

**APPENDIX 15G: STUDY CHARACTERISTICS FOR EXPERIENCE OF CARE**

Title	Aim of study	Sampling strategy & setting	Design (method)	Population	Major findings	Limitations
<p><b>Adler 2007</b></p> <p>The demedicalization of self injury: From psychopathology to sociological deviance</p>	<p>Patient perspective/experience overridden by interpretation of the researcher</p>	<p>Convenience sample of individuals (recruited via radio, campus ads, &amp; via internet)</p> <p>Colorado, US</p>	<p>Qualitative study</p> <p>80 in-depth interviews (lasting from 1-4 hours)</p>	<p>N = 80</p> <p>Male (n =15)</p> <p>Female (n = 65)</p> <p>Age: 16-55</p>	<ul style="list-style-type: none"> <li>• Reasons for engaging in self-injury</li> <li>• Misconceptions about self-injury</li> </ul>	<p>Little discussion of interviewers' potential bias</p> <p>-----</p> <p>No clear description of method of analysis or validation</p> <p>-----</p> <p>Participants' quotes were used to add validity to the findings from the synthesis of other research</p>
<p><b>Arnold 1995</b></p> <p>Women and self injury: a survey of 76 women's experiences of self-injury and their views on service provision</p>	<p>Examined experiences with staff; hospital management service improvement, patient's understanding of her self-harm &amp; underlying</p>	<p>Participants were recruited through local and national advertising</p> <p>UK</p>	<p>Qualitative &amp; Quantitative study</p> <p>Semi structured interviews (n = 26) &amp; written questionnaires (n = 50)</p>	<p>N = 76</p> <p>Self-injurers</p> <p>All females</p> <p>Age range: 18-late 50's</p>	<ul style="list-style-type: none"> <li>• For many, the treatment offered was often inappropriate or inadequate</li> <li>• Many found being listened to by staff to be helpful, even in the short-term</li> </ul>	<p>Does not explain why some women participated in interviews and others only questionnaires</p> <p>-----</p> <p>No explanation for how data was selected from the overall sample</p>

	reasons.					<p>-----                  No examination of research's own bias                  -----</p> <p>No in-depth description of analysis method or validation</p>
<p><b>Baker 2008</b></p> <p>Understanding self-harm and suicide websites: A qualitative interview study of young adult website users</p>	<p>Explored the accounts of young adults who engage in self-harming &amp; suicidal behaviours &amp; use websites dedicated to these issues.</p>	<p>Recruited directly from self-harm &amp; suicide websites</p> <p>London, UK</p>	<p>Qualitative study</p> <p>In-depth semi-structured interviews conducted via email covering their usage of self-harm and suicide websites and their understandings of self-harm and suicide in general</p> <p>Discourse analysis (Foucauldian)</p>	<p>N = 10</p> <p>Female (9), Male (1)</p> <p>Mean age: 23, range: 18-33</p> <p>All participants were active users of at least one website dedicated to self-harm and/or suicide</p> <p>Duration of usage varied from 2 months-3 years and most users used the websites daily</p>	<ul style="list-style-type: none"> <li>• Participants reported that these sites were essential sources of empathy &amp; understanding &amp; a way of coping with social and psychological distress</li> <li>• They also felt that these websites made them feel part of a community.</li> </ul>	<p>Small sample size</p> <p>-----</p> <p>Little discussion of interviewers' potential bias</p>
<p><b>Bolger 2004</b></p>	<p>Questions focused on</p>	<p>Participants were recruited</p>	<p>Qualitative &amp; Quantitative</p>	<p>N = 89</p>	<ul style="list-style-type: none"> <li>• The opportunity to talk was an</li> </ul>	<p>Loss to follow up was 65% (58/89)</p>

<p>Adolescents with suicidal behaviour: attendance at A&amp;E &amp; six month follow up.</p>	<p>reasons for self harm, their view of their current psychological functioning, repetition of self-harm, views on what type of services would be useful for young people with suicidal ideation or behaviour</p>	<p>from A&amp;E Ireland</p>	<p>study Two stage recruitment: 1) retrospective review of case notes of those with self harm behaviour; 2) participants were followed up 6 months after A&amp;E attendance.</p>	<p>Young people aged 14-20 with suicidal ideas or self-harming behaviour  61% female  61% presented after an overdose, 45% had previous history of SH &amp; 46% had previous contact with mental health services.</p>	<p>important aspect contributing to their positive experience of aftercare  • Believed services were not adequately tailored for youth &amp; called for inclusion in planning services</p>	<p>----- Little discussion of interviewers' potential bias ----- No clear description of method of analysis or validation ----- Bias in sample selection and among those who participated</p>
<p><b>Brophy 2006</b>  <i>Truth hurts:</i> Report of the national inquiry into self-harm among young people</p>	<p>Examines young people's experience of aftercare</p>	<p>Recruited young service users from across five consultation sites who had contact with five different community service organisations with a sixth online consultation group  UK</p>	<p>Qualitative &amp; Quantitative study  Online questionnaire; calls for personal testimonies were advertised via newspapers, magazines, and other publications</p>	<p>Young people with self-harm (unspecified mix)  N = 40</p>	<p>• Some adolescent patients felt their GP did not care about them and were insensitive to their situation  • Several participants called for staff to be sensitive to their situation and understand the difficulty many faced when trying to explain how they felt</p>	<p>No discussion of method ----- Participants' quotes were used to add validity to the findings from the synthesis of other research ----- Unclear how data were selected from the original sample ----- Unclear how and where data were collected from the consultation group</p>

						----- Highly selected population
<p><b>Byrne 2008</b></p> <p>Deliberate self-harm in children and adolescents: A qualitative study exploring the needs of parents and carers</p>	<p>Aimed to describe parents' and carers' experiences of self harm in their child in order to identify support needs.</p>	<p>Representative participants whose children had engaged in suicidal behaviour were recruited from the Paediatric Emergency, Child and Adolescent Mental Health Teams &amp; Family Support Services.</p> <p>Dublin, Ireland</p>	<p>Qualitative</p> <p>Focus groups were used to establish what supports are needed by parents/carers of young people who self harm, &amp; decipher if their idea of a support programme for parents was useful, &amp; what should be involved in such a group.</p> <p>A transcript-based conceptual analysis was conducted to identify and explore emerging themes (Inductive approach)</p>	<p>N = 25</p> <p>Parents (60%) or carers (40%) of young people who had engaged in self harm or who had expressed suicidal ideation, providing their child was aged 16 years or younger.</p> <p>The authors did not specify whether the parents/carers were male/female</p>	<ul style="list-style-type: none"> <li>Participants expressed the need for support; information about suicidal behaviour in young people; skills for parenting an adolescent; and advice on managing further incidences.</li> <li>Parents described significant difficulties in family communication, in parent-child relationships, and in the area of discipline following self-harm.</li> </ul>	<p>The findings of this study may not apply to parents or young people with self-harm who have not come to the attention of services.</p>
<p><b>Bywaters 2002</b></p> <p>Look beyond the scars: Understanding</p>	<p>Examines hospital management; experiences with staff;</p>	<p>Recruited from NCH (children's charity)</p>	<p>Qualitative research based on individual, face-to-face interviews with DSH service</p>	<p>Young people and adults with a history of self-harm and friends or</p>	<ul style="list-style-type: none"> <li>Many felt they could not attend aftercare as they did not want to retell their story</li> </ul>	<p>Sample was not representative</p> <p>----- The report was commissioned by a</p>

and responding to self-injury and self-harm.	post-hospitalisation management; effect on family & friends; & service improvement	UK	users Interview length: from 45 minutes to over two hours.	partners (21%) of people who had self-harmed  N = 24  80% female  Age range: 16-49 yrs (most in late teens or early twenties).	over and over again <ul style="list-style-type: none"><li>• Treating patients with respect and allowing them to participate in treatment decisions by keeping them informed of their status was very important</li><li>• Requested more information about local formal support services and how to contact them</li></ul>	charity organisation ----- Little examination of differences between participants and non-participants ----- Interviewees were almost exclusively late teenage/young adults females
<b>Burgess 1998</b>  Adolescents who take overdoses: outcome in terms of changes in psychopathology & the adolescents' attitudes to care & to their overdose	Evaluated professional help received since the overdose, satisfaction with this help & the attitudes of the subject and others towards the overdose & its aftermath	Recruited from A&E following incidents of self-poisoning & followed up 3 months after taking an overdose  UK	Quantitative  Participants were initially interviewed using a quantitative questionnaire as close as possible to index episode	Adolescent self poisoners (overdoses of alcohol alone were excluded)  N = 33  Loss to follow-up: 24%  Age range: 11-18 yrs  Female: 64%	<ul style="list-style-type: none"><li>• 72% found treatment to be useful</li><li>• Overall satisfaction with care was excellent/good for 44%, fair for 20% &amp; poor for 36%</li><li>• Significant others generally had sympathetic views</li></ul>	Small selected sample size ----- High rate of failure of recruitment of eligible subjects ----- Limited data on views of services collected

				27% had a previous history of overdose		
<b>Cardell 1999</b>  Suicidal inpatients' perceptions of therapeutic and nontherapeutic aspects of constant observation	Explored patients' experiences of constant observation following suicide attempt  Outcomes: post-hospitalisation management & experiences with staff.	Participants were selected non-randomly from 3 psychiatric facilities: 60% (n=12) at state-owned psychiatric institution; 40% (n=8) at general medical centre with psychiatric inpatient units  North America	Qualitative research approach based on extensive in-depth interviews (interviewed at least twice)  Interviewed by researchers not involved in the observation procedure  Analysis: Hutchinson's grounded theory data	Suicidal adult psychiatric inpatients that had experienced constant observation within the past 2 weeks  N = 20  Females: 65%  Mean age: 32	<ul style="list-style-type: none"> <li>The majority of participants expressed positive feelings toward the observers, particularly when they perceived them as friendly and willing to help</li> <li>The perceived attitudes &amp; behaviours of observers sometimes led patients to becoming distressed</li> </ul>	No information on non-participants ----- Unclear how data were extracted from transcripts ----- Convenience sample; all hospitalised in psychiatric ward ----- Not all participants had experienced a self-harm episode.
<b>Camgan 1994</b>  The psychosocial needs of patients who have attempted suicide by overdose	To highlight psychosocial needs & evaluate health care support	Convenience sample (self poisoners recruited from hospital before discharge)  Northern Ireland	Qualitative research  Focused, face-to-face non-directive interviews  Exploratory, descriptive design	Individuals who have survived attempted suicide through self-poisoning  N = 6  50% females	<ul style="list-style-type: none"> <li>Needs identified include the need to be loved, to maintain a high level of self-esteem, to have control of one's life &amp; be supported</li> </ul>	Small sample size ----- In some instances, questions were rephrased during the interviews which could have influenced the nature of the responses ----- The development of categories during the

			Data analysis was conducted using the principles of content analysis (Field & Morse)		<ul style="list-style-type: none"> <li>Problems were highlighted by all regarding communication difficulties with professionals</li> </ul>	<p>content analysis may not have been objective</p> <p>-----</p> <p>Potential researcher bias</p>
<p><b>Cooke 2009</b></p> <p>A self-harm training needs assessment of school nurses.</p>	<p>Examines the attitudes and experiences of school nurses who have dealt with self-harm issues, particularly areas in which they feel they need more training or support.</p>	<p>Purposeful convenience sample of 21 school nurses from one primary care trust were invited to participate.</p> <p>UK</p>	<p>Qualitative &amp; quantitative study</p> <p>A 10 minute questionnaire, which included closed and open ended questions, was used. A 10-15 minute, semi-structured interview was also conducted.</p> <p>Closed-ended questions were analysed using descriptive statistics.</p> <p>Open-ended questions were analysed using thematic analysis.</p> <p>Phenomenologic</p>	<p>School nurses from the primary care trust.</p> <p>N = 9 (questionnaires)</p> <p>N = 4 (interviews)</p> <p>Age and gender not disclosed</p>	<ul style="list-style-type: none"> <li>Participants felt they needed more training in self harm.</li> <li>Training that focuses on practical approaches and theoretical knowledge of self harm would be beneficial.</li> </ul>	<p>Small sample size for both questionnaires and interviews.</p> <p>-----</p> <p>Low response rate (42.9%) from potential participants.</p>

			al approach			
<p><b>Corcoran 2007</b></p> <p>The role of women's self-injury support-groups: A grounded theory</p>	<p>Investigates the role of three UK self-injury support-groups in women's management of self-injury &amp; associated difficulties</p>	<p>Participants were recruited from existing self-injury support groups. Self-selected on the basis of (a) a minimum of 2 weeks' participation in a self-injury support group (b) being female &amp; (c) being over 16</p> <p>UK</p>	<p>Qualitative study</p> <p>Semi-structured interviews</p> <p>Grounded theory</p> <p>To enhance validity, the interview schedule was altered according to themes/categories emerging from on-going analysis.</p>	<p>N = 7</p> <p>All female &amp; Caucasian aged between 21-44 years (Mean = 36)</p> <p>All members of one of three city-based support-groups with weekly or fortnightly meetings in community venues. All had current contact with professional services regarding self-injury and/or associated difficulties.</p>	<ul style="list-style-type: none"> <li>• Empowerment-as-process emerged as the core theme mediated through experiences of belonging, sharing, autonomy, positive feeling &amp; change</li> </ul>	<p>Sample size was small and self-selecting -----</p> <p>Those who had negative experiences of support groups were lacking</p>
<p><b>Craigien 2009</b></p> <p>'It was like a partnership of the two of us against the cutting': Investigating the counselling experience of young adult women who self-injure</p>	<p>Examined the nature of the client-counsellor relationship and how self-injury was treated. Also accessed the participants' thoughts and feelings about their</p>	<p>Purposeful sampling</p> <p>Recruited from a small mid-Atlantic public university via flyers &amp; online ads</p> <p>Virginia, US</p>	<p>Qualitative study</p> <p>Phenomenological methodology</p> <p>2 face to face semi-structured interviews (open-ended questions)</p>	<p>N = 10</p> <p>Aged 18-23</p> <p>8 were undergraduates &amp; 2 were graduate students</p> <p>All were no longer actively cutting and were no longer in counselling for self-</p>	<ul style="list-style-type: none"> <li>• The most helpful counsellor behaviours were respectful listening, understanding, and acting as a friend</li> <li>• Almost without exception, the participants</li> </ul>	<p>Participants were all female, these findings may not therefore generalise to men</p>



	experiences in counselling			injurious behaviour	<p>considered no-harm contracts ineffective</p> <ul style="list-style-type: none"> <li>Participants did not like counsellors putting too much emphasis on the self-injurious behaviour</li> </ul>	
<p><b>Crockwell 1995</b></p> <p>What makes the difference? Adolescent females' stories about their suicide attempts</p>	<p>Examines experiences of long-term social services involvement</p> <p>Outcomes: perceptions about their suicide attempts &amp; experiences with clinicians &amp; significant others</p>	<p>Recruited residents from a group care programme (66%) &amp; those undergoing counselling at a local community service agency (33%)</p> <p>Canada</p>	<p>Qualitative study based on individual, face-to-face interviews (open ended questions)</p> <p>Analysed from a phenomenological perspective using constant comparative method</p>	<p>Women who had engaged in multiple suicide attempts by overdose during adolescence</p> <p>N = 3</p> <p>Aged 16-23 years</p>	<ul style="list-style-type: none"> <li>Some were satisfied with aftercare management because they were given the opportunity to talk about the issues that contributed to their self-harm episode</li> <li>Many service users placed a lot of responsibility upon professionals and expected their clinician to 'fix them'</li> </ul>	<p>Very small sample size</p> <p>-----</p> <p>Little information on the population from which participants were sampled</p> <p>-----</p> <p>All female respondents</p>
<b>Curtis 2006</b>	Examined the	Participants	Qualitative &	N = 24	<ul style="list-style-type: none"> <li>Confirms</li> </ul>	Little discussion of

<p>Sexual abuse and subsequent suicidal behaviour: Exacerbating factors and implications for recovery</p>	<p>insights of 24 women and in particular, the meaning of events leading to and implicated in the recovery from suicidal behaviour</p>	<p>were recruited through presentations at psychology classes, media ads, e-mail lists of relevant information networks, and letters and information sheets sent to relevant community organisations such as women's groups and community support groups.  New Zealand</p>	<p>quantitative study  Open-ended, semi-structured interviews (average 2 hours) mostly conducted face-to-face  Audiotaped &amp; transcribed  Thematic data analysis using QSR Nud*ist software</p>	<p>Women who engaged in non-fatal suicidal behaviour while under age 25  Age range: 21-46 (Mean = 29.6)  Eligibility for participation in the research included prior engagement in suicidal behaviour, while under age 25, cessation of suicidal behaviour for at least one year, and self-assessed as having recovered from suicidality.</p>	<p>sexual abuse as a common precursor to suicidal behaviour</p> <ul style="list-style-type: none"> <li>Sexual abuse was exacerbated by problems with disclosure &amp; issues of control</li> <li>16/24 had been sexually abused, 11 by family members</li> </ul>	<p>interviewers' potential bias  ----- Unclear how suicidal behaviour is defined</p>
<p><b>Dorer 1999</b>  The overdose process-adolescents' experience of taking an overdose and their contact with services</p>	<p>To describe adolescents' experiences following an overdose, particularly of their contact with paediatric &amp; psychiatric services</p>	<p>Recruited adolescents from Birmingham Children's hospital  UK</p>	<p>Qualitative study: Semi-structured interviews used (joint interviews with adolescent service users and their parents)  Follow-up:</p>	<p>Adolescents who had overdosed and their parents  N = 63  Loss to follow-up: 20/63 (32%)  83.7% Females</p>	<ul style="list-style-type: none"> <li>The majority of adolescents rated their contact with the child &amp; adolescent psychiatry service as positive/very positive</li> </ul>	<p>Only 33% of potential participants took part in the study</p>

			ranged from six days to six weeks after index episode	Mean age: 14.3 yrs (range = 8-17) Note: only 1 pre-adolescent (aged 8)		
<b>Dower 2000</b>  Pathways to care for young people who present for non-fatal deliberate self-harm	Examines experiences of aftercare in self-harmers	Recruited from A&E  Brisbane: Australia	Qualitative & quantitative methods  In-depth psychosocial assessment including a telephone or face-to-face interview and questionnaire.	Individuals presenting to emergency after deliberate self harm  N =147  Loss to recruitment: 47/147  47% female  Mean age of 21 years (Range = 18-24 years)	<ul style="list-style-type: none"> <li>Poor continuity of care requiring frequent repetition of their 'story'</li> <li>Service users called for services specifically for adolescents and young adults</li> </ul>	No known limitations
<b>Duperouzel 2007</b>  Why couldn't I stop her? Self injury: the view of staff and clients in a medium secure unit.	To outline the experiences of nine people with mild/moderate learning disabilities who self-injure, and those who work with them	Participants were staff and clients from a medium secure unit for people with learning disabilities.  UK	A synthesis of two pre-existing studies. The first looks at staff responses to self harm and the second looks at clients' reasons for self harm, and their view of the care they received.	<b>Study 1:</b> Staff at the medium secure unit.  N = 9  <b>Study 2:</b> Clients at the medium secure LD unit.  N = 9 (m = 4, f = 5)  Age of participants	<ul style="list-style-type: none"> <li>Key themes from both staff and clients related to issues around understanding, communication, control and blame.</li> </ul>	Synthesis of two studies.  ----- Sample taken from an LD, medium secure unit – may not be able to generalise results.  ----- Small sample size.

			<p>Qualitative study</p> <p>Phenomenological approach.</p> <p>In-depth, unstructured interviews were used. Verbatim transcriptions were then systematically and methodically analysed.</p>	not disclosed		
<p><b>Gordon 2010</b></p> <p>The reinforcing properties of repeated deliberate self-harm</p>	<p>Examines the experience of self-harm in terms of emotions and pain</p>	<p>Participants were drawn from two sources; 39 were recruited from a University Psychology clinic for therapeutic services who endorsed a history of self-harm on a questionnaire and an additional 67 participants were drawn</p>	<p>Quantitative</p> <p>Questionnaire about emotions and experience of physical pain during their most recent DSH episode</p>	<p>N = 106</p> <p>Participants with a history of self-harm</p>	<ul style="list-style-type: none"> <li>• The more that participants have self-harmed in the past, the less afraid and distressed they felt and the calmer they felt after their most recent episode suggesting that self-harm may have reinforcing properties.</li> </ul>	<p>The data were collected cross-sectionally, which limits causal inference regarding repeated DSH and feelings of relief</p> <p>-----</p> <p>The study relied on retrospective reports of pain and relief</p>

		from other studies being conducted on mood disorders  US				
<b>Fish 2008</b>  'Just another day dealing with wounds': self-injury and staff-client relationships.	Explored the experiences of self-harmers, specifically the positive and negative aspects of staff-client interactions.	Participants were recruited via purposeful sampling.  UK	Qualitative study.  Phenomenological approach.  In depth interviews were conducted and the data was analysed using Nvivo.	N = 9 (m = 4, f = 5).  People with mild/moderate learning difficulties, living in a medium-secure forensic secure unit.  No information about age of participants  Participants had experienced self harm without the intent to commit suicide.	Staff-client relationships were of key importance.	Small sample size. ----- Sample from a medium secure, learning disability unit and we may not be able to generalise the findings outside this population.
<b>Gibb 2010</b>  Health-care staff attitudes towards self-harm patients	To examine attitudes towards self-harm patients and need for training about self-harm amongst health care staff	General and psychiatric hospital  Recruitment was carried out over a 24 hour period in each department	Quantitative  Questionnaire examining attitudes	N = 195  Health-care staff (medical or psychiatric) from a general and psychiatric hospital Professions; 36 medical doctors, 11 psychiatric doctors,	<ul style="list-style-type: none"> <li>Overall, health care staff had both positive and negative attitudes towards self-harm patients and they had a strong desire to help them.</li> </ul>	Response rate of 64.4% ----- Carried out in New Zealand and thus attitudes may not generalise to UK

		(including A&E, intensive care, acute medical wards, psychiatric inpatient wards amongst others). All medical staff working in a dept during the 24-hour recruitment period were asked to participate.  New Zealand		103 medical nurses, 45 psychiatric nurses  Gender; 54 males, 133 females  Age; Ranged from 22-64, Median = 37	<ul style="list-style-type: none"> <li>Felt training was inadequate and did not feel confident in their helping role.</li> </ul>	
<b>Harris 2000</b>  Self-harm: Cutting the bad out of me	Mainly focuses on experience of A&E.  Other outcomes included the onset of self-harm, personal characteristics, reactions of family, friends etc.	Recruited from a penpal network  UK	Qualitative approach  Correspondence design  Collected letters from females with a history of DSH	Individuals who regularly self-cut/harm  N = 6  All female  Aged 20-45 years  Participants reported harming for 5 to 39 years & age of onset ranged from 6-20	<ul style="list-style-type: none"> <li>Concern over lack of privacy during treatment</li> <li>Reported negative interactions with staff and other professionals                             <ul style="list-style-type: none"> <li>The importance of the meaning of self-harm</li> </ul> </li> </ul>	No information regarding response rate ----- Unclear how data were selected from the original sample ----- No information on method of analysis used ----- Insufficient data are presented to support the findings and

						<p>synthesis &amp; of the evidence both for and against the author's arguments</p> <p>-----</p> <p>Small sample of women who regularly self-harm</p> <p>-----</p> <p>Limited discussion of positive experiences</p>
<p><b>Hopkins 2002</b></p> <p>'But what about the really ill, poorly people?'</p>	<p>To gain an understanding of what it means to nurses on medical admissions units to have people who have harmed themselves as their patients.</p>	<p>No details on recruitment</p> <p>UK</p>	<p>Qualitative</p> <p>Participant observation, semi-structured interviews (30 mins-1 hour), &amp; a reflective fieldwork journal kept throughout the process of conducting and writing up research</p> <p>Ethnographic approach</p>	<p>N = 4 (Semi-structured interviews)</p> <p>Nurses on a medical admissions unit</p>	<ul style="list-style-type: none"> <li>• Nurses found difficulty in understanding why people harm themselves</li> <li>• They also felt they did not have adequate skills to deal with people who self-harm</li> </ul>	<p>No details on recruitment provided</p>
<p><b>Hood 2006</b></p> <p>Improving outcomes for suicidal individuals</p>	<p>Post-hospitalisation management, experiences with staff &amp; service</p>	<p>Recruited from Community Mental Health Centres</p> <p>New Zealand</p>	<p>Qualitative</p> <p>Conducted separate semi-structured interviews with</p>	<p>Adolescents that had suicidal ideation, attempted suicide, suicidal intent</p>	<ul style="list-style-type: none"> <li>• The opportunity to talk was an important aspect contributing to</li> </ul>	<p>No known limitations</p>

	improvement		service users, their significant others and professionals	N = 10  50% female  Aged 14-19 (M = 15.7)	their positive experience of aftercare, however, not all participants welcomed the opportunity	
<b>Horne 2009</b>  From feeling too little and feeling too much, to feeling more and less? A nonparadoxical theory of the functions of self harm.	Examined the seemingly paradoxical nature of self- harm as an experience of feeling too much or feeling too little.  In particular, looked at the methods and frequency of self-harm, motivations underlying self-harm & their mental state before and after self harm.	People who responded to a web-based questionnaire and indicated they had self harmed were invited to participate in email interviews.  UK	Qualitative & quantitative study.  Questionnaires and emailed interviews  Analysed using grounded theory methods	N = 37 (m = 3, f = 34)  Mean age: 23 (range 14 - 49)	<ul style="list-style-type: none"> <li>• Self harming behaviour can result from feeling too much, too little or a combination of both these emotions.</li> <li>• Authors made the link between extreme emotions (either feeling too much or too little), the way this manifests physically (feeling detached from the body) and the role of self- harm has in resolving this misalignment.</li> </ul>	40% drop out rate from initial consent given. ----- Predominantly a white, female population. ----- No face-to-face contact with participants.
<b>Horrocks 2005</b>	Mostly focuses	Patients were	Qualitative	Patients presenting	• Feelings of	Poor response



<p>Patient experiences of hospital care following self-harm – A qualitative study</p>	<p>on experience of A&amp;E. A small part of the study deals with experience of aftercare</p>	<p>contacted for participation by letter after discharge from hospital  UK</p>	<p>Interviews were non-directive, free association narratives given by the author</p>	<p>to hospital after DSH episode (of fixed abode &amp; non-aggressive)  N = 45  60% female  Aged 18-56  Approximately 75% presented after an overdose</p>	<p>disorientation &amp; abandonment after discharge</p> <ul style="list-style-type: none"> <li>• A lack of continual support</li> <li>• Delays in aftercare</li> </ul>	<p>rate</p>
<p><b>Huband 2004</b>  Repeated self-wounding: Women's recollection of pathways to cutting and of the value of different interventions</p>	<p>To examine the underlying reasons for self-injury, experiences of cutting and helpfulness of specific interventions in non-specialist services</p>	<p>Non specialist settings  Recruited a sample of women who had experience of injuring themselves and who were comfortable being interviewed and had sufficient contact with professional services to be able to comment on a range of</p>	<p>Semi-structured interviews  Grounded theory methods  Data were collected following the principles of saturation  Each participant was encouraged to focus on past incidents of self-wounding but not of self-poisoning</p>	<p>N = 10  Women who had experience of injuring themselves (i.e. a history of at least two episodes of self-injury recorded as without suicidal intent, &amp; of receiving treatment from acute mental health services)  Age: Range = 21-48 (M = 35.1 years)  All had self-injured by cutting and seven had also</p>	<ul style="list-style-type: none"> <li>• Having a long-term relationship with a key worker and being encouraged to express feelings were viewed as the most helpful strategies, whereas relaxation was often reported as making self-injury worse</li> <li>• The helpfulness of a given intervention</li> </ul>	<p><b>Huband 2004</b>  Repeated self-wounding: Women's recollection of pathways to cutting and of the value of different interventions</p>

		clinical interventions  UK		burnt themselves on occasion	was reduced when delivered by someone perceived as under concerned, overprotective or incompetent	
<p><b>HUNTERUNPUBLISHED</b></p> <p>A qualitative investigation into the lived experience of psychosocial assessment following self-harm</p>	<p>To investigate the experience of taking part in a psychosocial assessment following an episode of self-harm from a service user perspective.</p>	<p>Convenience sampling</p> <p>Recruited participants from a hospital in Manchester (a specialist self-harm service sent letters to potential participants within 3 days of their attendance at A&amp;E.</p> <p>UK</p>	<p>Qualitative</p> <p>Semi-structured interviews lasting 40 mins to 2 hours duration consisting mostly of open questions</p> <p>Follow-up semi-structured interviews were also carried out at 3 months with 7 participants examining any care received in the intervening period and any further incidences of self-harm.</p>	<p>N: 13</p> <p>69% reported at least one previous episode of self-harm. 5 cut, 5 overdosed, 1 alternated, 1 scratched and one had severe suicidal ideation</p> <p>Age: Mean = not stated/ range = 20-65 Gender: M= 7/F = 6</p>	<ul style="list-style-type: none"> <li>• The importance of the therapeutic relationship was highlighted.</li> <li>• Interactions with staff had the power to reinforce or challenge hopelessness and negative self-evaluations</li> <li>• The way an assessment was conducted had influence beyond the hospital and influenced expectations for</li> </ul>	<p>This study featured a small, heterogeneous sample of those who self-harm and attended hospital</p> <p>-----</p> <p>The recruitment strategy of this study may have limited the transferability of the findings, as recruitment was restricted to one hospital site and was carried out by clinical staff at the hospital</p> <p>-----</p> <p>The response rate was extremely low and it was likely that those who were more dissatisfied with services would be least likely to respond to the invitation</p>

					<p>future instances of help-seeking</p> <ul style="list-style-type: none"> <li>Lack of continuity of aftercare services</li> </ul>	
<p><b>Hume 2007</b></p> <p>Appropriate interventions for the prevention &amp; management of self-harm: a qualitative exploration of service-users' views</p>	<p>Experiences, attitudes to &amp; feelings about treatments &amp; interventions, as well as aspects of patients' life circumstances which were related to self-harm.</p>	<p>Participants were selected using quota sampling based on age and sex from hospitals following a repeat act of self-harm</p> <p>UK</p>	<p>Qualitative</p> <p>Semi-structured face-to-face interviews were conducted face-to-face and took place in a private room near the unit the participants were located</p> <p>Analysis was undertaken thematically &amp; based on principles of grounded theory</p>	<p>Patients presenting to hospital after a DSH episode</p> <p>N = 14</p> <p>Females: 43%</p> <p>Aged 20-49</p> <p>Majority presented after an overdose; all had at least two previous DSH episodes</p>	<ul style="list-style-type: none"> <li>Clear preference for specialist community based interventions</li> <li>Patient's experiences of interventions were strikingly diverse                             <ul style="list-style-type: none"> <li>The key intervention identified by patients was immediate after-care</li> </ul> </li> </ul>	<p>Small scaled study</p> <p>-----</p> <p>Recruitment from hospital only. Would benefit from other forms of recruitment e.g. support groups</p>
<p><b>Jeffery 2002</b></p> <p>A study of service providers' understanding of self-harm</p>	<p>To provide an understanding of self-harm among various occupational groups who</p>	<p>Opportunity sampling was used to recruit GPs, nurses, psychiatrists, psychologists</p>	<p>Quantitative</p> <p>Questionnaire to assess perceptions of self-harm</p>	<p>Psychiatrists (n = 9), Psychologists (n = 18), Psychotherapist (n = 1), Medical workers (GPs (n =</p>	<ul style="list-style-type: none"> <li>Psychiatrists and medical workers had a poorer understanding of self-harm in</li> </ul>	<p>The sample sizes of the various occupational groups are fairly small</p> <p>-----</p> <p>Questionnaire may not represent the views of</p>

	may be involved in caring and supporting for people who self-harm.	and counsellors from three NHS trusts. Mental health support workers were contacted through a number of mutual self-harm support groups, such as the MIND Foundation Project and The Basement Project. The same organisations were used to recruit participants who were self-harming. Social workers were recruited from local social services network.  UK		6) & nurses (n = 21)) and social/community care workers (n = 25) & people who self-harm (n = 16)	comparison to self-harmers and workers with psychological or social/community care training.  • Psychology workers, self-harmers and social/community care workers did not differ significantly in their understanding of self-harm.	self-harmers
<b>Kibler 2009</b> Self-injury in	Examined school counsellors'	Convenience sample	Quantitative  Carried out a	N = 122  School counsellors	• Most were aware of some issues related	Convenience sample: Those school counsellors with high

<p>the schools: An exploratory analysis of Midwest school counsellors' knowledge and experience</p>	<p>knowledge of basic beliefs regarding self-injury and to determine the extent of their experience working with students who engage in self-injury</p>	<p>Recruited from a Midwestern state conference on self-injury for school counsellors  Montana, U.S.</p>	<p>brief survey which consisted of 14 questions regarding self-injury</p>		<p>to self-injurious behaviours but additional training was required.</p>	<p>knowledge of self-injury may have selected to not attend the workshop ----- Participants were primarily from rural schools and thus their responses may not generalize to all regions ----- Quantitative study</p>
<p><b>Kokaliari 2008</b>  Nonsuicidal self-injury among nonclinical college women.</p>	<p>Explored the reasons for self-harming among non-clinical self-harmers, particularly in relation to the influence that society plays on this behaviour.</p>	<p><b>Phase 1:</b> Surveys were administered at random to 400 college students.  <b>Phase 2:</b> Those respondents who engaged in self harm, but did not meet the criteria for BPD, PTSD or insecure attachment, were contacted by mail. The first 10 participants to respond were</p>	<p>Qualitative study.  2 hours of in-depth, semi-structured interviews exploring the psychological and social functions of their self harm.  Analysed using the grounded theory approach and ATLAS.ti software.</p>	<p>N = 10  Female college students.  Mean age: 20.6 (range 18 - 23)</p>	<p>Reasons for self harming we broken down into key themes:  <ul style="list-style-type: none"> <li>• Denial of feelings</li> <li>• The need to be perfect</li> <li>• The influence of Western culture</li> <li>• Self-harm as a "quick fix"</li> </ul> </p>	<p>Low response rate from the initial surveys administered. ----- Small sample size.</p>

		interviewed. USA				
<b>Kool 2009</b> Behavioural change in patients with severe self-injurious behavior: A patient's perspective	To gain an understanding of the process of stopping self-injury.	Psychiatric intensive treatment centre (inpatient and outpatient clinics) in an urban area that delivers specialized care for patients with behavioural problems triggered by psychiatric disorders.  Patients were recruited from the centre by referral from the treatment provider if they had historically inflicted self-harm on a long term basis and who no longer or only rarely do so now	Qualitative study  Semi-structured interviews (audiotaped & transcribed) Grounded theory method using WINMAX qualitative text analysis software.	N = 12  Women who had a history of severe self-injurious behaviour who had successfully stopped self-injuring  Age: Mean = 39 (Range = 26-30)  Average history of self-injury = 22 years (range = 6-46 years)	<ul style="list-style-type: none"> <li>• The process of stopping self-injury consists of 6 phases</li> <li>• Connection was identified as key to all phases of the process</li> </ul>	Conducted among a specifically selected, relatively small group of people at a specific location

		Netherlands				
<b>Kreitman 1973</b> Distress behaviour: A study of selected Samaritan clients and parasuicides ('attempted suicide' patients), Part II: Attitudes and choice of action	Examines attitudes to help seeking	Recruited first ever admissions from the regional poisoning treatment centre in Edinburgh  UK	Qualitative  Individual, semi-structured, face-to-face interviews with DSH service users after formal psychiatric examination by service staff was completed	Individuals making their first presentation to hospital after suicide attempt  N =93  61% female  51% of patients aged under 20 years	<ul style="list-style-type: none"> <li>• Most declared themselves in favour of seeking help</li> <li>• A quarter maintained that seeking help for personal problems was not an acceptable form of behaviour</li> <li>• The most 'acceptable' form of help was specialized services followed by anyone available, no-one &amp; lastly relatives</li> </ul>	No discussion of the role of the interviewer or the potential influence on findings  ----- May not be relevant to current practice (published in the 1970s)
<b>Lesniak 2010</b> The lived experience of adolescent females who self-injure by cutting	Explored self-injury by cutting as experienced by adolescent females	Recruited by purposive sampling along with snowballing, whereby participants were referred by other	Qualitative  Phenomenological method  Interview lasting 1-1.5 hours (taped and transcribed)	N = 6  Adolescent females, ranging from 15-19 years old, who were currently self-cutting or who had in the past	<ul style="list-style-type: none"> <li>• Themes that emerged were living with childhood trauma, feeling abandoned, being an outsider, loathing self,</li> </ul>	Participants included white, middle class adolescent females who self-cut and thus may not generalise to other populations such as males or those who self-poison

		participants Florida, US	and using open-ended questions  Giorgi method of data analysis	participated in self-injurious behaviour by cutting	silently screaming, releasing the pressure, felling alive, being ashamed, and being hopeful for self and others.	
<b>Lewis 2010</b>  Self-harm reasons, goal achievement, and the prediction of future self-harm intent	Examined reasons for self-harm and whether the a priori goals intended by these reasons were achieved	Recruited online from various self-harm websites and message boards  Canada	Quantitative study  Online questionnaires assessing the past self-harm frequency, self-harm reasons, whether the goal associated with these reasons was achieved, and future self-harm intent  Self-harm reasons questionnaire revised	N = 57  Individuals with a history of self-harm  10 males, 47 females  Mean age: 23.52 (SD = 7.58)	<ul style="list-style-type: none"> <li>Reasons to reduce tension and dissociation associated with more past self-harm, a higher intent to self-harm again, and it was reported that the goals associated with reasons were achieved</li> </ul>	Cross-sectional self report data  ----- Sample comprised of those who visited self-harm websites and thus may not generalise to others
<b>Lindgren 2010</b>  Held to ransom: Parents of self-harming adults	To describe the lived experiences of professional care and	Purposive sampling: invitational ads & snowballing	Qualitative study  Narrative interviews	N = 6  Parents of adult (aged 21-25) daughters with	<ul style="list-style-type: none"> <li>Feelings of guilt and shame</li> <li>Excluded from</li> </ul>	None of the parents had sons who self-harmed  ----- One of the interviews



describe their lived experience of professional care and caregivers	caregivers among parents of adults who self-harm	(recommendations by other parents)  Service users were all admitted to outpatient care  Sweden	which ranged from 30-85 mins duration (median = 72 mins)  Analysed using a phenomenological hermeneutic approach	self-harming behaviours who had stopped  Age range: 45-55  5 female, 1 male	<p>their daughters' care</p> <ul style="list-style-type: none"> <li>Caregivers who showed compassion and an honest willingness to help were experienced as genuine, reliable, and helpful, which allowed parents to see some hope for their daughter.</li> </ul>	was conducted via telephone which may have hindered the rapport
<b>Long 2010</b>  Counsellors' perspectives on self-harm and the role of the therapeutic relationship for working with clients who self-harm	To gain an insight into counsellors' experiences of and ideas about self-harm, and to develop understanding of relational dept when working with clients who self-harm	Purposive sampling followed by snowballing sampling  UK (northern Ireland)	Semi-structured interviews lasting approx 45 mins (tape-recorded & transcribed)  Grounded theory analysis	N = 8  Counsellors who have experience of working with people who self-harm	<ul style="list-style-type: none"> <li>Cited similar reasons for self-harm to service user literature e.g. escapism &amp; life experiences</li> <li>The counsellors spoke of the value of a long-term, safe, non-judgmental, equal and sensitive therapeutic space in which clients can freely express</li> </ul>	The focus is solely on the experience of counselling from the viewpoint of practitioners with no input from service users

					their feelings and experiences.	
<p><b>Mackay 2005</b></p> <p>Accident and emergency staff's perceptions of deliberate self-harm: Attributions, emotions and willingness to help</p>	<p>To examine the staff's attributions for the causes of self-harm, emotional responses, optimism for change, and willingness to help change the behaviour. Also aimed to examine their general attitudes towards deliberate self-harm patients and perceived needs for training.</p>	<p>Convenience sample</p> <p>UK</p>	<p>Quantitative</p> <p>Rating scales and questionnaires (e.g. Attributional Style Questionnaire)</p> <p>2 x 2 between subjects factorial experiment</p> <p>Hypothetical scenarios aimed to manipulate two pieces of information about a self-harming patient: controllability of the precipitant for self-harm and stability of occurrence.</p> <p>Vignettes were allocated to participants via a process of stratified</p>	<p>N = 89 (29 men &amp; 60 women)</p> <p>A&amp;E medical (n = 60) and nursing staff (n = 59)</p> <p>Mean age: 30.9 years (SD = 7.28)</p> <p>Mean length of experience working in A&amp;E was 29 months (range: 1-324)</p>	<ul style="list-style-type: none"> <li>Where acts of self-harm were perceived by staff to be caused by a factor potentially controllable by patients, then they were more likely to express higher levels of irritation and less helping behaviour.</li> <li>Beliefs that the self-harm was likely to be repeated were associated with less staff optimism for the success of their personal input, and decreased staff optimism was in turn associated with a reduction in</li> </ul>	<p>Low response rate (49%) and no detail provided regarding why staff did not participate</p>

			randomisation		helping behaviour	
<b>McDonald 2007</b>  Guilt and shame: experiences of parents of self-harming adolescents	Aimed to develop insight into the experience of parents of young people who engage in self-harming behaviour	Recruited via appeals for volunteers in the local news media  Australia	Qualitative study  Hermeneutic phenomenological methodology  In-depth unstructured individual interviews lasting 60-90 mins which were audiotaped & transcribed	N = 6  Six mothers of adolescent/young adult children (12-21) who were self-harming or who had a history of self-harming	<ul style="list-style-type: none"> <li>Mothers experienced guilt and shame &amp; these feelings shaped their reactions and responses.</li> <li>They also encountered difficulties in combating the negative emotional dilemmas</li> </ul>	Participation may have been self-limiting in that families where abuse had occurred may be much less likely to volunteer for such a study  ----- Participants were overwhelmingly from a medium-high SES
<b>Moyer 2007</b>  Investigating and understanding self-mutilation: The student voice	Established the context of the adolescent's experience and encouraged the participant to reflect on the meaning of that experience	Recruited students through a non-profit agency that worked with surrounding school districts to help students stay in school. Case managers referred students who were currently or previously practicing self-	Qualitative design  Phenomenological interviews (combination of semi-structured & informal conversational style)  Audiotaped & transcribed  Analysed using the constant comparative	N = 6  Students who were currently or previously practicing self-injury  4 females, 2 males  Mean age: 15, Range: 12-18	<ul style="list-style-type: none"> <li>Overall, the participants simply wanted to be heard.</li> <li>Many enjoyed talking about it as long as the questioner listened with an open mind.</li> </ul>	Previous work in the public school system and community settings with students who self-injure along with knowledge of previous research findings on the subject were issues that may have affected the way the main researcher reviewed data.

		injury, who had no history of hospitalization for self-injury, and who were thought to be willing to discuss and articulate their experience with self-injury.	method			
		US				
<b>Nada-Raja 2003</b> A population based study of help seeking for self harm in young adults	Help seeking and barriers to help seeking for a range of self-harmful behaviours & levels of satisfaction associated with help received	Cohort study: Recruited children born in Dunedin between 1 April 1972 & 31 March 1973 with complete data for self-harm behaviour and help seeking  New Zealand	Qualitative based on individual, face-to-face, semi-structured interviews with DSH service users	Individuals who self harm N = 965 471 females Aged 26  25 (3%) reported one or more episodes of ICD-self-harm  119 (12%) reported one/ more episodes of other self-harmful behaviours	<ul style="list-style-type: none"> <li>84% of service users who had sought help from a GP rated the experience as positive</li> <li>Among the 77 self-harmers who did not seek help, over one-third reported attitudinal barriers</li> <li>The main reasons for seeking help</li> </ul>	The data on barriers to help seeking are not accompanied by any description of the method of analysis nor are quotes provided in the results section

					were psychological aspects related to self-harm, self-harm itself or an injury following self-harm	
<p><b>O'Donovan 2007</b></p> <p>Pragmatism rules: the intervention and prevention strategies used by psychiatric nurses working with non-suicidal self-harming individuals</p>	To gain an understanding of the practices of psychiatric nurses in relation to people who self-injure, but who are not considered suicidal	<p>Convenience sampling</p> <p>Two acute psychiatric inpatient units (provide care and treatment for approximately 80 patients and employ approximately 75 qualified psychiatric nurses)</p> <p>Ireland</p>	<p>Qualitative</p> <p>Semi-structured interviews guided by an interview schedule and analysed by content analysis</p>	<p>N = 8 (6 women, 2 men)</p> <p>Psychiatric nurses</p> <p>Age range: 25-55</p> <p>Experience ranging from 6 months-2 years</p>	<ul style="list-style-type: none"> <li>Nurses felt their priority in caring for those who self-harm was providing a physically safe environment and preventing self-harm.</li> <li>Nurses engaged in an eclectic mix of approaches in the care of individuals who self-harm some of which lack supportive evidence.</li> </ul>	<p>Small scale study</p> <p>-----</p> <p>Set within the Irish healthcare system which is socially and contextually bound</p>
<p><b>Oldershaw 2008</b></p> <p>Parents' perspectives on adolescent self</p>	Parents perspective of history of self harm & health service provision;	Parents of adolescents who self harm were recruited from CAMHS	<p>Qualitative study</p> <p>Interpretative Phenomenological Analysis</p>	<p>N = 12</p> <p>Parents of adolescents (13-18) receiving treatment for self harm in</p>	<ul style="list-style-type: none"> <li>Parents commonly suspected self harm prior to disclosure or service contact</li> </ul>	<p>The opinions and experiences reflect those of parents of adolescents referred to specialist services.</p> <p>-----</p>

<p>harm: qualitative study</p>	<p>meaning of self harm; emotional &amp; personal impact; &amp; parent skills as carer and hope for the future</p>	<p>Croydon, London</p>	<p>applied to semi-structured individual interviews lasting approximately one hour</p> <p>Transcribed and later analysed using Nvivo 7</p>	<p>community child &amp; adolescent mental health services</p> <p>9 mothers, 2 fathers &amp; 1 grandmother with a maternal role</p>	<ul style="list-style-type: none"> <li>• Communication difficulties and underestimating significance led to delays in addressing the behaviour</li> <li>• Parents struggled to understand and cope with self harm</li> </ul>	<p>Only half the parents approached agreed to participate &amp; all were interviewed in a CAMHS setting, thus it is unclear how generalizable the results are &amp; they may be subject to sampling or response bias</p>
<p><b>Perseus 2003</b></p> <p>Treatment of suicidal and deliberate self-harming patients with borderline personality disorder using dialectical behavioural therapy: the patients' and the therapists' perceptions</p>	<p>Examined DSH patients' experience of symptoms &amp; life situation before &amp; after entering therapy, satisfaction with DBT</p>	<p>Purposeful sampling</p> <p>Sweden</p>	<p>Qualitative &amp; quantitative methods using individual focused interviews</p> <p>Burnard's content analysis method was used to analyse qualitative data</p>	<p>Patients who had been in dialectical behaviour therapy (DBT) treatment for 12 months or longer with a history of DSH and diagnosed with borderline personality disorder by DSM-IV (n = 10) &amp; staff (n = 4)</p> <p>N = 14</p> <p>Patients (n = 10) were all female, therapists; 50%</p>	<ul style="list-style-type: none"> <li>• Participants reported positive experiences of DBT</li> <li>• Many said that DBT gave them the opportunity to take responsibility for their behaviour and be involved in their treatment</li> <li>• Group therapy was another aspect of DBT that</li> </ul>	<p>No justification of design</p> <p>-----</p> <p>Authors' potential bias is not discussed</p> <p>-----</p> <p>No negative responses provided</p> <p>-----</p> <p>Possibility of bias due to research design &amp; small population</p>

				female Aged 22-49 years  Staff included the following: Psychiatrist & senior cognitive psychotherapist (n =1), registered nurse & junior cognitive psychotherapist (n = 1) attendants in psychiatric care & junior cognitive psychotherapists (n =2)	participants had positive experiences of	
<b>Pitula 1996</b>  Suicidal inpatients' experience of constant observation	Constant observation following suicide attempt	Convenience sample of suicidal inpatients under constant observation  North America	Qualitative  Open-ended interviews were conducted after constant observation was discontinued  Analysed using phenomenological method (Colaizzi, 1978)	Inpatients who experienced constant observation while suicidal on a psychiatric ward  N = 14  57% female  Aged 21 to 47 years  Constant observation ranged from 16 hours to 3.5	<ul style="list-style-type: none"> <li>Reported a decrease in their dysphoria as a result of an observer appearing to acknowledge them as a human being, while others reported feeling less lonely and anxious</li> <li>Constant</li> </ul>	No justification for design ----- Unclear how data presented were chosen ----- No discussion of researcher influence or possible bias ----- Unbalanced presentation of data

				days (average: 34 hours)	observation was beneficial as it contributed to physical safety & restored hope	
<b>Polk 2009</b>  Exploring the motivations behind self-injury	Explored self-described motivations for self-injuring behaviour, how frequently they engaged in the behaviour & how much pain they experienced.	Recruited from a self-injury self-help website  US	Qualitative & quantitative study  Phenomenological approach  Delineation of themes was carried out through an iterative process. Inter-rater reliabilities were calculated for each thematic response. 100% inter-rater reliability was achieved via discussion	N = 154 (139 females, 16 males)  Self-injurers (93.5% used cutting as their primary method of self-injury) that engaged in self-injury at least once a week.  Age: M = 22.67 (SD = 6.15)	<ul style="list-style-type: none"> <li>• The most frequently endorsed reason for self-injury was to obtain emotional release.</li> <li>• The second most common reason was to resolve dissociation, and feel alive or real.</li> <li>• Individuals also revealed that they self-injured in order to gain a sense of control, to punish or distract themselves, and to avoid suicidal or</li> </ul>	Sample consisted largely of young adult females  ----- Self-selected internet sample  ----- None of the participants were interviewed in person



					homicidal actions.	
<p><b>Ray 2007</b></p> <p>A multidimensional analysis of self-mutilation in college students.</p>	<p>Understanding of self-harm, triggers of self-harm and its functions</p>	<p>Recruited female students from university via flyers &amp; subject pool</p> <p>Texas, US</p>	<p>Quantitative &amp; qualitative study</p> <p>Semi-structured interviews (audio-taped and transcribed) lasted approx. 45 mins-1hour</p> <p>Phenomenological analysis</p>	<p>N = 7</p> <p>Female self-harmers</p> <p>Age: range = 18-22</p> <p>Participants must have endorsed at least one type of self-harm listed on the Deliberate self-harm inventory (DSHI) and engaged in the behaviour during their college years. Preference was given to individuals whose DSHI responses reflected a repetitive pattern of behaviour and who appeared to engage in more severe forms of self-harm.</p>	<ul style="list-style-type: none"> <li>Experiences of loss, loneliness, interpersonal conflict, overwhelming emotions, and feeling out of control were cited as common triggers to self-injury.</li> </ul>	<p>Observations were made at a single point in time, obscuring understanding of how changes in maturation and life experiences come to shape the course of self-harm</p> <p>-----</p> <p>Self-harmers were recruited from schools outside of the University of Texas and the number recruited was surprisingly low (only 47% response rate)</p> <p>-----</p> <p>There may have been a potential selection bias in recruitment. This may have attracted self-injurers who are more comfortable disclosing their experiences.</p>
<p><b>Redley 2010</b></p> <p>The clinical assessment of patients admitted to</p>	<p>Aims to provide a better understanding of psychosocial</p>	<p>Convenience sample</p> <p>General hospital: eight bed specialist</p>	<p>Qualitative</p> <p>20 minute interviews regarding 26 different</p>	<p>N = 12</p> <p>Clinicians who had assessed patients who had previously self-</p>	<ul style="list-style-type: none"> <li>Most clinicians interpreted the overdose as an impulsive act, taken in adversity, and</li> </ul>	<p>No limitations are noted</p>

hospital following an episode of self-harm: a qualitative study	assessment and how clinicians make sense of their patient's overdoses	ward UK	patients who had self-harmed by taking an overdose: twin-track approach analysis (emphasises the importance of the respondents interpretations)	harmed by overdose  Gender and age not revealed	often in association with drugs or alcohol	
<b>Reece 2005</b>  The language of cutting: Initial reflections on a study of the experiences of self-injury in a group of women and nurses.	To describe how women who self-injure and nurses assign meaning to shared discourses about self-injury	Purposive sample  Service users were recruited via contacts made at conferences run by the author, using a 'snowballing' approach. Two more women were recruited via an advert placed in a specialist women's magazine. Women who were still in hospital settings were excluded for ethical	Qualitative study  Unstructured, recorded & open-ended interviews lasting 40-90 minutes  Analysis: Grounded theory & thematic analysis	N = 23 (14 qualified nurses & 11 women who have self-injured)  The groups were not currently professionally linked with each other.  Service users consisted of women with a long history of self-injury who understood the need to self-care and who are currently not using cutting as a means of dealing with distress	<ul style="list-style-type: none"> <li>Nurses lacked understanding of the meanings of cutting behaviour</li> </ul>	No demographic information provided on participants ----- Unclear how the nurses were recruited and their experience with self-harmers ----- Voice of author overrides that of the participants

		reasons. UK				
<b>Rissanen 2009b</b> Descriptions of help by Finnish Adolescents who self-mutilate	To describe help (that they received and wished to receive) from the viewpoint of self-harming Finnish adolescents	Written descriptions were invited from self-harming adolescents by adverts in four magazines targeting adolescents, on magazine web-sites, and on the principal researcher's own Web site.  Interviewees were selected from a population sample of 13 to 17 year old adolescents who had reported past or current self-mutilation in a structured questionnaire  Finland	Qualitative descriptive study  Methodological triangulation was used to enhance credibility (interviews & written descriptions regarding help)  Written descriptions (n = 62)  Individual interviews lasting 45-75 mins and were audiotaped (n =10)  Inductive content analysis (combined written descriptions & audiotaped interviews	N = 72  Self harming adolescents (who had self-harmed or were currently self-harming)  Age: range = 12-22 years  All females	<ul style="list-style-type: none"> <li>• Three groups of people that can be of help were identified by the self-mutilating adolescents: peers &amp; fellow self-harming adolescents; loved ones; and adults (strangers, health and social care professionals, teachers, school counsellors and parents)</li> <li>• The central help-hindering factor was obliviousness to self-harm as a phenomenon.</li> </ul>	Mostly females (all female for interviews) ----- The researchers had no way of determining that the writers were adolescents.

			transcribed verbatim)			
<b>Roberts-Dobie 2007</b>  School counsellors and student self-injury	Examined the experience, knowledge, and needs of school counsellors in relation to students' self-injurious behaviours.	Randomly selected via systematic sampling from a membership list of the American School Counsellor Association (the nation's largest school counselling professional organization.  U.S.	Quantitative study  42 item questionnaire with questions on confidence in working with self-injurers, knowledge of self-injury & experiences of working with students who self-injure	N = 443 (374 female, 69 male)  Members of the American School Counsellor Association  Age: 25-74 (Mean = 44.40, S.D. = 10.06)	<ul style="list-style-type: none"> <li>• Most felt that counsellors were the most appropriate person to work with students who self-injure but that they needed more training to identify self-injurers &amp; refer them to appropriate resources outside the school.</li> <li>• Barriers included lack of training, lack of cooperation with school personnel, and lack of policy on school injury.</li> </ul>	Response rate of 52% (518/1,000) ----- Respondents were all members of the ASCA thus limiting generalisability of the findings
<b>Russell 2010</b>  Appalling and appealing: A qualitative study of the	Relates to men's experience of self-harm, it's meaning and the reasons	Opportunistic sample of men who self harm  UK	Qualitative study  Two audio-taped 90-minute unstructured in-	N = 4  All male self harmers  Age: range = 37-58	<ul style="list-style-type: none"> <li>• Many described the comfort and relief that self-harm brought them</li> </ul>	Small scale study (only 4 participants) and thus cannot be representative of all male self-harmers

character of men's self-harm	behind it		depth individual interviews  Hermeneutic phenomenology  Note: design input from service users' groups (local mind group for people who self-harm)	All had significant histories of self-harm (at least 5 years) and were in close contact with mental health services	<ul style="list-style-type: none"> <li>Highlighted macho invulnerability, unboundaried sacrifice, and emotional insatiability</li> </ul>	
<b>Saunders 2010</b>  Staff attitudes and knowledge regarding people who self-harm: A systematic review	To systematically review the nature and prevalence of staff attitudes towards people who engage in self-harm, including the factors that influence them.	Most carried out in UK and explored the attitudes of	Systematic review including a total of 69 studies (both qualitative and quantitative methods)	Nursing staff, and mixed samples of clinical and non-clinical staff	<ul style="list-style-type: none"> <li>Attitudes of general hospital staff towards self-harm patients are often negative, mirroring the experience of service users.</li> </ul>	Findings were limited to general themes rather than detailed comparisons  <b>Note:</b> Only studies that related to the LTM and experiences of staff were included in this chapter.
<b>Schoppmann 2007</b>  'Then I just showed her my arms...' Bodily sensations in	Discusses the experience of psychiatric nursing in relation to the lived experience of	Participant observation took place in 1999 in 2 psychiatric institutions which	Participant observation (99), qualitative interviewing (5) & accounts of self-injuring sent by email	N = 42  Self-injuring women (moderate/superficial self-injuries)	<ul style="list-style-type: none"> <li>Alienation is experienced in several stages</li> <li>Self-injury is an effective strategy to end</li> </ul>	All of the participants were women

<p>moments of alienation related to self-injurious behaviour. A hermeneutic phenomenological study</p>	<p>the self-harming population</p>	<p>specialize in the treatment of self-injury</p> <p>The interviews were also held in 1999 with four self-injuring women and with one nurse (none of the interviewees was involved in the inpatient setting in which observations took place).</p> <p>Another self-injuring woman provided an account of her experiences by email</p> <p>Germany</p>	<p>(10) which were recorded and transcribed verbatim</p> <p>Thematic analysis utilising a hermeneutic phenomenological research perspective</p> <p>Data generation, analysis &amp; interpretation was reflected upon by peer groups of doctoral students &amp; professional experts e.g. nurses, psychiatrists</p>	<p>Age range: 18-35</p>	<p>a painful experience of alienation</p>	
<p><b>Shaw 2006</b></p> <p>Certainty, revision, and ambivalence: A</p>	<p>Investigates how six college women stopped self-injuring, the</p>	<p>Female college students were recruited through flyers posted at one</p>	<p>Qualitative study</p> <p>Three in-depth individual</p>	<p>N = 6</p> <p>Women who were not currently self-injuring but had a</p>	<ul style="list-style-type: none"> <li>• There are multiple factors beyond whether or not a woman</li> </ul>	<p>Small group of women</p>

<p>qualitative investigation into women's journey to stop self-injuring</p>	<p>meaning of self-injury, the impact of self-injury, experiences deemed as helpful or unhelpful in terms of dealing with self-injury</p>	<p>private, one state, and one community college</p> <p>Selected from a database of interviews with eleven young women who self-injure.</p> <p>US</p>	<p>interviews lasting approximately 3 hours each (Open ended format)</p> <p>Grounded theory, interpretive poetics, &amp; voice centred analytic methods</p>	<p>history of repeatedly injuring themselves</p> <p>Mean age: 21 years</p>	<p>desires to stop. These include subjective meanings of the behaviour, self-initiative, life engagements, relational ties, professional treatment, motivators and momentum amongst others</p>	
<p><b>Simm 2007</b></p> <p>Educational professionals' experiences of self-harm in primary school children: 'You don't really believe, unless you see it'</p>	<p>Examines educational professionals' understandings of self-harm in primary school children</p>	<p>Head teachers of primary schools were contact by letter. Three or four members from each of the participating schools were interviewed</p> <p>Staff members were selected partly because they had some experience of children self-harming.</p> <p>UK</p>	<p>Qualitative study</p> <p>Semi-structured interviews using open ended questions lasting 30-60 mins (transcribed &amp; analysed)</p> <p>Interpretative Phenomenological analysis</p>	<p>N = 15</p> <p>Staff members (including teachers and staff in support roles including learning mentors) of 6 primary schools</p>	<ul style="list-style-type: none"> <li>Key elements of the understanding of self-harm included intentionality, repetition, and seriousness.</li> </ul>	<p>Participants had experience of children self harming thus the findings are not representative of the views of all school professionals.</p>

<p><b>Sinclair 2005</b></p> <p>Understanding resolution of deliberate self-harm: qualitative interview study of patients' experiences</p>	<p>Explored the accounts of those with a history of deliberate self-harm but who no longer do so, to understand how they perceive this resolution and to identify potential implications for provision of health services</p>	<p>Participants were purposively selected from a representative cohort identified in 1997 (recruited as part of a multicentre study on parasuicide) after an episode of self-poisoning that resulted in hospital treatment</p> <p>Community setting</p> <p>UK</p>	<p>Qualitative study</p> <p>In-depth interview (open interview schedule) lasting approximately 45 minutes to an hour</p> <p>Transcripts were thematically and narratively analysed with the help of Nvivo software using the principals of grounded theory</p>	<p>N = 20</p> <p>Participants with a history of self-harm who had stopped (included if they had no further episodes for a least two years before interviews)</p> <p>12 female, 8 male</p> <p>Mean age at index episode: 35</p> <p>14 had harmed themselves on more than one occasion</p>	<ul style="list-style-type: none"> <li>Recognized the role of alcohol as a precipitating and maintaining factor in self harm</li> <li>For many self harm was a symptom of an untreated or unrecognized illness</li> </ul>	<p>Small sample size -----</p> <p>Drawn from a cohort of patients who no longer harm themselves</p>
<p><b>Smith 2002</b></p> <p>Perceptions of service provision for clients who self-injure in the absence of expressed suicidal intent</p>	<p>The main focus of the study was collecting staff viewpoints, attitudes &amp; perceptions</p>	<p>Convenience sample</p> <p>Service users were accessed via the voluntary sector (all relevant voluntary organizations were</p>	<p>Qualitative using unstructured interviews with service users and mental health workers</p> <p>Analysis followed Burnard's</p>	<p>Individuals who self-injure &amp; in contact with the voluntary sector</p> <p>N = 18 (3 consumers, 15 staff members including 9 nurses, 3 occupational therapists, 2 psychotherapists &amp;</p>	<ul style="list-style-type: none"> <li>Several respondents said staff confiscated any object that could be used to self-harm, which increased patients' feelings of a lack of control</li> </ul>	<p>Unclear description of design -----</p> <p>Unknown whether or not all participants shared the experience or perception -----</p> <p>Small self-selecting sample -----</p>



		<p>contacted)</p> <p>Staff were self-selected mental health workers from a cross-section of professions (advertised by poster &amp; presentations)</p> <p>UK</p>	<p>thematic content analysis.</p>	<p>1 psychiatrist)</p> <p>All females</p> <p>No information on age of participants</p>	<p>&amp; contributed to the desire to self-harm again</p> <ul style="list-style-type: none"> <li>• Service users recognized that talking helped <ul style="list-style-type: none"> <li>•</li> </ul> </li> <li>• Staff said they felt under pressure and unsupported in caring for clients who self-injure</li> </ul>	<p>All females</p>
<p><b>Taylor 2003</b></p> <p>Exploring the perspectives of men who self-harm</p>	<p>To explore the experiences of men who self-harm and their perspectives on support and services to which they have access.</p>	<p>Voluntary mental health drop in centre &amp; a deliberate self-harm team</p> <p>Interviewees were contacted by staff in above sectors who they had previous contact with</p> <p>UK</p>	<p>Qualitative</p> <p>Semi-structured interviews</p>	<p>N = 5</p> <p>Men who self-harm</p> <p>Age: 18-40 years</p> <p>All white</p>	<ul style="list-style-type: none"> <li>• Similarities and differences between men and women who self harm</li> </ul>	<p>Small sample size</p>
<p><b>Thompson, 2008</b></p> <p>Community psychiatric</p>	<p>Explored community psychiatric nurses' experiences of</p>	<p>Purposive sample.</p> <p>Recruited CPNs who</p>	<p>Qualitative study</p> <p>Semi-structured interviews</p>	<p>N = 8</p> <p>Experienced community psychiatric nurses</p>	<ul style="list-style-type: none"> <li>• Participants described struggling to conceptualize self-harming</li> </ul>	<p>All of the nurses' were white, British, and experienced which may limit the applicability of the</p>

nurses' experience of working with people who engage in deliberate self-harm	working with people who self harm.	had not undertaken psychotherapy training and had experience of working with people who had self-harmed within the previous 12 months  UK	(lasted from 45 mins to 1 hour 15 mins) Tape-recorded and transcribed  Interpretative Phenomenological analysis using MindManager	(4 male and 4 female)  Mean age = 40	behaviour and reported finding working with people who self-harm stressful.  • The therapeutic relationship was viewed as crucial and a variety of coping methods to manage the impact of the work	findings to nurses from other ethnic origins or trained in other countries.  ----- The findings are based on retrospective accounts of the experience of working with patients who self-harm and may therefore be subject to memory biases.
<b>Treloar 2008b</b>  Professional attitudes towards deliberate self-harm in patients with borderline personality disorder	To assess the attitudes of mental health and emergency medicine clinicians towards patients diagnosed with borderline personality disorder	Australian and New Zealand health services	Qualitative and quantitative study  Purpose-designed demographic questionnaire & assessment tool to quantify attitudinal levels were utilised (33-itemed attitudes towards deliberate self harm	N = 140  48 males, 92 females  64.3% were working in mental health, with the remaining being employed in the department of emergency medicine  Mental health and emergency medicine	• Statistically and clinically significant differences were found between emergency medical staff and mental health clinicians in their attitudes towards working with borderline personality disorder	Attitudes and training needs of staff working with patients who self harm with BPD only. Thus the findings may not be generalizable to all patients who self harm

			questionnaire)	practitioners who in the course of their employment encountered patients diagnosed with BPD.	<ul style="list-style-type: none"> <li>The strongest predictor of attitudes was whether the clinician worked in emergency medicine or mental health. This was followed by years of experience and specific training in personality disorders.</li> </ul>	
<p><b>Walker 2009</b></p> <p>'Seeing beyond the battled body' - An insight into selfhood and identity from women's accounts who self-harm with a diagnosis of borderline personality disorder</p>	<p>To examine and explore the subjective experiences of women who self-harm with a diagnosis of BPD including the first time they self-harmed and an exploration of the support from health services</p>	<p>Purposeful sampling: All participants were recruited via an information sheet that was given to mental health care professionals</p> <p>UK</p>	<p>Qualitative interviews</p> <p>Face-to-face, in-depth interviews which lasted 75-120 minutes and were audio-taped and transcribed verbatim</p> <p>Narrative thematic analysis (performance</p>	<p>N = 4</p> <p>Women who self harm with a diagnosis of BPD</p> <p>Age range: 30-54 years</p>	<ul style="list-style-type: none"> <li>Two of the participant's accounts illustrate how their self-harming appeared to have affected their self-hood and sense of agency.</li> </ul>	<p>Small sample size</p> <p>-----</p> <p>All female</p> <p>-----</p> <p>Focuses on two women's narrative in particular. Unclear about views of other two women</p>

			approach)			
<p><b>Wheatley 2009</b></p> <p>Nursing staff knowledge and attitudes towards deliberate self-harm in adults and adolescents in an inpatient setting</p>	<p>Investigates relationship between care staff perspectives' of self-harm behaviours presented by adult and adolescent inpatients and the emotional responses and helping behaviours of the staff.</p>	<p>Recruited nursing staff working in adolescent and adult services</p> <p>UK</p>	<p>Quantitative study</p> <p>Participants completed vignette, knowledge, and attitudes questionnaires, related to working with patients who display deliberate self-harm.</p>	<p>N = 76</p> <p>Nursing staff including qualified and unqualified staff, who worked in either adolescent or adult secure inpatient settings within a single organization.</p> <p>The mean length of experience was 6.4 years (SD = 4.75 years)</p> <p>Male: 17, Female: 45</p>	<ul style="list-style-type: none"> <li>• Staff who reported feeling more negative about patients who self-harm reported more worry about working with this patient group.</li> <li>• Unqualified nursing staff reported more negativity and worry than qualified staff</li> </ul>	<p>Low response rate (12%)</p>
<p><b>Whitehead 2002</b></p> <p>Therapeutic aspects of the psychosocial assessment following overdose</p>	<p>Looked at treatment satisfaction and any perceived benefits of the psychosocial assessment</p>	<p>Convenience sample</p> <p>UK</p>	<p>Quantitative &amp; qualitative study</p> <p>Patients referred for psychosocial assessment were approached at 8.30am to participate &amp; received a baseline interview. All participants</p>	<p>Individuals who were admitted to local general hospital following an overdose</p> <p>N = 20</p> <p>70% Female</p> <p>Aged 19-60</p> <p>100% presented</p>	<ul style="list-style-type: none"> <li>• The majority of participants (10/12) felt that their assessor understood their difficulties, and how they were feeling, and that their assessment was helpful</li> </ul>	<p>Small sample</p>

			were re-interviewed at noon whether or not they had received an assessment to determine whether psychosocial assessment had an impact on patient outcomes	after an overdose; 70% had history of previous overdose		
<b>Whitlock 2009</b> Non-suicidal self-injury in college populations: Mental health provider assessment of prevalence and need	Investigated provider experience with non-suicidal self-injury	All members of a listserv linking over 700 college and university counselling centre directors nationwide were invited to participate  US	Qualitative and Quantitative study  Analysis: SPSS & constant comparative method	N = 290  Counsellor/clinical psychologist (220), social worker (32), non-specified mental health worker (20), other (18)  Age and gender of participants not disclosed	<ul style="list-style-type: none"> <li>• Most respondents perceived recent increases in non-suicidal self-injury and lack of effective treatment knowledge.</li> <li>• Most favoured DBT or CBT for treatment but few found treatment effective.</li> </ul>	US population: may not generalize to UK or other populations

### 1.1.1 Characteristics of excluded studies

Ref ID	Reason for exclusion
e.g. ALLISON2011	Does not report experiences of e.g. self harm

### 1.1.2 References of excluded studies

**All of the following studies focused on shorter rather than longer term management.**

1. Cerel, J., Currier, G.W., & Cooper, J. (2006) Consumer and family experiences in the emergency department following a suicide attempt. *Journal of Psychosomatic Research*, 12, 341-347.

Reason: Only examines experience of short term management: does not refer to longer term management.

2. Dunleavey, R. (1992) An adequate response to a cry for help? Parasuicide patients' perceptions of their nursing care. *Professional Nurse*, 7, 213-215.

Reason: Refers to peoples experience of the emergency department only

3. Hengeveld, M. W., Kerkhof, A. J. F. M. and van der Wal, J. (1988) Evaluation of psychiatric consultations with suicide attempters. *Acta Psychiatrica Scandinavica*, 77, 283-289.

Reason: Refers only to experience of hospital management and first psychiatric consultation

4. Palmer, L., Strevens, P., & Blackwell, H. (2006) Better services for people who self-harm: Data summary - Wave 1 baseline data. London, Royal College of Psychiatrists.

Reason: Refers to STM only

5. Rotheram-Borus, M.J., Piacentini, J., Van Rossen, R., *et al.* (1999) Treatment adherence among Latina female adolescent suicide attempters. *Suicide and Life-Threatening Behavior*, 29, 293-311.

Reason: Refers to emergency room interventions only

6. Suominen, K., Suokas, J., & Lonqvist, J. (2007) Attitudes of general hospital emergency room personnel towards attempted suicide patients. *Nord J Psychiatry*, 61, 387-392.

Reason: Attitudes of emergency department staff towards suicide attempters

7. Treloar, A. & Pinfold, T. (1993) Deliberate self-harm: an assessment of patients' attitudes to the care they receive. *Crisis*, 14, 83-89.

Reason: Refers to the experience in an acute medical and surgical unit of a general hospital (i.e. STM)

8. Wiklander, M., Samuelsson, M., & Asberg, M. (2003) Shame reactions after suicide attempt. *Scandinavian Journal of Caring Sciences*, 17, 293-300.

Reason: Refers to experience of STM only

9. Wolk-Wasserman, D. (1985) The intensive care unit and the suicide attempt patient. *Acta Psychiatrica Scandinavica*, 71, 581-595.

Reason: Refers to experience of STM only (intensive care)

10. Abreu, K. P., Kohlrausch, E. R., & Lima, M. D. S. (2008) Care of user with suicidal behavior: the view of Health Community Agents -- a qualitative study. *Online Brazilian Journal of Nursing*, 7, 1.

Reason: Spanish

11. Blumengarten, S. (2008) The interplay of self-harm and identity development in adolescents. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.69 (1-B), pp., 664. (1-B).

Reason: Cannot find article as dissertation

12. Checketts, M. (2009) Female adolescent inpatients: An examination of coping with emotional dysregulation and the treatment experiences of youth with a history of self-mutilation. *Dissertation Abstracts International Section A: Humanities and Social Sciences*.69 (12-A), pp., 4875. (12-A).

Reason: Cannot find article as dissertation

13. Christensen, E. (2008) The experiences of self-injurers over the course and resolution of self-injury. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.69 (3-B), pp., (3-B).

Reason: Cannot find article as dissertation

14. Claes, L. & Vandereycken, W. (2007) Is there a link between traumatic experiences and self-injurious behaviors in eating-disordered patients? *Eating Disorders*, 15, 305-315.

Reason: Focuses on the characteristics of those with eating disorders with and without self-injurious behaviour

15. Deliberto, T. & Nock, M. (2008) An exploratory study of correlates, onset, and offset of non-suicidal self-injury. *Archives of suicide research*, 12 (3), 219-231.

Reason: A laboratory-based study of self-injurious behavior that includes people who do and do not engage in self-injurious behaviour

16. Farber, S. (2008) Autistic and dissociative features in eating disorders and self-mutilation. [References]. *Modern Psychoanalysis*.33 (1), (1).

Reason: commentary regarding autistic features of self-mutilation in people with eating disorders

17. Farrelly, T. & Francis, K. (2009) Definitions of self-harm behavior in an Australian aboriginal community. *Suicide and Life-Threatening Behaviour*, 39, 182-189.

Reason: Does not relate to experience of self-harm. Provides definitions of self-harm and suicide as provided by an aboriginal community.

18. Fortune, S., Sinclair, J., Hawton, K. (2008) Adolescents' views on preventing self-harm. *Social Psychiatry and Psychiatric Epidemiology*, 43, 96-104.

Reason: Young people's views from general population who do not engage in SH and have no direct experience with SH.



19. Hadfield, J., Brown, D., Pembroke, L., et al. (2009) Analysis of accident and emergency doctors' responses to treating people who self-harm. *Qualitative Health Research*, 19, 755-765.

Reason: Emergency department doctors experience of treating physical wounds etc. Does not relate to longer term management.

20. Haw, C. & Hawton, K. (2008) Life problems and deliberate self-harm: Associations with gender, age, suicidal intent and psychiatric and personality disorder. *Journal of Affective Disorders*, 10, 139-148.

Reason: Does not involve experience

21. Heath, N., Toste, J, R. & Beettam, E, L. (2006) "I am not well-equipped": high school teachers' perceptions of self-injury. *Canadian Journal of Social Psychology*, 21, 73-92.

Reason: Views of teachers who do not work with people who self-harm and based in Canada were cultural viewpoints may differ drastically to UK.

22. Kenny, K. (2009) Dressing the wounds: An investigation into the experiences of middle school educators with students who self-injure. *Dissertation Abstracts International Section A: Humanities and Social Sciences*. 69(12-A), pp., 4639. (12-A).

Reason: Cannot find article as dissertation

23. Keogh, B., Doyle, L., & Morrissey, J. (2007) Suicidal behaviour: a study of emergency nurses' educational needs when caring for this patient group. *Emergency Nurse*, 15, 30-35.

Reason: Deals with the experience of nurses working in EMERGENCY DEPARTMENT (short term management) and suicidal behaviour.

24. Klonsky, E. (2006) The functions of deliberate self-harm in college students. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.66 (12-B), pp., 6927. (12-B).

Reason: Cannot find article as dissertation

25. Law, G, U., Rostill-Brookes, H. & Goodman, D. (2009) Public stigma in health and non-healthcare students: Attributions, emotions and willingness to help with adolescent self-harm. *International Journal of Nursing Studies*, 46, 108, 119.

Reason: Healthcare students with no previous experience of working with those who self-harm

26. Lesniak, R. (2009) The lived experience of adolescent females who self-injure by cutting. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.69 (11-B), pp., 6698. (11-B).

Reason: Cannot find article as dissertation

27. Ligier, F., Vidailhet, C., & Kabuth, B. (2009) Ten-year psychosocial outcome of 29 adolescent suicide-attempters. *Encephale*, 35, 470-476.

Reason: In French

28. Lovell, A. (2009) Daniel's story: self-injury and the case study as method. *British Journal of Nursing*, 15 (3), 166-170.

Reason: Case study investigating the relationship between people with learning disabilities and self-injury.

29. Macedo, M. & Werlang, B. (2007) Suicide attempt: The traumatic via pain-act. *Psicologia: Teoria e Pesquisa*, 23 (2).

Reason: Portuguese

30. McCann, T., Clark, E., McConnachie, S., et al. (2006) Accident and emergency nurses' attitudes towards patients who self harm. *Accident and Emergency Nursing*, 14, 4-10.

Reason: Deals with attitudes of accident and emergency staff only i.e. short term management

31. McCarthy, L. & Gijbels, H. (2010) An examination of emergency department nurses' attitudes towards deliberate self-harm in an Irish teaching hospital. *International Emergency Nursing*, 18, 29-35.

Reason: Deals with attitudes of accident and emergency staff only i.e. short term management

32. Parkar, S, R., Dawani, V. & Weiss, M. G. (2006) Clinical diagnostic and sociocultural dimensions of deliberate self-harm in Mumbai, India. *Suicide and Life-Threatening Behavior*, 36, 223-238.

Reason: Underlying reasons for self harming differ to UK due to social and cultural differences (set in Mumbai, India)

33. Perseus, K. I., Öjehagen, A., Ekdahl, S., et al. (2003) Treatment of suicidal and deliberate self-harming patients with borderline personality disorder using dialectical behavioural therapy: the patients' and the therapists' perceptions. *Archives of Psychiatric Nursing*, 17, 218-227.

Reason: Borderline Personality Disorder population

34. Perseus, K., Kaver, A., Ekdahl, S., et al. (2007) Stress and burnout in psychiatric professionals when starting to use dialectical behavioural therapy in the work with young self-harming women showing borderline personality symptoms. *Journal of Psychiatric and Mental Health Nursing*, 14, 635-643.

Reason: Staff experiences of DBT and occupational stress. No experiences relating to self-harming behaviour.

35. Prive, A. An existential-phenomenological investigation of self-cutting among adolescent girls. *Dissertation Abstracts International Section A: Humanities and Social Sciences*.68 (11-A), 2008, pp., 4608. (11-A).

Reason: Cannot find article as dissertation

36. Rao, R. (2006) Wounding to heal: the role of the body in self-cutting. *Qualitative Research in Psychology*, 3, 45-58.

Reason: does not allude to the experience of the service users themselves but findings are over-ridden by the voice of the author and his views.

37. Rissanen, M., Kylma, J., Laukkanen, E. (2008a) Descriptions of self-mutilation among Finnish adolescents: a qualitative descriptive inquiry. *Issues in Mental Health Nursing*, 29, 145-163.

Reason: Descriptions of risk factors and act of self harm. Does not describe experience of behaviour, its meaning or experience of care.

38. Rissanen, M., Kylma, J., Laukkanen, E. (2008b) Parental conceptions of self-mutilation among Finnish adolescents. *Journal of Psychiatric and Mental Health Nursing*, 15, 212-218.

Reason: Descriptions of risk factors and act of self harm. Does not describe experience of caring for someone with self-harm or experience of being a parent of someone who self-harms.

39. Rodriguez, G., Gempeler, R., Perez, R., V et al (2007) Between internal suffering and silenced words: Analysis of narratives of women with eating disorders, trauma and self-mutilation. [Spanish]. [References]. *Revista Colombiana de Psiquiatria*.36 (2), Jun, (2).

Reason: Spanish, eating disorders not covered in the scope

40. Senarathna, L., Adams, J., DeSilva, D., *et al.* (2008) Personal and professional challenges in the management of deliberate self-poisoning patients in rural Sri Lanka: a qualitative study of rural hospital doctors' experiences and perceptions. *BMC Public Health*, 8, 373.

Reason: Carried out in Sri Lanka in which staff perspectives differ from UK.

41. Snorrason, J., Grimsdottir, G. U., & Sigurdsson, J. F. (2007) Special observation on psychiatric patients on acute inpatient wards at the Division of Psychiatry, Landspítali-University Hospital in Iceland, attitudes of patients and staff. *Laeknabladid*, 93, 833-839.

Reason: Icelandic

42. Suokas, J., Suominen, K., & Lonnqvist, J. (2009) The attitudes of emergency staff toward attempted suicide patients: a comparative study before and after establishment of a psychiatric consultation service. *Crisis*, 30, 161-165.

Reason: Examines the impact of the establishment of a psychiatric consultation service on attitudes of **emergency staff**: Not relevant to longer term management.

43. Suominen, K., Suokas, J., & Lonnqvist, J. (2007) Attitudes of general hospital emergency room personnel towards attempted suicide patients. *Nord J Psychiatry*, 61, 387-392.

Reason: Attitudes of emergency department staff towards suicide attempters

44. Wagner, J. & Rehfuss, M. (2008) Self-injury, sexual self-concept, and a conservative Christian upbringing: An exploratory study of three young women's perspectives. *Journal of Mental Health Counseling*, 30, 173-188.

Reason: Relates more to risk factors as attempts to explore relation between self injury and sexual self-concept and religion. Does not relate to experience of self-injury.

45. Walker, T. (2009) 'Seeing beyond the battered body' -- an insight into selfhood and identity from women's accounts who self-harm with a diagnosis of borderline personality disorder. *Counselling & Psychotherapy Research*, 9, 122-128.

Reason: Borderline Personality Disorder population

46. Warm, A., Murray, C. & Fox, J. (2002) Who helps? Supporting people who self-harm. *Journal of Mental Health*, 11, 121-130.

Reason: Non-UK study with no experiences relevant to UK

47. Weinberg, M. (2008) The experience of deliberate self-harm: A grounded theory study. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.68 (10-B), pp., 6987. (10-B).

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48. Wertlieb, L. (2006) Making meaning of self-cutting behavior: a qualitative analysis of case studies. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.67 (5-B), pp., 2848. (5-B).

Reason: Reason: Cannot find article as dissertation

49. Wilstrand, C., Lindgren, B. M., Gilje, F., *et al.* (2007) Being burdened and balancing boundaries: A qualitative study of nurses' experiences caring for patients who self-harm. *Journal of Psychiatric and Mental Health Nursing*, 1, 72-78.

Reason: Carried out in a psychiatric patient setting in Sweden. Cannot generalise to UK setting.

50. Wyder, M. (2006) Understanding deliberate self harm: An enquiry into attempted suicide. *Dissertation Abstracts International: Section B: The Sciences and Engineering*.67 (3-B), pp., 1371. (3-B).

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51. Elliot, E., Pitts, M. & McMaster, J. (1992) Nurses' views of parasuicide in a developing country. *International Journal of Social Psychiatry*, 38, 273-279.