National Institute for Health and Care Excellence

Final

Self-harm: assessment, management and preventing recurrence

[Q] Evidence reviews for supervision required for staff in specialist mental health settings

NICE guideline number NG225

Evidence reviews underpinning recommendations 1.15.1 to 1.15.2 in the NICE guideline

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Final

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Supervision required for staff in specialist mental health settings

Review question

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

Introduction

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

Summary of the protocol

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

Table 1: Summary of the protocol (PPC table)

Population	Staff in specialist mental health settings that assess and/or treat people who have self-harmed
Phenomenon of interest	Views and preferences of the population about staff supervision regarded as required/ not required or important/ not important Themes will be identified from the literature, but may include: • Respectful behaviour • Compassion • Understanding function of behaviour • Communication style • Frequency • Support to make decisions • Skilled supervision
Context	All specialist mental health settings

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

Eleven qualitative studies reported in 12 articles were included for this review. Two articles reported results from the same study (Hagen 2017a, Hagen 2017b).

The included studies are summarised in Table 2.

The studies were carried out in 5 different countries: 3 studies in the UK (Awenat 2017, Littlewood 2019, MacDonald 2021); 1 study in Australia (Kelada 2017); 2 studies in Canada (Christianson 2008, de Stefano 2012); 2 studies in Norway (Berg 2020; Hagen 2017a, Hagen 2017b); 3 studies in the USA (Hoffman 2013, Knox 2006, Wilstrand 2007).

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

The studies included specialist staff working in the following settings: 3 studies in educational settings, including schools and university counselling services (Christianson 2008, de Stefano 2012, Kelada 2017); 1 study in an emergency department (MacDonald 2021); 4 studies in inpatient psychiatric wards (Awenat 2017, Berg 2020, Hagen 2017a, Hagen 2017b, Wilstrand 2007); 2 studies in varied mental health care settings (Knox 2006, Littlewood 2019).

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

Excluded studies

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

Summary of included studies

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

Table 2: Summary of included studies

Study and aim of the study	Population	Methods	Author themes
Awenat 2017 **Aim of the study:** To	N=20 staff members who work with psychiatric in-	**Study dates:** Not reported **Data collection and**	• Talking about suicide - not my role to talk about

Study and aim of the study	Population	Methods	Author themes
investigate staff experiences of working with in-patients who are suicidal **Country** UK	patients **Mean age (SD):** not reported **Role:** Nurses: 8 Nursing assistants/ support workers: 2 Psychiatrists: 4* Allied health professionals (including clinical psychologists, clinical social workers and occupational therapists): 6* *Only data from these groups of participants were extracted **Sex (female/ male):** 14/6 **Setting:** Psychiatric inpatient wards **Mean years in post/ experience (range):** Not reported (4-38) **Client group (adults, children/ CYP):** Not reported	**analysis:** Semi-structured interviews (average of 64 minutes) were held using a flexible topic guide. Interviews were audio-recorded and transcribed verbatim. Data were analysed using thematic analysis.	suicide
Berg 2020 **Aim of the study:** To understand healthcare professionals' capacities to adapt to challenges and changes in clinical care for suicidal patients hospitalised in mental health wards **Country:** Norway	N=32 specialist healthcare professionals **Mean age (SD):** not reported **Sex (female/ male):** 28/7 **Role:** Qualified specialist nurses: 14 in focus groups; 11 in interviews Medical doctors	**Study dates:** May to December 2016 **Data collection and analysis:** Focus groups (90 minutes) with open-ended questions and individual interviews were held to explore themes generated during focus groups. Interviews were audio-recorded and transcribed verbatim. Data were analysed using thematic analysis.	• Managing uncertainty - Building mutual collegial trust and support

Study and aim of the study	Population	Methods	Author themes
	(consultant psychiatrists): 6 in focus groups; 4 in interviews Psychologists: 5 in focus groups; 3 in interviews **Setting:** Psychiatric inpatient wards **Mean years in post/ experience (range):** Not reported (1-24) **Client group (adults, children/ CYP):** Adults		
Christianson 2008 **Aim of the study:** To explore the experiences of school counsellors who have lost students to suicide **Country:** Canada	N=7 people who are/ were a school counsellor **Mean age (SD):** not reported **Sex (female/ male):** 4/3 **Role:** School counsellors: 7 **Setting:** Schools **Mean years in post/ experience (range):** Not reported (15- 31) **Client group (adults, children/ CYP):** children (school age)	**Study dates:** Not reported **Data collection and analysis:** Individual in-depth telephone interviews were conducted (two interviews, between 1-2 hours) using semi-structured interview questions. Interviews were transcribed and sent to participants for clarification and verification. Data were examined inductively using a grounded theory approach. Constant comparative method used to identify major themes, which were linked together into higher-order categories.	• National Training/Practice Standards
de Stefano 2012 **Aim of the study:** to explore the experiences of counsellors in training who work with people who self-harm **Country:** Canada	N=12 counselling psychology students **Mean age (range):** Not reported (23-37 years) **Sex (female/ male):** 12/0	**Study dates:** Not reported **Data collection and analysis**: Semi-structured interviews (45-60 minutes) with open-ended questions were held. Consensual qualitative	• Experience provides new but incomplete learning-Supervision provides mixed benefits

Study and aim of the study	Population	Methods	Author themes
	Role: Counselling psychology students working with people who have self-harmed: 12 **Setting:** Community settings (high schools, colleges and university counselling centres) **Mean years in post/ experience:** Not reported but no clinical experience beyond internship clinical training **Client group (adults, children/ CYP):** CYP	research method used. Cross-case analysis was used to compare and categorize core ideas across all participants and consensus was used to discuss emerging themes.	
Hagen 2017a **Aim of the study:** To explore and compare therapists' and mental health nurses' experiences of caring for suicidal inpatients **Country:** Norway	N=9 specialist mental health professionals **Mean age (range):** Not reported (28-60 years) **Sex (female/ male):** 3/6 **Role:** Mental health nurses: 8 Psychiatrists: 4 Psychologists: 4 **Setting:** Psychiatric inpatient wards **Mean years in post/ experience (range):** Not reported (2-30) **Client group (adults, children/ CYP):** adults	**Study dates:** Not reported **Data collection and analysis:** Semi-structured interviews were conducted and confirmatory questions used to clarify experiences and views. Interviews were recorded and transcribed verbatim. Data were analysed using thematic framework analysis.	• Duty and Control
Hagen 2017b	N=8 mental health	See Hagen 2017a	• Balancing

Study and aim of the study	Population	Methods	Author themes
Aim of the study: see Hagen 2017a **Country:** Norway	nurses **Mean age (range):** Not reported (43-60 years) **Sex (female/ male):** 7/1 **Role:** Mental health nurses: 8 **Setting:** Psychiatric inpatient wards **Mean years in post/ experience (range):** Not reported (5-25) **Client group (adults, children/ CYP):** adults		Emotional Involvement and Professional Distance
Hoffman 2013 **Aim of the study:** To explore the perspectives of counsellor supervisors to generate an emergent theory of the process of counsellor supervision for trainees who work with people who are suicidal **Country:** USA	N=5 counsellor supervisors **Mean age (SD):** not reported **Sex (female/ male):** 2/3 **Role:** Counsellor supervisor: 5 **Setting:** University counselling service (for mental health staff trainees) **Mean years in post/ experience (range):** Not reported (2-12) **Client group (adults, children/ CYP):** adults	**Study dates:** Not reported **Data collection and analysis:** Semi-structured individual telephone interviews were conducted (70- 90 minutes) in 3 rounds. Interviews were recorded and transcribed. Follow-up 30-minute semi-structured individual telephone interviews were held within 1 month of the final interview to check the validity of emerging themes. Constant comparison method used for analysis. Emergent theory iteratively constructed with participants until data saturation.	• Role of the supervisor • Working with suicidal clients as a formative learning experience • Supervision differs when a client is suicidal
Kelada 2017	N= 19 school mental health staff	**Study dates:** Not reported	• Support for school mental

Study and aim of the study	Population	Methods	Author themes
Aim of the study: to understand how school mental health staff and parents of secondary school students view self-harm to determine how parent-school communication and responses to self-harm can be improved **Country:** Australia	**Mean age (SD):** not reported **Sex (female/ male):** not reported **Role:** School counsellors: 4 School psychologists: 3 Welfare coordinators: 12 **Setting:** Schools **Mean years in post/ experience (SD):** 12.53 (9.05) **Client group (adults, children/ CYP):** adults	**Data collection and analysis:** Semi-structured interviews (approximately 30 minutes) with open-ended questions were conducted (4 conducted face-to-face and 15 conducted via telephone). Interviews were recorded and transcribed verbatim. Data were analysed using thematic analysis.	health staff
Knox 2006 **Aim of the study:** To explore the experiences of pre-qualified doctors following a patient's suicide **Country:** USA	N=13 psychologists in training **Mean age (SD):** 33.08 (6.40) **Sex (female/ male):** 8/5 **Role:** Graduate doctors in specialist mental-health training: 13 **Setting:** Community mental health care; hospitals; university clinics; outpatient clinics **Years in post/ experience:** 1-10 years: 1 11-20 years: 4 21-30 years: 1 **Client group (adults, children/**	**Study dates:** Not reported **Data collection and analysis:** Semi-structured interviews were conducted examining participants' attitudes and experiences of suicide. Follow-up interviews were conducted 2 weeks after initial interview. Interviews were transcribed verbatim. Consensual qualitative research method used to analyse data.	• Supervisee and supervision

Study and aim of the study	Population	Methods	Author themes
	CYP): adults		
Littlewood 2019 **Aim of the study: To** explore clinicians' views of good practice in mental healthcare services in the context of suicide prevention **Country:** UK	N=2331 staff members working at mental health service providers **Mean age (SD):** not reported **Sex (female/ male):** not reported **Role:** Consultant psychiatrists: 232 Service managers: 131 Mental health practitioners: 63 Doctors: 47 Psychologists: 37 Other: 16 Not specified: 1804 **Setting:** Of the 62 mental health providers that submitted responses: NHS mental health service providers: 57 (2286/ 2331 responses) Independent providers: 5 (45/ 2331 responses) **Years in post/ experience:** not reported **Client group (adults, children/ CYP):** not reported	**Study dates:** January 2011 to December 2016 **Data collection and analysis:** Qualitative data on clinicians' views of good practice within mental healthcare services were collected systematically via questionnaire by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Thematic analysis was used to analyse data within a thematic framework developed from the NCISH '10 Key Elements To Improve Safety' and the NICE Self-harm Quality Standard - QS34.	• Establish a sufficiently skilled, resourced and supported staff team
MacDonald 2021 **Aim of the study:** To explore the experiences and encounters of professionals who care for people who have self-harmed	N=14 healthcare professionals **Mean age (SD):** not reported **Sex (female/ male):** 12/2	**Study dates:** September 2018 to March 2019 **Data collection and analysis:** In-depth, semi-structured interviews were conducted using a topic guide. Interviews were recorded and transcribed	• Constructing the 'patient': a culture of risk and risk management

Study and aim of the study	Population	Methods	Author themes
Country: UK	**Role:** Nurse: 6 * Doctor: 7 Project coordinator: 1 *Only data from mental health nurses were extracted **Setting:** Emergency department of a large urban hospital **Mean years in post/ experience (SD):** around 6 months (not reported) **Client group (adults, children/ CYP):** CYP	verbatim. Data were analysed using a thematic analysis approach with the principles of grounded theory applied.	
Wilstrand 2007 **Aim of the study:** **Country:** USA	N=6 specialist nurses **Mean age (range):** 40 (27-53) years **Sex (female/ male):** 3/3 **Role:** Generalist nurse: 2 Nurses with training in specialist psychiatric nursing*: 4 Nurses with training in psychotherapy*: 1 *Only data from these participants were extracted **Setting:** Psychiatric inpatient wards **Mean years in post/ experience (range):** 9.4 (1-18)	**Study dates: Spring 2002** **Data collection and analysis:** Narrative interviews were conducted (40-50 minutes) with 2 open-ended questions. Interviews were recorded and transcribed verbatim. Transcripts were analysed by qualitative content analysis.	• Being burdened with feelings- Feeling abandoned by co-workers and management • Balancing professional boundaries- Feeling confirmed by co-workers and management

Study and aim of the study	Population	Methods	Author themes
	Client group (adults, children/ CYP): adults and CYP		

See the full evidence tables in appendix D.

Summary of the evidence

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

See appendix F for full GRADE-CERQual tables.

Figure 1: Theme map

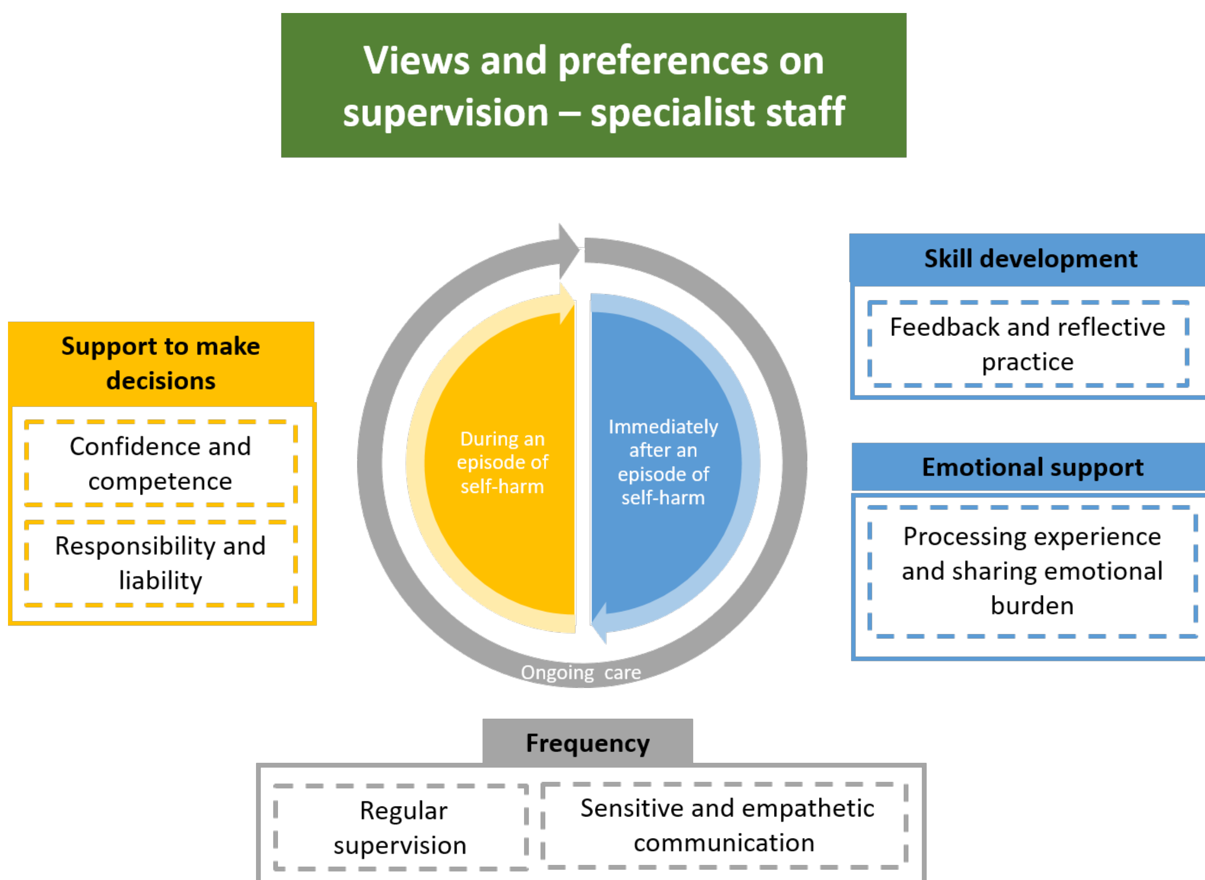

Table 3: Summary of themes and subthemes

Themes and subthemes	Quality	No. of studies	Study populations (no. of studies)
1. Support to make decisions			
1.1 Confidence and competence	Low	4	Psychiatrists (2); School mental-health counsellors (1); Counsellor supervisor (1); Mental health practitioners (1);

Themes and subthemes	Quality	No. of studies	Study populations (no. of studies)
			Psychologists (1)
1.2 Responsibility and liability	Low	3	Qualified specialist nurses (1); Consultant psychiatrists (1); Psychologists; Specialist mental health personnel (1); Counsellor supervisor (1)
2. Emotional support			
2.1 Processing experience and sharing emotional burden	Low	6	School counsellors (1); Mental health nurses (2); Counsellor supervisor (1); Graduate doctors in specialist mental-health training (1); Consultant psychiatrists (1); Mental health practitioners (1); Psychologists (1)
3. Skill development			
3.1 Feedback and reflective practice	Moderate	5	Counsellor supervisor (1); School counsellors (1); School psychologists (1); Consultant psychiatrists (1) Mental health practitioners (3); Psychologists (1)
4. Frequency and communication			
4.1 Sensitive and empathetic communication style	Very low	3	Graduate doctors in specialist mental-health training (1); Counsellor supervisor (1); Psychology counselling students (1)
4.2 Regular supervision	Low	3	School counsellors (1); School psychologists (1); Consultant psychiatrists (1); Mental health practitioners (1); Psychologists (1); Mental health nurses (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 what supervision is required for staff in specialist mental health settings who assess and treat people who have self-harmed. The committee agreed that any differentiation between required supervision would likely be due to staff specialty rather than setting specialty, because specialist staff may work in non-specialist settings. As a result, the views members of specialist staff who assess and treat people who have self-harmed or their supervisors were considered the most important for this question. The committee suggested potential themes which may have arisen from the evidence such as respectful behaviour, compassion, understanding function of behaviour, communication style, frequency, support to make decisions and skilled supervision but did not want to constrain the question; therefore, any views and preferences about specialist staff supervision regarded as useful/ not useful or important/ not important by the population were included.

The quality of the evidence

When assessed using GRADE CERQual methodology the evidence ranged in quality from very low to moderate quality, with the majority of the evidence low quality. The recommendations were drafted mostly based on the evidence but in some parts supplemented accordingly with the committee's own expertise where the evidence was low or very low quality.

In some cases, the evidence was downgraded due to poor applicability where the themes were not based on any research from a UK context, or where the study population were specialist staff who worked with people with suicidal behaviour (which did not specify whether the patients had self-harmed). It was noted where studies were conducted in non-specialist settings, but studies were not downgraded for applicability solely due to this. Some downgrading for adequacy occurred when the richness or quantity of the data was low. Other issues resulting in downgrading were methodological limitations, mainly inadequate explanation of the recruitment approach, concerns about potential influence of researchers on study findings, a lack of researcher reflexivity and a lack of acknowledgement of data saturation, that may have had an impact on the findings.

Benefits and harms

The recommendations about supervision for staff who work with people who have self-harmed were based on the evidence from both specialist and non-specialist staff (see evidence review S) as there was a significant overlap between the kind of supervision both specialist mental health and non-specialist professionals wanted when working with people who have self-harmed. Many of the identified themes in this review were similar to those identified in the non-specialist staff review, with some differences between themes relating to the level of detail or specific needs of non-specialist staff.

There was evidence from both specialist and non-specialist staff that all professionals working with people who self-harm valued different types of supervision for specific purposes, including regular formal supervision, decision-making support during an episode of self-harm to emotional support, and skill development after an episode of self-harm. The committee were concerned that self-harm specific supervision is not currently routinely incorporated into formal supervision practices, despite the prevalence of self-harm and the unique challenges and concerns associated with providing care and support for someone who has self-harmed. The committee had some concerns with the applicability of the findings as most evidence was from staff working with people with suicidal behaviour who had not

necessarily previously self-harmed, however, based on their experience and expertise they felt comfortable in applying this evidence to staff working with people who have self-harmed, and agreed to make recommendations on both regular formal self-harm specific supervision and accessible 'on-the-job' self-harm specific support.

The committee discussed the theme 'frequency of supervision and communication style' and agreed that all staff working with people who self-harm should be able to access formal supervision that is regular, high-quality, structured, and distinct from general clinical supervision and case load management. Based on the evidence and their own experience, the committee made a recommendation that formal supervision should be provided by a senior member of staff with the relevant skills, training and experience, to all staff who work with people who self-harm. For non-specialist staff, the sub-theme 'supervision culture' showed that often, formal supervision was not embedded in routine practice and was more of an exception than a rule, provided only in times of crisis. However, there was limited evidence, in terms of quantity, to support making a recommendation about how regular formal supervision should be for staff who work with people who self-harm. The committee agreed the regularity of formal supervision would therefore be dependant on setting-specific factors, such as rates of self-harm, acuteness of self-harm, and available resources. They acknowledged there was insufficient evidence, in terms of quantity, to further specify the mode of supervision, for example internal versus external supervision or group versus individual supervision. The committee discussed the sub-theme 'sensitivity and empathetic communication' identified in the specialist staff review and, while they acknowledged the importance of communication style, they agreed that it was not specific to self-harm supervision and did not want to make recommendations on general principles of supervision. Therefore, the committee agreed that all staff should have the opportunity to receive regular formal supervision as needed, but could not be more specific about how this should be delivered based on the strength of the available evidence.

The committee discussed the evidence from the theme 'emotional support' which showed some staff felt that episodes of self-harm and patient suicides could impact their ability to deliver compassionate care. The committee agreed it was important that the sensitive nature of self-harm was acknowledged during supervision to enable the provision of support, but noted that it was unhelpful and inaccurate to imply that people who have self-harmed are at fault. The committee also agreed that the support needs of staff should not affect the quality of support and care provided to the person who has self-harmed. Therefore, the committee agreed that the delivery of compassionate care should also be promoted as an aspect of supervision, to ensure the support needs of both people who have self-harmed and the staff who work with them are continuously met.

The theme 'skill development' captured evidence of the value both specialist and non-specialist staff placed on having time for feedback and reflective practice following an episode of self-harm. There was evidence that staff viewed reflective practice as an invaluable means to learn from their experiences or the experiences of others and improve their clinical practice, however, there was evidence that often this was not prioritised due to time and resource constraints, especially for non-specialist staff. The committee agreed that in their experience, reflective practice was overlooked or rushed and agreed that it should be prioritised within formal supervision for staff who work with people who self-harm. Based on this evidence and their experience, the committee made a recommendation specifying that ongoing skill development and reflective practice should be a key component of formal self-harm supervision for both specialist and non-specialist staff as it promoted confidence and competence.

In addition to formal supervision, the theme 'support to make decisions' described how staff valued having accessible and immediate support from senior colleagues when caring for people who self-harm as this acted to promote confidence in difficult situations; this was particularly important for non-specialist staff who valued informal interactions with senior staff

to confirm care decisions and feel reassured in their decisions. For specialist staff, uncertainties around responsibility and liability were noted, with staff describing the unclear lines of responsibility in difficult situations where duty of care conflicted with patient autonomy. The committee were concerned that anxiety around fear of litigation in difficult situations could impact quality of care and agreed that supervision support for staff working with people who self-harm should reinforce lines of responsibility and provide advice to facilitate staff in making the most appropriate decisions.

With respect to the theme ‘emotional support’, there was evidence that staff valued receiving professional emotional support following an episode of self-harm or suicide because it helped them to process their experience and normalise their feelings and reactions. However, it was reported that often formal emotional support was not provided, with a particular lack of support noted for specialist staff in educational settings. The committee agreed that, in their experience, support services were not routinely available for specialist staff working in non-specialist settings, such as schools, however, they highlighted that access to support in these situations was improving with the expansion of CAMHS services in schools. There was inadequate evidence, in terms of quantity, to determine whether emotional support should be provided by a clinical supervisor or whether it should be accessed externally, however the committee agreed that in their experience, it was often more appropriate for the member of staff to speak to someone removed from the situation. The committee agreed formal supervision should ensure that all staff working with people who have self-harmed have access to emotional support or emotional support services as needed.

Cost effectiveness and resource use

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

The committee discussed the cost implications of providing accessible emotional support or emotional support services to all staff who work with people who self-harm and concluded that in most clinical settings 24 hour support was already available so there would be minimal impact. For specialist staff working in non-clinical settings, such as educational settings, the committee discussed that support should already be available for pastoral care givers and the recommendations mirror the introduction of designated leads in mental health in schools.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.15.1-1.15.2. Other evidence supporting these recommendations can be found in the evidence reviews on supervision in non-specialist settings (evidence report S).

References – included studies

Qualitative

Study

Study
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Knox, Sarah, Burkard, Alan W., Jackson, Julie A. et al. (2006) Therapists-in-training who experience a client suicide: Implications for supervision. Professional Psychology: Research and Practice 37: 547-557
Littlewood, Donna L., Quinlivan, Leah, Graney, Jane et al. (2019) Learning from clinicians' views of good quality practice in mental healthcare services in the context of suicide prevention: a qualitative study. BMC psychiatry 19: 346
MacDonald, S., Sampson, C., Biddle, L. et al. (2021) Theorising health professionals' prevention and management practices with children and young people experiencing self-harm: a qualitative hospital-based case study. Sociology of health & illness 43: 201-219
Wilstrand, C., Lindgren, B. M., Gilje, F. et al. (2007) Being burdened and balancing boundaries: a qualitative study of nurses' experiences caring for patients who self-harm. Journal of psychiatric and mental health nursing 14: 72-8

Economic

No studies were identified that met the inclusion criteria.

Appendices

Appendix A Review protocols

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

Table 4: Review protocol

Field	Content
PROSPERO registration number	CRD42021220481
Review title	Supervision required for staff in specialist mental health settings who assess and treat people who have self-harmed
Review question	What are the views and preferences of staff in specialist mental health settings about what supervision is required for staff in specialist mental health settings who assess and treat people who have self-harmed?
Objective	To identify the views and preferences of staff in specialist mental health settings about the supervision that is required for staff in specialist mental health settings who assess and treat people who have self-harmed
Searches	The following databases will be searched: • Applied Social Sciences Index and Abstracts (ASSIA) • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Database of Abstracts of Reviews of Effects (DARE) • Embase • Emcare • International Health Technology Assessment (IHTA) database • MEDLINE & MEDLINE In-Process • PsycINFO • Web of Science (WoS) Searches will be restricted by: • Qualitative/patient issues study filter • English language studies • Human studies • Date: 2000 onwards. The GC felt that a date limit of 2000 was reasonable and would capture all the relevant studies while also ensuring the data within them was still in-date/relevant.

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

Field	Content
	• Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
Context	Settings - Inclusion: All specialist mental health settings
Primary outcomes (critical outcomes)	Please see potential themes under Phenomenon of interest
Secondary outcomes (important outcomes)	Please see potential themes under Phenomenon of interest
Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into EPPI and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Dual sifting will be performed on 10% of records; 90% agreement is required. Disagreements will be resolved via discussion between the two reviewers, and consultation with senior staff if necessary. Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. A standardised form will be used to extract data from studies. The following data will be extracted: study details (reference, country where study was carried out, type and dates), participant characteristics, details of research questions and methods (including analytical and data collection technique), relevant key themes/ findings, risk of bias and source of funding. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.
Risk of bias (quality) assessment	Risk of bias of systematic reviews of qualitative studies will be assessed using the scale by Flemming (2012) (https://www.sbu.se/contentassets/14570b8112c5464cbb2c256c11674025/methodological_limitations_qualitative_evidence_synthesis.pdf) and risk of bias of original qualitative studies will be assessed using the CASP qualitative checklist as described in Developing NICE guidelines: the manual
Strategy for data synthesis	EPPI will be used for generating bibliographies/citations, study sifting and data extraction. Studies will be reviewed chronologically from most recent first to oldest. Thematic analysis of the data will be conducted and findings presented. The quality of the evidence will be assessed using GRADE-CERQual for each theme.
Analysis of sub-groups	Formal subgroup analyses are not appropriate for this question due to qualitative data

<table>
<tr><th>Field</th><th>Content</th></tr>
<tr><td>Type and method of review</td><td>Qualitative</td></tr>
<tr><td>Language</td><td>English</td></tr>
<tr><td>Country</td><td>England</td></tr>
<tr><td>Anticipated or actual start date</td><td>11/11/2020</td></tr>
<tr><td>Anticipated completion date</td><td>26/01/2022</td></tr>
<tr><td>Stage of review at time of this submission</td><td><table>
<tr><td>Review stage</td><td>Started</td><td>Completed</td></tr>
<tr><td>Preliminary searches</td><td>☐</td><td>☐</td></tr>
<tr><td>Piloting of the study selection process</td><td>☐</td><td>☐</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>☐</td><td>☐</td></tr>
<tr><td>Data extraction</td><td>☐</td><td>☐</td></tr>
<tr><td>Risk of bias (quality) assessment</td><td>☐</td><td>☐</td></tr>
<tr><td>Data analysis</td><td>☐</td><td>☐</td></tr>
</table></td></tr>
<tr><td>Named contact</td><td>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</td></tr>
<tr><td>Review team members</td><td>National Guideline Alliance</td></tr>
<tr><td>Funding sources/sponsor</td><td>This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.</td></tr>
</table>

Field	Content
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10105
Other registration details	None
URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=220481
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
Keywords	Self-harm, assessment, management, prevention, support needs, families and carers, health care
Details of existing review of same topic by same authors	None
Current review status	Ongoing
Additional information	Not applicable
Details of final publication	www.nice.org.uk

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

Appendix B Literature search strategies

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

Clinical

Database(s): MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily – OVID interface
Date of last search: 3rd March 2021

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

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

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

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

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

#	searches
1	automutilation/ or exp suicidal behavior/
2	(automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Economic

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

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

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

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

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

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

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

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

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

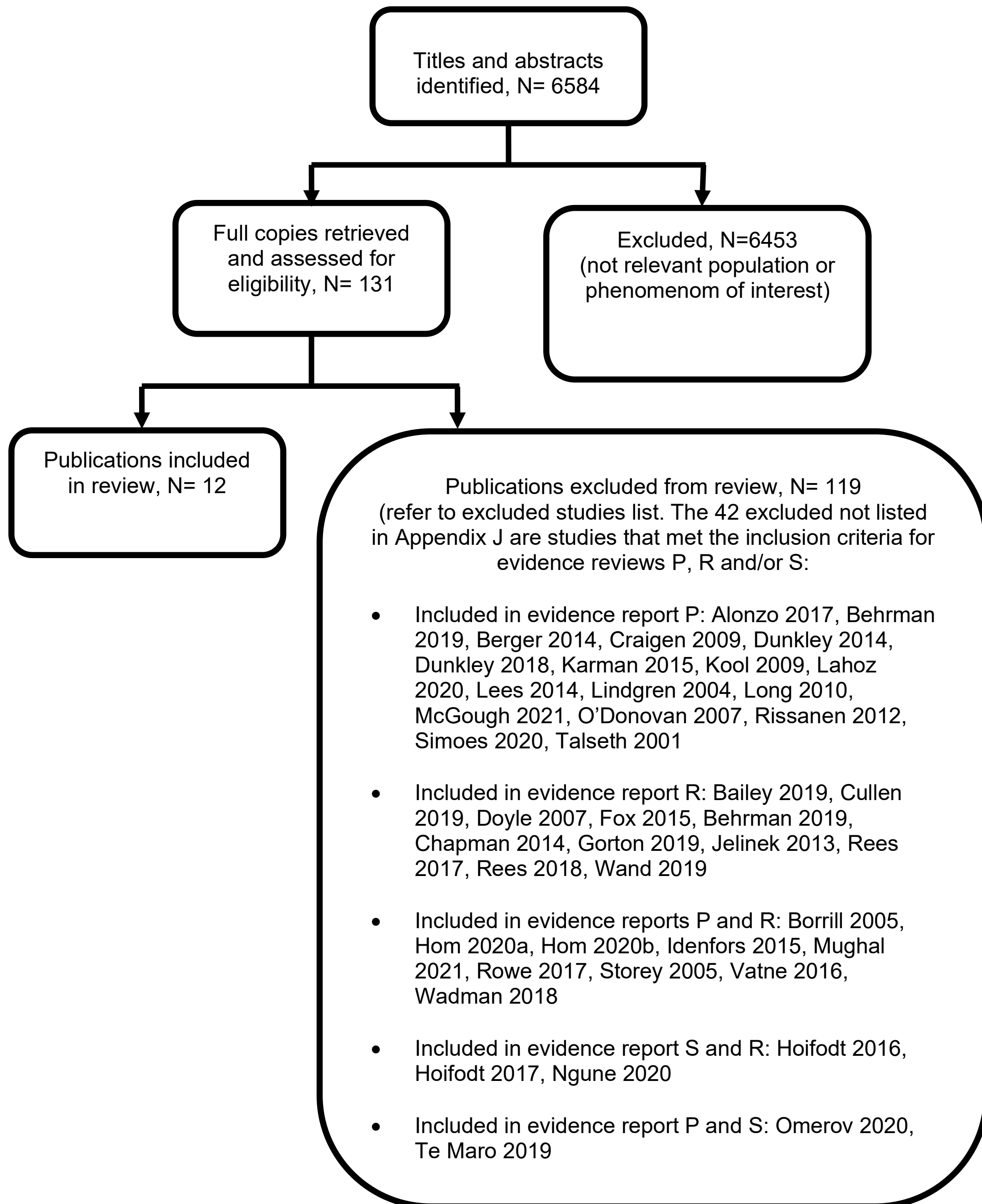
Database(s): NHS EED and HTA – CRD interface
Date of last search: 12th August 2021

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

Appendix C Effectiveness evidence study selection

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

Figure 2: Study selection flow chart


Titles and abstracts identified, N= 6584
Full copies retrieved and assessed for eligibility, N= 131
Excluded, N=6453 (not relevant population or phenomenom of interest)
Publications included in review, N= 12
Publications excluded from review, N= 119 (refer to excluded studies list. The 42 excluded not listed in Appendix J are studies that met the inclusion criteria for evidence reviews P, R and/or S:
• Included in evidence report P: Alonzo 2017, Behrman 2019, Berger 2014, Craigen 2009, Dunkley 2014, Dunkley 2018, Karman 2015, Kool 2009, Lahoz 2020, Lees 2014, Lindgren 2004, Long 2010, McGough 2021, O'Donovan 2007, Rissanen 2012, Simoes 2020, Talseth 2001
• Included in evidence report R: Bailey 2019, Cullen 2019, Doyle 2007, Fox 2015, Behrman 2019, Chapman 2014, Gorton 2019, Jelinek 2013, Rees 2017, Rees 2018, Wand 2019
• Included in evidence reports P and R: Borrill 2005, Hom 2020a, Hom 2020b, Idenfors 2015, Mughal 2021, Rowe 2017, Storey 2005, Vatne 2016, Wadman 2018
• Included in evidence report S and R: Hoifodt 2016, Hoifodt 2017, Ngune 2020
• Included in evidence report P and S: Omerov 2020, Te Maro 2019

Appendix D Evidence tables

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

Table 5: Evidence tables

Awenat, 2017

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

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	UK
Setting	Healthcare - inpatient
Data collection and analysis	Semi-structured interviews were held for an average of 64 minutes with participants using a flexible topic guide. Interviews were audio-recorded and transcribed verbatim, and data were thematically analysed using a systematic method of identifying patterns.
Recruitment strategy	Participants were purposively sampled from an NHS mental health trust in Northern England and recruited from ward- and community-based clinical teams.
Study dates	Not reported.
Sources of funding	This study was funded by NIHR Research for Patient Benefit programme (PB-PG-111-26026).
Inclusion criteria	People who worked with psychiatric in-patients

Exclusion criteria	Not reported.
Sample size	N = 20 healthcare staff members
Participant characteristics	**Mean age (SD):** Not reported **Sex (female/ male):** 14/ 6 **Role:** Qualified nurses: 8 Nursing assistants/ support workers: 2 Psychiatrists: 4* Allied health professionals (including clinical psychologists, social workers and occupational therapists): 6* **Setting:** Inpatient mental-health clinics **Range of years in post/ experience:** 4-38 **Client group (adults, children/ CYP):** Not reported. *Only data from these groups of participants were extracted
Results	Author theme: Talking about suicide- not my role to talk about suicide Example quote: *"You know that you're going to have suicide risk but you think well, the psychologists will deal with that bit... so to want to deal with it, even as part of the overall care, I think you'd want some type of supervision... I think without that, I think you, you would feel like am I qualified to do this? Am I qualified enough?" (AHP: 10)*

Critical appraisal

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

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

Berg, 2020

Bibliographic Reference	Berg, Siv Hilde; Rortveit, Kristine; Walby, Fredrik A.; Aase, Karina; Adaptive capacities for safe clinical practice for patients hospitalised during a suicidal crisis: a qualitative study; BMC psychiatry; 2020; vol. 20; 316

Study Characteristics

Study type	Phenomenological
Country/ies where study was carried out	Norway
Setting	Tertiary hospital that provided specialised mental health services.
Data collection and analysis	5 focus groups, each involving around 5 healthcare professionals, using a semi-structured interview guide. These lasted 90 minutes and involved open-ended questions about experiences working with suicidal patients in wards, contingencies for good outcomes and safe clinical practice, and experiences with safety measures. These focus groups provided data about data the participants' emotions, opinions and challenges related to safe clinical practice. Individual interviews with 18 healthcare professionals were also done on the five themes generated by the focus group interviews: making sense of suicidal behaviour, creating a shared understanding, handling emotional burdens, providing

	treatment and protection and learning from practice. Data from both the focus groups and interviews was transcribed, interpreted and coded into categories. Categories were then abstracted in themes and sub-themes - by the reviewers in collaboration. Themes from the focus groups and interviews were integrated to form the final results.
Recruitment strategy	A purposeful sampling strategy was used to recruit healthcare professionals working in open or locked wards in specialised mental health care settings for adults and who had different levels of expertise and diverse professional backgrounds.
Study dates	May to December 2016
Sources of funding	Western Norway Regional Health Authority, grant number 911846.
Inclusion criteria	Not reported.
Exclusion criteria	Not reported.
Sample size	N=32 overall; N=25 healthcare professionals in focus groups; N=18 healthcare professionals in individual interviews; N=8 participated in both focus groups & interviews.
Participant characteristics	**Mean age (SD)**: Not reported **Sex (female/ male)**: 28/7 **Role**: Qualified specialist nurses: 14 in focus groups; 11 in interviews Medical doctors (consultant psychiatrists): 6 in focus groups; 4 in interviews Psychologists: 5 in focus groups; 3 in interviews **Setting**: 9 inpatient specialised mental health care wards: The locked wards specialised in psychosis (n = 1), affective disorders (n = 1) or acute care (n = 2), and the open wards specialised in rehabilitation (n = 3) or short term stabilisation during crisis (n = 2)

	Mean years in post/ experience (range): not reported (1 to 24 years) **Client group (adults, children/ CYP)**: Adults.
Results	Author theme: Managing uncertainty - Building mutual collegial trust and support Example quote: *The nurses self-organised and conducted nurse observations together to ensure they did not carry the burden alone. Instead of receiving formal supervision, they had informal conversations after work. They supported each other by making difficult decisions together to avoid one person becoming the scapegoat for adverse events. (p. 8)*

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	No
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Some concerns about potential influence of researchers on study findings; lack of researcher reflexivity; no discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are working with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed.)*

Christianson, 2008

Bibliographic Reference	Christianson, Carley L.; Everall, Robin D.; Constructing bridges of support: School counsellors' experiences of student suicide; Canadian Journal of Counselling; 2008; vol. 42; 209-221

Study Characteristics

Study type	Grounded theory
Country/ies where	Canada

study was carried out	
Setting	Education- schools
Data collection and analysis	Individual in-depth telephone interviews conducted (two interviews, between 1-2 hours for each participant) using semi-structured interview questions. Interviews transcribed and sent to participants for clarification and verification. Data examined inductively using a grounded theory approach. Transcripts analysed using ATLAS.ti 5.0. Constant comparative method used to identify major themes which were linked together into higher-order categories which represented related ideas.
Recruitment strategy	Interested participants contacted researcher after viewing advertisements (listserv e-mails, newsletters, personal contacts and a website) for the study. Eligible participants invited for interview.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	• People who are/was a school counsellor • Lost a personal, not academic, counselling client to suicide • Received training in educational psychology or a counselling-related field
Exclusion criteria	Not reported.
Sample size	N= 7 school counsellors
Participant characteristics	**Mean age (SD)**: not reported **Sex (female/ male)**: 4/ 3 **Role:** School counsellors: 7 **Setting:** Schools

	Years in post/ experience: range 15- 31 **Client group (adults, children/ CYP)**: children (school age)
Results	Author theme: National Training/Practice Standards Example quote: *"What the counsellors said when we were going through this process was that they felt I wasn't debriefed properly. That was something that probably psychologically affected me for a long time. My first reaction was "I'm going to be tough, no it was fine." And then I thought, "I'm not helping anybody else by saying I was fine" because there were times when I just didn't have the energy to deal with kids." (p. 214)* Author theme: Support Resources Example quote: *"I don't think anybody would be different in the amount of aloneness you feel about it all … It would have been nice to have somebody to guide me through all of that." (p. 214)*

Critical appraisal

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

Section	Question	Answer
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Lack of discussion about recruitment challenges; A lack of researcher reflexivity; No discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are people working on psychiatric wards with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed. Study not conducted in the UK.)*

de Stefano, 2012

Bibliographic Reference	de Stefano, J.; Atkins, S.; Noble, R. N.; Heath, N.; Am I competent enough to be doing this?: A qualitative study of trainees' experiences working with clients who self-injure; Counselling Psychology Quarterly; 2012; vol. 25; 289-305

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Canada
Setting	Community settings (high schools, colleges and university counselling centres)
Data collection and analysis	Semi-structured interviews of 45-60 minutes conducted. Open-ended questions about participants' reactions, thoughts and feelings when working with people who self-harm. Consensual qualitative research method was used; 3 researchers independently analysed the transcribed interviews and core ideas were generated via consensus. Cross-case analysis was used to compare and catageorize core ideas across all participants and consensus used to discuss emerging themes
Recruitment strategy	Convenience sampling; recruitment from a cohort of university students studying a counselling psychology programme.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Students in a cohort studying a counselling psychology programme who had: • provided counselling to at least one person who had self-harmed • in final week of community clinical internship (600 hours in total of clinical practice, 3 days per week)
Exclusion criteria	Not reported
Sample size	N= 12

Participant characteristics	**Age range**: 23- 37 **Sex (female/ male)**: 12/ 0 **Role:** Counselling psychology students working with people who have self-harmed: 12 **Setting:** University **Years in post/ experience**: no clinical experience beyond internship clinical training **Client group (adults, children/ CYP)**: CYP
Results	Author reported theme: Experience provides new but incomplete learning- Supervision provides mixed benefits Example quote: *Many participants spoke of the support and encouragement they received in supervision and they credited this to an increase in confidence. However, there was also a sense that supervision was a let down in providing more specific strategies to treat the NSSI. (p. 300)*

Critical appraisal

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

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?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(Ethical approval not described; No discussion of ethical issues raised by the study)*
Overall risk of bias and relevance	Relevance	Relevant *(Limited data and themes presented regarding supervision. Study not conducted in the UK.)*

Hagen, 2017a

Bibliographic Reference	Hagen, Julia; Hjelmeland, Heidi; Knizek, Birthe Loa; Relational Principles in the Care of Suicidal Inpatients: Experiences of Therapists and Mental Health Nurses; Issues in mental health nursing; 2017; vol. 38; 99-106

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Norway
Setting	Hospitals and psychiatric wards
Data collection and analysis	Semi-structured interviews conducted and confirmatory questions used to clarify experiences and views. Interviews recorded and transcribed verbatim. Transcripts read through and meaning units extracted inductively and then sorted into codes and preliminary themes. Codes and themes interpreted according to ethics of care and ethics of justice framework.
Recruitment strategy	Purposive sampling of mental health personnel assisted by management within the healthcare setting.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Specialist mental health personnel with experience of providing care for people who are suicidal.
Exclusion criteria	None reported
Sample size	N= 16; n=8 therapists (4 psychiatrists and 4 psychologists); n=8 mental health nurses
Participant characteristics	**Age (range):** 28-60 **Sex (female/ male):** 3/6 **Role:** Mental health nurses: 8 Psychiatrists: 4 Psychologists: 4

	Setting: 2 hospitals and 10 psychiatric wards (11 staff in acute wards or crisis units; 5 staff in general psychiatric wards) **Years in post/ experience (range):** 2- 30 years **Client group (adults, children/ CYP):** adults
Results	Author theme: Duty and Control Example quote: *"But it is clear that I am concerned of covering my back and having done a proper job. That I am concerned of. But I am also very concerned that I have recorded this properly. Because – because the day it happens, it is that what matters—what's in the medical records. In terms of what reprimand I get from those who are required to reprimand …. So it [national guidelines for the prevention of suicide] affects me – of course, it does. And that – but I am, as I said, not sure that what we do, as we are required to do according to the guidelines..is—yes, that there is really much to be gained." (p. 102)*

Critical appraisal

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

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?	No
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 *(Some concerns about potential influence of researchers on study findings; A lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are people working on psychiatric wards with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed. Study not conducted in the UK.)*

Hagen, 2017b

Bibliographic Hagen, Julia; Knizek, Birthe Loa; Hjelmeland, Heidi; Mental Health Nurses' Experiences of Caring for Suicidal Patients in

Reference Psychiatric Wards: An Emotional Endeavor; Archives of psychiatric nursing; 2017; vol. 31; 31-37

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Norway
Setting	Hospitals and psychiatric wards
Data collection and analysis	Semi-structured interviews conducted and confirmatory questions used to clarify experiences and views. Interviews recorded and transcribed verbatim. Transcripts read through and meaning units extracted inductively and then sorted into codes and preliminary themes. Codes and themes interpreted according to ethics of care and ethics of justice framework.
Recruitment strategy	Purposive sampling of mental health personnel assisted by management within the healthcare setting.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Mental health nurses with experience of providing care for people who are suicidal.
Exclusion criteria	None reported
Sample size	N= 8 mental health nurses
Participant characteristics	**Age (range):** 43-60 **Sex (female/ male):** 7/1 **Role**: Mental health nurses: 8 **Setting**: 2 hospitals and 5 psychiatric wards (5 nurses in acute wards; 1 nurse in an acute ward/ crisis unit; 1 nurse in a

	specialized ward; 1 nurse in a rehabilitation ward) **Years in post/ experience (range):** 5-25 years **Client group (adults, children/ CYP):** adults
Results	Author theme: Balancing Emotional Involvement and Professional Distance Example quote: *Several participants state that they receive debriefing or supportive conversations from their managers after challenging situations such as a patient suicide. Only one nurse mentioned that clinical supervision (in groups) is offered and that she recently has considered attending*. (p. 34)

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that	Yes

Section	Question	Answer
	addressed the research issue?	
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are people working on psychiatric wards with people who have suicidal behaviour; as this includes suicidal ideation, participants are not required to have worked with people who have previously self-harmed. Study not conducted in the UK.)*

Hoffman, 2013

Bibliographic Reference	Hoffman, Rachel M.; Osborn, Cynthia J.; West, John D.; Clinical supervision of counselors-in-training working with suicidal clients: A grounded theory investigation; The Clinical Supervisor; 2013; vol. 32; 105-127

Study Characteristics

Study type	Grounded theory
Country/ies where study was carried out	USA
Setting	University counselling service (for mental health staff trainees)
Data collection and analysis	Data collection and analysis based on a grounded theory approach. Semi-structured individual telephone interviews conducted (70- 90 minutes) in 3 rounds. Round 2 and 3 interviews conducted after preliminary analysis of data from round 1, with questions based on round 1 responses. Interviews recorded and transcribed. 30 minute semi-structured individual telephone interviews conducted with participants within 1 month of the final interview to check validity of emerging themes. Constant comparison method used for analysis; inductive coding of data in a two-step process (line-by-line codes into higher-order categories). Emergent theory iteratively constructed with participants until data saturation.
Recruitment strategy	Purposive recruitment of counsellor supervisors from accredited counsellor training programmes. Selection based on representation from at least 3 geographical regions
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Counsellor supervisors who provided supervision to at least one counsellor trainee within the past 2 years who had worked with a person who was suicidal (suicidal ideation or attempted suicide), and: • were directors of a counselling clinic/ training programme • had a doctoral degree • had a professional counsellor license
Exclusion criteria	Not reported
Sample size	N= 5 counsellor supervisors
Participant characteristics	**Age (range):** not reported

	Sex (female/ male): 2/3 **Role:** Counsellor supervisor: 5 **Setting:** not reported **Years in post/ experience (range)**: 2-12 **Client group (adults, children/ CYP):** adults
Results	Author theme: Role of the supervisor Example quote: *“Presenting that professional manner, just calm, empathic, spend a lot of time reassuring confidence in our trainees [on] their ability to help their clients during crisis situations.” (p. 114)* Author theme: Working with suicidal clients as a formative learning experience Example quote: *“I wish that every one of our trainees had a suicidal client … . Because they’re receiving more supervision now than they ever will in the rest of their career … . They have someone who can step in the door [if] something goes wrong.” (p. 116)* Author theme: Client suicidal behaviour affects the supervisory relationship Example quote: *“In order to keep the trainee-supervisor relationship strong, I do think it’s important to also be supportive even after the crisis is over.” (p. 118)* Author theme: Supervision differs when a client is suicidal Example quote: *"I may go into the mode of what I would do if I was working with the client myself and so I would naturally become more concrete and more active and that kind of thing, so as far as just being a supervisor, it just fits right in. I also find that it’s usually what students want, that they’re very relieved when someone with experience comes in and provides*

	concrete direction, not in the form of being authoritarian about it, but being a little more concrete and active in the process." (p. 119)

Critical appraisal

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

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 has some value
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(No consideration of ethical issues in study methods; No discussion of ethical issues raised by the study*)
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are supervisors of staff (supervisees) who have suicidal behaviour; as this includes suicidal ideation, supervisees are not required to have worked with people who have previously self-harmed. Study 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; 173-187

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	Australia

Setting	Schools
Data collection and analysis	Semi-structured interviews conducted (approx. 30 minutes) with open-ended questions (4 conducted face-to-face and 15 conducted via telephone). Interviews recorded and transcribed verbatim. Data analysed by thematic analysis. Text annotated and organised into themes which were then interpreted and assigned meaning. Themes compared with original transcripts to ensure accuracy. Independent researcher coded 20% of the data.
Recruitment strategy	Email invitations sent to school mental health staff who were currently participating in a mental health project. Snowball sampling used for further recruitment.
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	School mental health staff employed at state and independent schools and currently participating in a mental health project
Exclusion criteria	Not reported
Sample size	N = 19 (n= 12 welfare coordinators; n= 4 school counsellors; n= 3 school psychologists)
Participant characteristics	**Age (range):** not reported **Sex (female/ male)**: not reported **Role:** School counsellors: 4 School psychologists: 3 Welfare coordinators: 12 **Setting:** schools **Mean years in post/ experience (SD)**: 12.53 (9.05) **Client group (adults, children/ CYP):** adults

Results	Author theme: Support for school mental health staff Example quote*: "I have no one to kind of bounce ideas off, or—we don't get supervision, we don't get secondary consult, we don't get reflective practice, nothing, so I kind of make my own decisions" [S11]. (p.181)*

Critical appraisal

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

Section	Question	Answer
	consideration?	
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns *(No explanation of recruitment approach; Lack of discussion about recruitment challenges; lack of discussion about recruitment challenges; Some concerns about potential influence of researchers on study findings; A lack of researcher reflexivity)*
Overall risk of bias and relevance	Relevance	Relevant *(Study not conducted in the UK)*

Knox, 2006

Bibliographic Reference	Knox, Sarah; Burkard, Alan W.; Jackson, Julie A.; Schaack, April M.; Hess, Shirley A.; Therapists-in-training who experience a client suicide: Implications for supervision; Professional Psychology: Research and Practice; 2006; vol. 37; 547-557

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	USA

Setting	Inpatient and outpatient mental health settings
Data collection and analysis	Semi-structured interviews conducted examining participants' attitudes and experiences of suicide. Follow-up interviews conducted 2 weeks after initial interview and before data analysis. Interviews transcribed verbatim. Consensual qualitative research method used to analyse data.
Recruitment strategy	Recruitment via memberships lists of professional bodies
Study dates	Not reported
Sources of funding	Not reported
Inclusion criteria	Psychologists in training who had cared for people who had died by suicide
Exclusion criteria	Not reported
Sample size	N= 13
Participant characteristics	**Mean age (SD):** 33.08 (6.40) **Sex (female/ male)**: 8/5 **Role:** Graduate doctors in specialist mental-health training: 13 **Setting:** community mental health care 5; hospital 3; University clinic 3; independent practice 2 **Years in post/ experience**: 1-10 years 1; 11-20 years 4; 21-30 years 1 **Client group (adults, children/ CYP):** adults
Results	Participant quotes not reported Author theme: Supervisee and supervision Example quote: *Supervision is an appropriate, and likely necessary, forum in which supervisees may talk about such reactions and struggles. Furthermore, given the minimal training the majority of these participants reported receiving*

	regarding suicide, supervision again becomes a primary resource for normalizing supervisees' experience of and reactions to the suicide, and eventually being able to work through it in a healthy manner. (p. 554)

Critical appraisal

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell
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

Section	Question	Answer
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell
Findings	Is there a clear statement of findings?	No
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns *(No explanation of recruitment approach; Lack of discussion about recruitment challenges; No discussion of data saturation; Concerns regarding data analysis; Data to support study findings are thin)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are psychologists in training who had cared for people who had died by suicide and were not required to have worked with people who had previously self-harmed. Study not conducted in the UK.)*

Littlewood, 2019

Bibliographic Reference Littlewood, Donna L.; Quinlivan, Leah; Graney, Jane; Appleby, Louis; Turnbull, Pauline; Webb, Roger T.; Kapur, Navneet; Learning from clinicians' views of good quality practice in mental healthcare services in the context of suicide prevention: a qualitative study; BMC psychiatry; 2019; vol. 19; 346

Study Characteristics

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

Setting	NHS mental health service providers
Data collection and analysis	Qualitative data on clinicians' view of good practice within mental healthcare services collected systematically via questionnaire by the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Thematic analysis used to analyse data within a thematic framework developed from the NCISH '10 Key Elements To Improve Safety' and the NICE Self-harm Quality Standard - QS34. Data was coded inductively by two independent researchers who worked together to develop themes. A third researcher coded 10% of the data.
Recruitment strategy	Questionnaires from all mental health service providers were systematically collected during the study period
Study dates	January 2011 to December 2016
Sources of funding	Healthcare Quality Improvement Partnership and the National Institute for Health Research (NIHR) Greater Manchester Patient Safety Translational Research Centre (grant number PSTRC-20160-03)
Inclusion criteria	Any staff working at mental health service providers who had completed a questionnaire following the death of a person by suicide within 12 months of contact of their service and had answered the qualitative question, *"Can you give examples of good practice in your service that others might adopt?".* Only questionnaires relating to people who had died by suicide in England, were 18 years old or over and who were not incarcerated were included.
Exclusion criteria	Not reported
Sample size	N = 2331
Participant characteristics	**Mean age (SD):** not reported **Sex (female/ male)**: not reported **Role:** Consultant psychiatrists: 232 Doctors: 47

	Mental health practitioners: 63 Psychologists: 37 Service managers: 131 Other: 16 Not specified: 1804 **Setting:** Of the 62 mental health providers that submitted responses: NHS mental health service providers: 57 (2286/ 2331 (98%) responses) Independent providers: 5 (45/ 2331 (2%) responses) **Years in post/ experience**: not reported **Client group (adults, children/ CYP):** not reported
Results	Author theme: Establish a sufficiently skilled, resourced and supported staff team Example quotes: *"Was seen by the consultant within hours after initial assessment" (ID29)*; "*Regular supervision and at agreed intervals" (ID51)*; *"Staff support following suicide" (ID46) (p. 5)*

Critical appraisal

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
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	No
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No
Ethical Issues	Have ethical issues been taken into consideration?	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; Lack of discussion about recruitment challenges; Concerns regarding data analysis; Data to support study findings are thin)*
Overall risk of bias and relevance	Relevance	Partially relevant *(Participants are clinicians who had cared for people who had died by*

Section	Question	Answer
		suicide and were not required to have worked with people who had previously self-harmed.)

MacDonald, 2021

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

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	UK
Setting	Large urban hospital
Data collection and analysis	In-depth, semi-structured interviews were conducted using a topic guide with the aim of exploring participants' experiences and encounters of caring for people who have self-harmed in detail and in context. Interviews were recorded and transcribed verbatim. The data was analysed using a thematic analysis approach with principles of grounded theory applied. A coding framework was developed through coding of a subset of transcripts which was applied to all transcripts after verification by a second researcher. Codes were categorised into emergent themes and four higher-level 'meta-themes' were developed.
Recruitment strategy	Purposive sampling of healthcare and affiliated healthcare professionals who were responsible for caring for CYP presenting to the hospital after an episode of self-harm. Snowball sampling based on information received in initial interviews.
Study dates	September 2018 to March 2019
Sources of funding	Health and Care Research Wales (Project Reference 1319)

Inclusion criteria	Not reported
Exclusion criteria	Not reported
Sample size	N= 14
Participant characteristics	**Mean age (SD):** not reported **Sex (female/ male):** 12/ 2 **Role:** Nurse: 6 * Doctor: 7 Project coordinator: 1 **Setting:** paediatric ward 2; paediatric emergency ward 6; voluntary support project 1; community paediatric mental health care 3; community paediatric care 1 **Mean years in post/ experience (SD):** around 6 months **Client group (adults, children/ CYP)**: CYP *Only data from mental health nurses were extracted
Results	Author theme: Constructing the ‘patient’: a culture of risk and risk management Example quote: *"...up until that point there was like one person holding what might be a very risky case without necessarily having consultation supervision reflection. (Professional 5, paediatric mental health, nurse)" (p. 208)*

Critical appraisal

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

Wilstrand, 2007

Bibliographic Reference	Wilstrand, C.; Lindgren, B. M.; Gilje, F.; Olofsson, B.; Being burdened and balancing boundaries: a qualitative study of nurses' experiences caring for patients who self-harm; Journal of psychiatric and mental health nursing; 2007; vol. 14; 72-8

Study Characteristics

Study type	General qualitative inquiry
Country/ies where study was carried out	USA
Setting	Inpatient psychiatric wards
Data collection and analysis	Narrative interviews conducted (40-50 minutes) and consisted of 2 open-ended questions focusing on experiences of self-harm. Interviews were recorded and transcribed verbatim. Transcripts analysed by qualitative content analysis. Meaning units derived from all texts, which were then condensed into categories from which themes and sub-themes were developed in an iterative process.
Recruitment strategy	Purposive sampling via head nurses at acute psychiatric wards
Study dates	Spring 2002
Sources of funding	Not reported
Inclusion criteria	Registered nurses working in four acute inpatient psychiatric wards in Northern Sweden who had experience caring for people who had self-harmed
Exclusion criteria	Nurses who had received dialectal behavioural therapy training
Sample size	N= 6
Participant characteristics	**Mean age:** 40 years (range, 27-53) **Sex (female/ male)**: 3/3

	Role: Generalist nurse: 2 Nurses with training in specialist psychiatric nursing*: 4 Nurses with training in psychotherapy*: 1 **Setting:** Inpatient psychiatric wards **Mean years in post/ experience**: 9.4 (range, 1-18) **Client group (adults, children/ CYP):** adults and CYP *Only data from these participants were extracted
Results	Author theme: Being burdened with feelings- Feeling abandoned by co-workers and management Example quote: *“Nobody listens to what we are saying. It is decided that it should be that way, I don’t think they (administrators) care” (RN 3). (p. 75)* Author theme: Balancing professional boundaries- Feeling confirmed by co-workers and management Example quote: “*It felt good to hear that others also felt it was hard and being confirmed that I did the right thing. I managed the situation even if it was very hard” (RN 5).*

Critical appraisal

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

Section	Question	Answer
	research?	
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	No
Ethical Issues	Have ethical issues been taken into consideration?	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*; *Some concerns about potential influence of researchers on study findings)*
Overall risk of bias and relevance	Relevance	Relevant *(Study not conducted in the UK.)*

Appendix E Forest plots

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

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

Appendix F GRADE-CERQual tables

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

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

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 1.1 Confidence and competence					
4 (Awenat 2017, Christianson 2008, Hoffman 2013, Littlewood 2019)	2 studies using semi-structure interviews; 1 study using in-depth telephone interviews; 1 study using an open-ended questionnaire	This sub-theme relates to findings of specialist staff expressing the importance of supervision support in providing the confidence and competence to make decisions when caring for people who had self-harmed or might self-harm. Staff identified the importance of having a supervisor available who could step in to provide active and concrete decision-making support in difficult situations. One study noted that specialist staff in clinical settings valued having a multidisciplinary team and input from other specialist colleagues to make decisions. In line with this sub-theme, one study reported that supervision can be undermining if the supervisor is unable to provide any specific strategies for care in difficult situations.	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a substantially different context (studies included staff who had worked with people with suicidal behaviour and ideation who had not necessarily self-harmed). 5 studies not conducted in the UK.	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: the finding was based on 4 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	
Sub-theme 1.2 Responsibility and liability					
3 (Berg 2020, Hagen 2017a, Hoffman 2013)	Semi-structured interviews	This sub-theme emerged from findings of staff expressing the difficulty they faced in balancing their responsibility of care with a fear of litigation when	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low

Study information		Description of theme or finding	CERQual assessment of the evidence		
		caring for people who might self-harm. Staff reported involving others in decision making as a strategy to reduce their personal liability, however this pre-occupation with liability was perceived as potentially having a negative effect on the quality of care. In difficult situations, staff suggested that supervision support was important for managing their uncertainty around responsibility and fear of litigation and enabled them to make better clinical decisions. It was also noted that staff found clinical guidelines a useful tool to help manage the balance between responsibility and liability.	Relevance	Moderate concerns: all evidence is from a substantially different context (studies included staff who had worked with people with suicidal behaviour and ideation who had not necessarily self-harmed). 2 studies not conducted in the UK.	
			Coherence	Minor concerns: the finding indicates that supervision and clinical guidelines are important for balancing responsibility and liability when caring for people who have self-harmed. However, there is little clarity around the best strategies in different settings, which may reflect the sensitivity of the topic.	
			Adequacy	Moderate concerns: the finding was based on 3 studies offering moderately rich to thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

Table 7: Summary of evidence: 2. Emotional support

Study information			CERQual assessment of the evidence		
Number of studies	Design	Description of theme or finding	Criteria	Level of concern	Overall quality
Sub-theme 2.1 Processing experience and sharing emotional burden					
6 (Christianson 2008, Hagen 2017b, Hoffman 2013, Knox 2006, Littlewood 2019, Wilstrand 2007)	1 study using in-depth telephone interviews; 3 studies using semi-structured interviews; 1 study using an open-ended questionnaire; 1 study using open-ended interviews	Several studies reported findings relating to the need for timely emotional support for staff following an episode of self-harm or suicide. Staff expressed a requirement for structured and professional emotional support following a difficult experience to help normalise their feelings and reactions and to minimise the time taken to return to work. One study emphasised the importance of offering emotional support to staff even in cases where staff appeared to handle the situation well,	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a substantially different context (studies included staff who had worked with people with suicidal behaviour and ideation who had not necessarily self-harmed). 1 study not conducted in the UK	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		acknowledging that people have different reactions to working with people who self-harm. In clinical settings, it was expected that emotional support was provided by a clinical supervisor. In contrast, staff in educational settings expressed a lack of professional or routine emotional support and often relied on friends or colleagues or seeking external counselling. There was a particular need for emotional support within a professional supervision structure in educational settings. This theme was associated with theme 3.1 feedback and reflective practice: as staff processing their experience was described as necessary to engage with feedback and reflective practice.	Coherence	Minor concerns: most evidence indicated that emotional support is important directly after a difficult experience. However, there was a lack of clarity over who it should be provided by and for how long.	
			Adequacy	Minor concerns: the finding was based on 6 studies offering moderately rich to thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had minor concerns about data adequacy.	

Table 8: Summary of evidence: 3. Skill development

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 Feedback and reflective practice					
5 (Hoffman 2013, Kelada 2017, Littlewood 2019, MacDonald 2021, Wilstrand 2007)	3 studies using semi-structured interviews; 1 study using an open-ended questionnaire; 1 study using open-ended interviews	This sub- theme relates to findings on the importance of feedback and reflective practice after staff have worked with someone who has self-harmed. Staff valued the opportunity to talk through what they did well and what they could have done better within a structured supervision environment as this enabled them to learn from their experiences and improve their clinical practice. Furthermore, reflective practice was also associated with staff feeling more supported, as they felt confirmed by	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a substantially different context (2 studies included staff who had cared for people who had died by suicide or participants with suicidal behaviour and ideation who had not necessarily previously self-harmed). 2 studies not conducted in the UK.	
			Coherence	No or very minor concerns	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		co-workers that the situation was 'risky' or difficult. In educational settings, staff expressed a need for reflective practice but that it was not routine due to the lack of formal supervision structure, where often they were the most specialised member of staff in the building. This left staff feeling unsupported and limited their opportunities for skill development.	Adequacy	Minor concerns: the finding was based on 5 studies offering moderately rich to thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had minor concerns about data adequacy.	

Table 9: Summary of evidence: 4. Frequency of supervision and communication style

Study information			CERQual assessment of the evidence		
Number of studies	**Design**	**Description of theme or finding**	**Criteria**	**Level of concern**	**Overall quality**
Sub-theme 4.1 Sensitivity and empathetic communication					
3 (Knox 2006, Hoffman 2013, de Stefano 2012)	Semi-structured interviews	This overarching sub-theme describes findings relating to views and preferences of staff and supervisors on communication styles used in supervision. Findings described the importance of a supervisor communicating with a calm and empathetic manner in order to encourage and reassure staff during ongoing care of a person who might self-harm. This was also seen as an effective way to model appropriate behaviour to crisis situations and several findings related to the importance of the supervisor acting as a role model. Sensitivity and empathy were emphasized as particularly important following an episode of self-harm or suicide in understanding the emotional support needs and debriefing needs of the member of staff. In line with this sub-theme, staff found that an insensitive communication style, for example, providing harsh criticism, had the potential to disempower and discourage staff. The findings reflect a need to balance sensitivity and	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: evidence is from a substantially different context (study included staff who had cared for people who had died by suicide who had not necessarily previously self-harmed). Studies not conducted in the UK	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: the finding was based on 3 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

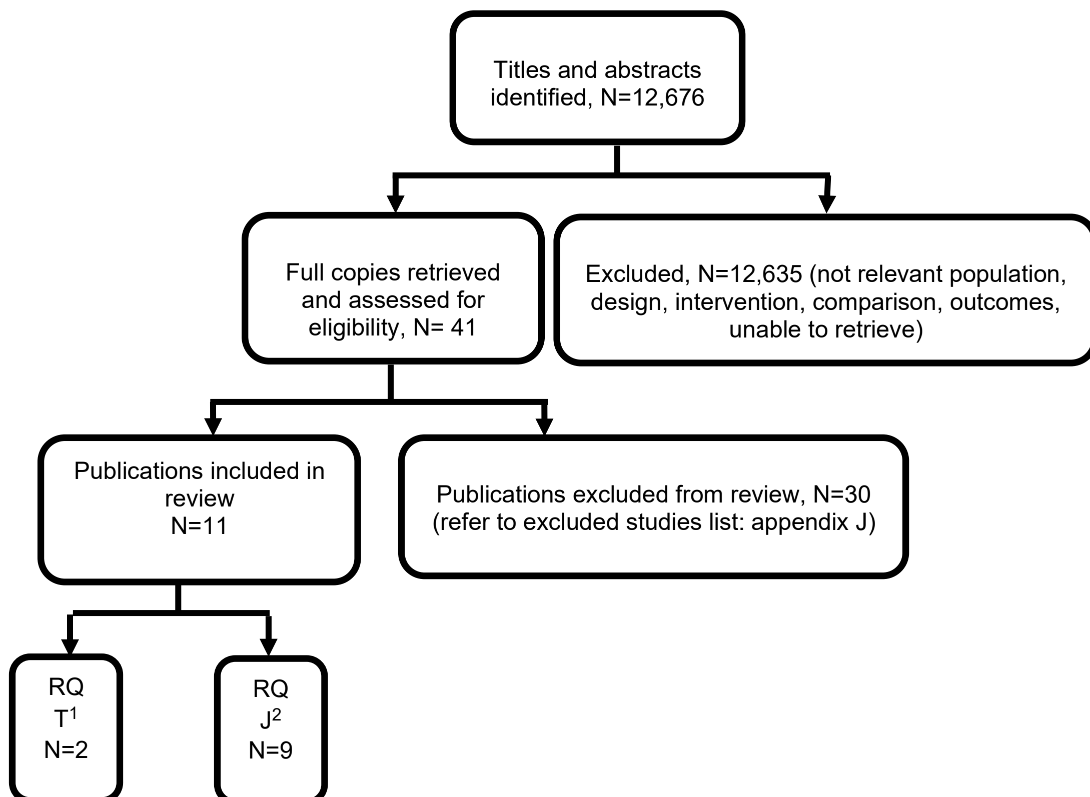
Study information		Description of theme or finding	CERQual assessment of the evidence		
		empathy with a constructive and pro-active approach when communicating with staff during supervision.			
Sub-theme 4.2 Regular supervision					
3 (Kelada 2017, Littlewood 2019, Wilstrand 2007)	1 study using semi-structured interviews; 1 study using an open-ended questionnaire; 1 study using open-ended interviews	This overarching sub- theme relates to findings which described the views and preferences of staff on the frequency of supervision. A need for regular supervision at agreed intervals was valued by staff in educational and clinical settings. A need for timely and appropriate emotional support was identified particularly after the death of a patient by suicide or an episode of self-harm.	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Minor concerns: the evidence from 1 study is from a substantially different context (study included staff who had cared for people who had died by suicide who had not necessarily previously self-harmed). 1 study not conducted in the UK	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: the finding was based on 3 studies offering thin data on this phenomenon. Based on an overall assessment of the richness of the data and the quantity of the data, we concluded that we had moderate concerns about data adequacy.	

Appendix G Economic evidence study selection

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

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

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



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

Appendix H Economic evidence tables

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

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

Appendix I Economic model

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

No economic analysis was conducted for this review question.

Appendix J Excluded studies

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

Excluded qualitative studies

Please note that the current search was undertaken with the search for review questions P (What are the views and preferences of staff in specialist mental health settings, people who have self-harmed and their family members/carers about what skills are required for staff in specialist mental health settings who assess and treat people who have self-harmed?), R (What are the views and preferences of staff in non-specialist mental health settings, people who have self-harmed and their family members/carers about what skills are required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?), and S (What are the views and preferences of staff in non-specialist mental health settings about what supervision is required for staff in non-specialist mental health settings who assess and treat people who have self-harmed?), and the list of excluded studies below only lists the 77 studies that were excluded for all reviews in contrast to the 119 excluded studies specified in the PRISMA diagram. This is because routing used in EPPI-Reviewer to separate the results of review questions P-S (for which a combined search was performed) resulted in EPPI-Reviewer being unable to generate the excluded studies list in the usual format, with the excluded studies for review questions P-S separated. Please see the PRISMA diagram for details of the (119-77 =) 42 studies not listed in the excluded studies tables below, which are studies that met the inclusion criteria for review questions P, R and/ or S.

Table 10: Excluded studies and reasons for their exclusion

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

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

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

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

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

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

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

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

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

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

Excluded economic studies

Table 11: Excluded studies from the guideline economic review

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

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

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

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

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

Appendix K Research recommendations – full details

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

No research recommendations were made for this review question.

Appendix L Qualitative quotes

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

Table 12: Theme 1. Support to make decisions

Study	Evidence
Sub theme 1.1: Confidence and competence	
Awenat 2017	“You know that you're going to have suicide risk but you think well, the psychologists will deal with that bit... so to want to deal with it, even as part of the overall care, I think you'd want some type of supervision... I think without that, I think you, you would feel like am I qualified to do this? Am I qualified enough?” (p. 105)
Christianson 2008	"Having a situation where a student is suicidal and dealing with that requires some professional skill and knowing what the role is, knowing what your boundaries are, knowing that you’ve got people around you that know what’s going on." (p. 213)
de Stefano 2012	"My supervisor would give me encouragement, and tips on how to work with this student, but at the same time, ‘‘Oh you’re not going to change her, she’s not going to change, just leave it. Give up on her.’’ And so that was discouraging to me . . . also talking with my colleagues (university) who had students with same issue, ...but nothing that really helped me with working with the student. Talking with my colleagues was just helpful in like reducing some of my stress."
Hoffman 2013	“I wish that every one of our trainees had a suicidal client … . Because they’re receiving more supervision now than they ever will in the rest of their career … . They have someone who can step in the door [if] something goes wrong.” (p. 116)
Hoffman 2013	"I may go into the mode of what I would do if I was working with the client myself and so I would naturally become more concrete and more active and that kind of thing, so as far as just being a supervisor, it just fits right in. I also find that it’s usually what students want, that they’re very relieved when someone with experience comes in and provides concrete direction, not in the form of being authoritarian about it, [but] being a little more concrete and active in the process." (p. 119)
Littlewood 2019	“Multidisciplinary team approach including psychology, recovery, wellbeing and carecoordination” (ID28)
Sub theme 1.2 Responsibility and liability	
Berg 2020	HCPs felt that their focus shifted from doing their best for the patient to making sure they were “covering their backs”.
Berg 2020	“Many times, you don’t want to open that door alone. You never know what you will find behind that door, so you go together in pairs. It is safe to have someone with you because many times when you enter, they (patients) have tried to strangle themselves or cut their wrists... It’s an emotional burden to find them in all these situations” (female social educator, 3 years of experience, locked ward). (p. 8)
Hagen 2017a	But it is clear that I am concerned of covering my back and having done a proper job. That I am concerned of. But I am also very concerned that I have recorded this properly. Because – because the day it happens, it is that what matters—what’s in the medical records. In terms of what reprimand I get from those who are required to

Study	Evidence
	reprimand …. So it [national guidelines for the prevention of suicide] affects me – of course, it does. And that – but I am, as I said, not sure that what we do, as we are required to do according to the guidelines..is—yes, that there is really much to be gained (p. 102)
Hoffman 2013	"It's a balance between administrative and clinical … and I think there's a huge clinical responsibility of keeping this person alive. In the back of my mind as Director, I also think about liability. And it weighs pretty heavily on me, not in a negative way, but I carry that around all the time." (p. 115)

Table 13: Theme 2. Emotional support

Study	Evidence
Sub-theme 2.1: Processing experience and sharing emotional burden	
Christianson 2008	I could have used another counsellor from one of the other schools to talk to me. I could have used our district psychologist to come and talk to me. I was too in shock, myself, to initiate that. What I needed at that point was for someone to say, "Are you doing okay? What was the first thought you thought of right now? Are you able to go home and sleep tonight?" (p.214)
Christianson 2008	What the counsellors said when we were going through this process was that they felt I wasn't debriefed properly. That was something that probably psychologically affected me for a long time. My first reaction was "I'm going to be tough, no it was fine." And then I thought, "I'm not helping anybody else by saying I was fine" because there were times when I just didn't have the energy to deal with kids. (p. 214)
Christianson 2008	"You can read all the literature, you can talk to all sorts of people, but I think the most important thing is that you need supports in place." (p. 214)
Christianson 2008	I don't think anybody would be different in the amount of aloneness you feel about it all … It would have been nice to have somebody to guide me through all of that. (p. 214)
Christianson 2008	Only two participants received personal counselling to help them process their losses; they both talked about the important roles their counsellors played In the healing process. One participant reported, "He was really good, and he supported how I was handling everything. He checked out my supports to make sure that I had other people to talk to." The other commented, "An incredible support system was put into place and I was very, very happy to have someone work with me through this." (p. 214- 215)
Christianson 2008	I had a fiancé and I had one roommate, so they gave me whatever support they could, but they weren't professionals either. They were teachers, but they weren't trained in dealing with grief or anything like that.
Hagen 2017b	"…if one has been in that kind of pressure with several patients [engaging in suicidal acts/self-harm] over several weeks, and that one somehow feels that now I need a break, if it could be possible that I work with another kind of issue now, then I prefer that for a few days to kind of collect myself a little again" (p. 34)
Hoffman 2013	"In order to keep the trainee-supervisor relationship strong, I do think it's important to also be supportive even after the crisis is over." (p. 118)
Hoffman 2013	"After these sessions [with a suicidal client], we [counseling clinic faculty] debrief our students and I ensure that that occurs … because even if they've handled it incredibly well … they still have anxiety, of course, and part of the debriefing … is being clear about where the student's responsibility ends and the client's responsibility begins." (p. 119)

Study	Evidence
Knox 2006	“supervision again becomes a primary resource for normalizing supervisees’ experience of and reactions to the suicide, and eventually being able to work through it in a healthy manner” (p. 554)
Littlewood 2019	“Offering support following a patient’s death by suicide” (p. 5)

Table 14: Theme 3. Skill development

Study	Evidence
Sub theme 3.1 Feedback and reflective practice	
Hoffman 2013	"We’ll talk about what they’re feeling anxious about and then we’ll talk about boundaries, and we’ll talk about responsibilities, and really just talking them through it … not comforting them necessarily, but helping them understand where they did really, really well and things they might do in the future that might be more effective." (p. 119)
Kelada 2017	“I have no one to kind of bounce ideas off, or—we don’t get supervision, we don’t get secondary consult, we don’t get reflective practice, nothing, so I kind of make my own decisions” [S11]. (p.181)
Littlewood 2019	“Providing regular clinical supervision including observation of practice, and having the opportunity for debriefing and reflective practice”
MacDonald 2021	". . .up until that point there was like one person holding what might be a very risky case without necessarily having consultation supervision reflection. (Professional 5, paediatric mental health, nurse)" (p. 208)
Wilstrand 2007	‘It felt good to hear that others also felt it was hard and being confirmed that I did the right thing. I managed the situation even if it was very hard’ (RN 5).

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

Study	Evidence
Sub theme 4.1 Sensitivity and empathetic communication	
Hoffman 2013	“Presenting that professional manner, just calm, empathic, spend a lot of time reassuring confidence in our trainees [on] their ability to help their clients during crisis situations.” (p. 114)
Knox 2006	“Supervisors, then, need to be quite thoughtful about how they deliver such news, the hearing of which may be rendered even more difficult if delivered in a way that supervisees experience as insensitive”
Sub theme 4.2 Regular supervision	
Kelada 2017	“I do not have an external—like a supervisor or a lineman that I report to so, so self-harm in this school all get referred through to me and then they sort of leave it with me. So I guess I do not—you know the structure of the school doesn’t allow for lots of support for someone in my role” (p. 181)
Kelada 2017	“All wellbeing staff in all schools . . . need clinical supervision . . . there doesn’t seem to be any obligation . . . to provide it. I think that needs to change. For the safety of the students as well as the safety of the workers” (p.181)
Wilstrand 2007	“Nobody listens to what we are saying. It is decided that it should be that way, I don’t think they (administrators) care” (p. 75)