National Institute for Health and Care Excellence

Final

Self-harm: assessment, management and preventing recurrence

[B] Evidence review for information and support needs of families and carers 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

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Review question

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

Introduction

People who self-harm might have a range of family members or carers involved in their lives or supporting them. It may be beneficial for these individuals to receive specific and appropriate information and support that will both help them to self-care and assist them in understanding the needs of the person who has self-harmed, increasing their ability to provide appropriate support and care when and where required. The objective of this review was to identify the information and support needs family members and carers.

Summary of the protocol

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 carers or family members of people who have self-harmed, including child and adult family members, and carers/ family members of people who have self-harmed and have a mental health problem, neurodevelopmental disorder or a learning disability. **Exclusion:** Carers or family members of 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	Settings - Inclusion: All inpatient, outpatient and community settings in which information and support are available to the families and carers of 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.

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

Thirteen qualitative studies published in 16 articles were included for this review (Byrne 2008, Bywaters 2002, Dransart 2017, Ferrey 2015, Ferrey 2016a, Ferrey 2016b, Fogarty 2018, Kelada 2017, Lindgren 2010, McGill 2019, Oldershaw 2008, Raphael 2006, Rissanen 2009, Spillane 2019, Stewart 2018, Wand 2019). Four articles (Ferrey 2015, Ferrey 2016a, Ferrey 2016b, Stewart 2018) reported results from the same study.

The included studies are summarised in Table 2.

The studies were carried out in the following countries: UK (Bywaters 2002, Ferrey 2015, Ferrey 2016a, Ferrey 2016b, Stewart 2018, Oldershaw 2008, Raphael 2006); Australia (Fogarty 2018, Kelada 2017, McGill 2019, Wand 2019); Finland (Rissanen 2009); Ireland (Byrne 2008, Spillane 2019); Sweden (Lindgren 2010); Switzerland (Dransart 2017).

The studies included participants who were adult carers or family members of adults who have self-harmed (Dransart 2017, Fogarty 2018, Lindgren 2010, Wand 2019); adult carers or family members of children who have self-harmed (Byrne 2008, Kelada 2017, Oldershaw 2008, Rissanen 2009); or adult carers or family members of children or adults who had self-harmed (Ferrey 2015, Ferrey 2016a, Ferrey 2016b, Raphael 2006, Stewart 2018). One study did not give any information about the ages of participants or those who had self-harmed (Bywater 2002), and 2 studies only reported the ages of the participants (adults) but not those who had self-harmed (McGill 2019, Spillane 2019). There were no studies that included participants who were either child family members of adults who have self-harmed or child family members of children who have self-harmed.

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

Excluded studies

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

Summary of included studies

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

Table 2: Summary of included studies

Study and aim of the study	Population	Methods	Author themes
Byrne 2008 **Aim of the study** "To describe parents' and carers'	Parents/ carers of young people who had self-harmed/ expressed	**Recruitment period:** 2004-2006 **Data collection and analysis methods:**	• Support • Information and education • Management of DSH episode

Study and aim of the study	Population	Methods	Author themes
experiences of self-harm in their child in order to identify their support needs" for development of a parents' support programme. **Country** Ireland	suicidal ideation: N=25 **Mean age (SD):** Not reported **Sex (female/ male):** Not reported **Relationship to person who has self-harmed:** • Parent: 15 • Carer: 10 **Setting:** In the community	• Focus groups • Conceptive analysis using inductive approach	• Parenting • Author theme: Family
Bywaters 2002 **Aim of the study** "To report on in-depth accounts of a significant number of mainly young people who have extensive direct experience of self-injury." The report, which the study was commissioned for, aimed "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	Friends/ partners of people who had self-injured: N=5 **Mean age (SD):** The ages of friend/ partner participants were not reported separately. **Sex (female/ male):** The sexes of friend/ partner participants were not reported separately. **Relationship to person who has self-harmed:** Not reported. **Setting:** Not reported	**Recruitment period:** October 2000 - April 2001 **Data collection and analysis methods:** • Interviews • Data analysis information not reported	• A problem for other people
Dransart 2017 **Aim of the study** To identify "how taking care or supporting a suicidal person or suicide attempter impacted	Significant others of adult suicidal persons: N = 18 **Mean age (range):** 44 (23-61) years	**Recruitment period:** February 2007 - January 2008 **Data collection and analysis methods:** • Semi-structured interviews	• Significant others' perception of their collaboration with professionals

Study and aim of the study	Population	Methods	Author themes
on the life of informal carers and on how they sought help", and to describe "the process these people underwent in their attempt to find help for their loved ones; the type of actions taken, the institutions or persons contacted, and the outcomes." **Country** Switzerland	**Sex (female/ male):** 16/2 **Relationship to person who has self-harmed:** • Spouse/ partner: 5 • Child: 3 • Mother: 3 • Sister: 3 • Ex-spouse: 2 • Friend: 2 **Setting:** In the community	• Mixed approach analysis	
Ferrey 2015 **Aim of the study** (See Stewart 2018) **Country** UK	(See Stewart 2018)	(See Stewart 2018)	(See Stewart 2018)
Ferrey 2016a **Aim of the study** (See Stewart 2018) **Country** UK	(See Stewart 2018)	(See Stewart 2018)	(See Stewart 2018)
Ferrey 2016b **Aim of the study** (See Stewart 2018) **Country** UK	(See Stewart 2018)	(See Stewart 2018)	(See Stewart 2018)
Fogarty 2018 **Aim of the study** To "gain an in-depth understanding of the complexities and divergent views involved in effective prevention of suicide in at-risk males." **Country**	Adult friends/ family members of an adult man who had made a suicide attempt in the previous 6-18 months: N = 47 **Mean age (range):** 47 (19-65) years	**Recruitment period:** Not reported **Data collection and analysis methods:** • Focus groups • Qualitative secondary analysis	• Differentiating normal vs risky behavioural change • Dependence on vs perceived failures of community services

Study and aim of the study	Population	Methods	Author themes
Australia	**Sex (female/ male):** 26/ 21 **Relationship to person who has self-harmed:** Not reported **Setting:** Not reported		
Kelada 2017 **Aim of the study** "To explore how parent–school communication about NSSI can be improved to facilitate collaborative efforts for self-injury intervention. We also aimed to determine areas in which school mental health staff feel they need more support when responding to NSSI." **Country** Australia	Parents of adolescents who had interacted with mental health staff regarding their child's self-harming behaviour: N=10 **Mean age (SD):** 45.2 (3.52) years **Sex (female/ male):** 10/ 0 **Relationship to person who has self-harmed:** • Mother: 10 **Setting:** In the community	**Recruitment period:** Not reported **Data collection and analysis methods:** • Open-ended questionnaires • Thematic analysis	• Parents
Lindgren 2010 **Aim of the study** "To discover and describe lived experiences of professional care and caregivers among parents of adults who self-harm." **Country** Sweden	Parents of adult children who self-harm: N = 6 **Age range:** 45-55 years **Sex (female/ male):** 5/ 1 **Relationship to person who has self-harmed:** • Mother: 5 • Father: 1 **Setting:** In the community	**Recruitment period:** Not reported **Data collection and analysis methods:** • Narrative interviews • Phenomenological hermeneutic analysis	• Losing confidence in the healthcare system • Feeling invisible • Being confused • Feeling released • Parents

Study and aim of the study	Population	Methods	Author themes
McGill 2019 **Aim of the study** "To conduct a qualitative consultation with people with lived experience of suicide attempt(s) about the sort of information that would be helpful to receive after an attempt; in order that findings could be used to inform the development, style and content of information resources for this target group." **Country** Australia	Adult family members/ friends of a person who had attempted suicide: N=9 **Mean age (SD):** The ages of just family member/ friend participants were not reported separately. **Sex (female/ male):** The sexes of just family member/ friend participants were not reported separately. **Relationship to person who has self-harmed:** Not reported. **Setting:** In the community	**Recruitment period:** Not reported **Data collection and analysis methods:** • Interviews • Inductive analysis	• The contextual impact of the stigma of suicide • The value and role of hearing other people's stories as a way to communicate health information and change attitudes • Health information should be a foundation for, and enable, warm compassionate support
Oldershaw 2008 **Aim of the study** "To gain perspective of parents of adolescents who self-harm on: (a) history of self-harm and health service provision; (b) their understanding and ability to make sense of self-harm behaviour; (c) emotional and personal impact; and (d) parent skills as carer and hope for the future." **Country** UK	Carers of children referred to a CAMHS for treatment of self-harm: N=12 **Mean age (SD):** Not reported. **Sex (female/ male):** 10/ 2 **Relationship to person who has self-harmed:** • Mother: 9 • Father: 2 • Grandmother: 1 **Setting:** In the community	**Recruitment period:** Not reported **Data collection and analysis methods:** • Semi-structured interviews • Interpretive phenomenological analysis	• The process of discovery • The psychological impact of self-harm on parents • Making sense of self-harm

Study and aim of the study	Population	Methods	Author themes
Raphael 2006 **Aim of the study** "To explore parent's responses to DSH by their child in an effort to understand better their concerns, experiences and support needs in order to inform education and training about self-harm for health professionals." **Country** UK	Parents of young people who had self-harmed: N=9 **Mean age (SD):** Not reported. **Sex (female/ male):** 5/ 4 **Relationship to person who has self-harmed:** • Mother: 5 • Father: 4 **Setting:** In the community and primary care	**Recruitment period:** Not reported **Data collection and analysis methods:** • Unstructured interviews • Phenomenological analysis	• What to do next? Where to find information and support • Health professionals
Rissanen 2009 **Aim of the study** "To examine parental views on how to help adolescents who self-mutilate. […] This study was part of a larger research project aimed at the development of practice theory." **Country** Finland	Parents of adolescents who had self-harmed: N=4 **Mean age (SD):** Not reported. **Sex (female/ male):** 3/ 1 **Relationship to person who has self-harmed:** • Mother: 3 • Father: 1 **Setting:** In the community	**Recruitment period:** Not reported **Data collection and analysis methods:** • Open-ended interviews • Inductive content analysis	• Helping the parents and the family • Parents as helpers
Spillane 2019 **Aim of the study** "To explore the overall impact of a family member's high-risk selfharm, in terms of psychological, physical and psychosomatic consequences, while addressing the limitations of previous studies by focusing	Family members of people who presented to hospital for high-risk self-harm: N=9 **Mean age (range):** 44 (33-61) years **Sex (female/ male):** 6/ 3	**Recruitment period:** July 2014 - August 2016 **Data collection and analysis methods:** • Semi-structured interviews • Interpretive phenomenological analysis	• Formal aftercare following self-harm • Informal aftercare following self-harm

Study and aim of the study	Population	Methods	Author themes
on a range of kinships." **Country** Ireland	**Relationship to person who has self-harmed:** • Spouse: 3 • Sibling: 3 • Parent: 2 • Close friend (listed by patient as next-of-kin): 1 **Setting:** In the community		
Stewart 2018 **Aim of the study** To explore "how parents of young people who had self-harmed experienced support and treatment, both for their child and for themselves. We aimed […] to generate information that could be helpful for parents and for clinicians helping families navigate through this experience." **Country** UK	Parents of 35 young people, including 2 sets of parents: N=37 **Mean age (SD):** Not reported. **Sex (female/ male):** 32/ 5 **Relationship to person who has self-harmed:** • Mother: 32 (including 1 adoptive) • Father: 5 **Setting:** In the community	**Recruitment period:** August 2012 - October 2013 **Data collection and analysis methods:** • Semi-structured narrative interviews • Modified grounded theory analysis	• Need for practical strategies • Support for parents • Specific help for parents
Wand 2019 **Aim of the study** "To follow-up a cohort of older people who self-harmed, their carer, and general practitioner (GP) and examine their reflections on the self-harm, care experiences, and outcomes." **Country** Australia	Nominated carers of people aged 30 or older who had self-harmed: N=29 **Mean age (SD):** Not reported. **Sex (female/ male):** 15/ 14 **Relationship to person who has self-harmed:** • Child: 22 • Child-in-law: 2	**Recruitment period:** Not reported **Data collection and analysis methods:** • Structured interviews • Thematic analysis	• Relief and satisfaction with care • Unending burden for the carer

Study and aim of the study	Population	Methods	Author themes
	• Spouse: 2 • Grandchild: 1 • Friends: 1 • Nephew: 1 **Setting:** Not reported		

CAMHS: Child and Adolescent Mental Health Services, DSH: deliberate self-harm, GP: general practitioner, NSSI: non-suicidal self-injury, 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 – information content, information format, sources of information/ support, type of support, availability of support, and need for practical strategies. There were 28 subthemes associated with the 6 main themes, and these are all illustrated in Figure 1 and summarised in Table 3. The subthemes were identified in the adult carers or family members of adults who have self-harmed subgroup, the adult carers or family members of children who have self-harmed subgroup, or both subgroups.

Figure 1: Information and support needs thematic map

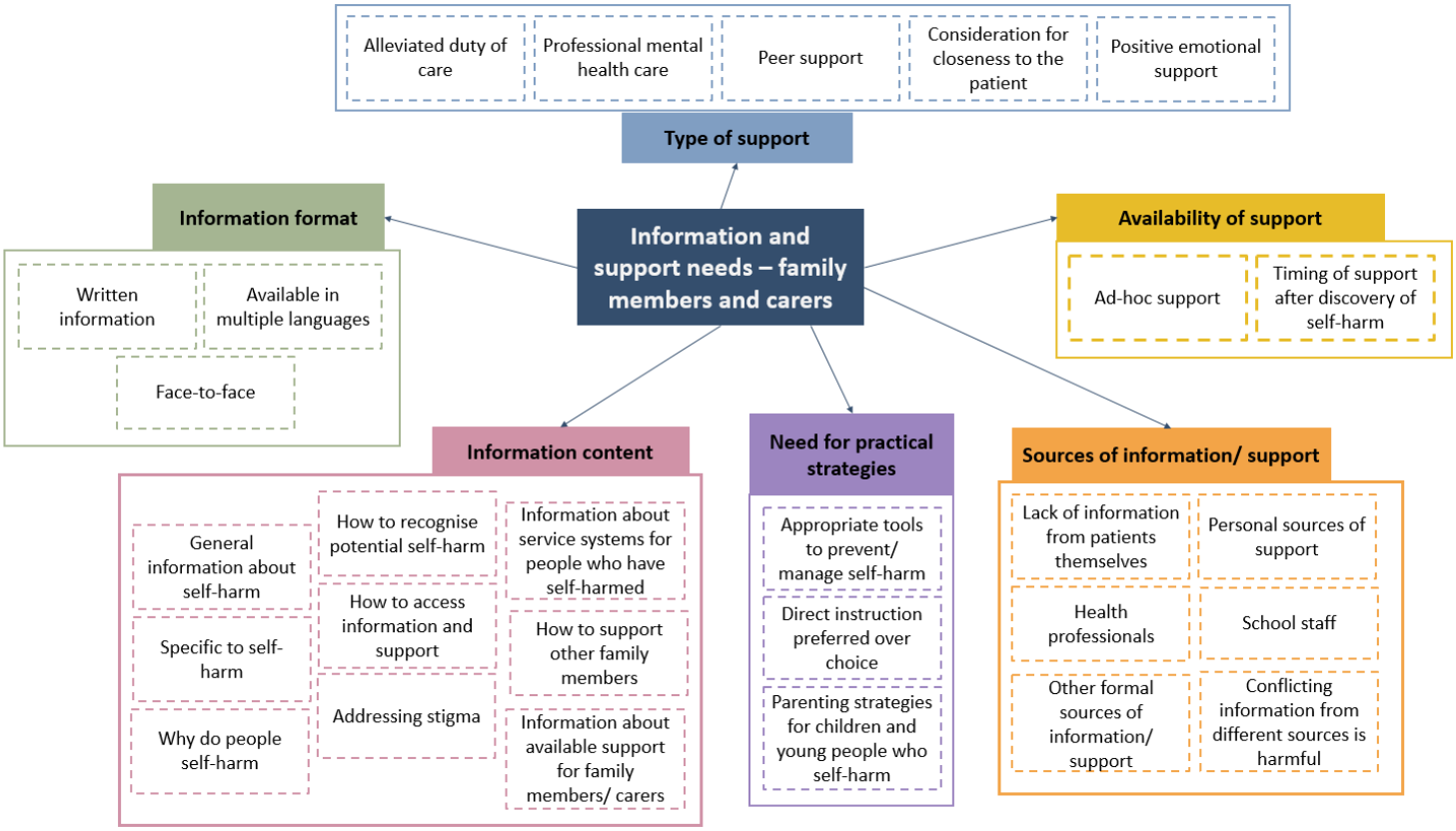


Table 3: Summary of themes and subthemes

Themes and subthemes	Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
1 Information content			
1.1 General information about self-harm	Low	5	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members of children who have self-harmed (3); age of neither family members/ carers nor person who has self-harmed reported (1)
1.2 Information about available support for family members/ carers	High	2	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members of children who have self-harmed (1)
1.3 Specific to self-harm	Very low	1	Adult carers/ family members of children or adults who have self-harmed (1)
1.4: Why do people self-harm	Moderate	4	Adult carers/ family members of children who have self-harmed (3); adult carers/ family members, age of person who has self-harmed not reported (1)
1.5: Addressing stigma	Low	1	Adult carers/ family members, age of person who has self-harmed not reported (1)
1.6: Information about service systems for	Very low	2	Adult carers/ family members of adults who have self-harmed (1); adult carers/

Themes and subthemes		Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
	people who have self-harmed			family members of children who have self-harmed (1)
	1.7: How to recognise potential self-harm	Moderate	2	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members of children who have self-harmed (1)
	1.8: How to access information and support	Moderate	1	Adult carers/ family members of children or adults who have self-harmed (1)
	1.9: How to support other family members	Very low	1	Adult carers/ family members of children who have self-harmed (1)
2 Information format				
	2.1 Written information	Moderate	5	Adult carers/ family members of children who have self-harmed (2); adult carers/ family members of children or adults who have self-harmed (2); adult carers/ family members, age of person who has self-harmed not reported (1)
	2.2 Face-to-face	Low	1	Adult carers/ family members, age of person who has self-harmed not reported (1)
	2.3 Available in multiple languages	Low	1	Adult carers/ family members of children who have self-harmed (1)
3 Sources of information/ support				
	3.1 Lack of information from patients themselves	Moderate	2	Adult carers/ family members of children who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (1)
	3.2 Health professionals	Moderate	4	Adult carers/ family members of adults who have self-harmed (2); adult carers/ family members of children who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (1)
	3.3 School staff	High	2	Adult carers/ family members of children who have self-harmed (2)
	3.4 Other formal sources of information/ support	Low	1	Adult carers/ family members, age of person who has self-harmed not reported (1)
	3.5 Personal sources of support	Moderate	2	Adult carers/ family members of children who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (1)
	3.6 Conflicting information from different sources is harmful	Moderate	1	Adult carers/ family members of adults who have self-harmed (1)
4 Type of support				

Themes and subthemes		Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
	4.1 Alleviated duty of care	Moderate	2	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members of children or adults who have self-harmed (1)
	4.2 Professional mental health care	High	3	Adult carers/ family members of children who have self-harmed (1); adult carers/ family members of children or adults who have self-harmed (2)
	4.3 Peer support	Moderate	7	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members of children who have self-harmed (2); adult carers/ family members of children or adults who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (2); age of neither family members/ carers nor person who has self-harmed reported (1)
	4.4: Consideration for closeness to the patient	Moderate	2	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (1)
	4.5: Positive emotional support	Moderate	5	Adult carers/ family members of adults who have self-harmed (2); adult carers/ family members of children who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (1); age of neither family members/ carers nor person who has self-harmed reported (1)
5 Availability of support				
	5.1 Ad-hoc support	High	4	Adult carers/ family members of children who have self-harmed (2); adult carers/ family members of children or adults who have self-harmed (1); adult carers/ family members, age of person who has self-harmed not reported (1)
	5.2 Timing of support after discovery of self-harm	Low	2	Adult carers/ family members of children who have self-harmed (1); adult carers/ family members of children or adults who have self-harmed (1)
6 Need for practical strategies				
	6.1: Appropriate tools to prevent/ manage self-harm	Moderate	6	Adult carers/ family members of adults who have self-harmed (3); adult carers/ family members of children who have self-harmed (2); adult carers/ family members of children or adults who have self-harmed (1)
	6.2: Direct instruction preferred over choice	High	3	Adult carers/ family members of adults who have self-harmed (1); adult carers/ family members of children who have self-

Themes and subthemes		Quality	No. of studies	Study populations, including those specified as sub-groups in the protocol (number of studies)
				harmed (1); adult carers/ family members of children or adults who have self-harmed (1)
	6.3: Parenting strategies for children and young people who self-harm	Low	2	Adult carers/ family members of children who have self-harmed (1); adult carers/ family members of children or adults who have self-harmed (1)

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 the families and carers of people who have self-harmed. As a result, the views of family members and carers 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 either very low or moderate quality. The recommendations were drafted mostly based on the statements but in some parts supplemented accordingly with the committee's own expertise.

In some cases the evidence was downgraded due to poor applicability where the themes were not based on any research from a UK context, and/or had only been identified in studies of populations which included the friends of people who had self-harmed, but not necessarily their carers, and/or had only been identified in studies of populations which included the family members or carers of people expressing suicidal ideation who had not necessarily self-harmed. Some downgrading for adequacy occurred when the richness or quantity of the data was low, although some themes were descriptive in nature and therefore did not require detailed data to support them. Other issues resulting in downgrading were in the event of 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), and/ or for incoherence within the findings.

Despite the range of quality of evidence, the committee agreed that most sub-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 sub-themes identified in this review were also found in the review on the information and support needs of people who had self-harmed, and agreed that this showed some of the sub-themes were widely experienced by different populations. This gave the committee confidence in the overarching themes, and the committee considered all evidence when drafting the recommendations, supplementing any poor quality data with their own expertise when necessary.

Benefits and harms

Evidence Report A explored the information and support needs of people who have self-harmed, and the evidence from it was used to complement the evidence from this review to inform the recommendations. There was overlap between the two reviews in terms of what people who had self-harmed and their family members and carers thought was important regarding their information and support needs, and the evidence from Evidence Report A was used in particular to inform the recommendations on information content, the principles of information sharing, and intersectional discrimination.

Committee members were concerned about the potential distress caused to the service user by sharing information on self-harm with family or carers, however they also discussed the potential benefits of doing so as identified by the evidence from the review on involving family members and carers (Evidence Report D). They also considered the sub-theme ‘timing of support after discovery of self-harm’, which showed that family members and carers were conflicted about whether it was more useful to be offered support immediately after discovery of self-harm, or at a later, less intrusive time. The committee agreed that each individual family member or carer would have their own unique needs including the timing of information and support provision, and that these should be respected. As a result, the committee agreed that the information recommended for people who had self-harmed should also be shared with family members and carers but only if appropriate, according to each service user’s individual circumstances.

The recommendations about information content were based on the evidence from sub-themes identified under the theme ‘information content’, which showed that family members and carers wanted to be provided with a wide range of information, both generally about self-harm as well as specific advice on various topics. For example, the evidence from the sub-themes ‘why do people self-harm’ and ‘appropriate tools to prevent/ manage self-harm’ showed families and carers would find it useful if they could better understand the phenomenon of self-harm and provide practical support to the person who had self-harmed. 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 ‘Addressing stigma’ from this review, and the sub-theme

'Address stigma' from the review on the information and support needs of people who have self-harmed. The committee agreed that addressing how stigma surrounding self-harm can negatively affect people would provide several 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. Family members and carers specifically said support that was available at all times and the ability to contact services on an ad-hoc basis was helpful, as evidenced in the sub-theme 'ad-hoc support'. The committee agreed it was important to provide family members and carers with information on out-of-hours services, and that it would be beneficial to people requiring support at unpredictable times. The evidence from sub-themes identified under the theme 'source of information/ support' also showed that people who had self-harmed and their family members and carers felt it was important to receive this information from healthcare professionals and other external and personal sources. The committee agreed that family members and carers should be given information about other sources of information and support, such as local services and charities, so each individual can access the resource that is most helpful for them. Many of the identified sub-themes were consistent with evidence on the information and support needs of people who had self-harmed, as outlined in Evidence Report A.

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. For example, evidence from the sub-themes 'consideration of closeness to the patient' and 'information about available support for family members/ carers' showed they wanted the impact of self-harm on their own emotions to be acknowledged, and felt it would be useful to be provided with information that would allow them to seek support for themselves. Evidence from the sub-theme 'professional mental health care' showed that family members and carers felt this support should include services such as counselling. The committee agreed there was an important benefit to providing information about what support was available for family members and carers and making them aware that they are also eligible for a carer's assessment, to facilitate accessing these services as needed. The committee agreed that the NICE guideline on supporting adult carers (NG150) provided important information about this topic and therefore should be signposted to for the sake of family members and carers who might benefit from this service. Family members and carers said that information about how to recognise potential self-harm would be useful in the sub-theme 'how to recognise potential self-harm', which was supplemented by evidence that people who had self-harmed wanted their family members carers to be provided information about this in the sub-theme 'education and training support need'. The committee decided family/ carers should be provided this information when appropriate so that risks could be monitored effectively outside of healthcare settings. The recommendation that family members and carers be given advice on what to do in the event of self-harm and how to support the person was based on the evidence from the sub-themes 'appropriate tools to prevent/ manage self-harm' and 'direct instruction preferred over choice'. Family members and carers said that direct instruction was helpful in the event of self-harm and the committee agreed that there was an important benefit to providing this information as family members and carers could provide vital care to the person who had self-harmed. The committee agreed that having this advice would allow them to feel more in control of the situation. However, while the committee acknowledged the potential benefits of providing specific care advice if the person self-harmed again, they were concerned that this information could discourage family members and carers from seeking professional help when they need it. As a result, the committee could not be more specific about advice on the practical strategies mentioned by family members and carers in sub-themes such as 'parenting strategies for children and young people who self-harm'. The sub-theme 'peer support' showed that family members and carers considered it extremely important to be able to talk to other family members and carers who had similar experiences to them regarding self-harm. The committee agreed this was an important source of information and support, and that family

members and carers should be provided information about local groups to facilitate accessing these resources

The recommendations about the principles of information sharing were based on the evidence. Evidence from the sub-theme 'consideration of closeness to the patient' supplemented evidence from the sub-themes 'individualised approaches to care' and 'content is fit for purpose' from the review on the information and support needs of people which showed people who had self-harmed and their family members and carers 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. Family members and carers felt it was important that information was available in multiple formats and languages, as evidenced in the sub-themes 'written information', 'face-to-face', and 'available in multiple languages'. The committee agreed that any information provided should be accessible to all people to ensure everyone had equal access to resources. The committee recognised that this was important for all people accessing services and not just those who had self-harmed or their family members and carers, but felt it was important to reiterate the need for accessible information. Evidence from the sub-theme 'positive emotional support' from this review, and the sub-themes 'positive communication' and 'positive emotional support' from the review on the information and support needs of people who had self-harmed showed that sensitivity, positivity, respect and consideration for individual circumstances when communicating were important to both family members/ carers and people who had self-harmed, who felt these factors would improve the quality of care. There was also evidence from the sub-theme 'conflicting information from different sources is harmful' that family members and carers found conflicting information from different sources to be unhelpful both for them and the person who had self-harmed, as it caused misunderstandings which could lead to mismanagement. The committee agreed it was important that the provision of any information and support be consistent with an existing care plan to avoid this risk.

The committee also referred to the NICE guidelines on shared decision making (NG197), 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) as these covered a number of topics regarding how information and support should be provided, including accessibility.

Evidence from the sub-theme 'school staff' showed that family members and carers considered school staff to be an important source of information regarding self-harm. The committee used this evidence to inform the recommendation regarding assessment in educational settings that educational staff should seek to develop a support plan with family members and carers as appropriate. The committee also discussed the sub-theme 'alleviated duty of care', which showed that family members felt that other people providing aspects of care for people who had self-harmed was an important aspect of support as it alleviated their own duty of care. The committee agreed that this was an important principle of care in general, and that all recommendations throughout the guideline should be made in the expectation that they would ensure people who have self-harmed are provided with care that reduces the level of responsibility expected from family members where appropriate.

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 families and carers of people who have

self-harmed. However, it was pointed out how the recommended adjustments that promote information or enhance support to the families and carers of 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 and improvement in quality of care of people who have self-harmed, through provision of information to them, their family and carers about self-harm and care options. The recommendations may mean that family members seek further care for themselves more frequently than they currently do, but it is difficult to estimate the effect this will have on practice.

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 people who have self-harmed (evidence report A).

References – included studies

Qualitative

Study
Byrne, Sinead, Morgan, Sophia, Fitzpatrick, Carol et al. (2008) Deliberate self-harm in children and adolescents: a qualitative study exploring the needs of parents and carers. Clinical child psychology and psychiatry 13(4): 493-504
Bywaters P RA (2002) Look Beyond the Scars. Understanding and Responding to Self-Injury and Self-Harm.: 44p.
Dransart, D.A.C. and Guerry, S. (2017) Help-seeking in suicidal situations: Paramount and yet challenging. Interactions between significant others of suicidal persons and health care providers. Journal of Clinical Medicine 6(2): 17
Ferrey 2016a: Ferrey, A.E., Hughes, N.D., Simkin, S. et al. (2016) Changes in parenting strategies after a young person's self-harm: A qualitative study. Child and Adolescent Psychiatry and Mental Health 10(1): 20
Ferrey, Anne E, Hawton, Keith, Simkin, Sue et al. (2015) "As a parent, there is no rulebook": A new resource for parents and carers of young people who self-harm. The Lancet Psychiatry 2(7): 577-579
Ferrey 2016b: Ferrey, Anne E, Hughes, Nicholas D, Simkin, Sue et al. (2016) The impact of self-harm by young people on parents and families: a qualitative study. BMJ open 6(1): e009631
Fogarty, Andrea S, Spurrier, Michael, Player, Michael J et al. (2018) 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 21(1): 261-269
Kelada, Lauren; Hasking, Penelope; Melvin, Glenn A (2017) School response to self-injury: Concerns of mental health staff and parents. School psychology quarterly : the official journal of the Division of School Psychology, American Psychological Association 32(2): 173-187

Study
Lindgren, B.-M.; Astrom, S.; Graneheim, U.H. (2010) Held to ransom: Parents of self-harming adults describe their lived experience of professional care and caregivers. International Journal of Qualitative Studies on Health and Well-being 5(3): 5482
McGill, Katie; Hackney, Sue; Skehan, Jaelea (2019) Information needs of people after a suicide attempt: A thematic analysis. Patient education and counseling 102(6): 1119-1124
Oldershaw, Anna, Richards, Clair, Simic, Mima et al. (2008) Parents' perspectives on adolescent self-harm: qualitative study. The British journal of psychiatry : the journal of mental science 193(2): 140-4
Raphael, H.; Clarke, G.; Kumar, S. (2006) Exploring parents' responses to their child's deliberate self-harm. Health Education 106(1): 9-20
Rissanen, Marja-Liisa; Kylma, Jari; Laukkanen, Eila (2009) Helping adolescents who self-mutilate: parental descriptions. Journal of clinical nursing 18(12): 1711-21
Spillane, A., Matvienko-Sikar, K., Larkin, C. et al. (2019) How do people experience a family member's high-risk self-harm? An interpretative phenomenological analysis. Archives of suicide research : official journal of the International Academy for Suicide Research: 1-23
Stewart, A., Hughes, N.D., Simkin, S. et al. (2018) Navigating an unfamiliar world: how parents of young people who self-harm experience support and treatment. Child and Adolescent Mental Health 23(2): 78-84
Wand, A.P.F., Draper, B., Brodaty, H. et al. (2019) Self-harm in the very old one year later: Has anything changed?. International Psychogeriatrics 31(11): 1559-1568

Economic

No studies were identified that met the inclusion criteria.

Appendices

Appendix A Review protocols

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

Table 4: Review protocol for: What are the information and support needs of the families and carers 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 families and carers of people who have self-harmed
Review question	What are the information and support needs of the families and carers of people who have self-harmed?
Objective	To identify the information and support needs of the families and carers 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

Field	Content
	Other searches: • Inclusion lists of systematic reviews • Forward and backward citation searches of key studies • Reference lists of included studies • Country: The committee wished to prioritise evidence from settings which most closely reflect the UK practice context. They therefore agreed to include studies from high income European countries according to the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519; i.e., Andorra, Austria, Belgium, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK), Canada, US, Australia and New Zealand, which would be sufficiently transferable. Priority will be given to UK studies, however data from studies conducted in other high-income countries will be added if new themes arise that are not captured in the UK evidence. The full search strategies will be published in the final review.
Condition or domain being studied	All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability. 'Self-harm' is defined as intentional self-poisoning or injury irrespective of the apparent purpose of the act. This does not include 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 carers or family members of people who have self-harmed, including child and adult family members, and carers/ family members of people who have self-harmed and have a mental health problem, neurodevelopmental disorder or a learning disability. Exclusion: Carers or family members of 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:

Field	Content
	Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
Context	Settings - Inclusion: All inpatient, outpatient and community settings in which information and support needs are available to the families and carers of 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.

Field	Content
	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. 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: • Relation to person who has self-harmed: Adult carers/family member of adults who have self-harmed, adult carers/family member of children who have self-harmed, child family member of adults who have self-harmed, child family member of children who have self-harmed
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 ☐ ☐ Piloting of the study selection process ☐ ☐ Formal screening of search results against eligibility criteria ☐ ☐ Data extraction ☐ ☐ Risk of bias (quality) assessment ☐ ☐

Field	Content
	Data analysis ☐ ☐
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
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, families and carers, health care
Details of existing review of same topic by same authors	None
Current review status	Ongoing
Additional information	Not applicable

Field	Content
Details of final publication	www.nice.org.uk

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

Appendix B Literature search strategies

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

Clinical

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 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* 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
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/

#	searches
	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 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*

#	searches
	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.
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.

#	searches
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.
41	or/33-40
42	3 and 32 and 41

#	searches
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.
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

#	searches
	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.
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.

#	searches
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
18	MeSH descriptor: [information seeking behaviour] this term only
19	MeSH descriptor: [internet] this term only

#	searches
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.
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.

#	searches
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
65	MeSH descriptor: [narrative] this term only

#	searches
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
7	MeSH descriptor: suicide, completed IN CDSR, HTA

#	Searches
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

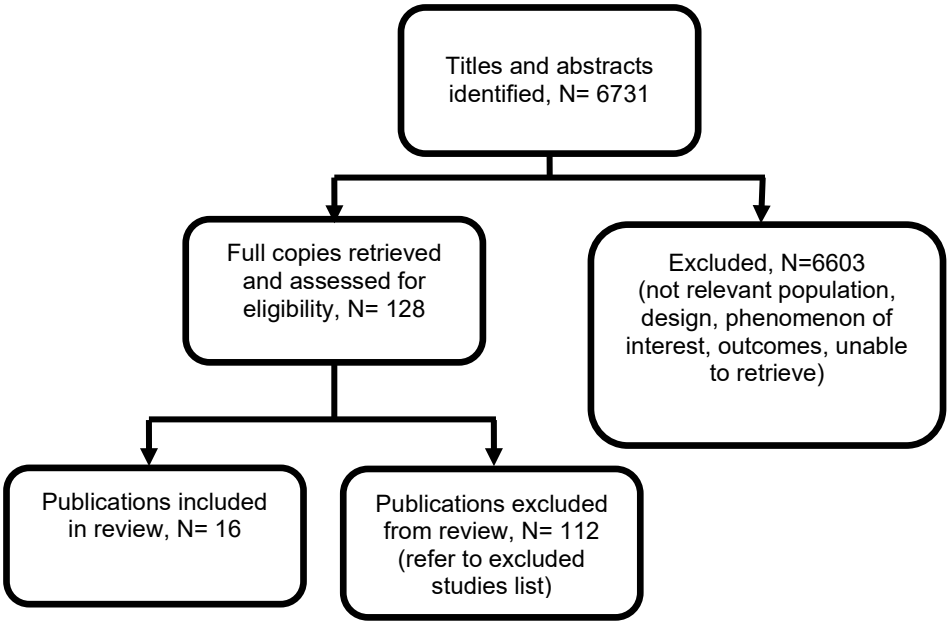
#	Searches
1	MeSH descriptor: poisoning IN NHSEED, HTA
2	MeSH descriptor: self-injurious behavior EXPLODE ALL TREES IN NHSEED, HTA
3	MeSH descriptor: self mutilation IN NHSEED, HTA
4	MeSH descriptor: suicide IN NHSEED, HTA
5	MeSH descriptor: suicidal ideation IN NHSEED, HTA
6	MeSH descriptor: suicide, 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 Qualitative evidence study selection

Study selection for review question: What are the information and support needs of the families and carers 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 A (What are the information and support needs 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 112 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 (112-76 =) 36 studies not listed in the excluded studies tables (Appendix J) are studies that met the inclusion criteria for review question A. There were 3 studies that were included in both review question A and B.



Appendix D Evidence tables

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

Table 5: Evidence tables

Byrne, 2008

Bibliographic Reference	Byrne, Sinead; Morgan, Sophia; Fitzpatrick, Carol; Boylan, Carole; Crowley, Sinead; Gahan, Hilary; Howley, Julie; Staunton, Dorothy; Guerin, Suzanne; Deliberate self-harm in children and adolescents: a qualitative study exploring the needs of parents and carers.; Clinical child psychology and psychiatry; 2008; vol. 13 (no. 4); 493-504

Study details

Country/ies where the study was carried out	Ireland
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported.
Sources of funding	This study was funded by the Fundraising Department of Children's University Hospital and the Health Promotion Department, Health Service Executive Northern Area

Recruitment strategy	Participants were recruited from those who had presented to the A&E department of the Temple Street Children's University Hospital (TSCUH) with self-harm or suicidal behaviour. Participants were also recruited from Child and Adolescent Mental Health Teams and Family Support Services in Dublin.
Inclusion criteria	Participants had to: • Be parents or carers of young people who were aged 16 years or younger and had self-harmed or expressed suicidal ideation
Exclusion criteria	Not reported.
Study setting	The Child Psychiatry Department of TSCUH.
Participant characteristics	Sample size Parents/ carers of young people who had self-harmed/ expressed suicidal ideation: N=25 Mean age (SD) Not reported. Sex (female/male) Not reported. Relationship to person who has self-harmed Parent: 15 Carer: 10
Data collection and analysis	A focus group meeting was held. Participants divided into subgroups and were asked open-ended questions, with discussions lasting 45 minutes. A stenographer recorded the discussion verbatim, and data were analysed conceptively using an inductive approach.
Findings	Author theme: Support Example quote: "It would be a relief to be able to talk to someone else who has gone through it." (p. 498) Author theme: Information and education Example quote: "I think a discussion around why do young people self-harm would be useful and ways in which to prevent it in the first place." (p. 499) Author theme: Management of DSH episode Example quote: ". . . what triggers to be aware of." (p. 500)

	Author theme: Parenting Example quote: "How do I discipline . . . manage manipulative behaviour?" (p. 499) Author theme: Family Example quote: ". . . terrible problem is how to deal with siblings . . . what to tell them." (p. 499)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Can't tell *(Aim not clearly stated but can be deduced.)*
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 *(Focus groups can limit discussion of a sensitive topic, and saturation of data was not discussed.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Participants were recruited from the DSH Team in the Children's University Hospital (TSCUH), where the authors work. It is unclear whether they were involved in the care of the participants, and researchers did not state whether they critically examined their own role in the research.)*

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	No *(Authors provided details of how the research was explained to participants however there is no further consideration for ethical issues, and no details of approval having been sought from an ethics committee.)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Unclear justification for conceptual analysis as analytical technique chosen)*
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 information given for data collection and analysis; serious concerns around ethical considerations and the relationship between the researchers and participants)*
	Relevance	Relevant *(Authors included parents/ carers of young people who had expressed suicidal ideation but had not necessarily self-harmed. The number of these participants is not reported. Additionally, the study was not conducted in 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 Not reported.
Study dates	October 2000 - April 2001
Sources of funding	This study was commissioned by the National Children's Home.
Recruitment strategy	Not reported.
Inclusion criteria	Not reported.
Exclusion criteria	Not reported.
Study setting	Not reported.
Participant characteristics	Sample size Friends/ partners of people who had self-injured: N=5 Mean age (SD) The ages of friend/ partner participants were not reported separately. Sex (female/male) The sexes of friend/ partner participants were not reported separately. Relationship to person who has self-harmed Not reported.
Data collection and analysis	Interviews were conducted with the participants, the shortest lasting 45 minutes with some lasting over 2 hours. Interviews were either recorded or notes were taken, based on the participants' preferences. Information regarding the data analysis was not reported.

Findings	Author theme: A problem for other people Example quote: "There should definitely be more information for people who look after, or care, or are family, anything, in anyway related to someone who selfharms. There should be more information available." (p. 24) Example quote: "There should be something there for the other person really. A relative, friend, whatever. There should be something there. All the doctors say is “Are you going to be alright?” to the person who’s self-harmed. They don’t ask about the other person, but they should, whether it’s a relative or whatever. They should ask, but they don’t." (p. 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
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell *(No information given about research design.)*
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell *(No information given about recruitment strategy.)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Insufficient information given about data collection, and data saturation not mentioned.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Researchers did not state whether they critically examined their own role in the research.)*

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Insufficient information given about ethical considerations.)*
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(No information given about data analysis.)*
Findings	Is there a clear statement of findings?	Can't tell *(Although authors do not provide a succinct discussion of the evidence, statements of findings are provided throughout the paper in relation to the original research question. No information is provided regarding the credibility of their findings.)*
Research value	How valuable is the research?	The research has some value *(There is sufficient consideration of the implication of the researchers' findings, but minimal discussion of the contribution this research makes to the existing literature.)*
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(No information given for research design, methodology, data collection or data analysis)*
	Relevance	Relevant *(The study included friends of people who had self-harmed but did not clarify whether they were their carers, or how many friends were included in the study.)*

Dransart, 2017

Bibliographic Reference	Dransart, D.A.C.; Guerry, S.; Help-seeking in suicidal situations: Paramount and yet challenging. Interactions between significant others of suicidal persons and health care providers; Journal of Clinical Medicine; 2017; vol. 6 (no. 2); 17

Study details

Country/ies where the study was carried out	Switzerland
Study type	Qualitative study General qualitative inquiry
Study dates	February 2007 - January 2008
Sources of funding	Not reported.
Recruitment strategy	Participants were recruited through several professional mental health institutions/ associations and advertisements.
Inclusion criteria	Participants had to: • Be a significant other of a suicidal person/ suicide attempter over the age of 18 years who had displayed suicidal behaviour within 5 years of the study taking place and was still alive at the time of interview • Be living in Fribourg or Valais • Have subjective affective closeness to the suicidal person • Have witnessed or been involved with help-seeking for the suicidal person
Exclusion criteria	Potential participants were excluded if: • They only had occasional contact with the suicidal person • They had witnessed their significant other's suicidality over 5 years before the interview
Study setting	In the community.

Participant characteristics	Sample size Significant others of adult suicidal persons: N = 18 Mean age (SD) Mean age (range): 44 (23-61) years Sex (female/male) Female/ male (N): 16/ 2 Relationship to person who has self-harmed Spouse/ partner : 5 Child: 3 Mother: 3 Sister: 3 Ex-spouse: 2 Friend: 2
Data collection and analysis	Semi-structured interviews took place in the participants' preferred location and lasted between 1.5 - 2.5 hours. Interviews were audio-taped, transcribed verbatim. Authors used a mixed approach to analyse the content of the interviews.
Findings	Author theme: Significant others' perception of their collaboration with professionals Example quote: “I said to the doctors ‘but me, I need help, I need help’, and I was crying and I didn’t have any tissues and nobody offered me any, and then, everybody was watching me cry, nobody said anything.” (p. 8) Example quote: “Which solution? How to react? This is how I feel that relatives, they need help in these situations.” (p. 9)

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 *(Authors used a mixed approach but did not justify their reasoning.)*
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 *(Saturation of data was 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?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of justification for research design and no discussion of data saturation.)*

Section	Question	Answer
	Relevance	Partially relevant *(Authors included family members/ carers of young people who had expressed suicidal ideation but had not necessarily self-harmed. The number of these participants is not reported. Additionally, the study included 2 friends of people who had self-harmed/ expressed suicidal ideation (11%) but did not clarify whether they were their carers. The study was not conducted in UK)*

Ferrey, 2015

Bibliographic Reference	Ferrey, Anne E; Hawton, Keith; Simkin, Sue; Hughes, Nicholas; Stewart, Anne; Locock, Louise; "As a parent, there is no rulebook": A new resource for parents and carers of young people who self-harm.; The Lancet Psychiatry; 2015; vol. 2 (no. 7); 577-579

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study (See Stewart 2018)
Study dates	August 2012 - October 2013
Sources of funding	(See Stewart 2018)

Recruitment strategy	(See Stewart 2018)
Inclusion criteria	(See Stewart 2018)
Exclusion criteria	(See Stewart 2018)
Study setting	(See Stewart 2018)
Participant characteristics	Sample size (See Stewart 2018) Mean age (SD) (See Stewart 2018) Sex (female/male) (See Stewart 2018) Relationship to person who has self-harmed (See Stewart 2018)
Data collection and analysis	(See Stewart 2018)
Findings	Author theme: Experiences of support and treatment Example quote: “[It’s helpful] having this outlet where my husband and I can go and meet with the psychiatrist individually. We find it’s really helpful, for us, I think we find it easier to support [our daughter].” (p. 578) Example quote: "It’s a small comfort for someone to know they’re not the only ones. It has happened before and there’s a light at the end of the tunnel." (p. 578)

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 *(Authors explained their methods for data collection but did not justify their choices or discuss data saturation. Additionally, one set of parents was interviewed together, which may limit discussion of a sensitive topic.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Authors specified they had no clinical contact with the participants, however recruitment methods involved recruiting via personal contacts, and researchers did not state whether they critically examined their own role in the research.)*
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 data collection; no discussion of data saturation; some concerns around potential influence of the researchers on review findings)*
	Relevance	Highly relevant

Ferrey, 2016a

Bibliographic Reference	Ferrey, A.E.; Hughes, N.D.; Simkin, S.; Locock, L.; Stewart, A.; Kapur, N.; Gunnell, D.; Hawton, K.; Changes in parenting strategies after a young person's self-harm: A qualitative study; Child and Adolescent Psychiatry and Mental Health; 2016; vol. 10 (no. 1); 20

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study (See Stewart 2018)
Study dates	August 2012 - October 2013
Sources of funding	(See Stewart 2018)

Recruitment strategy	(See Stewart 2018)
Inclusion criteria	(See Stewart 2018)
Exclusion criteria	(See Stewart 2018)
Study setting	(See Stewart 2018)
Participant characteristics	Sample size (See Stewart 2018) Mean age (SD) (See Stewart 2018) Sex (female/male) (See Stewart 2018) Relationship to person who has self-harmed (See Stewart 2018)
Data collection and analysis	(See Stewart 2018)
Findings	Author theme: Changes in parenting Example quote: "I just needed to do something. I needed to feel that I actually had some control because as a parent you're programmed to make it all alright and this is something that you can't make alright."

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 *(Authors explained their methods for data collection but did not justify their choices or discuss data saturation. Additionally, one set of parents was interviewed together, which may limit discussion of a sensitive topic.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Authors specified they had no clinical contact with the participants, however recruitment methods involved recruiting via personal contacts, and researchers did not state whether they critically examined their own role in the research.)*
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 data collection; no discussion of data saturation; some concerns around potential influence of the researchers on review findings)*
	Relevance	Highly relevant

Ferrey, 2016b

Bibliographic Reference	Ferrey, Anne E; Hughes, Nicholas D; Simkin, Sue; Locock, Louise; Stewart, Anne; Kapur, Navneet; Gunnell, David; Hawton, Keith; The impact of self-harm by young people on parents and families: a qualitative study.; BMJ open; 2016; vol. 6 (no. 1); e009631

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study (See Stewart 2018)
Study dates	August 2012 - October 2013
Sources of funding	(See Stewart 2018)

Recruitment strategy	(See Stewart 2018)
Inclusion criteria	(See Stewart 2018)
Exclusion criteria	(See Stewart 2018)
Study setting	(See Stewart 2018)
Participant characteristics	Sample size (See Stewart 2018) Mean age (SD) (See Stewart 2018) Sex (female/male) (See Stewart 2018) Relationship to person who has self-harmed (See Stewart 2018)
Data collection and analysis	(See Stewart 2018)
Findings	Author theme: Social isolation and social support Example quote: "Just hearing other people's stories makes you feel like you're less alone…you can gain a lot of strength from that." (pp. 4-5)

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 *(Authors explained their methods for data collection but did not justify their choices or discuss data saturation. Additionally, one set of parents was interviewed together, which may limit discussion of a sensitive topic.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Authors specified they had no clinical contact with the participants, however recruitment methods involved recruiting via personal contacts, and researchers did not state whether they critically examined their own role in the research.)*
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 data collection; no discussion of data saturation; some concerns around potential influence of the researchers on review findings)*
	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 qualitative inquiry
Study dates	Not reported.

Sources of funding	This study was funded with donations from the Movember Foundation.
Recruitment strategy	Participants were recruited through mental health organisations at local, state, and national levels, through community networks and through professional associations.
Inclusion criteria	Participants had to: • Be an adult man who had made a suicide attempt in the previous 6-18 months • OR be an adult friend or family member of an adult man who had made a suicide attempt in the previous 6-18 months
Exclusion criteria	Not reported.
Study setting	Not reported.
Participant characteristics	Sample size Adult friends/ family members of an adult man who had made a suicide attempt in the previous 6-18 months: N = 47 Mean age (SD) Median age (range): 47 (19-65) years Sex (female/male) Female/ male: 26/ 21 Relationship to person who has self-harmed Not reported.
Data collection and analysis	Participants completed the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder 7-item as well as demographic information and mental health history before focus groups were held with the friend and family member participants. Focus groups lasted between 60-90 minutes, and were recorded and transcribed verbatim. 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 behavioural change Example quote: "The other thing that I found difficult was to work out what was normal teenage behaviour and what was actually locking himself away because of being down…'is that suicidal behaviour, or him being a teenager?'" (p. 264) Author theme: Dependence on vs perceived failures of community services

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?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Insufficient information given regarding how data were collected from the focus groups.)*
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?	Can't tell *(Some findings presented with a lack of evidence to support them.)*

Section	Question	Answer
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 given for data collection and lack of justification for research design, some findings presented with a lack of evidence to support them.)*
	Relevance	Relevant *(The study included friends who had provided support to people who had attempted suicide but did not clarify whether they were their carers, or how many friends were included in the study. Additionally, the study was not conducted in the UK)*

Kelada, 2017

Bibliographic Reference	Kelada, Lauren; Hasking, Penelope; Melvin, Glenn A; School response to self-injury: Concerns of mental health staff and parents.; School psychology quarterly : the official journal of the Division of School Psychology, American Psychological Association; 2017; vol. 32 (no. 2); 173-187

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	Not reported.
Recruitment strategy	Parent participants were recruited as part of a bigger study on adolescent Non-Suicidal Self-Injury.
Inclusion criteria	Participants had to: • Be school mental health staff • OR be parents of high-school students who had self-harmed, who had interacted with school mental health staff regarding their child's self-harming behaviour
Exclusion criteria	Potential participants were excluded if: • They were parents who had not had any contact with school mental health staff regarding their child's self-harm
Study setting	In the community.
Participant characteristics	Sample size Parents of adolescents who had interacted with mental health staff regarding their child's self-harming behaviour: N=10 Data were also available for school mental health staff participants but not extracted as not of interest to this study. Mean age (SD) Mean age (SD): 45.2 (3.52) years Sex (female/male) Female/ male: 10/ 0 Relationship to person who has self-harmed Mother: 10

Data collection and analysis	Parents were mailed questionnaires with open-ended questions regarding their experiences with mental health staff at their child's school. The written responses were thematically analysed by the authors, and an independent researcher coded the data and assessed interrater reliability.
Findings	Author theme: Parents Example quote: "The school counselor made me feel really supported. Extremely positive, encouraging—I do not know how each of us would have got through without school involvement. I couldn't have done this alone. I was completely illiterate to what to do to help (Parent number 5 [P5])." (p. 181) Example quote: "School support and conversations with school welfare officer (my daughter and I) were great. We did this straight after disclosure and continued for a few weeks. Pointed out to her how her actions affected other people; gave her strategies; made her realize she is loved. But I felt I needed more support for ME not my daughter. I didn't know where and how to access and still do not know if there is anything for parents . . . still have not reconciled in my mind how, why and so forth this could happen to my child [P3]." (pp. 181-182)

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 *(2 open-ended questions in the questionnaire provided the qualitative data, which may not provide the necessary richness to address the research question. Additionally, saturation of data was not discussed.)*

Section	Question	Answer
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Researchers did not state whether they critically examined their own role in the research.)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(The authors had approval from an ethics committee but no further ethical considerations are 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	Moderate concerns *(Method of data collection has limitations; no discussion of data saturation; insufficient information given for ethical considerations)*
	Relevance	Relevant *(Study not conducted in UK.)*

Lindgren, 2010

Bibliographic Reference	Lindgren, B.-M.; Astrom, S.; Graneheim, U.H.; Held to ransom: Parents of self-harming adults describe their lived experience of professional care and caregivers; International Journal of Qualitative Studies on Health and Well-being; 2010; vol. 5 (no. 3); 5482

Study details

Country/ies where the study was carried out	Sweden
Study type	Qualitative study Phenomenological
Study dates	Not reported.
Sources of funding	This study received no funding.
Recruitment strategy	Participants were recruited through advertisement and recommendations by the participants.
Inclusion criteria	Participants had to: • Be the parent of an adult person who self-harmed.
Exclusion criteria	Not reported.
Study setting	In the community.
Participant characteristics	Sample size Parents of adult children who self-harm: N = 6 Mean age (SD) Age range: 45-55 years Sex (female/male) Female/ male: 5/ 1

	Relationship to person who has self-harmed Mother: 5 Father: 1
Data collection and analysis	Narrative interviews lasted between 30-85 minutes and were tape-recorded and transcribed verbatim. Transcripts were analysed using a phenomenological hermeneutic approach.
Findings	Author theme: Losing confidence in the healthcare system Example quote: "I want hope [starts to cry]. I want to feel that there's a solution. I need to know what we can request and . . . [crying] . . . how to treat her" (p. 4) Author theme: Feeling invisible Example quote: "I needed help to know how to behave. I am a parent, not a carer. We don't have the professional education to be a therapist. I just wanted some kind of tools instead of being helpless." (pp. 5-6) Author theme: Being confused Example quote: "I asked at the care meeting whether someone could visit Tina if necessary? There was nobody [who could visit] was the answer I got. Now I've got the information that there was someone who could have come. There were personnel from the community who were available if needed." (p. 6) Author theme: Feeling released Example quote: "I said, 'This isn't working anymore; what can we do?' Then I got confirmed that the right thing to do was to take the car and go to the hospital; it was an emergency. That was all that I needed just then, some kind of support that it was okay. I didn't want to destroy the treatment or anything." (p. 7) Author theme: Parents Examples quote: "The school counselor made me feel really supported. Extremely positive, encouraging—I do not know how each of us would have got through without school involvement. I couldn't have done this alone. I was completely illiterate to what to do to help." (p. 181)

Section	**Question**	**Answer**
Aims of the research	Was there a clear statement of the aims of the research?	Yes

Section	Question	Answer
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 phenomenological hermeneutic approach, but did not justify their reasoning.)*
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 *(Saturation of data was 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?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of justification for data collection and no discussion of data saturation.)*
	Relevance	Relevant *(Study not conducted in UK.)*

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.
Inclusion criteria	Participants had to: • Have lived experience of a suicide attempt (including suicide attempt survivors and family members/ friends of survivors) • 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 Adult family members/ friends of a person who had attempted suicide: N=9 Mean age (SD) The ages of just family member/ friend participants were not reported separately. Sex (female/male) The sexes of just family member/ friend participants were not reported separately. Relationship to person who has self-harmed Not reported.
Data collection and analysis	Interviews were conducted over the phone, 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 contextual impact of the stigma of suicide Example quote: "The biggest problem and the oldest problem is the stigma attached to it, which then becomes associated with fear of embarrassment, humiliation, guilt and feelings of failure. And also for the lack of understanding as to why a person would actually want to kill themselves." (p. 1121) Author theme: The value and role of hearing other people's stories as a way to communicate health information and change attitudes Example quote: "If someone's going to talk about (this) subject, they have to have credibility. Now if you have a psychiatrist or GP or teacher stand before you and say, well people suicide because of these reasons blah, blah, blah, it's like a clinical explanation, but when you hear it from someone who's been there, it adds a different weight to it . . . you know they are talking from experience and they are speaking with integrity and credibility." (p. 1122) 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." (p. 1122) Example quote: "Face to face is so important as well . . . to have a specialist sit down and say "you are going to be experiencing trauma as well" . . . To hear that would go a lot way to helping." (p. 1122)

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 did not justify their reasoning.)*
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 (service providers) were involved in making decisions regarding the design of the study and the recruitment process, however were not involved in data collection or analysis.)*

Section	Question	Answer
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 *(Lack of justification for research design; some concerns around potential influence of the researchers on review findings)*
	Relevance	Relevant *(The study included friends who had provided support to people who had attempted suicide but did not clarify whether they were their carers, or how many friends were included in the study. Additionally, the study was not conducted in the UK.)*

Oldershaw, 2008

Bibliographic Reference	Oldershaw, Anna; Richards, Clair; Simic, Mima; Schmidt, Ulrike; Parents' perspectives on adolescent self-harm: qualitative study.; The British journal of psychiatry : the journal of mental science; 2008; vol. 193 (no. 2); 140-4

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Phenomenological
Study dates	Not reported.
Sources of funding	This study was funded by the Psychiatry Research Trust, and South London and Maudsley Research and Development funds.
Recruitment strategy	Participants were recruited through Child and Adolescent Mental Health Services (CAMHS).
Inclusion criteria	Participants had to: • Be a main carer living with a person aged 13-18 years who had been referred to a CAMHS for treatment of self-harm.
Exclusion criteria	Potential participants were excluded if: • They were unaware of their child's self-harm • Their child who had been referred to a CAMHS had a serious comorbid illness
Study setting	In the community.
Participant characteristics	Sample size Carers of children referred to a CAMHS for treatment of self-harm: N=12 Mean age (SD) Not reported. Sex (female/male) Female/ male: 10/ 2

	Relationship to person who has self-harmed Mother: 9 Father: 2 Grandmother: 1
Data collection and analysis	Semi-structured interviews lasted approximately 1 hour and were transcribed verbatim. Transcripts were analysed using an interpretive phenomenological approach.
Findings	Author theme: The process of discovery Example quote: "The teacher at the school actually was really quite good. She actually gave me a lot of the background for self-harm, why girls self-harm . . . she seemed to be quite clued up and in fact it was her that, she was the one that explained to me, a lot of it to me, because I had no idea what it [self-harm] was, what it meant . . . I didn't feel as though I was floundering as much as I think I would have if I hadn't had her advice." (p. 143) Author theme: The psychological impact of self-harm on parents Example quote: "CAMHS sort of advised me, even if my counsellor wasn't available someone has always come on the line and said, 'this is what we feel you should do' . . . It's very distressing when you feel very much on your own and you don't know what to do for the best. I know every situation's different but they've got more experience than I have." (p. 144) Author theme: making sense of self-harm Example quote: "The first thing I wanted to know was had something happened? What was her reason for why she'd done it?" (p. 141)

Section	**Question**	**Answer**
Aims of the research	Was there a clear statement of the aims of the research?	Can't tell *(Aim not clearly stated but can be deduced.)*
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?	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

Raphael, 2006

Bibliographic Reference	Raphael, H.; Clarke, G.; Kumar, S.; Exploring parents' responses to their child's deliberate self-harm; Health Education; 2006; vol. 106 (no. 1); 9-20

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Phenomenological
Study dates	Not reported.
Sources of funding	Not reported.
Recruitment strategy	Participants were recruited through the medical staff of the emergency medical unit of a local hospital, who identified the children of potential participants for the study and approached them for consent for their parents to be contacted. Further participants were also recruited opportunistically and through advertisements.
Inclusion criteria	Participants had to: • Be an adult with a parental role for a young person who had self-harmed
Exclusion criteria	Potential participants were excluded if: • Their child who had self-harmed suffered from a psychotic mental disorder or significant cognitive impairment • Their child who had self-harmed was not between the ages of 16-24
Study setting	In the community and primary care.
Participant characteristics	Sample size Parents of young people who had self-harmed: N=9 Mean age (SD) Not reported.

	Sex (female/male) Female/ male: 5/ 4 Relationship to person who has self-harmed Mother: 5 Father: 4
Data collection and analysis	Unstructured interviews lasted between 1-1.5 hours and were audio recorded and transcribed verbatim. For some participants, a second interview was conducted. Thematic analysis was conducted by three researchers using a phenomenological approach.
Findings	Author theme: What to do next? Where to find information and support Example quote: "There's lots of things on depression books . . . We bought one and we took some out of the library and people have recommended other books on bereavement and depression but nothing on DSH . . ." (p. 16) Author theme: Health professionals Example quote: "Had it been on the day [the offer of family therapy] I would have definitely felt that it would have been intrusive I would have wanted time and space to accept what had happened . . ." (p. 17)

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 in part on an emergency medical unit by the medical staff, which may have allowed for bias in the recruitment strategy.)*
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell *(Two sets of parents were interviewed together, which may limit discussion and therefore not provide the necessary richness to address the research question. Additionally, saturation of data was not discussed.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No *(Limited consideration given to minimising bias during data collection. In addition, 'non verbal observations' were made of participants during data collection which were entirely derived from the author's perspective.)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(Authors give an in-depth description and justification of their analysis process and provide sufficient data to support their analyses. However, authors used their personal interpretation of 'non verbal observations' of participants to inform their analyses, sometimes contrary to responses given by participants.)*
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 *(Some concerns around bias in the data analysis, recruitment strategy, and the relationship between the researchers and participants; no discussion of data saturation)*
	Relevance	Highly relevant

Rissanen, 2009

Bibliographic Reference	Rissanen, Marja-Liisa; Kylma, Jari; Laukkanen, Eila; Helping adolescents who self-mutilate: parental descriptions.; Journal of clinical nursing; 2009; vol. 18 (no. 12); 1711-21

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	Participants were recruited through adolescents who were taking part in another study on self-cutting (Rissanen 2006).
Inclusion criteria	Participants had to: • Be the parent of an adolescent taking part in a study on self-cutting (Rissanen 2006) • Be aware of their child's self-harm

Exclusion criteria	Not reported.
Study setting	In the community.
Participant characteristics	Sample size Parents of adolescents who had self-harmed: N=4 Mean age (SD) Not reported. Sex (female/male) Female/ male: 3/ 1 Relationship to person who has self-harmed Mother: 3 Father: 1
Data collection and analysis	Open-ended interviews lasted between 45-75 minutes and were audiotaped and transcribed. Transcripts were interpreted using inductive content analysis.
Findings	Author theme: Helping the parents and the family Example quote: "They arranged a peer group for the parents of self-mutilating adolescents, but it happened three years after I had to face it. I did not participate. I would have needed support just when I found out about it." (p. 1719) Example quote: "I would have needed to talk with a professional about my fixed emotions; I was grateful to her when she told me about her self-mutilation, but I felt guilty because I did not discover it myself." (p. 1719) Example quote: "Social workers organised a family to support us. I had a possibility to call whenever I needed. The children spent the weekend there semi-monthly. Our family community broke down because of divorce and death, so we needed an official support system." (p. 1719) Author theme: Parents as helpers Example quote: "If parents could get information about self-mutilation and if it was discussed at school, parents would not believe when seeing marks on their children's hands that they were caused by cat. As I did." (p. 1715) Example quote: "I tried to find information about it (self-mutilation) via the Internet, but there was no information in Finnish" (p. 1716)

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 *(Saturation of data was 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?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell *(The data analysis process is insufficiently described to deduce the framework for thematic analysis.)*
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value *(There is some consideration of the contribution this research makes to the existing literature, but no discussion of the implication of the researchers' findings on current practice.)*

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Insufficient information given for data analysis and no discussion of data saturation.)*
	Relevance	Relevant *(Study not conducted in UK)*

Spillane, 2019

Bibliographic Reference	Spillane, A.; Matvienko-Sikar, K.; Larkin, C.; Arensman, E.; How do people experience a family member's high-risk self-harm? An interpretative phenomenological analysis; Archives of suicide research : official journal of the International Academy for Suicide Research; 2019; 1-23

Study details

Country/ies where the study was carried out	Ireland
Study type	Qualitative study Phenomenological
Study dates	July 2014 - August 2016
Sources of funding	This study received funding as part of the SPHeRE Programme; grant number SPHeRE/2013/1. It also received funding from the Health Research Board (grant number HRA-2013- PHR-438), and the National Office for Suicide Prevention.

Recruitment strategy	Participants were drawn from a previous case-control study (the SSIS-ACE study), which recruited participants following hospital presentation for high-risk self-harm.
Inclusion criteria	Participants had to: • Be a family member of a person who had presented at hospital for self-harm • Have their family member's self-harm act either be high-risk, or with a clinical impression of high suicide intent • Have witnessed their family member's high-risk self-harm • Have participated in the SSIS-ACE study and consented for further follow-up
Exclusion criteria	Not reported.
Study setting	In the community.
Participant characteristics	Sample size Family members of people who presented to hospital for high-risk self-harm: N=9 Mean age (SD) Mean age (range): 44 (33-61) years Sex (female/male) Female/ male (N): 6/ 3 Relationship to person who has self-harmed Spouse: 3 Sibling: 3 Parent: 2 Close friend (listed by patient as next-of-kin): 1
Data collection and analysis	Semi-structured collateral interviews took place in the participants' preferred location and lasted between 48-144 minutes (average: 94). After each interview field notes were taken and interviews were transcribed, data were coded by two authors and analysed using interpretive phenomenological analysis.
Findings	Author theme: Formal aftercare following self-harm Example quote: "She told us everything that he could or couldn't do … as he [self-harm patient] wouldn't tell you nothing [sic]." (p. 294) Example quote: 'One participant highlighted how police arranged for their family member to be admitted to a psychiatric ward "two hours later" as "the guards can get them in you see."' (p.294) Author theme: Informal aftercare following self-harm

	Example quote: “good to talk about it because I can’t talk about it to anyone really” as other family members “will break down in a ball of tears if I mention the first thing about it to her.” (p. 295) Example quote: "I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me." (p. 295)

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 *(Authors explained their methods for data collection but did not justify their choices or discuss data saturation.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Researchers did not state whether they critically examined their own role in the research.)*
Ethical Issues	Have ethical issues been taken into consideration?	Yes

Section	Question	Answer
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of justification for data collection and no discussion of data saturation.)*
	Relevance	Relevant *(Study not conducted in UK. One friend was included in the study, however they were listed as the person who had self-harmed's next-of-kin, and therefore classified as family according to the study's inclusion criteria.)*

Stewart, 2018

Bibliographic Reference	Stewart, A.; Hughes, N.D.; Simkin, S.; Locock, L.; Ferrey, A.; Kapur, N.; Gunnell, D.; Hawton, K.; Navigating an unfamiliar world: how parents of young people who self-harm experience support and treatment; Child and Adolescent Mental Health; 2018; vol. 23 (no. 2); 78-84

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Grounded theory
Study dates	August 2012 - October 2013
Sources of funding	This study received funding from the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme; grant number RP-PG-0610-10026.
Recruitment strategy	Participants were recruited via a number of different channels: through healthcare professionals; mental health charities; support groups; advertisements; social media; personal contacts.
Inclusion criteria	Participants had to: • Be a parent of a young person aged up to 25 years who had self-harmed at any point in the past.
Exclusion criteria	Not reported.
Study setting	In the community.
Participant characteristics	Sample size Parents of 35 young people, including 2 sets of parents: N=37 Mean age (SD) Age of the participants was not reported. Sex (female/male) Female/ male: 32/ 5 Relationship to person who has self-harmed Mother: 32 (including 1 adoptive) Father: 5

Data collection and analysis	Semi-structured narrative interviews lasted on average 84 minutes, and were either video- or audio-recorded and transcribed verbatim. Transcripts were coded and thematically analysed using a modified grounded theory approach.
Findings	Author theme: Need for practical strategies Example quote: "And then the other sort of issue was the decision about what you say to people about what had happened and you're very fragile, very vulnerable, you're not thinking straight, you don't. . ..know what to do. We needed somebody to sit down and talk to myself, my husband, my oldest daughter and say, "Right, this is what you've got to do." Don't give us any choices, just say, "Right, our experience tells us that this is what you should do, one, two-three." (p. 82) Example quote: ". . .she's got the number for CAMHS. They've left it for her to be able to ring. She's got lots of information where she can get help. They've given her booklets. They've given her absolutely everything. The literature for her has been incredible really. It's been really, really good, written in a way to understand, they've given strategies, talking and writing it down, buy her a book, everything has been really brilliant." (p. 82) Author theme: Support for parents Example quote: "I think what I would have liked is more parental support. It's very difficult, when you're in that situation, you don't exactly want to go and talk to other people because you're so focussed on yourself . . .There are still very, very hard evenings, very hard nights, when she gets very upset and slightly unsafe . . .At those times, it would be really nice to be able to pick up the phone and talk to somebody who knows what you're talking about." (p. 82) Example quote: "We have a parent support group at the unit for all the parents of the young people that are there, no matter what they're going through, and that's very helpful just to be able to express to someone else who knows what it's like to have a child away from home who's in need." (p. 82) Author theme: Specific help for parents Example quote: "I think also, looking after yourself, looking after your own sort of mental and physical health is really, really important and I sought help [um] myself and had some had some counselling support. ...and I think I was very, very fortunate with that actually to get that help." (p. 82)

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 *(Authors explained their methods for data collection but did not justify their choices or discuss data saturation. Additionally, one set of parents was interviewed together, which may limit discussion and therefore not provide the necessary richness to address the research question.)*
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell *(Authors specified they had no clinical contact with the participants, however recruitment methods involved recruiting via personal contacts, and researchers did not state whether they critically examined their own role in the research.)*
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 *(Lack of justification for data collection; no discussion of data saturation; some concerns around potential influence of the researchers on review findings)*

Section	Question	Answer
	Relevance	Highly relevant

Wand, 2019

Bibliographic Reference	Wand, A.P.F.; Draper, B.; Brodaty, H.; Peisah, C.; Self-harm in the very old one year later: Has anything changed?; International Psychogeriatrics; 2019; vol. 31 (no. 11); 1559-1568

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	Not reported.
Recruitment strategy	Participants were recruited from two teaching hospitals and associated community services, within a month of self-harm.

Inclusion criteria	Participants had to: • Be a person aged 80 or older who had self-harmed • OR be a nominated carer of one of the above participants who had self-harmed • OR be a GP for one of the above participants who had self-harmed
Exclusion criteria	Not reported.
Study setting	Not reported.
Participant characteristics	Sample size Nominated carers of people aged 30 or older who had self-harmed: N=29 Data were also available for patient and GP participants but not extracted as not of interest to this study. Mean age (SD) Age of carer participants was not reported. Sex (female/male) Female/ male (N): 15/ 14 Relationship to person who has self-harmed Carer relationship to person who has self-harmed (N): Child: 22 Child-in-law: 2 Spouse: 2 Grandchild: 1 Friend: 1 Nephew: 1
Data collection and analysis	Carer and patient participants were interviewed separately. Face-to-face structured interviews lasted between 7-46 minutes (mean 18.5), and were audio-recorded and transcribed verbatim. Transcripts were thematically analysed in a qualitative data management program, and data were analysed by two of the authors.
Findings	Author theme: Relief and satisfaction with care Example quote: “But for me and my sister it is a great weight lifted off us, because to see her and to see that she is cared for, knowing that she participates and she even sings and does all sorts...” (p. 1563) Author theme: Unending burden for the carer Example quote: “... there [should be] more help to the actual partners, the spouses... Even if there was like a partners’ group.... Support groups for the partners of suicide [attempt] victims.” (p. 1563)

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 thematically analysed data in a qualitative data management program, but did not justify their reasoning.)*
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 *(Two of the researchers were service providers for some of the participants, however the authors have critically examined their roles and whether this influenced data collection in their discussion of the limitations of the research, including using methods to enhance methodological rigor.)*
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell *(Authors sought ethical approval and informed consent and considered the impact of the study on participants during the study, however no information was given about maintaining confidentiality, how research was explained to participants, or consideration for participants after the study.)*

Section	Question	Answer
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 *(Lack of justification for research design; some concerns around ethical considerations and the relationship between the researchers and participants)*
	Relevance	Relevant *(Study not conducted in UK.)*

Appendix E Forest plots

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

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

Appendix F GRADE-CERQual tables

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

Table 6: Summary of evidence (GRADE-CERQual): 1 Information content

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.1: General information about self-harm					
5 (Byrne 2008, Bywaters 2002, Dransart 2017, Oldershaw 2008, Rissanen 2019)	1 study using focus groups; 1 study using interviews; 2 studies using semi-structured interviews; 1 study using open-ended interviews	Family members and carers expressed a lack of understanding of self-harm and therefore wanted a raised awareness of self-harm and more general information to be available, such as statistics, background, and contextual information. "The teacher at the school actually was really quite good. She actually gave me a lot of the background for self-harm, why girls self-harm . . . she seemed to be quite clued up and in fact it was her that, she was the one that explained to me, a lot of it to me, because I had no idea what it [self-harm] was, what it meant . . . I didn't feel as though I was floundering as much as I think I would have if I hadn't had her advice." (Oldershaw 2008, p. 143)	Methodological limitations	Serious 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; studies included family members/ carers of people with suicidal ideation who had not necessarily self-harmed, and*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				friends of people who had self-harmed)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 1.2: Information about available support for family members/ carers					
2 (Kelada 2017, Lindgren 2010)	1 study using questionnaires with open-ended questions; 1 study using narrative interviews	Parents wanted to know if support was available for them as well as for their children, and what kind of support they could request. The perceived lack of information around support for parents created a barrier to accessing it in the first place. "School support and conversations with school welfare officer (my daughter and I) were great. We did this straight after disclosure and continued for a few weeks. Pointed out to her how her actions affected other people; gave her strategies; made her realize she is loved. But I felt I needed more support for ME not my daughter. I didn't know where and how to access and still do not know if there is anything for parents . . . still have not reconciled in my mind how, why and so forth this could happen to my child [P3]." (Kelada 2017, pp. 181-182)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			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	No or very minor concerns	
Sub-theme 1.3: Specific to self-harm					
1 (Raphael 2006)	1 study using unstructured interviews	Parents found that there was a lack of information in books that was specific to self-harm, as the only available information tended to focus on other mental	Methodological limitations	Serious concerns about methodological limitations as	Very low

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
		health problems that are commonly associated with self-harm, such as depression, instead. "There's lots of things on depression books . . . We bought one and we took some out of the library and people have recommended other books on bereavement and depression but nothing on DSH . . ." (Raphael 2006, p. 16)		per CASP qualitative checklist	
			Relevance	No or very minor concerns	
			Coherence	No or very minor concerns	
			Adequacy	Serious concerns: Findings were based on one study only with a small sample size and poor descriptive detail relating to this theme, and understanding of the theme would benefit from richer data.	
Sub-theme 1.4: Why do people self-harm					
4 (Byrne 2008, Kelada 2017, McGill 2019, Oldershaw 2008)	1 study using semi-structured interviews; 1 study using focus groups; 1 study using interviews; 1 study using questionnaires with open-	Upon discovery of self-harm, family members and carers' initial responses often revealed an inability to understand why people self-harm. As a result, they wanted information to be provided regarding the motives behind and reasons for why people self-harm. "I think a discussion around why do young people self-harm would be useful and ways in which to prevent it in the first place." (Byrne 2008, p. 499)	Methodological limitations	Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a substantially	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
	ended questions			different context to the review question *(3 studies not conducted in the UK; includes family members/ carers of people with suicidal ideation who had not necessarily self-harmed, and friends of people who had self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 1.5: Addressing stigma					
1 (McGill 2019)	1 study using interviews	Family members felt that it was important to know what negative beliefs, attitudes and myths were associated with self-harm, as well as advice on how to effectively combat these. “The biggest problem and the oldest problem is the stigma attached to it, which then becomes associated with fear of embarrassment, humiliation, guilt and feelings of failure. And also for the lack of understanding as to why a person would actually want to kill themselves.” (McGill 2019, p. 1121)	Methodological limitations	Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				a substantially different context to the review question *(study not conducted in the UK; study includes friends of people who had self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on one study only with a small sample size and moderate descriptive detail relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 1.6: Information about service systems for people who have self-harmed					
2 (Byrne 2008, Fogarty 2018)	2 studies using focus groups	Family members and carers wanted information on treatment services that were available for people who had self-harmed in order to reduce resentment towards services, particularly what was available and how service systems operated.	Methodological limitations	Moderate concerns about methodological limitations of the evidence as per CASP	Very low

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
		'Several focus group members suggested that providing skills training and psycho-education to families and friends early in interventions would improve support to individuals at risk, as well as provide an understanding of how service systems operate, reducing reliance on and resentment towards relevant services.' (Fogarty 2018, p. 266)		qualitative checklist	
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(2 studies not conducted in the UK; includes family members/ carers of people with suicidal ideation who had not necessarily self-harmed, and friends of people who had self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on two studies with a moderate sample size and poor quoted data relating to this theme, and understanding of	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				the theme would benefit from richer data	
Sub-theme 1.7: How to recognise potential self-harm					
2 (Fogarty 2018, Rissanen 2019)	2 studies using focus groups	Family members, especially parents, felt it was important to be able to effectively monitor the person's likelihood of self-harming. Therefore, they wanted information on how to recognise indications (such as changes in behaviour) that someone self-harmed or was intending to self-harm, and to differentiate these from non-harmful behaviour changes. This included being able to tell when someone was lying about or concealing self-harm. "The other thing that I found difficult was to work out what was normal teenage behaviour and what was actually locking himself away because of being down…'is that suicidal behaviour, or him being a teenager?'" (Fogarty 2018, p. 264)	Methodological limitations	Minor concerns about methodological limitations of the evidence as per CASP qualitative checklist	Low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(2 studies not conducted in the UK; includes friends of people who had self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 1.8: How to access information and support					
1 (Stewart 2018)	1 study using semi-	Parents considered it to be helpful and supportive when their children who had self-harmed were given guidance on how to access further information and	Methodological limitations	Moderate concerns about methodological limitations of the	Moderate

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
	structured interviews	support, for example by being told where to find further resources and being given contact details for organisations and services such as CAMHS. ". . .she's got the number for CAMHS. They've left it for her to be able to ring. She's got lots of information where she can get help. They've given her booklets. They've given her absolutely everything. The literature for her has been incredible really. It's been really, really good, written in a way to understand, they've given strategies, talking and writing it down, buy her a book, everything has been really brilliant." (Stewart 2018, p. 82)		evidence as per CASP qualitative checklist	
			Relevance	No or very minor concerns	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on one study only with a moderate sample size and moderate descriptive detail relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 1.9: How to support other family members					
1 (Byrne 2008)	1 study using focus groups	Parents felt that the whole family was usually emotionally affected by a family member's self-harm, and wanted guidance on how to provide support and communicate appropriate information to, in particular, siblings of those who had self-harmed. ". . . terrible problem is how to deal with siblings . . . what to tell them." (Byrne 2008, p. 499)	Methodological limitations	Serious concerns about methodological limitations of the evidence as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				a substantially different context to the review question *(study not conducted in the UK; includes family members/ carers of people with suicidal ideation who had not necessarily self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on one study only with a moderate sample size and moderate descriptive detail relating to this theme, and understanding of the theme would benefit from richer data	

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

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 2.1: Written information					
5 (Byrne 2008, McGill 2019, Raphael 2006, Rissanen 2019, Stewart 2018)	1 study using semi-structured interviews; 1 study using unstructured interviews; 1 study using interviews; 1 study using open-ended interviews; 1 study using focus groups	Family members and carers who were provided with or directed to written information found it useful, including leaflets, books, and online information. Some said they initially turned to written sources for information after an episode of self-harm but found that information on self-harm that was provided in a format that could be read was currently lacking. ". . .she's got the number for CAMHS. They've left it for her to be able to ring. She's got lots of information where she can get help. They've given her booklets. They've given her absolutely everything. The literature for her has been incredible really. It's been really, really good, written in a way to understand, they've given strategies, talking and writing it down, buy her a book, everything has been really brilliant." (Stewart 2018, p. 82)	Methodological limitations	Serious concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Minor concerns: most evidence is from a substantially different context to the review question, however context unlikely to affect relevance of theme *(3 studies not conducted in the UK; studies include family members/ carers of people with suicidal ideation who had not necessarily self-harmed, and friends of people who had self-harmed)*	
			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 2.2: Face-to-face					
1 (McGill 2019)	1 study using interviews	Family members and carers felt it was important that information was communicated to them in-person, as this promoted compassionate interactions and provided an additional supportive benefit. "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." (McGill 2019, p. 1122)	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 *(study not conducted in the UK; includes friends of people who had self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Although findings were based on one study only with a small sample size, there was good descriptive	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				detail relating to this theme	
Sub-theme 2.3: Available in multiple languages					
1 (Rissanen 2019)	1 study using open-ended interviews	Parents were unable to find online information in certain languages, which created a barrier to accessing information on self-harm. "I tried to find information about it (self-mutilation) via the Internet, but there was no information in Finnish." (Rissanen 2019, p. 1716)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			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	Minor concerns: Although findings were based on one study only with a small sample size, the theme is descriptive in nature and therefore does not require detailed data to support it	

Table 8: Summary of evidence (GRADE-CERQual): 3 Sources of information/ support

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: Lack of information from patients themselves					
2 (Rissanen 2019, Spillane 2019)	1 study using semi-structured interviews; 1 study using open-ended interviews	Family members emphasised the heightened need for information from external sources, made more important by the fact that they were often unlikely to receive information from the people who had self-harmed. "She told us everything that he could or couldn't do … as he [self-harm patient] wouldn't tell you nothing [sic]." (Spillane 2019, p. 294)	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 *(2 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on two studies with a small sample size and poor descriptive detail relating to this theme, and understanding of the theme would	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				benefit from richer data	
Sub-theme 3.2: Health professionals					
4 (Dransart 2017, Fogarty 2018, Oldershaw 2008, Spillane 2019)	3 studies using semi-structured interviews; 1 study using focus groups	Family members and carers named health professionals, including GPs and clinical psychologists, as useful sources of support and information after a person had self-harmed, and there was a degree of expectation that health professionals would provide initial advice. Some family members felt that there were differences between groups of health professionals regarding how much information and support they provided. "While eight of the nine participants felt that aspects of the hospital service were grossly lacking, seven expressed positive experiences with other formal supports including the prison service, the police force, social workers, GPs, support services and counselors." (Spillane 2019, p. 294)	Methodological limitations	Minor 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 *(3 studies not conducted in the UK; includes family members/ carers of people with suicidal ideation who had not necessarily self-harmed, and friends of people who had self-harmed)*	
			Coherence	Minor concerns: Some evidence is contradictory without a credible	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				explanation for differences	
			Adequacy	Minor concerns: Although findings were based on four studies with a moderate sample size, there were poor quoted data relating to this theme and understanding of the theme would benefit from richer data	
Sub-theme 3.3: School staff					
2 (Oldershaw 2008, Rissanen 2019)	1 study using semi-structured interviews, 1 study using open-ended interviews	Parents believed that school staff such as teachers could be useful sources of information regarding self-harm. Some thought staff were helpful in providing necessary advice when a child of school age had self-harmed, and others felt that school staff should be the ones to proactively provide information on self-harm to parents. "The teacher at the school actually was really quite good. She actually gave me a lot of the background for self-harm, why girls self-harm . . . she seemed to be quite clued up and in fact it was her that, she was the one that explained to me, a lot of it to me, because I had no idea what it [self-harm] was, what it meant . . . I didn't feel as though I was floundering as much as I think I would have if I hadn't had her advice." (Oldershaw 2008, p. 143)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	High
			Relevance	Minor concerns: some evidence is from a different context to the review question *(1 study not conducted in the UK)*	

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 3.4: Other formal sources of information/ support					
1 (Spillane 2019)	1 study using semi-structured interviews	Family members and carers felt supported by professionals outside of school and healthcare settings, such as the police, CAMHS and prison services. They indicated they felt that these groups provide helpful support for the family members/ carers and people who had self-harmed where other professionals, such as hospital staff, did not. 'One participant highlighted how police arranged for their family member to be admitted to a psychiatric ward "two hours later" as "the guards can get them in you see."' (p.294)	Methodological limitations	Minor concerns about methodological limitations of the evidence 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	
			Adequacy	Serious concerns: Findings were based on one study only with a small sample size and poor quoted data relating to this theme, and	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				understanding of the theme would benefit from richer data	
Sub-theme 3.5: Personal sources of support					
2 (Rissanen 2019, Spillane 2019)	1 study using semi-structured interviews; 1 study using open-ended interviews	There were conflicting data from family members and carers as to how helpful family communities and friends were in providing support after someone had self-harmed. Some felt that other family members and friends were proactive with offers of support and considered this valuable, however the majority found it difficult to rely on these personal sources of support as they could be absent or inadequate. "I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me." (Spillane 2019, p. 295) '"good to talk about it because I can't talk about it to anyone really" as other family members "will break down in a ball of tears if I mention the first thing about it to her."' (Spillane 2019, p. 295)	Methodological limitations	Minor concerns about methodological limitations of the evidence 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	Moderate concerns: most evidence is ambiguous or contradictory without a credible explanation for differences	
			Adequacy	Minor concerns: Although 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 small sample size, there was good descriptive detail relating to this theme	
Sub-theme 3.6: Conflicting information from different sources is harmful					
1 (Lindgren 2010)	1 study using narrative interviews	Parents expressed that receiving conflicting information from multiple different sources caused misunderstandings which could result in mismanagement or harm, both to the person who had self-harmed and their family members/ carers. "I asked at the care meeting whether someone could visit Tina if necessary? There was nobody [who could visit] was the answer I got. Now I've got the information that there was someone who could have come. There were personnel from the community who were available if needed." (Lindgren 2010, p. 6)	Methodological limitations	Minor concerns about methodological limitations of the evidence as per CASP qualitative checklist	Moderate
			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	Minor concerns: Although findings were based on one study only with a small sample size, there was	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				good descriptive detail relating to this theme	

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: Alleviated duty of care					
2 (Spillane 2019, Wand 2019)	1 study using semi-structured interviews; 1 study using structured interviews	Family members and carers expressed that other people providing aspects of care for people who had self-harmed was an important aspect of support as it alleviated their own duty of care. This could take the form of others interacting with health services on their behalf, for example, or family members and carers knowing that appropriate care is being provided to the person who has self-harmed. "But for me and my sister it is a great weight lifted off us, because to see her and to see that she is cared for, knowing that she participates and she even sings and does all sorts…" (Spillane 2019, p. 1563)	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 *(2 studies not conducted in the UK)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns:	
Sub-theme 4.2: Professional mental health care					
3 (Ferrey 2015/ Stewart 2018,	1 study using semi-structured	Parents expressed a need for professional mental healthcare such as counselling or psychiatric help in order to handle their own emotions in response to their child's self-harm. Those who received professional mental	Methodological limitations	Moderate concerns about methodological	Moderate

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Raphael 2006, Rissanen 2019)	interviews; 1 study using unstructured interviews; 1 study using open-ended interviews	health care viewed it as invaluable and all parents believed it to be a helpful type of support, but there was an expression that timing was important: an immediate offer of this kind of support might have been seen as intrusive. "I think also, looking after yourself, looking after your own sort of mental and physical health is really, really important and I sought help [um] myself and had some had some counselling support. . . .. and I think I was very, very fortunate with that actually to get that help." (Stewart 2018; p. 82)		limitations as per CASP qualitative checklist	
			Relevance	No or very minor concerns	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.3: Peer support					
7 (Byrne 2008, Bywaters 2002, Ferrey 2015/ Ferrey 2016b/ Stewart 2018, McGill 2019, Rissanen 2019, Spillane 2019, Wand 2019)	2 studies using semi-structured interviews; 2 studies using interviews; 1 study using focus groups; 1 study using open-ended interviews; 1 study using structured interviews	Family members and carers considered it extremely important to be able to talk to other family members and carers who had similar experiences to them with regards to self-harm. They valued the ability to hear other's stories and share their own, as well as to share advice with others. Additionally, family members and carers felt there was an added an element of integrity when support came from peers, and the level of anonymity that peer support from strangers could afford was thought to be valuable. "We have a parent support group at the unit for all the parents of the young people that are there, no matter what they're going through, and that's very helpful just to be able to express to someone else who knows what it's like to have a child away from home who's in need." (Stewart 2018, p. 82)	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 *(5 studies not conducted in the UK; studies include family members/ carers of people with suicidal ideation who had not*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				necessarily self-harmed, and friends of people who had self-harmed)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.4: Consideration for closeness to the patient					
2 (Dransart 2017, Spillane 2019)	2 studies using semi-structured interviews	Family members and carers felt it was helpful when their experience as a close relative or significant other was acknowledged and their own potential distress considered when communicating information about their family member's self-harm and providing support. "I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me." (Spillane 2019, p. 295)	Methodological limitations	Minor concerns about methodological limitations of the evidence as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(2 studies not conducted in the UK; studies include family members/ carers of people with suicidal ideation who had not*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				necessarily self-harmed)	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on two studies with a small sample size and poor descriptive detail relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 4.5: Positive emotional support					
5 (Bywaters 2002, Dransart 2017, Kelada 2017, Lindgren 2010, McGill 2019)	2 studies using interviews; 1 study using semi-structured interviews; 1 study using narrative interviews; 1 study using questionnaires	Family members and carers wanted informal emotional support to be provided by others, including healthcare providers. Sometimes this was as simple as being asked how they felt, feeling listened to and having their own emotional needs validated as well as the person who had self-harmed. Family members and carers expressed that support should be positive, encouraging and hopeful. "The school counselor made me feel really supported. Extremely positive, encouraging—I do not know how each of us would have got through without school involvement. I couldn't have done this alone. I was completely illiterate to what to do to help." (Kelada 2017, p. 181)	Methodological limitations	Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question *(4*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
				studies not conducted in the UK; studies include family members/ carers of people with suicidal ideation who had not necessarily self-harmed, and friends of people who had self-harmed)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	

Table 10: Summary of evidence (GRADE-CERQual): 5 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: Ad-hoc support					
4 (Oldershaw 2008, Rissanen 2019, Spillane 2019, Stewart 2018)	3 studies using semi-structured interviews; 1 study using open-ended interviews	Family members and carers valued the ability to access support whenever necessary, in part due to the unpredictable nature of self-harm episodes. In particular, family members and carers found it useful to be able to call people for advice and support at any time, whether contacting mental health services, clinical support, peer support groups, or family members.	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	High

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
		"CAMHS sort of advised me, even if my counsellor wasn't available someone has always come on the line and said, 'this is what we feel you should do' . . . It's very distressing when you feel very much on your own and you don't know what to do for the best. I know every situation's different but they've got more experience than I have." (Oldershaw 2008, p. 144)	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 5.2: Timing of support after discovery of self-harm					
2 (Raphael 2006, Rissanen 2019)	1 study using unstructured interviews; 1 study using open-ended interviews	Parents expressed that it was important to consider how soon they should be offered support after they had discovered a child's self-harm, however there were conflicting data regarding timeliness of support. Some parents felt they would have needed prompt offers of support after discovery, whilst others felt immediate support would be intrusive, and needed time to come to terms with self-harm before support was offered. "They arranged a peer group for the parents of self-mutilating adolescents, but it happened three years after I had to face it. I did not participate. I would have needed support just when I found out about it." (Rissanen 2019, p. 1719) "Had it been on the day [the offer of family therapy] I would have definitely felt that it would have been intrusive I would have wanted time and space to accept what had happened…" (Raphael 2006, p. 17)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	No or very minor concerns	
			Coherence	Moderate concerns: most evidence is ambiguous or contradictory without a credible explanation for differences	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
			Adequacy	Minor concerns: Although findings were based on two studies with a small sample size, there was good descriptive detail relating to this theme	

Table 11: Summary of evidence (GRADE-CERQual): 6 Need for practical strategies

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: Appropriate tools to prevent/ manage self-harm					
6 (Byrne 2008, Dransart 2017, Fogarty 2018, Lindgren 2010, Oldershaw 2008, Stewart 2018)	3 studies using semi-structured interviews; 2 studies using focus groups; 1 study using narrative interviews	Family members and carers wanted skills training and advice on how to provide appropriate care for people who have self-harmed, including: how to react upon discovery of self-harm; how to support a person who has self-harmed; how to proactively prevent self-harm and what triggers to be aware of; solutions, or the best actions to take when a person has self-harmed. "I needed help to know how to behave. I am a parent, not a carer. We don't have the professional education to be a therapist. I just wanted some kind of tools instead of being helpless." (Lindgren 2010, pp. 5-6)	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; includes family members/*	

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
				carers of people with suicidal ideation who had not necessarily self-harmed, and friends of people who had self-harmed)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 6.2: Direct instruction preferred over choice					
3 (Lindgren 2010, Oldershaw 2008, Stewart 2018)	2 studies using semi-structured interviews; 1 study using narrative interviews	Parents often felt unprepared for scenarios involving self-harm and expressed a need for direct, specific guidance on what to do, especially during the period immediately after someone has self-harmed. Parents welcomed unambiguous instructions from people experienced in self-harm matters over being presented with a choice of potential actions to take. "And then the other sort of issue was the decision about what you say to people about what had happened and you're very fragile, very vulnerable, you're not thinking straight, you don't. . ..know what to do. We needed somebody to sit down and talk to myself, my husband, my oldest daughter and say, "Right, this is what you've got to do." Don't give us any choices, just say, "Right, our experience tells us that this is what you should do, one, two-three."" (Stewart 2018, p. 82)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	High
			Relevance	No or very minor concerns	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 6.3: Parenting strategies for children and young people who self-harm					
2 (Byrne 2008, Ferrey 2016a)	1 study using semi-structured interviews; 1	Family members and carers in a parental role reported difficulty disciplining children and young people who self-harmed, due to fear of repercussions. As a result, they wanted advice on how to retain parental authority, and to be given	Methodological limitations	Serious concerns about methodological limitations as per CASP	Low

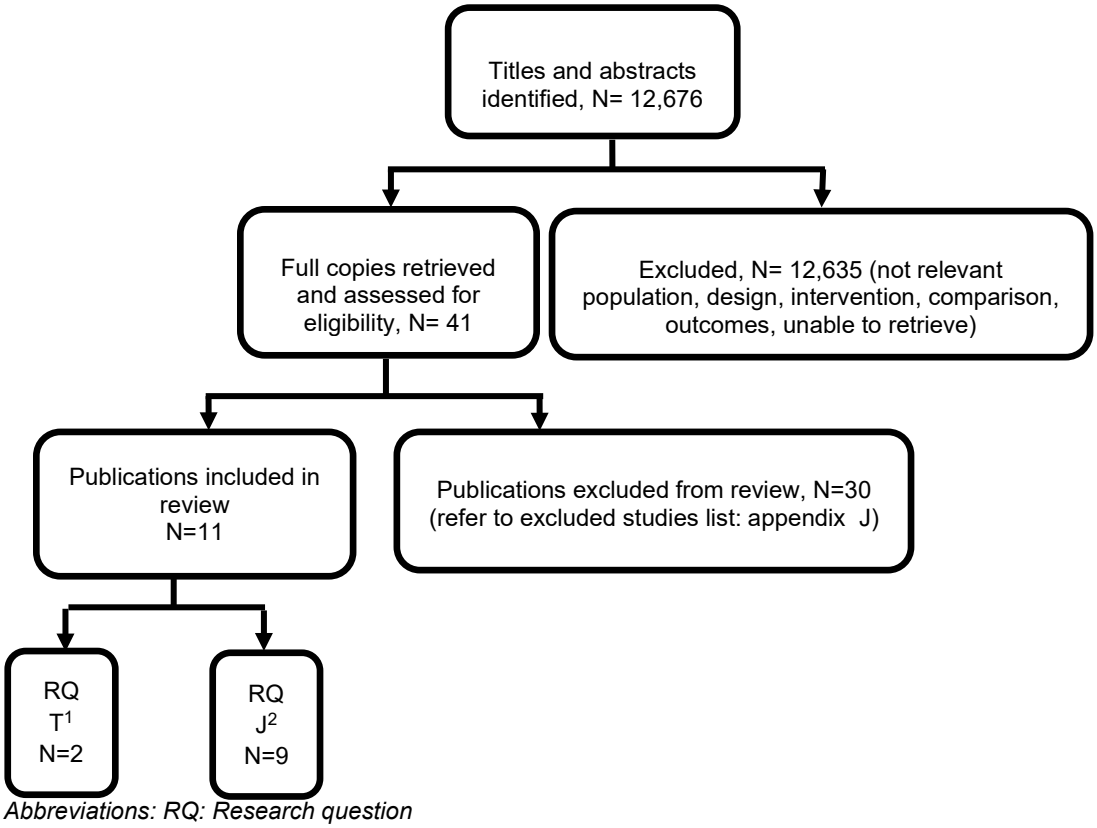
Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	**Design**		**Criteria**	**Level of concern**	**Overall quality**
	study using focus groups	parenting strategies specifically for children and young people who self-harmed. "How do I discipline . . . manage manipulative behaviour?" (Byrne 2008, p. 499)		qualitative checklist	
			Relevance	Minor concerns: some evidence is from a substantially different context to the review question *(1 study not conducted in the UK; study includes family members/ carers of people with suicidal ideation who had not necessarily self-harmed)*	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	

Appendix G Economic evidence study selection

Study selection for review question: What are the information and support needs of the families and carers 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



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

Appendix H Economic evidence tables

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

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

Appendix I Economic model

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

No economic analysis was conducted for this review question.

Appendix J Excluded studies

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

Excluded qualitative studies

Please note that the current search was undertaken with the search for review question A (What are the information and support needs 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 112 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 (112-76 =) 36 studies not listed in the excluded studies tables (Appendix J) are studies that met the inclusion criteria for review question A. 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 hender 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

Study	Code [Reason]
Gould, Madelyn S, Marrocco, Frank A, Hoagwood, Kimberly et al. (2009) Service use by at-risk youths after school-based suicide screening. Journal of the American Academy of Child and Adolescent Psychiatry 48(12): 1193-201	- Quantitative study
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

Study	Code [Reason]
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
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	- No direct qualitative data on phenomena of interest

Study	Code [Reason]
psichilogijos zurnalas: Biopsichosocialinis poziuris 17: 79-96	
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*
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*

Study	Code [Reason]
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*
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

Study	Code [Reason]
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 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
Sein Anand, Jacek, Chodorowski, Zygmunt, Blok, Joanna et al. (2005) The social support to patients after suicidal attempts provided by the nurses in Clinic of Acute Poisonings Medical University of Gdansk. Przeglad lekarski 62(6): 405-7	- Full text unavailable
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*

Study	Code [Reason]
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
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	- No direct qualitative data on phenomena of interest

Study	Code [Reason]
the American Association for Geriatric Psychiatry 26(8): 862-871	
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 Suicidal Ideation or Suicide Attempt. Hospital pediatrics 9(11): 827-833	- Population not in PICO *Mixed population; 5/ 27 are target population, but results not reported separately for them*

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

Study	Reason for Exclusion
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 Kerfoot Knapp Lindsey McCullagh Miller Netten Reynolds Sadowski Shaffer Simms Wu, Factors that influence the cost of deliberate self-poisoning in children and adolescents, Journal of Mental Health Policy and Economics, 4, 113-121, 2001	Study design – no comparative cost analysis
Denchev, P., Pearson, J. L., Allen, M. H., Claassen, C. A., Currier, G. W., Zatzick, D. F., Schoenbaum, M., Modeling the cost-effectiveness of interventions to reduce suicide risk among hospital emergency department patients, Psychiatric Services, 69, 23-31, 2018	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of outpatient interventions (Postcards, Telephone outreach, Cognitive Behaviour Therapy) to reduce suicide risk among patients presenting to general hospital emergency departments
Dunlap, L. J., Orme, S., Zarkin, G. A., Arias, S. A., Miller, I. W., Camargo, C. A., Sullivan, A. F., Allen, M. H., Goldstein, A. B., Manton, A. P., Clark, R., Boudreaux, E. D., Screening and Intervention for Suicide Prevention: A Cost-Effectiveness Analysis of the ED-SAFE Interventions, Psychiatric services (Washington, D.C.), appips201800445, 2019	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of suicide screening followed by an intervention to identify suicidal individuals and prevent recurring self-harm
Fernando, S. M., Reardon, P. M., Ball, I. M., van Katwyk, S., Thavorn, K., Tanuseputro, P., Rosenberg, E., Kyeremanteng, K., Outcomes and Costs of Patients Admitted to the Intensive Care Unit Due to Accidental or Intentional Poisoning, Journal of Intensive Care Medicine, 35, 386-393, 2020	Study design – no comparative cost analysis
Flood, C., Bowers, L., Parkin, D., Estimating the costs of conflict and containment on adult acute inpatient psychiatric wards, Nursing economic$, 26, 325-330, 324, 2008	Study design – no comparative cost analysis
Fortune, Z., Barrett, B., Armstrong, D., Coid, J., Crawford, M., Mudd, D., Rose, D., Slade, M., Spence, R., Tyrer, P., Moran, P., Clinical and economic outcomes from the UK pilot psychiatric services for personality-disordered	Not relevant to any of the review questions in the guideline

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

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

Study	Reason for Exclusion
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	
Van Roijen, L. H., Sinnaeve, R., Bouwmans, C., Van Den Bosch, L., Cost-effectiveness and Cost-utility of Shortterm Inpatient Dialectical Behavior Therapy for Chronically Parasuicidal BPD (Young) Adults, Journal of Mental Health Policy and Economics, 18, S19-S20, 2015	Conference abstract
van Spijker, B. A., Majo, M. C., Smit, F., van Straten, A., Kerkhof, A. J., Reducing suicidal ideation: cost-effectiveness analysis of a randomized controlled trial of unguided web-based self-help, Journal of medical Internet research, 14, e141, 2012	Not self-harm
Wijana, Moa Brathen, Feldman, Inna, Ssegonja, Richard, Enebrink, Pia, Ghaderi, Ata, A pilot study of the impact of an integrated individual- and family therapy model for self-harming adolescents on overall healthcare consumption, BMC Psychiatry, 21, 374, 2021	This before and after (pilot) study was in principle relevant to be included in the economic review for question J (What psychological and psychosocial interventions are effective for people who have self-harmed?), as it was aimed to was to investigate the cost of an integrated individual and family therapy (Intensive Contextual Treatment). However, it was not considered as eligible for such topic of the guideline, as it was deemed not applicable to the guideline decision making (for example: 1. study context: Sweden; 2. QALY: QALYs was not obtained and used as outcome measure) and as having potentially serious methodological limitations (for example: cost-consequences analysis based on a before-after study: this study design means that it is difficult to differentiate between changes arising from the intervention and other changes no related to the intervention)

Appendix K Research recommendations – full details

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

Table 14: Theme 1: Information content

Study	Evidence
Sub-theme 1.1: General information about self-harm	
Byrne 2008	'Young people's mental health, as well as DSH statistics, aetiology, trends and treatment services were of keen interest to participants […] "I think a discussion around why do young people self-harm would be useful and ways in which to prevent it in the first place."' p. 499
Bywaters 2002	"There should definitely be more information for people who look after, or care, or are family, anything, in anyway related to someone who selfharms. There should be more information available." p. 24
Dransart 2017	"Which solution? How to react? This is how I feel that relatives, they need help in these situations." p. 9
Oldershaw 2008	"The teacher at the school actually was really quite good. She actually gave me a lot of the background for self-harm, why girls self-harm . . . she seemed to be quite clued up and in fact it was her that, she was the one that explained to me, a lot of it to me, because I had no idea what it [self-harm] was, what it meant . . . I didn't feel as though I was floundering as much as I think I would have if I hadn't had her advice." p. 143
Rissanen 2019	"If parents could get information about self-mutilation and if it was discussed at school, parents would not believe when seeing marks on their children's hands that they were caused by cat. As I did." p. 1715
Sub-theme 1.2: Information about available support for family members/ carers	
Kelada 2017	"School support and conversations with school welfare officer (my daughter and I) were great. We did this straight after disclosure and continued for a few weeks. Pointed out to her how her actions affected other people; gave her strategies; made her realize she is loved. But I felt I needed more support for ME not my daughter. I didn't know where and how to access and still do not know if there is anything for parents . . . still have not reconciled in my mind how, why and so forth this could happen to my child [P3]." pp. 181-182
Lindgren 2010	"I want hope [starts to cry]. I want to feel that there's a solution. I need to know what we can request and . . . [crying] . . . how to treat her" p. 4
Sub-theme 1.3: Specific to self-harm	
Raphael 2006	"There's lots of things on depression books . . . We bought one and we took some out of the library and people have recommended other books on bereavement and depression but nothing on DSH . . ." p. 16
Sub-theme 1.4: Why do people self-harm	
Byrne 2008	"I think a discussion around why do young people self-harm would be useful and ways in which to prevent it in the first place." p. 499
Kelada 2017	"School support and conversations with school welfare officer (my daughter and I) were great. We did this straight after disclosure and continued for a few weeks. Pointed out to her how her actions affected other people; gave her strategies; made her realize she is loved. But I felt I needed more support for ME

Study	Evidence
	not my daughter. I didn't know where and how to access and still do not know if there is anything for parents . . . still have not reconciled in my mind how, why and so forth this could happen to my child [P3].” pp. 181-182
McGill 2019	“The biggest problem and the oldest problem is the stigma attached to it, which then becomes associated with fear of embarrassment, humiliation, guilt and feelings of failure. And also for the lack of understanding as to why a person would actually want to kill themselves.” p. 1121
Oldershaw 2008	“The teacher at the school actually was really quite good. She actually gave me a lot of the background for self-harm, why girls self-harm . . . she seemed to be quite clued up and in fact it was her that, she was the one that explained to me, a lot of it to me, because I had no idea what it [self-harm] was, what it meant . . . I didn't feel as though I was floundering as much as I think I would have if I hadn't had her advice.” p. 143
Oldershaw 2008	“The first thing I wanted to know was had something happened? What was her reason for why she'd done it?” p. 141
Sub-theme 1.5: Addressing stigma	
McGill 2019	‘The unifying contextual theme across interviews was the description of the stigma associated with suicide attempt(s) and consequently the need for strategies and information that would combat the negative beliefs, attitudes and myths associated with suicide attempts. […] “The biggest problem and the oldest problem is the stigma attached to it, which then becomes associated with fear of embarrassment, humiliation, guilt and feelings of failure. And also for the lack of understanding as to why a person would actually want to kill themselves. (p. 1121)”’ p. 1121
Sub-theme 1.6: Information about service systems for people who have self-harmed	
Byrne 2008	‘Young people's mental health, as well as DSH statistics, aetiology, trends and treatment services were of keen interest to participants. Such information was considered important to managing and preventing future incidents.’ p. 499
Fogarty 2018	‘Several focus group members suggested that providing skills training and psycho-education to families and friends early in interventions would improve support to individuals at risk, as well as provide an understanding of how service systems operate, reducing reliance on and resentment towards relevant services.’ p. 266
Sub-theme 1.7: How to recognise potential self-harm	
Rissanen 2019	“If parents could get information about self-mutilation and if it was discussed at school, parents would not believe when seeing marks on their children's hands that they were caused by cat. As I did.” p. 1715
Fogarty 2018	“The other thing that I found difficult was to work out what was normal teenage behaviour and what was actually locking himself away because of being down…'is that suicidal behaviour, or him being a teenager?’” p. 264
Sub-theme 1.8: How to access information and support	
Stewart 2018	". . .she's got the number for CAMHS. They've left it for her to be able to ring. She's got lots of information where she can get help. They've given her booklets. They've given her absolutely everything. The literature for her has been incredible really. It's been really, really good, written in a way to understand, they've given strategies, talking and writing it down, buy her a book, everything has been really brilliant.” p. 82

Study	Evidence
Sub-theme 1.9: How to support other family members	
Byrne 2008	". . . terrible problem is how to deal with siblings . . . what to tell them." p. 499

Table 15: Theme 2: Information format

Study	Evidence
Sub-theme 2.1: Written information	
Byrne 2008	'Such information was considered important to managing and preventing future incidents. They suggested the development of a 'DSH information leaflet' for distribution among local health centres.' p. 499
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." p. 1122
Raphael 2006	"There's lots of things on depression books . . . We bought one and we took some out of the library and people have recommended other books on bereavement and depression but nothing on DSH . . ." p. 16
Rissanen 2019	"I tried to find information about it (self-mutilation) via the Internet, but there was no information in Finnish." p. 1716
Stewart 2018	". . .she's got the number for CAMHS. They've left it for her to be able to ring. She's got lots of information where she can get help. They've given her booklets. They've given her absolutely everything. The literature for her has been incredible really. It's been really, really good, written in a way to understand, they've given strategies, talking and writing it down, buy her a book, everything has been really brilliant." p. 82
Sub-theme 2.2: Face-to-face	
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." p. 1122
Sub-theme 2.3: Available in multiple languages	
Rissanen 2019	"I tried to find information about it (self-mutilation) via the Internet, but there was no information in Finnish." p. 1716

Table 16: Theme 3: Sources of information/ support

Study	Evidence
Sub-theme 3.1: Lack of information from patients themselves	
Rissanen 2019	"If parents could get information about self-mutilation and if it was discussed at school, parents would not believe when seeing marks on their children's hands that they were caused by cat. As I did." p. 1715
Spillane 2019	"She told us everything that he could or couldn't do … as he [self-harm patient] wouldn't tell you nothing [sic]." p. 294
Sub-theme 3.2: Health professionals	
Dransart 2017	'With regard to the support received from professionals involved in the care of the suicidal person or suicide attempter, significant others deplored what was considered as a lack of empathy demonstrated by some professionals to whom they talked about their difficulties in coping with the situation […] Interviewees

Study	Evidence
	would have liked those professionals to pay more attention to their experience as a close relative or significant others to a suicidal person or suicide attempter or even to offer some sort of support (theirs or that of other professionals) to cope with the situation. They reported the need to be educated in suicide matters and their expectation that the professionals would provide this sort of education.' pp.8-9
Fogarty 2018	'Again, family/friends reported that the difficulties of accurately evaluating behavioural changes often led to either "false positives" contributing to conflict or "false negatives" resulting in insufficient support and self-harm. They highlighted the importance of consultation with general practitioners, clinical psychologists or counsellors, to decrease risk and anxiety associated with this tension.' p. 265
Oldershaw 2008	'The behaviour of outside agencies, namely schools or general practitioners (GPs), was suggested by parents to be a key factor in the timing of accessing help […] Parents discussed how the degree to which staff at school meetings or GP appointments advised or helped manage feelings about self-harm encouraged or curbed their help-seeking.' p. 143
Spillane 2019	'While eight of the nine participants felt that aspects of the hospital service were grossly lacking, seven expressed positive experiences with other formal supports including the prison service, the police force, social workers, GPs, support services and counselors. The personable approach taken by a social worker assigned to a participant's family member was also very much appreciated.' p. 294
Sub-theme 3.3: School staff	
Oldershaw 2008	"The teacher at the school actually was really quite good. She actually gave me a lot of the background for self-harm, why girls self-harm . . . she seemed to be quite clued up and in fact it was her that, she was the one that explained to me, a lot of it to me, because I had no idea what it [self-harm] was, what it meant . . . I didn't feel as though I was floundering as much as I think I would have if I hadn't had her advice." p. 143
Rissanen 2019	"If parents could get information about self-mutilation and if it was discussed at school, parents would not believe when seeing marks on their children's hands that they were caused by cat. As I did." p. 1715
Sub-theme 3.4: Other formal sources of information/ support	
Spillane 2019	'While eight of the nine participants felt that aspects of the hospital service were grossly lacking, seven expressed positive experiences with other formal supports including the prison service, the police force, social workers, GPs, support services and counselors. […] One participant highlighted how police arranged for their family member to be admitted to a psychiatric ward "two hours later" as "the guards can get them in you see."' p.294
Sub-theme 3.5: Personal sources of support	
Rissanen 2019	"Social workers organised a family to support us. I had a possibility to call whenever I needed. The children spent the weekend there semi-monthly. Our family community broke down because of divorce and death, so we needed an official support system." p. 1719
Spillane 2019	"I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me." p. 295

Study	Evidence
Spillane 2019	'"good to talk about it because I can't talk about it to anyone really" as other family members "will break down in a ball of tears if I mention the first thing about it to her."' p. 295
Sub-theme 3.6: Conflicting information from different sources is harmful	
Lindgren 2010	"I asked at the care meeting whether someone could visit Tina if necessary? There was nobody [who could visit] was the answer I got. Now I've got the information that there was someone who could have come. There were personnel from the community who were available if needed." p. 6

Table 17: Theme 4: Type of support

Study	Evidence
Sub-theme 4.1: Alleviated duty of care	
Spillane 2019	"I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me." p. 295
Wand 2019	"But for me and my sister it is a great weight lifted off us, because to see her and to see that she is cared for, knowing that she participates and she even sings and does all sorts…" p. 1563
Sub-theme 4.2: Professional mental health care	
Ferrey 2015	"[It's helpful] having this outlet where my husband and I can go and meet with the psychiatrist individually. We find it's really helpful, for us, I think we find it easier to support [our daughter]." p. 578
Raphael 2006	"Had it been on the day [the offer of family therapy] I would have definitely felt that it would have been intrusive I would have wanted time and space to accept what had happened . . ." p. 17
Rissanen 2019	"I would have needed to talk with a professional about my fixed emotions; I was grateful to her when she told me about her self-mutilation, but I felt guilty because I did not discover it myself." p. 1719
Stewart 2018	"I think also, looking after yourself, looking after your own sort of mental and physical health is really, really important and I sought help [um] myself and had some had some counselling support. . . .. and I think I was very, very fortunate with that actually to get that help." p. 82
Sub-theme 4.3: Peer support	
Bywaters 2002	'If there was a local support group for the carers of self-harmers, or a helpline for carers, Craig said he would definitely use these services. "There should be something there for the other person really. A relative, friend, whatever. There should be something there. All the doctors say is "Are you going to be alright?" to the person who's self-harmed. They don't ask about the other person, but they should, whether it's a relative or whatever. They should ask, but they don't."' p. 24
Byrne 2008	"It would be a relief to be able to talk to someone else who has gone through it." p. 498
Ferrey 2015	"It's a small comfort for someone to know they're not the only ones. It has happened before and there's a light at the end of the tunnel." p. 578
Ferrey 2016b	"Just hearing other people's stories makes you feel like you're less alone…you can gain a lot of strength from that." pp. 4-5

Study	Evidence
McGill 2019	“If someone’s going to talk about (this) subject, they have to have credibility. Now if you have a psychiatrist or GP or teacher stand before you and say, well people suicide because of these reasons blah, blah, blah, it’s like a clinical explanation, but when you hear it from someone who’s been there, it adds a different weight to it . . . you know they are talking from experience and they are speaking with integrity and credibility.” p. 1122
Rissanen 2019	“Social workers organised a family to support us. I had a possibility to call whenever I needed. The children spent the weekend there semi-monthly. Our family community broke down because of divorce and death, so we needed an official support system.” p. 1719
Spillane 2019	‘This pro-active facilitation of support, through contacting those who have experienced a family member’s self-harm is crucial, especially when informal supports are absent or inadequate. […] “good to talk about it because I can’t talk about it to anyone really”’ p. 295
Stewart 2018	“We have a parent support group at the unit for all the parents of the young people that are there, no matter what they’re going through, and that’s very helpful just to be able to express to someone else who knows what it’s like to have a child away from home who’s in need.” p. 82
Wand 2019	“... there [should be] more help to the actual partners, the spouses... Even if there was like a partners’ group.... Support groups for the partners of suicide [attempt] victims.” p. 1563
Sub-theme 4.4: Consideration for closeness to the patient	
Dransart 2017	‘In some situations, significant others felt that professionals were not open to acknowledge their feelings and to offer emotional support. Interviewees would have liked those professionals to pay more attention to their experience as a close relative or significant others to a suicidal person or suicide attempter or even to offer some sort of support (theirs or that of other professionals) to cope with the situation.’ p. 8
Spillane 2019	‘I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me.’ p. 295
Sub-theme 4.5: Positive emotional support	
Bywaters 2002	“There should be something there for the other person really. A relative, friend, whatever. There should be something there. All the doctors say is “Are you going to be alright?” to the person who’s self-harmed. They don’t ask about the other person, but they should, whether it’s a relative or whatever. They should ask, but they don’t.” p. 24
Dransart 2017	“I said to the doctors ‘but me, I need help, I need help’, and I was crying and I didn’t have any tissues and nobody offered me any, and then, everybody was watching me cry, nobody said anything.” p. 8
Kelada 2017	“The school counselor made me feel really supported. Extremely positive, encouraging—I do not know how each of us would have got through without school involvement. I couldn’t have done this alone. I was completely illiterate to what to do to help." p. 181
Lindgren 2010	“I want hope [starts to cry]. I want to feel that there’s a solution. I need to know what we can request and . . . [crying] . . . how to treat her” p. 4

Study	Evidence
McGill 2019	"Face to face is so important as well . . . to have a specialist sit down and say "you are going to be experiencing trauma as well" . . . To hear that would go a lot way to helping." p. 1122

Table 18: Theme 5: Availability of support

Study	Evidence
Sub-theme 5.1: Ad-hoc support	
Oldershaw 2008	"CAMHS sort of advised me, even if my counsellor wasn't available someone has always come on the line and said, 'this is what we feel you should do' . . . It's very distressing when you feel very much on your own and you don't know what to do for the best. I know every situation's different but they've got more experience than I have." p. 144
Rissanen 2019	"Social workers organised a family to support us. I had a possibility to call whenever I needed. The children spent the weekend there semi-monthly. Our family community broke down because of divorce and death, so we needed an official support system." p. 1719
Spillane 2019	"I rang my sister around 5:30 a.m. and she came in and she was great … she has experience talking to guards [police] and talking to hospitals so I think she shielded some phone calls and stuff from me." p. 295
Stewart 2018	"I think what I would have liked is more parental support. It's very difficult, when you're in that situation, you don't exactly want to go and talk to other people because you're so focussed on yourself . . .There are still very, very hard evenings, very hard nights, when she gets very upset and slightly unsafe . . .At those times, it would be really nice to be able to pick up the phone and talk to somebody who knows what you're talking about." p. 82
Sub-theme 5.2: Timing of support after discovery of self-harm	
Raphael 2006	"Had it been on the day [the offer of family therapy] I would have definitely felt that it would have been intrusive I would have wanted time and space to accept what had happened . . ." p. 17
Rissanen 2019	"They arranged a peer group for the parents of self-mutilating adolescents, but it happened three years after I had to face it. I did not participate. I would have needed support just when I found out about it." p. 1719

Table 19: Theme 6: Need for practical strategies

Study	Evidence
Sub-theme 6.1: Appropriate tools to prevent/ manage self-harm	
Byrne 2008	". . . what triggers to be aware of." p. 500
Byrne 2008	"I think a discussion around why do young people self-harm would be useful and ways in which to prevent it in the first place." p. 499
Dransart 2017	"Which solution? How to react? This is how I feel that relatives, they need help in these situations." p. 9
Fogarty 2018	'Several focus group members suggested that providing skills training and psycho-education to families and friends early in interventions would improve support to individuals at risk, as well as provide an understanding of how service

Study	Evidence
	systems operate, reducing reliance on and resentment towards relevant services.' p. 266
Lindgren 2010	"I needed help to know how to behave. I am a parent, not a carer. We don't have the professional education to be a therapist. I just wanted some kind of tools instead of being helpless." pp. 5-6
Lindgren 2010	"I want hope [starts to cry]. I want to feel that there's a solution. I need to know what we can request and . . . [crying] . . . how to treat her" p. 4
Lindgren 2010	"I said, 'This isn't working anymore; what can we do?' Then I got confirmed that the right thing to do was to take the car and go to the hospital; it was an emergency. That was all that I needed just then, some kind of support that it was okay. I didn't want to destroy the treatment or anything." p. 7
Oldershaw 2008	"CAMHS sort of advised me, even if my counsellor wasn't available someone has always come on the line and said, 'this is what we feel you should do' . . . It's very distressing when you feel very much on your own and you don't know what to do for the best. I know every situation's different but they've got more experience than I have." p. 144
Stewart 2018	"And then the other sort of issue was the decision about what you say to people about what had happened and you're very fragile, very vulnerable, you're not thinking straight, you don't. . ..know what to do. We needed somebody to sit down and talk to myself, my husband, my oldest daughter and say, "Right, this is what you've got to do." Don't give us any choices, just say, "Right, our experience tells us that this is what you should do, one, two-three."" p. 82
Sub-theme 6.2: Direct instruction preferred over choice	
Lindgren 2010	"I said, 'This isn't working anymore; what can we do?' Then I got confirmed that the right thing to do was to take the car and go to the hospital; it was an emergency. That was all that I needed just then, some kind of support that it was okay. I didn't want to destroy the treatment or anything." p. 7
Oldershaw 2008	"CAMHS sort of advised me, even if my counsellor wasn't available someone has always come on the line and said, 'this is what we feel you should do' . . . It's very distressing when you feel very much on your own and you don't know what to do for the best. I know every situation's different but they've got more experience than I have." p. 144
Stewart 2018	"And then the other sort of issue was the decision about what you say to people about what had happened and you're very fragile, very vulnerable, you're not thinking straight, you don't. . ..know what to do. We needed somebody to sit down and talk to myself, my husband, my oldest daughter and say, "Right, this is what you've got to do." Don't give us any choices, just say, "Right, our experience tells us that this is what you should do, one, two-three."" p. 82
Sub-theme 6.3: Parenting strategies for children and young people who self-harm	
Byrne 2008	"How do I discipline . . . manage manipulative behaviour?" p. 499
Ferrey 2016a	"I just needed to do something. I needed to feel that I actually had some control because as a parent you're programmed to make it all alright and this is something that you can't make alright." p. 3