to treatment but no other information provided)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted. No other discussion of ethical issues in respect of study conduct)*
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 discussion of data saturation; insufficient information provided on ethical considerations; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Highly relevant

Idenfors, 2015a

Bibliographic Reference	Idenfors, H.; Kullgren, G.; Renberg, E.S.; Professional care as an option prior to self-harm: A qualitative study exploring young people's experiences; Crisis; 2015; vol. 36 (no. 3); 179-186

Study details

Country/ies where the study was carried out	Sweden
Study type	Qualitative study General qualitative inquiry
Study dates	2009 to 2011
Sources of funding	Not reported
Recruitment strategy	Interviewees were recruited from the emergency department, psychiatric emergency services, the child and adolescent psychiatry clinic, or a psychiatric ward. Recruitment period: 2009 to 2011
Inclusion criteria	People aged 16 to 24 years with ICD-10 criteria for intentional self-harm X60-X84 (codes include all forms of self-harm but exclude suicidal intent)
Exclusion criteria	Not reported
Study setting	Emergency (no previous contact with emergency department, or psychiatric emergency services - initial contact for self-harm)
Participant characteristics	Sample size N=10 Mean age (SD) 20 (NR, range 17 to 24) years Sex (female/male) Female/male: 6/4 Ethnicity Not reported

	Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	1-2-1 semi-structured interviews were conducted according to a script. Questions were asked in an open-ended manner to encourage the participants to speak freely about the subject. Interviews were recorded. 9 interviews ranged from 27 to 50 minutes, while 1 interview was 14 minutes long. Interviews were transcribed in Swedish. Data were analysed using an inductive thematic approach.
Findings	**Author Theme: A need for a more flexible, available and varied health care: Need for many possible routes to professional care** Example quotes: "Because many also feel it is difficult to express… express what you feel in writing. But I feel that sometimes it can be easier. Especially if it's for someone you don't know. (…) I know that if I had an e-mail address to write to I would have done it. A long time ago." (Participant 3) (p181) "Just the fact that I know that I did not come directly to the child and adolescent psychiatry clinic. And that alone is probably difficult, I think. That there isn't a direct number. That you're connected everywhere and new numbers and such. (Participant 3)" (p181) **Author Theme: A need for a more flexible, available and varied health care: Importance of Immediate Help** Example quote: "It's not like they rush things. … Yes. "We'll be in touch later." So like a week goes by. (Participant 4)" (p181) **Author Theme: A struggle to be independent and yet being in need of reliable support: Importance of family and friends when overwhelmed by emotional storms** Example quote: "She's the one who called and reserved everything. Because I haven't had the strength to do anything then so this was really nice. (Participant 2)" (p181) **Author Theme: A struggle to be independent and yet being in need of reliable support: Importance of perceived quality of contacts** Example quotes: "Ideally you have a doctor that takes it seriously and really listens to you. (Participant 5)" (p182) "So it felt good and it… he also took it seriously immediately when I… when I contacted him again because I had started to get these thoughts about harming myself and directed me onwards. (Participant 6)" (p182) "But then I began to understand that maybe the problem isn't that the help doesn't work, but it's that you have to meet the right person, quite simply. (Participant 3)" (p182)

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?	Can't tell *(1-2-1 semi-structured interviews with open-ended questions. Data saturation discussed (10 to 12 interviews planned but stopped after 10 as material was considered rich enough to reach saturation))*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Comment that researcher had no access to participant medical records and all information was retrieved from participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted. Participants were consented prior to taking part in the study but detail not provided)*
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 *(Insufficient information provided on ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Idenfors, 2015b

Bibliographic Reference Idenfors, H.; Kullgren, G.; Renberg, E.S.; Professional care after deliberate self-harm: A qualitative study of young people's experiences; Patient Preference and Adherence; 2015; vol. 9; 199-207

Study details

Country/ies where the study was carried out	Sweden
Study type	Qualitative study General qualitative inquiry
Study dates	2009 to 2011
Sources of funding	Not reported
Recruitment strategy	Recruitment was carried out at the emergency department, psychiatric emergency services, child and adolescent psychiatry clinic, and a psychiatric ward in a catchment area in northern Sweden. Recruitment period: 2009 to 2011
Inclusion criteria	Patients aged 16– 24 years No previous contact with health services due to deliberate self-harm (DSH). DSH was defined per ICD-10 criteria for intentional self-harm X60 to X84 which do not ascribe suicidal intent
Exclusion criteria	Not reported
Study setting	Emergency (emergency department, psychiatric emergency services - 6 month follow-up after initial contact)
Participant characteristics	Sample size N=9 (of 10 included in the original sample (Idenfors 2015a)) Mean age (SD) Not reported, range 17 to 24 years Sex (female/male) Female/male: 5/4 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Earlier DSH: 3 (33%) No earlier DSH: 5 (56%) Unknown: 1 (11%) Suicide attempts Not reported

Data collection and analysis	1-2-1 semi-structured interviews were conducted according to a script. Questions were asked in an open-ended manner to encourage the participants to speak freely about the subject. Interviews were recorded. Inerview lengths were 22 to 40 minutes. Interviews were transcribed in Swedish. Data were analysed using an inductive thematic approach.
Findings	**Author Theme: Am I really in good hands? Speaking the same language** Example quote: "[…] then there's my classmate who's got the same sort of family situation and that, so we talk a lot and can see ourselves in each other. Perhaps we can't console one another, but I mean we can ... we can still feel we're not alone, that someone understands. (Participant 1)" (p201) **Author Theme: Am I really in good hands? Having trust in the care of professionals** Example quotes: "Of course I understand how they look at it – they don't want me to overdose again, so [...] Then it felt like they took you more seriously instead of other doctors who just pumped you full of drugs. (Participant 4)" (p201-202) "Well, I've got a note and an appointment so it hasn't been a problem, it's just getting there on time [...] that I have to call them myself and that I think it's so difficult so, no, I'd rather just not bother. (Participant 5)" (p202) Participants reported that promises made to them about the effects of medication and waiting times were not fulfilled. This led to mistrust, worry, and a fear of being forgotten. There was a request for more openness on these issues. "Have they forgotten me, like, why is nothing happening and like all the worry which wasn't exactly good which meant more emergency visits at the mobile team. (Participant 6)" (p202) Participants requested more information about experienced side effects of their medication, such as shaking, increased suicidality, and self-harm. "It would have been good if someone had said how important it is that [...] you sort of gradually reduce. (Participant 6)" (p202) **Author Theme: Help should match life circumstances The influence of structural factors of contact** Example quote: "They cited as possible solutions having home visits, assistance in getting to the clinic, and contact by phone. A reminder by phone the day before a visit was also suggested. 'Or that they ring like a day before. 'Cause we wrote it in the calendar, but I never look there. (Participant 2)'"(p202) **Author Theme: Help should match life circumstances In need of practical help** Example quotes: "So then I decided to, well, live at home basically, 'cause I, it felt like I wasn't ready to move up there [to the place of study] again. (Participant 9)" (p203) "Yeah, but, for example ... the furniture I've got here – they helped me with that, and stuff. It's that kind of thing. If I need help with shopping. Yeah. And things like paper and stuff. 'Cause I've got this home insurance and change of address and things like that now. I didn't understand how to fill out the form, so they help me with that – things like that. (Participant 2)" **Author Theme: Making yourself better Personal input** Example quote: "I like wanted to know what they were talking about. So I don't understand why they went. Yeah. If everyone could sit and talk … instead. (Participant 2)" (p203) **Author Theme: Making yourself better Asking for help** There were requests to talk things through or to be admitted to get proper help [no quotes] (p204) Participants expressed a wish to have more frequent contact with health care services, especially with their doctor and during periods when they had more thoughts of self-harm. [no quotes] (p204)

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?	Can't tell *(1-2-1 semi structured interviews with open-ended questions. Data saturation was discussed (12 interviews planned but stopped at 10 as material was considered rich enough to reach saturation))*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
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
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Insufficient information provided on ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Kelada, 2018

Bibliographic Reference	Kelada, L.; Hasking, P.; Melvin, G.; Whitlock, J.; Baetens, I.; "I Do Want to Stop, At Least I Think I Do": An International Comparison of Recovery From Nonsuicidal Self-Injury Among Young People; Journal of Adolescent Research; 2018; vol. 33 (no. 4); 416-441

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Self-harm: assessment, management and preventing recurrence: evidence reviews for information and support needs of people who have self-harmed FINAL (September 2022)

Study details

Country/ies where the study was carried out	Australia, Belgium and the US
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	The author(s) received no financial support for the research, authorship, and/or publication of this article.
Recruitment strategy	Recruitment strategy: • Australia: Over 400 secondary schools were invited to participate and 5 agreed. • Belgium: 7 schools in the Flemish region of Belgium were invited to participate and 3 agreed. • USA: Young people were invited to participate in the interviews via flyers and advertisements posted around school and college/university health provider organizations in New York State. Recruitment period: Not reported
Inclusion criteria	Participants who had intentionally hurt themselves without the intention of killing themselves
Exclusion criteria	Participants who had intentionally hurt themselves with the intention of killing themselves
Study setting	In the community
Participant characteristics	Sample size N= 98 (Australia: n=48; Belgium: n=25; USA n=25) Mean age (SD) Australia: 15.15 (1.64) years; Belgium 17.32 (0.56) years; USA 20.24 (2.83) years Sex (female/male) Female/male: Australia: 32/16; Belgium: 20/5; USA: 23/2 Ethnicity Not reported for Australia and Belgium. USA (n=25): European American/ Caucasian: 18 Mixed-race: 3 African American: 1 Asian American: 1 Not reported: 2 Co-morbidity

	Total sample: Mental illness diagnosis: 34. The most common diagnoses (not mutually exclusive) were depressive disorder (n = 27) and anxiety disorder (n = 16). No mental illness diagnosis: 64 ## Duration of self-harm Total sample: Frequency of non-suicidal self-injury: 1-5 times: 32 6-10 times: 11 11-20 times: 11 21-50 times: 13 50+ times: 29 Not reported: 2 ## Suicide attempts Participants who had self-harmed with the intention of suicide were excluded from the study.
Data collection and analysis	Open-ended questions survey questions. Interview transcripts were analysed using thematic analysis.
Findings	## Author Theme: Supportive and calm communication (parents) Example quote: "They were just supportive and pretty much just listened and tried to help . . .The fact that they were very supportive is what helped me get through it. Like being able to talk to them, I mean after I was hospitalized . . . I stopped cutting for like five years. And then when I went back to it and like I hid it from them and then they found out again and it was more of kind of like them listening and being like, "Okay you've done it before, you've gone through the process of not doing it, how can we help you." And just having them be that support system before anybody else was definitely helpful." (American female, 24) (p431) ## Author Theme: Feeling supported, engaged, and not judged (professionals) Example quote: "Ask what you want to talk about. When they were very realistic with me and weren't too sympathetic or negative, when they educated me about alternatives and why everything happens—external/internal factors." (Australian female, 13) (p427)

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?	Can't tell *(Participants were recruited as part of a larger study on family experience of non-suicidal self injury)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Interviews were preceded by a survey. Limited detail is provided on the interview structure although example questions were provided for three areas if interest with some samples asked follow-up questions during interview. Reporting lacks clarity to distinguish the actual process. Recall of events up to 10 years prior.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported)*
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?	Can't tell *(No clear statement of findings woven into the discussion of the evidence)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Limited information on recruitment strategy; method of data collection has limitations; no discussion on data saturation; insufficient information provided on the influence of the researcher on results)*
	Relevance	Relevant *(Study not conducted in the UK)*

Klineberg, 2013

Bibliographic Reference   Klineberg, Emily; Kelly, Moira J; Stansfeld, Stephen A; Bhui, Kamaldeep S; How do adolescents talk about self-harm: a qualitative study of disclosure in an ethnically diverse urban population in England.; BMC public health; 2013; vol. 13; 572

Study details

Country/ies where the study was carried out	UK (England)
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Queen Mary, University of London (Medical Research Council funded PhD studentship held by EK (MRC ID: K63404J), awarded by the Charitable Foundation of Barts & The London to Prof K Bhui)
Recruitment strategy	Thirteen schools from the London Boroughs of Hackney and Newham were invited to participate. These schools were invited as they had previously participated in a longitudinal study on adolescent health which included questions about self-harm. A screening questionnaire was administered to 319 participants in secondary schools during school hours to select a sample for individual interviews. Recruitment period: 2007
Inclusion criteria	Participants were purposively selected, selection was made on the basis of repetition of self harm to include young people who had tried the behaviour without repetition and those who adopted the behaviour and repeatedly hurt themselves. Adolescents who had not self-harmed were interviewed to explore peer attitudes. The sample was selected to include both males and females. Within each school, for every 2 males or females who had self harmed, 1 person of the same gender who had not self-harmed was also invited for interview. Teachers were not given specific detail about the selection criteria.
Exclusion criteria	Not reported
Study setting	School (Secondary)
Participant characteristics	Sample size N=30 Mean age (SD) Not reported (15 years 87%; 16 years 13%) Sex (female/male) Of those who had self-harmed: Female/male: 17/ 3 Ethnicity

	Of those who had self-harmed: White British & White Other (including UK, Irish, Irish & Welsh, Turkish): 2 Asian (including Bangladeshi, Pakistani, Indian and Sri Lankan Tamil): 10 Black (including British and African): 4 Mixed ethnicity (including White & Black African, African & Asian, White & Black Caribbean, White & Oriental Asian, Pakistani & Asian British): 4 **Co-morbidity** Not reported **Duration of self-harm** Of those who had self-harmed: 1 episode of self-harm: 9 Repeat episodes of self-harm: 11 **Suicide attempts** Not reported
Data collection and analysis	Screening questionnaires were completed and referred to in the first interview. 1-2-1 interviews were conducted. Interview structure was flexible to cover issues as they arose but a brief topic guide was used to ensure coverage of key areas. There were no set prompts. Interviews were audio-recorded and transcribed verbatim. Thematic analysis using a framework approach was used to analyse the data.
Findings	**Author Theme: Help-seeking** Example quotes: "...if you had someone there … it wouldn't come to your mind to do those things, but it's at a time when you …when kids have no-one at all that you would do the craziest things, and not care at all how it hurts you" (Female, 15, Black African & Asian, self-harmed once) "I don't think they should contact any sort of outside help, unless the student wants it. Because if the student's getting it, but doesn't want it, it's not going to help." (Female, 15, White & Asian, repeated self-harm) (p5) **Author theme: Response to self-harm without help being sought** Example quote: "But it's hard, like… my mum watching or my brother watching me, or someone like that. So it's kind of hard to say, call up and speak to someone in front of somebody else, when it's supposed to be confidential…So, I think if they are on-line, probably just emailing or talking to someone online … that's better." (Female, 16, Asian, self-harmed once)

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

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Limited information provided)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Limited information provided)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted. No other information given on ethical considerations, although opportunity for debrief and pastoral care signposting offered)*
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell *(Findings woven into the descriptive summary of evidence; no separate statement)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(No discussion of data collection; limited information on ethical considerations; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Highly relevant

Lewis, 2016

Bibliographic Reference Lewis, Stephen P; Michal, Natalie J; Start, stop, and continue: Preliminary insight into the appeal of self-injury e-communities.; Journal of health psychology; 2016; vol. 21 (no. 2); 250-60

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.
Recruitment strategy	Member of active non-suicidal self-injury e-communities. Individuals volunteered compensation for participation took the form of entry into a draw for four gift cards. Recruitment period: Not reported.
Inclusion criteria	Participants were members of active non-suicidal self-injury e-communities
Exclusion criteria	Not reported
Study setting	e-Community
Participant characteristics	Sample size N=68 Mean age (SD) 24.15 (8.41) years Sex (female/male) Female/male: 57/11 Ethnicity Caucasian: 58 Hispanic: 1 Mixed-race: 3 Other ethnicities: 5 Not reported: 1 Co-morbidity Not reported Duration of self-harm Mean number of self-harm episodes (SD): 1030.07 (2396.63) At least 13 times: 68 Suicide attempts Not reported
Data collection and analysis	Participants were asked to respond to 3 open-ended questions online. Data were analysed using thematic analysis.

Findings	Author theme: Seeking support Example quotes: "I seeked out self-injury websites because nobody understood me. My mother screams at me when I self-harm. I need support from people who understand me." (Participant 64) (p255) "to find others who understood what I was going through, and who wouldn't get super upset at me and demand I get help and fit myself immediately." (Participant 12) (p255) "Therapy and books helped but it was better to be able to talk to people who are going through the same things as you. It's nice to see you aren't the only one in this." (Participant 11) (p255 Author theme: Understanding NSSI Example quote: "... discussed a desire to enhance their NSSI knowledge, seemingly to understand their own experiences: "I was seeking information and understanding of what I was going through. I had no understanding of the feeling I experienced before, during and after SI." (Participant 56) (p255)

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?	Can't tell *(Members of active non-suicidal sef injury (NSSI) e-communities were asked to volunteer to participate in the study. Compensation given for participation - participants were entered into a prize draw, unclear whether used to incentivise recruitment or offered afterwards.)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Participants were asked 3 questions; method of asking was unclear and unclear whether 3 questions were sufficient to elicit required information; no direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses; no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported)*

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information reported)*
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell *(Adequate discussion of findings provided, but no separate statement provided)*
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(Compensation was given for participation in the study; data collection methods were limited; no discussion of data saturation; no information provided on the influence of researcher participant relationship or ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Long, 2016

Bibliographic Reference   Long M; Manktelow R; Tracey A; "Knowing that I'm not alone": client perspectives on counselling for self-injury.; Journal of mental health (Abingdon, England); 2016; vol. 25 (no. 1)

Study details

Country/ies where the study was carried out	Northern Ireland
Study type	Qualitative study Grounded theory
Study dates	Not reported

Sources of funding	No funding received
Recruitment strategy	Participants were recruited in 2 phases by advertising in non-statutory counselling agencies and third level education in Northern Ireland. Participants self-selected to the research by contacting the first author by email. Recruitment period: 2010, period of time unclear
Inclusion criteria	- Aged 18 years-plus - Living in Northern Ireland - Reporting a history of self-injury - No longer engaging in self-injury - Accessing counselling at the time of research participation
Exclusion criteria	Not reported
Study setting	In the community (accessing counselling)
Participant characteristics	Sample size N=10 Mean age (SD) 31 (range 19 to 42) years Sex (female/male) Female/male: 8/2 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	1-2-1 semi-structured interviews. The questions were designed to facilitate and guide the interview process. Follow-up and probing questions were used to expand on topics where needed. Data were analysed using a grounded theoretical approach to analysis.
Findings	Author Theme: Seeing beyond the cutting Example quote: "Ruth: I don't think I ever really wanted anybody to take it away from me . . . and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living really too, so nobody really tried to take it from me." (p44) Author Theme: Human contact Example quote: "Rosie: knowing that I'm not alone and I'm not getting the ''oh you're a freak'' reaction, but ''this is a normal part of humanity'' . . . I mean you can tell that counsellor everything that makes you feel like a weirdo, everything that makes you abnormal, and . . . you're still treated like a human being." (p44)

Author Theme: Integrating experiences
Example quote: "Rosie: So I don't hate myself for it anymore, I know my reasons as to why I did it . . . I can understand it, and I can, look at my scar and say that I'm proud that I got through it, that I survived, and that I'm still surviving in every single day that I go along." (p44)

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?	Can't tell *(Participants self-selected by responding to an advert and completing a participant information sheet to confirm they met eligibility criteria. Unclear where the advert was placed in terms of the reach to potential participants)*
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

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
	Relevance	Highly relevant

McGill, 2019

Bibliographic Reference	McGill, Katie; Hackney, Sue; Skehan, Jaelea; Information needs of people after a suicide attempt: A thematic analysis.; Patient education and counseling; 2019; vol. 102 (no. 6); 1119-1124

Study details

Country/ies where the study was carried out	Australia
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	This study was funded with donations from The Movember Foundation as part of a Beyond Blue information resources project.
Recruitment strategy	Participants were recruited via an electronic invitation which was disseminated through the community groups Beyond Blue and Suicide Prevention Australia. Recruitment period: Not reported
Inclusion criteria	Participants had to: • Have lived experience of a suicide attempt • Be over the age of 18 years • Be comfortable talking about suicide

	• Have experienced the latest suicide attempt over 12 months ago • Score <20 on the Kessler-20 psychological distress scale at the time of screening
Exclusion criteria	Participants were excluded if: • They reported a high level of psychological distress • The suicide attempt had occurred less than 12 months ago
Study setting	In the community
Participant characteristics	Sample size N=37 (n=22 people who had attempted suicide, n=6 family members/ friends who had also attempted suicide, and n=9 family members/ friends only who did not meet the population eligibility criteria for this review) Mean age (SD) 40 (range 18 to 79) years Sex (female/male) Female/male: 28/9 Ethnicity Not reported for target population. Total cohort: Aboriginal/ Torres Strait Islander: 2 Not reported: 35 Co-morbidity Not reported for target population. 84% of total participants indicated they had a diagnosis of mental illness. Duration of self-harm Not reported Suicide attempts At least 1 attempt: 28
Data collection and analysis	Interviews were conducted over the phone by 4 staff, lasting an average of 27 (range: 12-70) minutes, and were recorded and transcribed. Thematic analysis was conducted using an inductive approach and constant comparison.
Findings	Author Theme: The need for information that addresses stigma Example quote: "People appreciate it if they realise that they're not alone . . . I mean those sorts of stats, people are not aware of and hence it actually doesn't take away the pain or anything but it's kind of, in a sense, doesn't leave it so isolated. That there are many other people in society going through the same feelings." Male suicide attempt survivor (p1121) Author Theme: Desire for practical information and signposts for getting through Example quotes: "Here's the crisis support lines, here's where you can go for some more information, this is typical of what you might be feeling. To some extent to provide some boundaries around what is happening for them . . . I think is very important." Male suicide attempt survivor (p1122) "You want one message to promote about suicide: be honest and open with family and friends about how you're feeling and what's happening to you." Female suicide attempt survivor (p1122) Author Theme: The value and role of hearing other people's stories as a way to communicate health information and change attitudes

Example quotes: "Publically sharing their stories to the extent of well this the who, what, when and why . . . may start to break down that stigma . . . If they were able to share their stories and experiences, again the power of the shared story, the shared experience is a great way of breaking stigma down in many ways." Male suicide attempt survivor (p1122) "I did like reading the stories of people that had come through ... because in your own mind, you're a gone-er. "Female suicide attempt survivor (p1122)

Author theme: Health information should be a foundation for, and enable, warm compassionate support

Example quote: "Written information is really good, but I think that nothing beats being able to talk to someone freely and openly and just get it all out and be able to have someone tell you that you know it's OK, it's OK for you to feel like that." Female suicide attempt survivor and family member (p1122)

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 *(Authors used an inductive approach but no rationale was provided)*
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?	Can't tell *(Representatives from the Beyond Blue group were involved in making decisions regarding the study design and recruitment, but were not inviolved in data collection or analysis)*
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

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Lack of justification for research design; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Relevant *(Study not conducted in the UK)*

Owens, 2016

Bibliographic Reference	Owens, Christabel; Hansford, Lorraine; Sharkey, Siobhan; Ford, Tamsin; Needs and fears of young people presenting at accident and emergency department following an act of self-harm: secondary analysis of qualitative data.; The British journal of psychiatry : the journal of mental science; 2016; vol. 208 (no. 3); 286-91

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	2009 (summer, 14 weeks)
Sources of funding	Part funded by NIHR CLAHRC for the South West Peninsula
Recruitment strategy	Recruited from existing online self-harm forums. Recruitment period: 2009 (summer 14-week timeframe)
Inclusion criteria	Young people aged 16 to 25 years with experience of self-harm. Recently and nearly qualified professional in relevant mental healthcare disciplines (this group beyond scope for this review)

Exclusion criteria	Not reported
Study setting	Accident and emergency department
Participant characteristics	Sample size N=31 Mean age (SD) 19.5 (not reported) years Sex (female/male) Female/male: 30/1 Ethnicity White: 30 Not reported: 1 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and analysis	Data were collected from an online discussion forum. This study focused on posted material about young people's experiences of seeking treatment in A&E for self-harm. Data were analysed using inductive thematic analysis.
Findings	Author Theme: Perceptions of treatment and care Example quote: Behaviours that were particularly valued by the young people were those that demonstrated sensitivity and a genuine desire to understand the functions of self-harm: "I allowed a student nurse to observe and she was really kind and asked me why I self harm because she said she didn't really understand it, and it was really nice . . . to be able to actually help someone learn about it." (ID 24)

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

Section	Question	Answer
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(Secondary analysis)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Recruited via online forums. Limited detail reported in this paper, likely detail reported in the primary paper)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Posted contributions in online forums (detail regarding structure of forum content and searching of forums reported). This method may have encouraged more detailed responses although the lack of opportunity for follow-up questions may mean that issues cannot be fully explored. No discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Unclear from information provided; mentions researcher involvement in primary study)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted for primary study and this study fell within the scope of the original consent. No other ethical considerations discussed)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Limited description of the analytical process, although it was noted that inductive thematic analysis was used)*
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 *(Secondary analysis; limited information provided on recruitment strategy; method of data collection has some limitations; no data saturation discussion; insufficient information on ethical considerations; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; information provided regarding data analysis was limited.)*
	Relevance	Highly relevant

Peterson, 2015

Bibliographic Reference	Peterson, D.H.M.; Collings, S.C.; "It's either do it or die": The role of self-management of suicidality in people with experience of mental illness; Crisis; 2015; vol. 36 (no. 3); 173-178

Study details

Country/ies where the study was carried out	New Zealand
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Participants were identified by advertising with a local e-mail network of people with experience of mental illness and by advertising with non-government organisations that had significant contact with people with experience of mental illness (including consumer-run organizations). Recruitment period: Not reported
Inclusion criteria	Participants who had experienced mental illness over a long time period (at least 3 years) who could talk about their past experiences of feeling suicidal.
Exclusion criteria	People who were actively suicidal or whose suicidality was considered by authors to be either extremely mild or severe (for example, people who had experienced fleeting suicidal thoughts, or people who had a recent near-lethal suicide attempt).
Study setting	Community
Participant characteristics	Sample size N=27 Mean age (SD) Not reported (age early 20s to mid-70s, median age 44 years) Sex (female/male) Female/male: 17 (identified as female) / 9 (identified as male) / 1 (did not identify)

	Ethnicity Not reported **Co-morbidity** The majority described experiencing depression either on its own or with another form of mental illness including psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, personality disorder, and posttraumatic stress disorder. **Duration of self-harm** Not reported **Suicide attempts** Most had attempted suicide in the past.
Data collection and analysis	1-2-1, semi-structured interviews, which lasted up to 90 min, took place either in the participant's home or in another place of their choosing. There were 8 main questions and prompts. Flexibility was allowed to be responsive to issues raised. Interviews were digitally recorded and then transcribed. A narrative thematic analysis of the transcripts was conducted
Findings	**Author Theme: What is Self Management?** Example quotes: "Because I learned about my illness, I learned about my history why I do the things that I did, especially the negative stuff, and I moved on from it 'cos I didn't want to repeat those kind of behaviors.'" (p175) "[Website] is amazing for making you feel like you're not the only one who's felt that and been there… and I didn't know them so, and they're nowhere, anywhere near me, they don't know where I live, so they can't call the cops if they're worried, they're just there. The main aspects that these supports had in common were they were accessed by the person on their own terms, when they decided they were necessary, and could involve directly addressing suicidal thoughts and feelings, or not, depending on what the person needed,..." (p176)

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 *(Part of a larger study)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Intensity sampling frame was used to recruit participants. Participants received a "modest retail voucher" in recognition for their time although it is unclear whether this was used to incentivise recruitment)*

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(1-2-1 interviews conducted; no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes *(Ethical approval was granted. Informed consent obtained from participants and safeguarding in place)*
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 has some value *(Discussion of findings within this study; does not set in context of other published research; discussion of implications for practice further research)*
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(Compensation for time spent in participating in the study; no discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; limitations in discussion of findings in context of existing research)*
	Relevance	Partially relevant *(Study not conducted in the UK; participants had to have experienced suicidality but this did not necessarily include self-harm. Study reports that most participants had attempted suicide but it is unclear how many)*

Rissanen, 2009

Bibliographic Reference	Rissanen, Marja-Liisa; Kylma, Jari; Laukkanen, Eila; Descriptions of help by Finnish adolescents who self-mutilate.; Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc; 2009; vol. 22 (no. 1); 7-15

Study details

Country/ies where the study was carried out	Finland
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Written descriptions: Advertised in 4 magazines targeted at adolescents, on magazine websites, and on the principal researcher's own website. Interviews: Participants selected for interview from a population sample of 13- to 17-year-old adolescents who lived in eastern Finland and who had reported past or current self-mutilation in a structured questionnaire Recruitment period: Not reported
Inclusion criteria	Adolescents who had self-mutilated or were currently self-mutilating
Exclusion criteria	Not reported
Study setting	Not reported
Participant characteristics	Sample size Written descriptions: N=62 Interviews: N=10 Mean age (SD) Written descriptions: Not reported (age 12 to 21 years) Interviews: Not reported (age 15 to 19 years) Sex (female/male) Female/male: Written descriptions: not reported Interviews: 10/0 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported

	Suicide attempts Not reported
Data collection and analysis	<u>Written descriptions:</u> Submission of written descriptions were invited via email. All adolescents who had self-mutilated would have a possibility to talk about that they wanted concerning help for self-mutilation (including age and gender information). <u>Interviews:</u> 1-2-1 open-ended interviews invited the interviewee to talk about self-mutilation.The interviews lasted 45 to 75 minutes and were audiotaped. The analysis began by combining written descriptions and audio-taped interviews transcribed verbatim. Data were analysed using inductive content analysis.
Findings	Author Theme: Factors Contributing to Help, Knowledge of Self-mutilation as a phenomenon Example quote: "It would be helpful if, for example at school or somewhere, there was information about self-mutilation. I mean real facts about it." (knowledge of self mutilation) (p11) Author Theme: Factors Contributing to Help, A Caring Environment Example quote: "Nurses should understand a self-mutilating adolescent as a person, not judge her for that what she has done." (p11) Author Theme: Factors Contributing to Help, Enabling Early and Practical Intervention for all Kinds of Adolescent Problems Example quote: "Public well-being should better prevent all kinds of problems that are known to be related to self-mutilation and when there are problems, for example at school or with parents, someone should intervene as early as possible." (p11) Author Theme: Factors Contributing to Help, Intervening in Adolescent Self-mutilation Example quotes: "Any adult should react seeing wounds or scars. I mean, at least if the adult knows the adolescent, for example at school. If an adult just said or did nothing it could be taken by the self-mutilating adolescent to mean that it is alright to self-mutilate or that the adult just doesn't care." (p11) "The school nurse has to intervene if she notices any kind of suspect marks on the skin." (p11) Author Theme: Factors Contributing to Help, Authentic Caring for the Adolescent Example quote: "I went with my self-mutilating mate regularly once a week to talk with our school nurse. We discussed dating, self-esteem, problems at home, actually all kinds of things, not just cutting. It was great when our school nurse said that we could come to talk whenever we needed. And she said that if she was in another school we could phone her during the school day. We never phoned." (p11)

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

Section	Question	Answer
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?	Can't tell *(Limited information provided particularly around the submission of written descriptions)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Data collection description provided - written descriptions and individual open-ended interviews; written descriptions were emailed and demographic information were not always provided; no limit on number of written submissions; no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported)*
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	Moderate concerns *(Method of data collection has limitations; no discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Relevant *(Study not conducted in the UK)*

River, 2018

Bibliographic Reference	River, Jo; Diverse and Dynamic Interactions: A Model of Suicidal Men's Help Seeking as It Relates to Health Services.; American journal of men's health; 2018; vol. 12 (no. 1); 150-159

Study details

Country/ies where the study was carried out	Australia
Study type	Qualitative study Case study
Study dates	2009 to 2014
Sources of funding	No financial support received for the research, authorship or publication
Recruitment strategy	Male participants were recruited through health services, community organisations, and advertisements in local newspapers Recruitment period: 2009 to 2014
Inclusion criteria	Men who had different levels of contact with health services (broadly defined as services provided by health care professionals and community organizations), and men within the community with no current contact with health services
Exclusion criteria	Not reported
Study setting	Outpatient (in contact with health services) and in the community (no current contact with health services)
Participant characteristics	Sample size N=18 Mean age (SD) Not reported (aged between 23 and 66 years) Sex (female/male) Female/male: 0/18 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts 1 attempt: 9 2 attempts: 8 6 attempts: 1

Data collection and analysis	1-2-1 life history interviews were conducted. Men were asked to tell their story from whatever point they wished and to highlight events that were important to them. The interviewer asked questions to clarify and to cover topics identified before the interviews. Interviews were transcribed verbatim.
Findings	**Author Theme: "Nothing to Lose": Actively Seeking Help** Example quote: Sarah expressed an interest in issues pertinent to Jack. Jack described the impact of her approach, "I felt better instantly because, for no other reason than, I had someone I could talk to, share feelings." (p154) (...not alone in his experience of health services. The majority of participants' narratives reported that a person-centered approach to care was viewed as more effective and relevant for managing distress and suicidal feelings.) **Author Theme: A Window of Opportunity: Unsolicited Encounters with Health Services** Example quotes: "I would tell her everything and anything. All my problems or anything that I was having difficulty during the week. And I would often go in there and say, "Look, Lara I feel like killing myself today," but she was able to come to the forefront and soothe me down a bit. But anytime up before Lara, I mean, it was, as I said, it was hopeless. Nobody was there to help me." "It's funny, the whole [hospital] process is: have the accident, try to save it [leg], take it off, do your rehab, get fitted for your leg, learn to walk and that's sort of it. At no point through that process, whether it be physiotherapy or in the ward, does anyone come and talk to you and say, well you know, how you feeling about this? It may have made a difference. It probably would have made a difference. I only saw one psychologist in the whole period that I was in there, they came in and asked me a few questions and you know, I was quite boisterous, oh you know, don't worry about it, it'll be okay and that was the first and last time I'd seen anyone." (p155) **Author Theme: "Gender Friendly" Rather than "Male-Friendly" Services** Example qutoe: "Liam encountered a community organization for gay men that he was supported to consider his personal experience of shame in relation to wider social processes that constitute homophobia. Liam described the community organization as an "exceptional" source of support, which contributed considerably toward reducing his feelings of suicidal distress." (p156)

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?	Can't tell *(Limited information but recruited through health services, community organisation and local paper. Timeframe unclear)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Life history interviews 1-2-1, interviewer clarified events. No discussion of data saturation)*

Section	Question	Answer
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted and participants consented)*
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 discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information reported about ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Rivlin, 2013

Bibliographic Reference	Rivlin, Adrienne; Fazel, Seena; Marzano, Lisa; Hawton, Keith; The suicidal process in male prisoners making near-lethal suicide attempts.; Psychology, Crime & Law; 2013; vol. 19 (no. 4); 305-327

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry

Self-harm: assessment, management and preventing recurrence: evidence reviews for information and support needs of people who have self-harmed FINAL (September 2022)

Study dates	2007 to 2009
Sources of funding	Not reported
Recruitment strategy	Male prisons in England and Wales selected based on past rates of completed suicide and serious suicide attempts. Prison staff provided with criteria with which to refer cases to the study and prisoners approached at the prison in which their suicide attempt occurred. Recruitment period: 2007 to 2009
Inclusion criteria	Prisoners aged 18 years-plus who had made a near-lethal suicide attempt (defined as acts which could have been lethal had it not been for intervention or chance and/or involved methods which are associated with a reasonably high chance of death)
Exclusion criteria	Not reported (referrals excluded - declined to participate, considered too dangerous or mentally ill, could not speak English well enough, staff shortages and absences impacting interview date, prisoner released or transferred to a non-participating prison)
Study setting	Adult male prison
Participant characteristics	Sample size N=60 Mean age (SD) Not reported (median age 29 years, range 18 to 57 years) Sex (female/male) Female/male: 0/60 Ethnicity White: 52 Non-white: 8 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts At least 1 attempt: 60
Data collection and analysis	1-2-1 face to face interviews in private lasting between 30 and 120 minutes and using a semi-structured qualitative interview schedule with allowance for follow-up questions. Interviews were transcribed and thematic analysis was conducted.
Findings	Author Theme: Support/interventions wanted Example quote: ". . . some counseling. Someone to get into my head, try to talk to me, try and get round why I am doing these stupid things, try and help me get myself sorted out, get me back to the person I was three years ago. (Case 35)"

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Self-harm: assessment, management and preventing recurrence: evidence reviews for information and support needs of people who have self-harmed FINAL (September 2022)

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?	Can't tell (1-2-1 interviews; participants provided narrative account supplemented with followup questions from the researchers in 4 areas; no discussion of data saturation)
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell (No information reported)
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell (Ethical approval granted but no other discussion of ethical issues included)
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 discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on the consideration of ethical issues)
	Relevance	Highly relevant

Strike, 2006

Bibliographic Reference	Strike, Carol; Rhodes, Anne E; Bergmans, Yvonne; Links, Paul; Fragmented pathways to care: the experiences of suicidal men.; Crisis; 2006; vol. 27 (no. 1); 31-8

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Outpatient settings within the University of Toronto psychiatric network and participants were recruited from patients registered within these services Recruitment period: Not reported
Inclusion criteria	Male, 18 years-plus, a history of suicidal behaviour (and substance use disorder, antisocial behaviour or borderline personality disorder in the past year
Exclusion criteria	Not reported
Study setting	Outpatient settings within the psychiatric care network
Participant characteristics	Sample size N=15 Mean age (SD) Not reported (21 to 40 years 59%; 41 years-plus 41%) Sex (female/male) Female/male: 0/15 Ethnicity Not reported

	Co-morbidity Groups are not mutually exclusive. Alcohol use disorder: 67% Other substance disorder: 60% Mood disorder: 87% Anxiety disorder: 53% Borderline personality disorder: 67% Antisocial personality disorder: 47% **Duration of self-harm** Not reported **Suicide attempts** Most recent suicide attempt within 1 year: 67% Most recent suicide attempt 2 to 3 years ago: 33%
Data collection and analysis	1-2-1 semi-structured interviews. A detailed interview guide comprised of open-ended questions and prompts. Interviews were audiotaped and transcribed verbatim. Data were analysed using thematic analysis
Findings	**Author Theme: Difficulty with the Referral System** Example: "While communication problems often contributed to fragmented pathways, those who were able to articulate their needs found that their efforts to receive care were frustrated because they were unable to obtain requested referrals. When the focal provider (e.g. counselor) did not specialize in mental health, he or she was not always aware of the services and service providers in the community. Some participants sought referrals to psychiatrists but said that their family doctor told them that he/she did not provide referrals. Oddly, one participant reported that a large mental health care center refused to provide a referral after having assessed him. He said that he was sent back to see his family doctor, who told him that psychiatrists were a waste of time. Dissatisfaction with the care received also influenced willingness to attend suggested referrals. Problems with the provider to whom they were referred contributed to fragmented pathways." (p34) **Author Theme: Insufficient Time for Proper Assessment** Example quote: "...In family practices, appointments were said to be too short to be productive or therapeutic." (p35) **Author Theme: Distress mislabelled by healthcare providers** Example quote: "They let me out 2 days later without talking to me. Dr. L.said to me 'this isn't a hostel.' I wasn't looking for a hostel. I had a fridge full of food and my rent was paid and I had cigarettes and everything at home. I had everything I needed, except for a safe place" (7: 959)" (p34)

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

Section	Question	Answer
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?	Can't tell *(1-2-1 semi-structured interview comprising open-ended questions and probes; no discussion on data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information reported)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted, no other information provided)*
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 discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on ethical considerations)*
	Relevance	Relevant *(Study not conducted in the UK)*

Vatne, 2018

Bibliographic Reference	Vatne, May; Naden, Dagfinn; Experiences that inspire hope: Perspectives of suicidal patients.; Nursing ethics; 2018; vol. 25 (no. 4); 444-457

Study details

Country/ies where the study was carried out	Norway
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	No financial support for the research, authorship and/or publication of this article
Recruitment strategy	Participants were selected and asked to participate by a psychology specialist in connection with a follow-up after suicide attempts. Recruitment period: Not reported
Inclusion criteria	Serious suicidal tendencies or an actual suicide attempt, and the ability to verbalise experiences
Exclusion criteria	An exclusion criterion was psychosis
Study setting	Outpatient settings - psychiatric or mental health professional contact
Participant characteristics	Sample size N=10 Mean age (SD) Not reported, age range 21 to 52 years Sex (female/male) Female/male: 4/6 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts At least 1 attempt: 9 Not reported: 1

Data collection and analysis	In-depth interviews of between 90 and110 minutes. Interviews began with an open-ended question, information was shaped into a dialogue, and interpretations of responses were checked. Location varied between participant's home, ward meeting room, and researcher's office. Interviews tape recorded and transcribed. Data were analysed using thematic analysis
Findings	Author Theme: Experiencing hope through encounters Example quotes: "That nurse got to know me well after some time – managed to see when I became irritable . . . She sees from my body language that as it goes on now, I was beginning to be very angry. And the result then was that she took control of the conversation and said that we can talk about this; she saw right away that now I was beginning to get very furious about this. And she then took the doctor aside, and later they came back and said that you will get the leave." (p449) "There are many on the ward who struggle with a feeling of emptiness, of not having human contact. And then there are those with too much contact, those with anxiety, they have huge connections with their feelings. While those of us who have depression are somewhat totally opposite on the scale. When observing the different feelings, one does not feel so special oneself any more." (p449)

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?	Can't tell *(Limited information reported)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(In-depth interview guided by an interview guide; data saturation not discussed)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information provided; noted that the interviewer met with participants prior to interview)*
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

Section	Question	Answer
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)*
	Relevance	Relevant *(Study not conducted in the UK)*

Ward, 2013

Bibliographic Reference	Ward, J.; Bailey, D.; A participatory action research methodology in the management of self-harm in prison; Journal of Mental Health; 2013; vol. 22 (no. 4); 306-316

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry (participatory action research)
Study dates	Unclear
Sources of funding	Funded by the North East Offender Health Commissioning Unit (NEOHCU) and the Economic and Social Research Council
Recruitment strategy	Women were identified through Assessment Care in Custody and Teamwork (ACCT) records indicating a history of self-harm. Recruitment period: Not reported
Inclusion criteria	Women in prison with a recorded history of self-harm
Exclusion criteria	Not reported

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Self-harm: assessment, management and preventing recurrence: evidence reviews for information and support needs of people who have self-harmed FINAL (September 2022)

Study setting	Adult female prison
Participant characteristics	**Sample size** N=50 **Mean age (SD)** 36 (NR) (range 18 to 58) years **Sex (female/male)** Female/male: 50/0 **Ethnicity** Not reported **Co-morbidity** Not reported **Duration of self-harm** Not reported **Suicide attempts** Not reported
Data collection and analysis	Participants completed questionnaires (assistance to complete questionnaires with a researcher was made available). Qualitative information from the detailed notes of the process mapping events and the open-ended questions on the questionnaires were analysed using thematic analysis
Findings	**Author Theme: Current Procedures** Example quote: "The need to keep occupied as a way of managing feelings was echoed by one woman: Bored, alone in your room your mind works over time and you find it hard not to do what your head is telling you: SELF-HARM! (PMW6)" (p311) **Author Theme: Understanding of Self Harm** Example quotes: "Spoke to like a child … called by my surname or number, does not make me feel safe or human. (PMW3)" (p311) "First timers are scared and isolated; unsure what to expect … (Process Mapping Staff, PMS1)" (p311) "I think when you arrive you should get more support, maybe even given a "buddy". (PMW1)" (p311) "I've been in … for 3 months now and I have self-harmed 5 times. I was in … 7 times and I never self-harmed because I was getting visits there I've not had any here. (PMW1)" (p312) **Author Theme: Identified opportunities** Example: Workbooks, respite/chillout area/ self-help group, safety plan, counselling, peer group re mental health, camouflage info

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

Section	Question	Answer
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?	Can't tell *(Limited information provided on the recruitment strategy)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Questionnaires were completed; from the questionnaire respondents a sample were invited to take part in interviews (noted that reported elsewhere); no discussion on data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information provided)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Ethical approval granted; no other detail on ethical issues provided)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Limited detail provided, read categorised and scrutinised to determine themes)*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value *(Discussion of findings; discussion of initiatives to fill identified gaps to develop or add to existing services; some reference to existing literature)*
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Data collection method has limitations; no discussion of data saturation; limited information on data analysis; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on ethical considerations)*
	Relevance	Highly relevant

Weber, 2002

Bibliographic Reference   Weber, Mary T; Triggers for self-abuse: A qualitative study.; Archives of Psychiatric Nursing; 2002; vol. 16 (no. 3); 118-124

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Not reported Recruitment period: Not reported
Inclusion criteria	Unclear
Exclusion criteria	Not reported
Study setting	Locked state psychiatric hospital
Participant characteristics	Sample size N=9 Mean age (SD) 32 (range 21 to 48) years Sex (female/male) Female/male: 9/0 Ethnicity White: 7 Black: 2 Co-morbidity The women had multiple psychiatric diagnoses, ranging from bipolar disease, schizophrenia, schizoaffective disorder, bipolar disorder, and dissociative identity disorder. Duration of self-harm Not reported Suicide attempts

	Not reported
Data collection and analysis	The women were interviewed multiple times over a 4-month period for a total of 43 interviews. Data were analysed using a narrative thematic analysis (social constructionist framework)
Findings	Author Theme: Talking to Me Example quote: "MW: If you were me, how could we help you when at the early stage to prevent that (self-abuse) from happening, what would help you?; Anne: To sit down and talk to me or something. MW: Sit down and talk with you?; Anne: Umm umm; MW: Okay. How would we know from, like looking at you, that you were angry, like in the early stage?; Anne: 'Cause my facial expression; MW: Your facial expression. Okay. So, if you got a chance to talk to someone then you wouldn't have the urge to hurt yourself?; Anne: No, I wouldn't." (p122) Author Theme: Comfort Example quote: "Janet: You have to be ready. You can't just go over and touch someone, really that's the worst thing you can do. You say, okay, I'm going to touch your hand now. That's me, remember this is now. But so many times people come up to you and grab you or whatever. Well, that just makes you even more scared and stay in it [flashback] longer. MW: Umm umm. Janet: They [staff from another hospital] just knew everything [about me]. They guided you through and did everything they could to get you out of it, and when you were, but, did everything they could to make you feel safe, and make you feel clean. MW: So, you mentioned that those approaches helped to decrease the self-harm. Janet: Oh yeah, because many times, just having someone there to talk to and talking to you, soft and caring. It takes the anger side . . .away." (122-123)

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?	Can't tell *(Limited detail provided likely participants were asked to provide a narrative account)*

Section	Question	Answer
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information provided)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(No information provided)*
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 has some value *(Discussion of implications of research was limited; does not set in context of published research)*
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns *(Data collection method limited; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information provided on the consideration of ethical issues; limited contextualisation of findings against other research)*
	Relevance	Relevant *(Study not conducted in the UK)*

Williams, 2018

Bibliographic Reference   Williams, Sara M; Frey, Laura M; Stage, Dese'Rae L; Cerel, Julie; Exploring lived experience in gender and sexual minority suicide attempt survivors.; The American journal of orthopsychiatry; 2018; vol. 88 (no. 6); 691-700

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	The sample for this study was taken from a larger collection of qualitative interviews conducted as part of "Live Through This", an advocacy project that collects the personal stories of suicide attempt survivors. Recruitment period: Not reported
Inclusion criteria	Participants were eligible if they met the following criteria: • Suicide attempt survivors (aged 18 years-plus) and • At least 1 year since their most recent suicide attempt AND • Identify as a gender minority (for example, transgender, nonbinary, and queer) or sexual minority (for example, lesbian, gay, and bisexual).
Exclusion criteria	Not reported
Study setting	In the community
Participant characteristics	Sample size N=25 Mean age (SD) 32.1 (10.5) years Sex (female/male) Female/male/ non-binary: 18/ 6/ 1 Ethnicity Non-Hispanic/ Latinx Caucasian: 22 Hispanic/ Latinx Caucasian: 1 Asian: 2 Co-morbidity Not reported Duration of self-harm Not reported

	Suicide attempts 1 attempt: 11 Multiple attempts: 14
Data collection and analysis	The sample was taken from a larger collection of qualitative interviews conducted as part of "Live Through This" an advocacy project collecting personal stories of suicide attempt survivors. In 1-2-1 interviews participants were asked demographic questions and prompted to speak about their personal experiences with suicide. Follow-up questions are asked to elicit more information. Interviews were recorded and transcribed. Data were analysed using a hermeneutical interpretive phenomenological approach.
Findings	Author Theme: Identity-based stigma and discrimination Example quote: "Pure stigma was the one thing that really prevented me [from getting the help I needed] . . . If there was one person who had said to me, "It's okay to go seek help. It's not going to go on your record" . . . it would have been so much easier to actually seek adequate treatment and to get started on my path to recovery" (p695) Author Theme: General Social Support Example quote: "I was able to find people who accepted me for who I was without thinking that I was not worth being alive. I managed to find people who accepted me for what I do and what I look like, which I know a lot of people who are like me do not find." (p695) Author Theme: Family of Origin Dynamics Example quote: "My parents and I talked about it a few times after—like, deep conversations. But a lot of times it was just less about that act and more about, 'What do we need to do to help you? How can we all work together?'" (p696) Author Theme: Chosen family support Example quote: "There's still stuff about my family that gets me so down that I feel [suicidal] sometimes . . . but it is not so all encompassing as it used to be . . . There's still this part of me—the little kid—that cannot understand why his parents do not like him anymore . . . Even if my head understands things, it doesn't really matter—my heart still doesn't understand things . . . [But now], I have a lot of love in my life. I have an amazing partner who really is the closest thing to unconditional love . . . and friends who are amazing and [supportive]." (p696) Author Theme: Importance of Peer Support Example quote: "I try to be very, very open about my experiences with mental health because I think it has been so stigmatized and it's so misunderstood that, if somebody like me, who is like, in general, pretty gregarious and fun I like to think, can say, "Yeah, I actually have a serious depression. I'm actually really messed up! Me too, guys," then the people that aren't, maybe, as open about it can feel like they're not alone or they're not going through something that's unique to them. That's really important to me, and one of the reasons I really wanted to be involved is because I'm so open about it." (p697)

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

Section	Question	Answer
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(Secondary analysis of qualitative data from a larger project/study)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(Sample taken from a larger collection of qualitative interviews Live Through This)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Qualitative interviews taken from a larger study; participants provide a narrative account of experience and follow-up questions are asked; data saturation not discussed)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information provided on the relationship between researcher and participants)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Consideration of ethical issues unclear)*
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 *(Secondary analysis of data collected as part of a larger project; no discussion of data saturation; insufficient information provided on the researcher or researcher-participant relationships; insufficient information on the consideration of ethical issues)*
	Relevance	Relevant *(Study not conducted in the UK)*

Wong, 2015

Bibliographic Reference   Wong, R.; Hou, D.L.; Wong-Kim, E.; Understanding family connections and help seeking behavior in Chinese American immigrant adults who attempt suicide; Open Family Studies Journal; 2015; vol. 7 (no. 1); 8-76

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study General qualitative inquiry
Study dates	Unclear
Sources of funding	Not reported
Recruitment strategy	Chinese immigrant adults recruited within 1 week following a suicide attempt from emergency room, or via professional or social services contacts. Recruitment period: Not reported
Inclusion criteria	• Born outside of the USA • Chinese as first language • Fluency of Mandarin or Cantonese • At least 18 years of age at time of suicide attempt • Suicide attempt requiring emergency medical intervention • Resident of the San Francisco Bay Area
Exclusion criteria	Not reported
Study setting	• Emergency room (n=3) • Investigators' professional contacts (n=2) • Social service agency (n=1)
Participant characteristics	Sample size N=6 Mean age (SD) 55.5 (17.35) years

	Sex (female/male) Female/male: 4/2 Ethnicity Asian-American: 6 Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts 1 attempt: 3 2 attempts: 2 3 attempts: 1
Data collection and analysis	1-2-1 semi structured interviews face-to-face conducted in Mandarin or Cantonese. A question guide was used. Interviews were audio recorded and transcribed. Chinese transcripts were then translated into English to facilitate coding. Data were analysed using grounded theoretical analysis
Findings	Author Theme: Attitudes about use of medications dependent on family and service providers "The doctor's understanding of her experience of mental illness alleviated the stigma of mental illness, allowing her to accept the medications." (p73) Author Theme: Negative Attitudes about Social Services Related to Preference for Self-reliance "He viewed the services, case management and in-home support services, as having made his life easier but he did not see them as having contributed to improving his mental health status and suicidal ideation. He argued that social services had not solved his problems, namely his depression, loneliness and anxiety" (p73-74) Author Theme: Role of Family in Suicide Prevention "… named support from family and friends as critical protective factors." (p74) "Mrs. Wong identified her religion as a supportive factor alongside her family." (p74) Author Theme: Social Context of Family and Community Not Providing Needed Support Example quote: "At least it was very convenient [in my home country]. Communication was better and language was convenient, and friends, I could chat with them. If I was not happy, I could vent to them. I have no one to vent to here." (p73)

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?	Can't tell *(1-2-1 semi-structured interviews conducted in participants' native language at home or in hospital (participant choice); no discussion of data saturation)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(No information provided)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Limited information on ethical issues reported)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Interviews were transcribed and translated into English; analysis using constant comparative approach)*
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 discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on the consideration of ethical issues)*
	Relevance	Relevant *(Study not conducted in the UK)*

Appendix E – Forest plots

Forest plots for review question: What are the information and support needs of people who have self-harmed?

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

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Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for review question: What are the information and support needs of people who have self-harmed?

Table 6: Summary of evidence (GRADE-CERQual): 1 Communication and dialogue

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.1 Positive communication					
14 (Bailey 2019, Bergmans 2009, Bywaters 2002, Cooper 2011, Holliday 2015, Horrocks 2005, Idenfors 2015a, Kelada 2018, Long 2016, McGill 2019, Owens 2016, Rissanen 2009, River 2018, Vatne 2018)	1 study using focus group; 1 study using qualitative interview; 2 studies using interviews; 3 studies using semi-structured interviews; 1 study using open-ended, unstructured interviews; 1 study using free-association narrative interviews; 1 study using questionnaires and interviews; 1 study using online discussion; 1 study using written descriptions and open-ended interviews; 1 study using life history interviews; 1 study using in-depth, open-ended interviews	People who have self-harmed valued positive communication with others, including healthcare providers, parents and peers. When describing positive experiences individuals used words such as reassuring, compassionate, warm, kind, non-judgmental, and attentive (good listener). Individuals also described the importance of reading and responding to body language, the unsaid. "They were just supportive and pretty much just listened and tried to help…The fact that they were very supportive is what helped me get through it. Like being able to talk to them, I mean after I was hospitalized . . . I stopped cutting for like five years. And then when I went back to it and like I hid it from them and then they found out again and it was more of kind of like them listening and being like, "Okay you've done it before, you've gone through the process of not doing it, how can we help you." And just having them be that support system before anybody else was definitely helpful. (American female, 24)" (Kelada 2018, p431)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(8 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	

Study information		Description of theme or finding	CERQual assessment of the evidence		Overall quality
Number of studies	Design		Criteria	Level of concern	
Sub-theme 1.2 Inclusion of the individual in conversations with agencies providing support/ care					
1 (Idenfors 2015b)	1 study using semi-structured interviews	People who have self-harmed wished to be included in conversations related to their care. This included when healthcare staff made contact with other agencies and when parents communicated with teachers at school and healthcare staff "I like wanted to know what they were talking about. So I don't understand why they went. Yeah. If everyone could sit and talk … instead. (Participant 2)" (Idenfors 2015b, p203)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: all evidence is from a different context to the review question *(study not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on one study with a small sample size and understanding of the theme would benefit from richer data	

Table 7: Summary of evidence (GRADE-CERQual): 2 Information content

Study information		Description of theme or finding	CERQual assessment of the evidence		Overall quality
Number of studies	Design		Criteria	Level of concern	
Sub-theme 2.1 Address need in crisis					
1 (Biddle 2020)	1 study using semi-structured interviews	Information provision in moments of crisis was considered basic, and not helpful at a point where people who have self-harmed needed responsive help or tools for recovery.	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context	

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
		"It will tell you what you already know: I know what suicide is, I know what self-harm is. And it'll give you, 'lots of people go through these things'—it's a bit like grandad, 'oh, you'll be alright son'. And you think, I'm not in a position where I want to go 'aah'. I'm in a position where I want to go 'I need some [expletive] help here. I need some help now, right now' (SH17)" (Biddle 2020, p4)		to the review question *(study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on 1 study with a moderate sample size and good quoted data relating to this theme but understanding of the theme would benefit from richer data	
Sub-theme 2.2 Address stigma					
3 (McGill 2019, Williams 2018, Wong 2015)	1 study using interviews; 2 studies using semi-structured interviews	Individuals who have self-harmed indicated the need for information on self-harm or suicide to counteract negative beliefs and attitudes. Perceived stigma and discrimination quite often prevented help-seeking and acceptance of medication use. "Pure stigma was the one thing that really prevented me [from getting the help I needed] . . . If there was one person who had said to me, "It's okay to go seek help. It's not going to go on your record" . . . it would have been so much easier to actually seek adequate treatment and to get started on my path to recovery" (Williams 2018, p. 695)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: all evidence is from a different context to the review question *(studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 2.3 Self-help services, materials, or activities					
3 (Bailey 2019, Biddle 2020, Frost 2016)	1 study using focus groups; 1 study using semi-structured interviews; 1 study using online survey	Young people who have self-harmed suggested that self-help materials would be beneficial, for example, interactive tools with responsive tips for managing feelings. Individuals who have self-harmed also suggested that self-help materials could be used to guide conversations when healthcare professionals (such as GPs, or practice nurses), were not sure what to say when an individual disclosed self-harm,	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a substantially different context to the review question *(1 study not conducted in the UK; study included participants with suicidal*	

Study information			CERQual assessment of the evidence		
Number of studies	Design	Description of theme or finding	Criteria	Level of concern	Overall quality
		and for individuals to take home after the consultation to refer to as needed "I'd say like obviously get them out and look at them with the young person together" (Bailey 2019, p. 625)		*behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 2.4 Lived experience content					
2 (Biddle 2020, McGill 2019)	2 studies using semi-structured interviews	Access to recovery stories or other lived experience dialogue was considered by individuals who have self-harmed to be of value as a way of learning and showing recovery, and could be incorporated into websites either as video or static content. Individuals who have self-harmed considered this type of content to be absent from most formal help sites. "If there could be a link to survivor forums to pop up that would be a real big advantage. Hopefully, that would potentially put it out there for someone that before you consider suicide, look at these people that have beat it… it's almost like, 'here's where you need to go for help, but here's where you need to go for inspiration'... that would have helped me at the time, if I could have read, straight away, positive stories or support (SM107)" (Biddle 2020, p7 PDF)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and moderate descriptive detail and quoted data relating to this theme, but understanding of the theme would benefit from richer data	
Sub-theme 2.5 General information - knowledge, education, understanding, treatment, harm minimisation					
1 (Frost 2016)	1 study using an online survey	Individuals who have self-harmed identified a need for accessible information about self-injury, research, statistics, fact sheets, alternative to self-injury, harm minimisation, and first aid. "Being able to find information that I am too scared to ask for… relevant, recent and important information, facts and research… information of what constitutes	Methodological limitations	Serious concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: all evidence is from a different context to the review question *(study not conducted in the UK)*	
			Coherence	No or very minor concerns	

Study information			CERQual assessment of the evidence		
Number of studies	Design	Description of theme or finding	Criteria	Level of concern	Overall quality
		self-harm (different types) and possible causes. Possible treatments available and effectiveness." (Frost 2016. p. 72) "Ideas on what to do instead of self-harming, or what to do when the thought comes across your mind ... indicated a need for harm minimization in the form of advice about first aid and less damaging self-injury: "Information on first aid, how to minimize damage, how to hide bruises/scars." (Frost 2016. P.72)	Adequacy	Minor concerns: Findings were based on one study with a moderate sample size and good quoted data relating to this theme but understanding of the theme would benefit from richer data	
Sub-theme 2.6 Understanding self-harm and why people self-harm					
7 (Bergmans 2009, Cutcliffe 2006, Holm 2011, Horrocks 2005, Lewis 2016, Long 2016, Peterson 2015)	1 study using in-depth interviews; 1 study using free-association narrative interview; 1 study using interviews; 2 studies using semi-structured interviews; 1 study using qualitative interview; 1 study using open-ended questions online	Individuals who have self-harmed expressed the need for support to help them to understand motivations for self-harm and to make sense of their experience and the importance of this in recovery. Individuals who have self-harmed also referenced the need for information to help others to understand why people self-harm. "Rosie: So I don't hate myself for it anymore, I know my reasons as to why I did it . . . I can understand it, and I can, look at my scar and say that I'm proud that I got through it, that I survived, and that I'm still surviving in every single day that I go along." (Long 2016, p.44)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a substantially different context to the review question *(4 studies not conducted in the UK; studies included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 2.7 How to access support					
4 (Cooper 2011, Fogarty 2018, Frost 2016, McGill 2019)	3 studies using semi-structured interviews; 1 study using an online survey	Individuals who have self-harmed considered it would be helpful and supportive if they were given guidance on how to access further information and support as it is not always clear what services are available. This included helpline numbers, links to support sites or professional organisations, how to seek help from a GP or bring up the issue with family (or others)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(3 studies not conducted in the UK)*	

Study information			CERQual assessment of the evidence		
Number of studies	Design	Description of theme or finding	Criteria	Level of concern	Overall quality
		"It had like the Samaritans number in it, it had quite a few help lines in it and it had the hospital number on the front, it had all different services you could contact, basically. So if you needed to, then you could just ring them up." (SU7) (Cooper 2011, p. 171)	Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 2.8 Address limitations of signposting					
3 (Biddle 2020, Frost 2016, Klineberg 2013)	1 study using semi-structured interviews; 1 study using online survey; 1 study using interviews	Individuals who have self-harmed highlighted limitations of signposting: linking to information that "stated the obvious" (for example, helpline number, see a GP). In addition, signposting was also seen as providing a potential barrier to help-seeking citing limitations in respect of "out of hours" or in a crisis where an instantaneous response is required. "They don't actually help you on the site, they help you find the help. And if people are feeling like they don't want to live anymore, why would they make the effort then, once you've already made the effort to look for online help, why are you then going to do something else and pick up the phone… it's so much effort when it's easier to go the other way. (SH8)" (Biddle 2020, p.5 PDF)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a substantially different context to the review question *(1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns:	
Sub-theme 2.9 Recognition of warning signs for potential self-harm					
2 (Fogarty 2018, Rissanen 2009)	1 study using semi-structured interviews; 1 study using written descriptions and open-ended interviews	Individuals who have self-harmed considered that information available for others on how to recognise indicators for potential self-harm (such as changes in behaviour) and how to differentiate these signs from "normal" behaviour changes would be helpful. "…and I yell at someone and bump into somebody else on the way out, if the [person had] said, 'gee, it's	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: all evidence is from a different context to the review question *(2 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
		not like [name]' that would've helped too, but nobody chased me down the corridor to the doorway to say, '[name], come back. I want to talk to you'. That would've helped. (Interviewee, Male, 60)" (Fogarty 2018, p.264)	Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and poor quoted data relating to this theme. Understanding of the theme would benefit from richer data	
Sub-theme 2.10 Management of self-harm					
3 (Bailey 2019, Bergmans 2009, Idenfors 2015b)	1 study using focus group; 1 study using qualitative interviews; 1 study using semi-structured interviews	Individuals who have self-harmed considered provision of information about diagnosis, symptom management, options for management (proposed steps for treatment, estimated waiting times) to be important "there should be like a set procedure to be honest, like, step one, if … that doesn't work … two, three, four, then, last resort, it's on medication" (Bergmans 2009, p. 625)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(2 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on three studies with a moderate sample size and moderate quoted data relating to this theme, but understanding of the theme would benefit from richer data	
Sub-theme 2.11 Content is fit for purpose					
1 (Biddle 2020)	1 study using semi-structured interviews	Individuals who have self-harmed commented that content provided should take into account age-specific and other needs of individuals who have self-harmed seeking help online for example where there is a lack of social support, or for those seeking anonymity. "A lot of sites say keep your friends close and make sure you talk to family… then you remember, 'I don't have any friends anymore because my mood swings	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	

Study information			CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
		Description of theme or finding			
		have killed that', my parents are just going to badger me, like you don't really want your parents to know… it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" (Biddle 2020, p.5 PDF)	Adequacy	Minor concerns: Findings were based on one study with a moderate sample size and moderate quoted data relating to this theme, and understanding of the theme would benefit from richer data	

Table 8: Summary of evidence (GRADE-CERQual): 3 Information format

Study information			CERQual assessment of the evidence		
Number of studies	Design	Description of theme or finding	Criteria	Level of concern	Overall quality
Sub-theme 3.1 Online content					
2 (Biddle 2020, Peterson 2015)	2 studies using semi-structured interviews	Online content was valued but individuals who have self-harmed commented that content should be fit for purpose and take into consideration the reason why individuals who have self-harmed were seeking help online. Online format or content was considered more useful for seeking information rather than during times of crisis Individuals who have self-harmed suggested that websites seek to create a community to enable real-time responses in place of generic replies. "A lot of sites say keep your friends close and make sure you talk to family… then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know… it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" (Biddle 2020, p.5 PDF)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(1 study not conducted in the UK; studies included participants with suicidal behaviour that did not*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				necessarily include self-harm)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 3.2 Online chat or instant messaging					
2 (Biddle 2020, Haberstroh 2012)	1 study using semi-structured interviews; 1 study using an online survey	Individuals who have self-harmed considered "live chat" or online messaging a useful alternative to telephone helpline services. This alternative was considered helpful in facilitating immediate access particularly during crisis when direct talk might be more difficult. In addition, Individuals who have self-harmed considered a chat feature in moderated groups could better facilitate communication between members "The reason I go online and look is those times when I'm alone, I've gone to bed, I know I'm not going to sleep … I don't want to ring [helpline] because then you have to really talk to someone…and you don't always want that, and I always think, 'oh the neighbours would be able to hear me'… those times that I'm sat there with an iPad in my hands, and I just want (sighs) I just wish there was somebody there for me… for there to be an instant response (sighs), to be able to contact somebody—straight away—without having to talk to them. Because talking can be hard (SM79)" (Biddle 2020, p.6 PDF)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 3.3 Moderated forums					
1 (Biddle 2020)	1 study using semi-structured interviews	Individuals who have self-harmed suggested that help sites could facilitate a interaction with peers by creating an online community, for example, by providing links to forums "[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing… you could type a paragraph and then somebody would come back with the reply (SM1)" (Biddle 2020, p.6 PDF)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on one study with a moderate	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				sample size and poor quoted data relating to this theme, however the theme is descriptive in nature and therefore does not require detailed data to support it	
Sub-theme 3.4 Direct contact (talking)					
6 (Cooper 2011, Cutcliffe 2006, Frey 2018, Holliday 2018, McGill 2019, Weber 2002)	4 studies using semi-structured interviews; 1 study using video recorded family therapy sessions; 1 study using interviews	Talking was considered by individuals who have self-harmed to be of value. In particular, talking was valued for its immediacy, ability to gauge mood, and (in person) to read body language. Talking things through was mentioned frequently and often in reference to a process of moving on/ recovery. However, this was set in context of the need for positive emotional support and constructive yet compassionate communication and dialogue. "One to one talking, not just me writing something down and posting it, you getting it. By the time it gets there I might feel totally different. If you're one to one talking, you know exactly how I'm feeling." (SU8) (Cooper 2011, p.172)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: most evidence is from a substantially different context to the review question *(3 studies not conducted in the UK; study included participants with suicidal behaviour that did not*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				necessarily include self-harm)	
			Coherence	Moderate concerns: Some evidence is ambiguous or contradictory with no credible explanation for differences	
			Adequacy	No or very minor concerns	

Table 9: Summary of evidence (GRADE-CERQual): 4 Type of 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 4.1 Education and training support need					
4 (Brown 2013, Horrocks 2005, Hume 2007, Weber 2002)	2 studies using semi-structured interviews; 1 study using free-association narrative interview; 1 study using interviews	Individuals who have self-harmed perceived a lack of education about self-harm among healthcare professionals resulting in a perceived lack of understanding during assessments or consultation. Education about self-harm was also highlighted by people who have self-harmed as a need for family and friends, specifically in respect of understanding why and focusing on management rather than prevention "the nurses didn't seem to have any appreciation of what I'd been through... one of them said, 'that was a stupid thing to do'... not nasty but not very understanding about it, it would have been better if someone had understood - the psychological side of it they didn't seem bothered about, they should have not put me down for what I did but tried to talk to me about it and help me" (Horrocks 2005, p.11)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a different context to the review question *(2 studies not*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.2 Healthcare professionals					
10 (Bailey 2019, Bergmans 2009, Bywaters 2002, Chan 2017, Cooper 2011, Crona 2017, Cutcliffe 2006, Horrocks 2005, Hume 2007, River 2018)	1 study using focus group; 1 study using interviews; 1 study using qualitative interviews; 1 study using written - online response; 4 studies using semi-structured interviews; 1 study using free-association narrative interview; 1 study using life history interviews	Individuals who have self-harmed expressed a need for access to experienced healthcare professionals, including counselling. In particular, individuals noted that delivery of care should be provided by specialists with the necessary skills and experience of dealing with people in crisis. Individuals who have self-harmed valued connections with healthcare professionals, specifically the opportunity to talk and express feelings and considered such connections as protective where positive emotional support and good communication were factors. "It has been very, very useful because there are lots of things that I never talked about that happened in my past that I'd never been able to face before...getting somebody I can rely on, somebody stable who I know more often than not is going to be there every week" (Bywaters 2002, p.35)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a substantially different context to the review question *(4 studies not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
			Adequacy	No or very minor concerns	
Sub-theme 4.3 Network – family and/ or friends					
8 (Bergmans 2009, Chan 2017, Hume 2007, Idenfors 2015a/ Idenfors 2015b, Kelada 2018, Ward 2013, Williams 2018, Wong 2015)	1 study using interviews; 1 study using qualitative interview; 1 study using written - online response form; 3 studies using semi-structured interviews; 1 study using questionnaires and interviews; 1 study using questionnaires and semi-structured interviews	Family and/ or friends (or "chosen family" in the event of difficult, unpredictable or negative family circumstances) were identified as an important source of emotional and/or practical support by individuals who have self-harmed. "... a friend or family member as the single greatest source of support in connection with their self-harm, more important than any other source: 'My wife ... she's a diamond, if it wasn't for her I don't know what I'd do' [M, 41] ... 'If it wasn't for her [friend] I wouldn't be here now' [F, 26]" (Hume 2007, p.6)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(8 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.4 Network - peer support or shared experience					
8 (Biddle 2020, Frost 2016, Haberstroh 2012, Idenfors 2015b, Lewis 2016, Peterson 2015, Vatne 2018, Williams 2018)	3 studies using semi-structured interviews; 2 studies using online surveys; 1 study using interviews; 1 study using	Individuals who have self-harmed expressed that connecting with others who had shared experience of self-harm gave them a feeling of being understood. Such connections were noted as supportive in providing understanding, facilitating recovery ("hope"), and in facilitating help-seeking. The internet was noted as useful in facilitating the set-up of communities such as moderated forums. Group therapy was also noted as a valuable source of support.	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
	open-ended questions online; 1 study using in-depth, open-ended interviews	"Sometimes it is just knowing there are others with similar struggles, or triggers is comforting. They also can help me navigate through a difficult situation with an objective point of view or suggestion. Or sometimes just being able to post my emotional difficulties and pain that is enough to get through the urge to injure. Having that rapport with others prevents those feelings of isolation and loneliness from creeping in. No one judges me for what I have done, and yet can support me with the decision to change for the better." (Haberstroh 2012, p.124)		evidence is from a substantially different context to the review question (7 *studies not conducted in the UK; studies included participants with suicidal behaviour that did not necessarily include self-harm*)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.5 Community or social support					
3 (Hume 2007, River 2018, Williams 2018)	1 study using semi-structured interviews; 1 study using life history interviews; 1 study using interviews	Individuals who have self-harmed valued community or social groups as a source of additional support to improving emotional health. Delivery of community-based support for self-harm was considered important (for example, church) as was the option to access community groups as a means of additional support "Liam encountered a community organization for gay men that he was supported to consider his personal experience of shame in relation to wider social processes that constitute homophobia. Liam described the community organization as an "exceptional" source of support, which contributed considerably toward reducing his feelings of suicidal distress." (River 2018, p.156)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(2 studies not*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.6 Vocational or practical support					
2 (Bywaters 2002, Idenfors 2015b)	1 study using interviews; 1 study using semi-structured interviews	Individuals who have self-harmed expressed the importance of practical help as a means of support. Core aspects of services that were valued included: food packages, counselling, furniture, and paperwork. "Yeah, but, for example ... the furniture I've got here – they helped me with that, and stuff. It's that kind of thing. If I need help with shopping. Yeah. And things like paper and stuff. 'Cause I've got this home insurance and change of address and things like that now. I didn't understand how to fill out the form, so they help me with that – things like that. (Participant 2)" (Idenfors 2015b, p.203)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a different context to the review question *(1 study not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and good descriptive detail and quoted data	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				relating to this theme. The theme is also descriptive in nature and therefore does not require detailed data to support it	
Sub-theme 4.7 Other third party					
2 (Rissanen 2009, Ward 2013)	1 study using written descriptions and open-ended interviews; 1 study using questionnaires and semi-structured interviews	Other third parties that were indicated by people who have self-harmed as potentially useful in the provision of support included the school nurse. With particular reference to a prison setting, more support or a "buddy" was suggested as a potential means of support during the first few weeks in prison. "I went with my self-mutilating mate regularly once a week to talk with our school nurse. We discussed dating, self-esteem, problems at home, actually all kinds of things, not just cutting. It was great when our school nurse said that we could come to talk whenever we needed. And she said that if she was in another school we could phone her during the school day. We never phoned." (Rissanen 2009, p.11) "I think when you arrive you should get more support, maybe even given a "buddy". (PMW1)" (Ward 2013, p311)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: all evidence is from a different context to the review question *(studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on two studies with a moderate sample size and	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				poor quoted data relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 4.8 Support interventions					
10 (Alexander 2004, Chan 2017, Crona 2017, Haberstroh 2012, Heredia Montesino 2019, Hume 2007, Kelada 2018, Rivlin 2013, Ward 2013, Wong 2015)	5 studies using semi-structured interviews; 1 study using questionnaires and interviews; 1 study using questionnaires and semi-structured interviews; 1 study using written online response form; 1 study using online survey; 1 study using a focus group	Support interventions considered useful by Individuals who have self-harmed included counselling, and group therapy. In particular, counselling and group therapy were considered beneficial as supplementary support to other interventions. In the prison setting, individuals who have self-harmed commented on the need to keep occupied and identified support opportunities including respite/chillout area, workbooks, self-help group, safety plans, and camouflage information. Individuals who have self-harmed expressed a preference for management over prevention strategies. Provision of information about and encouragement to undertake healthy coping behaviours was also cited by individuals who had self-harmed as an important support need for recovery. ". . . some counseling. Someone to get into my head, try to talk to me, try and get round why I am doing these stupid things, try and help me get myself sorted out, get me back to the person I was three years ago. (Case 35)" (Rivlin 2013, p. 320)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(7 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.9 Support for discharge to community					
4 (Cooper 2011, Fogarty 2018, Horrocks 2005, Idenfors 2015b)	3 studies using semi-structured interviews; 1 study using	Individuals who have self-harmed expressed the need for support following discharge from hospital to ensure compliance with follow-up care (such as visit reminders), and planning for future in respect of health. In addition, provision of information about available services in the community was considered	Methodological limitations	Minor concerns about methodological limitations as per CASP	High

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
	free-association narrative interview	important as many individuals who have self-harmed were unclear about what support is offered "…if I'd had someone to talk to before I came out of hospital at least I'd know that they're not just there to help me not die or to get me better...I'd walk out of hospital knowing that I could get in touch with somebody who's going to help me sort out my problems" (Horrocks 2005, p.20)		qualitative checklist	
			Relevance	Minor concerns: some evidence is from a different context to the review question (2 studies not conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.10 Positive emotional support					
9 (Bailey 2019, Brown 2013, Cutcliffe 2006, Dunkley 2018, Fogarty 2018, Frey 2018, Horrocks 2005, Long 2016, Ward 2013)	5 studies using semi-structured interviews; 1 study using free-association narrative interview; 1 study using interviews; 1 study using questionnaires and semi-structured interviews; 1 study using a focus group	Individuals who have self-harmed valued positive support provided by others, including healthcare providers. This involved being asked how they felt, feeling listened to and a sense of compassion and understanding. This was considered particularly important in disclosure but was important throughout the recovery process. Individuals who have self-harmed also expressed that support should be "human", typically this meant positive, responsive, encouraging and hopeful. Individuals who have self-harmed considered the value of interactions with third parties (such as healthcare professionals) which could give them a different perspective, a so-called "circuit breaker". In interactions, tone and body language was considered as important as the content of a conversation. '"The human warmth was crucial. They didn't come in and get their stuff out. They looked me in the eye; they listened. Just chatting, even if it was going off at a tangent, was valuable. You know, when I say something, they didn't just move onto the next question." (Int. N5)' (Cutcliffe 2006, p798)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a substantially different context to the review question (3 studies not conducted in the UK; study included	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				participants with suicidal behaviour that did not necessarily include self-harm)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.11 Individualised approaches to care					
7 (Cooper 2011, Dunkley 2018, Horrocks 2005, Idenfors 2015a/ Idenfors 2015b, Long 2016, River 2018, Strike 2006)	4 studies using semi-structured interviews; 1 study using interviews; 1 study using free-association narrative interview;1 study using life history interviews	Individuals who have self-harmed valued individualised approaches to care and considered depersonalised approaches unsupportive. In addition, continuity of care and relationships with healthcare professionals over time versus having to explain circumstances to a new person at each visit was highly valued. '"There was [sic], like, 15 of us [in a therapy group], and she'd remember something, like she'd say, 'oh –(whatever your name is)– you said last week…' […] And I'd think, God that's really amazing! […] and it made you think she's listening, and you felt like… comfortable, that you could engage with her." (patient)' (Dunkley 2018, p.271)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(5 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.12 Ensuring a safe, supportive environment					

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Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
6 (Fogarty 2018, Frost 2016, Haberstroh 2012, Holm 2011, Klineberg 2013, Rissanen 2009)	1 study using semi-structured interviews; 2 studies using online survey; 1 study using in-depth interviews; 1 study using interviews; 1 study using written descriptions and open-ended interviews	Individuals who have self-harmed expressed the importance of anonymity and privacy. A safe and trusted environment was considered important in recovery as were trusted contacts and a sense of community. In respect to online communities, moderation was considered valuable as it served to help ensure a non-judgmental, supportive environment. While "no trigger" policies were valued some people who have self-harmed found them confusing as it is not always possible to exactly determine all triggers "That I have the opportunity to remain anonymous. Anonymity is something that is very important to me, especially in relation to such a private and personal topic such as self-harm. I would not use an online support service to talk about self-harm if I did not have the option to remain anonymous... "No judgment... too many services are boxed around a duty of care and won't let you hurt yourself without calling someone... real help comes in the form of people allowing you to hurt yourself and talking to you about what is causing the need and just being there with you for a while... helping you feel and think about what is so painful rather than making you feel in trouble or naughty for needing to do it." (Frost 2016, p73)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very Low
			Relevance	Serious concerns: most evidence is from a substantially different context to the review question *(5 studies not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	Minor concerns: Some evidence is ambiguous or contradictory although a credible explanation for differences is provided	

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Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
			Adequacy	No or very minor concerns	

Table 10: Summary of evidence (GRADE-CERQual): 5 Access to and/or availability of 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 5.1 Referral and follow-up support needs					
4 (Cooper 2011, Hume 2007, Idenfors 2015a/ Idenfors 2015b, Strike 2006)	4 studies using semi-structured interviews	Individuals who have self-harmed indicated that interventions should be initiated proactively following discharge. Obtaining referrals, and long waiting times for appointments were noted as particular issues. '"I had to wait 12 weeks. A lot can happen in 12 weeks. When the appointment came I was, like, I didn't really see the point' [F, 20]...'What I'm thinking is I'll be discharged, and I'll have to go back to this empty flat. Nothing has really changed for me, and I know I'll have to wait, you know, 'til it comes appointment card]" [F, 25]' (Hume 2007, p.5)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question *(3 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 5.2 Routes to professional care					
3 (Biddle 2020, Frost 2016, Idenfors 2015a)	2 studies using semi-structured interviews; 1	Provision of a direct contact telephone number but also of alternative routes to accessing professional care were highlighted as a means of supporting people who have self-harmed to access care, with email was mentioned as an	Methodological limitations	Minor concerns about methodological limitations as	Low

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
	study using an online survey	alternative. Instant access to support was also highlighted as a support need, specifically 24/ 7, along with real-time support. '"Because many also feel it is difficult to express… express what you feel in writing. But I feel that sometimes it can be easier. Especially if it's for someone you don't know. (…) I know that if I had an e-mail address to write to I would have done it. A long time ago." (Participant 3)' (Idenfors 2015a, p181)		per CASP qualitative checklist	
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(2 studies not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 5.3 Sufficient time for assessment/consultation					
3 (Bailey 2019, Horrocks 2005, Strike 2006)	1 study using focus group; 1 study using free-association narrative interview; 1	Individuals who have self-harmed indicated a feeling of "being processed" and the need to allow sufficient time for assessment. In primary care double appointments were suggested as a possible solution. Sufficient time was also highlighted as important in the context of proximity to assessment (for example, when struggling with physical effects of overdose or treatment)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
	study using semi-structured interviews	'...In family practices, appointments were said to be too short to be productive or therapeutic.' (Strike 2006, p35)	Relevance	Minor concerns: some evidence is from a different context to the review question *(1 study not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 5.4 Minority support - cultural sensitivity, cultural understanding, language support					
2 (Heredia Montesino 2019, Wong 2015)	1 study using focus groups; 1 study using semi-structured interviews	Individuals who have self-harmed from minority groups considered that access to information about services, and access to native language health specialists was important to facilitate help-seeking. In addition, individuals who have self-harmed perceived there to be a need to address the difficulties of social isolation where people are less able to navigate healthcare or other support systems. "Participant 2: I think that here in Germany you aren't taken seriously. I don't want to say something wrong now . . .Moderator: No, go ahead! That's important!; Participant 2: We just get labeled in some way. Women, and our culture as well. And with a headscarf even more! Eh, I don't know, I went to a German therapist and he didn't understand me; Participant 4: Hmm [agreeing]; Participant 2: He can't put himself into my position, or he can't understand my culture! Eh, I went to an appointment and it didn't help me!" (Heredia Montesino 2019, p.65)	Methodological limitations	Serious concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: all evidence is from a different context to the review question *(2 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				based on two studies with a moderate sample size and moderate quoted data relating to this theme, but understanding of the theme would benefit from richer data	

Table 11: Summary of evidence (GRADE-CERQual): 6 Sources for information

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
Sub-theme 6.1 School					
2 (Klineberg 2013, Rissanen 2009)	1 study using interviews; 1 study using written descriptions and open-ended interviews	Individuals who have self-harmed considered that schools could be useful sources of information regarding self-harm. Some individuals who have self-harmed also noted the value of talking to the school nurse. Teachers were seen as accessible sources of help and information; however, individuals who have self-harmed perceived that teachers would be likely to disclose the information to others "It would be helpful if, for example at school or somewhere, there was information about self-mutilation. I mean real facts about it. (knowledge of self mutilation)" (Rissanen 2009, p11)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a different context to the review question (1 study not	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and poor quoted data relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 6.2 Healthcare professionals					
1 (Bailey 2019)	1 study using a focus groups	The provision of self-help materials in GP surgeries was considered of value by individuals who have self-harmed who suggested that these materials could be used to support the consultation, particularly around disclosure, and also as materials for individuals who have self-harmed to take home "Like it's good if you talk it through with them and then let them have something they can look at home" (Bailey 2019, p625)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	No or very minor concerns	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on one study with a	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				moderate sample size and moderate descriptive detail relating to this theme, and understanding of the theme would benefit from richer data	

Appendix G – Economic evidence study selection

Economic study selection for review question: What are the information and support needs of 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

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│  Titles and abstracts       │
│  identified, N= 12,676      │
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│ Full copies retrieved│   │ Excluded, N= 12,635 (not       │
│ and assessed for     │   │ relevant population, design,   │
│ eligibility, N= 41   │   │ intervention, comparison,      │
│                      │   │ outcomes, unable to retrieve)  │
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│ Publications       │   │ Publications excluded from review,│
│ included in review │   │ N=30 (refer to excluded studies   │
│ N=11               │   │ list: appendix J)                 │
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│ RQ   │   │ RQ   │
│ T[1] │   │ J[2] │
│ N=2  │   │ N=9  │
└──────┘   └──────┘
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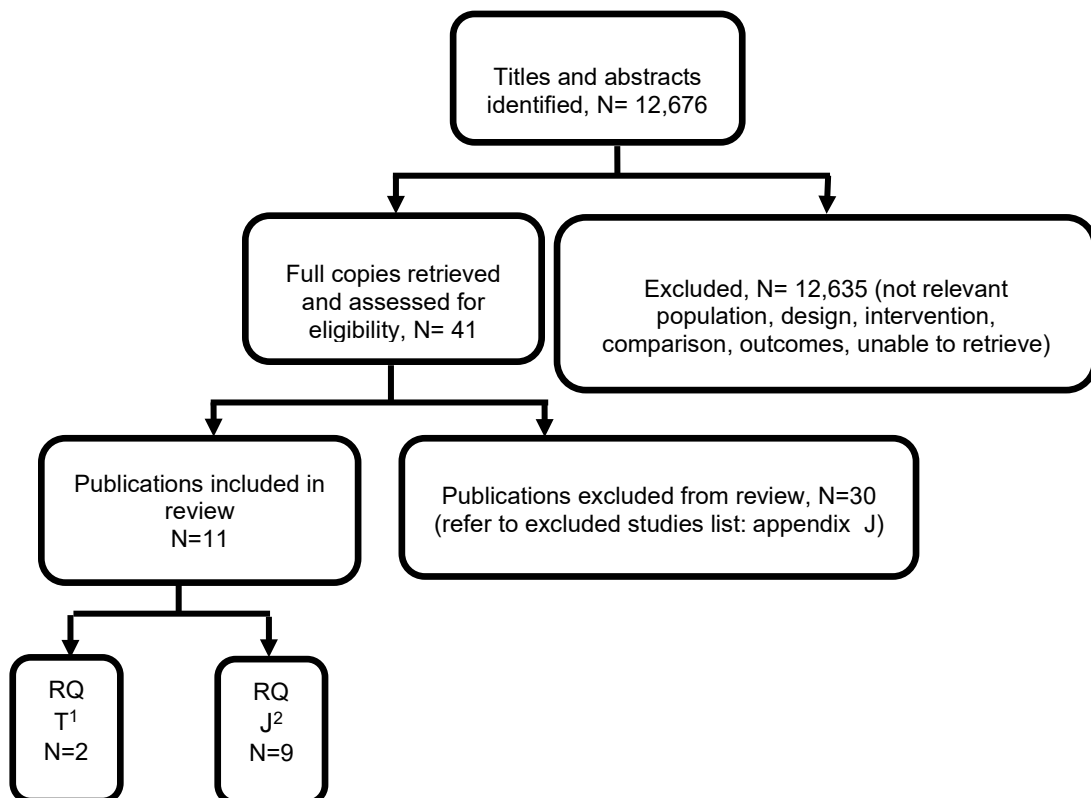
Abbreviations: RQ: Research question
Notes:
1 What are the most effective models of care for people who have self-harmed?
2 What psychological and psychosocial interventions (including safety plans and electronic health-based interventions) are effective for people who have self-harmed?

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Appendix H – Economic evidence tables

Economic evidence tables for review question: What are the information and support needs of people who have self-harmed?

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

Appendix I – Economic analysis

Economic evidence tables for review question: What are the information and support needs of people who have self-harmed?

No economic analysis was conducted for this review question.

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Appendix J – Excluded studies

Excluded studies for review question: What are the information and support needs of people who have self-harmed?

Excluded qualitative studies

Please note that the current search was undertaken with the search for review question B (What are the information and support needs of the families and carers of people who have self-harmed?) and the list of excluded studies only lists the 76 studies that were excluded for both reviews in contrast to the 89 excluded studies specified in the PRISMA diagram (Appendix C). This is because routing used in EPPI-Reviewer to separate the results of review questions A and B (for which a combined search was performed) resulted in EPPI-Reviewer being unable to generate the PRISMA diagram in the usual format, with the excluded studies for review questions A and B separated. The (89-76 =) 13 studies not listed in the excluded studies tables are studies that met the inclusion criteria for review question B. There were 3 studies that were included in both review question A and B.

Table 12: Excluded studies and reasons for their exclusion

Study	Code [Reason]
Adams, Joanna; Rodham, Karen; Gavin, Jeff (2005) Investigating the "self" in deliberate self-harm. Qualitative health research 15(10): 1293-309	- No direct qualitative data on phenomena of interest
Baker, Darren and Fortune, Sarah (2008) Understanding self-harm and suicide websites: a qualitative interview study of young adult website users. Crisis 29(3): 118-22	- Population not in PICO *Unclear population (self-harm and suicide website users, only know age and gender and frequency & duration of use, not location, self-harm behaviour etc)*
Binnix, Taylor M, Rambo, Carol, Abrutyn, Seth et al. (2018) The dialectics of stigma, silence, and misunderstanding in suicidality survival narratives. Deviant Behavior 39(8): 1095-1106	- Population not in PICO *Mixed population; 13/ 20 had attempted suicide, the other 7 had not; results not analysed separately for target population*
Biong, S. and Ravndal, E. (2009) Living in a maze: Health, well-being and coping in young non-western men in Scandinavia experiencing substance abuse and suicidal behaviour. International Journal of Qualitative Studies on Health and Well-being 4(1): 4-16	- No direct qualitative data on phenomena of interest
Bolger, S., O'Connor, P., Malone, K. et al. (2004) Adolescents with suicidal behaviour: Attendance at A&E and six month follow-up. Irish Journal of Psychological Medicine 21(3): 78-84	- Quantitative study *Although it appears to contain some qualitative data, no methods information is reported about qualitative analyses, and these data seem to have been analysed quantitatively*
Chandler, Amy (2014) Narrating the self-injured body. Medical humanities 40(2): 111-6	- No direct qualitative data on phenomena of interest
Chapple, Alison and Ziebland, Sue (2011) How the Internet is changing the experience of bereavement by suicide: a qualitative study in	- Population not in PICO

Study	Code [Reason]
the UK. Health (London, England : 1997) 15(2): 173-87	*Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Creighton, Genevieve, Oliffe, John L, Bottorff, Joan et al. (2018) "I should have ...": A photovoice study with women who have lost a man to suicide. American Journal of Men's Health 12(5): 1262-1274	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Cresswell, Mark (2005) Psychiatric "survivors" and testimonies of self-harm. Social Science & Medicine 61(8): 1668-1677	- Narrative review
Daly, P. (2005) Mothers living with suicidal adolescent. A phenomenological study of their experiences. Journal of Psychosocial Nursing and Mental Health Services 43(3): 22-28	- Duplicate
Daly, Peggy (2005) Mothers living with suicidal adolescents: a phenomenological study of their experience. Journal of psychosocial nursing and mental health services 43(3): 22-8	- No direct qualitative data on phenomena of interest
Deering, K. and Williams, J. (2017) What activities might facilitate personal recovery for adults who continue to self-harm? A meta-synthesis employing the connectedness/hope and optimism/identity/meaning/empowerment framework. International Journal of Mental Health Nursing	- Systematic review, included studies checked for relevance *Long 2016 identified and included in the current review*
Dempsey, S.-J.A., Halperin, S., Smith, K. et al. (2019) "Some guidance and somewhere safe": Caregiver and clinician perspectives on service provision for families of young people experiencing serious suicide ideation and attempt. Clinical Psychologist 23(2): 103-111	- Population not in PICO *Mixed population: Parents/carers of people attending the Youth Mood Clinic for suicidal ideation or suicide attempt, and staff working at that Clinic. Results not presented separately for target population and not reported how many people attended for severe suicidal ideation and how many attended due to a suicide attempt*
Deuter, Kate; Procter, Nicholas; Rogers, John (2013) The emergency telephone conversation in the context of the older person in suicidal crisis: a qualitative study. Crisis 34(4): 262-72	- Population not in PICO *Mixed population. Results not presented separately for target population (5/ 14)*
Dyson, Michele P, Hartling, Lisa, Shulhan, Jocelyn et al. (2016) A Systematic Review of Social Media Use to Discuss and View Deliberate Self-Harm Acts. PloS one 11(5): e0155813	- Systematic review, included studies checked for relevance
Fitzpatrick, S.J. (2014) Stories worth telling: moral experiences of suicidal behavior. Narrative inquiry in bioethics 4(2): 147-160	- No direct qualitative data on phenomena of interest
Gould, Madelyn S, Marrocco, Frank A, Hoagwood, Kimberly et al. (2009) Service use	- Quantitative study

Study	Code [Reason]
by at-risk youths after school-based suicide screening. Journal of the American Academy of Child and Adolescent Psychiatry 48(12): 1193-201	
Greidanus, Elaine and Everall, Robin D (2010) Helper therapy in an online suicide prevention community. British Journal of Guidance & Counselling 38(2): 191-204	- Population not in PICO *Population: anonymous users of an online suicide forum, including people with suicidal ideation, results not reported separately for target population; no direct qualitative data on phenomena of interest*
Han, C.S. and Oliffe, J.L. (2015) Korean-Canadian immigrants' help-seeking and self-management of suicidal behaviours. Canadian Journal of Community Mental Health 34(1): 17-30	- Population not in PICO *Only 2/15 participants in PICO (have attempted suicide), only data reported separately for target population is not relevant. The remaining 13/15 participants suicidal ideation and no history of past suicide attempt/ self-harm*
Harris, Isobel Marion and Roberts, Lesley Martine (2013) Exploring the use and effects of deliberate self-harm websites: an Internet-based study. Journal of medical Internet research 15(12): e285	- No direct qualitative data on phenomena of interest
Harris, Jennifer (2000) Self-harm: Cutting the bad out of me. Qualitative Health Research 10(2): 164-173	- No direct qualitative data on phenomena of interest *Describes experiences instead; probably outside of date limits*
Hill, K. and Dallos, R. (2012) Young people's stories of self-harm: a narrative study. Clinical child psychology and psychiatry 17(3): 459-475	- No direct qualitative data on phenomena of interest
Hjelmeland, Heidi, Knizek, Birthe Loa, Kinyanda, Eugene et al. (2008) Suicidal behavior as communication in a cultural context: a comparative study between Uganda and Norway. Crisis 29(3): 137-44	- Population not in PICO
Holland, J., Sayal, K., Berry, A. et al. (2020) What do young people who self-harm find helpful? A comparative study of young people with and without experience of being looked after in care. Child and Adolescent Mental Health	- Quantitative study *Predominantly a quantitative study, with any qualitative data analysed quantitatively*
Huband, Nick and Tantam, Digby (2004) Repeated self-wounding: women's recollection of pathways to cutting and of the value of different interventions. Psychology and psychotherapy 77(pt4): 413-28	- No direct qualitative data on phenomena of interest
Hume, Megan and Platt, Stephen (2007) Appropriate interventions for the prevention and management of self-harm: a qualitative exploration of service-users' views. BMC public health 7: 9	- Duplicate

Study	Code [Reason]
Inckle, Kay (2010) At the cutting edge: creative and holistic responses to self-injury. Creative nursing 16(4): 160-5	- No direct qualitative data on phenomena of interest
Jerant, Anthony, Duberstein, Paul, Cipri, Camille et al. (2019) Stakeholder views regarding a planned primary care office-based interactive multimedia suicide prevention tool. Patient education and counseling 102(2): 332-339	- No direct qualitative data on phenomena of interest
Johnson, Genevieve Marie, Zastawny, Sylvia, Kulpa, Anastasia et al. (2010) E-message boards for those who self-injure: Implications for e-health. International Journal of Mental Health and Addiction 8(4): 566-569	- No direct qualitative data on phenomena of interest *Data analysed quantitatively*
Kasckow, J, Appelt, C, Haas, G L et al. (2012) Development of a recovery manual for suicidal patients with schizophrenia: consumer feedback. Community mental health journal 48(5): 564-7	- No direct qualitative data on phenomena of interest
Keyvanara, M., Mousavi, S.G., Malekian, A. et al. (2010) Suicide prevention: The experiences of recurrent suicide attempters (A phenomenological study). Iranian Journal of Psychiatry and Behavioral Sciences 4(1): 4-12	- Country not in PICO
Kjellin, Lars and Ostman, Margareta (2005) Relatives of psychiatric inpatients--do physical violence and suicide attempts of patients influence family burden and participation in care?. Nordic journal of psychiatry 59(1): 7-11	- Study conducted pre-2000
Kjolseth, Ildri and Ekeberg, Oivind (2012) When elderly people give warning of suicide. International psychogeriatrics 24(9): 1393-401	- Population not in PICO
Kuipers, P and Lancaster, A (2000) Developing a suicide prevention strategy based on the perspectives of people with brain injuries. The Journal of head trauma rehabilitation 15(6): 1275-84	- Study conducted pre-2000
Latakiene, Jolanta and Skruibis, Paulius (2015) Attempted suicide: Qualitative study of adolescent females' lived experience. International Journal of Psychology: A Biopsychosocial Approach / Tarptautinis psichilogijos zurnalas: Biopsichosocialinis poziuris 17: 79-96	- No direct qualitative data on phenomena of interest
Lindqvist, Per; Johansson, Lars; Karlsson, Urban (2008) In the aftermath of teenage suicide: a qualitative study of the psychosocial consequences for the surviving family members. BMC psychiatry 8: 26	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*

Study	Code [Reason]
Longden, Eleanor and Proctor, Gillian (2012) A rationale for service responses to self-injury. Journal of mental health (Abingdon, England) 21(1): 15-22	- Narrative review
Maple, M., Edwards, H., Plummer, D. et al. (2010) Silenced voices: Hearing the stories of parents bereaved through the suicide death of a young adult child. Health and Social Care in the Community 18(3): 241-248	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
McDermott, Elizabeth (2015) Asking for help online: Lesbian, gay, bisexual and trans youth, self-harm and articulating the 'failed' self. Health (London, England : 1997) 19(6): 561-77	- No direct qualitative data on phenomena of interest
McEvoy, P.M., Hayes, S., Hasking, P.A. et al. (2017) Thoughts, images, and appraisals associated with acting and not acting on the urge to self-injure. Journal of Behavior Therapy and Experimental Psychiatry 57: 163-171	- Quantitative study
McFetridge, M. and Coakes, J. (2010) The longer-term clinical outcomes of a DBT-informed residential therapeutic community; An evaluation and reunion. Therapeutic Communities 31(4): 406-416	- No direct qualitative data on phenomena of interest
McKinnon, J.M. and Chonody, J. (2014) Exploring the Formal Supports Used by People Bereaved Through Suicide: A Qualitative Study. Social Work in Mental Health 12(3): 231-248	- Population not in PICO *Population people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Memon, A.M., Sharma, S.G., Mohite, S.S. et al. (2018) The role of online social networking on deliberate self-harm and suicidality in adolescents: A systematized review of literature. Indian Journal of Psychiatry 60(4): 384-392	- Systematic review, included studies checked for relevance
Miklin, S., Mueller, A.S., Abrutyn, S. et al. (2019) What does it mean to be exposed to suicide?: Suicide exposure, suicide risk, and the importance of meaning-making. Social Science and Medicine 233: 21-27	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Mitchell, A.M., Gale, D.D., Garand, L. et al. (2003) The use of narrative data to inform the psychotherapeutic group process with suicide survivors. Issues in mental health nursing 24(1): 91-106	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Nasir, Bushra, Kisely, Steve, Hides, Leanne et al. (2017) An Australian Indigenous community-led suicide intervention skills training program: Community consultation findings. BMC Psychiatry 17	- Population not in PICO *Population: people from communities where self-harm is more prevalent, but not people who have self-harmed or their carers/families*

Study	Code [Reason]
Neto, M.L.R., de Almeida, J.C., Reis, A.O.A. et al. (2012) Narratives of suicide. HealthMED 6(11): 3565-3570	- Population not in PICO *Population: included people with depression and people with 'suicidal tendencies' - unclear if this included people with suicidal ideation and not history of suicide attempt/ self-harm; no direct qualitative data on phenomena of interest*
Patchin, Justin W and Hinduja, Sameer (2017) Digital Self-Harm Among Adolescents. The Journal of adolescent health : official publication of the Society for Adolescent Medicine 61(6): 761-766	- No direct qualitative data on phenomena of interest
Peters, Kath, Cunningham, Colleen, Murphy, Gillian et al. (2016) Helpful and unhelpful responses after suicide: Experiences of bereaved family members. International journal of mental health nursing 25(5): 418-25	- Population not in PICO
Ratnarajah, D. and Schofield, M.J. (2008) Survivors' narratives of the impact of parental suicide. Suicide & life-threatening behavior 38(5): 618-630	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Ratnarajah, Dorothy, Maple, Myfanwy, Minichiello, Victor et al. (2014) Understanding family member suicide narratives by investigating family history. Omega: Journal of Death and Dying 69(1): 41-57	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Raubenheimer, L. and Jenkins, L.S. (2015) An evaluation of factors underlying suicide attempts in patients presenting at George hospital emergency centre. South African Family Practice 57(2)	- Country not in PICO
Rissanen, M.-L.; KylmA, J.P.O.; Laukkanen, E.R. (2008) Parental conceptions of self-mutilation among Finnish adolescents. Journal of Psychiatric and Mental Health Nursing 15(3): 212-218	- No direct qualitative data on phenomena of interest
Robinson, Jo, Cox, Georgina, Bailey, Eleanor et al. (2016) Social media and suicide prevention: a systematic review. Early intervention in psychiatry 10(2): 103-21	- Systematic review, included studies checked for relevance
Ross, Victoria, Kolves, Kairi, Kunde, Lisa et al. (2018) Parents' Experiences of Suicide-Bereavement: A Qualitative Study at 6 and 12 Months after Loss. International journal of environmental research and public health 15(4)	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Ryan, Katherine, Heath, Melissa Allen, Fischer, Lane et al. (2008) Superficial self-harm: Perceptions of young women who hurt themselves. Journal of Mental Health Counseling 30(3): 237-254	- Quantitative study *Data analysed quantitatively, supplemented with participants' comments, but unclear how/if that data have been analysed, appears to have just*

Study	Code [Reason]
	been used for illustrative purposes for the quantitative data
Ryan-Vig, S.; Gavin, J.; Rodham, K. (2019) The Presentation of Self-Harm Recovery: A Thematic Analysis of YouTube Videos. Deviant Behavior 40(12): 1596-1608	- Population not in PICO
Schoppmann, S, Schrock, R, Schnepp, W et al. (2007) 'Then I just showed her my arms . . .' Bodily sensations in moments of alienation related to self-injurious behaviour. A hermeneutic phenomenological study. Journal of psychiatric and mental health nursing 14(6): 587-97	- Study conducted pre-2000
Sellin, Linda, Kumlin, Tomas, Wallsten, Tuula et al. (2018) Caring for the suicidal person: A Delphi study of what characterizes a recovery-oriented caring approach. International Journal of Mental Health Nursing 27(6): 1756-1766	- Population not in PICO *Population not in PICO: representatives from an organisation working with suicide prevention and providing support to relatives bereaved to suicide, registered nurses and suicide prevention researchers. Unclear whether any of the population also had a history of attempted suicide*
Sheehan, L., Oexle, N., Armas, S.A. et al. (2019) Benefits and risks of suicide disclosure. Social Science and Medicine 223: 16-23	- No direct qualitative data on phenomena of interest
Silven Hagstrom, Anneli (2019) "Why did he choose to die?": A meaning-searching approach to parental suicide bereavement in youth. Death studies 43(2): 113-121	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Spillane, Ailbhe, Matvienko-Sikar, Karen, Larkin, Celine et al. (2018) What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. BMJ open 8(1): e019472	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Stradomska, M.; Wolinska, J.; Marczak, M. (2016) Circumstances and underlying causes of suicidal attempts in teen patients of mental health facilities - A psychological perspective. Psychiatria i Psychologia Kliniczna 16(3): 136-149	- Quantitative study *Data analysed quantitatively; last paragraph of results section has some qualitative data but unclear how/if it has been analysed or whether it is just used for illustrative purposes for the quantitative data*
Talseth, A G; Jacobsson, L; Norberg, A (2001) The meaning of suicidal psychiatric inpatients' experiences of being treated by physicians. Journal of advanced nursing 34(1): 96-106	- No direct qualitative data on phenomena of interest
Talseth, A.-G.; Gilje, F.; Norberg, A. (2003) Struggling to become ready for consolation: Experiences of suicidal patients. Nursing Ethics 10(6): 614-623	- Study conducted pre-2000

Study	Code [Reason]
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(2): 104-10	- Systematic review, included studies checked for relevance *Bywaters 2002 and Horrocks 2005 identified and included in the current review*
Tornblom, Annelie Werbart; Werbart, Andrzej; Rydelius, Per-Anders (2013) Shame behind the masks: the parents' perspective on their sons' suicide. Archives of suicide research : official journal of the International Academy for Suicide Research 17(3): 242-61	- Population not in PICO *Population: people bereaved by suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Vannoy, Steven, Park, Mijung, Maroney, Meredith R et al. (2018) The Perspective of Older Men With Depression on Suicide and Its Prevention in Primary Care. Crisis 39(5): 397-405	- Population not in PICO *Population: older men with depression, no mention of history of attempted suicide/ self-harm as part of the inclusion criteria*
Walker, Tammi, Shaw, Jenny, Turpin, Clive et al. (2017) A qualitative study of good-bye letters in prison therapy: Imprisoned women who self-harm. Crisis: The Journal of Crisis Intervention and Suicide Prevention 38(2): 100-106	- No direct qualitative data on phenomena of interest
Wand, Anne P F, Peisah, Carmelle, Draper, Brian et al. (2018) Why Do the Very Old Self-Harm? A Qualitative Study. The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry 26(8): 862-871	- No direct qualitative data on phenomena of interest
Waters, S. (2017) Suicide voices: testimonies of trauma in the French workplace. Medical humanities 43(1): 24-29	- No direct qualitative data on phenomena of interest
Wexler, Lisa (2009) Identifying colonial discourses in Inupiat young people's narratives as a way to understand the no future of Inupiat youth suicide. American Indian and Alaska Native Mental Health Research 16(1): 1-24	- Population not in PICO *Population: young people from Inupiat; not people who havce self-harmed or their family/ carer*
Williams, A.J.; Nielsen, E.; Coulson, N.S. (2018) "They aren't all like that": Perceptions of clinical services, as told by self-harm online communities. Journal of Health Psychology	- Population not in PICO *Unclear population; qualitative analysis of messages posted on on-line forums*
Williams, Joah L, Rheingold, Alyssa A, McNallan, Liana J et al. (2018) Survivors' perspectives on a modular approach to traumatic grief treatment. Death studies 42(3): 155-163	- Population not in PICO *Population: people bereaved due to a number of causes, including suicide – not in PICO as Suicide GL already covers info/ support needs for this population*
Worsley, Diana, Barrios, Emily, Shuter, Marie et al. (2019) Adolescents' Experiences During "Boarding" Hospitalization While Awaiting Inpatient Psychiatric Treatment Following	- Population not in PICO *Mixed population; 5/27 are target population, but results not reported separately for them*

Study	Code [Reason]
Suicidal Ideation or Suicide Attempt. Hospital pediatrics 9(11): 827-833	

Excluded economic studies

Table 13: 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 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 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	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

Study	Reason for Exclusion
risk among hospital emergency department patients, Psychiatric Services, 69, 23-31, 2018	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., 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	Not relevant to any of the review questions in the guideline
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	Study design – no comparative cost analysis

Study	Reason for Exclusion
Psychiatry and Psychiatric Epidemiology, 55, 425-434, 2020	
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 supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: a randomised controlled trial, The Lancet Psychiatry, 5, 477-485, 2018	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
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	Study design – no comparative cost analysis

Study	Reason for Exclusion
hospital costs of self-harm across England: estimates based on the multicentre study of self-harm, Epidemiology & Psychiatric Science, 29, e108, 2020	
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., 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	Study design - no economic evaluation
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
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Appendix K – Research recommendations

Research recommendations for review question: What are the information and support needs of 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 information and support needs of people who have self-harmed?

Table 14: Theme 1: Communication and dialogue

Study	Evidence
Sub-theme 1.1: Positive communication	
Bailey 2019	"I would say that my doctor's better than the mental health services … I'll see my doctor and she'll talk to me about everything" page 624
Bergmans 2009	"Sincere open", "just having them listen", "understanding", "always up front and … completely consistent" page 123
Bywaters 2002	"He actually spoke to me, rather than talking down to me. He spoke to me like a person, instead of just a silly little girl, who cuts up and all this. He was different. Because a lot of GPs' attitudes are "Oh it's nothing. You'll get over it". But he wasn't. He was genuinely concerned, for a change, so it was nice." page 32
Cooper 2011	'"If the person on the other end of the phone wasn't bothered because its half past four in the morning, she's just waiting to get off the phone or something, you can just tell in her voice." (SU8)' page 171
Holliday 2015	'Nathan was looking for someone to listen to him, "It seems people are more focused on themselves and their own interests than actually taking five minutes to ask you what's wrong" (l. 210–211) ... Nathan stated all he wanted was 5 minutes of somebody's time ... "the fact that one person, the attending psychiatrist, took time to sit and talk with her. "So I actually felt like what I had to say mattered. And you know, I felt like I could actually get help from this place" (l.250–251)' page 171
Horrocks 2005	"they treat you like they would anybody really", "most of the nurses were really nice... talking to me as if I was a normal person, not somebody who'd just tried to kill myself, like a lot of them talk to you as if you're stupid" page 13
Idenfors 2015a	'"Ideally you have a doctor that takes it seriously and really listens to you." (Participant 5)' page 182
Kelada 2018	'"They were just supportive and pretty much just listened and tried to help . . . The fact that they were very supportive is what helped me get through it. Like being able to talk to them, I mean after I was hospitalized . . . I stopped cutting for like five years. And then when I went back to it and like I hid it from them and then they found out again and it was more of kind of like them listening and being like, "Okay you've done it before, you've gone through the process of not doing it, how can we help you." And just having them be that support system before anybody else was definitely helpful." (American female, 24)' page 431
Long 2016	"Rosie: knowing that I'm not alone and I'm not getting the "oh you're a freak" reaction, but "this is a normal part of humanity" . . . I mean you can tell that counsellor everything that makes you feel like a weirdo, everything that makes you abnormal, and . . . you're still treated like a human being." page 44
McGill 2019	'"Written information is really good, but I think that nothing beats being able to talk to someone freely and openly and just get it all out and be able to have someone tell you that you know it's OK, it's OK for you to feel like that." Female suicide attempt survivor and family member' page 1122

Study	Evidence
Owens 2016	'Behaviours that were particularly valued by the young people were those that demonstrated sensitivity and a genuine desire to understand the functions of self-harm: "I allowed a student nurse to observe and she was really kind and asked me why I self harm because she said she didn't really understand it, and it was really nice . . . to be able to actually help someone learn about it." (ID 24)' page 288
Rissanen 2009	"Nurses should understand a self-mutilating adolescent as a person, not judge her for that what she has done." page 11
River 2018	"I would tell her everything and anything. All my problems or anything that I was having difficulty during the week. And I would often go in there and say, "Look, Lara I feel like killing myself today," but she was able to come to the forefront and soothe me down a bit. But anytime up before Lara, I mean, it was, as I said, it was hopeless. Nobody was there to help me." page 155
Vatne 2018	"That nurse got to know me well after some time – managed to see when I became irritable . . . She sees from my body language that as it goes on now, I was beginning to be very angry. And the result then was that she took control of the conversation and said that we can talk about this; she saw right away that now I was beginning to get very furious about this. And she then took the doctor aside, and later they came back and said that you will get the leave." page 449
Sub-theme 1.2: Inclusion of the individual in conversations with agencies providing support/ care	
Idenfors 2015b	"I like wanted to know what they were talking about. So I don't understand why they went. Yeah. If everyone could sit and talk … instead. (Participant 2)" page 203

Table 15: Theme 2: Information content

Study	Evidence
Sub-theme 2.1: Address need in crisis	
Biddle 2020	'"It will tell you what you already know: I know what suicide is, I know what self-harm is. And it'll give you, 'lots of people go through these things'—it's a bit like grandad, 'oh, you'll be alright son'. And you think, I'm not in a position where I want to go 'aah'. I'm in a position where I want to go 'I need some [expletive] help here. I need some help now, right now'" (SH17)' page 4
Sub-theme 2.2: Address stigma	
McGill 2019	'"People appreciate it if they realise that they're not alone . . . I mean those sorts of stats, people are not aware of and hence it actually doesn't take away the pain or anything but it's kind of, in a sense, doesn't leave it so isolated. That there are many other people in society going through the same feelings." Male suicide attempt survivor' page 1121
Williams 2018	"Pure stigma was the one thing that really prevented me [from getting the help I needed] . . . If there was one person who had said to me, "It's okay to go seek help. It's not going to go on your record" . . . it would have been so much easier to actually seek adequate treatment and to get started on my path to recovery" page 695
Wong 2015	"The doctor's understanding of her experience of mental illness alleviated the stigma of mental illness, allowing her to accept the medications." page 73
Sub-theme 2.3: Self-help services, materials, or activities	

Study	Evidence
Bailey 2019	"I'd say like obviously get them out and look at them with the young person together" page 625
Bailey 2019	"Like it's good if you talk it through with them and then let them have something they can look at home" page 625
Biddle 2020	'"The information didn't change, it's a static thing, I needed something extra then, something new or different. (Int: Can you recall anything that did feel different or new?) I think it was thinking to look for crisis plans, and I think it would have been better if they were more obviously accessible perhaps, rather than like I only found them because I thought to search for them… having something like that was very instructive… like step-by-step, and that then gave you something you could come back to at other times." (SM35)' page 6
Frost 2016	"Ideas on what to do instead of self-harming, or what to do when the thought comes across your mind ... indicated a need for harm minimization in the form of advice about first aid and less damaging self-injury: "Information on first aid, how to minimize damage, how to hide bruises/scars." page 72
Sub-theme 2.4: Lived experience content	
Biddle 2020	"If there could be a link to survivor forums to pop up that would be a real big advantage. Hopefully, that would potentially put it out there for someone that before you consider suicide, look at these people that have beat it… it's almost like, 'here's where you need to go for help, but here's where you need to go for inspiration'... that would have helped me at the time, if I could have read, straight away, positive stories or support (SM107)" page 7
McGill 2019	'"Publically sharing their stories to the extent of well this the who, what, when and why . . . may start to break down that stigma . . . If they were able to share their stories and experiences, again the power of the shared story, the shared experience is a great way of breaking stigma down in many ways." Male suicide attempt survivor' page 1122
McGill 2019	'"I did like reading the stories of people that had come through ... because in your own mind, you're a gone-er." Female suicide attempt survivor' page 1122
Sub-theme 2.5 General information - knowledge, education, understanding, treatment, harm minimisation	
Frost 2016	"Being able to find information that I am too scared to ask for… relevant, recent and important information, facts and research… information of what constitutes self-harm (different types) and possible causes. Possible treatments available and effectiveness." page 72
Sub-theme 2.6 Understanding self-harm and why people self-harm	
Bergmans 2009	"[I] needed people to point out to me that I was not my depression … to start to realise it" page 123
Cutcliffe 2006	'"Talking to my CPN helped me gain a different perspective on the significant events. Instead of seeing the bad and feeling disconnected from my family, I was able to see the good, feel compassion, and feel more connected with her (daughter)." (Int. S7)' page 800
Holm 2011	"... the psychologist helped them to understand that using drugs to overdose was not helpful" page 169
Holm 2011	"They asked me why I did it and why I did not think about them. I had no answer. I could not explain why I wanted to kill myself and could find no words to explain my pain. Today I think that this was childish, but I wish that someone could understand. (Participant 9)" page 169

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Study	Evidence
Horrocks 2005	"it might have been better to have someone who could have sat down and talked me through the depression from start to finish..... someone to give you an explanation of depression so that you don't just feel you've gone out of control and your life isn't going to be the same again" page 10
Lewis 2016	'[...] discussed a desire to enhance their NSSI knowledge, seemingly to understand their own experiences: "I was seeking information and understanding of what I was going through. I had no understanding of the feeling I experienced before, during and after SI." (Participant 56)' page 255
Long 2016	"Rosie: So I don't hate myself for it anymore, I know my reasons as to why I did it . . . I can understand it, and I can, look at my scar and say that I'm proud that I got through it, that I survived, and that I'm still surviving in every single day that I go along." page 44
Peterson 2015	"Because I learned about my illness, I learned about my history why I do the things that I did, especially the negative stuff, and I moved on from it 'cos I didn't want to repeat those kind of behaviors." page 175
Sub-theme 2.7 How to access support	
Cooper 2011	'"It had like the Samaritans number in it, it had quite a few help lines in it and it had the hospital number on the front, it had all different services you could contact, basically. So if you needed to, then you could just ring them up." (SU7)' page 171
Cooper 2011	'"… for me the more you're aware what's out there the more choices you've got." (SU1)' page 171
Fogarty 2018	'"I suppose I used more of what was actually out there than a lot of people did. A lot of people don't know what services are out there for those sort of things… psychologists, psychiatrists, counsellors, they're great, especially in a mental health plan." (Interviewee, Male, 18)' page 266
Frost 2016	"Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)…. Advice on how to seek help from my GP and bring up the subject with family/partner." page 73
McGill 2019	'"Here's the crisis support lines, here's where you can go for some more information, this is typical of what you might be feeling. To some extent to provide some boundaries around what is happening for them . . . I think is very important." Male suicide attempt survivor' page 1122
Sub-theme 2.8 Address limitations of signposting	
Biddle 2020	"A lot of [sites] kind of, if you clicked in the seek help thing, it will say, 'oh here's the number for [charity]', which I kind of had… and antidepressants and everything and just kind of like, 'that should help' but that's help I'm already getting (SH6)" page 5
Biddle 2020	"They don't actually help you on the site, they help you find the help. And if people are feeling like they don't want to live anymore, why would they make the effort then, once you've already made the effort to look for online help, why are you then going to do something else and pick up the phone… it's so much effort when it's easier to go the other way. (SH8)" page 5
Frost 2016	"Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)…. Advice on how to seek help from my GP and bring up the subject with family/partner." page 73
Klineberg 2013	'"...if you had someone there … it wouldn't come to your mind to do those things, but it's at a time when you …when kids have no-one at all that you would do

Study	Evidence
	the craziest things, and not care at all how it hurts you" (Female, 15, Black African & Asian, self-harmed once)' page 6
Sub-theme 2.9 Recognition of warning signs for potential self-harm	
Fogarty 2018	"…and I yell at someone and bump into somebody else on the way out, if the [person had] said, 'gee, it's not like [name]' that would've helped too, but nobody chased me down the corridor to the doorway to say, '[name], come back. I want to talk to you'. That would've helped. (Interviewee, Male, 60)" page 264
Rissanen 2009	"Public well-being should better prevent all kinds of problems that are known to be related to self-mutilation and when there are problems, for example at school or with parents, someone should intervene as early as possible." page 11
Sub-theme 2.10 Management of self-harm	
Bailey 2019	"there should be like a set procedure to be honest, like, step one, if … that doesn't work … two, three, four, then, last resort, it's on medication" page 625
Bergmans 2009	"[I] needed people to point out to me that I was not my depression … to start to realise it" page 123
Idenfors 2015b	"Have they forgotten me, like, why is nothing happening and like all the worry which wasn't exactly good which meant more emergency visits at the mobile team. (Participant 6)" page 202
Sub-theme 2.11 Content is fit for purpose	
Biddle 2020	"A lot of sites say keep your friends close and make sure you talk to family… then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know… it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" page 5

Table 16: Theme 3: Information format

Study	Evidence
Sub-theme 3.1 Online content	
Biddle 2020	"I've been on [charity website] when I was confused about my diagnosis… I think they do a bloody good job of explaining things and making you feel less of an enigma to yourself… When it comes to suicide, I haven't gone down that avenue… It certainly wouldn't have been 'oh, I want to look up suicide prevention'. I've never thought like that. (SH2)" page 4
Biddle 2020	"I sent an online 'I need help please' [to charity]… 2 days later I got a reply. A very generic, 'I'm sorry to hear you're feeling this way'… I wouldn't say they're bad, just not something (pause), I know if I was ever struggling, I would use again (SH15)" page 4
Biddle 2020	"A lot of sites say keep your friends close and make sure you talk to family… then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know… it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" page 5
Peterson 2015	"[Website] is amazing for making you feel like you're not the only one who's felt that and been there… and I didn't know them so, and they're nowhere, anywhere near me, they don't know where I live, so they can't call the cops if they're worried, they're just there. The main aspects that these supports had in common were they were accessed by the person on their own terms, when they

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Study	Evidence
	decided they were necessary, and could involve directly addressing suicidal thoughts and feelings, or not, depending on what the person needed" page 176
Sub-theme 3.2 Online chat or instant messaging	
Biddle 2020	"The reason I go online and look is those times when I'm alone, I've gone to bed, I know I'm not going to sleep … I don't want to ring [helpline] because then you have to really talk to someone…and you don't always want that, and I always think, 'oh the neighbours would be able to hear me'… those times that I'm sat there with an iPad in my hands, and I just want (sighs) I just wish there was somebody there for me… for there to be an instant response (sighs), to be able to contact somebody—straight away—without having to talk to them. Because talking can be hard (SM79)" page 6
Haberstroh 2012	".. chat feature would be nice. The delay time is long to get responses, especially if you are in a crisis." page 126
Haberstroh 2012	"I wish that there was a chat feature on the side as there was when I joined the group, but [ISP] took that feature away. There is the [ISP] messenger however that people can go on and get peoples IDs and talk that way. There are several people on a run of a day. That is the way that chats will have to be till [sic] [ISP] does something about it." pages 126-127
Sub-theme 3.3 Moderated forums	
Biddle 2020	"[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing… you could type a paragraph and then somebody would come back with the reply (SM1)" page 6
Sub-theme 3.4 Direct contact (talking)	
Cooper 2011	"SU11: When you think that no one's, you know like cares, you know you feel pain and you find it difficult to cope with. So like when someone, yeah call you or email you or write you a letter you, it makes you feel a bit better. I: Yeah, how does it help? SU11: In the way where you think even if that person is, even if it's his job, I mean like you feel that someone kind of think of you" page 171
Cooper 2011	"'One to one talking, not just me writing something down and posting it, you getting it. By the time it gets there I might feel totally different. If you're one to one talking, you know exactly how I'm feeling." (SU8)' page 172
Cutcliffe 2006	"'It was so helpful to realise that I had an internal conflict going on, and through talking about it I could identify what was going on for me." (Int. N3)' page 799
Frey 2018	"I think it was the beginning of the process of being able to talk about what happened to me and of not being ashamed to talk about it. And it helped me too because a few years later, my situation was nationally in the newspapers, and I was able to face it a lot better because I had experienced telling my story." Page 419
Holliday 2018	"I suppose the more I talk about and the more I talk about it without tears and get it out the more I can brush it aside…it's still hard though and I think it's going to take years…literally years. P7, session 2" page 198
McGill 2019	"'Written information is really good, but I think that nothing beats being able to talk to someone freely and openly and just get it all out and be able to have someone tell you that you know it's OK, it's OK for you to feel like that." Female suicide attempt survivor and family member' page 1122
Weber 2002	"MW: If you were me, how could we help you when at the early stage to prevent that (self-abuse) from happening, what would help you?; Anne: To sit down and

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Study	Evidence
	talk to me or something. MW: Sit down and talk with you?; Anne: Umm umm; MW: Okay. How would we know from, like looking at you, that you were angry, like in the early stage?; Anne: 'Cause my facial expression; MW: Your facial expression. Okay. So, if you got a chance to talk to someone then you wouldn't have the urge to hurt yourself?; Anne: No, I wouldn't." page 122

Table 17: Theme 4: Type of support

Study	Evidence
Sub-theme 4.1 Education and training support need	
Brown 2013	''They haven't been taught. It's not in their textbooks, it's not. . .they don't hear enough stories of people being successful in stopping, of people hiding it, stuff like that.'' page 203
Horrocks 2005	"the nurses didn't seem to have any appreciation of what I'd been through...one of them said, 'that was a stupid thing to do'... not nasty but not very understanding about it, it would have been better if someone had understood - the psychological side of it they didn't seem bothered about, they should have not put me down for what I did but tried to talk to me about it and help me" page 11
Hume 2007	"Several patients were anxious to impress on their friends, family and, in some cases, professionals the importance of managing self-harm (rather than its prevention): 'I don't want to stop cutting myself. It's what I do. The sooner they understand you can't stop a self-harmer, the better" [F, 21].'" page 7
Weber 2002	"Janet: You have to be ready. You can't just go over and touch someone, really that's the worst thing you can do. You say, okay, I'm going to touch your hand now. That's me, remember this is now. But so many times people come up to you and grab you or whatever. Well, that just makes you even more scared and stay in it [flashback] longer. MW: Umm umm. Janet: They [staff from another hospital] just knew everything [about me]. They guided you through and did everything they could to get you out of it, and when you were, but, did everything they could to make you feel safe, and make you feel clean. MW: So, you mentioned that those approaches helped to decrease the self-harm. Janet: Oh yeah, because many times, just having someone there to talk to and talking to you, soft and caring. It takes the anger side . . .away." pages 122-123
Sub-theme 4.2 Healthcare professionals	
Bailey 2019	"I would say that my doctor's better than the mental health services … I'll see my doctor and she'll talk to me about everything" page 624
Bergmans 2009	"Sincere open", "just having them listen", "understanding", "always up front and … completely consistent" page 123
Bywaters 2002	"It has been very, very useful because there are lots of things that I never talked about that happened in my past that I'd never been able to face before...getting somebody I can rely on, somebody stable who I know more often than not is going to be there every week" page 35
Chan 2017	"I had made a promise to [therapist] that I would call her before I took the pills. . . On Dec 31 around 11pm, she took my call, which I didn't think she would, and the mere fact that she cared about me and said she would miss my presence, was enough for me to hang in there until I could see her next week. . . It was that someone really cared about me, knowing how bad I was in the past that stuck with me. . . I guess I essentially borrowed her hope that she had for me until I found hope for myself. (Story 35)" page 362

Study	Evidence
Cooper 2011	"It would be better if they were trained in mental health problems, because they have more understanding then. (SU7) I: Ok, who should make that phone call? SP5: Someone very experienced. SP8: I think, mental health practitioners." page 172
Crona 2017	"It was people, doctors and the medication that made me feel better... When I was admitted to the hospital, I was in a ward with loads of people and it stopped, it became completely different somehow. Life became completely different, a change with people around you. The medication calmed the body down to another level." page 6
Cutcliffe 2006	'"I can tell the nurse things without him getting all emotional and I couldn't do that with my family and yet I needed that." (Int. S1)' page 799
Horrocks 2005	"all they have to say is, we're here if you need us, don't think you're on your own...you feel like you're on your own" page 9
Hume 2007	"... hospital staff very positively, as sympathetic and understanding: 'The ambulance driver ... he came back from another job and just popped his head round. It was really really really good, something I really appreciated. And the nurses... they were really nice to me, and gave me a lot of sympathy ... one of them I smelt she's been smoking, and I really needed a smoke, and she said I'll sort you out later. They were just really nice to me" [M, 22]." page 6
River 2018	'Sarah expressed an interest in issues pertinent to Jack. Jack described the impact of her approach, "I felt better instantly because, for no other reason than, I had someone I could talk to, share feelings."' page 154
Sub-theme 4.3 Network – family and/ or friends	
Bergmans 2009	"Sincere open" "just having them listen", "understanding", "always up front and … completely consistent" page 123
Chan 2017	"All along the way were my dad, his mom and my brother, they have brought me happiness and a safe place. Their support and their love have made me feel committed to my happiness, because me being happy makes me and them happy. (Story 100)" page 363
Hume 2007	"... a friend or family member as the single greatest source of support in connection with their self-harm, more important than any other source: 'My wife ... she's a diamond, if it wasn't for her I don't know what I'd do' [M, 41] ... 'If it wasn't for her [friend] I wouldn't be here now' [F, 26]" page 6
Idenfors 2015a	"She's the one who called and reserved everything. Because I haven't had the strength to do anything then so this was really nice. (Participant 2)" page 181
Idenfors 2015b	"So then I decided to, well, live at home basically, 'cause I, it felt like I wasn't ready to move up there [to the place of study] again. (Participant 9)" page 203
Kelada 2018	"They were just supportive and pretty much just listened and tried to help . . . The fact that they were very supportive is what helped me get through it. Like being able to talk to them, I mean after I was hospitalized . . . I stopped cutting for like five years. And then when I went back to it and like I hid it from them and then they found out again and it was more of kind of like them listening and being like, "Okay you've done it before, you've gone through the process of not doing it, how can we help you." And just having them be that support system before anybody else was definitely helpful. (American female, 24)" page 431
Ward 2013	"I've been in … for 3 months now and I have self-harmed 5 times. I was in … 7 times and I never self-harmed because I was getting visits there I've not had any here. (PMW1)" page 312

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Study	Evidence
Williams 2018	"My parents and I talked about it a few times after—like, deep conversations. But a lot of times it was just less about that act and more about, 'What do we need to do to help you? How can we all work together?'" page 696
Williams 2018	"There's still stuff about my family that gets me so down that I feel [suicidal] sometimes . . . but it is not so all encompassing as it used to be . . . There's still this part of me—the little kid—that cannot understand why his parents do not like him anymore . . . Even if my head understands things, it doesn't really matter—my heart still doesn't understand things . . . [But now], I have a lot of love in my life. I have an amazing partner who really is the closest thing to unconditional love . . . and friends who are amazing and [supportive]." page 696
Wong 2015	"[My father] said that the whole family supported you. He said that my brothers supported me. The one in Canada came to take care of me when I had chemotherapy. [My father] said that so many people supported you, why did you want to go that direction [of suicide]… When I faced many difficulties, a family [who are my close friends] helped me with finances. They gave my daughter a job and stabilized our finances. The wife also helped me to get into [a clinical trial at the medical center]." page 74
Sub-theme 4.4 Network - peer support or shared experience	
Biddle 2020	"[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing… you could type a paragraph and then somebody would come back with the reply (SM1)" page 6
Frost 2016	"Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)…. Advice on how to seek help from my GP and bring up the subject with family/partner." page 73
Haberstroh 2012	"I have found a very empathetic [sic] bunch of people there . . . sometimes when there is no advice to give, there is a sense of belonging. It is an additional support system of people who know what I am going through and so that is very comforting." page 124
Haberstroh 2012	"Sometimes it is just knowing there are others with similar struggles, or triggers is comforting. They also can help me navigate through a difficult situation with an objective point of view or suggestion. Or sometimes just being able to post my emotional difficulties and pain that is enough to get through the urge to injure. Having that rapport with others prevents those feelings of isolation and loneliness from creeping in. No one judges me for what I have done, and yet can support me with the decision to change for the better." page 124
Haberstroh 2012	"When I started to post in this group I would get a lot of support. Now, since I am better and healthy I tend to give it more then take it. I guess you learn that when you get better and know the ins and outs of things. I do feel less alone because I have some of the members on messenger that I talk to. If I did not have a couple of them to talk to then I would be lost as I would not know who to talk to. I often talk to a few and open up to fewer. The friends that I make are for a long time. . . so I go slowly with opening up. I am glad I made friends." page 124
Idenfors 2015b	"[…] then there's my classmate who's got the same sort of family situation and that, so we talk a lot and can see ourselves in each other. Perhaps we can't console one another, but I mean we can ... we can still feel we're not alone, that someone understands. (Participant 1)" page 201

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Study	Evidence
Lewis 2016	"'I seeked out self-injury websites because nobody understood me. My mother screams at me when I self-harm. I need support from people who understand me." (Participant 64)' page 255
Lewis 2016	"'to find others who understood what I was going through, and who wouldn't get super upset at me and demand I get help and fit myself immediately." (Participant 12)' page 255
Lewis 2016	"'Therapy and books helped but it was better to be able to talk to people who are going through the same things as you. It's nice to see you aren't the only one in this." (Participant 11)' page 255
Peterson 2015	"[Website] is amazing for making you feel like you're not the only one who's felt that and been there… and I didn't know them so, and they're nowhere, anywhere near me, they don't know where I live, so they can't call the cops if they're worried, they're just there. The main aspects that these supports had in common where they were accessed by the person on their own terms, when they decided they were necessary, and could involve directly addressing suicidal thoughts and feelings, or not, depending on what the person needed,..." page 176
Vatne 2018	"There are many on the ward who struggle with a feeling of emptiness, of not having human contact. And then there are those with too much contact, those with anxiety, they have huge connections with their feelings. While those of us who have depression are somewhat totally opposite on the scale. When observing the different feelings, one does not feel so special oneself anymore." page 449
Williams 2018	"I try to be very, very open about my experiences with mental health because I think it has been so stigmatized and it's so misunderstood that, if somebody like me, who is like, in general, pretty gregarious and fun I like to think, can say, "Yeah, I actually have a serious depression. I'm actually really messed up! Me too, guys," then the people that aren't, maybe, as open about it can feel like they're not alone or they're not going through something that's unique to them. That's really important to me, and one of the reasons I really wanted to be involved is because I'm so open about it." page 697
Sub-theme 4.5 Community or social support	
Hume 2007	"The chaplain ... praying and stuff like that ... they're not in it for the money if you know what I mean ... they're mair [more] committed, duty bound to help through their faith and stuff' [M, 39]." pages 5-6
River 2018	"Liam encountered a community organization for gay men that he was supported to consider his personal experience of shame in relation to wider social processes that constitute homophobia. Liam described the community organization as an "exceptional" source of support, which contributed considerably toward reducing his feelings of suicidal distress." page 156
Williams 2018	"I was able to find people who accepted me for who I was without thinking that I was not worth being alive. I managed to find people who accepted me for what I do and what I look like, which I know a lot of people who are like me do not find." page 695
Sub-theme 4.6 Vocational, or practical support	
Bywaters 2002	"You get free food packages. This place, I'd praise it. This place is a godsend. There's a counsellor ... you get to meet people. ... I couldn't even describe all the help they've give me..." page 38
Idenfors 2015b	"Yeah, but, for example ... the furniture I've got here – they helped me with that, and stuff. It's that kind of thing. If I need help with shopping. Yeah. And things

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Study	Evidence
	like paper and stuff. 'Cause I've got this home insurance and change of address and things like that now. I didn't understand how to fill out the form, so they help me with that – things like that. (Participant 2)" page 203
Sub-theme 4.7 Other third party	
Rissanen 2009	"I went with my self-mutilating mate regularly once a week to talk with our school nurse. We discussed dating, self-esteem, problems at home, actually all kinds of things, not just cutting. It was great when our school nurse said that we could come to talk whenever we needed. And she said that if she was in another school we could phone her during the school day. We never phoned." page 11
Ward 2013	"I think when you arrive you should get more support, maybe even given a "buddy". (PMW1)" page 311
Sub-theme 4.8 Support interventions	
Alexander 2004	... of dealing with intense emotions, for example through participating in group therapy: "I'm very impulsive, always act impulsively whether it's self-harm or violence and stuff, whereas now I do take a step back and think and work out what is actually going on, where is the feeling, where's it come from, and analyse it. (Roberta)" page 80
Chan 2017	"Going to meetings (peer-support mental health program) sometimes twice a day until I got thinking more clearly and learned how to deal with my problems" **and** "By exposing myself to all these different people (sexual assault victim centre), I was able to build a community around myself and create a sense of normalcy which I had never before felt" (Story 109)." (p366) **and** "A few months later I met a minister that had a bible college for less than perfect adolescents. I went there. . . I had people around me that were wanting me to succeed and would help me to do so" (Story 32). Page 366
Crona 2017	"… I had some very good friends who were very supportive during the whole period. It should not be forgotten either, that all the time I was at my worst, they kept contact. They came to visit me and they made an effort." It could also be a partner, spouse or relative, someone the respondents trusted, felt confidence in, and who made them feel accepted.... "thank my wife that I am alive, which is true." pages 6-7
Haberstroh 2012	"I find that therapy is good, but you can only depend so much on therapy . . . and therapy can be anywhere from two times a week to once every month or more. Some people do not find that is enough support so they need to have something else in their life to turn to. That is where the group comes in. You can write whenever you want to and someone will respond when they get time or you can just felt heard or needed a place to vent." page 122
Haberstroh 2012	"Peer to peer support that has been a real good addition to my recovery." page 123
Heredia Montesino 2019	"Participant 1: With therapy you can only change yourself; Participant 4: Yes!; Moderator: So therapy could help with what?; Participant 3: So that you don't take everything so seriously or you don't swallow everything anymore. One has to change oneself, it's hard, but you should try!; Participant 4: Because if not, you don't live how you want to live, you'll live like your parents!; Participant 3: Yes, try not to take everything so personally, or . . .; Participant 2: Keep your emotional distance!; Participant 3: Keep your emotional distance, do something nice for yourself, because you cannot change the world!" page 67
Hume 2007	"Several patients were anxious to impress on their friends, family and, in some cases, professionals the importance of managing self-harm (rather than its prevention): 'I don't want to stop cutting myself. It's what I do. The sooner they understand you can't stop a self-harmer, the better" [F, 21].'" page 7

Study	Evidence
Kelada 2018	'"Ask what you want to talk about. When they were very realistic with me and weren't too sympathetic or negative, when they educated me about alternatives and why everything happens—external/internal factors." (Australian female, 13)' page 427
Rivlin 2013	". . . some counseling. Someone to get into my head, try to talk to me, try and get round why I am doing these stupid things, try and help me get myself sorted out, get me back to the person I was three years ago. (Case 35)" page 320
Ward 2013	"The need to keep occupied as a way of managing feelings was echoed by one woman: Bored, alone in your room your mind works over time and you find it hard not to do what your head is telling you: SELF-HARM! (PMW6)" page 311
Wong 2015	"He viewed the services, case management and in-home support services, as having made his life easier but he did not see them as having contributed to improving his mental health status and suicidal ideation. He argued that social services had not solved his problems, namely his depression, loneliness and anxiety" pages 73-74
Sub-theme 4.9 Support for discharge to community	
Cooper 2011	'"Just give me some more encouragement not to do stupid things, instead of being kicked out the front door and thinking that you're going to do yourself, if you got a bit more encouragement then it helps you along." (SU8) (p170) "It would be more support maybe and more like a plan you know, maybe having someone where I could sit down and plan you know, a bit like my future or about my health." (SU11)' page 170
Fogarty 2018	'"I suppose I used more of what was actually out there than a lot of people did. A lot of people don't know what services are out there for those sort of things… psychologists, psychiatrists, counsellors, they're great, especially in a mental health plan." (Interviewee, Male, 18)' page 266
Horrocks 2005	"if I'd had someone to talk to before I came out of hospital at least I'd know that they're not just there to help me not die or to get me better...I'd walk out of hospital knowing that I could get in touch with somebody who's going to help me sort out my problems" page 20
Idenfors 2015b	"They cited as possible solutions having home visits, assistance in getting to the clinic, and contact by phone. A reminder by phone the day before a visit was also suggested. 'Or that they ring like a day before. 'Cause we wrote it in the calendar, but I never look there. (Participant 2)'" page 202
Sub-theme 4.10 Positive emotional support	
Bailey 2019	"Just sort of reassure you that it's gonna be ok", … "say to you no matter what you're going through there is people there that can help" page 625
Brown 2013	"The main thing is just like instead of judging them, and putting them down, try to look at it from their perspective and try to, you know, see. . .why is she doing this, what could be so awful that she could have to do this?" page 203
Cutcliffe 2006	'"Because my nurse stirred up different feelings, helped me change my perspective and I found this so helpful" (Int. N2)' page 799
Cutcliffe 2006	'"The human warmth was crucial. They didn't come in and get their stuff out. They looked me in the eye; they listened. Just chatting, even if it was going off at a tangent, was valuable. You know, when I say something, they didn't just move onto the next question." (Int. N5)' page 798
Dunkley 2018	'"Very patronizing, I think that makes it absolutely dreadful, if somebody says to me [mimics earnest tone] 'oh you've done really well today, you're doing...' you know, 'you're doing really great,' and you think... I don't really want to hear that." (patient) Although the content of the words may convey, "I hear how much

Study	Evidence
	you're suffering," something in the tone or delivery has the opposite effect on the patient. Broken promises – for example, in not following up with a phone call – also left the patient feeling unheard.' page 271
Dunkley 2018	'"… Adult placement concept was quite good in that y'know you could have a safer environment and somebody who'd sit along side you, not necessarily treat you, or force you to change but just to actually, like, just be there alongside you." (patient)' page 271
Fogarty 2018	'"And I remember breaking down in the doctor's surgery. I was there just for an annual check-up and as soon as he closed the door I was a mess…I wouldn't allow myself to show it to friends and family. It was to a stranger where it was kind of like you felt that if you were going to be judged it would be far less than what it would be from family and friends." (Interviewee, Male, 36)' page 265
Frey 2018	'... provided the participant felt the individual could be trusted to respond compassionately' page 422
Horrocks 2005	"she was nice, she said, 'you've got a lot to put up with, you being a very sensitive person and everything'". There were other similar comments: "he was nice, he was understanding", "really caring and helpful", "came across more like a friend", "a really nice bloke and easy to talk to" page 17
Horrocks 2005	"she put it down to self-esteem which I think is spot on", "she seemed to get down to the nitty gritty really quickly" page 17
Long 2016	"Ruth: I don't think I ever really wanted anybody to take it away from me . . . and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living really too, so nobody really tried to take it from me." page 44
Ward 2013	"Spoke to like a child … called by my surname or number, does not make me feel safe or human. (PMW3)" page 311
Sub-theme 4.11 Individualised approaches to care	
Cooper 2011	"You know, you don't want to speak to strangers do you? Especially about personal stuff and things like that. (SU5)" page 172
Dunkley 2018	"There was [sic], like, 15 of us [in a therapy group], and she'd remember something, like she'd say, 'oh –(whatever your name is)– you said last week…' […] And I'd think, God that's really amazing! […] and it made you think she's listening, and you felt like… comfortable, that you could engage with her." (patient)" page 271
Horrocks 2005	"like being on a production line, you weren't a patient you were a number", "you felt like a lump of meat…you're in your bed till you need your next tablets or they want some more blood off you". One person commented, "The only thing they could have done that they didn't do was show that they cared" page 11
Idenfors 2015a	"One insight from earlier contacts was that it was important to meet the right person. "But then I began to understand that maybe the problem isn't that the help doesn't work, but it's that you have to meet the right person, quite simply. (Participant 3)" page 182
Idenfors 2015b	"Of course I understand how they look at it – they don't want me to overdose again, so [...] Then it felt like they took you more seriously instead of other doctors who just pumped you full of drugs. (Participant 4)" pages 201-202
Long 2016	"Ruth: I don't think I ever really wanted anybody to take it away from me . . . and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living really too, so nobody really tried to take it from me." page 44

Study	Evidence
River 2018	"It's funny, the whole [hospital] process is: have the accident, try to save it [leg], take it off, do your rehab, get fitted for your leg, learn to walk and that's sort of it. At no point through that process, whether it be physiotherapy or in the ward, does anyone come and talk to you and say, well you know, how you feeling about this? It may have made a difference. It probably would have made a difference. I only saw one psychologist in the whole period that I was in there, they came in and asked me a few questions and you know, I was quite boisterous, oh you know, don't worry about it, it'll be okay and that was the first and last time I'd seen anyone." page 155
Strike 2006	"But they let me out 2 days later without talking to me. Dr. L.said to me 'this isn't a hostel.' I wasn't looking for a hostel. I had a fridge full of food and my rent was paid and I had cigarettes and everything at home. I had everything I needed, except for a safe place" page 34
Sub-theme 4.12 Ensuring a safe environment	
Fogarty 2018	'"…by the time I got down there, they've already got him off the side of the road… they got him in the police car and took him home. And he actually took a few swipes at the copper. A good guy, he just let go. Trying to help him was really hard." (Interviewee, Male, 29)' page 266
Frost 2016	""It not being an automated response system and is an actual person...Knowing that there is someone to listen to you and perhaps help you to stop no matter where you are...It not being an automated response system and is an actual person." page 72
Frost 2016	"Community feeling – not just facts and figures. I want to feel like there are other people experiencing this, and how they got/get through it. But at the same time, I want personal help. I want someone to understand my situation." page 72
Frost 2016	'That it acknowledges that self-harm is sometimes a survival strategy. That it does not stigmatize self-harm, blame people who self-harm, or ignore the underlying causes of self-harm … Safety in online services for self-injury centered around the need for moderation, warnings about triggering content, and the risks of self-injury becoming competitive. "That it is safe and not people just talking graphically about how they self-harm or flaming others or triggering others."' page 72
Frost 2016	"That I have the opportunity to remain anonymous. Anonymity is something that is very important to me, especially in relation to such a private and personal topic such as self-harm. I would not use an online support service to talk about self-harm if I did not have the option to remain anonymous... " page 73
Frost 2016	"No judgment... too many services are boxed around a duty of care and won't let you hurt yourself without calling someone... real help comes in the form of people allowing you to hurt yourself and talking to you about what is causing the need and just being there with you for a while... helping you feel and think about what is so painful rather than making you feel in trouble or naughty for needing to do it." page 73
Haberstroh 2012	"it's relieving to know that it is supposed to remain trigger free, unlike a lot of groups which openly shows [sic] photos of SI, and talk, etc." page 125
Holm 2011	'"This place was different from other institutions. I felt safe here; they believed I could manage the same things as the others. This was a turning point and my way to freedom." (Participant 9)' page 170
Klineberg 2013	'"But it's hard, like… my mum watching or my brother watching me, or someone like that. So it's kind of hard to say, call up and speak to someone in front of somebody else, when it's supposed to be confidential…So, I think if they are on-

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Study	Evidence
	line, probably just emailing or talking to someone online … that's better." (Female, 16, Asian, self-harmed once)' page 7
Rissanen 2009	"Any adult should react seeing wounds or scars. I mean, at least if the adult knows the adolescent, for example at school. If an adult just said or did nothing it could be taken by the self-mutilating adolescent to mean that it is alright to self-mutilate or that the adult just doesn't care." page 11
Rissanen 2009	"The school nurse has to intervene if she notices any kind of suspect marks on the skin." page 11

Table 18: Theme 5: Access to and/ or availability of support

Sub-theme 5.1 Referral and follow-up support needs	
Cooper 2011	'"I would say initially I felt like in the water unsupported but I don't know if that was me feeling overwhelmed." (SU2)' page 170
Cooper 2011	"I think that like sort of like maybe even one letter, three to six months after you've been discharged would be fine. (SU9) page 172
Cooper 2011	'"Especially in the first month after you've done it, because nobody is just (…) going to think oh I'm alright now, it just doesn't happen (but …) not every single month because I'd start thinking its one of them, just throw it on the side." (SU8)' page 172
Hume 2007	"I had to wait 12 weeks. A lot can happen in 12 weeks. When the appointment came I was, like, I didn't really see the point' [F, 20]' page 5
Hume 2007	"What I'm thinking is I'll be discharged, and I'll have to go back to this empty flat. Nothing has really changed for me, and I know I'll have to wait, you know, 'til it comes appointment card]" [F, 25]' page 5
Idenfors 2015a	"It's not like they rush things. … Yes. "We'll be in touch later." So like a week goes by. (Participant 4)" page 181
Idenfors 2015a	"So it felt good and it… he also took it seriously immediately when I… when I contacted him again because I had started to get these thoughts about harming myself and directed me onwards. (Participant 6)" page 182
Idenfors 2015b	"Well, I've got a note and an appointment so it hasn't been a problem, it's just getting there on time [...] that I have to call them myself and that I think it's so difficult so, no, I'd rather just not bother. (Participant 5)" page 202
Idenfors 2015b	'There were requests to talk things through or to be admitted to get proper help […]Participants expressed a wish to have more frequent contact with health care services, especially with their doctor and during periods when they had more thoughts of self-harm.' page 204
Strike 2006	"While communication problems often contributed to fragmented pathways, those who were able to articulate their needs found that their efforts to receive care were frustrated because they were unable to obtain requested referrals. When the focal provider (e.g., counselor) did not specialize in mental health, he or she was not always aware of the services and service providers in the community. Some participants sought referrals to psychiatrists but said that their family doctor told them that he/she did not provide referrals. Oddly, one participant reported that a large mental health care center refused to provide a referral after having assessed him. He said that he was sent back to see his family doctor, who told him that psychiatrists were a waste of time. Dissatisfaction with the care received also influenced willingness to attend suggested referrals. Problems with the provider to whom they were referred contributed to fragmented pathways." page 34

Sub-theme 5.2 Routes to professional care	
Biddle 2020	"The support is you can 'phone or you can go in some where. But that's about it (pause) there's nothing else. There's nothing online. And I think what I want is something instant, online. (SM79)" page 5
Frost 2016	"Being able to instant message a professional 24/7."; "Being able to access online counselling on mobile Internet … That the people can talk straight away and you wouldn't have to wait for over 5 min to talk to a professional." page 72
Idenfors 2015a	"Because many also feel it is difficult to express… express what you feel in writing. But I feel that sometimes it can be easier. Especially if it's for someone you don't know. (…) I know that if I had an e-mail address to write to I would have done it. A long time ago." (Participant 3)" page 181
Idenfors 2015a	"Just the fact that I know that I did not come directly to the child and adolescent psychiatry clinic. And that alone is probably difficult, I think. That there isn't a direct number. That you're connected everywhere and new numbers and such. (Participant 3)" page 181
Sub-theme 5.3 Sufficient time for assessment/ consultation	
Bailey 2019	"'Ten minute slot it's quite short and then the doctor feels rushed" Double appointments were tentatively suggested as a way forward "You've got more space and you won't feel rushed through it. I think that's useful."' page 625
Horrocks 2005	"...if I'd have spent more time I probably could have opened up to him a lot" page 15
Horrocks 2005	"She were nice, but, honestly I do think you just get your time slotted, you get your allocation. - that's it. I mean, quite honestly I could have left there and done anything, anything I'd have wanted, because you could. Because, they just, she was very nice, you know she had a nice soothing voice which you need. Asking me 'You know, how do you feel?'…I just had, you get the feeling – maybe I'm being cynical – that they just want you not to say anything that's going to mean that they are going to have to put that bit of extra work in, because basically if I said 'You know, I don't want to live, I've had enough, I you know I just weren't successful last night but next time I will be' I don't know what they'd done with me. She, she were very nice but you could tell you were allocated your hour, just over your hour whatever, because right at the end when she's gone into depth, everything gets rushed, because you've got to answer all the questions on the thing and some of them seem so, pointless really, but I suppose they always like to have the fuller picture don't they?…I think its just procedures – I think you have to see them before you go but to be quite honest they could just have given me a leaflet and palmed me out. But I suppose, maybe they can tell people that are a really, really bad risk. You know. It wasn't like they had to bring me back from death was it? Maybe if I'd have been on death's door when I'd walked in or say if I'd cut myself and they'd been blood dripping all over, maybe I wouldn't have got out that quickly, maybe I would have been kept in" page 16
Strike 2006	"...In family practices, appointments were said to be too short to be productive or therapeutic." page 35
Sub-theme 5.4 Minority support - cultural sensitivity and understanding, language	
Heredia Montesino 2019	"Participant 2: I think that here in Germany you aren't taken seriously. I don't want to say something wrong now . . .Moderator: No, go ahead! That's important!; Participant 2: We just get labeled in some way. Women, and our culture as well. And with a headscarf even more! Eh, I don't know, I went to a German therapist and he didn't understand me; Participant 4: Hmm [agreeing]; Participant 2: He can't put himself into my position, or he can't understand my culture! Eh, I went to an appointment and it didn't help me!" page 65

| Wong 2015 | "At least it was very convenient [in my home country]. Communication was better and language was convenient, and friends, I could chat with them. If I was not happy, I could vent to them. I have no one to vent to here." page 73 |

Table 19: Theme 6: Sources of information

Sub-theme 5.2 School	
Klineberg 2013	'"I don't think they should contact any sort of outside help, unless the student wants it. Because if the student's getting it, but doesn't want it, it's not going to help." (Female, 15, White & Asian, repeated self-harm)' page 5
Rissanen 2009	"It would be helpful if, for example at school or somewhere, there was information about self-mutilation. I mean real facts about it." page 11
Sub-theme 5.3 Sufficient time for assessment/ consultation	
Bailey 2019	"I'd say like obviously get them out and look at them with the young person together" page 625
Bailey 2019	"Like it's good if you talk it through with them and then let them have something they can look at home" page 625

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