

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

Table 14: Theme 1: Communication and dialogue

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

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

Table 15: Theme 2: Information content

Study	Evidence
Sub-theme 2.1: Address need in crisis	
Biddle 2020	"It will tell you what you already know: I know what suicide is, I know what self-harm is. And it'll give you, 'lots of people go through these things'—it's a bit like grandad, 'oh, you'll be alright son'. And you think, I'm not in a position where I want to go 'aah'. I'm in a position where I want to go 'I need some [expletive] help here. I need some help now, right now'" (SH17)' page 4
Sub-theme 2.2: Address stigma	
McGill 2019	"People appreciate it if they realise that they're not alone . . . I mean those sorts of stats, people are not aware of and hence it actually doesn't take away the pain or anything but it's kind of, in a sense, doesn't leave it so isolated. That there are many other people in society going through the same feelings." Male suicide attempt survivor' page 1121
Williams 2018	"Pure stigma was the one thing that really prevented me [from getting the help I needed] . . . If there was one person who had said to me, "It's okay to go seek help. It's not going to go on your record" . . . it would have been so much easier to actually seek adequate treatment and to get started on my path to recovery" page 695
Wong 2015	"The doctor's understanding of her experience of mental illness alleviated the stigma of mental illness, allowing her to accept the medications." page 73
Sub-theme 2.3: Self-help services, materials, or activities	
Bailey 2019	"I'd say like obviously get them out and look at them with the young person together" page 625

Study	Evidence
Bailey 2019	"Like it's good if you talk it through with them and then let them have something they can look at home" page 625
Biddle 2020	"The information didn't change, it's a static thing, I needed something extra then, something new or different. (Int: Can you recall anything that did feel different or new?) I think it was thinking to look for crisis plans, and I think it would have been better if they were more obviously accessible perhaps, rather than like I only found them because I thought to search for them... having something like that was very instructive... like step-by-step, and that then gave you something you could come back to at other times." (SM35)' page 6
Frost 2016	"Ideas on what to do instead of self-harming, or what to do when the thought comes across your mind ... indicated a need for harm minimization in the form of advice about first aid and less damaging self-injury: "Information on first aid, how to minimize damage, how to hide bruises/scars." page 72
Sub-theme 2.4: Lived experience content	
Biddle 2020	"If there could be a link to survivor forums to pop up that would be a real big advantage. Hopefully, that would potentially put it out there for someone that before you consider suicide, look at these people that have beat it... it's almost like, 'here's where you need to go for help, but here's where you need to go for inspiration'... that would have helped me at the time, if I could have read, straight away, positive stories or support (SM107)" page 7
McGill 2019	"Publically sharing their stories to the extent of well this the who, what, when and why . . . may start to break down that stigma . . . If they were able to share their stories and experiences, again the power of the shared story, the shared experience is a great way of breaking stigma down in many ways." Male suicide attempt survivor' page 1122
McGill 2019	"I did like reading the stories of people that had come through ... because in your own mind, you're a gone-er." Female suicide attempt survivor' page 1122
Sub-theme 2.5 General information - knowledge, education, understanding, treatment, harm minimisation	
Frost 2016	"Being able to find information that I am too scared to ask for... relevant, recent and important information, facts and research... information of what constitutes self-harm (different types) and possible causes. Possible treatments available and effectiveness." page 72
Sub-theme 2.6 Understanding self-harm and why people self-harm	
Bergmans 2009	"[I] needed people to point out to me that I was not my depression ... to start to realise it" page 123
Cutcliffe 2006	"Talking to my CPN helped me gain a different perspective on the significant events. Instead of seeing the bad and feeling disconnected from my family, I was able to see the good, feel compassion, and feel more connected with her (daughter)." (Int. S7)' page 800
Holm 2011	"... the psychologist helped them to understand that using drugs to overdose was not helpful" page 169
Holm 2011	"They asked me why I did it and why I did not think about them. I had no answer. I could not explain why I wanted to kill myself and could find no words to explain my pain. Today I think that this was childish, but I wish that someone could understand. (Participant 9)" page 169
Horrocks 2005	"it might have been better to have someone who could have sat down and talked me through the depression from start to finish..... someone to give you an explanation of depression so that you don't just feel you've gone out of control and your life isn't going to be the same again" page 10

Study	Evidence
Lewis 2016	'[...] discussed a desire to enhance their NSSI knowledge, seemingly to understand their own experiences: "I was seeking information and understanding of what I was going through. I had no understanding of the feeling I experienced before, during and after SI." (Participant 56)' page 255
Long 2016	"Rosie: So I don't hate myself for it anymore, I know my reasons as to why I did it . . . I can understand it, and I can, look at my scar and say that I'm proud that I got through it, that I survived, and that I'm still surviving in every single day that I go along." page 44
Peterson 2015	"Because I learned about my illness, I learned about my history why I do the things that I did, especially the negative stuff, and I moved on from it 'cos I didn't want to repeat those kind of behaviors." page 175
Sub-theme 2.7 How to access support	
Cooper 2011	"It had like the Samaritans number in it, it had quite a few help lines in it and it had the hospital number on the front, it had all different services you could contact, basically. So if you needed to, then you could just ring them up." (SU7)' page 171
Cooper 2011	"... for me the more you're aware what's out there the more choices you've got." (SU1)' page 171
Fogarty 2018	"I suppose I used more of what was actually out there than a lot of people did. A lot of people don't know what services are out there for those sort of things... psychologists, psychiatrists, counsellors, they're great, especially in a mental health plan." (Interviewee, Male, 18)' page 266
Frost 2016	"Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)... Advice on how to seek help from my GP and bring up the subject with family/partner." page 73
McGill 2019	"Here's the crisis support lines, here's where you can go for some more information, this is typical of what you might be feeling. To some extent to provide some boundaries around what is happening for them . . . I think is very important." Male suicide attempt survivor' page 1122
Sub-theme 2.8 Address limitations of signposting	
Biddle 2020	"A lot of [sites] kind of, if you clicked in the seek help thing, it will say, 'oh here's the number for [charity]', which I kind of had... and antidepressants and everything and just kind of like, 'that should help' but that's help I'm already getting (SH6)" page 5
Biddle 2020	"They don't actually help you on the site, they help you find the help. And if people are feeling like they don't want to live anymore, why would they make the effort then, once you've already made the effort to look for online help, why are you then going to do something else and pick up the phone... it's so much effort when it's easier to go the other way. (SH8)" page 5
Frost 2016	"Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)... Advice on how to seek help from my GP and bring up the subject with family/partner." page 73
Klineberg 2013	"...if you had someone there ... it wouldn't come to your mind to do those things, but it's at a time when you ...when kids have no-one at all that you would do the craziest things, and not care at all how it hurts you" (Female, 15, Black African & Asian, self-harmed once)' page 6
Sub-theme 2.9 Recognition of warning signs for potential self-harm	
Fogarty 2018	"...and I yell at someone and bump into somebody else on the way out, if the

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

Table 16: Theme 3: Information format

Study	Evidence
Sub-theme 3.1 Online content	
Biddle 2020	"I've been on [charity website] when I was confused about my diagnosis... I think they do a bloody good job of explaining things and making you feel less of an enigma to yourself... When it comes to suicide, I haven't gone down that avenue... It certainly wouldn't have been 'oh, I want to look up suicide prevention'. I've never thought like that. (SH2)" page 4
Biddle 2020	"I sent an online 'I need help please' [to charity]... 2 days later I got a reply. A very generic, 'I'm sorry to hear you're feeling this way'... I wouldn't say they're bad, just not something (pause), I know if I was ever struggling, I would use again (SH15)" page 4
Biddle 2020	"A lot of sites say keep your friends close and make sure you talk to family... then you remember, 'I don't have any friends anymore because my mood swings have killed that', my parents are just going to badger me, like you don't really want your parents to know... it just makes you feel 'well great, there's no way of me actually helping myself' (SH18)" page 5
Peterson 2015	"[Website] is amazing for making you feel like you're not the only one who's felt that and been there... and I didn't know them so, and they're nowhere, anywhere near me, they don't know where I live, so they can't call the cops if they're worried, they're just there. The main aspects that these supports had in common were they were accessed by the person on their own terms, when they decided they were necessary, and could involve directly addressing suicidal thoughts and feelings, or not, depending on what the person needed" page 176
Sub-theme 3.2 Online chat or instant messaging	
Biddle 2020	"The reason I go online and look is those times when I'm alone, I've gone to bed, I know I'm not going to sleep ... I don't want to ring [helpline] because then you have to really talk to someone...and you don't always want that, and I always

Study	Evidence
	think, 'oh the neighbours would be able to hear me'... those times that I'm sat there with an iPad in my hands, and I just want (sighs) I just wish there was somebody there for me... for there to be an instant response (sighs), to be able to contact somebody—straight away—without having to talk to them. Because talking can be hard (SM79)" page 6
Haberstroh 2012	".. chat feature would be nice. The delay time is long to get responses, especially if you are in a crisis." page 126
Haberstroh 2012	"I wish that there was a chat feature on the side as there was when I joined the group, but [ISP] took that feature away. There is the [ISP] messenger however that people can go on and get peoples IDs and talk that way. There are several people on a run of a day. That is the way that chats will have to be till [sic] [ISP] does something about it." pages 126-127
Sub-theme 3.3 Moderated forums	
Biddle 2020	"[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing... you could type a paragraph and then somebody would come back with the reply (SM1)" page 6
Sub-theme 3.4 Direct contact (talking)	
Cooper 2011	"SU11: When you think that no one's, you know like cares, you know you feel pain and you find it difficult to cope with. So like when someone, yeah call you or email you or write you a letter you, it makes you feel a bit better. I: Yeah, how does it help? SU11: In the way where you think even if that person is, even if it's his job, I mean like you feel that someone kind of think of you" page 171
Cooper 2011	"One to one talking, not just me writing something down and posting it, you getting it. By the time it gets there I might feel totally different. If you're one to one talking, you know exactly how I'm feeling." (SU8)' page 172
Cutcliffe 2006	"It was so helpful to realise that I had an internal conflict going on, and through talking about it I could identify what was going on for me." (Int. N3)' page 799
Frey 2018	"I think it was the beginning of the process of being able to talk about what happened to me and of not being ashamed to talk about it. And it helped me too because a few years later, my situation was nationally in the newspapers, and I was able to face it a lot better because I had experienced telling my story." Page 419
Holliday 2018	"I suppose the more I talk about and the more I talk about it without tears and get it out the more I can brush it aside...it's still hard though and I think it's going to take years...literally years. P7, session 2" page 198
McGill 2019	"Written information is really good, but I think that nothing beats being able to talk to someone freely and openly and just get it all out and be able to have someone tell you that you know it's OK, it's OK for you to feel like that." Female suicide attempt survivor and family member' page 1122
Weber 2002	"MW: If you were me, how could we help you when at the early stage to prevent that (self-abuse) from happening, what would help you?; Anne: To sit down and talk to me or something. MW: Sit down and talk with you?; Anne: Umm umm; MW: Okay. How would we know from, like looking at you, that you were angry, like in the early stage?; Anne: 'Cause my facial expression; MW: Your facial expression. Okay. So, if you got a chance to talk to someone then you wouldn't have the urge to hurt yourself?; Anne: No, I wouldn't." page 122

Table 17: Theme 4: Type of support

Study	Evidence
Sub-theme 4.1 Education and training support need	
Brown 2013	"They haven't been taught. It's not in their textbooks, it's not. . .they don't hear enough stories of people being successful in stopping, of people hiding it, stuff like that." page 203
Horrocks 2005	"the nurses didn't seem to have any appreciation of what I'd been through...one of them said, 'that was a stupid thing to do'... not nasty but not very understanding about it, it would have been better if someone had understood - the psychological side of it they didn't seem bothered about, they should have not put me down for what I did but tried to talk to me about it and help me" page 11
Hume 2007	"Several patients were anxious to impress on their friends, family and, in some cases, professionals the importance of managing self-harm (rather than its prevention): 'I don't want to stop cutting myself. It's what I do. The sooner they understand you can't stop a self-harmer, the better' [F, 21]." page 7
Weber 2002	"Janet: You have to be ready. You can't just go over and touch someone, really that's the worst thing you can do. You say, okay, I'm going to touch your hand now. That's me, remember this is now. But so many times people come up to you and grab you or whatever. Well, that just makes you even more scared and stay in it [flashback] longer. MW: Umm umm. Janet: They [staff from another hospital] just knew everything [about me]. They guided you through and did everything they could to get you out of it, and when you were, but, did everything they could to make you feel safe, and make you feel clean. MW: So, you mentioned that those approaches helped to decrease the self-harm. Janet: Oh yeah, because many times, just having someone there to talk to and talking to you, soft and caring. It takes the anger side . . .away." pages 122-123
Sub-theme 4.2 Healthcare professionals	
Bailey 2019	"I would say that my doctor's better than the mental health services ... I'll see my doctor and she'll talk to me about everything" page 624
Bergmans 2009	"Sincere open", "just having them listen", "understanding", "always up front and ... completely consistent" page 123
Bywaters 2002	"It has been very, very useful because there are lots of things that I never talked about that happened in my past that I'd never been able to face before...getting somebody I can rely on, somebody stable who I know more often than not is going to be there every week" page 35
Chan 2017	"I had made a promise to [therapist] that I would call her before I took the pills. . . On Dec 31 around 11pm, she took my call, which I didn't think she would, and the mere fact that she cared about me and said she would miss my presence, was enough for me to hang in there until I could see her next week. . . It was that someone really cared about me, knowing how bad I was in the past that stuck with me. . . I guess I essentially borrowed her hope that she had for me until I found hope for myself. (Story 35)" page 362
Cooper 2011	"It would be better if they were trained in mental health problems, because they have more understanding then. (SU7) I: Ok, who should make that phone call? SP5: Someone very experienced. SP8: I think, mental health practitioners." page 172
Crona 2017	"It was people, doctors and the medication that made me feel better... When I was admitted to the hospital, I was in a ward with loads of people and it stopped, it became completely different somehow. Life became completely different, a change with people around you. The medication calmed the body down to

Study	Evidence
	another level." page 6
Cutcliffe 2006	"I can tell the nurse things without him getting all emotional and I couldn't do that with my family and yet I needed that." (Int. S1)' page 799
Horrocks 2005	"all they have to say is, we're here if you need us, don't think you're on your own...you feel like you're on your own" page 9
Hume 2007	"... hospital staff very positively, as sympathetic and understanding: 'The ambulance driver ... he came back from another job and just popped his head round. It was really really really good, something I really appreciated. And the nurses... they were really nice to me, and gave me a lot of sympathy ... one of them I smelt she's been smoking, and I really needed a smoke, and she said I'll sort you out later. They were just really nice to me" [M, 22]." page 6
River 2018	'Sarah expressed an interest in issues pertinent to Jack. Jack described the impact of her approach, "I felt better instantly because, for no other reason than, I had someone I could talk to, share feelings."' page 154
Sub-theme 4.3 Network – family and/ or friends	
Bergmans 2009	"Sincere open" "just having them listen", "understanding", "always up front and ... completely consistent" page 123
Chan 2017	"All along the way were my dad, his mom and my brother, they have brought me happiness and a safe place. Their support and their love have made me feel committed to my happiness, because me being happy makes me and them happy. (Story 100)" page 363
Hume 2007	"... a friend or family member as the single greatest source of support in connection with their self-harm, more important than any other source: 'My wife ... she's a diamond, if it wasn't for her I don't know what I'd do' [M, 41] ... 'If it wasn't for her [friend] I wouldn't be here now' [F, 26]" page 6
Idenfors 2015a	"She's the one who called and reserved everything. Because I haven't had the strength to do anything then so this was really nice. (Participant 2)" page 181
Idenfors 2015b	"So then I decided to, well, live at home basically, 'cause I, it felt like I wasn't ready to move up there [to the place of study] again. (Participant 9)" page 203
Kelada 2018	"They were just supportive and pretty much just listened and tried to help . . . The fact that they were very supportive is what helped me get through it. Like being able to talk to them, I mean after I was hospitalized . . . I stopped cutting for like five years. And then when I went back to it and like I hid it from them and then they found out again and it was more of kind of like them listening and being like, "Okay you've done it before, you've gone through the process of not doing it, how can we help you." And just having them be that support system before anybody else was definitely helpful. (American female, 24)" page 431
Ward 2013	"I've been in ... for 3 months now and I have self-harmed 5 times. I was in ... 7 times and I never self-harmed because I was getting visits there I've not had any here. (PMW1)" page 312
Williams 2018	"My parents and I talked about it a few times after—like, deep conversations. But a lot of times it was just less about that act and more about, 'What do we need to do to help you? How can we all work together?'" page 696
Williams 2018	"There's still stuff about my family that gets me so down that I feel [suicidal] sometimes . . . but it is not so all encompassing as it used to be . . . There's still this part of me—the little kid—that cannot understand why his parents do not like him anymore . . . Even if my head understands things, it doesn't really matter—my heart still doesn't understand things . . . [But now], I have a lot of love in my life. I have an amazing partner who really is the closest thing to unconditional

Study	Evidence
	love . . . and friends who are amazing and [supportive]." page 696
Wong 2015	"[My father] said that the whole family supported you. He said that my brothers supported me. The one in Canada came to take care of me when I had chemotherapy. [My father] said that so many people supported you, why did you want to go that direction [of suicide]... When I faced many difficulties, a family [who are my close friends] helped me with finances. They gave my daughter a job and stabilized our finances. The wife also helped me to get into [a clinical trial at the medical center]." page 74
Sub-theme 4.4 Network - peer support or shared experience	
Biddle 2020	"[Site] had a banner saying if you need support now, click here, and then it kind of links you into the forums that you can join in and stuff. (Int: you feel that it was important that there was something immediately there?) Totally, yeah. I think if there hadn't been, I don't know what would have happened then. But yeah, no it was important. I mean there was people on-line typing... you could type a paragraph and then somebody would come back with the reply (SM1)" page 6
Frost 2016	"Understanding that others have had the same thoughts (peer comments) and what you can do about it (provides links to support sites or professionals)... Advice on how to seek help from my GP and bring up the subject with family/partner." page 73
Haberstroh 2012	"I have found a very empathetic [sic] bunch of people there . . . sometimes when there is no advice to give, there is a sense of belonging. It is an additional support system of people who know what I am going through and so that is very comforting." page 124
Haberstroh 2012	"Sometimes it is just knowing there are others with similar struggles, or triggers is comforting. They also can help me navigate through a difficult situation with an objective point of view or suggestion. Or sometimes just being able to post my emotional difficulties and pain that is enough to get through the urge to injure. Having that rapport with others prevents those feelings of isolation and loneliness from creeping in. No one judges me for what I have done, and yet can support me with the decision to change for the better." page 124
Haberstroh 2012	"When I started to post in this group I would get a lot of support. Now, since I am better and healthy I tend to give it more 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." page 124
Idenfors 2015b	"[...] then there's my classmate who's got the same sort of family situation and that, so we talk a lot and can see ourselves in each other. Perhaps we can't console one another, but I mean we can ... we can still feel we're not alone, that someone understands. (Participant 1)" page 201
Lewis 2016	"I seeked out self-injury websites because nobody understood me. My mother screams at me when I self-harm. I need support from people who understand me." (Participant 64)' page 255
Lewis 2016	"to find others who understood what I was going through, and who wouldn't get super upset at me and demand I get help and fit myself immediately." (Participant 12)' page 255
Lewis 2016	"Therapy and books helped but it was better to be able to talk to people who are going through the same things as you. It's nice to see you aren't the only one in this." (Participant 11)' page 255
Peterson 2015	"[Website] is amazing for making you feel like you're not the only one who's felt

Study	Evidence
	that and been there... and I didn't know them so, and they're nowhere, anywhere near me, they don't know where I live, so they can't call the cops if they're worried, they're just there. The main aspects that these supports had in common where they were accessed by the person on their own terms, when they decided they were necessary, and could involve directly addressing suicidal thoughts and feelings, or not, depending on what the person needed,..." page 176
Vatne 2018	"There are many on the ward who struggle with a feeling of emptiness, of not having human contact. And then there are those with too much contact, those with anxiety, they have huge connections with their feelings. While those of us who have depression are somewhat totally opposite on the scale. When observing the different feelings, one does not feel so special oneself anymore." page 449
Williams 2018	"I try to be very, very open about my experiences with mental health because I think it has been so stigmatized and it's so misunderstood that, if somebody like me, who is like, in general, pretty gregarious and fun I like to think, can say, "Yeah, I actually have a serious depression. I'm actually really messed up! Me too, guys," then the people that aren't, maybe, as open about it can feel like they're not alone or they're not going through something that's unique to them. That's really important to me, and one of the reasons I really wanted to be involved is because I'm so open about it." page 697
Sub-theme 4.5 Community or social support	
Hume 2007	"The chaplain ... praying and stuff like that ... they're not in it for the money if you know what I mean ... they're mair [more] committed, duty bound to help through their faith and stuff' [M, 39]." pages 5-6
River 2018	"Liam encountered a community organization for gay men that he was supported to consider his personal experience of shame in relation to wider social processes that constitute homophobia. Liam described the community organization as an "exceptional" source of support, which contributed considerably toward reducing his feelings of suicidal distress." page 156
Williams 2018	"I was able to find people who accepted me for who I was without thinking that I was not worth being alive. I managed to find people who accepted me for what I do and what I look like, which I know a lot of people who are like me do not find." page 695
Sub-theme 4.6 Vocational, or practical support	
Bywaters 2002	"You get free food packages. This place, I'd praise it. This place is a godsend. There's a counsellor ... you get to meet people. ... I couldn't even describe all the help they've give me..." page 38
Idenfors 2015b	"Yeah, but, for example ... the furniture I've got here – they helped me with that, and stuff. It's that kind of thing. If I need help with shopping. Yeah. And things like paper and stuff. 'Cause I've got this home insurance and change of address and things like that now. I didn't understand how to fill out the form, so they help me with that – things like that. (Participant 2)" page 203
Sub-theme 4.7 Other third party	
Rissanen 2009	"I went with my self-mutilating mate regularly once a week to talk with our school nurse. We discussed dating, self-esteem, problems at home, actually all kinds of things, not just cutting. It was great when our school nurse said that we could come to talk whenever we needed. And she said that if she was in another school we could phone her during the school day. We never phoned." page 11
Ward 2013	"I think when you arrive you should get more support, maybe even given a "buddy". (PMW1)" page 311

Study	Evidence
Sub-theme 4.8 Support interventions	
Alexander 2004	... of dealing with intense emotions, for example through participating in group therapy: "I'm very impulsive, always act impulsively whether it's self-harm or violence and stuff, whereas now I do take a step back and think and work out what is actually going on, where is the feeling, where's it come from, and analyse it. (Roberta)" page 80
Chan 2017	"Going to meetings (peer-support mental health program) sometimes twice a day until I got thinking more clearly and learned how to deal with my problems" and "By exposing myself to all these different people (sexual assault victim centre), I was able to build a community around myself and create a sense of normalcy which I had never before felt" (Story 109)." (p366) and "A few months later I met a minister that had a bible college for less than perfect adolescents. I went there. . . I had people around me that were wanting me to succeed and would help me to do so" (Story 32). Page 366
Crona 2017	"... I had some very good friends who were very supportive during the whole period. It should not be forgotten either, that all the time I was at my worst, they kept contact. They came to visit me and they made an effort." It could also be a partner, spouse or relative, someone the respondents trusted, felt confidence in, and who made them feel accepted.... "thank my wife that I am alive, which is true." pages 6-7
Haberstroh 2012	"I find that therapy is good, but you can only depend so much on therapy . . . and therapy can be anywhere from two times a week to once every month or more. Some people do not find that is enough support so they need to have something else in their life to turn to. That is where the group comes in. You can write whenever you want to and someone will respond when they get time or you can just felt heard or needed a place to vent." page 122
Haberstroh 2012	"Peer to peer support that has been a real good addition to my recovery." page 123
Heredia Montesino 2019	"Participant 1: With therapy you can only change yourself; Participant 4: Yes!; Moderator: So therapy could help with what?; Participant 3: So that you don't take everything so seriously or you don't swallow everything anymore. One has to change oneself, it's hard, but you should try!; Participant 4: Because if not, you don't live how you want to live, you'll live like your parents!; Participant 3: Yes, try not to take everything so personally, or . . . ; Participant 2: Keep your emotional distance!; Participant 3: Keep your emotional distance, do something nice for yourself, because you cannot change the world!" page 67
Hume 2007	"Several patients were anxious to impress on their friends, family and, in some cases, professionals the importance of managing self-harm (rather than its prevention): 'I don't want to stop cutting myself. It's what I do. The sooner they understand you can't stop a self-harmer, the better' [F, 21]." page 7
Kelada 2018	"Ask what you want to talk about. When they were very realistic with me and weren't too sympathetic or negative, when they educated me about alternatives and why everything happens—external/internal factors." (Australian female, 13)' page 427
Rivlin 2013	". . . some counseling. Someone to get into my head, try to talk to me, try and get round why I am doing these stupid things, try and help me get myself sorted out, get me back to the person I was three years ago. (Case 35)" page 320
Ward 2013	"The need to keep occupied as a way of managing feelings was echoed by one woman: Bored, alone in your room your mind works over time and you find it hard not to do what your head is telling you: SELF-HARM! (PMW6)" page 311
Wong 2015	"He viewed the services, case management and in-home support services, as

Study	Evidence
	having made his life easier but he did not see them as having contributed to improving his mental health status and suicidal ideation. He argued that social services had not solved his problems, namely his depression, loneliness and anxiety" pages 73-74
Sub-theme 4.9 Support for discharge to community	
Cooper 2011	"Just give me some more encouragement not to do stupid things, instead of being kicked out the front door and thinking that you're going to do yourself, if you got a bit more encouragement then it helps you along." (SU8) (p170) "It would be more support maybe and more like a plan you know, maybe having someone where I could sit down and plan you know, a bit like my future or about my health." (SU11)' page 170
Fogarty 2018	"I suppose I used more of what was actually out there than a lot of people did. A lot of people don't know what services are out there for those sort of things... psychologists, psychiatrists, counsellors, they're great, especially in a mental health plan." (Interviewee, Male, 18)' page 266
Horrocks 2005	"if I'd had someone to talk to before I came out of hospital at least I'd know that they're not just there to help me not die or to get me better...I'd walk out of hospital knowing that I could get in touch with somebody who's going to help me sort out my problems" page 20
Idenfors 2015b	"They cited as possible solutions having home visits, assistance in getting to the clinic, and contact by phone. A reminder by phone the day before a visit was also suggested. 'Or that they ring like a day before. 'Cause we wrote it in the calendar, but I never look there. (Participant 2)'" page 202
Sub-theme 4.10 Positive emotional support	
Bailey 2019	"Just sort of reassure you that it's gonna be ok", ... "say to you no matter what you're going through there is people there that can help" page 625
Brown 2013	"The main thing is just like instead of judging them, and putting them down, try to look at it from their perspective and try to, you know, see. . .why is she doing this, what could be so awful that she could have to do this?" page 203
Cutcliffe 2006	"Because my nurse stirred up different feelings, helped me change my perspective and I found this so helpful" (Int. N2)' page 799
Cutcliffe 2006	"The human warmth was crucial. They didn't come in and get their stuff out. They looked me in the eye; they listened. Just chatting, even if it was going off at a tangent, was valuable. You know, when I say something, they didn't just move onto the next question." (Int. N5)' page 798
Dunkley 2018	"Very patronizing, I think that makes it absolutely dreadful, if somebody says to me [mimics earnest tone] 'oh you've done really well today, you're doing...' you know, 'you're doing really great,' and you think... I don't really want to hear that." (patient) Although the content of the words may convey, "I hear how much you're suffering," something in the tone or delivery has the opposite effect on the patient. Broken promises – for example, in not following up with a phone call – also left the patient feeling unheard.' page 271
Dunkley 2018	"... Adult placement concept was quite good in that y'know you could have a safer environment and somebody who'd sit along side you, not necessarily treat you, or force you to change but just to actually, like, just be there alongside you." (patient)' page 271
Fogarty 2018	"And I remember breaking down in the doctor's surgery. I was there just for an annual check-up and as soon as he closed the door I was a mess...I wouldn't allow myself to show it to friends and family. It was to a stranger where it was kind of like you felt that if you were going to be judged it would be far less than

Study	Evidence
	what it would be from family and friends." (Interviewee, Male, 36)' page 265
Frey 2018	'... provided the participant felt the individual could be trusted to respond compassionately' page 422
Horrocks 2005	"she was nice, she said, 'you've got a lot to put up with, you being a very sensitive person and everything". There were other similar comments: "he was nice, he was understanding", "really caring and helpful", "came across more like a friend", "a really nice bloke and easy to talk to" page 17
Horrocks 2005	"she put it down to self-esteem which I think is spot on", "she seemed to get down to the nitty gritty really quickly" page 17
Long 2016	"Ruth: I don't think I ever really wanted anybody to take it away from me . . . and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living really too, so nobody really tried to take it from me." page 44
Ward 2013	"Spoke to like a child ... called by my surname or number, does not make me feel safe or human. (PMW3)" page 311
Sub-theme 4.11 Individualised approaches to care	
Cooper 2011	"You know, you don't want to speak to strangers do you? Especially about personal stuff and things like that. (SU5)" page 172
Dunkley 2018	"There was [sic], like, 15 of us [in a therapy group], and she'd remember something, like she'd say, 'oh -(whatever your name is)- you said last week...' [...] And I'd think, God that's really amazing! [...] and it made you think she's listening, and you felt like... comfortable, that you could engage with her." (patient)" page 271
Horrocks 2005	"like being on a production line, you weren't a patient you were a number", "you felt like a lump of meat...you're in your bed till you need your next tablets or they want some more blood off you". One person commented, "The only thing they could have done that they didn't do was show that they cared" page 11
Idenfors 2015a	"One insight from earlier contacts was that it was important to meet the right person. "But then I began to understand that maybe the problem isn't that the help doesn't work, but it's that you have to meet the right person, quite simply. (Participant 3)" page 182
Idenfors 2015b	"Of course I understand how they look at it – they don't want me to overdose again, so [...] Then it felt like they took you more seriously instead of other doctors who just pumped you full of drugs. (Participant 4)" pages 201-202
Long 2016	"Ruth: I don't think I ever really wanted anybody to take it away from me . . . and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living really too, so nobody really tried to take it from me." page 44
River 2018	"It's funny, the whole [hospital] process is: have the accident, try to save it [leg], take it off, do your rehab, get fitted for your leg, learn to walk and that's sort of it. At no point through that process, whether it be physiotherapy or in the ward, does anyone come and talk to you and say, well you know, how you feeling about this? It may have made a difference. It probably would have made a difference. I only saw one psychologist in the whole period that I was in there, they came in and asked me a few questions and you know, I was quite boisterous, oh you know, don't worry about it, it'll be okay and that was the first and last time I'd seen anyone." page 155
Strike 2006	"But they let me out 2 days later without talking to me. Dr. L.said to me 'this isn't a hostel.' I wasn't looking for a hostel. I had a fridge full of food and my rent was paid and I had cigarettes and everything at home. I had everything I needed,

Study	Evidence
	except for a safe place" page 34
Sub-theme 4.12 Ensuring a safe environment	
Fogarty 2018	"...by the time I got down there, they've already got him off the side of the road... they got him in the police car and took him home. And he actually took a few swipes at the copper. A good guy, he just let go. Trying to help him was really hard." (Interviewee, Male, 29)' page 266
Frost 2016	"It not being an automated response system and is an actual person...Knowing that there is someone to listen to you and perhaps help you to stop no matter where you are...It not being an automated response system and is an actual person." page 72
Frost 2016	"Community feeling – not just facts and figures. I want to feel like there are other people experiencing this, and how they got/get through it. But at the same time, I want personal help. I want someone to understand my situation." page 72
Frost 2016	'That it acknowledges that self-harm is sometimes a survival strategy. That it does not stigmatize self-harm, blame people who self-harm, or ignore the underlying causes of self-harm ... Safety in online services for self-injury centered around the need for moderation, warnings about triggering content, and the risks of self-injury becoming competitive. "That it is safe and not people just talking graphically about how they self-harm or flaming others or triggering others.'" page 72
Frost 2016	"That I have the opportunity to remain anonymous. Anonymity is something that is very important to me, especially in relation to such a private and personal topic such as self-harm. I would not use an online support service to talk about self-harm if I did not have the option to remain anonymous... " page 73
Frost 2016	"No judgment... too many services are boxed around a duty of care and won't let you hurt yourself without calling someone... real help comes in the form of people allowing you to hurt yourself and talking to you about what is causing the need and just being there with you for a while... helping you feel and think about what is so painful rather than making you feel in trouble or naughty for needing to do it." page 73
Haberstroh 2012	"it's relieving to know that it is supposed to remain trigger free, unlike a lot of groups which openly shows [sic] photos of SI, and talk, etc." page 125
Holm 2011	"This place was different from other institutions. I felt safe here; they believed I could manage the same things as the others. This was a turning point and my way to freedom." (Participant 9)' page 170
Klineberg 2013	"But it's hard, like... my mum watching or my brother watching me, or someone like that. So it's kind of hard to say, call up and speak to someone in front of somebody else, when it's supposed to be confidential...So, I think if they are on-line, probably just emailing or talking to someone online ... that's better." (Female, 16, Asian, self-harmed once)' page 7
Rissanen 2009	"Any adult should react seeing wounds or scars. I mean, at least if the adult knows the adolescent, for example at school. If an adult just said or did nothing it could be taken by the self-mutilating adolescent to mean that it is alright to self-mutilate or that the adult just doesn't care." page 11
Rissanen 2009	"The school nurse has to intervene if she notices any kind of suspect marks on the skin." page 11

Table 18: Theme 5: Access to and/ or availability of support**Sub-theme 5.1 Referral and follow-up support needs**

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

Sub-theme 5.2 Routes to professional care

Biddle 2020	"The support is you can 'phone or you can go in some where. But that's about it (pause) there's nothing else. There's nothing online. And I think what I want is something instant, online. (SM79)" page 5
Frost 2016	"Being able to instant message a professional 24/7."; "Being able to access online counselling on mobile Internet ... That the people can talk straight away and you wouldn't have to wait for over 5 min to talk to a professional." page 72
Idenfors 2015a	"Because many also feel it is difficult to express... express what you feel in writing. But I feel that sometimes it can be easier. Especially if it's for someone you don't know. (...) I know that if I had an e-mail address to write to I would have done it. A long time ago." (Participant 3)" page 181
Idenfors 2015a	"Just the fact that I know that I did not come directly to the child and adolescent psychiatry clinic. And that alone is probably difficult, I think. That there isn't a

	direct number. That you're connected everywhere and new numbers and such. (Participant 3)" page 181
Sub-theme 5.3 Sufficient time for assessment/ consultation	
Bailey 2019	"Ten minute slot it's quite short and then the doctor feels rushed" Double appointments were tentatively suggested as a way forward "You've got more space and you won't feel rushed through it. I think that's useful." page 625
Horrocks 2005	"...if I'd have spent more time I probably could have opened up to him a lot" page 15
Horrocks 2005	"She were nice, but, honestly I do think you just get your time slotted, you get your allocation. - that's it. I mean, quite honestly I could have left there and done anything, anything I'd have wanted, because you could. Because, they just, she was very nice, you know she had a nice soothing voice which you need. Asking me 'You know, how do you feel?'...I just had, you get the feeling – maybe I'm being cynical – that they just want you not to say anything that's going to mean that they are going to have to put that bit of extra work in, because basically if I said 'You know, I don't want to live, I've had enough, I you know I just weren't successful last night but next time I will be' I don't know what they'd done with me. She, she were very nice but you could tell you were allocated your hour, just over your hour whatever, because right at the end when she's gone into depth, everything gets rushed, because you've got to answer all the questions on the thing and some of them seem so, pointless really, but I suppose they always like to have the fuller picture don't they?...I think its just procedures – I think you have to see them before you go but to be quite honest they could just have given me a leaflet and palmed me out. But I suppose, maybe they can tell people that are a really, really bad risk. You know. It wasn't like they had to bring me back from death was it? Maybe if I'd have been on death's door when I'd walked in or say if I'd cut myself and they'd been blood dripping all over, maybe I wouldn't have got out that quickly, maybe I would have been kept in" page 16
Strike 2006	"...In family practices, appointments were said to be too short to be productive or therapeutic." page 35
Sub-theme 5.4 Minority support - cultural sensitivity and understanding, language	
Heredia Montesino 2019	"Participant 2: I think that here in Germany you aren't taken seriously. I don't want to say something wrong now . . . Moderator: No, go ahead! That's important!; Participant 2: We just get labeled in some way. Women, and our culture as well. And with a headscarf even more! Eh, I don't know, I went to a German therapist and he didn't understand me; Participant 4: Hmm [agreeing]; Participant 2: He can't put himself into my position, or he can't understand my culture! Eh, I went to an appointment and it didn't help me!" page 65
Wong 2015	"At least it was very convenient [in my home country]. Communication was better and language was convenient, and friends, I could chat with them. If I was not happy, I could vent to them. I have no one to vent to here." page 73

Table 19: Theme 6: Sources of information

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

	together" page 625
Bailey 2019	"Like it's good if you talk it through with them and then let them have something they can look at home" page 625