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RISK AND PROTECTIVE FACTORS

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1.1 CHARACTERISTICS OF STUDIES INCLUDED IN THE META-ANALYSIS

BJORNAAS2009

Bibliographic reference	Bjornaas, M. A., Jacobsen, D., Haldorsen, T., *et al*. (2009) Mortality and causes of death after hospital-treated self-poisoning in Oslo: a 20-year follow-up mortality and causes of death after self-poisoning. *Clinical Toxicology*, *47*, 116–123
Methods	Study design: prospective cohort study in Norway Recruitment setting: patients discharged following treatment for self-poisoning Study length: 20 years
Participants	N used in analysis: 946 History of self-harm: unclear Diagnosis: no abuse 53%, opioid addict 12% Age: 13 to 93 years (median 31) Gender: female 51%
Risk and protective factors	Gender, social groups, suicide intent, substance abuse, consciousness level, psychiatrist seen
Study limitations	Suicidal motive measured was subjective and no form/scales was used; no psychiatric diagnosis.

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

BILLE-BRAHE1994

Bibliographic reference	Bille-Brahe, U. & Jessen, G. (1994) Repeated suicidal behavior: a two-year follow-up. *Crisis*, *15*, 77–82.
Methods	Study design: prospective cohort study in Denmark Recruitment setting: suicide attempts registered at hospital Study length: 2 years
Participants	N used in analysis: 392 History of self-harm: made at least one attempt 57% Diagnosis: unclear Age: 15 years or above Gender: female 58%
Risk and protective factors	Self-harm history, marital status, living situation, economic situation
Study limitations	Unadjusted ratios

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Unclear

CHANDRASEKARAN2008

Bibliographic reference	Chandrasekaran, R. & Gnanaselane, J. (2008) Predictors of repeat suicidal attempts after first-ever attempt: a two-year follow-up study. *Hong Kong Journal of Psychiatry*, *18*, 131–135.
Methods	Study design: prospective cohort study in India Recruitment setting: presented to A&E after first ever attempt Study length: 2 years
Participants	N used in analysis: 293 History of self-harm: first attempt Diagnosis: baseline depression 26%, alcohol dependence 6%, anxiety 5%, personality disorder 5% Age: mean 26 years Gender: female 55%
Risk and protective factors	Gender, employment, marital status, depression, hopelessness, mean stress score
Study limitations	High percentage of participants come from rural area

Risk of bias table

Item	Judgement
Study sample	Unclear
Loss to follow-up	Yes
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

CHEN2010

Bibliographic reference	Chen, V. C. H. (2010) Non-fatal repetition of self-harm: population-based prospective cohort study in Taiwan. *British Journal of Psychiatry*, *196*, 31–35.
Methods	Study design: prospective cohort study in Taiwan Recruitment setting: residents who self-harmed from register record in 2000–2003 and followed up to 2005 Study length: around 5 years
Participants	N used in analysis: 970 History of self-harm: unclear

	Diagnosis: unclear Age: mean 37 years Gender: female 63%
Risk and protective factors	Gender, age, method of self-harm, education, marital status
Study limitations	Did not assess for psychiatric diagnosis

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

CHEN2011

Bibliographic reference	Chen, V. C., Tan, H. K., Chen, C. Y., *et al.* (2011) Mortality and suicide after self-harm: community cohort study in Taiwan. *British Journal of Psychiatry*, *198*, 31–36.
Methods	Study design: prospective cohort study in Taiwan Recruitment setting: residents who self-harmed from register record in 2000–2003 and followed up to 2005 Study length: around 5 years
Participants	N used in analysis: 970 History of self-harm: unclear Diagnosis: unclear Age: mean 37 years Gender: female 63%
Risk and protective factors	Gender, age, method of self-harm, education, marital status
Study limitations	Did not assess for psychiatric diagnosis

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

CHITSABESAN2003

Bibliographic reference	Chitsabesan, P., Harrington, R., Harrington, V., *et al.* (2003) Predicting repeat self-harm in children: how accurate can we expect to be? *European Child and Adolescent Psychiatry*, *12*, 23–29
Methods	Study design: prospective cohort study in UK Recruitment setting: Children referred to CAMHS teams taken an overdose Study length: 6 months
Participants	N used in analysis: 147 History of self-harm: history of self-harm 29% Diagnosis: depression 69%, substance abuse 51%, conduct disorder 9% Age: mean 14.5 years (all below 16 years) Gender: female 85%
Risk and protective factors	Parental mental health, suicidal ideation, depression, family functioning, previous attempts, suicidal intent
Study limitations	Relatively shorter follow-up

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Unclear
Outcome of interest	Unclear
Potential confounders	Yes
Statistical analysis	Yes

COLMAN2004

Bibliographic reference	Colman, I., Newman, S. C., Schopflocher, D., *et al.* (2004) A multivariate study of predictors of repeat parasuicide. *Acta Psychiatrica Scandinavica*, *109*, 306–312
Methods	Study design: prospective cohort study in Canada Recruitment setting: patients presented to A&E for treatment of parasuicide Study length: between 1 and 2 years
Participants	N used in analysis: 369 History of self-harm: history of self-harm 66% Diagnosis: major depression 66%, alcohol abuse/dependence 47%, drug abuse 29%, antisocial personality disorders 25%. Age: 16 years or above Gender: female 67%
Risk and protective factors	History of parasuicide, schizophrenia, depression, poor physical health
Study limitations	50% of participants not in labour force

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear

Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	Yes
Statistical analysis	Yes

COOPER2005

Bibliographic reference	Cooper, J., Kapur, N., Webb, R., *et al.* (2005) Suicide after deliberate self-harm: a 4-year cohort study. *American Journal of Psychiatry*, *162*, 297–303.
Methods	Study design: prospective cohort study in UK Recruitment setting: self-harm patients presented to emergency department Study length: around 4 years
Participants	N used in analysis: 7968 History of self-harm: history of self-harm 51% Diagnosis: unclear Age: median 30 years Gender: female 57%
Risk and protective factors	Socioeconomic characteristics, clinical characteristics, mental state, precipitants of self-harm, avoided discovery, self-cutting as method, not living with close relatives, previous psychiatric treatment, alcohol misuse, physical health problems
Study limitations	N/A

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Yes
Statistical analysis	Yes

DIESERUD2003

Bibliographic reference	Dieserud, G., Roysamb, E., Braverman, M., *et al.* (2003) Predicating repetition of suicide attempt: a prospective study of 50 suicide attempters. *Archives of Suicide Research*, *7*, 1–15.
Methods	Study design: prospective cohort study in Norway Recruitment setting: patients admitted to hospital after suicide attempt (self-poisoning 98%) Study length: about 1.5 years
Participants	N used in analysis: 50 History of self-harm: unclear Diagnosis: unclear Age: mean 41 years Gender: female 67%
Risk and protective factors	Gender, age, previous attempt, suicide intent, medical risk, depression, hopelessness, self-efficacy, self-esteem, problem-solving
Study limitations	N/A

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

HAWTON1992

Bibliographic reference	Hawton, K. & Fagg, J. (1992) Deliberate self-poisoning and self-injury in adolescents. a study of characteristics and trends in Oxford, 1976–89. *British Journal of Psychiatry*, *161*, 816–823.
Methods	Study design: prospective cohort study in UK Recruitment setting: children aged 10 to 19 years referred to hospital after attempted suicide Study length: 14 years
Participants	N used in analysis: 2282 History of self-harm: history of self-harm 20% Diagnosis: personality disorder 4.9%, personality disorder 4.1%, drug dependence in 4.3% of males and 1.1% of females, alcoholism in 1.3% of males and 0.7% of females Age: 10 to 19 years Gender: female 73%
Risk and protective factors	Gender, psychiatric history
Study limitations	N/A

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

HAWTON2008

Bibliographic reference	Hawton, K. & Harriss, L. (2008b) Deliberate self-harm by under-15-year-olds: characteristics, trends and outcome. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, *49*, 441–448.
Methods	Study design: prospective cohort study in UK Recruitment setting: children (aged 8 to 15 years) at first presentation to hospital after self-harm Study length: 26 years
Participants	N used in analysis: 710 History of self-harm: history of self-harm 27% Diagnosis: self-poisoning 92%, eating disorder (no other information provided) 3.4% Age: 8 to 15 years old Gender: female 87%
Risk and protective factors	Gender
Study limitations	Unable to obtain reliable recording of psychiatric disorder

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

HOLLEY1998

Bibliographic reference	Holley, H. L., Fick, G. & Love, E. J. (1998) Suicide following an inpatient hospitalization for a suicide attempt: a Canadian follow-up study. *Social Psychiatry and Psychiatric Epidemiology*, *33*, 543–551.
Methods	Study design: prospective cohort study in Canada Recruitment setting: adults first ever inpatient admission to hospital for suicide attempt Study length: 13 years
Participants	N used in analysis: 876 History of self-harm: unclear, but 35 to 43% had alcohol as a factor in the attempt Diagnosis: schizophrenic disorders 4.9%, depressive disorders 68.5%, other psychoses 2.6%, other neuroses 24% Age: 22 to 25% aged below 21 years, 35 to 39% aged 21 to 30 years, 20% aged 31 to 40 years Gender: female 62%
Risk and protective factors	Gender, marital status, income, primary diagnosis, psychiatric comorbidity, physical comorbidity, prior non-hospitalised attempt, prior psychiatric admissions, alcohol as factor, non-violent method used
Study limitations	Excluded high-risk subjects (that is, those with prior inpatient hospitalisation for

	self-harm) (argue this will deflate the cumulative mortality)

Risk of bias table

Item	Judgement
Study sample	Unclear
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

HULTEN2001

Bibliographic reference	Hulten, A., Jiang, G. X., Wasserman, D., *et al.* (2001) Repetition of attempted suicide among teenagers in Europe: frequency, timing and risk factors. *European Child and Adolescent Psychiatry*, *10*, 161–169.
Methods	Study design: prospective cohort study in Europe (Italy, Finland, UK, Sweden, Norway, Germany) Recruitment setting: age 15 to 19 years, attempted suicide and received A&E treatment at hospital Study length: average of 4 years
Participants	N used in analysis: 1264 History of self-harm: self-harm history 38% Diagnosis: unclear Age: 15 to 19 years old Gender: female 72%
Risk and protective factors	Methods of self-harm, previous history of self-harm
Study limitations	Psychiatric diagnosis reported

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Yes
Statistical analysis	Yes

JOHNSSON1996

Bibliographic reference	Johnsson, F., Ojehagen, A. & Traskman-Bendz, L. (1996) A 5-year follow-up study of suicide attempts. *Acta Psychiatrica Scandinavica*, *93*, 151–157.
Methods	Study design: prospective cohort study in Sweden

	Recruitment setting: patients admitted after suicide attempt Study length: 5 years
Participants	N used in analysis: 42 History of self-harm: self-harm history 48% Diagnosis: personality disorder 68%, MDD 35%, dysthymia 21%, substance-use disorder 8%, adjustment disorder 17%, anxiety disorder 9%, psychoses 5%, eating disorders 1.3% Age: adolescents Gender: female 59%
Risk and protective factors	Gender, marital status, previous attempts, psychiatric treatment, employment, parent psychiatric treatment, major depressive, personality disorder
Study limitations	Unadjusted ratio, lost to follow-up

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Unclear

JOHNSTON2006

Bibliographic reference	Johnston, A., Cooper, J., Webb, R., *et al.* (2006) Individual- and area-level predictors of self-harm repetition. *British Journal of Psychiatry*, *189*, 416–421.
Methods	Study design: prospective cohort study in UK Recruitment setting: patients (aged 16 years or above) who self-harmed and presented to A&E Study length: at least 6 months
Participants	N used in analysis: 4743 History of self-harm: self-harm history 55% Diagnosis: unclear; previous psychiatric treatment 51% Age: adults aged 16 years or above Gender: unclear
Risk and protective factors	Previous self-harm, previous psychiatric treatment, employment status, marital status, race
Study limitations	Males and those using self-cutting method may have been under-represented

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

KRARUP1991

Bibliographic reference	Krarup, G., Nielsen, B., Rask, P., *et al.* (1991) Childhood experiences and repeated suicidal behavior. *Acta Psychiatrica Scandinavica*, *83*, 16–19.
Methods	Study design: prospective cohort study in Denmark Recruitment setting: patients presented to hospital after suicide attempt Study length: 5 years
Participants	N used in analysis: 99 History of self-harm: unclear Diagnosis: depression 8%, schizophrenia 8%, other psychoses 7%, neuroses 25%, personality disorders 30%, alcohol abuse 45%, medicine abuse 19%, no psychiatric diagnosis 11% Age: 9% under 19 years old; 63% aged 20 to 39 years; 28% over 40 years old Gender: female 48%
Risk and protective factors	Gender, loss of parents in childhood, age, quality of childhood
Study limitations	Control group comprised people who had never made any attempt to self-harm prior to the index attempt, nor made a repeated attempt during follow-up (inclusion of first timers in the sample reduced the predictive power of risk for repetition); unadjusted ratio

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Unclear

McAULIFFE2008

Bibliographic reference	McAuliffe, C., Corcoran, P., Hickey, P., *et al.* (2008) Optional thinking ability among hospital-treated deliberate self-harm patients: a 1-year follow-up study. *British Journal of Clinical Psychology*, *47*, 43–58.
Methods	Study design: prospective cohort study in Ireland Recruitment setting: adults 18 to 64 years admitted to A&E for self-harm Study length: 1 year
Participants	N used in analysis: 152 History of self-harm: 63.1% Diagnosis: unclear Age: aged 18 to 64 years Gender: female 62.5%
Risk and protective factors	Gender, age, method of self-harm, marital status, education, self-harm history, optional thinking, suicide intent, hopelessness
Study limitations	Males were significantly older than females; more females were married and highly educated

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

MIRANDA2008

Bibliographic reference	Miranda, R., Scott, M., Hicks, R., *et al.* (2008) Suicide attempt characteristics, diagnoses, and future attempts: comparing multiple attempters to single attempters and ideators. *Journal of the American Academy of Child & Adolescent Psychiatry*, *47*, 32–40.
Methods	Study design: prospective cohort study in US Recruitment setting: school adolescents aged 12 to 18 years who endorsed a lifetime suicide attempt, recent ideation or both Study length: 4 to 6 years
Participants	N used in analysis: 228 History of self-harm: suicidal ideation only (data not extracted) 65%, single suicide attempt 20%, multiple suicide attempts 15% Diagnosis: mood disorder 27%, anxiety disorder 37%, substance misuse/dependence disorder 13% Age: mean 15.5 years Gender: female 63%
Risk and protective factors	Gender, baseline mood, anxiety, substance, any diagnosis, age, ethnicity, multiple attempts
Study limitations	Over-representation of male and Hispanic teens at follow-up, self-endorsed attempts

Risk of bias table

Item	Judgement
Study sample	No
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Unclear
Potential confounders	Yes
Statistical analysis	Yes

NORDENTOFT1993

Bibliographic reference	Nordentoft, M., Breum, L., Munck, L. K., *et al.* (1993) High mortality by natural and unnatural causes: a 10 year follow up study of patients admitted to a

	poisoning treatment centre after suicide attempts. *British Medical Journal*, *306*, 1637–1641.
Methods	Study design: prospective cohort study in Denmark Recruitment setting: patients who self poison presented in 1980 Study length: 10 years
Participants	N used in analysis: 974 History of self-harm: unclear Diagnosis: no mental illness 40%, schizophrenia diagnosis 4%, personality disorder 15%, alcoholism diagnosis 28% Age: 15 years or above Gender: female 63%
Risk and protective factors	Older age, living alone, two or more repetitions
Study limitations	N/A

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

OWENS1994

Bibliographic reference	Owens, D., Dennis, M., Read, S., *et al.* (1994) Outcome of deliberate self-poisoning: an examination of risk factors for repetition. *British Journal of Psychiatry*, *165*, 797–801.
Methods	Study design: prospective cohort study in UK Recruitment setting: Admitted to hospital for self-poisoning between 1985 and 1986 Study length: 1 years
Participants	N used in analysis: 992 History of self-harm: self-harm history 35% Diagnosis: past psychiatric contact 33%, psychiatric admission 15% Age: unclear Gender: female 61%
Risk and protective factors	Gender, previous attempt, marital status, past psychiatric admission
Study limitations	Unadjusted data

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes

Potential confounders	Unclear
Statistical analysis	Unclear

SCOLIERS2009

Bibliographic reference	Scoliers, G., Portzky, G., van Heeringen, K.,. *et al.* (2009) Sociodemographic and psychopathological risk factors for repetition of attempted suicide: a 5-year follow-up study. *Archives of Suicide Research*, *13*, 201–213.
Methods	Study design: prospective cohort study in Belgium Recruitment setting: attempters referred to A&E and contacted 5 years later Study length: 5 years
Participants	N used in analysis: 361 History of self-harm: 34% Diagnosis: high anxiety score at follow-up 61%, high depression score at follow-up 46%, above-average SCL-90 scores 29% Age: majority younger than 40 years old Gender: female 57%
Risk and protective factors	Gender, age, civil status, education, living status, unemployment, income, risk assess scale, psychopathology, suicide ideation, anxiety scores, depression scores, SCL-90
Study limitations	N/A

Risk of bias table

Item	Judgement
Study sample	Unclear
Loss to follow-up	No
Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	No
Statistical analysis	Yes

SKOGMAN2004

Bibliographic reference	Skogman, K., Alsen, M. & Ojehagen, A. (2004) Sex differences in risk factors for suicide after attempted suicide – a follow-up study of 1052 suicide attempters. *Social Psychiatry and Psychiatric Epidemiology*, *39*, 113–120.
Methods	Study design: prospective cohort study in Sweden Recruitment setting: suicide attempters (aged 15 to 96 years) admitted to hospital between 1995 and 1997 Study length: 6 years
Participants	N used in analysis: 1052 History of self-harm: 45% Diagnosis: depression 19%, adjustment disorder 36%, substance-use disorder 11%, psychosis 8% Age: Mean age 40 Gender: female 61%
Risk and protective factors	Male, older age (over 50 years old), repeater, major depression, violent index attempt, high suicide intent score
Study limitations	Some data missing; excluded cases of 'uncertain suicide'

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Yes
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Yes
Statistical analysis	Yes

SUOKAS2001

Bibliographic reference	Suokas, J., Suominen, K., Isometsa, E., *et al.* (2001) Long-term risk factors for suicide mortality after attempted suicide – findings of a 14-year follow-up study. *Acta Psychiatrica Scandinavica*, *104*, 117–121.
Methods	Study design: prospective cohort study in Finland Recruitment setting: treated during 1983 at A&E Study length: 13 to 14 years
Participants	N used in analysis: 1018 History of self-harm: 48% Diagnosis: previous psychiatric treatment 60% Age: 54% were under 35 years old Gender: female 53%
Risk and protective factors	Male, previous attempt, somatic disease, suicide intent, previous psychiatric treatment
Study limitations	No psychiatric diagnosis information

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

WANG2006

Bibliographic reference	Wang, A. G. & Mortensen, G. (2006) Core features of repeated suicidal behaviour: a long term follow-up after suicide attempts in a low-suicide-incidence population. *Social Psychiatry and Psychiatric Epidemiology*, *41*, 103–107.
Methods	Study design: prospective cohort study in Norway and Iceland Recruitment setting: suicide cohort from hospital system from 1979 to 1982 Study length: 5 to 20 years
Participants	N used in analysis: 125 History of self-harm: unclear Diagnosis: other psychoses 13%, anxiety 16%, alcohol abuse 11%, under alcohol

	influence 46%, contain suicide letter 7% Age: mean 35 years Gender: female 54%
Risk and protective factors	Age (under 40 years and above 40 years), newcomer, alcohol intoxication, suicide letter at index episode
Study limitations	Half of the attempts were made under the influence of alcohol

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Yes
Statistical analysis	Yes

WONG2008

Bibliographic reference	Wong, J. P. S., Stewart, S. M., Claassen, C., *et al.* (2008) Repeat suicide attempts in Hong Kong community adolescents. *Social Science and Medicine*, *66*, 232–241.
Methods	Study design: prospective cohort study in Hong Kong Recruitment setting: self-endorsed single or more attempts at baseline (questionnaire) Study length: 1 year
Participants	N used in analysis: 1099 History of self-harm: 2% self-harmed within the past year Diagnosis: depressive symptoms 24% (Centre for Epidemiological Studies-Depression), anxiety symptoms 20% (Chinese version of STAI-T) Age: mean 15 years (range 12 to 18 years) Gender: female 33%
Risk and protective factors	Gender, depression scores, anxiety scores, substance use, life-stress scores, suicide ideation, attempt 12 months prior to baseline
Study limitations	Self-endorsed attempts

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Unclear
Outcome of interest	Yes
Potential confounders	Yes
Statistical analysis	Yes

YEO1993

Bibliographic reference	Yeo, H. M. & Yeo, W. W. (1993) Repeat deliberate self-harm: a link with childhood sexual abuse? *Archives of Emergency Medicine*, *10*, 161–166.
Methods	Study design: prospective cohort study in UK Recruitment setting: patients admitted for self-harm Study length: 6 months
Participants	N used in analysis: 178 History of self-harm: 68% Diagnosis: psychiatric history (psychotic illness, substance misuse) 54% Age: mean 30 years Gender: female 62%
Risk and protective factors	History of childhood sexual abuse
Study limitations	N/A

Risk of bias table

Item	Judgement
Study sample	Yes
Loss to follow-up	Unclear
Prognostic factor	Yes
Outcome of interest	Yes
Potential confounders	Unclear
Statistical analysis	Yes

1.2 CHARACTERISTICS OF EXCLUDED STUDIES

AL2010

Reason for exclusion	Article was in Turkish language

BAKKEN2007

Reason for exclusion	Alcohol-dependent population without index episode

BARKER2008

Reason for exclusion	Outcomes not reportable

BERGMAN1991

Reason for exclusion	No relevant outcomes. Population focused on battered wives

BORKGES2008

Reason for exclusion	Non-clinical population

BRADVIK2003

Reason for exclusion	No relevant outcomes

BRAMNESS2010

Reason for exclusion	Non-clinical population

BREZO2008

Reason for exclusion	Non-clinical population

CARTER2006

Reason for exclusion	Did not report future repetition of self-harm

CHIU1996

Reason for exclusion	No relevant outcomes

COOPER2000

Reason for exclusion	head banging behaviour

DE MOORE1996

Reason for exclusion	No relevant outcomes

FAIRWEATHER-SCHMIDT2010

Reason for exclusion	Non-clinical population

GOLLUST2008

Reason for exclusion	Non-clinical population

GREENFIELD2008

Reason for exclusion	Population (children) not 100% clinical

HAAVISTO2005

Reason for exclusion	Non-clinical population

HENGEVELD1991

Reason for exclusion	No relevant outcomes

JOINER2000

Reason for exclusion	Population recruited for ideation only

KING1995

Reason for exclusion	Only 19% hospitalised for attempts. Outcomes unavailable

KREITMAN1988

Reason for exclusion	No relevant outcomes

LADWIG2010

Reason for exclusion	Look at factors for ideation

LARSSON2008

Reason for exclusion	Non-clinical population

LIN2010

Reason for exclusion	Non-clinical population

LUNDH2011

Reason for exclusion	Non-clinical population

MELLESDAL2010

Reason for exclusion	Admissions not 100% due to self-harm. Some admitted for other reasons

NOLL2003

Reason for exclusion	Non-clinical population

NORGATE1996

Reason for exclusion	No relevant outcomes

NRUGHAM2010

Reason for exclusion	Non-clinical population

ONEN2010

Reason for exclusion	Article was in Turkish language

OQUENDO2007

Reason for exclusion	Did not report prospective attempts

PLATT1991

Reason for exclusion	No relevant outcomes

POMPILI2010

Reason for exclusion	Article was in Italian language

RYGNESTAD1988

Reason for exclusion	No relevant outcomes

SHIN2009

Reason for exclusion	Non-clinical population

SKEGG2003

Reason for exclusion	Non-clinical population

SOURANDER2006

Reason for exclusion	Non-clinical population

SUOMINEN2004

Reason for exclusion	No relevant outcomes

TSOI1987

Reason for exclusion	No relevant outcomes

WICHSTROM2009

Reason for exclusion	Non-clinical population

YATES2008A

Reason for exclusion	Non-clinical population

YATES2008B

Reason for exclusion	Non-clinical population

References to excluded studies

Bakken, K. & Vaglum, P. (2007) Predictors of suicide attempters in substance-dependent patients: a six-year prospective follow-up. *Clinical Practice and Epidemiology in Mental Health*, *3*, 20.

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