

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

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

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

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

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

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
Sub-theme 2.1 Address need in crisis					
1 (Biddle 2020)	1 study using semi-structured interviews	<p>Information provision in moments of crisis was considered basic, and not helpful at a point where people who have self-harmed needed responsive help or tools for recovery.</p> <p>"It will tell you what you already know: I know what suicide is, I know what self-harm is. And it'll give you, 'lots of people go through these things'—it's a bit like grandad, 'oh, you'll be alright son'. And you think, I'm</p>	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question (<i>study included participants with suicidal behaviour that did not necessarily include self-harm</i>)	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		not in a position where I want to go 'aah'. I'm in a position where I want to go 'I need some [expletive] help here. I need some help now, right now' (SH17)" (Biddle 2020, p4)	Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on 1 study with a moderate sample size and good quoted data relating to this theme but understanding of the theme would benefit from richer data	
Sub-theme 2.2 Address stigma					
3 (McGill 2019, Williams 2018, Wong 2015)	1 study using interviews; 2 studies using semi-structured interviews	Individuals who have self-harmed indicated the need for information on self-harm or suicide to counteract negative beliefs and attitudes. Perceived stigma and discrimination quite often prevented help-seeking and acceptance of medication use. "Pure stigma was the one thing that really prevented me [from getting the help I needed] . . . If there was one person who had said to me, "It's okay to go seek help. It's not going to go on your record" . . . it would have been so much easier to actually seek adequate treatment and to get started on my path to recovery" (Williams 2018, p. 695)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: all evidence is from a different context to the review question (<i>studies not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 2.3 Self-help services, materials, or activities					
3 (Bailey 2019, Biddle 2020, Frost 2016)	1 study using focus groups; 1 study using semi-structured interviews; 1 study using online survey	Young people who have self-harmed suggested that self-help materials would be beneficial, for example, interactive tools with responsive tips for managing feelings. Individuals who have self-harmed also suggested that self-help materials could be used to guide conversations when healthcare professionals (such as GPs, or practice nurses), were not sure what to say when an individual disclosed self-harm, and for individuals to take home after the consultation to refer to as needed "I'd say like obviously get them out and look at them with the young person together" (Bailey 2019, p. 625)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a substantially different context to the review question (<i>1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm</i>)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 2.4 Lived experience content					

Study information		Description of theme or finding	CERQual assessment of the evidence		
2 (Biddle 2020, McGill 2019)	2 studies using semi-structured interviews	<p>Access to recovery stories or other lived experience dialogue was considered by individuals who have self-harmed to be of value as a way of learning and showing recovery, and could be incorporated into websites either as video or static content. Individuals who have self-harmed considered this type of content to be absent from most formal help sites.</p> <p>"If there could be a link to survivor forums to pop up that would be a real big advantage. Hopefully, that would potentially put it out there for someone that before you consider suicide, look at these people that have beat it... it's almost like, 'here's where you need to go for help, but here's where you need to go for inspiration'... that would have helped me at the time, if I could have read, straight away, positive stories or support (SM107)" (Biddle 2020, p7 PDF)</p>	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question (<i>1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm</i>)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and moderate descriptive detail and quoted data relating to this theme, but understanding of the theme would benefit from richer data	
Sub-theme 2.5 General information - knowledge, education, understanding, treatment, harm minimisation					
1 (Frost 2016)	1 study using an online survey	<p>Individuals who have self-harmed identified a need for accessible information about self-injury, research, statistics, fact sheets, alternative to self-injury, harm minimisation, and first aid.</p> <p>"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." (Frost 2016. p. 72)</p> <p>"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,</p>	Methodological limitations	Serious concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: all evidence is from a different context to the review question (<i>study not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on one study with a moderate sample size and good quoted data relating to this theme but understanding of the theme would benefit from richer data	

Study information	Description of theme or finding	CERQual assessment of the evidence			
	how to hide bruises/scars." (Frost 2016. P.72)				
Sub-theme 2.6 Understanding self-harm and why people self-harm					
7 (Bergmans 2009, Cutcliffe 2006, Holm 2011, Horrocks 2005, Lewis 2016, Long 2016, Peterson 2015)	1 study using in-depth interviews; 1 study using free-association narrative interview; 1 study using interviews; 2 studies using semi-structured interviews; 1 study using qualitative interview; 1 study using open-ended questions online	Individuals who have self-harmed expressed the need for support to help them to understand motivations for self-harm and to make sense of their experience and the importance of this in recovery. Individuals who have self-harmed also referenced the need for information to help others to understand why people self-harm. "Rosie: So I don't hate myself for it anymore, I know my reasons as to why I did it . . . I can understand it, and I can, look at my scar and say that I'm proud that I got through it, that I survived, and that I'm still surviving in every single day that I go along." (Long 2016, p.44)	Methodological limitations Relevance Coherence Adequacy	Moderate concerns about methodological limitations as per CASP qualitative checklist Moderate concerns: most evidence is from a substantially different context to the review question (<i>4 studies not conducted in the UK; studies included participants with suicidal behaviour that did not necessarily include self-harm</i>) No or very minor concerns No or very minor concerns	Moderate
Sub-theme 2.7 How to access support					
4 (Cooper 2011, Fogarty 2018, Frost 2016, McGill 2019)	3 studies using semi-structured interviews; 1 study using an online survey	Individuals who have self-harmed considered it would be helpful and supportive if they were given guidance on how to access further information and support as it is not always clear what services are available. This included helpline numbers, links to support sites or professional organisations, how to seek help from a GP or bring up the issue with family (or others) "It had like the Samaritans number in it, it had quite a few help lines in it and it had the hospital number on the front, it had all different services you could contact, basically. So if you needed to, then you could just ring them up." (SU7) (Cooper 2011, p. 171)	Methodological limitations Relevance Coherence Adequacy	Moderate concerns about methodological limitations as per CASP qualitative checklist Moderate concerns: most evidence is from a different context to the review question (<i>3 studies not conducted in the UK</i>) No or very minor concerns No or very minor concerns	Moderate
Sub-theme 2.8 Address limitations of signposting					
3 (Biddle 2020, Frost 2016, Klineberg 2013)	1 study using semi-structured interviews; 1 study using online survey; 1 study using interviews	Individuals who have self-harmed highlighted limitations of signposting: linking to information that "stated the obvious" (for example, helpline number, see a GP). In addition, signposting was also seen as providing a potential barrier to help-seeking citing	Methodological limitations Relevance	Moderate concerns about methodological limitations as per CASP qualitative checklist Moderate concerns: most evidence is from a substantially different context	Moderate

Study information		Description of theme or finding	CERQual assessment of the evidence		
		<p>limitations in respect of “out of hours” or in a crisis where an instantaneous response is required.</p> <p>“They don’t actually help you on the site, they help you find the help. And if people are feeling like they don’t want to live anymore, why would they make the effort then, once you’ve already made the effort to look for online help, why are you then going to do something else and pick up the phone... it’s so much effort when it’s easier to go the other way. (SH8)” (Biddle 2020, p.5 PDF)</p>		to the review question (<i>1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm</i>)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns:	
Sub-theme 2.9 Recognition of warning signs for potential self-harm					
2 (Fogarty 2018, Rissanen 2009)	1 study using semi-structured interviews; 1 study using written descriptions and open-ended interviews	<p>Individuals who have self-harmed considered that information available for others on how to recognise indicators for potential self-harm (such as changes in behaviour) and how to differentiate these signs from “normal” behaviour changes would be helpful.</p> <p>“...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)” (Fogarty 2018, p.264)</p>	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: all evidence is from a different context to the review question (<i>2 studies not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and poor quoted data relating to this theme. Understanding of the theme would benefit from richer data	
Sub-theme 2.10 Management of self-harm					
3 (Bailey 2019, Bergmans 2009, Idenfors 2015b)	1 study using focus group; 1 study using qualitative interviews; 1 study using semi-structured interviews	<p>Individuals who have self-harmed considered provision of information about diagnosis, symptom management, options for management (proposed steps for treatment, estimated waiting times) to be important</p> <p>“there should be like a set procedure to be honest, like, step one, if ... that doesn’t work ... two, three,</p>	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: most evidence is from a different context to the review question (<i>2 studies not conducted in the UK</i>)	
			Coherence	No or very minor concerns	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		four, then, last resort, it's on medication" (Bergmans 2009, p. 625)	Adequacy	Minor concerns: Findings were based on three studies with a moderate sample size and moderate quoted data relating to this theme, but understanding of the theme would benefit from richer data	
Sub-theme 2.11 Content is fit for purpose					
1 (Biddle 2020)	1 study using semi-structured interviews	Individuals who have self-harmed commented that content provided should take into account age-specific and other needs of individuals who have self-harmed seeking help online for example where there is a lack of social support, or for those seeking anonymity. "A lot of sites say keep your friends close and make sure you talk to family... then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know... it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" (Biddle 2020, p.5 PDF)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question (<i>study included participants with suicidal behaviour that did not necessarily include self-harm</i>)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on one study with a moderate sample size and moderate quoted data relating to this theme, and understanding of the theme would benefit from richer data	

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

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
Sub-theme 3.1 Online content					
2 (Biddle 2020, Peterson 2015)	2 studies using semi-structured interviews	Online content was valued but individuals who have self-harmed commented that content should be fit for purpose and take into consideration the reason why individuals who have self-harmed were seeking help online. Online format or content was considered more useful for seeking information rather than during times of crisis. Individuals who have self-harmed suggested that websites seek to create a community to enable real-time responses in place of	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative	Very low

Study information		Description of theme or finding	CERQual assessment of the evidence		
		generic replies. "A lot of sites say keep your friends close and make sure you talk to family... then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know... it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" (Biddle 2020, p.5 PDF)		checklist	
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question (<i>1 study not conducted in the UK; studies included participants with suicidal behaviour that did not necessarily include self-harm</i>)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 3.2 Online chat or instant messaging					
2 (Biddle 2020, Haberstroh 2012)	1 study using semi-structured interviews; 1 study using an online survey	Individuals who have self-harmed considered "live chat" or online messaging a useful alternative to telephone helpline services. This alternative was considered helpful in facilitating immediate access particularly during crisis when direct talk might be more difficult. In addition, Individuals who have self-harmed considered a chat feature in moderated groups could better facilitate communication between members "The reason I go online and look is those times when I'm alone, I've gone to bed, I know I'm not going to sleep ... I don't want to ring [helpline] because then you have to really talk to someone...and you don't always want that, and I always think, 'oh the neighbours would be able to hear me'... those times that I'm sat there with an iPad in my hands, and I just want (sighs) I just wish there	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		was somebody there for me... for there to be an instant response (sighs), to be able to contact somebody—straight away—without having to talk to them. Because talking can be hard (SM79)" (Biddle 2020, p.6 PDF)		question (1 study not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 3.3 Moderated forums					
1 (Biddle 2020)	1 study using semi-structured interviews	Individuals who have self-harmed suggested that help sites could facilitate a interaction with peers by creating an online community, for example, by providing links to forums "[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing... you could type a paragraph and then somebody would come back with the reply (SM1)" (Biddle 2020, p.6 PDF)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question (study included participants with suicidal behaviour that did not necessarily	

Study information		Description of theme or finding	CERQual assessment of the evidence		
				<i>include self-harm)</i>	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on one study with a moderate sample size and poor quoted data relating to this theme, however the theme is descriptive in nature and therefore does not require detailed data to support it	
Sub-theme 3.4 Direct contact (talking)					
6 (Cooper 2011, Cutcliffe 2006, Frey 2018, Holliday 2018, McGill 2019, Weber 2002)	4 studies using semi-structured interviews; 1 study using video recorded family therapy sessions; 1 study using interviews	Talking was considered by individuals who have self-harmed to be of value. In particular, talking was valued for its immediacy, ability to gauge mood, and (in person) to read body language. Talking things through was mentioned frequently and often in reference to a process of moving on/ recovery. However, this was set in context of the need for positive emotional support and constructive yet compassionate communication and dialogue. "One to one talking, not just me writing something down and posting it, you getting it. By the time it gets there I might feel totally different. If you're one to one talking, you know exactly how I'm feeling." (SU8) (Cooper 2011, p.172)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: most evidence is from a substantially different context to the review question (3 studies not	

Study information		Description of theme or finding	CERQual assessment of the evidence		
				<i>conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)</i>	
			Coherence	Moderate concerns: Some evidence is ambiguous or contradictory with no credible explanation for differences	
			Adequacy	No or very minor concerns	

Table 9: Summary of evidence (GRADE-CERQual): 4 Type of support

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
Sub-theme 4.1 Education and training support need					
4 (Brown 2013, Horrocks 2005, Hume 2007, Weber 2002)	2 studies using semi-structured interviews; 1 study using free-association narrative interview; 1 study using	Individuals who have self-harmed perceived a lack of education about self-harm among healthcare professionals resulting in a perceived lack of understanding during assessments or consultation. Education about self-harm was also highlighted by people who have self-harmed as a need for family and friends, specifically in respect of understanding why and focusing on management rather than prevention "the nurses didn't seem to have any appreciation of what I'd been through... one of them said, 'that was a stupid thing to do'... not nasty but not very	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a	

Study information		Description of theme or finding	CERQual assessment of the evidence		
	interviews	understanding about it, it would have been better if someone had understood - the psychological side of it they didn't seem bothered about, they should have not put me down for what I did but tried to talk to me about it and help me" (Horrocks 2005, p.11)		different context to the review question (2 studies not conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.2 Healthcare professionals					
10 (Bailey 2019, Bergmans 2009, Bywaters 2002, Chan 2017, Cooper 2011, Crona 2017, Cutcliffe 2006, Horrocks 2005, Hume 2007, River 2018)	1 study using focus group; 1 study using interviews; 1 study using qualitative interviews; 1 study using written - online response; 4 studies using semi-structured interviews; 1 study using free-association narrative interview; 1 study using life history interviews	<p>Individuals who have self-harmed expressed a need for access to experienced healthcare professionals, including counselling. In particular, individuals noted that delivery of care should be provided by specialists with the necessary skills and experience of dealing with people in crisis. Individuals who have self-harmed valued connections with healthcare professionals, specifically the opportunity to talk and express feelings and considered such connections as protective where positive emotional support and good communication were factors.</p> <p>"It has been very, very useful because there are lots of things that I never talked about that happened in my past that I'd never been able to face before...getting somebody I can rely on, somebody stable who I know more often than not is going to be there every week" (Bywaters 2002, p.35)</p>	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a substantially different context to the review question (4 studies not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)	
			Coherence	No or very minor	

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

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

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

Study information		Description of theme or finding	CERQual assessment of the evidence		
				detailed data to support it	
Sub-theme 4.7 Other third party					
2 (Rissanen 2009, Ward 2013)	1 study using written descriptions and open-ended interviews; 1 study using questionnaires and semi-structured interviews	<p>Other third parties that were indicated by people who have self-harmed as potentially useful in the provision of support included the school nurse. With particular reference to a prison setting, more support or a “buddy” was suggested as a potential means of support during the first few weeks in prison.</p> <p>"I went with my self-mutilating mate regularly once a week to talk with our school nurse. We discussed dating, self-esteem, problems at home, actually all kinds of things, not just cutting. It was great when our school nurse said that we could come to talk whenever we needed. And she said that if she was in another school we could phone her during the school day. We never phoned." (Rissanen 2009, p.11)</p> <p>"I think when you arrive you should get more support, maybe even given a “buddy”. (PMW1)" (Ward 2013, p311)</p>	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Moderate concerns: all evidence is from a different context to the review question (<i>studies not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	Moderate concerns: Findings were based on two studies with a moderate sample size and poor quoted data relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 4.8 Support interventions					

Study information		Description of theme or finding	CERQual assessment of the evidence		
10 (Alexander 2004, Chan 2017, Crona 2017, Haberstroh 2012, Heredia Montesino 2019, Hume 2007, Kelada 2018, Rivlin 2013, Ward 2013, Wong 2015)	5 studies using semi-structured interviews; 1 study using questionnaires and interviews; 1 study using questionnaires and semi-structured interviews; 1 study using written online response form; 1 study using online survey; 1 study using a focus group	Support interventions considered useful by Individuals who have self-harmed included counselling, and group therapy. In particular, counselling and group therapy were considered beneficial as supplementary support to other interventions. In the prison setting, individuals who have self-harmed commented on the need to keep occupied and identified support opportunities including respite/chillout area, workbooks, self-help group, safety plans, and camouflage information. Individuals who have self-harmed expressed a preference for management over prevention strategies. Provision of information about and encouragement to undertake healthy coping behaviours was also cited by individuals who had self-harmed as an important support need for recovery. ". . . some counseling. Someone to get into my head, try to talk to me, try and get round why I am doing these stupid things, try and help me get myself sorted out, get me back to the person I was three years ago. (Case 35)" (Rivlin 2013, p. 320)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question (<i>7 studies not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.9 Support for discharge to community					
4 (Cooper 2011, Fogarty 2018, Horrocks 2005, Idenfors 2015b)	3 studies using semi-structured interviews; 1 study using free-association narrative interview	Individuals who have self-harmed expressed the need for support following discharge from hospital to ensure compliance with follow-up care (such as visit reminders), and planning for future in respect of health. In addition, provision of information about available services in the community was considered important as many individuals who have self-harmed were unclear about what support is offered "...if I'd had someone to talk to before I came out of hospital at least I'd know that they're not just there to help me not die or to get me better...I'd walk out of hospital knowing that I could get in touch with somebody who's going to help me sort out my problems" (Horrocks 2005, p.20)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	High
			Relevance	Minor concerns: some evidence is from a different context to the review question (<i>2 studies not conducted in the</i>	

Study information		Description of theme or finding	CERQual assessment of the evidence		
				UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.10 Positive emotional support					
9 (Bailey 2019, Brown 2013, Cutcliffe 2006, Dunkley 2018, Fogarty 2018, Frey 2018, Horrocks 2005, Long 2016, Ward 2013)	5 studies using semi-structured interviews; 1 study using free-association narrative interview; 1 study using interviews; 1 study using questionnaires and semi-structured interviews; 1 study using a focus group	<p>Individuals who have self-harmed valued positive support provided by others, including healthcare providers. This involved being asked how they felt, feeling listened to and a sense of compassion and understanding. This was considered particularly important in disclosure but was important throughout the recovery process. Individuals who have self-harmed also expressed that support should be “human”, typically this meant positive, responsive, encouraging and hopeful. Individuals who have self-harmed considered the value of interactions with third parties (such as healthcare professionals) which could give them a different perspective, a so-called “circuit breaker”. In interactions, tone and body language was considered as important as the content of a conversation.</p> <p>“The human warmth was crucial. They didn’t come in and get their stuff out. They looked me in the eye; they listened. Just chatting, even if it was going off at a tangent, was valuable. You know, when I say something, they didn’t just move onto the next question.” (Int. N5)’ (Cutcliffe 2006, p798)</p>	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a substantially different context to the review question (3 studies not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.11 Individualised approaches to care					

Study information		Description of theme or finding	CERQual assessment of the evidence		
7 (Cooper 2011, Dunkley 2018, Horrocks 2005, Idenfors 2015a/ Idenfors 2015b, Long 2016, River 2018, Strike 2006)	4 studies using semi-structured interviews; 1 study using interviews; 1 study using free-association narrative interview; 1 study using life history interviews	Individuals who have self-harmed valued individualised approaches to care and considered depersonalised approaches unsupportive. In addition, continuity of care and relationships with healthcare professionals over time versus having to explain circumstances to a new person at each visit was highly valued. "There was [sic], like, 15 of us [in a therapy group], and she'd remember something, like she'd say, 'oh –(whatever your name is)– you said last week...' [...] And I'd think, God that's really amazing! [...] and it made you think she's listening, and you felt like... comfortable, that you could engage with her." (patient)' (Dunkley 2018, p.271)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most evidence is from a different context to the review question (5 studies not conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 4.12 Ensuring a safe, supportive environment					
6 (Fogarty 2018, Frost 2016, Haberstroh 2012, Holm 2011, Klineberg 2013, Rissanen 2009)	1 study using semi-structured interviews; 2 studies using online survey; 1 study using in-depth interviews; 1 study using interviews; 1 study using written descriptions and open-	Individuals who have self-harmed expressed the importance of anonymity and privacy. A safe and trusted environment was considered important in recovery as were trusted contacts and a sense of community. In respect to online communities, moderation was considered valuable as it served to help ensure a non-judgmental, supportive environment. While "no trigger" policies were valued some people who have self-harmed found them confusing as it is not always possible to exactly determine all triggers "That I have the opportunity to remain anonymous. Anonymity is something that is very important to me, especially in relation to such a private and personal topic such as self-harm. I would not use an online support service to talk about self-harm if I did not have the option to remain anonymous... "No judgment... too many services are boxed around a duty of care and won't let you hurt yourself without calling someone... real help comes in the form of	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Very Low
			Relevance	Serious concerns: most evidence is from a substantially different context to the review question (5 studies not	

Study information		Description of theme or finding	CERQual assessment of the evidence		
	ended interviews	people allowing you to hurt yourself and talking to you about what is causing the need and just being there with you for a while... helping you feel and think about what is so painful rather than making you feel in trouble or naughty for needing to do it." (Frost 2016, p73)		<i>conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)</i>	
			Coherence	Minor concerns: Some evidence is ambiguous or contradictory although a credible explanation for differences is provided	
			Adequacy	No or very minor concerns	

Table 10: Summary of evidence (GRADE-CERQual): 5 Access to and/or availability of support

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
Sub-theme 5.1 Referral and follow-up support needs					
4 (Cooper 2011, Hume 2007, Idenfors 2015a/ Idenfors 2015b, Strike 2006)	4 studies using semi-structured interviews	Individuals who have self-harmed indicated that interventions should be initiated proactively following discharge. Obtaining referrals, and long waiting times for appointments were noted as particular issues. "I had to wait 12 weeks. A lot can happen in 12 weeks. When the appointment came I was, like, I didn't really see the point' [F, 20]...'What I'm thinking is I'll be discharged, and I'll have to go back to this empty flat. Nothing has really changed for me, and I know I'll have to wait, you know, 'til it comes	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Moderate concerns: most	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		appointment card]" [F, 25]' (Hume 2007, p.5)		evidence is from a different context to the review question (3 studies not conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 5.2 Routes to professional care					
3 (Biddle 2020, Frost 2016, Idenfors 2015a)	2 studies using semi-structured interviews; 1 study using an online survey	Provision of a direct contact telephone number but also of alternative routes to accessing professional care were highlighted as a means of supporting people who have self-harmed to access care, with email was mentioned as an alternative. Instant access to support was also highlighted as a support need, specifically 24/ 7, along with real-time support. "Because many also feel it is difficult to express... express what you feel in writing. But I feel that sometimes it can be easier. Especially if it's for someone you don't know. (...) I know that if I had an e-mail address to write to I would have done it. A long time ago." (Participant 3)' (Idenfors 2015a, p181)	Methodological limitations	Minor concerns about methodological limitations as per CASP qualitative checklist	Low
			Relevance	Serious concerns: all evidence is from a substantially different context to the review question (2 studies not conducted in the UK; study included participants with suicidal behaviour that did not necessarily include self-harm)	

Study information		Description of theme or finding	CERQual assessment of the evidence		
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 5.3 Sufficient time for assessment/consultation					
3 (Bailey 2019, Horrocks 2005, Strike 2006)	1 study using focus group; 1 study using free-association narrative interview; 1 study using semi-structured interviews	Individuals who have self-harmed indicated a feeling of “being processed” and the need to allow sufficient time for assessment. In primary care double appointments were suggested as a possible solution. Sufficient time was also highlighted as important in the context of proximity to assessment (for example, when struggling with physical effects of overdose or treatment) ‘...In family practices, appointments were said to be too short to be productive or therapeutic.’ (Strike 2006, p35)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	Minor concerns: some evidence is from a different context to the review question (<i>1 study not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	No or very minor concerns	
Sub-theme 5.4 Minority support - cultural sensitivity, cultural understanding, language support					
2 (Heredia Montesino 2019, Wong 2015)	1 study using focus groups; 1 study using semi-structured interviews	Individuals who have self-harmed from minority groups considered that access to information about services, and access to native language health specialists was important to facilitate help-seeking. In addition, individuals who have self-harmed perceived there to be a need to address the difficulties of social isolation where people are less able to navigate healthcare or other support systems. "Participant 2: I think that here in Germany you aren't taken seriously. I don't	Methodological limitations	Serious concerns about methodological limitations as per CASP qualitative checklist	Very low
			Relevance	Moderate concerns: all	

Study information		Description of theme or finding	CERQual assessment of the evidence		
		want to say something wrong now . . . Moderator: No, go ahead! That's important!; Participant 2: We just get labeled in some way. Women, and our culture as well. And with a headscarf even more! Eh, I don't know, I went to a German therapist and he didn't understand me; Participant 4: Hmm [agreeing]; Participant 2: He can't put himself into my position, or he can't understand my culture! Eh, I went to an appointment and it didn't help me!" (Heredia Montesino 2019, p.65)		evidence is from a different context to the review question (2 studies not conducted in the UK)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and moderate quoted data relating to this theme, but understanding of the theme would benefit from richer data	

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

Study information		Description of theme or finding	CERQual assessment of the evidence		
Number of studies	Design		Criteria	Level of concern	Overall quality
Sub-theme 6.1 School					
2 (Klineberg 2013, Rissanen 2009)	1 study using interviews; 1 study using written descriptions and open-	Individuals who have self-harmed considered that schools could be useful sources of information regarding self-harm. Some individuals who have self-harmed also noted the value of talking to the school nurse. Teachers were seen as accessible sources of help and information; however, individuals who have self-harmed perceived that teachers would be likely to disclose the	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative	Moderate

Study information		Description of theme or finding	CERQual assessment of the evidence		
	ended interviews	information to others "It would be helpful if, for example at school or somewhere, there was information about self-mutilation. I mean real facts about it. (knowledge of self mutilation)" (Rissanen 2009, p11)		checklist	
			Relevance	Minor concerns: some evidence is from a different context to the review question (<i>1 study not conducted in the UK</i>)	
			Coherence	No or very minor concerns	
			Adequacy	Minor concerns: Findings were based on two studies with a moderate sample size and poor quoted data relating to this theme, and understanding of the theme would benefit from richer data	
Sub-theme 6.2 Healthcare professionals					
1 (Bailey 2019)	1 study using a focus groups	The provision of self-help materials in GP surgeries was considered of value by individuals who have self-harmed who suggested that these materials could be used to support the consultation, particularly around disclosure, and also as materials for individuals who have self-harmed to take home "Like it's good if you talk it through with them and then let them have something they can look at home" (Bailey 2019, p625)	Methodological limitations	Moderate concerns about methodological limitations as per CASP qualitative checklist	Moderate
			Relevance	No or very minor concerns	
			Coherence	No or very minor	

Study information		Description of theme or finding	CERQual assessment of the evidence	
			Adequacy	<p>concerns</p> <p>Moderate concerns: Findings were based on one study with a moderate sample size and moderate descriptive detail relating to this theme, and understanding of the theme would benefit from richer data</p>