

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

Table 5: Evidence tables

Alexander, 2004

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Unclear. The article was based on Natasha Alexander's dissertation for the Doctorate in Clinical Psychology at University College London, for which Linda Clare was the supervisor.
Recruitment strategy	Participants were recruited by placing advertisements in libraries, book shops and university notice boards, a magazine aimed at a predominantly lesbian and bisexual female readership, a national newsletter for women who self-injure, and a free newspaper aimed at a lesbian and gay readership that was distributed in libraries and cafes/bars. Recruitment period: Not reported
Inclusion criteria	<ul style="list-style-type: none"> • Women • Self injured on more than 1 occasion (defined as behaviour that involves deliberately inflicting pain or injury to one's own body)

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

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 <i>(Limited discussion in context of description of the data analysis)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Description of approach and methods of data collection is given but data saturation not reported. 1-2-1 interviews conducted (respondents who were not able to travel for interview were invited to submit written responses which were not included in the paper but informed the final thematic analysis)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Limited information reported: issues regarding confidentiality and boundaries discussed with participants but no explicit reference to relationship between researchers and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(Limited discussion on the rationale for study design, and the relationship between researcher and participants. Data collection was well described. Written responses from respondents unable to travel were not reported but were used to inform the thematic analysis. No comment was made in respect of data saturation.)</i>
	Relevance	Highly relevant

Bailey, 2019

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry (participatory action research)
Study dates	2014 to 2015
Sources of funding	NHS Nottingham City Clinical Commissioning Group (CCG/ NTU/01/RCF/13–14)
Recruitment strategy	Young people with experience of self-harm were recruited through a snowball sampling approach via agencies on an expert reference group (ERG). 3 young people with experience of self-harm volunteered, and approached others they knew meeting the criteria for inclusion. Recruitment period: 2014 to 2015 (for main study)
Inclusion criteria	Young people (aged 16 to 25 years) with experience of self-harm
Exclusion criteria	Not reported
Study setting	GP surgeries
Participant characteristics	Sample size N=15 (total cohort N=45, including also 14 GPs and 16 practice nurses who did not meet population eligibility criteria for this review) Mean age (SD) Not reported (age range 16 to 25 years) Sex (female/male) Female/male: 7/8 Ethnicity:

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

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell (Focus group. Limited information was reported on structure and format of focus groups. Data

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

Bergmans, 2009

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study Grounded theory
Study dates	Not reported
Sources of funding	Funded by a research grant from the Wellesley Institute, Toronto, Ontario
Recruitment strategy	People who had completed at least one 20-week cycle of the psychosocial/ psychoeducational intervention for people with recurrent suicide attempts (PISA) program, were contacted via letter and/or e-mail with a follow-up telephone call inviting participation. Recruitment period: PISA program was introduced over a 3 year period 2000 to 2003. However, the timeframe for recruitment was unclear for the study reported
Inclusion criteria	Completion of at least one 20-week cycle of the PISA program. (Eligibility for the PISA program was a self-identified history of 2 or more suicide attempts with intent to die. Exclusion from the PISA program was a current psychotic disorder and/or a history of interpersonal violence towards another for which charges have been filed within the past 6 months.)
Exclusion criteria	Completion of <1 20-week cycle of the PISA program.
Study setting	Not reported (Individuals enrolled in the multi-modal intervention (PISA) program who had completed at least 1 20-week cycle (participants for PISA referred by health or community caregivers)
Participant characteristics	Sample size N=16 Mean age (SD) 22.3 years (SD NR; age at assessment); 25.8 years (SD NR; age at time of study) Sex (female/male) Female/male: 14/2 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Mean: 7.9
Data collection and	A qualitative interview of between 45 mins and 2 hours at the discretion of the participant. After transcription, data were analysed using

analysis	grounded theory analysis.
Findings	Author theme: Pockets of recovery Example quotes: "[I] needed people to point out to me that I was not my depression ... to start to realise it" (p123) "Sincere open" "just having them listen", "understanding", "always up front and ... completely consistent" (p123)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Limited information on the rationale for the research design)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(No information was provided. Although participants were young adults initially assessed for admission to the PISA intervention who had completed at least 1 20-week cycle of the PISA program)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(1-2-1 interviews conducted. Limited information provided in respect of data collection. No discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Limited information was reported on the relationship between researcher and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval was granted but no other details were reported)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell

Section	Question	Answer
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns (Lack of information on recruitment strategy; lack of justification for data collection; no discussion of data saturation; some concerns around potential influence of the researchers on review findings; and, limited information related to ethical considerations)
	Relevance	Relevant (Study not conducted in the UK)

Biddle, 2020

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	2014 to 2016
Sources of funding	UK Department of Health Policy Research Programme (Grant No. PRP023/0163) ('Exploring the Use of the Internet in Relation to Suicidal Behaviour: Identifying Priorities for Prevention')
Recruitment strategy	Participants were purposively sampled from three cohorts: (1) Community based sample of young people (21-23 years) from the Avon Longitudinal Study of Parents and Children (ALSPAC cohort) reporting suicide-related internet use in a questionnaire; (2) Hospital patients (18+ years) presenting to the Emergency Departments of 2 major hospitals in South West England following a suicide attempt and reporting suicide-related internet use at psychosocial assessment; and (3) Community-based sample of adults (18+ years) reporting

	suicide-related internet use in an online survey by Samaritans. Recruitment period: 2014 to 2016
Inclusion criteria	Participants were included if they were English speaking, had experienced suicidal thoughts/behaviour and reported internet use in relation to these—'suicide-related internet use'
Exclusion criteria	Not reported
Study setting	In the community and emergency department
Participant characteristics	<p>Sample size N=53 (n=20 hospital patients; n=13 community-based young people; n=20 community-based adults)</p> <p>Mean age (SD) Not reported for total cohort, age range 19 to 69 years</p> <p>Sex (female/male) Female/male: 31/22</p> <p>Ethnicity: Not reported</p> <p>Co-morbidity Self-reported life-time psychiatric disorder 15 (75%) (hospital patients); 8 (62%) (community-based young people); 19 (95%) (community-based adults)</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Unclear 2/53; None 17/53; 1–3 18/53; 3 or more 16/53</p>
Data collection and analysis	1-2-1 face-to-face or telephone semi-structured interviews lasting between 1 and 2 hours. Data collection and analysis occurred simultaneously. Data were analysed using thematic analysis.
Findings	<p>Author theme: Patterns of online help seeking Example quote: "I've been on [charity website] when I was confused about my diagnosis... I think they do a bloody good job of explaining things and making you feel less of an enigma to yourself... When it comes to suicide, I haven't gone down that avenue... It certainly wouldn't have been 'oh, I want to look up suicide prevention'. I've never thought like that. (SH2)" (p4 PDF)</p> <p>Author theme: Impersonal care Example quote: "I sent an online 'I need help please' [to charity]... 2 days later I got a reply. A very generic, 'I'm sorry to hear you're feeling this way'... I wouldn't say they're bad, just not something (pause), I know if I was ever struggling, I would use again (SH15)." (p4 PDF)</p> <p>Author theme: Ill-fitting solutions Example quote: "A lot of sites say keep your friends close and make sure you talk to family... then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know... it just makes you feel 'well great, there's no way of me actually helping myself (SH18)" (p5 PDF)</p> <p>Author theme: Lived-experience content Example quote: "If there could be a link to survivor forums to pop up that would be a real big advantage. Hopefully, that would potentially put it out there for someone that before you consider suicide, look at these people that have beat it... it's almost like, 'here's where you need to go for help, but here's where you need to go for inspiration'... that would have</p>

	<p>helped me at the time, if I could have read, straight away, positive stories or support (SM107)" (p7 PDF)</p> <p>Author theme: Instant messaging and dialogue</p> <p>Example quote: "The reason I go online and look is those times when I'm alone, I've gone to bed, I know I'm not going to sleep ... I don't want to ring [helpline] because then you have to really talk to someone...and you don't always want that, and I always think, 'oh the neighbours would be able to hear me'... those times that I'm sat there with an iPad in my hands, and I just want (sighs) I just wish there was somebody there for me... for there to be an instant response (sighs), to be able to contact somebody—straight away—without having to talk to them. Because talking can be hard (SM79)" (p6 PDF)</p> <p>Author theme: Self-help</p> <p>Example quote: "The information didn't change, it's a static thing, I needed something extra then, something new or different. (Int: Can you recall anything that did feel different or new?) I think it was thinking to look for crisis plans, and I think it would have been better if they were more obviously accessible perhaps, rather than like I only found them because I thought to search for them... having something like that was very instructive... like step-by-step, and that then gave you something you could come back to at other times. (SM35)" (p6 PDF)</p> <p>Author Theme: Links to moderated forums</p> <p>Example quote: ""[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing... you could type a paragraph and then somebody would come back with the reply (SM1)" (p6 PDF)</p> <p>Author theme: Limitations of signposting: Barriers to following signposts</p> <p>Example quote: "They don't actually help you on the site, they help you find the help. And if people are feeling like they don't want to live anymore, why would they make the effort then, once you've already made the effort to look for online help, why are you then going to do something else and pick up the phone... it's so much effort when it's easier to go the other way. (SH8)" (p5 PDF)</p> <p>Author Theme: Limitations of signposting - old/ineffective solutions</p> <p>Example quote: ""A lot of [sites] kind of, if you clicked in the seek help thing, it will say, 'oh here's the number for [charity]', which I kind of had... and antidepressants and everything and just kind of like, 'that should help' but that's help I'm already getting (SH6)" (p5 PDF)</p> <p>Author theme: Limitations of signposting - limited use in crisis</p> <p>Example quote: "The support is you can 'phone or you can go in some where. But that's about it (pause) there's nothing else. There's nothing online. And I think what I want is something instant, online. (SM79)" (p5 PDF)</p> <p>Author Theme: Limitations of information-giving</p> <p>Example quote: "It will tell you what you already know: I know what suicide is, I know what self-harm is. And it'll give you, 'lots of people go through these things'—it's a bit like granddad, 'oh, you'll be alright son'. And you think, I'm not in a position where I want to go 'aah'. I'm in a position where I want to go 'I need some [expletive] help here. I need some help now, right now' (SH17)</p> <p>Author theme: Limitations of signposting: Limited use in crisis</p> <p>Example quote: "The support is you can 'phone or you can go in some where. But that's about it (pause) there's nothing else. There's nothing online. And I think what I want is something instant, online. (SM79)" (p5 PDF)</p>
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Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes

Section	Question	Answer
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Insufficient information provided - mentions that members of the research steering group had lived experience but no other mention)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval was granted but no further information was reported)</i>
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 <i>(Insufficient information on the potential influence of the researchers on review findings; insufficient information given for ethical considerations)</i>
	Relevance	Partially relevant <i>(All participants were reported to have experienced suicidal thoughts or self-harm behaviour, and 64% had attempted suicide, however it is unclear how many participants had self-harmed)</i>

Brown, 2013

Bibliographic Reference

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

Study details	
Country/ies where the study was carried out	USA
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Criterion sampling Recruitment period: Not reported
Inclusion criteria	Inclusion criteria (a) self identified as a individual who self harms; historically have engaged in self-harming behaviour (such as cutting, burning, banging head), (c) age 18 years or older; (d) have made attempts to stop their self-harming behaviours (including on their own or with the help of medical and/or mental health attention), and (e) are not currently in crisis or suicidal
Exclusion criteria	Not reported
Study setting	University
Participant characteristics	Sample size N=11 Mean age (SD) 23.5 (NR, range 19 to 29) years Sex (female/male) Female/male: 10/1 Ethnicity Caucasian: 8 Latina: 3 Co-morbidity Not reported Duration of self-harm Mean 8.64 (range 2, 24 years) Suicide attempts Not reported
Data collection and analysis	Interviews were conducted over a period of 1 week, and were audio taped and transcribed. All participants were interviewed individually and ranged from 45 to 100 minutes. Data were analysed using thematic analysis.

Findings	<p>Author theme: Advice for professionals; Don't judge us Example quote: "The main thing is just like instead of judging them, and putting them down, try to look at it from their perspective and try to, you know, see. . . why is she doing this, what could be so awful that she could have to do this?" (p203)</p> <p>Author theme: Advice for professionals; Get Educated Example quote: "They haven't been taught. It's not in their textbooks, it's not. . . they don't hear enough stories of people being successful in stopping, of people hiding it, stuff like that." (p203)</p>
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Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Criterion sampling but limited information was provided)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Some information provided on interview structure and format but limited information as to the questions. Data saturation was not discussed)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Limited information on the relationship between researcher and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(No information was given on ethical issues)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Yes

Section	Question	Answer
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(Limited information of recruitment strategy; method of data collection has limitations; no discussion of data saturation; insufficient information to determine the potential influence of the researcher and participant relationship on results; and, limited information related to ethical considerations)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Bywaters P, 2002

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	October 2000 - April 2001
Sources of funding	Commissioned by the National Children's Home
Recruitment strategy	Not reported
	Recruitment period: 2000 to 2001

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

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

Chan, 2017

Bibliographic Reference

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

Study details

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

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

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Can't tell <i>(Secondary analysis of data from the RTGOL was conducted)</i>
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Limited rationale for research design provided)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(No information on recruitment strategy provided. The study was linked to the Reasons to go on Living (RTGOL) a web-based narrative research project. Anonymous participants who have contemplated</i>

Section	Question	Answer
		<i>death by suicide to submit a narrative with no limitations on the content (although suggested topics were provided. No opportunity for follow-up questions.)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Collection of narratives with no limitations on the content and style for the text although topics were suggested; no direct interaction with participants to follow-up or clarify reliant on researchers' interpretation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported on the relationship between researcher and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(This was a secondary analysis of data collected as part of a bigger project; methods of data collection limited; potential influence on the relationship between researcher and participant on results was unclear)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Cooper, 2011

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	The research was funded by the National Institute of Health Research (NIHR).
Recruitment strategy	Service users who had recently attended the emergency department of 3 hospitals in a city in the Northwest of England following self-harm. Purposive sampling was used to select male and female adult patients of varying age and self-harm history. Recruitment period: Not reported
Inclusion criteria	Male and female service users who had recently attended the emergency department of three hospitals in a city in the Northwest of England following self-harm
Exclusion criteria	Not reported
Study setting	Emergency department
Participant characteristics	Sample size N=11 Mean age (SD) Not reported (age range 18 to 53 years) Sex (female/male) Female/male: 6/5 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported
Data collection and	1-2-1 semi-structured interviews were conducted in service users' homes or in a health service setting (according to preference).

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

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

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
	Relevance	Highly relevant

Crona, 2017

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

Study details

Country/ies where the study was carried out	Sweden
Study type	Qualitative study
Study dates	2013-2014
Sources of funding	Grant sponsorship listed by author: L.Crona and M. Stenmarker: Futurum – the Academy for health and care, Jönköping County Council; L. Brådvik: The Swedish Medical Research Council, The Principal Government of Scania; A. Öjehagen and U. Hallberg; no funding; O.M. Persson Memorial Fund; The Lindhaga Foundation. The Ellen and Henrik Sjöbring; Fund; The Lundbeck Foundation
Recruitment strategy	Study participants had all been admitted to hospital with severe depression (1956 to 1969). In 2006 a survey of long-term depression was performed. There were 150 persons born from 1920 and onwards, who were alive and considered eligible. Out of those 75 were able/willing to participate in an interview by phone. This sample included 29 individuals who could be defined as “suicide attempters”. In 2013, 21 of them were still alive. They were contacted by phone and asked to attend a qualitative interview in a personal meeting. A total of 13 subjects agreed to participate and they were informed that they could withdraw at any time.

Inclusion criteria	Individuals with long-term depression born from 1920 onwards and who could be defined as "suicide attempters"
Exclusion criteria	Not reported
Study setting	Not reported (previous psychiatric inpatients with long-term depression of short-term or chronic course, assume community or outpatient setting)
Participant characteristics	<p>Sample size 13</p> <p>Mean age (SD) Not reported (median age 74 years)</p> <p>Sex (female/male) 9/4</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Diagnoses were not mutually exclusive: Disease related to old age such as arthritis, high blood pressure, myocardial ischemia, or transient ischemic attack: 9 More serious conditions such as cancer or gastrointestinal diseases: 4 Chronic non-severe disease such as hypothyroidism: 2 None: 1</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Mean number of attempts: 2; 1 attempt: 7; 2 attempts: 3; 3 attempts: 2; 7 attempts: 1</p>
Data collection and analysis	<p>Data collection: The interviews were semi-structured using an interview guide with 23 questions arranged in four themes. Interviews lasted between 45 and 110 minutes. The interview guide was modified during the research process; some questions were reformulated and some questions were added.</p> <p>Data analysis: Modified grounded The text was analysed in an open, axial and selective coding process by three authors. The aim of the analysis was to provide an explanatory process describing the journey from a suicide attempt to continue living many years after.</p>
Findings	<p>Author Theme: Coming under professional care Example quote: "It was people, doctors and the medication that made me feel better." "When I was admitted to the hospital, I was in a ward with loads of people and it stopped, it became completely different somehow. Life became completely different, a change with people around you. The medication calmed the body down to another level." (p6)</p> <p>Author Theme: Experiencing relief in the personal situation Example quote: "... I had some very good friends who were very supportive during the whole period. It should not be forgotten either, that all the time I was at my worst, they kept contact. They came to visit me and they made an effort." It could also be a partner, spouse or relative, someone the respondents trusted, felt confidence in, and who made them feel accepted.... "thank my wife that I am alive, which is true." (p6-7)</p>

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported on the relationship between researcher and participants)</i>
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 <i>(Insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Cutcliffe, 2006

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Grounded theory
Study dates	Unclear
Sources of funding	Not reported
Recruitment strategy	Theoretical sampling. Individuals who were former clients who had received care for a "suicide crisis" as "community clients", in-patients, or formerly suicidal individuals who had received care in a 'Day Hospital' or 'Day Unit' setting. Recruitment timeframe not reported Recruitment period: Not reported
Inclusion criteria	Individuals aged 18 years-plus who had made a serious attempt on their lives or felt they were on the cusp of doing so and had received "crisis care" from the "emergency" psychiatric services
Exclusion criteria	Not reported
Study setting	Emergency psychiatric services (receipt of care in the community, inpatient or outpatient setting)
Participant characteristics	Sample size N=20 Mean age (SD) Not reported (all participants reported as age 18 years-plus) Sex (female/male) Female/male: Not reported Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported

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

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

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)</i>
	Relevance	Partially relevant <i>(All participants had made a serious attempt on their lives or felt they were on the cusp of doing so, but it is unclear how many participants had self-harmed)</i>

Dunkley, 2018

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	Unclear
Sources of funding	Not reported
Recruitment strategy	Criterion-based purposive sampling was used to recruit staff and patient participants. Staff members involved in the focus groups, helped

	to recruit patients via snowball sampling, plus strategically placed posters so that patients could self-refer. Recruitment period: Not reported
Inclusion criteria	<ul style="list-style-type: none"> • Current patients of Adult Mental Health Services who identified themselves as having direct, lived experience of emotional pain via the Emotional Pain Brief Screening Inventory, a self-report measure designed specifically for the study (Dunkley 2014) • A past history of one or more medically serious suicide attempts (defined as an incident in which the patient has expressed intent to die, and has engaged in a self-injurious act requiring hospitalisation for at least 24 hr), plus current suicidal ideation • Willing to be audiotaped (or if unable to communicate verbally to submit other forms of material that could be coded as part of the study)
Exclusion criteria	There were no exclusion criteria for staff or patients who met the inclusion criteria listed
Study setting	Outpatient (participants were accessing adult mental health services)
Participant characteristics	<p>Sample size N=9</p> <p>Mean age (SD) Not reported (age range 27 to 58 years)</p> <p>Sex (female/male) Female/male: 9/0</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 medically serious suicide attempt: 9</p>
Data collection and analysis	1-2-1 semi-structured interviews were conducted. All interviews were digitally recorded. Interviews were conducted either at the patient's home, hospital ward, or usual treatment centre. Data were analysed using iterative, inductive thematic analysis.
Findings	<p>Author Theme: Spoken and unheard/heard - depersonalised versus individualised</p> <p>Example quotes: "There was [sic], like, 15 of us [in a therapy group], and she'd remember something, like she'd say, 'oh -(whatever your name is)- you said last week...' [...] And I'd think, God that's really amazing! [...] and it made you think she's listening, and you felt like... comfortable, that you could engage with her." (patient) Patients asserted that continuity of relationships over time helped them feel understood as an individual." (p271) "Very patronizing, I think that makes it absolutely dreadful, if somebody says to me [mimics earnest tone] 'oh you've done really well today, you're doing...' you know, 'you're doing really great,' and you think... I don't really want to hear that." (patient) Although the content of the words may convey, "I hear how much you're suffering," something in the tone or delivery has the opposite effect on the patient. Broken promises – for example, in not following up with a phone call – also left the patient feeling unheard. (p271)</p>

Author Theme: Spoken and heard - co-bearing

Example quote: "... Adult placement concept was quite good in that y'know you could have a safer environment and somebody who'd sit along side you, not necessarily treat you, or force you to change but just to actually, like, just be there alongside you." (patient) (p271)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Limited information provided but 1-2-1 interviews in a setting of participants' choice (hospital ward, home, or treatment centre))</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information on the relationship between researchers and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Iterative, inductive thematic analysis but only limited detail reported)</i>
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value <i>(Summary provided of the evidence. Limited information provided to set evidence in context of existing research. Limitations of the study discussed. Future research mentioned.)</i>

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; limited information given on data analysis)</i>
	Relevance	Highly relevant

Fogarty, 2018

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

Study details

Country/ies where the study was carried out	Australia
Study type	Qualitative study General qualitative inquiry
Study dates	Unclear
Sources of funding	The Movember Foundation, the research undertaking was a beyondblue initiative
Recruitment strategy	The study was publicised through local, state and national mental health organisations, professional associations and community networks. Respondents were screened for suitability versus specified criteria, and those who participated were reimbursed \$50AUD. Recruitment period: Not reported
Inclusion criteria	Adult men who had made a suicide attempt in the previous 6-18 months, for a face-to-face interview, and (ii) adult family and friends of men who had made an attempt in the same time frame, for participation in focus group discussions. Family and friends were not

	necessarily related to the men interviewed.
Exclusion criteria	None reported
Study setting	Not reported (likely community and outpatient)
Participant characteristics	<p>Sample size N=35 (total cohort N=82 including 47 adult family and friends who do not meet the population eligibility criterion)</p> <p>Mean age (SD) Not reported (total cohort median 43 [range 18-67] years)</p> <p>Sex (female/male) Female/male: 0/35</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 attempt: 35</p>
Data collection and analysis	1-2-1 semi-structured interviews consisting of open-ended questions were conducted with men who had made a recent suicide attempt (note focus groups were conducted with family and friends of men who had made a suicide attempt which did not meet population eligibility criterion for this review). All interviews lasted 45-70 minutes. Interviews were recorded. Transcripts were thematically analysed by the authors using the principles of qualitative secondary analysis and contextualised using comparison and synthesis.
Findings	<p>Author Theme: Differentiating normal vs risky behaviour Example quote: "...and I yell at someone and bump into somebody else on the way out, if the [person had] said, 'gee, it's not like [name]' that would've helped too, but nobody chased me down the corridor to the doorway to say, '[name], come back. I want to talk to you'. That would've helped. (Interviewee, Male, 60)" (p264)</p> <p>Author Theme: Familiarity vs anonymity in risk monitoring Example quote: "And I remember breaking down in the doctor's surgery. I was there just for an annual check-up and as soon as he closed the door I was a mess...I wouldn't allow myself to show it to friends and family. It was to a stranger where it was kind of like you felt that if you were going to be judged it would be far less than what it would be from family and friends." (Interviewee, Male, 36) (p265)</p> <p>Author Theme: Respecting autonomy vs imposing constraints Example quote: "...by the time I got down there, they've already got him off the side of the road... they got him in the police car and took him home. And he actually took a few swipes at the copper. A good guy, he just let go. Trying to help him was really hard." (Interviewee, Male, 29) (p266)</p> <p>Author Theme: Dependence on vs perceived failures of community services Example quote: "I suppose I used more of what was actually out there than a lot of people did. A lot of people don't know what services are out there for those sort of things... psychologists, psychiatrists, counsellors, they're great, especially in a mental health plan." (Interviewee, Male, 18) (p266)</p>

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Authors used a qualitative secondary analysis approach but did not justify their reasoning.)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(All states and territories in Australia publicised broadly through local, state and national mental health organisations and community network. If meeting screening criteria and enrolled, participants were reimbursed AUD50 it is unclear whether this was used to incentivise recruitment.)</i>
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 has some value <i>(Summary provided of the evidence. Limited information provided to set evidence in context of existing research. Limitations of the study discussed. Future research mentioned)</i>
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Lack of rationale for research design; some findings presented with a lack of evidence to support them; participants reimbursed for participation in the study)</i>
	Relevance	Relevant

Section	Question	Answer
		<i>(Study not conducted in the UK)</i>

Frey, 2018

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

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Grounded theory
Study dates	2013-2014
Sources of funding	Funding from an Emerging Scholars Fellowship awarded by Active Minds, made possible through support by the Scattergood Foundation for Behavioral Health.
Recruitment strategy	Recruitment occurred as part of a larger study on attempt survivor experiences and family reactions. First, an invitation to participate in a survey was posted, open to individuals who had experienced suicidal ideation or who had experienced a nonfatal suicide attempt. Respondents to that survey were then invited to volunteer for an in-depth interview about their experiences. Recruitment period: 2013 to 2014
Inclusion criteria	Suicide attempt survivor who had experienced a non-fatal suicide attempt in the past
Exclusion criteria	Not reported
Study setting	In the community
Participant characteristics	Sample size N=40

	<p>Mean age (SD) 45.8 (9.8) years</p> <p>Sex (female/male) Female/male: 28/12</p> <p>Ethnicity Caucasian: 36 Latinx/ Hispanic: 3 Asian: 1</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Mean 4.0 (SD 5.2) (range 1 to 25)</p>
Data collection and analysis	1-2-1 semi-structured interviews comprising questions about suicide-related disclosure. Interviews were conducted by the same person via Skype audio due to the geographic spread of the participants (throughout the US). Data were analysed using a grounded theory approach.
Findings	<p>Author Theme: Whether to disclose? Benefits Example quote: "I think it was the beginning of the process of being able to talk about what happened to me and of not being ashamed to talk about it. And it helped me too because a few years later, my situation was nationally in the newspapers, and I was able to face it a lot better because I had experienced telling my story." (p419)</p> <p>Author Theme: To whom to disclose? Someone nearby Example quote: "... provided the participant felt the individual could be trusted to respond compassionately (no participant quotes for the theme)" (p422)</p>

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	Can't tell (<i>Recruitment occurred as part of a larger study.</i>)

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

Frost, 2016

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Australia
Study type	Mixed-methods study
Study dates	2012
Sources of funding	The publication of this research was funded through a grant provided by the au. Domain Administration (auDA) Foundation
Recruitment strategy	Participants were recruited to complete an Internet survey via a variety of online and offline sources. Recruitment was strategically conducted throughout all states of Australia, including regional areas, with the assistance of young people volunteering with one of the partner organizations. Recruitment period: 2012
Inclusion criteria	<ul style="list-style-type: none"> • Age 14 to 25 years • History of self injury
Exclusion criteria	Not reported
Study setting	Community
Participant characteristics	<p>Sample size N=457 (total cohort 679)</p> <p>Mean age (SD) 18.01 (2.02) years</p> <p>Sex (female/male) Female/male: 399/58</p> <p>Ethnicity Aboriginal or Torres Strait Islander: 12 Not reported: 440</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	A survey link was provided. A mixed methods analysis was used. Demographic variables, history of self injury and help-seeking experiences were analysed. Thematic analysis was used as a basis for the analysis of responses to the open question, "What is most

	important to you in an online support service for self-injury?"
Findings	<p>Author Theme: Guidance Example quotes: "Ideas on what to do instead of self-harming, or what to do when the thought comes across your mind ... indicated a need for harm minimization in the form of advice about first aid and less damaging self-injury: "Information on first aid, how to minimize damage, how to hide bruises/scars." (p72) "It not being an automated response system and is an actual person...Knowing that there is someone to listen to you and perhaps help you to stop no matter where you are...It not being an automated response system and is an actual person." (p72)</p> <p>Author Theme: Reduced Isolation Example quote: "Community feeling – not just facts and figures. I want to feel like there are other people experiencing this, and how they got/get through it. But at the same time, I want personal help. I want someone to understand my situation." (p72)</p> <p>Author theme: Information Example quote: "Being able to find information that I am too scared to ask for... relevant, recent and important information, facts and research... information of what constitutes self-harm (different types) and possible causes. Possible treatments available and effectiveness." (p72)</p> <p>Author Theme: Online culture Example quote: "That it acknowledges that self-harm is sometimes a survival strategy. That it does not stigmatize self-harm, blame people who self-harm, or ignore the underlying causes of self-harm ... Safety in online services for self-injury centered around the need for moderation, warnings about triggering content, and the risks of self-injury becoming competitive. "That it is safe and not people just talking graphically about how they self-harm or flaming others or triggering others." (p72)</p> <p>Author Theme: Access Example quote: "Being able to instant message a professional 24/7." "Being able to access online counselling on mobile Internet ... That the people can talk straight away and you wouldn't have to wait for over 5 min to talk to a professional." (p72)</p> <p>Author Theme: Privacy Example quote: "That I have the opportunity to remain anonymous. Anonymity is something that is very important to me, especially in relation to such a private and personal topic such as self-harm. I would not use an online support service to talk about self-harm if I did not have the option to remain anonymous... "No judgment... too many services are boxed around a duty of care and won't let you hurt yourself without calling someone... real help comes in the form of people allowing you to hurt yourself and talking to you about what is causing the need and just being there with you for a while... helping you feel and think about what is so painful rather than making you feel in trouble or naughty for needing to do it." (p73)</p> <p>Author Theme: Facilitation of help-seeking Example quote: "Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)... Advice on how to seek help from my GP and bring up the subject with family/partner." (p73)</p>

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	Can't tell

Section	Question	Answer
	appropriate to address the aims of the research?	<i>(Part of a large scale survey)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Part of a large scale online survey; only data from the qualitative question of relevance to this study; no direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses; no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information provided on the relationship between researcher and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted but no other ethical considerations discussed.)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(Insufficient rationale for selection of research design; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on the consideration of ethical issues; data collection methods limited; no discussion of data saturation)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Haberstroh, 2012

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

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Grounded theory
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Participants were purposefully selected because they were members of a unique group and self injury recovery experience. The self injury support group was a private, open enrolment group. Potential members requested access from a group moderator. Recruitment period: Not reported
Inclusion criteria	Not reported
Exclusion criteria	Not reported
Study setting	Online self-harm support group
Participant characteristics	Sample size N=20 Mean age (SD) 36 (not reported) years Sex (female/male) Female/male: 17/3 Ethnicity Caucasian: 20 Co-morbidity Not reported Duration of self-harm Average 20 years (SD 8 years) Suicide attempts

	Not reported
Data collection and analysis	Online survey with questions related to participants' experiences with self-harm and the online group. Data were analysed using grounded theory analysis.
Findings	<p>Author Theme: The Online Group Supplemented Counselling Example quotes: "I find that therapy is good, but you can only depend so much on therapy . . . and therapy can be anywhere from two times a week to once every month or more. Some people do not find that is enough support so they need to have something else in their life to turn to. That is where the group comes in. You can write whenever you want to and someone will respond when they get time or you can just felt heard or needed a place to vent." (p122) "Peer to peer support that has been a real good addition to my recovery." (p123)</p> <p>Author Theme: Online Group Support, Connection and Feedback - Supportive understanding Example quote: "I have found a very empathetic [sic] bunch of people there . . . sometimes when there is no advice to give, there is a sense of belonging. It is an additional support system of people who know what I am going through and so that is very comforting." (p124)</p> <p>Author Theme: Online Group Support, Connection and Feedback - Relational connections "Sometimes it is just knowing there are others with similar struggles, or triggers is comforting. They also can help me navigate through a difficult situation with an objective point of view or suggestion. Or sometimes just being able to post my emotional difficulties and pain that is enough to get through the urge to injure. Having that rapport with others prevents those feelings of isolation and loneliness from creeping in. No one judges me for what I have done, and yet can support me with the decision to change for the better." (p124)</p> <p>Author Theme - Online group support, connection, and feedback - supportive feedback Example quote: "When I started to post in this group I would get a lot of support. Now, since I am better and healthy I tend to give it more than take it. I guess you learn that when you get better and know the ins and outs of things. I do feel less alone because I have some of the members on messenger that I talk to. If I did not have a couple of them to talk to then I would be lost as I would not know who to talk to. I often talk to a few and open up to fewer. The friends that I make are for a long time. . . so I go slowly with opening up. I am glad I made friends." (p124)</p> <p>Author Theme: Safety and frustration with the no triggering norm - Safety Example quote: "it's relieving to know that it is supposed to remain trigger free, unlike a lot of groups which openly shows [sic] photos of SI, and talk, etc." (p125)</p> <p>Author Theme: Asynchronous group limitations Example quotes: ". . . chat feature would be nice. The delay time is long to get responses, especially if you are in a crisis." (p126) "I wish that there was a chat feature on the side as there was when I joined the group, but [ISP] took that feature away. There is the [ISP] messenger however that people can go on and get peoples IDs and talk that way. There are several people on a run of a day. That is the way that chats will have to be till [sic] [ISP] does something about it." (p126-127)</p>

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

Section	Question	Answer
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Survey link to members via a moderator; no direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses; no discussion of data saturation)</i>
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 <i>(No information reported in respect of study conduct. Consideration of ethical implications is given in the discussion)</i>
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 <i>(Data collection method had limitations; no discussion of data saturation; limited information provided on ethical considerations in respect of study conduct but some discussion in respect of ethical implications in author discussion)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Heredia Montesinos, 2019

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

Study details	
Country/ies where the study was carried out	Germany
Study type	Qualitative study General qualitative inquiry
Study dates	2010-2013
Sources of funding	No financial support for the research, authorship, and/or publication of this article
Recruitment strategy	<p>Suicide attempters were recruited at an outpatient clinic that specialized in treating immigrants, as well as by means of Turkish-speaking psychotherapists, psychiatrists, general practitioners, counselling services, and a shelter for immigrant women.</p> <p>Recruitment period: 2010 to 2013</p>
Inclusion criteria	<ul style="list-style-type: none"> • Turkish descent (defined as either having migrated oneself [first generation] or having parents from Turkey [second generation]) • 18 years-plus
Exclusion criteria	<ul style="list-style-type: none"> • For groups women from the community the following exclusion criteria applied: Previous suicide attempts, mental illness, and receipt of psychiatric or psychological treatment • For suicide attempters the following exclusion criteria applied: Current suicidal crisis (did you have suicidal thoughts or a suicide attempt within the last year), schizophrenia, schizotypal and delusional disorders, intellectual disability, and dementia
Study setting	Outpatient clinics
Participant characteristics	<p>Sample size N=15 (suicide attempters of total cohort 61)</p> <p>Mean age (SD) Mean reported by age category: Age group 18 to 33 years: 26.4 (5.4) Age group 38 to 66 years: 45.6 (9.8)</p> <p>Sex (female/male) Female/male: 15/0</p> <p>Ethnicity Not reported. All participants were women of Turkish descent</p> <p>Co-morbidity</p>

	<p>Current or past diagnosis of affective disorder: 11 Neurotic, stress-related or somatoform disorder: 3 Not reported: 1</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 attempt: 15</p>
Data collection and analysis	<p>Prior to the focus group, women from the community and suicide attempters were interviewed individually. Focus group meetings were held in a conference room at a community centre and were led by a female bilingual moderator. A second moderator who took notes. The duration of focus group discussions was around two hours. Sessions were video and voice recorded. Data were analysed using thematic analysis.</p>
Findings	<p>Author Theme: Potential intervention and prevention strategies Example quote: "Participant 1: With therapy you can only change yourself; Participant 4: Yes!; Moderator: So therapy could help with what?; Participant 3: So that you don't take everything so seriously or you don't swallow everything anymore. One has to change oneself, it's hard, but you should try!; Participant 4: Because if not, you don't live how you want to live, you'll live like your parents!; Participant 3: Yes, try not to take everything so personally, or ...; Participant 2: Keep your emotional distance!; Participant 3: Keep your emotional distance, do something nice for yourself, because you cannot change the world!" (p67)</p> <p>Author Theme: Help-seeking behaviour Example quote: "Participant 2: I think that here in Germany you aren't taken seriously. I don't want to say something wrong now . . . Moderator: No, go ahead! That's important!; Participant 2: We just get labeled in some way. Women, and our culture as well. And with a headscarf even more! Eh, I don't know, I went to a German therapist and he didn't understand me; Participant 4: Hmm [agreeing]; Participant 2: He can't put himself into my position, or he can't understand my culture! Eh, I went to an appointment and it didn't help me!" (p65)</p>

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	Can't tell

Section	Question	Answer
	addressed the research issue?	<i>(1-2-1 interviews were conducted prior to the focus group. Data collected via focus group, unclear to what extent this would have impeded the openness of participants. No discussion of data saturation.)</i>
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 <i>(Ethical approval granted. Some additional discussion related to safeguarding interviewees (post interview counselling for example))</i>
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(Method of data collection had limitations; data saturation not discussed; insufficient information on the consideration of ethical issues)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Holliday, 2015

Bibliographic Reference

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

Study details

Country/ies where the study was carried

USA

out	
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	The research participants were identified through the use of purposeful sampling. Recruitment period: Not reported
Inclusion criteria	<ul style="list-style-type: none"> • Adolescents aged 15 to 19 years • English speaking • Male and female • All ethnic and racial groups • Attempted suicide one or more times in the preceding 6 months, and admitted to the Emergency Department for their attempt
Exclusion criteria	<ul style="list-style-type: none"> • Teens not deemed emotionally stable during the inpatient stay or after discharge as determined by their mental health providers • Teens diagnosed with a psychotic disorder or other cognitive disorder that would make interviewing difficult
Study setting	Emergency department
Participant characteristics	<p>Sample size N=6</p> <p>Mean age (SD) Not reported (age 15 to 19 years)</p> <p>Sex (female/male) Female/male: 5/1</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 attempt: 6</p>
Data collection and	Data were collected using 1-2-1 face-to-face interviews. Each participant was interviewed once. A conversational strategy, open ended

analysis	and unstructured was used. The interviews were recorded and transcribed verbatim. Data were analysed using an interpretative phenomenological approach.
Findings	Author Theme: Connecting as climbing up Example quote: Nathan was looking for someone to listen to him, "It seems people are more focused on themselves and "their own interests" than actually taking five minutes to ask you what's wrong" (l. 210–211) ... Nathan stated all he wanted was 5 minutes of somebody's time. (p171)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Face-to-face interviews used. Saturation of data was not discussed.)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information related to the researcher and participant relationship reported)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(No information related to the consideration of ethical issues reported)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Limited information reported on data analysis. Timeframe and approach described in brief.)</i>
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value <i>(The discussion includes interpretation of the findings although no explicit reference to what</i>

Section	Question	Answer
		<i>the research adds to existing knowledge although some reference made to external literature in discussion throughout the paper)</i>
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Data saturation not discussed; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; limited information reported on the data analysis)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Holliday, 2018

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	University of Leeds as part of the lead author's Doctorate in Clinical Psychology
Recruitment strategy	Video-recorded family therapy sessions collected as part of the self harm intervention: Family Therapy (SHIFT). Recruitment period: 2009 to 2013
Inclusion criteria	<ul style="list-style-type: none"> At least one previous episode of self-harm

	<ul style="list-style-type: none"> • Self-harmed prior to assessment by the Child and Mental Health service (CAMHS) with self harm being the key feature of that assessment • ≥ 3 family therapy sessions (as part of SHIFT)
Exclusion criteria	Not reported
Study setting	Family therapy sessions
Participant characteristics	<p>Sample size N=22</p> <p>Mean age (SD) Not reported; 12 participants aged between 11 and 14 years (55%) and 10 participants aged between 15 and 17 years (45%)</p> <p>Sex (female/male) Female/male: 14/8</p> <p>Ethnicity White: 17 Asian 2 Mixed-race: 2 Black: 1</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	Previously recorded family therapy sessions were viewed for each participant except where the adolescent was not present (parent only session). Sessions were reviewed and excerpts of data were selected for transcription if they contained discussion of self-harm from the perspective of the adolescent or discussions of contextual factors identified as important on initial or subsequent viewings. Data were analysed using inductive thematic analysis.
Findings	<p>Author Theme: Moving Forward</p> <p>Example quote: "I suppose the more I talk about and the more I talk about it without tears and get it out the more I can brush it aside...it's still hard though and I think it's going to take years...literally years. P7, session 2" (pS198)</p>

Section	Question	Answer
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Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Data were gathered via a secondary analysis of data collected during an RCT)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes <i>(Purposive sampling. Participants from the intervention arm of an RCT who consented to the use of their session recordings for future research)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Video recorded sessions of family therapy sessions where the adolescent was present. The impact of the interview format on the responses given (in terms of openness) is not clear). No direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses. Data saturation not discussed.)</i>
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 <i>(Unclear. SHIFT management approved the use of the data for secondary analysis (data for participants who consented to use of recorded sessions in future research although it is not clear if the future research was known at the time). Ethical approval was sought from the NHS integrated research application system. The project did not require local NHS governance review)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Inductive thematic analysis was conducted. No explanation provided as to how the data presented were selected from the original sample.)</i>
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias	Overall risk of bias	Moderate concerns

Section	Question	Answer
and relevance		<i>(Method of data collection has limitations; data saturation not discussed; insufficient information on the consideration of ethical issues (unclear whether detail of secondary analysis discussed but participants had consented to use of data)</i>
	Relevance	Highly relevant

Holm, 2011

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

Study details

Country/ies where the study was carried out	Norway
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Financial support from the Department of Nursing Education, Stord/Haugesund University College, and the Faculty of Health Sciences, Vestfold University College, Tønsberg, Norway
Recruitment strategy	Participants were recruited via mental health nurses, therapists in different settings, and the "mental health" organization on the west coast of Norway. Recruitment period: Not reported
Inclusion criteria	Women diagnosed with borderline personality disorder
Exclusion criteria	Not reported
Study setting	Mixed (health, community, other)

Participant characteristics	<p>Sample size N=13</p> <p>Mean age (SD) 39 (range 25 to 53) years</p> <p>Sex (female/male) Female/male: 13/0</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Borderline personality disorder (BPD): 13</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	<p>Narrative information was obtained by in-depth interviews in which participants were asked questions about their recovery process. The participants chose the setting for the interview. Data were analysed using thematic analysis.</p>
Findings	<p>Author Theme: The desire to recover by searching for strength Example quote: "... the psychologist helped them to understand that using drugs to overdose was not helpful" (no quotes to extract) (p169)</p> <p>Author Theme: Recovering by being able to feel safe and trusted "This place was different from other institutions. I felt safe here; they believed I could manage the same things as the others. This was a turning point and my way to freedom." (Participant 9) (p170)</p> <p>Author Theme: The struggle to be understood as the person you are "They asked me why I did it and why I did not think about them. I had no answer. I could not explain why I wanted to kill myself and could find no words to explain my pain. Today I think that this was childish, but I wish that someone could understand. (Participant 9)" (p169)</p>

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 <i>(Very limited information given on recruitment)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Limited information provided on structure and format of interviews. Interviews were narrative using two questions although it is not clear whether these were used as prompts for an open conversation or whether follow-up questions were asked. No discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Limited information provided on recruitment strategy; method of data collection has limitations)</i>
	Relevance	Partially relevant <i>(Study not conducted in the UK; study included people with 'suicidal behaviour' which did not necessarily include self-harm)</i>

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

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	June 2000 and April 2001
Sources of funding	Funded by the mental health charity Leeds MIND from a research grant awarded by the UK National Lotteries Charities Board
Recruitment strategy	People who attended A&E at 2 Leeds hospitals after self-harm between June 2000 and April 2001, who were aged 18 years-plus, were invited to take part. This continued weekly until at least 3 patients from each of the pre-specified categories had been interviewed. Recruitment period: June 2000 to April 2001
Inclusion criteria	<ul style="list-style-type: none"> All people who had attended A&E at 2 Leeds hospitals after self harm between June 2000 and April 2001 Age 18 years-plus
Exclusion criteria	Not reported (patients of no fixed abode or those who had been aggressive towards staff)
Study setting	Accident and emergency department
Participant characteristics	<p>Sample size N=45</p> <p>Mean age (SD) Not reported (age range 18 to 56 years)</p> <p>Sex (female/male) Female/male: 27/18</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>

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

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Unclear. Part of a larger study on self-harm)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(1-2-1 interviews conducted using a free-association narrative method. Method allows for more detailed responses to a common question or topic but could perhaps create some inconsistency among responses. No discussion of data saturation)</i>
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 <i>(No information reported)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Limited detail provided but appears broadly appropriate - transcription of interviews and then parts linked to hospital attendance or assessment highlighted from which themes were discussed in groups)</i>
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	Overall risk of bias	Moderate concerns

Section	Question	Answer
relevance		<i>(Data collection method has limitations; no discussion of data saturation; insufficient information reported on ethical considerations)</i>
	Relevance	Highly relevant

Hume, 2007

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study Grounded theory
Study dates	2005
Sources of funding	Costs were covered through research fees to the University, paid by The Mayor of Elmbridge Trust Fund
Recruitment strategy	Patients were recruited following admission to the Edinburgh Royal Infirmary (ERI) after a repeat act of self-harm. Recruitment period: June and July 2005
Inclusion criteria	Males and females, aged 16–50 years, with a history of self-harm were sampled: <ul style="list-style-type: none"> • ≥1 previous act of self-harm within the last 3 years with/without hospital admission
Exclusion criteria	<ul style="list-style-type: none"> • Children under the age of 16 were excluded for ethical reasons, and adults over 50 years because self-harm is rare in this age group

	<ul style="list-style-type: none"> • Patients with learning difficulties, cognitive impairment or who were medically unfit • Habitual drug users following an overdose, due to difficulties in establishing self-harm intent
Study setting	Inpatient
Participant characteristics	<p>Sample size N=14</p> <p>Mean age (SD) Not reported (age between 20 and 49 years)</p> <p>Sex (female/male) Female/male: 6/8</p> <p>Ethnicity Not reported</p> <p>Co-morbidity 12 patients described a history of alcoholism and/or depression and/or drug abuse. 3 patients reported that they were 'depressed'. 3 reported that they had borderline personality disorder and 1, bi-polar disorder, although 2 had not received a formal diagnosis.</p> <p>Duration of self-harm All patients had harmed themselves at least twice previously, many on several occasions. They reported engaging in a variety of self-harming behaviours over the past 3 years. >50% had engaged in more than one form of self-harm.</p> <p>Suicide attempts 5 patients reported a desire to end their life in connection with their most recent self-harm or a prior act.</p>
Data collection and analysis	1-2-1 face-to-face qualitative interviews, using a semi-structured interview guide. Questioning was flexible. Average interview length was about 40 minutes. Interviews were recorded and transcribed. Data were analysed using thematic analysis.
Findings	<p>Author Theme: Immediate aftercare Example quote: "I had to wait 12 weeks. A lot can happen in 12 weeks. When the appointment came I was, like, I didn't really see the point' [F, 20]...'What I'm thinking is I'll be discharged, and I'll have to go back to this empty flat. Nothing has really changed for me, and I know I'll have to wait, you know, 'til it comes appointment card'" [F, 25]</p> <p>Author Theme: Community based vs hospital support Example quotes: "The chaplain ... praying and stuff like that ... they're not in it for the money if you know what I mean ... they're mair [more] committed, duty bound to help through their faith and stuff' [M, 39]." (p5-6) "... a friend or family member as the single greatest source of support in connection with their self-harm, more important than any other source: 'My wife ... she's a diamond, if it wasn't for her I don't know what I'd do' [M, 41] ... 'If it wasn't for her [friend] I wouldn't be here now' [F, 26]" (p6) "... hospital staff very positively, as sympathetic and understanding: 'The ambulance driver ... he came back from another job and just popped his head round. It was really really good, something I really appreciated. And the nurses... they were really nice to me, and gave me a lot of sympathy ... one of them I smelt she's been smoking, and I really needed a smoke, and she said I'll sort you out later. They were just really nice to me" [M, 22]." (p6)</p> <p>Author Theme: Management vs prevention, the need to self harm Example quote: "Several patients were anxious to impress on their friends, family and, in some cases, professionals the importance of managing self-harm (rather than its prevention): 'I don't want to stop cutting myself. It's what I do. The sooner they understand you can't stop a self-harmer, the better" [F, 21]." (p7)</p>

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(1-2-1 qualitative interviews. Interview topic guide with flexibility to ask follow-up questions should participants raised additional issues. No discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Interviewer was a student unconnected to treatment but no other information provided)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted. No other discussion of ethical issues in respect of study conduct)</i>
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 <i>(No discussion of data saturation; insufficient information provided on ethical considerations; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)</i>
	Relevance	Highly relevant

Idenfors, 2015a

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

Study details

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

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

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	Yes

Section	Question	Answer
	the aims of the research?	
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell (1-2-1 semi-structured interviews with open-ended questions. Data saturation discussed (10 to 12 interviews planned but stopped after 10 as material was considered rich enough to reach saturation))
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell (Comment that researcher had no access to participant medical records and all information was retrieved from participants)
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell (Ethical approval granted. Participants were consented prior to taking part in the study but detail not provided)
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns (Insufficient information provided on ethical considerations)
	Relevance	Relevant (Study not conducted in the UK)

Idenfors, 2015b

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

Study details

Country/ies where Sweden

the study was carried out	
Study type	Qualitative study General qualitative inquiry
Study dates	2009 to 2011
Sources of funding	Not reported
Recruitment strategy	Recruitment was carried out at the emergency department, psychiatric emergency services, child and adolescent psychiatry clinic, and a psychiatric ward in a catchment area in northern Sweden. Recruitment period: 2009 to 2011
Inclusion criteria	Patients aged 16– 24 years No previous contact with health services due to deliberate self-harm (DSH). DSH was defined per ICD-10 criteria for intentional self-harm X60 to X84 which do not ascribe suicidal intent
Exclusion criteria	Not reported
Study setting	Emergency (emergency department, psychiatric emergency services - 6 month follow-up after initial contact)
Participant characteristics	<p>Sample size N=9 (of 10 included in the original sample (Idenfors 2015a))</p> <p>Mean age (SD) Not reported, range 17 to 24 years</p> <p>Sex (female/male) Female/male: 5/4</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Earlier DSH: 3 (33%) No earlier DSH: 5 (56%) Unknown: 1 (11%)</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	1-2-1 semi-structured interviews were conducted according to a script. Questions were asked in an open-ended manner to encourage the participants to speak freely about the subject. Interviews were recorded. Interview lengths were 22 to 40 minutes. Interviews were

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

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

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell (1-2-1 semi structured interviews with open-ended questions. Data saturation was discussed (12 interviews planned but stopped at 10 as material was considered rich enough to reach saturation))
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Minor concerns (Insufficient information provided on ethical considerations)
	Relevance	Relevant (Study not conducted in the UK)

Kelada, 2018

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

Study details

Country/ies where Australia, Belgium and the US

the study was carried out	
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	The author(s) received no financial support for the research, authorship, and/or publication of this article.
Recruitment strategy	Recruitment strategy: <ul style="list-style-type: none"> • Australia: Over 400 secondary schools were invited to participate and 5 agreed. • Belgium: 7 schools in the Flemish region of Belgium were invited to participate and 3 agreed. • USA: Young people were invited to participate in the interviews via flyers and advertisements posted around school and college/university health provider organizations in New York State. Recruitment period: Not reported
Inclusion criteria	Participants who had intentionally hurt themselves without the intention of killing themselves
Exclusion criteria	Participants who had intentionally hurt themselves with the intention of killing themselves
Study setting	In the community
Participant characteristics	<p>Sample size N= 98 (Australia: n=48; Belgium: n=25; USA n=25)</p> <p>Mean age (SD) Australia: 15.15 (1.64) years; Belgium 17.32 (0.56) years; USA 20.24 (2.83) years</p> <p>Sex (female/male) Female/male: Australia: 32/16; Belgium: 20/5; USA: 23/2</p> <p>Ethnicity Not reported for Australia and Belgium. USA (n=25): European American/ Caucasian: 18 Mixed-race: 3 African American: 1 Asian American: 1 Not reported: 2</p> <p>Co-morbidity Total sample: Mental illness diagnosis: 34. The most common diagnoses (not mutually exclusive) were depressive disorder (n = 27) and anxiety disorder (n = 16). No mental illness diagnosis: 64</p>

	<p>Duration of self-harm Total sample: Frequency of non-suicidal self-injury: 1-5 times: 32 6-10 times: 11 11-20 times: 11 21-50 times: 13 50+ times: 29 Not reported: 2</p> <p>Suicide attempts Participants who had self-harmed with the intention of suicide were excluded from the study.</p>
Data collection and analysis	Open-ended questions survey questions. Interview transcripts were analysed using thematic analysis.
Findings	<p>Author Theme: Supportive and calm communication (parents) Example quote: "They were just supportive and pretty much just listened and tried to help . . . The fact that they were very supportive is what helped me get through it. Like being able to talk to them, I mean after I was hospitalized . . . I stopped cutting for like five years. And then when I went back to it and like I hid it from them and then they found out again and it was more of kind of like them listening and being like, "Okay you've done it before, you've gone through the process of not doing it, how can we help you." And just having them be that support system before anybody else was definitely helpful." (American female, 24) (p431)</p> <p>Author Theme: Feeling supported, engaged, and not judged (professionals) Example quote: "Ask what you want to talk about. When they were very realistic with me and weren't too sympathetic or negative, when they educated me about alternatives and why everything happens—external/internal factors." (Australian female, 13) (p427)</p>

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell (Participants were recruited as part of a larger study on family experience of non-suicidal self injury)

Section	Question	Answer
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Interviews were preceded by a survey. Limited detail is provided on the interview structure although example questions were provided for three areas of interest with some samples asked follow-up questions during interview. Reporting lacks clarity to distinguish the actual process. Recall of events up to 10 years prior.)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell <i>(No clear statement of findings woven into the discussion of the evidence)</i>
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Limited information on recruitment strategy; method of data collection has limitations; no discussion on data saturation; insufficient information provided on the influence of the researcher on results)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Klineberg, 2013

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	UK (England)
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Queen Mary, University of London (Medical Research Council funded PhD studentship held by EK (MRC ID: K63404J), awarded by the Charitable Foundation of Barts & The London to Prof K Bhui)
Recruitment strategy	Thirteen schools from the London Boroughs of Hackney and Newham were invited to participate. These schools were invited as they had previously participated in a longitudinal study on adolescent health which included questions about self-harm. A screening questionnaire was administered to 319 participants in secondary schools during school hours to select a sample for individual interviews. Recruitment period: 2007
Inclusion criteria	Participants were purposively selected, selection was made on the basis of repetition of self harm to include young people who had tried the behaviour without repetition and those who adopted the behaviour and repeatedly hurt themselves. Adolescents who had not self-harmed were interviewed to explore peer attitudes. The sample was selected to include both males and females. Within each school, for every 2 males or females who had self harmed, 1 person of the same gender who had not self-harmed was also invited for interview. Teachers were not given specific detail about the selection criteria.
Exclusion criteria	Not reported
Study setting	School (Secondary)
Participant characteristics	Sample size N=30 Mean age (SD) Not reported (15 years 87%; 16 years 13%) Sex (female/male) Of those who had self-harmed: Female/male: 17/ 3 Ethnicity Of those who had self-harmed: White British & White Other (including UK, Irish, Irish & Welsh, Turkish): 2 Asian (including Bangladeshi, Pakistani, Indian and Sri Lankan Tamil): 10 Black (including British and African): 4 Mixed ethnicity (including White & Black African, African & Asian, White & Black Caribbean, White & Oriental Asian, Pakistani & Asian British): 4 Co-morbidity Not reported

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

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell (<i>Limited information provided</i>)
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell (<i>Limited information provided</i>)

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

Lewis, 2016

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported

Sources of funding	This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.
Recruitment strategy	Member of active non-suicidal self-injury e-communities. Individuals volunteered compensation for participation took the form of entry into a draw for four gift cards. Recruitment period: Not reported.
Inclusion criteria	Participants were members of active non-suicidal self-injury e-communities
Exclusion criteria	Not reported
Study setting	e-Community
Participant characteristics	<p>Sample size N=68</p> <p>Mean age (SD) 24.15 (8.41) years</p> <p>Sex (female/male) Female/male: 57/11</p> <p>Ethnicity Caucasian: 58 Hispanic: 1 Mixed-race: 3 Other ethnicities: 5 Not reported: 1</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Mean number of self-harm episodes (SD): 1030.07 (2396.63) At least 13 times: 68</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	Participants were asked to respond to 3 open-ended questions online. Data were analysed using thematic analysis.
Findings	<p>Author theme: Seeking support Example quotes: "I seeked out self-injury websites because nobody understood me. My mother screams at me when I self-harm. I need support from people who understand me." (Participant 64) (p255) "to find others who understood what I was going through, and who wouldn't get super upset at me and demand I get help and fit myself immediately." (Participant 12) (p255) "Therapy and books helped but it was better to be able to talk to people who are going through the same things as you. It's nice to see you aren't the only one in this." (Participant 11) (p255)</p> <p>Author theme: Understanding NSSI Example quote: "... discussed a desire to enhance their NSSI knowledge, seemingly to understand their own experiences: "I was seeking information and understanding of what I was going through. I had no understanding of the feeling I experienced before, during and after SI." (Participant 56) (p255)</p>

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 <i>(Members of active non-suicidal self injury (NSSI) e-communities were asked to volunteer to participate in the study. Compensation given for participation - participants were entered into a prize draw, unclear whether used to incentivise recruitment or offered afterwards.)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Participants were asked 3 questions; method of asking was unclear and unclear whether 3 questions were sufficient to elicit required information; no direct interaction with participants to follow-up or clarify or explore comments further, reliant on researchers' interpretation of responses; no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(No information reported)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Can't tell <i>(Adequate discussion of findings provided, but no separate statement provided)</i>
Research value	How valuable is the research?	The research is valuable

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Serious concerns (<i>Compensation was given for participation in the study; data collection methods were limited; no discussion of data saturation; no information provided on the influence of researcher participant relationship or ethical considerations</i>)
	Relevance	Relevant (<i>Study not conducted in the UK</i>)

Long, 2016

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

Study details

Country/ies where the study was carried out	Northern Ireland
Study type	Qualitative study Grounded theory
Study dates	Not reported
Sources of funding	No funding received
Recruitment strategy	Participants were recruited in 2 phases by advertising in non-statutory counselling agencies and third level education in Northern Ireland. Participants self-selected to the research by contacting the first author by email. Recruitment period: 2010, period of time unclear
Inclusion criteria	<ul style="list-style-type: none"> • Aged 18 years-plus • Living in Northern Ireland • Reporting a history of self-injury

	<ul style="list-style-type: none"> • No longer engaging in self-injury • Accessing counselling at the time of research participation
Exclusion criteria	Not reported
Study setting	In the community (accessing counselling)
Participant characteristics	<p>Sample size N=10</p> <p>Mean age (SD) 31 (range 19 to 42) years</p> <p>Sex (female/male) Female/male: 8/2</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	1-2-1 semi-structured interviews. The questions were designed to facilitate and guide the interview process. Follow-up and probing questions were used to expand on topics where needed. Data were analysed using a grounded theoretical approach to analysis.
Findings	<p>Author Theme: Seeing beyond the cutting Example quote: "Ruth: I don't think I ever really wanted anybody to take it away from me . . . and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living really too, so nobody really tried to take it from me." (p44)</p> <p>Author Theme: Human contact Example quote: "Rosie: knowing that I'm not alone and I'm not getting the "oh you're a freak" reaction, but "this is a normal part of humanity" . . . I mean you can tell that counsellor everything that makes you feel like a weirdo, everything that makes you abnormal, and . . . you're still treated like a human being." (p44)</p> <p>Author Theme: Integrating experiences Example quote: "Rosie: So I don't hate myself for it anymore, I know my reasons as to why I did it . . . I can understand it, and I can, look at my scar and say that I'm proud that I got through it, that I survived, and that I'm still surviving in every single day that I go along." (p44)</p>

Section	Question	Answer
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Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Participants self-selected by responding to an advert and completing a participant information sheet to confirm they met eligibility criteria. Unclear where the advert was placed in terms of the reach to potential participants)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Yes
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	No or very minor concerns
	Relevance	Highly relevant

McGill, 2019

Bibliographic

McGill, Katie; Hackney, Sue; Skehan, Jaelea; Information needs of people after a suicide attempt: A thematic analysis.; Patient education

Reference and counseling; 2019; vol. 102 (no. 6); 1119-1124

Study details

Country/ies where the study was carried out	Australia
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	This study was funded with donations from The Movember Foundation as part of a Beyond Blue information resources project.
Recruitment strategy	Participants were recruited via an electronic invitation which was disseminated through the community groups Beyond Blue and Suicide Prevention Australia. Recruitment period: Not reported
Inclusion criteria	Participants had to: <ul style="list-style-type: none"> • Have lived experience of a suicide attempt • Be over the age of 18 years • Be comfortable talking about suicide • Have experienced the latest suicide attempt over 12 months ago • Score <20 on the Kessler-20 psychological distress scale at the time of screening
Exclusion criteria	Participants were excluded if: <ul style="list-style-type: none"> • They reported a high level of psychological distress • The suicide attempt had occurred less than 12 months ago
Study setting	In the community

Participant characteristics	<p>Sample size N=37 (n=22 people who had attempted suicide, n=6 family members/ friends who had also attempted suicide, and n=9 family members/ friends only who did not meet the population eligibility criteria for this review)</p> <p>Mean age (SD) 40 (range 18 to 79) years</p> <p>Sex (female/male) Female/male: 28/9</p> <p>Ethnicity Not reported for target population. Total cohort: Aboriginal/ Torres Strait Islander: 2 Not reported: 35</p> <p>Co-morbidity Not reported for target population. 84% of total participants indicated they had a diagnosis of mental illness.</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 attempt: 28</p>
Data collection and analysis	Interviews were conducted over the phone by 4 staff, lasting an average of 27 (range: 12-70) minutes, and were recorded and transcribed. Thematic analysis was conducted using an inductive approach and constant comparison.
Findings	<p>Author Theme: The need for information that addresses stigma Example quote: "People appreciate it if they realise that they're not alone . . . I mean those sorts of stats, people are not aware of and hence it actually doesn't take away the pain or anything but it's kind of, in a sense, doesn't leave it so isolated. That there are many other people in society going through the same feelings." Male suicide attempt survivor (p1121)</p> <p>Author Theme: Desire for practical information and signposts for getting through Example quotes: "Here's the crisis support lines, here's where you can go for some more information, this is typical of what you might be feeling. To some extent to provide some boundaries around what is happening for them . . . I think is very important." Male suicide attempt survivor (p1122) "You want one message to promote about suicide: be honest and open with family and friends about how you're feeling and what's happening to you." Female suicide attempt survivor (p1122)</p> <p>Author Theme: The value and role of hearing other people's stories as a way to communicate health information and change attitudes Example quotes: "Publically sharing their stories to the extent of well this the who, what, when and why . . . may start to break down that stigma . . . If they were able to share their stories and experiences, again the power of the shared story, the shared experience is a great way of breaking stigma down in many ways." Male suicide attempt survivor (p1122) "I did like reading the stories of people that had come through ... because in your own mind, you're a gone-er." Female suicide attempt survivor (p1122)</p> <p>Author theme: Health information should be a foundation for, and enable, warm compassionate support Example quote: "Written information is really good, but I think that nothing beats being able to talk to someone freely and openly and just get it all out and be able to have someone tell you that you know it's OK, it's OK for you to feel like that." Female suicide attempt survivor and family member (p1122)</p>

Section	Question	Answer
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Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Authors used an inductive approach but no rationale was provided)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(Representatives from the Beyond Blue group were involved in making decisions regarding the study design and recruitment, but were not involved in data collection or analysis)</i>
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 <i>(Lack of justification for research design; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Owens, 2016

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

Study details

Countries where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	2009 (summer, 14 weeks)
Sources of funding	Part funded by NIHR CLAHRC for the South West Peninsula
Recruitment strategy	Recruited from existing online self-harm forums. Recruitment period: 2009 (summer 14-week timeframe)
Inclusion criteria	Young people aged 16 to 25 years with experience of self-harm. Recently and nearly qualified professional in relevant mental healthcare disciplines (this group beyond scope for this review)
Exclusion criteria	Not reported
Study setting	Accident and emergency department
Participant characteristics	Sample size N=31 Mean age (SD) 19.5 (not reported) years Sex (female/male) Female/male: 30/1 Ethnicity White: 30 Not reported: 1 Co-morbidity Not reported Duration of self-harm

	Not reported Suicide attempts Not reported
Data collection and analysis	Data were collected from an online discussion forum. This study focused on posted material about young people's experiences of seeking treatment in A&E for self-harm. Data were analysed using inductive thematic analysis.
Findings	Author Theme: Perceptions of treatment and care Example quote: Behaviours that were particularly valued by the young people were those that demonstrated sensitivity and a genuine desire to understand the functions of self-harm: "I allowed a student nurse to observe and she was really kind and asked me why I self harm because she said she didn't really understand it, and it was really nice . . . to be able to actually help someone learn about it." (ID 24)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell (<i>Secondary analysis</i>)
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell (<i>Recruited via online forums. Limited detail reported in this paper, likely detail reported in the primary paper</i>)
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell (<i>Posted contributions in online forums (detail regarding structure of forum content and searching of forums reported). This method may have encouraged more detailed responses although the lack of opportunity for follow-up questions may mean that issues cannot be fully explored. No discussion of data saturation</i>)
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell (<i>Unclear from information provided; mentions researcher involvement in primary study</i>)

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted for primary study and this study fell within the scope of the original consent. No other ethical considerations discussed)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Limited description of the analytical process, although it was noted that inductive thematic analysis was used)</i>
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(Secondary analysis; limited information provided on recruitment strategy; method of data collection has some limitations; no data saturation discussion; insufficient information on ethical considerations; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; information provided regarding data analysis was limited.)</i>
	Relevance	Highly relevant

Peterson, 2015

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

Study details

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

Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Participants were identified by advertising with a local e-mail network of people with experience of mental illness and by advertising with non-government organisations that had significant contact with people with experience of mental illness (including consumer-run organizations). Recruitment period: Not reported
Inclusion criteria	Participants who had experienced mental illness over a long time period (at least 3 years) who could talk about their past experiences of feeling suicidal.
Exclusion criteria	People who were actively suicidal or whose suicidality was considered by authors to be either extremely mild or severe (for example, people who had experienced fleeting suicidal thoughts, or people who had a recent near-lethal suicide attempt).
Study setting	Community
Participant characteristics	<p>Sample size N=27</p> <p>Mean age (SD) Not reported (age early 20s to mid-70s, median age 44 years)</p> <p>Sex (female/male) Female/male: 17 (identified as female) / 9 (identified as male) / 1 (did not identify)</p> <p>Ethnicity Not reported</p> <p>Co-morbidity The majority described experiencing depression either on its own or with another form of mental illness including psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, personality disorder, and posttraumatic stress disorder.</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Most had attempted suicide in the past.</p>
Data collection and analysis	1-2-1, semi-structured interviews, which lasted up to 90 min, took place either in the participant's home or in another place of their choosing. There were 8 main questions and prompts. Flexibility was allowed to be responsive to issues raised. Interviews were digitally recorded and then transcribed. A narrative thematic analysis of the transcripts was conducted
Findings	<p>Author Theme: What is Self Management?</p> <p>Example quotes: "Because I learned about my illness, I learned about my history why I do the things that I did, especially the negative stuff, and I moved on from it 'cos I didn't want to repeat those kind of behaviors." (p175) "[Website] is amazing for making you feel like you're not the only one who's felt that and been there... and I didn't know them so, and they're nowhere, anywhere near me, they don't know where I live, so they can't call the cops if they're worried, they're just there. The main aspects that these supports had in common were they were accessed by the person on their own terms, when they decided they were necessary, and could involve directly addressing suicidal thoughts and feelings, or not, depending</p>

on what the person needed,..." (p176)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Part of a larger study)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Intensity sampling frame was used to recruit participants. Participants received a "modest retail voucher" in recognition for their time although it is unclear whether this was used to incentivise recruitment)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(1-2-1 interviews conducted; no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Yes <i>(Ethical approval was granted. Informed consent obtained from participants and safeguarding in place)</i>
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

Section	Question	Answer
		<i>(Discussion of findings within this study; does not set in context of other published research; discussion of implications for practice further research)</i>
Overall risk of bias and relevance	Overall risk of bias	Serious concerns <i>(Compensation for time spent in participating in the study; no discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; limitations in discussion of findings in context of existing research)</i>
	Relevance	Partially relevant <i>(Study not conducted in the UK; participants had to have experienced suicidality but this did not necessarily include self-harm. Study reports that most participants had attempted suicide but it is unclear how many)</i>

Rissanen, 2009

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Finland
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Written descriptions: Advertised in 4 magazines targeted at adolescents, on magazine websites, and on the principal researcher's own

	<p>website.</p> <p>Interviews: Participants selected for interview from a population sample of 13- to 17-year-old adolescents who lived in eastern Finland and who had reported past or current self-mutilation in a structured questionnaire</p> <p>Recruitment period: Not reported</p>
Inclusion criteria	Adolescents who had self-mutilated or were currently self-mutilating
Exclusion criteria	Not reported
Study setting	Not reported
Participant characteristics	<p>Sample size Written descriptions: N=62 Interviews: N=10</p> <p>Mean age (SD) Written descriptions: Not reported (age 12 to 21 years) Interviews: Not reported (age 15 to 19 years)</p> <p>Sex (female/male) Female/male: Written descriptions: not reported Interviews: 10/0</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	<p><u>Written descriptions:</u> Submission of written descriptions were invited via email. All adolescents who had self-mutilated would have a possibility to talk about that they wanted concerning help for self-mutilation (including age and gender information).</p> <p><u>Interviews:</u> 1-2-1 open-ended interviews invited the interviewee to talk about self-mutilation. The interviews lasted 45 to 75 minutes and were audiotaped.</p> <p>The analysis began by combining written descriptions and audio-taped interviews transcribed verbatim. Data were analysed using inductive content analysis.</p>
Findings	<p>Author Theme: Factors Contributing to Help, Knowledge of Self-mutilation as a phenomenon Example quote: "It would be helpful if, for example at school or somewhere, there was information about self-mutilation. I mean real facts about it." (knowledge of self mutilation) (p11)</p> <p>Author Theme: Factors Contributing to Help, A Caring Environment</p>

<p>Example quote: "Nurses should understand a self-mutilating adolescent as a person, not judge her for that what she has done." (p11)</p> <p>Author Theme: Factors Contributing to Help, Enabling Early and Practical Intervention for all Kinds of Adolescent Problems</p> <p>Example quote: "Public well-being should better prevent all kinds of problems that are known to be related to self-mutilation and when there are problems, for example at school or with parents, someone should intervene as early as possible." (p11)</p> <p>Author Theme: Factors Contributing to Help, Intervening in Adolescent Self-mutilation</p> <p>Example quotes: "Any adult should react seeing wounds or scars. I mean, at least if the adult knows the adolescent, for example at school. If an adult just said or did nothing it could be taken by the self-mutilating adolescent to mean that it is alright to self-mutilate or that the adult just doesn't care." (p11) "The school nurse has to intervene if she notices any kind of suspect marks on the skin." (p11)</p> <p>Author Theme: Factors Contributing to Help, Authentic Caring for the Adolescent</p> <p>Example quote: "I went with my self-mutilating mate regularly once a week to talk with our school nurse. We discussed dating, self-esteem, problems at home, actually all kinds of things, not just cutting. It was great when our school nurse said that we could come to talk whenever we needed. And she said that if she was in another school we could phone her during the school day. We never phoned." (p11)</p>

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

River, 2018

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Australia
Study type	Qualitative study Case study
Study dates	2009 to 2014
Sources of funding	No financial support received for the research, authorship or publication

Recruitment strategy	Male participants were recruited through health services, community organisations, and advertisements in local newspapers Recruitment period: 2009 to 2014
Inclusion criteria	Men who had different levels of contact with health services (broadly defined as services provided by health care professionals and community organizations), and men within the community with no current contact with health services
Exclusion criteria	Not reported
Study setting	Outpatient (in contact with health services) and in the community (no current contact with health services)
Participant characteristics	<p>Sample size N=18</p> <p>Mean age (SD) Not reported (aged between 23 and 66 years)</p> <p>Sex (female/male) Female/male: 0/18</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts 1 attempt: 9 2 attempts: 8 6 attempts: 1</p>
Data collection and analysis	1-2-1 life history interviews were conducted. Men were asked to tell their story from whatever point they wished and to highlight events that were important to them. The interviewer asked questions to clarify and to cover topics identified before the interviews. Interviews were transcribed verbatim.
Findings	<p>Author Theme: "Nothing to Lose": Actively Seeking Help Example quote: Sarah expressed an interest in issues pertinent to Jack. Jack described the impact of her approach, "I felt better instantly because, for no other reason than, I had someone I could talk to, share feelings." (p154) (...not alone in his experience of health services. The majority of participants' narratives reported that a person-centered approach to care was viewed as more effective and relevant for managing distress and suicidal feelings.)</p> <p>Author Theme: A Window of Opportunity: Unsolicited Encounters with Health Services Example quotes: "I would tell her everything and anything. All my problems or anything that I was having difficulty during the week. And I would often go in there and say, "Look, Lara I feel like killing myself today," but she was able to come to the forefront and soothe me down a bit. But anytime up before Lara, I mean, it was, as I said, it was hopeless. Nobody was there to help me." "It's funny, the whole [hospital] process is: have the accident, try to save it [leg], take it off, do your rehab, get fitted for your leg, learn to walk and that's sort of it. At no point through that process, whether it be physiotherapy or in the ward, does anyone come and talk to you and say, well you know, how you feeling about this? It may have made a difference. It probably would have made a difference. I only saw one psychologist in the whole period that I was in there, they came in and asked me a few questions and you know, I was quite boisterous, oh you know, don't worry about it, it'll be okay and that was the first and last time I'd seen anyone." (p155)</p>

Author Theme: "Gender Friendly" Rather than "Male-Friendly" Services

Example quote: "Liam encountered a community organization for gay men that he was supported to consider his personal experience of shame in relation to wider social processes that constitute homophobia. Liam described the community organization as an "exceptional" source of support, which contributed considerably toward reducing his feelings of suicidal distress." (p156)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Limited information but recruited through health services, community organisation and local paper. Timeframe unclear)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Life history interviews 1-2-1, interviewer clarified events. No discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted and participants consented)</i>
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	Overall risk of bias	Moderate concerns

Section	Question	Answer
relevance		<i>(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information reported about ethical considerations)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Rivlin, 2013

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

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry
Study dates	2007 to 2009
Sources of funding	Not reported
Recruitment strategy	Male prisons in England and Wales selected based on past rates of completed suicide and serious suicide attempts. Prison staff provided with criteria with which to refer cases to the study and prisoners approached at the prison in which their suicide attempt occurred. Recruitment period: 2007 to 2009
Inclusion criteria	Prisoners aged 18 years-plus who had made a near-lethal suicide attempt (defined as acts which could have been lethal had it not been for intervention or chance and/or involved methods which are associated with a reasonably high chance of death)

Exclusion criteria	Not reported (referrals excluded - declined to participate, considered too dangerous or mentally ill, could not speak English well enough, staff shortages and absences impacting interview date, prisoner released or transferred to a non-participating prison)
Study setting	Adult male prison
Participant characteristics	<p>Sample size N=60</p> <p>Mean age (SD) Not reported (median age 29 years, range 18 to 57 years)</p> <p>Sex (female/male) Female/male: 0/60</p> <p>Ethnicity White: 52 Non-white: 8</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 attempt: 60</p>
Data collection and analysis	1-2-1 face to face interviews in private lasting between 30 and 120 minutes and using a semi-structured qualitative interview schedule with allowance for follow-up questions. Interviews were transcribed and thematic analysis was conducted.
Findings	<p>Author Theme: Support/interventions wanted</p> <p>Example quote: ". . . some counseling. Someone to get into my head, try to talk to me, try and get round why I am doing these stupid things, try and help me get myself sorted out, get me back to the person I was three years ago. (Case 35)"</p>

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

Section	Question	Answer
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(1-2-1 interviews; participants provided narrative account supplemented with followup questions from the researchers in 4 areas; no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information reported)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted but no other discussion of ethical issues included)</i>
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 <i>(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on the consideration of ethical issues)</i>
	Relevance	Highly relevant

Strike, 2006

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Canada
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	Outpatient settings within the University of Toronto psychiatric network and participants were recruited from patients registered within these services Recruitment period: Not reported
Inclusion criteria	Male, 18 years-plus, a history of suicidal behaviour (and substance use disorder, antisocial behaviour or borderline personality disorder in the past year)
Exclusion criteria	Not reported
Study setting	Outpatient settings within the psychiatric care network
Participant characteristics	<p>Sample size N=15</p> <p>Mean age (SD) Not reported (21 to 40 years 59%; 41 years-plus 41%)</p> <p>Sex (female/male) Female/male: 0/15</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Groups are not mutually exclusive. Alcohol use disorder: 67% Other substance disorder: 60% Mood disorder: 87% Anxiety disorder: 53% Borderline personality disorder: 67% Antisocial personality disorder: 47%</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Most recent suicide attempt within 1 year: 67% Most recent suicide attempt 2 to 3 years ago: 33%</p>

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

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell (1-2-1 semi-structured interview comprising open-ended questions and probes; no discussion on data saturation)
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell (No information reported)

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted, no other information provided)</i>
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 <i>(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on ethical considerations)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Vatne, 2018

Bibliographic Reference

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

Study details

Country/ies where the study was carried out	Norway
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported
Sources of funding	No financial support for the research, authorship and/or publication of this article

Recruitment strategy	Participants were selected and asked to participate by a psychology specialist in connection with a follow-up after suicide attempts. Recruitment period: Not reported
Inclusion criteria	Serious suicidal tendencies or an actual suicide attempt, and the ability to verbalise experiences
Exclusion criteria	An exclusion criterion was psychosis
Study setting	Outpatient settings - psychiatric or mental health professional contact
Participant characteristics	<p>Sample size N=10</p> <p>Mean age (SD) Not reported, age range 21 to 52 years</p> <p>Sex (female/male) Female/male: 4/6</p> <p>Ethnicity Not reported</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts At least 1 attempt: 9 Not reported: 1</p>
Data collection and analysis	In-depth interviews of between 90 and 110 minutes. Interviews began with an open-ended question, information was shaped into a dialogue, and interpretations of responses were checked. Location varied between participant's home, ward meeting room, and researcher's office. Interviews tape recorded and transcribed. Data were analysed using thematic analysis
Findings	<p>Author Theme: Experiencing hope through encounters</p> <p>Example quotes: "That nurse got to know me well after some time – managed to see when I became irritable . . . She sees from my body language that as it goes on now, I was beginning to be very angry. And the result then was that she took control of the conversation and said that we can talk about this; she saw right away that now I was beginning to get very furious about this. And she then took the doctor aside, and later they came back and said that you will get the leave." (p449) "There are many on the ward who struggle with a feeling of emptiness, of not having human contact. And then there are those with too much contact, those with anxiety, they have huge connections with their feelings. While those of us who have depression are somewhat totally opposite on the scale. When observing the different feelings, one does not feel so special oneself any more." (p449)</p>

Section	Question	Answer
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Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Limited information reported)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(In-depth interview guided by an interview guide; data saturation not discussed)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information provided; noted that the interviewer met with participants prior to interview)</i>
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 <i>(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Ward, 2013

Bibliographic

Ward, J.; Bailey, D.; A participatory action research methodology in the management of self-harm in prison; Journal of Mental Health;

Reference 2013; vol. 22 (no. 4); 306-316

Study details

Country/ies where the study was carried out	UK
Study type	Qualitative study General qualitative inquiry (participatory action research)
Study dates	Unclear
Sources of funding	Funded by the North East Offender Health Commissioning Unit (NEOHCU) and the Economic and Social Research Council
Recruitment strategy	Women were identified through Assessment Care in Custody and Teamwork (ACCT) records indicating a history of self-harm. Recruitment period: Not reported
Inclusion criteria	Women in prison with a recorded history of self-harm
Exclusion criteria	Not reported
Study setting	Adult female prison
Participant characteristics	Sample size N=50 Mean age (SD) 36 (NR) (range 18 to 58) years Sex (female/male) Female/male: 50/0 Ethnicity Not reported Co-morbidity Not reported Duration of self-harm Not reported Suicide attempts Not reported

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

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 <i>(Limited information provided on the recruitment strategy)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Questionnaires were completed; from the questionnaire respondents a sample were invited to take part in interviews (noted that reported elsewhere); no discussion on data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information provided)</i>

Section	Question	Answer
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Ethical approval granted; no other detail on ethical issues provided)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Limited detail provided, read categorised and scrutinised to determine themes)</i>
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research has some value <i>(Discussion of findings; discussion of initiatives to fill identified gaps to develop or add to existing services; some reference to existing literature)</i>
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Data collection method has limitations; no discussion of data saturation; limited information on data analysis; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on ethical considerations)</i>
	Relevance	Highly relevant

Weber, 2002

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

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study General qualitative inquiry
Study dates	Not reported

Sources of funding	Not reported
Recruitment strategy	Not reported Recruitment period: Not reported
Inclusion criteria	Unclear
Exclusion criteria	Not reported
Study setting	Locked state psychiatric hospital
Participant characteristics	<p>Sample size N=9</p> <p>Mean age (SD) 32 (range 21 to 48) years</p> <p>Sex (female/male) Female/male: 9/0</p> <p>Ethnicity White: 7 Black: 2</p> <p>Co-morbidity The women had multiple psychiatric diagnoses, ranging from bipolar disease, schizophrenia, schizoaffective disorder, bipolar disorder, and dissociative identity disorder.</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts Not reported</p>
Data collection and analysis	The women were interviewed multiple times over a 4-month period for a total of 43 interviews. Data were analysed using a narrative thematic analysis (social constructionist framework)
Findings	<p>Author Theme: Talking to Me Example quote: "MW: If you were me, how could we help you when at the early stage to prevent that (self-abuse) from happening, what would help you?; Anne: To sit down and talk to me or something. MW: Sit down and talk with you?; Anne: Umm umm; MW: Okay. How would we know from, like looking at you, that you were angry, like in the early stage?; Anne: 'Cause my facial expression; MW: Your facial expression. Okay. So, if you got a chance to talk to someone then you wouldn't have the urge to hurt yourself?; Anne: No, I wouldn't." (p122)</p> <p>Author Theme: Comfort Example quote: "Janet: You have to be ready. You can't just go over and touch someone, really that's the worst thing you can do. You say, okay, I'm going to touch your hand now. That's me, remember this is now. But so many times people come up to you and grab you or whatever. Well, that just makes you even more scared and stay in it [flashback] longer. MW: Umm umm. Janet: They [staff from another hospital] just knew everything [about me]. They guided you through and did everything they could to get you out of it, and when you were, but, did everything they could to make you feel safe, and make you feel clean. MW: So, you mentioned that those approaches helped to decrease the self-harm. Janet: Oh yeah, because many times, just having someone there to talk to and talking to you, soft and caring. It takes the anger side . . . away." (122-123)</p>

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Limited detail provided likely participants were asked to provide a narrative account)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information provided)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(No information provided)</i>
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 <i>(Discussion of implications of research was limited; does not set in context of published research)</i>
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Data collection method limited; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information)</i>

Section	Question	Answer
		<i>provided on the consideration of ethical issues; limited contextualisation of findings against other research)</i>
	Relevance	Relevant (Study not conducted in the UK)

Williams, 2018

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

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study Phenomenological
Study dates	Not reported
Sources of funding	Not reported
Recruitment strategy	The sample for this study was taken from a larger collection of qualitative interviews conducted as part of "Live Through This", an advocacy project that collects the personal stories of suicide attempt survivors. Recruitment period: Not reported
Inclusion criteria	Participants were eligible if they met the following criteria: <ul style="list-style-type: none"> • Suicide attempt survivors (aged 18 years-plus) and • At least 1 year since their most recent suicide attempt AND • Identify as a gender minority (for example, transgender, nonbinary, and queer) or sexual minority (for example, lesbian, gay, and

	bisexual).
Exclusion criteria	Not reported
Study setting	In the community
Participant characteristics	<p>Sample size N=25</p> <p>Mean age (SD) 32.1 (10.5) years</p> <p>Sex (female/male) Female/male/ non-binary: 18/ 6/ 1</p> <p>Ethnicity Non-Hispanic/ Latinx Caucasian: 22 Hispanic/ Latinx Caucasian: 1 Asian: 2</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts 1 attempt: 11 Multiple attempts: 14</p>
Data collection and analysis	The sample was taken from a larger collection of qualitative interviews conducted as part of "Live Through This" an advocacy project collecting personal stories of suicide attempt survivors. In 1-2-1 interviews participants were asked demographic questions and prompted to speak about their personal experiences with suicide. Follow-up questions are asked to elicit more information. Interviews were recorded and transcribed. Data were analysed using a hermeneutical interpretive phenomenological approach.
Findings	<p>Author Theme: Identity-based stigma and discrimination Example quote: "Pure stigma was the one thing that really prevented me [from getting the help I needed] . . . If there was one person who had said to me, "It's okay to go seek help. It's not going to go on your record" . . . it would have been so much easier to actually seek adequate treatment and to get started on my path to recovery" (p695)</p> <p>Author Theme: General Social Support Example quote: "I was able to find people who accepted me for who I was without thinking that I was not worth being alive. I managed to find people who accepted me for what I do and what I look like, which I know a lot of people who are like me do not find." (p695)</p> <p>Author Theme: Family of Origin Dynamics Example quote: "My parents and I talked about it a few times after—like, deep conversations. But a lot of times it was just less about that act and more about, 'What do we need to do to help you? How can we all work together?'" (p696)</p> <p>Author Theme: Chosen family support Example quote: "There's still stuff about my family that gets me so down that I feel [suicidal] sometimes . . . but it is not so all encompassing as it used to be . . . There's still this part of me—the little kid—that cannot understand why his parents do not like him anymore . . . Even if my head understands things, it doesn't really matter—my heart still doesn't understand things . . . [But now], I have a lot of love in my life. I have an amazing partner who really is the closest thing to unconditional love . . . and friends who are amazing and [supportive]."</p>

(p696)

Author Theme: Importance of Peer Support

Example quote: "I try to be very, very open about my experiences with mental health because I think it has been so stigmatized and it's so misunderstood that, if somebody like me, who is like, in general, pretty gregarious and fun I like to think, can say, "Yeah, I actually have a serious depression. I'm actually really messed up! Me too, guys," then the people that aren't, maybe, as open about it can feel like they're not alone or they're not going through something that's unique to them. That's really important to me, and one of the reasons I really wanted to be involved is because I'm so open about it." (p697)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Can't tell <i>(Secondary analysis of qualitative data from a larger project/study)</i>
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Can't tell <i>(Sample taken from a larger collection of qualitative interviews Live Through This)</i>
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(Qualitative interviews taken from a larger study; participants provide a narrative account of experience and follow-up questions are asked; data saturation not discussed)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information provided on the relationship between researcher and participants)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Consideration of ethical issues unclear)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes

Section	Question	Answer
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(Secondary analysis of data collected as part of a larger project; no discussion of data saturation; insufficient information provided on the researcher or researcher-participant relationships; insufficient information on the consideration of ethical issues)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>

Wong, 2015

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

Study details

Country/ies where the study was carried out	USA
Study type	Qualitative study General qualitative inquiry
Study dates	Unclear
Sources of funding	Not reported
Recruitment strategy	Chinese immigrant adults recruited within 1 week following a suicide attempt from emergency room, or via professional or social services contacts. Recruitment period: Not reported
Inclusion criteria	<ul style="list-style-type: none"> Born outside of the USA

	<ul style="list-style-type: none"> • Chinese as first language • Fluency of Mandarin or Cantonese • At least 18 years of age at time of suicide attempt • Suicide attempt requiring emergency medical intervention • Resident of the San Francisco Bay Area
Exclusion criteria	Not reported
Study setting	<ul style="list-style-type: none"> • Emergency room (n=3) • Investigators' professional contacts (n=2) • Social service agency (n=1)
Participant characteristics	<p>Sample size N=6</p> <p>Mean age (SD) 55.5 (17.35) years</p> <p>Sex (female/male) Female/male: 4/2</p> <p>Ethnicity Asian-American: 6</p> <p>Co-morbidity Not reported</p> <p>Duration of self-harm Not reported</p> <p>Suicide attempts 1 attempt: 3 2 attempts: 2 3 attempts: 1</p>
Data collection and analysis	1-2-1 semi structured interviews face-to-face conducted in Mandarin or Cantonese. A question guide was used. Interviews were audio recorded and transcribed. Chinese transcripts were then translated into English to facilitate coding. Data were analysed using grounded theoretical analysis
Findings	<p>Author Theme: Attitudes about use of medications dependent on family and service providers "The doctor's understanding of her experience of mental illness alleviated the stigma of mental illness, allowing her to accept the medications." (p73)</p> <p>Author Theme: Negative Attitudes about Social Services Related to Preference for Self-reliance "He viewed the services, case management and in-home support services, as having made his life easier but he did not see them as having contributed to improving his mental health status and suicidal ideation. He argued that social services had not solved his problems, namely his depression, loneliness and anxiety" (p73-74)</p> <p>Author Theme: Role of Family in Suicide Prevention</p>

"... named support from family and friends as critical protective factors." (p74) "Mrs. Wong identified her religion as a supportive factor alongside her family." (p74)

Author Theme: Social Context of Family and Community Not Providing Needed Support

Example quote: "At least it was very convenient [in my home country]. Communication was better and language was convenient, and friends, I could chat with them. If I was not happy, I could vent to them. I have no one to vent to here." (p73)

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Can't tell <i>(1-2-1 semi-structured interviews conducted in participants' native language at home or in hospital (participant choice); no discussion of data saturation)</i>
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell <i>(No information provided)</i>
Ethical Issues	Have ethical issues been taken into consideration?	Can't tell <i>(Limited information on ethical issues reported)</i>
Data analysis	Was the data analysis sufficiently rigorous?	Can't tell <i>(Interviews were transcribed and translated into English; analysis using constant comparative approach)</i>
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable

Section	Question	Answer
Overall risk of bias and relevance	Overall risk of bias	Moderate concerns <i>(No discussion of data saturation; insufficient information on the potential influence of the researcher or of the relationship between researchers and participants on results; insufficient information on the consideration of ethical issues)</i>
	Relevance	Relevant <i>(Study not conducted in the UK)</i>