APPENDIX 15A: CLINICAL STUDY CHARACTERISTICS: EXPERIENCE OF CARE

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1.1 CHARACTERISTICS OF INCLUDED STUDIES

ADLER2007

Bibliographic reference	Adler, P. A. & Adler, P. (2007) The demedicalization of self-injury: from psychopathology to sociological deviance. *Journal of Contemporary Ethnography*, *36*, 537–570.
Aim of study	Patient perspective/experience overridden by interpretation of the researcher
Setting and sampling strategy	Colorado, US Convenience sample of individuals (recruited via radio, campus advertisements and the internet)
Design (method)	Qualitative study 80 in-depth interviews (lasting from 1 to 4 hours)
Population	N = 80 Male: n =15 Female: n = 65 Age: 16 to 55 years
Major findings	Reasons for engaging in self-injury Misconceptions about self-injury
Limitations	Little discussion of interviewers' potential bias No clear description of method of analysis or validation Participants' quotes were used to add validity to the findings from the synthesis of other research

ARNOLD1995

Bibliographic reference	Arnold, L. (1995) *Women and Self-injury: a survey of 76 women.* Bristol: Bristol Crisis Service for Women.
Aim of study	Examined experiences with staff, hospital management, service improvement, patient's understanding of her self-harm and underlying reasons
Setting and sampling strategy	UK Participants were recruited through local and national advertising
Design (method)	Qualitative and quantitative study Semi structured interviews (n = 26) and written questionnaires (n = 50)
Population	N = 76 Self-injurers Female: 100% Age: 18 years to late 50s
Major findings	For many, the treatment offered was often inappropriate or inadequate Many found being listened to by staff to be helpful, even in the short-term
Limitations	Did not explain why some women participated in interviews and others only questionnaires No explanation for how data were selected from the overall sample No examination of research's own bias No in-depth description of analysis method or validation

BAKER2008

Bibliographic reference	Baker, D. & Fortune, S. (2008) Understanding self-harm and suicide websites: a qualitative interview study of young adult website users. *Crisis*, *29*, 118–122.
Aim of study	Explored the accounts of young adults who engaged in self-harming and suicidal behaviours, and use websites dedicated to these issues
Setting and sampling strategy	London, UK Recruited directly from self-harm and suicide websites
Design (method)	Qualitative study In-depth semi-structured interviews conducted via email covering their usage of self-harm and suicide websites, and their understanding of self-harm and suicide in general Discourse analysis (Foucauldian)
Population	N = 10 Female: n = 9 Male: n = 1 Age: 18 to 33 years (mean 23 years) All participants were active users of at least one website dedicated to self-harm and/or suicide Duration of usage varied from 2 months to 3 years and most users used the websites daily
Major findings	Participants reported that these sites were essential sources of empathy and understanding, and a way of coping with social and psychological distress They also felt that these websites made them feel part of a community
Limitations	Small sample size Little discussion of interviewers' potential bias

BOLGER2004

Bibliographic reference	Bolger, S., O'Connor, P., Malone, K., *et al.* (2004) Adolescents with suicidal behaviour: attendance at A&E at six month follow up. *Irish Journal of Psychiatric Medicine*, *21*, 78–84.
Aim of study	Questions focused on reasons for self-harm, their view of their current psychological functioning, repetition of self-harm and views on what type of services would be useful for young people with suicidal ideation or behaviour
Setting and sampling strategy	Ireland Participants were recruited from A&E
Design (method)	Qualitative and quantitative study Two-stage recruitment: retrospective review of case notes of those with self-harm behaviour; participants were followed up 6 months after A&E attendance
Population	Young people with suicidal ideas or self-harming behaviour N = 89 Female: 61% Age: 14 to 20 years 61% presented after an overdose, 45% had previous history of self-harm and 46% had previous contact with mental health services
Major findings	The opportunity to talk was an important aspect contributing to their positive experience of aftercare Believed services were not adequately tailored for youth and called for inclusion in planning services

Limitations	Loss to follow-up was 65% (58 out of 89) Little discussion of interviewers' potential bias No clear description of method of analysis or validation Bias in sample selection and among those who participated

BROPHY2006

Bibliographic reference	Brophy, M. (2006) *Truth Hurts: report of the national inquiry into self-harm among young people*. London, Mental Health Foundation.
Aim of study	Examines young people's experience of aftercare
Setting and sampling strategy	UK Recruited young service users from across five consultation sites who had contact with five different community service organisations with a sixth online consultation group
Design (method)	Qualitative and quantitative study Online questionnaire; calls for personal testimonies were advertised via newspapers, magazines and other publications
Population	Young people with self-harm N = 40 Sex: unspecified proportion of male and female
Major findings	Some young people 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
Limitations	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 Highly selected population

BURGESS1998

Bibliographic reference	Burgess, S., Hawton, K. & Loveday, G. (1998) Adolescents who take overdoses: outcome in terms of changes in psychopathology and the adolescents' attitudes to care and to their overdose. *Journal of Adolescence*, *21*, 209–218.
Aim of study	Evaluated professional help received since the overdose, satisfaction with this help and the attitudes of the subject and others towards the overdose and its aftermath
Setting and sampling strategy	UK Recruited from A&E following incidents of self-poisoning and followed-up 3 months after taking an overdose
Design (method)	Quantitative Participants were initially interviewed using a quantitative questionnaire as close as possible to the index episode
Population	Young people who self-poison (overdoses of alcohol alone were excluded) N = 33 (loss to follow-up 24%) Female: 64% Age: 11 to 18 years 27% had a previous history of overdose
Major findings	72% found treatment to be useful Overall satisfaction with care was excellent/good for 44%, fair for 20% and

	poor for 36% Significant others generally had sympathetic views
Limitations	Small selected sample size High rate of failure of recruitment of eligible subjects Limited data on views of services collected

BYRNE2008

Bibliographic reference	Byrne, S., Morgan, S., Fitzpatrick, C., *et al.* (2008) Deliberate self-harm in children and adolescents: a qualitative study exploring the needs of parents and carers. *Clinical Child Psychology and Psychiatry*, *13*, 493–504.
Aim of study	Aimed to describe parents' and carers' experiences of self-harm in their child in order to identify support needs
Setting and sampling strategy	Dublin, Ireland Representative participants whose children had engaged in suicidal behaviour, were recruited from the Paediatric Emergency, CAMHS teams and family support services
Design (method)	Qualitative Focus groups were used to: establish what supports were needed by parents/carers of young people who self-harm; decipher if their idea of a support programme for parents was useful; establish what should be involved in such a group A transcript-based conceptual analysis was conducted to identify and explore emerging themes (inductive approach)
Population	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 N = 25 The authors did not specify whether the parents/carers were male or female
Major findings	Participants expressed the need for: support; information about suicidal behaviour in young people; skills for parenting a young person; and advice on managing further incidences Parents described significant difficulties in family communication, in parent–child relationships, and in the area of discipline following self-harm
Limitations	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

BYWATERS2002

Bibliographic reference	Bywaters, P. & Rolfe, A. (2002) *Look Beyond the Scars: Understanding and Responding to Self-injury and Self-harm*. London: NCH.
Aim of study	Examines hospital management; experiences with staff; post-hospitalisation management; effect on family and friends; and service improvement
Setting and sampling strategy	UK Recruited from NCH (formerly National Children's Home; The Children's Charity)
Design (method)	Qualitative research based on individual, face-to-face interviews with service users Interview length: from 45 minutes to over 2 hours
Population	Young people and adults with a history of self-harm and friends or partners (21%) of people who had self-harmed N = 24

	Female: 80% Age: 16 to 49 years (*Note.* The majority were in their late teens or early 20s.)
Major findings	Many felt they could not attend aftercare because they did not want to retell their story over and over again Treating patients with respect and allowing them to participate in treatment decisions by keeping them informed of their status was felt to be very important Participants requested more information about local formal support services and how to contact them
Limitations	Sample was not representative The report was commissioned by a charity organisation Little examination of differences between participants and non-participants Interviewees were almost exclusively late teenage/young adult females

CAMGAN1994

Bibliographic reference	Camgan, J. T. (1994) The psychosocial needs of patients who have attempted suicide by overdose. *Journal of Advanced Nursing*, *20*, 635–642.
Aim of study	To highlight psychosocial needs and evaluate health care support
Setting and sampling strategy	Northern Ireland Convenience sample (self-poisoners recruited from hospital before discharge)
Design (method)	Qualitative research Focused, face-to-face, non-directive interviews Exploratory, descriptive design Data analysis was conducted using the principles of content analysis (Field & Morse, 1991)
Population	Individuals who had survived attempted suicide through self-poisoning N = 6 Female: 50%
Major findings	Needs identified included the need to: be loved; maintain a high level of self-esteem; have control of one's life; and be supported Problems were highlighted by all regarding communication difficulties with professionals
Limitations	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 content analysis may not have been objective Potential researcher bias

CARDELL1999

Bibliographic reference	Cardell, R. & Pitula C. R. (1999) Suicidal inpatients' perceptions of therapeutic and nontherapeutic aspects of constant observation. *Psychiatric Services*, *50*, 1066–1070.
Aim of study	Explored patients' experiences of constant observation following suicide attempt Outcomes: post-hospitalisation management and experiences with staff
Setting and sampling strategy	North America Participants were selected non-randomly from three psychiatric facilities: 60% (n = 12) at state-owned psychiatric institutions; 40% (n = 8) at general medical centres with psychiatric inpatient units

Design (method)	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
Population	Suicidal adult psychiatric inpatients that had experienced constant observation within the past 2 weeks N = 20 Female: 65% Mean age: 32 years
Major findings	The majority of participants expressed positive feelings toward the observers, particularly when they perceived them as friendly and willing to help The perceived attitudes and behaviours of observers sometimes led patients to become distressed
Limitations	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

COOKE2009

Bibliographic reference	Cooke, E. & James, V. (2009) A self-harm training needs assessment of school nurses. *Journal of Child Health Care*, 13, 260–274.
Aim of study	Examined the attitudes and experiences of school nurses who had dealt with self-harm issues, particularly areas in which they felt they needed more training or support
Setting and sampling strategy	UK Purposeful convenience sample of 21 school nurses from one primary care trust were invited to participated
Design (method)	Qualitative and quantitative study A 10-minute questionnaire that included closed- and open-ended questions was used. A 10 to 15 minute, semi-structured interview was also conducted Closed-ended questions were analysed using descriptive statistics Open-ended questions were analysed using thematic analysis Phenomenological approach
Population	School nurses from the primary care trust N = 13 (questionnaires n = 9; interviews n = 4) Age and gender not disclosed
Major findings	Participants felt they needed more training in self-harm Training that focused on practical approaches and theoretical knowledge of self-harm would be beneficial
Limitations	Small sample size for both questionnaires and interviews Low response rate (42.9%) from potential participants

CORCORAN2007

Bibliographic reference	Corcoran, J., Mewse, A. & Babiker, G. (2007) The role of women's self-injury support-groups: a grounded theory. *Journal of Community & Applied Social Psychology*, *17*, 35–52.
Aim of study	Investigates the role of three UK self-injury support-groups in women's management of self-injury and associated difficulties
Setting and sampling strategy	UK 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 and (c) being over 16 years
Design (method)	Qualitative study Semi-structured interviews Grounded theory To enhance validity, the interview schedule was altered according to themes/ categories emerging from ongoing analysis
Population	N = 7 100% female, 100% Caucasian, aged 21 to 44 years (mean 36 years) 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
Major findings	Empowerment-as-process emerged as the core theme mediated through experiences of belonging, sharing, autonomy, positive feeling and change
Limitations	Sample size was small and self-selecting Those who had negative experiences of support groups were lacking

CRAIGEN2009

Bibliographic reference	Craigen, L. & Foster, V. (2009) "It was like a partnership of the two of us against the cutting": investigating the counselling experiences of young adult women who self-injure. *Journal of Mental Health Counseling*, *31*, 76–94.
Aim of study	Sample size was small and self-selecting Those who had negative experiences of support groups were lacking
Setting and sampling strategy	Virginia, US Purposeful sampling Recruited from a small mid-Atlantic public university via flyers and online advertisements
Design (method)	Qualitative study Phenomenological methodology Two face-to-face semi-structured interviews (open-ended questions)
Population	N = 10 Aged 18 to 23 years Eight were undergraduates and two were graduate students All were no longer actively cutting and were no longer in counselling for self-injurious behaviour
Major findings	The most helpful counsellor behaviours were respectful listening, understanding and acting as a friend Almost without exception, the participants considered no-harm contracts ineffective Participants did not like counsellors putting too much emphasis on the self-injurious behaviour
Limitations	Participants were all female, therefore these findings may not be generalisable to males

CROCKWELL1995

Bibliographic reference	Crockwell, L. & Burford G. (1995) What makes the difference? Adolescent females' stories about their suicide attempts. *Journal of Child and Youth Care*, *10*, 1–14.
Aim of study	To examine experiences of long-term social services involvement, with outcomes to include perceptions about their suicide attempts, and experiences

	with clinicians and significant others
Setting and sampling strategy	Canada Recruited residents from a group care programme (66%) and those undergoing counselling at a local community service agency (33%)
Design (method)	Qualitative study based on individual, face-to-face interviews (open-ended questions) Analysed from a phenomenological perspective using constant comparative method
Population	Women who had engaged in multiple suicide attempts by overdose during adolescence N = 3 Age: 16 to 23 years
Major findings	Some were satisfied with aftercare management because they were given the opportunity to talk about the issues that contributed to their self-harm episode Many service users placed a lot of responsibility upon professionals and expected their clinician to 'fix them'
Limitations	Very small sample size Little information on the population from which participants were sampled All female respondents

CURTIS2006

Bibliographic reference	Curtis, C. (2006) Sexual abuse and subsequent suicidal behaviour: exacerbating factors and implications for recovery. *Journal of Child Sexual Abuse*, *15*, 1–21.
Aim of study	Examined the insights of 24 women and, in particular, the meaning of events leading to and implicated in the recovery from suicidal behaviour
Setting and sampling strategy	New Zealand Participants were recruited through presentations at psychology classes, media advertisements, 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
Design (method)	Qualitative and quantitative study Open-ended, semi-structured interviews (average 2 hours) mostly conducted face-to-face Audiotaped and transcribed Thematic data analysis using QSR International NUD*IST ('Non-numerical Unstructured Data Indexing, Searching and Theorizing') software
Population	N = 24 Women who engaged in non-fatal suicidal behaviour while under the age of 25 years Age: 21 to 46 years (mean 29.6 years) Eligibility for participation in the research included: prior engagement in suicidal behaviour while under 25 years old; cessation of suicidal behaviour for at least 1 year; and self-assessed as having recovered from suicidality
Major findings	Confirms sexual abuse as a common precursor to suicidal behaviour Sexual abuse was exacerbated by problems with disclosure and issues of control 16 out of 24 had been sexually abused, 11 by family members
Limitations	Little discussion of interviewers' potential bias Unclear how suicidal behaviour was defined

DORER1999

Bibliographic reference	Dorer, C., Feehan, C., Vostanis, P., *et al.* (1999) The overdose process: adolescents' experience of taking an overdose and their contact with services. *Journal of Adolescence*, *22*, 413–417.
Aim of study	To describe young people's experiences following an overdose, particularly of their contact with paediatric and psychiatric services
Setting and sampling strategy	Birmingham, UK Recruited young people from Birmingham Children's hospital
Design (method)	Qualitative study: Semi-structured interviews used (joint interviews with young people and their parents) Follow-up: ranged from 6 days to 6 weeks after index episode
Population	Young people who had overdosed and their parents N = 63 (loss to follow-up 32% [n = 20]) Female: 83.7% Age: 8 to 17 years (mean 14.3 years). (*Note.* Only one child aged 8 years.)
Major findings	The majority of young people rated their contact with CAMHS as positive/very positive
Limitations	Only 33% of potential participants took part in the study

DOWER2000

Bibliographic reference	Dower, J., Donald, M., Kelly, B., *et al.* (2000) *Pathways to Care for Young People who Present for Non-fatal Deliberate Self-harm*. Queensland: School of Population Health, University of Queensland.
Aim of study	Examined experiences of aftercare in people who self-harmed
Setting and sampling strategy	Brisbane, Australia Recruited from A&E
Design (method)	Qualitative and quantitative methods In-depth psychosocial assessment including a telephone or face-to-face interview and questionnaire
Population	Individuals presenting to emergency after self-harm N =147 (loss to recruitment n = 47) Female: 47% Age: 18 to 24 years (mean 21 years)
Major findings	Poor continuity of care requiring frequent repetition of their 'story' Service users called for services specifically for young people
Limitations	No known limitations

DUPEROUZEL2008

Bibliographic reference	Duperouzel, H. & Fish, R. (2008) Why couldn't I stop her? Self injury: the views of staff and clients in a medium secure unit. *British Journal of Learning Disabilities*, *36*, 59–65.
Aim of study	To outline the experiences of nine people with mild/moderate learning disabilities who self-injured and those who worked with them
Setting and sampling strategy	UK Participants were staff and clients from a medium secure unit for people with learning disabilities.
Design (method)	A synthesis of two pre-existing studies. The first looked at staff responses to self-harm; the second looked at clients' reasons for self-harm and their view of

	the care they received Qualitative study Phenomenological approach In–depth, unstructured interviews were used. Verbatim transcriptions were then systematically and methodically analysed
Population	Study 1: Staff at the medium secure unit N = 9 Study 2: Clients at the medium secure learning disabilities unit N = 9 Male: n = 4 Female: n = 5 Age: not disclosed
Major findings	Key themes from both staff and clients related to issues around understanding, communication, control and blame
Limitations	Synthesis of two studies Sample taken from a learning disabilities, medium secure unit – may not be able to generalise results Small sample size

FISH2008

Bibliographic reference	Fish, R. & Duperouzel, H. (2008) 'Just another day dealing with wounds': self-injury and staff-client relationships. *Learning Disability Practice*, *11*, 12–15.
Aim of study	Explored the experiences of self-harmers, specifically the positive and negative aspects of staff-client interactions
Setting and sampling strategy	UK Participants were recruited via purposeful sampling
Design (method)	Qualitative study Phenomenological approach In depth interviews were conducted and the data were analysed using NVivo software
Population	People with mild/moderate learning difficulties, living in a medium-secure forensic secure unit. N = 9 Male: n = 4 Female: n = 5 Age: no information given Participants had experienced self-harm without the intent to commit suicide
Major findings	Staff-client relationships were of key importance
Limitations	Small sample size Sample was from a medium-secure learning-disability unit and findings may not be generalisable outside of this population

GIBB2010

Bibliographic reference	Gibb, S. J., Beautrais, A. L. & Surgenor, L. J. (2010) Health-care staff attitudes towards self-harm patients. *Australian and New Zealand Journal of Psychiatry*, *44*, 713–720.
Aim of study	To examine attitudes towards self-harm patients and need for training about self-harm amongst healthcare staff
Setting and sampling strategy	New Zealand General and psychiatric hospital

	Recruitment was carried out over a 24-hour period in each department (including A&E, intensive care, acute medical wards, and psychiatric inpatient wards, among others). All medical staff working in a department during the 24-hour recruitment period were asked to participate
Design (method)	Quantitative Questionnaire examining attitudes
Population	Healthcare staff (medical or psychiatric) from a general and psychiatric hospital Medical doctors n = 36, psychiatric doctors n = 11, medical nurses n = 103, psychiatric nurses n = 45 N = 195 Male: n = 54 Female: n = 133 Age: 22 to 64 years (median 37 years)
Major findings	Overall, healthcare staff had both positive and negative attitudes towards self-harm patients and they had a strong desire to help them Felt training was inadequate and did not feel confident in their helping role
Limitations	Response rate of 64.4% Carried out in New Zealand and thus attitudes may not be generalisable to UK

GORDON2010

Bibliographic reference	Gordon, K. H., Selby, E. A., Anestis, M. D., *et al.* (2010) The reinforcing properties of repeated deliberate self-harm. *Archives of Suicide Research*, *14*, 329–341.
Aim of study	To examine the experience of self-harm in terms of emotions and pain
Setting and sampling strategy	US Participants were drawn from two sources: n = 39 recruited from a university psychology clinic for therapeutic services who endorsed a history of self-harm on a questionnaire; n = 67 participants were drawn from other studies being conducted on mood disorders
Design (method)	Quantitative Questionnaire about emotions and experience of physical pain during their most recent episode
Population	Participants with a history of self-harm N = 106
Major findings	The more that participants had 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
Limitations	The data were collected cross-sectionally, which limits causal inference regarding repeated and feelings of relief. The study relied on retrospective reports of pain and relief

HARRIS2000

Bibliographic reference	Harris, J. (2000) Self-harm: cutting the bad out of me. *Qualitative Health Research*, *10*, 164–173.
Aim of study	Mainly focused on experience of A&E Other outcomes included the onset of self-harm, personal characteristics, reactions of family, friends and so on
Setting and sampling strategy	UK Recruited from a pen-pal network

Design (method)	Qualitative approach Correspondence design Collected letters from females with a history of deliberate self-harm
Population	Individuals who regularly self-cut/harm N = 6 Female: 100% Age: 20 to 45 years Participants reported harming for 5 to 39 years and age of onset ranged from 6 to 20 years
Major findings	Concern over lack of privacy during treatment Reported negative interactions with staff and other professionals The importance of the meaning of self-harm
Limitations	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 synthesis and of the evidence both for and against the author's arguments Small sample of women who regularly self-harm Limited discussion of positive experiences

HOPKINS2002

Bibliographic reference	Hopkins, C. (2002) But what about the really ill, poorly people? (An ethnographic study into what it means to nurses on medical admissions units to have people who have harmed themselves as patients). *Journal of Psychiatric and Mental Health Nursing*, *9*, 147–154.
Aim of study	To gain an understanding of what it means to nurses on medical admissions units to have people who have harmed themselves as their patients
Setting and sampling strategy	UK No details on recruitment
Design (method)	Qualitative Participant observation, semi-structured interviews (30 minutes to 1 hour), and a reflective fieldwork journal kept throughout the process of conducting and writing up research Ethnographic approach
Population	N = 4 (semi-structured interviews) Nurses on a medical admissions unit
Major findings	Nurses found difficulty in understanding why people harm themselves Nurses felt they did not have adequate skills to deal with people who self-harm
Limitations	No details on recruitment provided

HOOD2006

Bibliographic reference	Hood, A. (2006) *Improving Outcomes for Suicidal Individuals.* PhD. Thesis, University of Auckland, Department of Psychology, Auckland.
Aim of study	Post-hospitalisation management, experiences with staff and service improvement
Setting and sampling strategy	New Zealand Recruited from community mental health centres
Design (method)	Qualitative Conducted separate semi-structured interviews with service users, their

	significant others and professionals
Population	Young people who had suicide ideation, attempted suicide and suicidal intent N = 10 Female: 50% Age: 14 to 19 years (mean 15.7 years)
Major findings	The opportunity to talk was an important aspect contributing to their positive experience of aftercare, however, not all participants welcomed the opportunity
Limitations	No known limitations

HORNE2009

Bibliographic reference	Horne, O. & Csipke, E. (2009) From feeling too little and too much, to feeling more and less? A nonparadoxical theory of the functions of self-harm. *Qualitative Health Research*, *5*, 655–667.
Aim of study	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 and their mental state before and after self-harm.
Setting and sampling strategy	UK People who responded to a web-based questionnaire and indicated they had self-harmed were invited to participate in email interviews.
Design (method)	Qualitative and quantitative study. Questionnaires and emailed interviews Analysed using grounded theory methods
Population	N = 37 Male: n = 3 Female: n = 34 Age: 14 to 49 years (mean 23 years)
Major findings	Self-harming behaviour can result from feeling too much, too little or a combination of both these emotions 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
Limitations	40% drop out rate from initial consent given Predominantly a white, female population No face-to-face contact with participants

HORROCKS2005

Bibliographic reference	Horrocks, J., Hughes, J., Martin, C., *et al.* (2005) *Patient Experiences of Hospital Care Following Self-harm – a qualitative study*. University of Leeds: Academic Unit of Psychiatry and Behavioural Sciences.
Aim of study	Mostly focused on experience of A&E**.** A small part of the study dealt with experience of aftercare
Setting and sampling strategy	UK Patients were contacted for participation by letter after discharge from hospital
Design (method)	Qualitative Interviews were non-directive, free association narratives given by the author
Population	Patients presenting to hospital after episode (of fixed abode and non-aggressive)

	N = 45 Female: 60% Age: 18 to 56 years Approximately 75% presented after an overdose
Major findings	Feelings of disorientation and abandonment after discharge A lack of continual support Delays in aftercare
Limitations	Poor response rate

HUBAND2004

Bibliographic reference	Huband, N. & Tantam, D. (2004) Repeated self-wounding: women's recollection of pathways to cutting and of the value of different interventions. *Psychology and Psychotherapy: Theory, Research and Practice*, *77*, 413–428.
Aim of study	To examine the underlying reasons for self-injury, experiences of cutting and helpfulness of specific interventions in non-specialist services
Setting and sampling strategy	UK Non specialist settings Recruited a sample of women who had experience of injuring themselves, were comfortable being interviewed and had sufficient contact with professional services to be able to comment on a range of clinical interventions
Design (method)	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
Population	Women who had experience of injuring themselves (that is, a history of at least two episodes of self-injury recorded as 'without suicidal intent' and a history of receiving treatment from acute mental health services) N = 10 Female: 100% Age: 21 to 48 (mean 35.1 years) All participants had self-injured by cutting and seven had also burnt themselves on occasion
Major findings	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 The helpfulness of a given intervention was reduced when delivered by someone perceived as under concerned, overprotective or incompetent
Limitations	-

HUME2007

Bibliographic reference	Hume, M. & Platt, S. (2007) Appropriate interventions for the prevention and management of self-harm: a qualitative exploration of service-users' views. *BMC Public Health*, *7*, 1–9.
Aim of study	Experiences, attitudes to and feelings about treatments and interventions, as well as aspects of patients' life circumstances that were related to self-harm
Setting and sampling strategy	UK Participants were selected using quota sampling, based on age and sex, from hospitals following a repeat act of self-harm
Design (method)	Qualitative

	Semi-structured face-to-face interviews were conducted and took place in a private room near the unit where the participants were located Analysis was undertaken thematically and based on principles of grounded theory
Population	Patients presenting to hospital after an episode N = 14 Female: 43% Age: 20 to 49 years Majority presented after an overdose; all had at least two previous episodes
Major findings	Clear preference for specialist community based interventions Patient's experiences of interventions were strikingly diverse The key intervention identified by patients was immediate after-care
Limitations	Small-scale study Recruitment from hospital only. Would benefit from other forms of recruitment, for example support groups

HUNTER

Bibliographic reference	Hunter, C. & Cooper, J. (unpublished) *A qualitative investigation into the lived experience of psychosocial assessment following self-harm*. Ph. D. University of Manchester.
Aim of study	To investigate the experience of taking part in a psychosocial assessment following an episode of self-harm, from a service user perspective
Setting and sampling strategy	UK Convenience sampling 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&E)
Design (method)	Qualitative Semi-structured interviews of 40 minutes' to 2 hours' duration consisting mostly of open questions Follow-up semi-structured interviews were also carried out at 3 months with seven participants examining any care received in the intervening period and any further incidences of self-harm
Population	69% reported at least one previous episode of self-harm. Five cut, five overdosed, one alternated, one scratched and one had severe suicidal ideation N = 13 Age: 20 to 65 years Male: n = 7 Female: n = 6
Major findings	The importance of the therapeutic relationship was highlighted Interactions with staff had the power to reinforce or challenge hopelessness and negative self-evaluations The way an assessment was conducted had influence beyond the hospital and influenced expectations for future instances of help-seeking Lack of continuity of aftercare services
Limitations	This study featured a small, heterogeneous sample of those who self-harmed and attended hospital The recruitment strategy of this study may have limited the transferability of the findings because recruitment was restricted to one hospital site and carried out by clinical staff at the hospital 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

JEFFERY2002

Bibliographic reference	Jeffery, D. & Warm, A. (2002) A study of service providers' understanding of self-harm. *Journal of Mental Health*, *11*, 295–303.
Aim of study	To provide an understanding of self-harm among various occupational groups who may be involved in caring and supporting for people who self-harm
Setting and sampling strategy	UK Opportunity sampling was used to recruit GPs, nurses, psychiatrists, psychologists 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 the local social services network
Design (method)	Quantitative Questionnaire to assess perceptions of self-harm
Population	N = 96 Psychiatrists n = 9, psychologists n = 18, psychotherapists n = 1, medical workers (GPs) n = 6, nurses n = 21, social/community care workers n = 25, people who self-harm n = 16
Major findings	Psychiatrists and medical workers had a poorer understanding of self-harm in comparison with people who self-harm and workers with psychological or social/community care training Psychology workers, people who self-harm and social/community care workers did not differ significantly in their understanding of self-harm
Limitations	The sample sizes of the various occupational groups are fairly small Questionnaire may not represent the views of people who self-harm

KIBLER2009

Bibliographic reference	Kibler, J. (2009) Self-injury in the schools: an exploratory analysis of Midwest school counsellors' knowledge and experience. *North American Journal of Psychology*, *11*, 309–322.
Aim of study	Examined school counsellors' knowledge of basic beliefs regarding self-injury and to determine the extent of their experience working with students who engage in self-injury
Setting and sampling strategy	Montana, US Convenience sample Recruited from a Midwestern state conference on self-injury for school counsellors
Design (method)	Quantitative Carried out a brief survey that consisted of 14 questions regarding self-injury
Population	N = 122 School counsellors
Major findings	Most were aware of some issues related to self-injurious behaviours, but additional training was required
Limitations	Quantitative study Convenience sample: those school counsellors with high knowledge of self-

	injury may have selected to not attend the workshop Participants were primarily from rural schools and thus their responses may not generalise to all regions

KOKALIARI2008

Bibliographic reference	Kokaliari, E. & Berzoff, J. (2008) Nonsuicidal self-injury among nonclinical college women: Lessons from Foucault. *Affilia: Journal of Women & Social Work*, *23*, 259–269.
Aim of study	Explored the reasons for self-harming among non-clinical self-harmers, particularly in relation to the influence that society plays on this behaviour
Setting and sampling strategy	US **Phase 1:** Surveys were administered at random to 400 college students **Phase 2:** Those respondents who engaged in self-harm but did not meet the criteria for borderline personality disorder, PTSD or insecure attachment were contacted by mail. The first ten participants to respond were interviewed
Design (method)	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
Population	Female college students N = 10 Age: 18 to 23 years (mean 20.6 years)
Major findings	Reasons for self-harming we broken down into key themes: (1) denial of feelings; (2) the need to be perfect; (3) the influence of Western culture; (4) self-harm as a "quick fix"
Limitations	Low response rate from the initial surveys administered Small sample size

KOOL2009

Bibliographic reference	Kool, N., van Meijel, B. & Bosman, M. (2009) Behavioral change in patients with severe self-injurious behavior: a patient's perspective. *Archives of Psychiatric Nursing*, *23*, 25–31.
Aim of study	To gain an understanding of the process of stopping self-injury
Setting and sampling strategy	Netherlands Psychiatric intensive treatment centre (inpatient and outpatient clinics) in an urban area that delivers specialised 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 currently did so
Design (method)	Qualitative study Semi-structured interviews (audiotaped and transcribed)Grounded theory method using WINMAX qualitative text analysis software
Population	Women who had a history of severe self-injurious behaviour who had successfully stopped self-injuring N = 12 Age: 26 to 30 years (mean 39 years) Average history of self-injury: 22 years (range 6 to 46 years)
Major findings	The process of stopping self-injury consists of six phases Connection was identified as key to all phases of the process

Limitations	Conducted among a specifically selected, relatively small group of people at a specific location

KREITMAN1973

Bibliographic reference	Kreitman, N. & Chowdhury, N. (1973) Distress behaviour: a study of selected Samaritan clients and parasuicides ('attempted suicide' patients): Part II: attitudes and choice of action. *British Journal of Psychiatry*, *123*, 9–14.
Aim of study	To examine attitudes to help-seeking
Setting and sampling strategy	UK Recruited first ever admissions from the regional poisoning treatment centre in Edinburgh
Design (method)	Qualitative Individual, semi-structured, face-to-face interviews with service users after formal psychiatric examination by service staff was completed
Population	Individuals making their first presentation to hospital after suicide attempt N =93 Female: 61% 51% of patients aged under 20 years
Major findings	Most declared themselves in favour of seeking help A quarter maintained that seeking help for personal problems was not an acceptable form of behaviour The most 'acceptable' form of help was specialised services followed by anyone available, no-one and lastly relatives
Limitations	No discussion of them role of the interviewer or the potential influence on findings May not be relevant to current practice (published in the 1970s)

LESNIAK2009

Bibliographic reference	Lesniak, R. (2010) The lived experience of adolescent females who self-injure by cutting. *Advanced Emergency Nursing Journal*, *32*, 137–147.
Aim of study	Explored self-injury by cutting as experienced by young females
Setting and sampling strategy	Florida, US Recruited by purposive sampling along with snowballing, whereby participants were referred by other participants
Design (method)	Qualitative Phenomenological method Interview lasting 1 to 1.5 hours (taped and transcribed) and using open-ended questions Giorgi method of data analysis
Population	Young females who were currently self-cutting or who had in the past participated in self-injurious behaviour by cutting N = 6 Female: 100% Age: 15 to 19 years
Major findings	Themes that emerged were living with childhood trauma, feeling abandoned, being an outsider, loathing self, silently screaming, releasing the pressure, feeling alive, being ashamed, and being hopeful for self and others
Limitations	Participants included white, middle-class young females who self-cut and thus may not generalise to other populations, such as males or those who self-

	poison

LEWIS2010

Bibliographic reference	Lewis, S. P. & Darcy, A. S. (2010) Self-harm reasons, goal achievement, and prediction of future self-harm intent. *The Journal of Nervous and Mental Disease*, *198*, 362–369.
Aim of study	Examined reasons for self-harm and whether the a priori goals intended by these reasons were achieved
Setting and sampling strategy	Canada Recruited online from various self-harm websites and message boards
Design (method)	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
Population	Individuals with a history of self-harm N = 57 Male: n = 10 Female: n = 47 Age: mean 23.52 years (SD 7.58 years)
Major findings	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
Limitations	Cross-sectional self-report data Sample comprised of those who visited self-harm websites and thus may not generalise to others

LINDGREN2010

Bibliographic reference	Lindgren, B.-M., Astrom, S. & Graneheim, U. H. (2010) Help to ransom: parents of self-harming adults describe their lived experience of professional care and caregivers. *International Journal of Qualitative Studies of Health and Well-being*, *5*, 1–10.
Aim of study	To describe the lived experiences of professional care and caregivers among parents of adults who self-harm
Setting and sampling strategy	Sweden Purposive sampling: invitational adverts and snowballing (recommendations by other parents) Service users were all admitted to outpatient care
Design (method)	Qualitative study Narrative interviews which ranged from 30 to 85 minutes duration (median 72 minutes) Analysed using a phenomenological hermeneutic approach
Population	Parents of adult (aged 21 to 25 years) daughters with self-harming behaviours who had stopped N = 6 Male: n = 1 Female: n = 5 Age: 45 to 55 years
Major findings	Parents had feelings of guilt and shame Parents felt excluded from their daughters' care

	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
Limitations	None of the parents had sons who self-harmed One of the interviews was conducted via telephone, which may have affected the rapport

LONG2010

Bibliographic reference	Long, M. & Jenkins, M. (2010) Counsellors' perspectives on self-harm and the role of the therapeutic relationship for working with clients who self-harm. *Counselling and Psychotherapy Research*, *10*, 192–200.
Aim of study	To gain an insight into counsellors' experiences of and ideas about self-harm, and to develop understanding of relational depth when working with clients who self-harm
Setting and sampling strategy	Northern Ireland, UK Purposive sampling followed by snowballing sampling
Design (method)	Semi-structured interviews lasting approximately 45 minutes (tape-recorded and transcribed) Grounded theory analysis
Population	Counsellors who have experience of working with people who self-harm N = 8
Major findings	Cited similar reasons for self-harm to service user literature, for example escapism and life experiences The counsellors spoke of the value of a long-term, safe, non-judgmental, equal and sensitive therapeutic space in which clients can freely express their feelings and experiences
Limitations	Focus was solely on the experience of counselling from the viewpoint of practitioners with no input from service users

MACKAY2005

Bibliographic reference	Mackay, N. & Barrowclough, C. (2005) Accident and emergency staff's perceptions of deliberate self-harm: attributions, emotions and willingness to help. *British Journal of Clinical Psychology*, *44*, 255–267.
Aim of study	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 patients and perceived needs for training
Setting and sampling strategy	UK Convenience sample
Design (method)	Quantitative Rating scales and questionnaires (for example, Attributional Style Questionnaire) 2×2 between subjects factorial experiment 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 Vignettes were allocated to participants via a process of stratified randomisation
Population	N = 89 Male: n = 29

	Female: n = 60 A&E medical: n = 60 Nursing staff: n = 59 Age: mean 30.9 years (SD 7.28 years) Mean length of experience working in A&E: 29 months (range 1 to 324 months)
Major findings	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 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 helping behaviour
Limitations	Low response rate (49%) and no detail provided regarding why staff did not participate

MCDONALD2007

Bibliographic reference	McDonald, G., O'Brien, L. & Jackson, D. (2007) Guilt and shame: experiences of parents of self-harming adolescents. *Journal of Child Health Care*, *11*, 298–310.
Aim of study	Aimed to develop insight into the experience of parents of young people who engage in self-harming behaviour
Setting and sampling strategy	Australia Recruited via appeals for volunteers in the local news media
Design (method)	Qualitative study Hermeneutic phenomenological methodology In-depth unstructured individual interviews lasting 60 to 90 minutes, which were audiotaped and transcribed
Population	Mothers of young people (12 to 21 years) who were self-harming or had a history of self-harming N = 6
Major findings	Mothers experienced guilt and shame and these feelings shaped their reactions and responses They also encountered difficulties in combating the negative emotional dilemmas
Limitations	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 to high socioeconomic status

MOYER2007

Bibliographic reference	Moyer, M. & Nelson, K. (2007) Investigating and understanding self-mutilation: the student voice. *Professional School Counseling*, *11*, 42–48.
Aim of study	Established the context of the young person's experience and encouraged the participant to reflect on the meaning of that experience
Setting and sampling strategy	US 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-injury, who had no history of hospitalisation for self-injury, and who were thought to be willing to discuss and articulate their experience with self-injury
Design (method)	Qualitative design

	Phenomenological interviews (combination of semi-structured and informal conversational style) Audiotaped and transcribed Analysed using the constant comparative method
Population	Students who were currently or previously practicing self-injury N = 6 Male: n = 2 Female: n = 4 Age: 12 to 18 years (mean 15 years)
Major findings	Overall, the participants simply wanted to be heard Many enjoyed talking about it as long as the questioner listened with an open mind
Limitations	Previous work in the public school system and community settings with students who self-injured along with knowledge of previous research findings on the subject were issues that may have affected how the main researcher reviewed data

NADA-RAJA2003

Bibliographic reference	Nada-Raja, S., Morrison, D. & Skegg, K. (2003) A population-based study of help-seeking for self-harm in young adults. *Australian and New Zealand Journal of Psychiatry*, *37*, 600–605.
Aim of study	Help seeking and barriers to help seeking for a range of self-harmful behaviours and levels of satisfaction associated with help received
Setting and sampling strategy	Dunedin, New Zealand Cohort study Recruited children born in Dunedin between 1 April 1972 and 31 March 1973 with complete data for self-harm behaviour and help seeking
Design (method)	Qualitative based on individual, face-to-face, semi-structured interviews with service users Individuals who self-harm N = 965 Female: n = 471 Age: 26 years n = 25 (3%) reported one or more episodes of ICD self-harm n = 119 (12%) reported one/more episodes of other self-harmful behaviours
Population	Individuals who self-harm N = 965 Female: n = 471 Age: 26 years n = 25 (3%) reported one or more episodes of ICD self-harm n = 119 (12%) reported one/more episodes of other self-harmful behaviours
Major findings	84% of service users who had sought help from a GP rated the experience as positive Among the 77 self-harmers who did not seek help, over one third reported attitudinal barriers The main reasons for seeking help were psychological aspects related to self-harm, self-harm itself or an injury following self-harm
Limitations	The data on barriers to help-seeking were not accompanied by any description of the method of analysis nor were quotes provided in the results section

O'DONOVAN (2007)

Bibliographic reference	O'Donovan, A. (2007) Pragmatism rules: the intervention and prevention strategies used by psychiatric nurses working with non-suicidal self-harming individuals. *Journal of Psychiatric and Mental Health Nursing*, *14*, 64–71.
Aim of study	To gain an understanding of the practices of psychiatric nurses in relation to people who self-injure, but who are not considered suicidal
Setting and sampling strategy	Ireland Convenience sampling Two acute psychiatric inpatient units (provide care and treatment for approximately 80 patients and employ approximately 75 qualified psychiatric nurses)
Design (method)	Qualitative Semi-structured interviews guided by an interview schedule and analysed by content analysis
Population	Psychiatric nurses N = 8 Male: n = 2 Female: n = 6 Age: 25 to 55 years Experience ranging from 6 months to 2 years
Major findings	Nurses felt their priority in caring for those who self-harm was providing a physically safe environment and preventing self-harm Nurses engaged in an eclectic mix of approaches in the care of individuals who self-harm, some of which lacked supportive evidence
Limitations	Small scale study Set within the Irish healthcare system, which is socially and contextually bound

OLDERSHAW2008

Bibliographic reference	Oldershaw, A., Richards, C., Simic, M., *et al.* (2008) Parents' perspectives on adolescent self-harm: qualitative study. *British Journal of Psychiatry*, *193,* 140–144.
Aim of study	Parents perspective of history of self-harm and health service provision; meaning of self-harm; emotional and personal impact; and parent skills as carer and hope for the future
Setting and sampling strategy	Croydon, London Parents of young people who self-harm were recruited from CAMHS
Design (method)	Qualitative study Interpretative Phenomenological Analysis applied to semi-structured individual interviews lasting approximately 1 hour Transcribed and later analysed using NVivo 7
Population	Parents of young people (13 to 18 years) receiving treatment for self-harm in community CAMHS N = 12 Nine mothers, two fathers and one grandmother with a maternal role
Major findings	Parents commonly suspected self-harm prior to disclosure or service contact Communication difficulties and underestimating significance led to delays in addressing the behaviour Parents struggled to understand and cope with self-harm
Limitations	The opinions and experiences reflected those of parents of young people

	referred to specialist services Only half of the parents approached agreed to participate and all were interviewed in a CAMHS setting; therefore, it was unclear how generalisable the results were and they may have been subject to sampling or response bias

PITULA1996

Bibliographic reference	Pitula, C. R. & Cardell, R. (1996) Suicidal inpatients' experience of constant observation. *Psychiatric Services*, *47*, 649–651.
Aim of study	Constant observation following suicide attempt
Setting and sampling strategy	North America Convenience sample of suicidal inpatients under constant observation
Design (method)	Qualitative Open-ended interviews were conducted after constant observation was discontinued Analysed using Colaizzi's 1978 phenomenological method
Population	Inpatients who experienced constant observation while suicidal on a psychiatric ward N = 14 Female: 57% Age: 21 to 47 years Constant observation ranged from 16 hours to 3.5 days (average 34 hours)
Major findings	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 Constant observation was beneficial as it contributed to physical safety and restored hope
Limitations	No justification for design Unclear how data presented were chosen No discussion of researcher influence or possible bias Unbalanced presentation of data

POLK2009

Bibliographic reference	Polk, E. & Liss, M. (2009) Exploring the motivations behind self-injury. *Counselling Psychology Quarterly*, *22*, 233–241.
Aim of study	Explored self-described motivations for self-injuring behaviour, how frequently they engaged in the behaviour and how much pain they experienced
Setting and sampling strategy	US Recruited from a self-injury self-help website
Design (method)	Qualitative and 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
Population	Self-injurers (93.5% used cutting as their primary method of self-injury) that engaged in self-injury at least once a week. N = 154 Male: n = 16 Female: n = 139 Age: mean 22.67 years (SD 6.15 years)

Major findings	The most frequently endorsed reason for self-injury was to obtain emotional release The second most common reason was to resolve dissociation, and feel alive or real Individuals also revealed that they self-injured to gain a sense of control, to punish or distract themselves and to avoid suicidal or homicidal actions
Limitations	Sample consisted largely of young adult females Self-selected internet sample None of the participants were interviewed in person

RAY2007

Bibliographic reference	Ray, E. (2007) A multidimensional analysis of self-mutilation in college students. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, *68* (9-B), 6331.
Aim of study	Under-standing of self-harm, triggers of self-harm and its functions
Setting and sampling strategy	Texas, US Recruited female students from university via flyers and subject pool
Design (method)	Quantitative and qualitative study Semi-structured interviews (audiotaped and transcribed) lasted approximately 45 minutes to 1 hour Phenomenological analysis
Population	Female self-harmers N = 7 Age: 18 to 22 years Participants must have endorsed at least one type of self-harm listed on the Deliberate Self Harm Inventory and engaged in the behaviour during their college years Preference was given to individuals whose Deliberate Self Harm Inventory responses reflected a repetitive pattern of behaviour and who appeared to engage in more severe forms of self-harm
Major findings	Experiences of loss, loneliness, interpersonal conflict, overwhelming emotions and feeling out of control were cited as common triggers to self-injury
Limitations	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 Self-harmers were recruited from schools outside of the University of Texas and the number recruited was low (47% response rate) There may have been a potential selection bias in recruitment. This may have attracted self-injurers who are more comfortable disclosing their experiences

REDLEY2010

Bibliographic reference	Redley, M. (2010) The clinical assessment of patients admitted to hospital following an episode of self-harm: a qualitative study. *Sociology of Health and Illness*, *32*, 470–485.
Aim of study	Aims to provide a better understanding of psychosocial assessment and how clinicians make sense of their patient's overdoses
Setting and sampling strategy	UK Convenience sample General hospital: eight bed specialist ward
Design (method)	Qualitative

	20 minute interviews regarding 26 different patients who had self-harmed by taking an overdose: twin-track approach analysis (emphasised the importance of the respondents interpretations)
Population	Clinicians who had assessed patients who had previously self-harmed by overdose N = 12 Age/gender: not revealed
Major findings	Most clinicians interpreted the overdose as an impulsive act, taken in adversity and often in association with drugs or alcohol
Limitations	No limitations were noted

REECE2005

Bibliographic reference	Reece, J. (2005) The language of cutting: initial reflections on a study of the experiences of self-injury in a group of women and nurses. *Issues in Mental Health Nursing*, *26*, 561–574.
Aim of study	To describe how women who self-injure and nurses assign meaning to shared discourses about self-injury
Setting and sampling strategy	UK 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 reasons
Design (method)	Qualitative study Unstructured, recorded and open-ended interviews lasting 40 to 90 minutes Analysis: Grounded theory and thematic analysis
Population	Qualified nurses: n = 14 Women who had self-injured: n = 11 N = 23 The groups were not professionally linked with each other at the time Service users comprised women with a long history of self-injury who understood the need to self-care and who were not using cutting as a means of dealing with distress at that time
Major findings	Nurses lacked understanding of the meanings of cutting behaviour
Limitations	No demographic information provided on participants Unclear how the nurses were recruited and their experience with self-harmers Voice of author overrode that of the participants

RISSANEN2009

Bibliographic reference	Rissanen, M. L., Kylma, J. & Laukkanen, E. (2009) Descriptions of help by Finnish adolescents who self-mutilate. *Journal of Child and Adolescent Psychiatric Nursing*, *29*, 145–163.
Aim of study	To describe help (that they received and wished to receive) from the viewpoint of self-harming Finnish young people
Setting and sampling strategy	Finland Written descriptions were invited from self-harming young people by adverts in four magazines targeting young people, on magazine websites and on the principal researcher's own website Interviewees were selected from a population sample of 13- to 17-year-old young people who had reported past or current self-mutilation in a structured

	questionnaire
Design (method)	Qualitative descriptive study Methodological triangulation was used to enhance credibility (interviews and written descriptions regarding help) Written descriptions: n = 62 Individual interviews lasting 45 to 75 minutes and were audiotaped: n =10 Inductive content analysis (combined written descriptions and audiotaped interviews transcribed verbatim)
Population	Young people who had self-harmed in the past or were currently self-harming N = 72 Female: 100% Age: 12 to 22 years
Major findings	Three groups of people who could be of help were identified by self-harming young people: peers and fellow self-harming young people; loved ones; and adults (strangers, health and social care professionals, teachers, school counsellors and parents) The central help-hindering factor was obliviousness to self-harm as a phenomenon
Limitations	Mostly females (all female for interviews) The researchers had no way of verifying that the respondents were young people

ROBERTS-DOBIE2007

Bibliographic reference	Roberts-Dobie, S. & Donatelle, R. J. (2007) School counsellors and student self-injury. *Journal of School Health*, *77*, 257–264.
Aim of study	Examined the experience, knowledge and needs of school counsellors in relation to students' self-injurious behaviours.
Setting and sampling strategy	US Randomly selected via systematic sampling from a membership list of the American School Counsellor Association (the nation's largest school counselling professional organisation
Design (method)	Quantitative study 42-item questionnaire with questions on confidence in working with self-injurers, knowledge of self-injury and experiences of working with students who self-injure
Population	Members of the American School Counsellor Association N = 443 Male: n = 69 Female: n = 374 Age: 25 to 74 years (mean 44.40 years; SD 10.06 years)
Major findings	Members of the American School Counsellor Association N = 443 (Male: n = 69 Female: n = 374 Age: 25 to 74 years (mean 44.40 years; SD 10.06 years)
Limitations	Response rate of 52% (518 out of 1000) Respondents were all members of the American School Counsellor Association, thus limiting generalisability of the findings

RUSSELL2010

Bibliographic reference	Russell, G., Moss, D. & Miller, J. (2010) Appalling and appealing: a qualitative study of the character of men's self-harm. *Psychology & Psychotherapy: Theory, Research & Practice*, *83*, 91–109.
Aim of study	Related to men's experience of self-harm, its meaning and the reasons behind it
Setting and sampling strategy	UK Opportunistic sample of men who self-harm
Design (method)	Qualitative study Two audiotaped 90-minute unstructured in-depth individual interviews Hermeneutic phenomenology (*Note*. Design input from service users' groups [local Mind group for people who self-harm].)
Population	Adult male self-harmers N = 4 Age: 37 to 58 years Male: 100% All had significant histories of self-harm (at least 5 years) and were in close contact with mental health services
Major findings	Many described the comfort and relief that self-harm brought them Highlighted macho invulnerability, unboundaried sacrifice, and emotional insatiability
Limitations	Small scale study (four participants) and thus cannot be representative of all male self-harmers

SAUNDERS2011

Bibliographic reference	Saunders, K. E. A., Hawton, K., Fortune, S., *et al.* (2011) Attitudes and knowledge of clinical staff regarding people who self-harm: a systematic review. *Journal of Affective Disorders*, (accepted 22 August 2011, available online 16 September 2011; DOI: 10.1016/j.jad.2011.08.024).
Aim of study	To systematically review the nature and prevalence of staff attitudes towards people who engage in self-harm, including the factors that influence them.
Setting and sampling strategy	Most carried out in UK and explored the attitudes of staff towards people who engage in self-harm, including the factors that influence them and the impact of training on attitudes, knowledge and behaviour of staff.
Design (method)	Systematic review including a total of 69 studies (both qualitative and quantitative methods)
Population	Nursing staff, and mixed samples of clinical and non-clinical staff
Major findings	Attitudes of general hospital staff towards self-harm patients are often negative, mirroring the experience of service users
Limitations	Findings were limited to general themes rather than detailed comparisons (*Note*: Only studies that related to the long-term management and experiences of staff were included in this chapter.)

SCHOPPMANN2007

Bibliographic reference	Schoppmann, S., Schrock, R., Schnepp, W., *et al.* (2007) 'Then I just showed her my arms...' Bodily sensations in moments of alienation related to self-injurious behaviour. A hermeneutic phenomenological study. [References]. *Journal of Psychiatric and Mental Health Nursing*, *14*, 587–597.

Aim of study	Discusses the experience of psychiatric nursing in relation to the lived experience of the self-harming population
Setting and sampling strategy	Germany Participant observation took place in 1999 in two psychiatric institutions that specialise in the treatment of self-injury The interviews were also held in 1999 with four self-injuring women and one nurse (none of the interviewees was involved in the inpatient setting in which observations took place) Another self-injuring woman provided an account of her experiences by email
Design (method)	Participant observation (99), qualitative interviewing (5) and accounts of self-injuring sent by email (10) that were recorded and transcribed verbatim Thematic analysis utilising a hermeneutic phenomenological research perspective Data generation, analysis and interpretation was reflected upon by peer groups of doctoral students and professional experts (for example, nurses and psychiatrists)
Population	Self-injuring women (moderate/superficial self-injuries) N = 42 Age: 18 to 35 years Female: 100%
Major findings	Alienation is experienced in several stages Self-injury is an effective strategy to end a painful experience of alienation
Limitations	All of the participants were women

SHAW2006

Bibliographic reference	Shaw, S. N. (2006) Certainty, revision, and ambivalence: a qualitative investigation into women's journeys to stop self-injuring. *Women & Therapy*, *29*, 153–177.
Aim of study	Investigates how six college women stopped self-injuring, the meaning of self-injury, the impact of self-injury and experiences deemed as helpful or unhelpful in terms of dealing with self-injury
Setting and sampling strategy	US Female college students were recruited through flyers posted at one private, one state and one community college Selected from a database of interviews with 11 young women who self-injure
Design (method)	Qualitative study Three in-depth individual interviews lasting approximately 3 hours each (open-ended format) Grounded theory, interpretive poetics and voice centred analytic methods
Population	Women who were not currently self-injuring but had a history of repeatedly injuring themselves N = 6 Age: mean 21 years Female: 100%
Major findings	There are multiple factors beyond whether or not a woman desires to stop. These include subjective meanings of the behaviour, self-initiative, life engagements, relational ties, professional treatment, motivators and momentum amongst others
Limitations	Small sample size

SIMM2008

Bibliographic reference	Simm, R., Roen, K. & Daiches, A. (2008) Educational professionals' experiences of self-harm in primary school children: 'You don't really believe, unless you see it'. *Oxford Review of Education*, *34*, 253–269.
Aim of study	Examines educational professionals' understanding of self-harm in primary school children
Setting and sampling strategy	UK Head teachers of primary schools were contacted by letter. Three or four members from each of the participating schools were interviewed Staff members were selected partly because they had some experience of children self-harming
Design (method)	Qualitative study Semi-structured interviews using open ended questions lasting 30 to 60 minutes (transcribed and analysed) Interpretative phenomenological analysis
Population	Staff members (including teachers and staff in support roles including learning mentors) of six primary schools N = 15 Gender: not specified
Major findings	Key elements of the understanding of self-harm included intentionality, repetition and seriousness
Limitations	Participants had experience of children self-harming, thus the findings are not representative of the views of all school professionals

SINCLAIR2005

Bibliographic reference	Sinclair, J. & Green, J. (2005) Understanding resolution of deliberate self-harm: qualitative interview study of patients' experiences. *British Medical Journal*, *330*, 1112.
Aim of study	Explored the accounts of those with a history of but who no longer self-harm, to understand how they perceive this resolution and to identify potential implications for provision of health services
Setting and sampling strategy	UK 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 Community setting
Design (method)	Qualitative study In-depth interview (open interview schedule) lasting approximately 45 minutes to 1 hour Transcripts were thematically and narratively analysed with the help of NVivo, software using the principals of grounded theory
Population	Participants with a history of self-harm who had stopped (included if they had no further episodes for at least 2 years before interviews) N = 20 Male: n = 8 Female: n = 12 Age: mean 35 years at index episode n = 14 had harmed themselves on more than one occasion
Major findings	Recognised the role of alcohol as a precipitating and maintaining factor in self-harm

	For many, self-harm was a symptom of an untreated or unrecognised illness
Limitations	Small sample size Drawn from a cohort of patients who no longer harmed themselves

SMITH2002

Bibliographic reference	Smith, S. E. (2002) Perceptions of service provision for clients who self-injure in the absence of expressed suicidal intent. *Journal of Psychiatric and Mental Health Nursing*, *9*, 595–601.
Aim of study	The main focus of the study was collecting staff viewpoints, attitudes and perceptions
Setting and sampling strategy	UK Convenience sample Service users were accessed via the voluntary sector (all relevant voluntary organisations were contacted) Staff were self-selected mental health workers from a cross-section of professions (advertised by poster and presentations)
Design (method)	Qualitative using unstructured interviews with service users and mental health workers Analysis followed Burnard's thematic content analysis
Population	Individuals who self-injured and were in contact with the voluntary sector N = 18 n = 3 service users n = 15 staff members (including 9 nurses, 3 occupational therapists, 2 psychotherapists and 1 psychiatrist) Female: 100% Age: no information
Major findings	Several respondents said that staff confiscated any object that could be used to self-harm, which increased patients' feelings of a lack of control and contributed to the desire to self-harm again Service users recognised that talking helped Staff said they felt under pressure and unsupported in caring for clients who self-injured
Limitations	Unclear description of design Unknown whether or not all participants shared the experience or perception Small self-selecting sample All female population

TAYLOR2003

Bibliographic reference	Taylor, B. (2003) Exploring the perspectives of men who self-harm. *Learning in Health and Social Care*, *2*, 83–91.
Aim of study	To explore the experiences of men who self-harm and their perspectives on support and services to which they have access.
Setting and sampling strategy	UK Voluntary mental health drop-in centre and a team Interviewees were contacted by staff in the above sectors with whom they had had previous contact
Design (method)	Qualitative Semi-structured interviews
Population	Men who self-harm N = 5

	Age: 18 to 40 years Male: 100% All white
Major findings	Similarities and differences between men and women who self-harm
Limitations	Small sample size

THOMSPON2008

Bibliographic reference	Thompson, A., Powis, J. & Carradice, A. (2008) Community psychiatric nurses' experience of working with people who engage in deliberate self-harm. *International Journal of Mental Health Nursing*, *17*, 135–161.
Aim of study	Explored community psychiatric nurses' experiences of working with people who self-harm
Setting and sampling strategy	UK Purposive sample Recruited CPNs who had not undertaken psychotherapy training and had experience of working with people who had self-harmed within the previous 12 months
Design (method)	Qualitative study Semi-structured interviews (lasted from 45 minutes to 1 hour, 15 minutes) Tape-recorded and transcribed Interpretative Phenomenological Analysis using MindManager
Population	Experienced community psychiatric nurses N = 8 Male: n = 4 Female: n = 4 Age: mean 40 years
Major findings	Participants described struggling to conceptualise self-harming behaviour and reported finding working with people who self-harm stressful The therapeutic relationship was viewed as crucial as was having a variety of coping methods to manage the impact of the work
Limitations	All of the nurses' were white, British and experienced, which may limit the applicability of the 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

TRELOAR2008A

Bibliographic reference	Treloar, A. J. C. & Lewis, A. J. (2008a) Professional attitudes towards deliberate self-harm in patients with borderline personality disorder. *Australian and New Zealand Journal of Psychiatry*, *42*,578–584.
Aim of study	To assess the attitudes of mental health and emergency medicine clinicians towards patients diagnosed with borderline personality disorder
Setting and sampling strategy	Australia and New Zealand Health services
Design (method)	Qualitative and quantitative study Purpose-designed demographic questionnaire and assessment tool to quantify attitudinal levels (33 itemed attitudes towards questionnaire)
Population	Working in mental health (64.3%), with those remaining being employed in the department of emergency medicine N = 140

	Male: n = 48 Female: n = 92 Mental health and emergency medicine practitioners who in the course of their employment encountered patients diagnosed with borderline personality disorder
Major findings	Statistically- and clinically-significant differences were found between emergency medical staff and mental health clinicians in their attitudes towards working with borderline personality disorder 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
Limitations	Attitudes and training needs of staff working with patients who self-harm with borderline personality disorder only. Thus, the findings may not be generalisable to all patients who self-harm

WHEATLEY2009

Bibliographic reference	Wheatley, M. & Austin-Payne, H. (2009) Nursing staff knowledge and attitudes towards deliberate self-harm in adults and adolescents in an inpatient setting. *Behavioural and Cognitive Psychotherapy*, *37*, 293–309.
Aim of study	To investigate the relationship between care staff perspectives' of self-harm behaviours presented by inpatients (adults and young people), and the emotional responses and helping behaviours of the staff
Setting and sampling strategy	UK Recruited nursing staff working in CAMHS and adult services
Design (method)	Quantitative study Participants completed vignette, knowledge and attitudes questionnaires, related to working with patients who self-harm
Population	Nursing staff including qualified and unqualified staff, who worked in either adolescent or adult secure inpatient settings within a single organisation N = 76 Experience: mean 6.4 years (SD 4.75 years) Male: n = 17 Female: n = 45
Major findings	Staff who reported feeling more negative about patients who self-harm reported more worry about working with this patient group Unqualified nursing staff reported more negativity and worry than qualified staff
Limitations	Low response rate (12%)

WHITEHEAD2002

Bibliographic reference	Whitehead, L. (2002) *Therapeutic Aspects of the Psychosocial Assessment Following Overdose*. Oxford Brookes University: School of Health Care.
Aim of study	To look at treatment satisfaction and any perceived benefits of the psychosocial assessment
Setting and sampling strategy	UK Convenience sample
Design (method)	Quantitative and qualitative study Patients referred for psychosocial assessment were approached at 8.30 a.m. to participate and received a baseline interview. All participants were re-interviewed at 12 p.m. whether or not they had received an assessment to

	determine whether psychosocial assessment had an impact on patient outcomes
Population	Individuals who were admitted to local general hospital following an overdose N = 20 Female: 70% Age: 19 to 60 years Presented after an overdose: 100% History of previous overdose: 70%
Major findings	The majority of participants (ten out of 12) felt that their assessor understood their difficulties, and how they were feeling, and that their assessment was helpful
Limitations	Small sample size

WHITLOCK2009

Bibliographic reference	Whitlock, J., Eells, G., Cummings, N., *et al.* (2009) Nonsuicidal self-injury in college populations: mental health provider assessment of prevalence and need. *Journal of College Student Psychotherapy*, *23*, 172–183.
Aim of study	Investigated provider experience with non-suicidal self-injury
Setting and sampling strategy	US All members of a LISTSERV (electronic mailing list software application), linking over 700 college and university counselling centre directors nationwide, were invited to participate
Design (method)	Qualitative and quantitative study Analysis: SPSS and constant comparative method
Population	Counsellors/clinical psychologists (n = 220), social workers (n = 32), non-specified mental health workers (n = 20), other (n = 18) N = 290 Age and gender of participants not disclosed
Major findings	Most respondents perceived recent increases in non-suicidal self-injury and lack of effective treatment knowledge Most favoured DBT or CBT for treatment, but few found treatment effective
Limitations	US population, therefore may not be generalisable to UK or other populations

1.2 CHARACTERISTICS OF EXCLUDED STUDIES

ABREU2008

Reason for exclusion	Article was in Spanish

BLUMENGARTEN2008

Reason for exclusion	Could not find article because it is a dissertation

CEREL1996

Reason for exclusion	Examined experience of short-term management only and did not refer to longer-term management

CHECKETTS2009

Reason for exclusion	Could not find article because it is a dissertation

CHRISTENSEN2008

Reason for exclusion	Could not find article because it is a dissertation

CLAES2007

Reason for exclusion	Focused on the characteristics of those with eating disorders with and without self-injurious behaviour

DELIBERTO2008

Reason for exclusion	A laboratory-based study of self-injurious behaviour that included people who did and did not engage in self-injurious behaviour

DUNLEAVEY1992

Reason for exclusion	Referred to people's experience of the emergency department only

ELLIOTT1992

Reason for exclusion	Limited relevance to UK health setting

FARBER2008

Reason for exclusion	Commentary regarding autistic features of self-mutilation in people with eating disorders

FARELLY2009

Reason for exclusion	Did not relate to experience of self-harm. Provided definitions of self-harm and suicide as provided by an aboriginal community

FORTUNE2008

Reason for exclusion	Young people's views from general population who did not engage in self-harm and had no direct experience with self-harm

HADFIELD2009

Reason for exclusion	Emergency department doctors' experience of treating physical wounds and so on. Did not relate to longer-term management

HAW2008

Reason for exclusion	Did not involve experience

HEATH2006

Reason for exclusion	Views of teachers who did not work with people who self-harm based in Canada where cultural viewpoints may differ from UK

HENGEVELD1988

Reason for exclusion	Referred to experience of hospital management and first psychiatric consultation only

KENNY2009

Reason for exclusion	Could not find article because it is a dissertation

KEOUGH2007

Reason for exclusion	Referred to the experience of nurses working in A&E (short-term management) and suicidal behaviour only

KLONSKY2006

Reason for exclusion	Could not find article because it is a dissertation

LAW2009

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

LESNIAK2009

Reason for exclusion	Could not find article because it is a dissertation

LIGIER2009

Reason for exclusion	In French

LOVELL2009

Reason for exclusion	Case study investigating the relationship between people with learning disabilities and self-injury

MACEDO2007

Reason for exclusion	In Portuguese

MCCANN2006

Reason for exclusion	Referred to attitudes of A&E staff only (that is, short-term management)

MCCARTHY2010

Reason for exclusion	Referred to attitudes of A&E staff only (that is, short-term management)

PALMER2006

Reason for exclusion	Referred to short-term management only

PARKAR2006

Reason for exclusion	Based in Mumbai, India, where underlying reasons for self-harming differed from UK due to social and cultural differences

PERSEIUS2003

Reason for exclusion	Borderline personality disorder population only

PERSEIUS2007

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

PRIVE2008

Reason for exclusion	Could not find article because it is a dissertation

RAO2006

Reason for exclusion	Did not allude to the experience of the service users themselves; findings are over-ridden by the voice of the author and his views

RISSANEN2008A

Reason for exclusion	Descriptions of risk factors and act of self-harm. Did not describe experience of behaviour, its meaning or experience of care

RISSANEN2008B

Reason for exclusion	Descriptions of risk factors and act of self-harm. Did not describe experience of caring for someone who self-harmed or of being a parent of someone who self-harms

RODRIGUEZ2007

Reason for exclusion	In Spanish; eating disorders not covered in the scope

ROTHERAM-BORUS1999

Reason for exclusion	Referred to A&E interventions only

SENARATHNA2008

Reason for exclusion	Carried out in Sri Lanka, where staff perspectives differ from those in the UK

SNORRASON2007

Reason for exclusion	In Icelandic

SUOKAS2009

Reason for exclusion	Examined the impact of the establishment of a psychiatric consultation service on attitudes of emergency staff: not relevant to longer-term management

SUOMINEN2007

Reason for exclusion	Attitudes of emergency department staff towards suicide attempters

TRELOAR1993

Reason for exclusion	Referred to the experience in an acute medical and surgical unit of a general hospital (that is, short-term management)

WAGNER2008

Reason for exclusion	Related more to risk factors as attempts to explore the relationship between self-injury and sexual self-concept and religion. Did not relate to experience of self-harm

WALKER2009

Reason for exclusion	Borderline personality disorder population

WARM2002

Reason for exclusion	Non-UK study with no experiences relevant to UK

WEINBERG2008

Reason for exclusion	Could not find article because it is a dissertation

WERTLIEB2006

Reason for exclusion	Could not find article because it is a dissertation

WEINBERG2008

Reason for exclusion	Could not find article because it is a dissertation

WIKLANDER2003

Reason for exclusion	Referred to experience of short-term management only

WILSTRAND2007

Reason for exclusion	Carried out in a psychiatric patient setting in Sweden. Could not generalise to UK settin

WOLK-WASSERMAN1985

Reason for exclusion	Carried out in a psychiatric patient setting in Sweden. Could not generalise to UK settin

WYDER2006

Reason for exclusion	Could not find article because it is a dissertation

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