

## Self-harm: assessment, management and preventing recurrence

[I] Evidence review for initial after-care

*NICE guideline number tbc*

*Evidence review underpinning recommendations 1.9.1-1.9.2 in the NICE guideline*

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*These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists*



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# 1 Initial after-care

## 2 Review question

3 How should initial after-care be provided to people following an episode of self-harm?

## 4 Introduction

5 The success of initial engagement with health professionals after discharge from treatment or  
6 assessment may influence the likelihood of whether a person who has self-harmed will  
7 attend follow-up sessions. This in turn may have an important influence on whether the  
8 chosen after-care will be effective. The nature and timeliness of this initial follow-up  
9 engagement are also likely to be important considerations. The aim of this review was to  
10 identify best practice of how and when to facilitate the initial after care contact following an  
11 episode of self-harm.

## 12 Summary of the protocol

13 See [Error! Reference source not found.](#) **Table 1** for a summary of the Population,  
14 Intervention, Comparison and Outcome (PICO) characteristics of this review.

## 15 Table 1: Summary of the protocol (PICO table)

<b>Population</b>	Inclusion: All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability.  Exclusion: People displaying repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability
<b>Intervention</b>	Inclusion: 1. Timing of first contact after presentation: <ul style="list-style-type: none"><li>• ≤24 hours after presentation</li><li>• 25 up to, but not including, 72 hours after presentation</li><li>• 3 to 7 days after presentation</li><li>• &gt;7 days after presentation</li></ul> 2. Continuity of personnel: <ul style="list-style-type: none"><li>• The same person carrying out the first contact after presentation as attended the person who had self-harmed at presentation</li><li>• A member of the same team, but not same person carrying out the first contact after presentation as attended the person who had self-harmed at presentation</li><li>• A different person from a different team carrying out the first contact after presentation to the person and team as attended the person who had self-harmed at presentation</li></ul>

	<p>3. Setting: First contact (after presentation) at home</p> <p>4. Professional group: The profession of the person(s) carrying out the first contact after presentation, including:</p> <ul style="list-style-type: none"> <li>• Nurses</li> <li>• Psychiatrists</li> <li>• Other professionals</li> <li>• Third sector</li> </ul> <p>5. Mode of first contact:</p> <ul style="list-style-type: none"> <li>• In person</li> <li>• Letter</li> <li>• Telephone</li> <li>• Email</li> <li>• Video</li> </ul>
<p><b>Comparison</b></p>	<p>1. Timing of first contact after presentation: The parameters for duration of time at which the follow-up occurs as indicated in the intervention (<math>\leq 24</math> hours after presentation; 25 up to but not including 72 hours after presentation; 3 to 7 days after presentation) to be compared against each other</p> <p>2. Continuity of personnel: The parameters for continuity of person carrying out the first contact after presentation as indicated in the intervention (Same person; Different person, but same team; Different person from different team) to be compared against each other</p> <p>3. Setting: First contact after presentation completed in a clinical setting, for example:</p> <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Accident and emergency departments</li> <li>• Community pharmacies</li> </ul> <p>4. Professional group: The parameters for profession of the person(s) carrying out the first contact after presentation as indicated in the intervention (Nurses; Psychiatrists; Other professionals; Third sector) to be compared against each other</p> <p>5. Mode of contact The parameters for mode of first contact after presentation as indicated in the intervention (In person; Letter; Telephone; Email; Video) to be compared against each other</p>
<p><b>Outcome</b></p>	<p><b>Critical</b></p> <ul style="list-style-type: none"> <li>• Self-harm repetition (for example, self-poisoning or self-cutting)</li> <li>• Service user satisfaction (treated with dignity, compassion, respect)</li> <li>• Suicide</li> </ul> <p><b>Important</b></p>

- Quality of life
- Service engagement (people attending appointment)
- Distress/hopelessness
- Suicidal ideation

1 For further details see the review protocol in appendix A.

## 2 **Methods and process**

3 A modified version of the GRADE approach to rate the certainty of evidence in systematic  
4 reviews was used as part of a pilot project undertaken by NICE. Instead of using predefined  
5 clinical decision/minimal important difference (MID) thresholds to assess imprecision in  
6 GRADE tables, imprecision was assessed qualitatively during committee discussions. Other  
7 than this modification, GRADE was used to assess the quality of evidence for the selected  
8 outcomes and this evidence review developed using the methods and process described in  
9 [Developing NICE guidelines: the manual](#). Methods specific to this review question are  
10 described in the review protocol in appendix A and the methods document (supplementary  
11 document 1).

12 Declarations of interest were recorded according to [NICE's conflicts of interest policy](#).

## 13 **Effectiveness evidence**

### 14 **Included studies**

15 Four studies were included for this review: 1 randomised controlled trial (RCT: Mousavi  
16 2016) and 3 non-randomised studies including 2 prospective cohort studies (Albuixech-  
17 Garcia 2020, Martinez-Ales 2019) and 1 retrospective cohort study (Stanley 2018).

18 The included studies are summarised in [Error! Reference source not found.](#) **Table 2.**

19 One study was conducted in Iran (Mousavi 2016), 2 studies were conducted in Spain  
20 (Albuixech-Garcia 2020, Martinez-Ales 2019), and 1 was conducted in the USA (Stanley  
21 2018).

22 One study included participants who had presented at the emergency department (ED) for  
23 suicide attempt or suicidal ideation (Albuixech-Garcia 2020) and 3 studies included  
24 participants who had presented for a suicide attempt (Martinez-Ales 2019, Mousavi 2016,  
25 Stanley 2018). Of the 3 studies which included participants who had presented for suicide  
26 attempt, 1 study included participants who had presented at hospital for a suicide attempt  
27 (Martinez-Ales 2019), 1 study included participants who had attempted suicide at least 2  
28 times and been admitted to the hospital's poisoning emergency department (Mousavi 2016),  
29 and 1 study included veterans who had presented at Veterans Affairs ED sites for a suicide  
30 attempt (Stanley 2018).

31 All studies compared different types of initial contact following discharge from hospital. Two  
32 studies compared mode of first contact (Albuixech-Garcia 2020, Mousavi 2016). Of these  
33 studies, 1 study (Albuixech-Garcia 2020) compared a 'Mental healthcare continuity-chain'  
34 including contact via telephone within 24-48 hours of discharge to usual discharge (discharge  
35 with a written letter), and 1 study (Mousavi 2016) compared face-to-face follow-up to  
36 telephone follow-up. One study (Stanley 2018) compared continuity of personnel for initial  
37 contact (a safety plan intervention with telephone contact within 72 hours of discharge by  
38 project staff compared to usual care (a specific outpatient appointment or information about  
39 how to seek psychiatric care)). The final study (Martinez-Ales 2019) compared setting of first



1 contact (an enhanced contact intervention with outpatient psychiatric appointment plus  
2 follow-up outpatient visits and telephone calls compared to treatment as usual (TAU: early  
3 psychiatric appointment at a Community Mental Healthcare Centre (CMHC) up to 7 days  
4 after discharge)). [In this study, the enhanced contact intervention arm received follow-up 3  
5 days after discharge, whereas the TAU arm received follow-up within 7 days after discharge;  
6 however, both of these time periods fell within the same category as defined within the  
7 protocol \(3 to 7 days after presentation\).](#)

8 See the literature search strategy in appendix B and study selection flow chart in appendix C.

## 9 Excluded studies

10 Studies not included in this review are listed, and reasons for their exclusion are provided in  
11 appendix J.

## 12 Summary of included studies

13 Summaries of the studies that were included in this review are presented in [Error!  
14 Reference source not found, Table 2.](#)

15 **Table 2: Summary of included studies**

Study	Population	Intervention	Comparison	Outcomes	Comments
<b>Albuixech-Garcia 2020</b>  Prospective cohort study  Spain	N=213 people presenting at ED for suicide attempt or suicidal ideation  <b>Total sample:</b> Mean age (SD): 41.31 (15.17) years  Sex (female/male): 129/ 84  Ethnicity: Not reported  Comorbidities: <ul style="list-style-type: none"> <li>• No prior history n=42</li> <li>• Depression and/ or bipolar disorder n=78</li> <li>• Substance-related disorder n=30</li> <li>• Anxiety disorder</li> </ul>	<b>Mental health care continuity-chain protocol:</b> A written ED discharge letter disclosing a summary of the ED encounter was given to the participant or their guardian upon discharge as well as a copy for the participant to deliver to their GP or family doctor. The participant or their family was contacted via telephone within 24-48 hours of discharge.	<b>Usual discharge protocol:</b> A written ED discharge letter disclosing a summary of the ED encounter was given to the participant or their guardian upon discharge as well as a copy for the participant to deliver to their GP or family doctor.	<b>Critical</b> <ul style="list-style-type: none"> <li>• None</li> </ul> <b>Important</b> <ul style="list-style-type: none"> <li>• Service engagement (Reported as attendance at first programme d follow-up or visit recommend ed by physician after discharge)</li> </ul>	None

Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>n=21</p> <ul style="list-style-type: none"> <li>• Personality disorder n=14</li> <li>• Trauma or stress-related disorder n=13</li> <li>• Schizophrenia spectrum or other psychotic disorders n=8</li> <li>• Obsessive-compulsive disorders n=5</li> <li>• Behaviour disorder n=2</li> </ul> <p>Duration of self-harm: Not reported</p> <p>Method of suicide attempt:</p> <ul style="list-style-type: none"> <li>• Ingestion of medications n=140</li> <li>• Intake of medications along with alcohol n=15</li> <li>• Self-cutting n=12</li> <li>• Suicidal ideation (not presenting with suicide attempt) n=6</li> <li>• Others (ingestion of bleach, jumping from a height or self-strangulation) n=5</li> </ul>				

Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>Previous self-harm: Not reported</p> <p><b>Mental health care continuity-chain protocol:</b> n=110 Demographic and clinical characteristics not reported by study group</p> <p><b>Usual discharge protocol:</b> n=103 Demographic and clinical characteristics not reported by study group</p>				
<p><b>Martinez-Ales 2019</b></p> <p>Prospective cohort study</p> <p>Spain</p>	<p>N=1492 people who had presented at hospital for a suicide attempt</p> <p><b>Priority appointment (TAU):</b> n=788</p> <p>Mean age (SD): 41.0 (18.0) years</p> <p>Sex (female/male): 540/248</p> <p>Ethnicity: Not reported</p> <p>Comorbidities (reported as main diagnosis at</p>	<p><b>Enhanced contact intervention:</b> An outpatient psychiatric appointment 3 days after discharge followed by 6-12 months of outpatient visits with a psychiatrist trained in suicide prevention, plus explanatory and supportive follow-up phone calls from the hospital at 1, 6 and 12 months. Participants then</p>	<p><b>Priority appointment (TAU):</b> A scheduled appointment with a psychiatrist at a CMHC within 7 days after discharge.</p>	<p><b>Critical</b></p> <ul style="list-style-type: none"> <li>• Suicide attempt within 12 months</li> </ul> <p><b>Important</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	<p>Additional group, but no follow-up contact after discharge:</p> <p><b>Psychotherapeutic program:</b> n=523 A scheduled appointment with a psychiatrist at a CMHC within 7 days after discharge, plus individual psychotherapy administered in 30 minute weekly sessions for two-months by trained clinical psychologists</p>

Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>discharge):</p> <ul style="list-style-type: none"> <li>• No diagnosis n=110</li> <li>• Organic, including symptomatic, mental disorder n=6</li> <li>• Mental and behavioural disorders due to psychoactive substance use n=94</li> <li>• Schizophrenia, schizotypal, and delusional disorders n=15</li> <li>• Mood (affective) disorders n=304</li> <li>• Neurotic, stress-related, and somatoform disorders n=150</li> <li>• Behavioural syndromes associated with physiologic disturbances and physical factors n=14</li> <li>• Disorders of adult personality and behaviour n=95</li> </ul> <p>Duration of self-harm: Not reported</p> <p>Method of suicide</p>	<p>continued usual treatment at a CMHC.</p>			<p>under a general psychiatrist's supervision. The therapy was non-suicide-specific and focused on problem-solving, stress reduction, and cognitive reformulation. Participants were then referred to a GP or a CMHC.</p>

Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>attempt: Not reported</p> <p>Previous self-harm:</p> <ul style="list-style-type: none"> <li>• Personal history of suicide attempts n=272</li> <li>• No personal history of suicide attempts n=516</li> </ul> <p><b>Enhanced contact:</b> n=181</p> <p>Mean age (SD): 42.6 (14.5) years</p> <p>Sex (female/male): 140/ 41</p> <p>Ethnicity: Not reported</p> <p>Comorbidities (reported as main diagnosis at discharge):</p> <ul style="list-style-type: none"> <li>• No diagnosis n=6</li> <li>• Organic, including symptomatic , mental disorder n=0</li> <li>• Mental and behavioural disorders due to psychoactive substance use n=10</li> <li>• Schizophrenia, schizotypal, and</li> </ul>				

Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>delusional disorders n=1</p> <ul style="list-style-type: none"> <li>Mood (affective) disorders n=36</li> <li>Neurotic, stress-related, and somatoform disorders n=71</li> <li>Behavioural syndromes associated with physiologic disturbances and physical factors n=1</li> <li>Disorders of adult personality and behaviour n=56</li> </ul> <p>Duration of self-harm: Not reported</p> <p>Method of suicide attempt: Not reported</p> <p>Previous self-harm:</p> <ul style="list-style-type: none"> <li>Personal history of suicide attempts n=85</li> <li>No personal history of suicide attempts n=96</li> </ul>				
<p><b>Mousavi 2016</b></p> <p>RCT</p>	<p>N=55 people who had attempted suicide at least 2 times</p>	<p><b>Telephone follow-up:</b> 8 phone calls lasting 20 minutes by an</p>	<p><b>Face-to-face follow-up:</b> 8 face-to-face meetings in public health</p>	<p><b>Critical</b></p> <ul style="list-style-type: none"> <li>Suicide attempt per person within 2</li> </ul>	<p>None</p>

Study	Population	Intervention	Comparison	Outcomes	Comments
Iran	<p><b>Telephone follow-up:</b> n=29</p> <p>Mean age (SD): 27.07 (7.79) years</p> <p>Sex (female/male): 27/ 2</p> <p>Ethnicity: Not reported</p> <p>Comorbidities: Not reported</p> <p>Duration of self-harm: Not reported</p> <p>Method of suicide attempt: Not reported (assumed all self-poisoning as participants recruited from poisoning department)</p> <p>Previous self-harm:</p> <ul style="list-style-type: none"> <li>• 2 previous suicide attempts n=22</li> <li>• 2-5 previous suicide attempts n=6</li> <li>• More than 5 previous suicide attempts n=1</li> </ul> <p><b>Face-to-face follow-up:</b> n=26</p> <p>Mean age</p>	<p>assistant of psychiatry in the 2nd and 4th weeks and 2nd, 3rd, 4th, 5th, 6th and 8th months following discharge. Phone calls consisted of appraisal of current mental status and warning signs, guidance on ways to reduce stress, Q&amp;A, a suggestion to visit a therapist if necessary, and advice and guidance to patients and their families as necessary depending on risks</p>	<p>centers lasting 20 minutes by an assistant of psychiatry in the 2nd and 4th weeks and 2nd, 3rd, 4th, 5th, 6th and 8th months following discharge. Meetings consisted of appraisal of current mental status and warning signs, guidance on ways to reduce stress, Q&amp;A, a suggestion to visit a therapist if necessary, and advice and guidance to patients and their families as necessary depending on risks</p>	<p>weeks and within 8 months</p> <ul style="list-style-type: none"> <li>• Completed suicide within 2 weeks and within 8 months</li> </ul> <p><b>Important</b></p> <ul style="list-style-type: none"> <li>• Hopelessness within 2 weeks and within 8 months (reported as having answered 'weak' for hopefulness on a scale including weak, average, good and excellent)</li> <li>• Suicidal ideation at 2 weeks and at 8 months</li> </ul>	

Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>(SD): 26.69 (7.73) years</p> <p>Sex (female/ male): 21/ 5</p> <p>Ethnicity: Not reported</p> <p>Comorbidities: Not reported</p> <p>Duration of self-harm: Not reported</p> <p>Method of suicide attempt: Not reported (assumed all self-poisoning as participants recruited from poisoning department)</p> <p>Previous self- harm:</p> <ul style="list-style-type: none"> <li>• 2 previous suicide attempts n=14</li> <li>• 2-5 previous suicide attempts n=11</li> <li>• More than 5 previous suicide attempts n=1</li> </ul>				
<p><b>Stanley 2018</b></p> <p>Retrospective cohort study</p> <p>USA</p>	<p>N=1640 veterans who had presented at Veterans Affairs ED sites for a suicide attempt</p> <p><b>Usual care:</b> n=448</p>	<p><b>Safety Planning Intervention with follow- up (SPI+):</b> A structured personalised safety plan is drawn up for the person to use in the event of a suicidal crisis,</p>	<p><b>Usual care:</b> Follow-up depended on the site but tended to include a specific outpatient appointment or information about how to seek</p>	<p><b>Critical</b></p> <ul style="list-style-type: none"> <li>• Repeat self- harm within 6 months (reported as engagement in suicidal behaviour, defined as 'descriptions of all suicide attempts,</li> </ul>	<p>None</p>



Study	Population	Intervention	Comparison	Outcomes	Comments
	<p>Mean age (SD): 49.38 (14.47) years</p> <p>Sex (female/male): 49/ 399</p> <p>Ethnicity:</p> <ul style="list-style-type: none"> <li>• White n=251</li> </ul> <p>Comorbidities:</p> <ul style="list-style-type: none"> <li>• Bipolar diagnosis n=48</li> <li>• Depression diagnosis n=241</li> <li>• PTSD diagnosis n=150</li> <li>• Substance abuse diagnosis n=192</li> </ul> <p>Duration of self-harm: Not reported</p> <p>Method of suicide attempt: Not reported</p> <p>Previous self-harm:</p> <ul style="list-style-type: none"> <li>• History of suicide attempt n=202</li> </ul> <p><b>Safety Planning Intervention with follow-up (SPI+):</b> n=1179</p> <p>Mean age (SD): 47.15 (14.89) years</p> <p>Sex (female/</p>	<p>which included steps such as identifying warning signs and coping strategies. Telephone contact was made within 72 hours of discharge by <a href="#">project staff</a> (a social worker or a psychologist) and included a brief risk assessment, review and revision of the safety plan as needed, and facilitation of treatment engagement. Phone calls continued weekly for at least 2 calls total and stopped when the patient had a behavioural health appointment or did not wish to be contacted any more.</p>	<p>psychiatric care.</p>	<p>suicide deaths, and other suicidal behaviors including interrupted attempts')</p> <p><b>Important</b></p> <ul style="list-style-type: none"> <li>• Service engagement within 6 months (reported as attendance at ≥1 mental health and/or substance abuse treatment)</li> </ul>	

Study	Population	Intervention	Comparison	Outcomes	Comments
	male): 135/ 1044  Ethnicity: • White n=715  Comorbidities: • Bipolar diagnosis n=74 • Depression diagnosis n=525 • PTSD diagnosis n=325 • Substance abuse diagnosis n=328  Duration of self-harm: Not reported  Method of suicide attempt: Not reported  Previous self- harm: • History of suicide attempt n=501				

1 CMHC: Community Mental Healthcare Center; ED: Emergency Department; GP: General Practitioner; N: number;  
 2 PTSD: post-traumatic stress disorder; Q&A: Question and answer; SD: Standard deviation; TAU: Treatment as  
 3 usual

4 See the full evidence tables in appendix D.

## 5 Summary of the evidence

6 One study (Albuixech-Garcia 2020) compared a mental healthcare continuity chain to usual  
 7 discharge in people who had presented for a suicide attempt or suicidal ideation. The study  
 8 reported the outcome attendance at follow-up, although the follow-up period for this study  
 9 was not reported. Attendance rates at follow-up were significantly higher in the mental  
 10 healthcare continuity chain group compared with the usual discharge group (very low  
 11 quality).

12 One study (Martinez-Ales 2019) compared an enhanced contact intervention [3 days after](#)  
 13 [discharge](#) to treatment as usual [within 7 days after discharge](#) in people who had attempted  
 14 suicide. The study found no significant difference in number of suicide attempts at 12 months

1 between the groups in unadjusted analyses (low quality). Results from adjusted statistical  
2 models (adjusted for: age, sex, previous suicide attempts, alcohol or drug abuse, and mood  
3 (affective) and personality disorders) found ~~an possible~~ important reduction in number of  
4 suicide attempts in the enhanced contact intervention group (low quality). Due to the fact that  
5 there were 2 variables (time of follow-up and setting of follow-up), it is difficult to ascertain  
6 whether the reduction in number of suicide attempts was driven by the setting or the timing of  
7 follow-up.

8 One study (Mousavi 2016) compared telephone follow-up to face-to-face follow-up in people  
9 who had attempted suicide. The study reported the outcomes of hopelessness (reported as  
10 having answered 'weak' for hopefulness on a scale including weak, average, good and  
11 excellent), suicidal ideation, suicide attempt and completed suicide (reported as part of the  
12 outcome 'suicide attempt'). Suicide attempt was reported per number of attempts, as multiple  
13 attempts were made by the same participant; however, enough information was provided  
14 that the number of people who had attempted suicide could be deduced. Only data for the  
15 number of people who had attempted suicide were extracted. Additionally, outcomes were  
16 reported at 2 weeks, 4 weeks, 2 months, 3 months, 4 months, 5 months, 6 months and 8  
17 months follow-up, however only data for follow-up at 2 weeks and 8 months were extracted,  
18 to represent outcomes immediately after first contact and at longer-term follow-up. No  
19 significant differences in hopelessness, suicidal ideation, suicide reattempt and completed  
20 suicide were identified between groups at 2 weeks or at 8 months (low quality).

21 One study (Stanley 2018) compared a safety plan intervention with usual care in people who  
22 had attempted suicide. The study reported the outcomes of repeat self-harm (reported as  
23 engagement in suicidal behaviour, which the study defined as 'descriptions of all suicide  
24 attempts, suicide deaths, and other suicidal behaviours including interrupted attempts',  
25 however suicide attempts and completed suicide were not reported separately) and service  
26 engagement (reported as attendance at  $\geq 1$  mental health and/ or substance abuse  
27 treatment) at 6 months' follow-up. Service engagement was significantly higher in the safety  
28 plan intervention group compared with the usual care group (low quality). Repeat self-harm  
29 (using results from a statistical model that adjusted for random intervention effects by site)  
30 was significantly lower in the safety plan intervention group compared with the usual care  
31 group (low quality). Results from statistical models that adjusted for age, sex, previous  
32 suicide attempts, alcohol or drug abuse, and mood (affective) and personality disorders  
33 showed the same pattern of results for both outcomes (low quality).

34 None of the included studies reported the outcomes service user satisfaction or quality of life.

35 See appendix F for full GRADE tables.

## 36 **Economic evidence**

### 37 **Included studies**

38 A single economic search was undertaken for all topics included in the scope of this  
39 guideline but no economic studies were identified which were applicable to this review  
40 question. See the literature search strategy in appendix B and economic study selection flow  
41 chart in appendix G.

### 42 **Excluded studies**

43 Economic studies not included in the guideline economic literature review are listed, and  
44 reasons for their exclusion are provided in appendix J.

1 **Economic model**

2 No economic modelling was undertaken for this review because the committee agreed that  
3 other topics were higher priorities for economic evaluation.

4 **Evidence statements**

5 **Economic**

6 No economic studies were identified which were applicable to this review question.

7 **The committee's discussion and interpretation of the evidence**

8 **The outcomes that matter most**

9 Self-harm repetition, suicide and service user satisfaction were prioritised as critical  
10 outcomes by the committee. Self-harm repetition and suicide were prioritised as critical  
11 outcomes because they are direct measures of any differential effectiveness associated with  
12 the method of initial contact and captures both fatal and non-fatal self-harm. Service user  
13 satisfaction was chosen as a critical outcome due to the importance of delivering services  
14 which are centred around the patients' experiences and because patient satisfaction is likely  
15 to influence whether the patient engages with the intervention.

16 Suicidal ideation, distress/ hopelessness, engagement with after-care, and quality of life were  
17 considered important outcomes by the committee. Engagement with after-care was chosen  
18 as an important outcome because the first contact after discharge may influence the  
19 likelihood of whether a person who has self-harmed will attend follow-up sessions, thereby  
20 influencing whether after-care will be effective. Distress/ hopelessness and suicidal ideation  
21 were chosen as important outcomes because different methods of being contacted after  
22 discharge may impact an individual's distress/ hopelessness or thoughts of suicide in  
23 different ways, which in turn affect the likelihood of that individual to self-harm. Quality of life  
24 was chosen as an important outcome as this is a global measure of well-being and may  
25 capture aspects of effectiveness of the interventions not captured by any of the other  
26 outcome measures.

27 **The quality of the evidence**

28 When assessed using GRADE methodology the evidence was found to range from low to  
29 very low quality. In all cases, the evidence was downgraded due to risk of bias as per  
30 Cochrane RoB 2.0 or ROBINS-I (for example, due to missing data or lack of blinding), and in  
31 some cases due to indirectness where the interventions, setting, population or outcomes  
32 were indirect.

33 [Although there was no evidence for the comparison timing of first contact after presentation](#)  
34 [as per the categories set out in the protocol, 1 study \(Martinez-Ales 2019\) did compare](#)  
35 [different times for initial contact: contact 3 days after discharge versus contact within 7 days](#)  
36 [of discharge.](#) There was no evidence identified for the following comparisons: ~~timing of first~~  
37 ~~contact after presentation~~; professional group carrying out the first contact. Two studies  
38 compared the mode of first contact but none investigated email or video contact as an  
39 intervention, while 1 study compared the setting of first contact but none investigated first  
40 contact at a number of settings, including at home. Additionally, no evidence was identified  
41 for the following outcomes: service user satisfaction; quality of life.

1 **Imprecision and clinical importance of events**

2 The committee considered imprecision in the evidence and agreed that there was a high  
3 degree of imprecision ~~for in~~ every outcome when comparing telephone and face-to-face  
4 follow-up. Additionally, there was some imprecision in the outcomes when comparing an  
5 enhanced contact intervention with usual care with regards to reduction of suicide attempts.  
6 ~~Although the committee did not have~~ However, the committee had confidence that the  
7 evidence overall showed a clinically ~~meaningful important~~ effect of ~~treatment~~ some form of  
8 enhanced initial aftercare on reduced self-harm and increased attendance at follow-up.  
9 ~~based on its low or very low quality and imprecision,~~ The committee also discussed the fact  
10 that current best practise involves enhanced initial aftercare following presentation for self-  
11 harm, ~~and~~. Therefore, the committee felt confident in making strong recommendations for  
12 initial aftercare to be provided, though the quality of the evidence meant they could not be  
13 more specific.

14 **Benefits and harms**

15 The committee discussed the evidence, which found that discharge protocols with some form  
16 of enhanced initial aftercare provided important benefits such as increased engagement with  
17 treatment and a reduced risk of self-harm compared to usual discharge (which included, for  
18 example, a letter or a referral). The evidence showed that, as long as prompt after-care was  
19 provided, after-care provided in-person did not have any significant benefit over telephone  
20 contact. The committee agreed that specific guidance regarding the nature of after-care  
21 could not be recommended based on the available evidence. Instead, they discussed the  
22 risks and benefits of agreeing how after-care would be provided in collaboration with the  
23 person who had self-harmed, and agreed that prioritising patient-centred care would have  
24 the benefits of increased service engagement a reduction in patient distress, and increased  
25 trust in healthcare services based on their experience and expertise. The committee agreed  
26 these benefits outweighed the risk of repeat self-harm as a potential result of patients  
27 choosing not to receive after-care. The committee agreed that any aftercare arrangements  
28 should be shared with the person, based on the committee's knowledge that this is an  
29 important facet of collaborative care, and that providing contact details encourages  
30 engagement with care.

31 The committee deliberated whether there should be a time limit for after-care, and discussed  
32 the existing guideline on Transition between inpatient mental health settings and community  
33 or care home settings (NG53), which recommends that patients be followed up within 48  
34 hours. The committee agreed initial after-care should be provided within 48 hours of  
35 presentation for self-harm, based on their knowledge that people who have self-harmed are  
36 at the highest risk of repeating self-harm within 2-3 days of their previous episode of self-  
37 harm. The evidence also indicated that prompt follow-up provided benefits, as it showed that  
38 telephone contact within 24-48 hours after discharge had a positive effect on service  
39 engagement. The evidence also found a possible important reduction in number of suicide  
40 attempts for those receiving initial contact 3 days after discharge compared to those  
41 receiving initial contact within 7 days of discharge, although the different settings in which  
42 follow-up was conducted may also have affected the outcomes. Qualitative evidence from  
43 the review on information and support needs for people who have self-harmed (Evidence  
44 Report A) also showed that people value proactive, prompt follow up and find long waiting  
45 times frustrating. Therefore, despite the low quality of the quantitative evidence, the  
46 committee felt confident making this recommendation.

47 There was some evidence from this review and the review on models of care (Evidence  
48 Report T) that showed continuity of personnel providing follow up had a positive effect on  
49 service engagement and repeat self-harm. The committee agreed that there were a number  
50 of problems with this evidence, including its imprecision and risk of bias. However, they

1 agreed that continuity of personnel from initial assessment through to after-care had a  
2 number of substantial benefits based on their own experience and expertise, including  
3 improved service user satisfaction and service engagement. The recommendations that  
4 initial aftercare should be provided by the healthcare professional(s) ~~which~~ who the person  
5 has already interacted with were therefore made based on the committee's knowledge that  
6 familiarity with staff can improve the person's experience with care. The committee agreed  
7 that continuity of contact from a known and trusted professional would also reduce the risk of  
8 distress or hopelessness. The committee acknowledged that this may not always be possible  
9 due to staffing constraints and shift patterns and agreed it would be sufficient for follow-up to  
10 be carried out by a member of the same specialist mental health care team. The committee  
11 highlighted the importance of continuity of care in certain groups, such as those with existing  
12 known mental health comorbidities, as often it is difficult to predict risk of self-harm repetition.

### 13 **Cost effectiveness and resource use**

14 The committee noted that no relevant published economic evaluations had been identified on  
15 the cost-effectiveness of initial aftercare interventions following an episode of self-harm. In  
16 addition, no primary economic analysis had been undertaken on this topic, as the committee  
17 felt that the clinical evidence was not sufficient to inform a bespoke economic model to aid  
18 their decision-making. They recommended specific strategies to reduce the likely variation  
19 across the NHS in the current practice in terms of self-harm repetition and continuity of  
20 follow-up care. They discussed about the likely unintended consequences and of the  
21 potential resource implications of these recommendations, including the potential overload of  
22 primary care and community care services and introducing a too rigid timeframe within which  
23 initiating after-care (that is, 48 hours). However, they agreed that there was unlikely to be a  
24 significant resource impact from the recommendations made, as these are in line with the  
25 initial after-care strategies that are currently used in the management of people with self-  
26 harm. Moreover, they highlighted how the provision of the recommended strategies is  
27 expected to have benefits for the person in terms of reducing self-harm recurrence and  
28 associated resource use savings, for example the possible cost savings incurred through  
29 reduced self-harm repeat admissions.

### 30 **Recommendations supported by this evidence review**

31 This evidence review supports recommendations 1.9.1-1.9.2. Other evidence supporting  
32 these recommendations can be found in the evidence review on models of care (evidence  
33 report T).

## 34 **References – included studies**

### 35 **Effectiveness**

Study
Albuixech-Garcia, R., Julia-Sanchis, R., Fernandez Molina, M. A. et al. (2020) Impact of the Mental Health Care Continuity-Chain among Individuals Expressing Suicidal Behaviour in a Spanish Sample. <i>Issues in mental health nursing</i> 41: 602-607
Martinez-Ales, G., Angora, R., Barrigon, M. L. et al. (2019) A real-world effectiveness study comparing a priority appointment, an enhanced contact intervention, and a psychotherapeutic program following attempted suicide. <i>Journal of Clinical Psychiatry</i> 80 (2)

**Study**

Mousavi SG, Amini M, Mahaki B et al. (2016) Effect of phone call versus face-to-face follow-up on recurrent suicide attempts prevention in individuals with a history of multiple suicide attempts. *Advanced biomedical research* 5: 184

Stanley, B., Brown, G. K., Brenner, L. A. et al. (2018) Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry* 75: 894-900

- 1 **Economic**
- 2 No studies were identified that met the inclusion criteria.

# 1 Appendices

## 2 Appendix A Review protocols

### 3 Review protocol for review question: How should initial after-care be provided to people following an episode of self-harm? 4

5 **Table 3: Review protocol**

Field	Content
PROSPERO registration number	CRD42020215428
Review title	First contact after an episode of self-harm
Review question	How should initial after-care be provided to people following an episode of self-harm?
Objective	To identify how people who have self-harmed should first be contacted after presentation as a result of self-harm.
Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"><li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li><li>• Cochrane Database of Systematic Reviews (CDSR)</li><li>• Database of Abstracts of Reviews of Effects (DARE)</li><li>• Embase</li><li>• Emcare</li><li>• International Health Technology Assessment (IHTA) database</li><li>• MEDLINE &amp; MEDLINE In-Process</li><li>• PsycINFO</li><li>• Web of Science (WoS)</li></ul> <p>Searches will be restricted by:</p> <ul style="list-style-type: none"><li>• English language studies</li><li>• Human studies</li><li>• Date: 2000 onwards as the current service context is different from pre-2000.</li></ul> <p>Other searches:</p> <ul style="list-style-type: none"><li>• Inclusion lists of systematic reviews</li><li>• Reference lists of included studies</li><li>• Forward and backward citation searches of key studies</li></ul>



Field	Content
	The full search strategies will be published in the final review.
Condition or domain being studied	All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability.  'Self-harm' is defined as intentional self-poisoning or injury irrespective of the apparent purpose of the act. This does not include repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability.
Population	Inclusion: All people who have self-harmed, including those with a mental health problem, neurodevelopmental disorder or a learning disability.  Exclusion: <ul style="list-style-type: none"> <li>• People displaying repetitive stereotypical self-injurious behaviour, for example head-banging in people with a significant learning disability</li> </ul>
Intervention	Inclusion: <ol style="list-style-type: none"> <li>5. Timing of first contact after presentation: <ul style="list-style-type: none"> <li>• ≤24 hours after presentation</li> <li>• 25 up to, but not including, 72 hours after presentation</li> <li>• 3 to 7 days after presentation</li> <li>• &gt;7 days after presentation</li> </ul> </li> <li>6. Continuity of personnel: <ul style="list-style-type: none"> <li>• The same person carrying out the first contact after presentation as attended the person who had self-harmed at presentation</li> <li>• A member of the same team, but not same person carrying out the first contact after presentation as attended the person who had self-harmed at presentation</li> <li>• A different person from a different team carrying out the first contact after presentation to the person and team as attended the person who had self-harmed at presentation</li> </ul> </li> <li>7. Setting: First contact (after presentation) at home</li> <li>8. Professional group: The profession of the person(s) carrying out the first — contact after presentation, including: <ul style="list-style-type: none"> <li>• Nurses</li> <li>• Psychiatrists</li> <li>• Other professionals</li> <li>• Third sector</li> </ul> </li> <li>5. Mode of first contact <ul style="list-style-type: none"> <li>• In person</li> <li>• Letter</li> <li>• Telephone</li> <li>• Email</li> <li>• Video</li> </ul> </li> </ol>

Field	Content
Comparator/Reference standard/Confounding factors	<p>6. Timing of first contact after presentation: The parameters for duration of time at which the follow-up occurs as indicated in the intervention (<math>\leq 24</math> hours after presentation; 25 up to but not including 72 hours after presentation; 3 to 7 days after presentation) to be compared against each other</p> <p>7. Continuity of personnel: The parameters for continuity of person carrying out the first contact after presentation as indicated in the intervention (Same person; Different person, but same team; Different person from different team) to be compared against each other</p> <p>8. Setting: First contact after presentation completed in a clinical setting, for example: <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Accident and emergency departments</li> <li>• Community pharmacies</li> </ul> </p> <p>9. Professional group: The parameters for profession of the person(s) carrying out the first contact after presentation as indicated in the intervention (Nurses; Psychiatrists; Other professionals; Third sector) to be compared against each other</p> <p>10. Mode of contact The parameters for mode of first contact after presentation as indicated in the intervention (In person; Letter; Telephone; Email; Video) to be compared against each other</p>
Types of study to be included	<ul style="list-style-type: none"> <li>• Systematic review of randomised controlled trials (RCTs) or non-randomised comparative prospective and retrospective cohort studies</li> <li>• RCTs</li> <li>• Non-randomised comparative prospective cohort studies with <math>N \geq 100</math> per treatment arm</li> <li>• Non-randomised comparative retrospective cohort studies with <math>N \geq 100</math> per treatment arm</li> </ul> <p>Conference abstracts will not be included.</p> <p>Non-randomised studies should adjust for the following covariates in their analysis when there are differences between groups at baseline: age, gender, previous self-harm, comorbidities (e.g. alcohol and drug misuse, psychiatric illness, physical illness), and current psychiatric treatment. Studies will be downgraded for risk of bias if important covariates are not adequately adjusted for, but will not be excluded for this reason.</p>
Other exclusion criteria	<p>Studies will not be included for the following reasons:</p> <p>Language:</p> <ul style="list-style-type: none"> <li>• Non-English</li> </ul> <p>Publication status:</p> <ul style="list-style-type: none"> <li>• Abstract only</li> </ul> <p>Studies published in languages other than English will not be considered due to time and resource constraints with translation.</p>
Context	<p>Settings: Inclusion:</p> <ul style="list-style-type: none"> <li>• Primary, secondary and tertiary healthcare settings (including pre-hospital care, accident and emergency departments, community pharmacies, inpatient care,</li> </ul>

Field	Content
	<p>and transitions between departments and services)</p> <ul style="list-style-type: none"> <li>• Home, residential and community settings, such as supported accommodation</li> <li>• Supported care settings</li> <li>• Education and childcare settings</li> <li>• Criminal justice system</li> <li>• Immigration removal centres.</li> </ul>
Primary outcomes (critical outcomes)	<p>Critical:</p> <ul style="list-style-type: none"> <li>• Self-harm repetition (for example, self-poisoning or self-cutting)</li> <li>• Service user satisfaction (treated with dignity, compassion, respect)</li> <li>• Suicide</li> </ul>
Secondary outcomes (important outcomes)	<p>Important:</p> <ul style="list-style-type: none"> <li>• Quality of life</li> <li>• Service engagement (people attending appointment)</li> <li>• Distress/hopelessness</li> <li>• Suicidal ideation</li> </ul>
Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into EPPI and de-duplicated.</p> <p>Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol.</p> <p>Dual sifting will be performed on 10% of records; 90% agreement is required. Disagreements will be resolved via discussion between the two reviewers, and consultation with senior staff if necessary.</p> <p>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion.</p> <p>A standardised form will be used to extract data from studies. The following data will be extracted: study details (reference, country where study was carried out, type and dates), participant characteristics, inclusion and exclusion criteria, details of the interventions, setting and follow-up, relevant outcome data, risk of bias and source of funding. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.</p>
Risk of bias (quality) assessment	<p>Quality assessment of individual studies will be performed using the following checklists:</p> <ul style="list-style-type: none"> <li>• ROBIS tool for systematic reviews</li> <li>• Cochrane RoB tool v.2 for RCTs and quasi-RCTs</li> <li>• Cochrane ROBINS-I tool for non-randomised (clinical) controlled trials and cohort studies</li> </ul> <p>The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.</p>
Strategy for data synthesis	<p>Quantitative findings will be formally summarised in the review. Where multiple studies report on the same outcome for the same comparison, meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios if possible or odds ratios when required (for example if only available in this form in included studies) for dichotomous outcomes, and mean differences or standardised mean differences for continuous outcomes. Heterogeneity in the effect estimates of the individual studies will be assessed using the <math>I^2</math> statistic. <math>I^2</math> values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively. Heterogeneity will be explored as appropriate using sensitivity analyses and subgroup analyses based on identified covariates if they have not been adjusted for. If heterogeneity cannot be explained through subgroup analysis then a random effects model will be used for meta-analysis, or the data will not be pooled if the random effects model does not adequately address heterogeneity.</p>

Field	Content																					
	The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group: <a href="http://www.gradeworkinggroup.org/">http://www.gradeworkinggroup.org/</a>																					
Analysis of sub-groups	Evidence (if data allows) will be stratified by: <ul style="list-style-type: none"> <li>• Age group: ≥65 years, 18-64 years, 16-17 years, &lt;16</li> <li>• Currently receiving mental health services: Yes or No</li> </ul>																					
Type and method of review	Intervention																					
Language	English																					
Country	England																					
Anticipated or actual start date	02/10/2020																					
Anticipated completion date	26/01/2022																					
Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Data extraction</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Risk of bias (quality) assessment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Data analysis</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Review stage	Started	Completed	Preliminary searches	<input type="checkbox"/>	<input type="checkbox"/>	Piloting of the study selection process	<input type="checkbox"/>	<input type="checkbox"/>	Formal screening of search results against eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>	Data extraction	<input type="checkbox"/>	<input type="checkbox"/>	Risk of bias (quality) assessment	<input type="checkbox"/>	<input type="checkbox"/>	Data analysis	<input type="checkbox"/>	<input type="checkbox"/>
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Data analysis	<input type="checkbox"/>	<input type="checkbox"/>																				
Named contact	<p>5a. Named contact: National Guideline Alliance</p> <p>5b Named contact e-mail: selfharm@nice.org.uk</p> <p>5e Organisational affiliation of the review: National Institute for Health and Care Excellence (NICE) and National Guideline Alliance</p>																					
Review team members	National Guideline Alliance																					

Field	Content
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10148">https://www.nice.org.uk/guidance/indevelopment/gid-ng10148</a> .
Other registration details	None
URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020215428">https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020215428</a>
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> <li>• notifying registered stakeholders of publication</li> <li>• publicising the guideline through NICE's newsletter and alerts</li> <li>• issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.</li> </ul>
Keywords	Self-harm, assessment, management, prevention, first contact, health care
Details of existing review of same topic by same authors	None
Current review status	Ongoing
Additional information	Not applicable
Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>

- 1 CDSR: *Cochrane Database of Systematic Reviews*; CENTRAL: *Cochrane Central Register of Controlled Trials*; GRADE: *Grading of Recommendations Assessment, Development and Evaluation*; NGA: *National Guideline Alliance*; NICE: *National Institute for Health and Care Excellence*; RCT(s): *randomised controlled trial(s)*; RevMan: *review manager*; RoB: *risk of bias*; ROBINS-I: *Risk Of Bias In Non-randomized Studies - of Interventions*
- 2
- 3

## Appendix B Literature search strategies

**Literature search strategies for review question: How should initial after-care be provided to people following an episode of self-harm?**

### Clinical

**Database(s): MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily – OVID interface**

Date of last search: 10<sup>th</sup> December 2020

#	searches
1	self mutilation/ or self-injurious behavior/ or suicidal ideation/ or suicide, attempted/ or suicide, completed/ or suicide/
2	(self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).tw.
3	or/1-2
4	aftercare.sh.
5	follow up studies.sh. and ((ambulatory care or crisis intervention or early medical intervention or electronic email or emergency medical services or emergency treatment or (emergency service adj2 hospital) or postal service or psychiatry or telemedicine or (Referral adj2 Consultation) or remote consultation or telephone or videoconferencing or social support).sh. or nurse*.hw.)
6	((crisis intervention or emergency medical services or emergency treatment or (emergency service adj2 hospital)).sh. or discharg*.hw.) and (electronic email or postal service or remote consultation or social support or telephone or videoconferencing).sh.
7	(Time Factors or Time-to-Treatment).sh. and ((ambulatory care or crisis intervention or early medical intervention or electronic email or emergency medical services or emergency treatment or (emergency service adj2 hospital) or follow up studies or postal service or psychiatry or telemedicine or (Referral adj2 Consultation) or remote consultation or telephone or videoconferencing or social support).sh. or (access* or care or healthcare or management or nurs* or refer* or service* or symptom* or transfer* or transport* or utli?ation).hw.)
8	"Referral and Consultation"/mt, og, st
9	exp Professional-Patient Relations/ and (appointment* or communiation* or consultation* or meeting* or referral* or visit* or letter* or mail or post or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*).hw.
10	or/4-9
11	((healthcare or health care or professional or treatment or psychiatric) adj contact).ti,ab.
12	((aftercare or after care or contact* or follow up* or followup*) adj5 (episode* or present* or

#	searches
	((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*)).ti,ab.
13	((aftercare or after care or contact* or followup* or follow up*) adj3 (intervention* or program* or treatment*)) or ((brief or enhanced) adj2 contact intervention*) or (brief contact and (followup or follow up) and care) or (postcard* and intervention)).ti,ab.
14	((aftercare or after care or communicat* or contact* or followup* or follow up*) adj3 (intervention* or program* or treatment*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*)) or ((brief or enhanced) adj2 contact intervention*) or (brief contact and (followup or follow up) and care) or (postcard* and intervention)).ti,ab.
15	((aftercare or after care or communicat* or contact* or follow up* or followup*) adj5 (episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*)).ti,ab.
16	(access* adj2 (aftercare or after care)).ti,ab.
17	((after* or follow* or initial*) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj

#	searches
	(contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))).ti,ab.
18	((contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*)) adj10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*))).ti,ab.
19	(contact* adj3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward*)) adj5 (day* or early or first or initial* or timing or week*))).ti,ab.
20	((clinical contact* or ((early or first or initial) adj2 (aftercare or after care or appointment* or communicat* or consultation* or contact* or discharg* or episode* or follow up* or followup* or linkage* or meeting or postdischarg* or presentation or refer* or releas* or visit*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*))).ti,ab.
21	((contact* or communicat* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*)) adj10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or



#	searches
	psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
22	((contact* or postdischarg* or post discharg* or present*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
23	((timing adj3 contact*) or ((first or initial) adj6 contact*).ti,ab.
24	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or (helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)))) adj7 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (after care or aftercare or communicat* or contact* or followup* or follow* up* or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*))).ti,ab.
25	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*)) adj2 (aftercare or after care or contact* or follow up* or followup*).ti,ab.
26	(continuity adj8 (care or healthcare or personnel or service* or staff or team*) adj10 (after* or early or first or follow* or hour* or initial or linkage* or day or days or postdischarg* or post discharg* or timing or week or weeks)).ti,ab.
27	((model* or strateg* or system or systems) adj2 (aftercare or after care or contact* or followup* or follow up*).ti,ab.
28	((presentation or presenting) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or

#	searches
	selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinfect* or self inflict* or auto mutilat* or automutilat*) adj10 (contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))).ti,ab.
29	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab.
30	((assertive adj2 follow*) or ((followup or follow up) adj2 (care or health care or healthcare or service*))).ti,ab. or follow up.ti.
31	((follow up*1 adj2 (mental health or plan or psychiatric or strateg*)) or ((care or healthcare or treat*) adj2 pathway*) or immediate management or (package adj2 care)) and present*).ti,ab.
32	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*))).ti,ab.
33	(time adj3 treatment).ti,ab.
34	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((communicat* or contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((communicat* or contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or (helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) adj7 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinfect* or self inflict* or auto mutilat* or automutilat*) adj10 (after care or

#	searches
	aftercare or communicat* or contact* or followup* or follow* up* or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*))).ti,ab.
35	((after* or follow* or initial*) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (communicat* or contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))).ti,ab.
36	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*)) adj2 (aftercare or after care or communicat* or contact* or follow up* or followup*))).ti,ab.
37	((healthcare or health care or professional or treatment or psychiatric) adj (communicat* or contact*))).ti,ab.
38	((model* or strateg* or system or systems) adj2 (aftercare or after care or communicat* or contact* or followup* or follow up*))).ti,ab.
39	((communicat* or contact*) adj3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward*)) adj5 (day* or early or first or initial* or timing or week*))).ti,ab.
40	((timing adj3 (communicat* or contact*)) or ((first or initial) adj6 (communicat* or

#	searches
	contact*))).ti,ab.
41	((psychiatric or face to face or first or postdischarg* or post discharg* or postal or phone* or social network or telephone or text messag*) adj contact*).ti,ab.
42	continuity of contact.ti,ab.
43	(case manag* and (presentation* or presenting) and (a&E or emerg* or acute* or admitted or admission*)).ti,ab.
44	((aftercare or after care) adj5 (self harm* or suicid*)).ti,ab.
45	((contact* or transition*) adj10 (face to face or (home adj2 visit*) or calls or letter or phone* or postcard* or post card* or social network or telephone* or text messag*)) and (discharg* or postdischarg*).ti,ab.
45	((contact* or transition*) and (face to face or (home adj2 visit*) or calls or letter or phone* or postcard* or post card* or social network or telephone* or text messag*) and (intervention* or program*)).ti,ab.
46	((a&E or emerg* or acute* or admission*) adj10 contact*) and intervention*).ti,ab.
47	(after care or aftercare).ti.
48	(contact* and (presented or presentation*)).ti,ab.
49	(contact* adj5 (care or healthcare or service*)).ti,ab.
50	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab. and 8
51	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab.
52	(assessment* and (time* or timing)).hw.
53	((appointment* or consultation* or in person* or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*) and contact*).ti,ab.
54	((first or initial) adj (appointment* or consultation* or in person* or meeting* or referral* or visit* or letter*)).ti,ab.
55	follow up care.ti,ab.
56	((follow up adj2 (care or healthcare or assess* or provision or provide)) or (present* and (response or respond))).ti,ab.
57	((followup or follow up) adj2 (care or health care or healthcare or service*)).ti,ab.
58	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot

#	searches
	line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*).ti,ab.
59	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*).ti,ab.
60	(followup or follow up).ti,ab. and present*.ti,ab.
61	(time adj3 treatment).ti,ab.
62	((after care or aftercare).ti.) or ((contact* and (presented or presentation*)).ti,ab. ) or ((contact* adj5 (care or healthcare or service*)).ti,ab. )
63	((first or initial) adj (appointment* or consultation* or in person* or meeting* or referral* or visit* or letter*)).ti,ab.
64	((appointment* or consultation* or in person* or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*) and contact*).ti,ab.
65	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv*).ti.) and (aftercare or after care or contact*).ti,ab.
66	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv* or meta anal* or metaanal* or systematic review).ti.) and (aftercare or after care or contact*).ti,ab.
67	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv* or meta anal* or metaanal* or systematic review).ti.) and (followup or follow up).ti.
68	or/10-67
69	3 and 68

#	searches
70	limit 69 to english language
71	limit 70 to yr="2000 -current"

**Database(s): Embase and Emcare – OVID interface**Date of last search: 10<sup>th</sup> December 2020

#	searches
1	automutilation/ or exp suicidal behavior/
2	(self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).tw.
3	or/1-2
4	aftercare.sh.
5	follow up/ and ((ambulatory care or crisis intervention or early intervention or e-mail or emergency health service or emergency treatment or hospital emergency service or patient referral or postal mail or psychiatry or telemedicine or teleconsultation or telephone or videoconferencing or social support).sh. or nurse*.hw.)
6	patient referral/ and "organization and management"/
7	(Time Factor or Time-to-Treatment).sh. and ((ambulatory care or crisis intervention or early intervention or e-mail or emergency health service or emergency treatment or follow up or postal mail or psychiatry or telemedicine or patient referral or social support or teleconsultation or telephone or videoconferencing or).sh. or (access* or care or healthcare or management or nurs* or refer* or service* or symptom* or transfer* or transport* or utli?ation).hw.)
8	((crisis intervention or emergency health service or emergency treatment or hospital discharge or hospital emergency service) and (e-mail or postal mail or social support or teleconsultation or telephone or videoconferencing)).sh.
9	exp Professional-Patient Relations/ and (appointment* or communiation* or consultation* or meeting* or referral* or visit* or letter* or mail or post or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*).hw.
10	or/4-9
11	((healthcare or health care or professional or treatment or psychiatric) adj contact).ti,ab.
12	((aftercare or after care or contact* or follow up* or followup*) adj5 (episode* or present* or (admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3

#	searches
	(advice or care or help* or support* or treat*) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
13	((aftercare or after care or contact* or followup* or follow up*) adj3 (intervention* or program* or treatment*)) or ((brief or enhanced) adj2 contact intervention*) or (brief contact and (followup or follow up) and care) or (postcard* and intervention)).ti,ab.
14	((aftercare or after care or communicat* or contact* or followup* or follow up*) adj3 (intervention* or program* or treatment*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*)) or ((brief or enhanced) adj2 contact intervention*) or (brief contact and (followup or follow up) and care) or (postcard* and intervention)).ti,ab.
15	((aftercare or after care or communicat* or contact* or follow up* or followup*) adj5 (episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
16	(access* adj2 (aftercare or after care)).ti,ab.
17	((after* or follow* or initial*) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or

#	searches
	teams or therapist*))).ti,ab.
18	((contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*)) adj10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*))).ti,ab.
19	(contact* adj3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward*)) adj5 (day* or early or first or initial* or timing or week*))).ti,ab.
20	((clinical contact* or ((early or first or initial) adj2 (aftercare or after care or appointment* or communicat* or consultation* or contact* or discharg* or episode* or follow up* or followup* or linkage* or meeting or postdischarg* or presentation or refer* or releas* or visit*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*))).ti,ab.
21	((contact* or communicat* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*)) adj10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*))).ti,ab.



#	searches
22	((contact* or postdischarg* or post discharg* or present*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*)).ti,ab.
23	((timing adj3 contact*) or ((first or initial) adj6 contact*)).ti,ab.
24	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or (helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) adj7 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (after care or aftercare or communicat* or contact* or followup* or follow* up* or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*))).ti,ab.
25	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*)) adj2 (aftercare or after care or contact* or follow up* or followup*)).ti,ab.
26	(continuity adj8 (care or healthcare or personnel or service* or staff or team*) adj10 (after* or early or first or follow* or hour* or initial or linkage* or day or days or postdischarg* or post discharg* or timing or week or weeks)).ti,ab.
27	((model* or strateg* or system or systems) adj2 (aftercare or after care or contact* or followup* or follow up*)).ti,ab.
28	((presentation or presenting) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line*

#	searches
	or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))).ti,ab.
29	(((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab.
30	((assertive adj2 follow*) or ((followup or follow up) adj2 (care or health care or healthcare or service*))).ti,ab. or follow up.ti.
31	(((follow up*1 adj2 (mental health or plan or psychiatric or strateg*)) or ((care or healthcare or treat*) adj2 pathway*) or immediate management or (package adj2 care)) and present*).ti,ab.
32	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*))).ti,ab.
33	(time adj3 treatment).ti,ab.
34	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((communicat* or contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((communicat* or contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or (helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)))) adj7 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (after care or aftercare or communicat* or contact* or followup* or follow* up* or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*))).ti,ab.

#	searches
35	((after* or follow* or initial*) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (communicat* or contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))) .ti,ab.
36	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*)) adj2 (aftercare or after care or communicat* or contact* or follow up* or followup*)) .ti,ab.
37	((healthcare or health care or professional or treatment or psychiatric) adj (communicat* or contact*)) .ti,ab.
38	((model* or strateg* or system or systems) adj2 (aftercare or after care or communicat* or contact* or followup* or follow up*)) .ti,ab.
39	((communicat* or contact*) adj3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward*)) adj5 (day* or early or first or initial* or timing or week*)) .ti,ab.
40	((timing adj3 (communicat* or contact*)) or ((first or initial) adj6 (communicat* or contact*))) .ti,ab.
41	((psychiatric or face to face or first or postdischarg* or post discharg* or postal or phone* or social network or telephone or text messag*) adj contact*) .ti,ab.

#	searches
42	continuity of contact.ti,ab.
43	(case manag* and (presentation* or presenting) and (a&E or emerg* or acute* or admitted or admission*)).ti,ab.
44	((aftercare or after care) adj5 (self harm* or suicid*)).ti,ab.
45	((contact* or transition*) adj10 (face to face or (home adj2 visit*) or calls or letter or phone* or postcard* or post card* or social network or telephone* or text messag*) and (discharg* or postdischarg*)).ti,ab.
45	((contact* or transition*) and (face to face or (home adj2 visit*) or calls or letter or phone* or postcard* or post card* or social network or telephone* or text messag*) and (intervention* or program*)).ti,ab.
46	((a&E or emerg* or acute* or admission*) adj10 contact*) and intervention*).ti,ab.
47	(after care or aftercare).ti.
48	(contact* and (presented or presentation*)).ti,ab.
49	(contact* adj5 (care or healthcare or service*)).ti,ab.
50	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab. and 8
51	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab.
52	(assessment* and (time* or timing)).hw.
53	((appointment* or consultation* or in person* or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*) and contact*).ti,ab.
54	((first or initial) adj (appointment* or consultation* or in person* or meeting* or referral* or visit* or letter*)).ti,ab.
55	follow up care.ti,ab.
56	((follow up adj2 (care or healthcare or assess* or provision or provide)) or (present* and (response or respond))).ti,ab.
57	((followup or follow up) adj2 (care or health care or healthcare or service*)).ti,ab.
58	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or

#	searches
	neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*).ti,ab.
59	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*).ti,ab.
60	(followup or follow up).ti,ab. and present*.ti,ab.
61	(time adj3 treatment).ti,ab.
62	((after care or aftercare).ti. ) or ((contact* and (presented or presentation*)).ti,ab. ) or ((contact* adj5 (care or healthcare or service*)).ti,ab. )
63	((first or initial) adj (appointment* or consultation* or in person* or meeting* or referral* or visit* or letter*)).ti,ab.
64	((appointment* or consultation* or in person* or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*) and contact*).ti,ab.
65	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv*).ti.) and (aftercare or after care or contact*).ti,ab.
66	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv* or meta anal* or metaanal* or systematic review).ti.) and (aftercare or after care or contact*).ti,ab.
67	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv* or meta anal* or metaanal* or systematic review).ti.) and (followup or follow up).ti.
68	or/10-67
69	3 and 68
70	limit 69 to english language
71	limit 70 to yr="2000 -current"

**Database(s): PsycINFO – OVID interface**Date of last search: 10<sup>th</sup> December 2020

#	searches
1	self-injurious behavior/ or self-destructive behavior/ or self-inflicted wounds/ or self-mutilation/ or self-poisoning/ or exp suicide/ or suicidal ideation/
2	(self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).tw.
3	or/1-2
4	aftercare.sh.
5	followup studies.sh. and ((crisis intervention or early intervention or electronic communication or emergency services or emergency management or emergency medicine or outpatient treatment or professional consultation or professional referral or psychiatry or telemedicine or telephone systems or videoconferencing or social support).sh. or nurse*.hw.)
6	((crisis intervention or emergency management or emergency medicine or emergency services).sh. or discharg*.hw.) and (electronic communication or professional referral or professional consultation or social support or telephone systems or videoconferencing).sh.
7	Time-to-Treatment.sh. and (crisis intervention or early intervention or electronic communication or emergency services or emergency management or emergency medicine or outpatient treatment or professional consultation or professional referral or psychiatry or telemedicine or telephone systems or videoconferencing or social support).sh.
8	Time-to-Treatment.sh. and (access* or care or healthcare or management or nurs* or refer* or service* or symptom* or transfer* or transport* or utli?ation).hw.
9	exp therapeutic processes/ and (appointment* or communiation* or consultation* or meeting* or referral* or visit* or letter* or mail or post or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*).hw.
10	or/4-9
11	((healthcare or health care or professional or treatment or psychiatric) adj contact).ti,ab.
12	((aftercare or after care or contact* or follow up* or followup*) adj5 (episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or

#	searches
	selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
13	((aftercare or after care or contact* or followup* or follow up*) adj3 (intervention* or program* or treatment*)) or ((brief or enhanced) adj2 contact intervention*) or (brief contact and (followup or follow up) and care) or (postcard* and intervention)).ti,ab.
14	((aftercare or after care or communicat* or contact* or followup* or follow up*) adj3 (intervention* or program* or treatment*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*)) or ((brief or enhanced) adj2 contact intervention*) or (brief contact and (followup or follow up) and care) or (postcard* and intervention)).ti,ab.
15	((aftercare or after care or communicat* or contact* or follow up* or followup*) adj5 (episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
16	(access* adj2 (aftercare or after care)).ti,ab.
17	((after* or follow* or initial*) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist))).ti,ab.
18	((contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or

#	searches
	helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) adj10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
19	(contact* adj3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward*)) adj5 (day* or early or first or initial* or timing or week*).ti,ab.
20	((clinical contact* or ((early or first or initial) adj2 (aftercare or after care or appointment* or communicat* or consultation* or contact* or discharg* or episode* or follow up* or followup* or linkage* or meeting or postdischarg* or presentation or refer* or releas* or visit*)) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
21	((contact* or communicat* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) adj10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.
22	((contact* or postdischarg* or post discharg* or present*) adj10 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*).ti,ab.



#	searches
23	((timing adj3 contact*) or ((first or initial) adj6 contact*)).ti,ab.
24	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or (helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)))) adj7 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (after care or aftercare or communicat* or contact* or followup* or follow* up* or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*))).ti,ab.
25	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psychotherapist* or social worker* or staff* or teacher* or team or teams or therapist*)) adj2 (aftercare or after care or contact* or follow up* or followup*)).ti,ab.
26	(continuity adj8 (care or healthcare or personnel or service* or staff or team*) adj10 (after* or early or first or follow* or hour* or initial or linkage* or day or days or postdischarg* or post discharg* or timing or week or weeks)).ti,ab.
27	((model* or strateg* or system or systems) adj2 (aftercare or after care or contact* or followup* or follow up*)).ti,ab.
28	((presentation or presenting) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or

#	searches
	psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))).ti,ab.
29	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab.
30	((assertive adj2 follow*) or ((followup or follow up) adj2 (care or health care or healthcare or service*))).ti,ab. or follow up.ti.
31	((follow up*1 adj2 (mental health or plan or psychiatric or strateg*)) or ((care or healthcare or treat*) adj2 pathway*) or immediate management or (package adj2 care)) and present*).ti,ab.
32	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*))).ti,ab.
33	(time adj3 treatment).ti,ab.
34	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) adj4 (a&e or (accident adj2 emergen*) or (acute adj (care or medical)) or ambulance service* or clinical service* or ((emergency or psychiatric) adj (department or room*)) or care or general practice or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or specialist cent* or unit* or ward*)) or ((communicat* or contact* or find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or ((communicat* or contact* or find* or seek* or turn*) adj7 (advice or care or help* or support* or treat*) adj7 (famil* or friend*)) or (helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)))) adj7 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (after care or aftercare or communicat* or contact* or followup* or follow* up* or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*))).ti,ab.
35	((after* or follow* or initial*) adj3 (self harm* or selfharm* or self injur* or selfinjur* or self mutilat* or selfmutilat* or suicid* or self destruct* or selfdestruct* or self poison* or selfpoison* or (self adj2 cut*) or cutting or overdose* or self immolat* or self immolat* or selfinflict* or self inflict* or auto mutilat* or automutilat*) adj10 (communicat* or contact* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter*

#	searches
	or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*))).ti,ab.
36	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist*)) adj2 (aftercare or after care or communicat* or contact* or follow up* or followup*))).ti,ab.
37	((healthcare or health care or professional or treatment or psychiatric) adj (communicat* or contact*))).ti,ab.
38	((model* or strateg* or system or systems) adj2 (aftercare or after care or communicat* or contact* or followup* or follow up*))).ti,ab.
39	((communicat* or contact*) adj3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*))) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward*)) adj5 (day* or early or first or initial* or timing or week*))).ti,ab.
40	((timing adj3 (communicat* or contact*)) or ((first or initial) adj6 (communicat* or contact*))).ti,ab.
41	((psychiatric or face to face or first or postdischarg* or post discharg* or postal or phone* or social network or telephone or text messag*) adj contact*))).ti,ab.
42	continuity of contact.ti,ab.
43	(case manag* and (presentation* or presenting) and (a&E or emerg* or acute* or admitted or admission*))).ti,ab.
44	((aftercare or after care) adj5 (self harm* or suicid*))).ti,ab.

#	searches
45	((contact* or transition*) adj10 (face to face or (home adj2 visit*) or calls or letter or phone* or postcard* or post card* or social network or telephone* or text messag*)) and (discharg* or postdischarg*).ti,ab.
45	((contact* or transition*) and (face to face or (home adj2 visit*) or calls or letter or phone* or postcard* or post card* or social network or telephone* or text messag*) and (intervention* or program*).ti,ab.
46	((a&E or emerg* or acute* or admission*) adj10 contact*) and intervention*).ti,ab.
47	(after care or aftercare).ti.
48	(contact* and (presented or presentation*).ti,ab.
49	(contact* adj5 (care or healthcare or service*).ti,ab.
50	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab. and 8
51	((healthcare or health care or medical or mental health or professional) adj contact*) or ((first or initial) adj3 contact* adj3 assess*) or (enhance* adj2 (contact or linkage))).ti,ab.
52	(assessment* and (time* or timing)).hw.
53	((appointment* or consultation* or in person* or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*) and contact*).ti,ab.
54	((first or initial) adj (appointment* or consultation* or in person* or meeting* or referral* or visit* or letter*).ti,ab.
55	follow up care.ti,ab.
56	((follow up adj2 (care or healthcare or assess* or provision or provide)) or (present* and (response or respond))).ti,ab.
57	((followup or follow up) adj2 (care or health care or healthcare or service*).ti,ab.
58	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*).ti,ab.

#	searches
59	((follow up or followup) adj5 (appointment* or consultation* or in*1 person* or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) adj3 (advice or care or help* or support* or treat*)) or helpseek* or help line* or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or ((voluntary or volunteer*) adj (contact* or worker*)) or email* or e mail* or electronic mail or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or psycho therapist* or social worker* or staff* or teacher* or team or teams or therapist* or a&e or (accident adj2 emergen*) or clinical service* or emergency or psychiatric or care or healthcare or health care or home or pharmacy or pharmacies or primary care or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*)).ti,ab.
60	(followup or follow up).ti,ab. and present*.ti,ab.
61	(time adj3 treatment).ti,ab.
62	((after care or aftercare).ti. ) or ((contact* and (presented or presentation*)).ti,ab. ) or ((contact* adj5 (care or healthcare or service*)).ti,ab. )
63	((first or initial) adj (appointment* or consultation* or in person* or meeting* or referral* or visit* or letter*)).ti,ab.
64	((appointment* or consultation* or in person* or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or hot line* or listening service* or outreach or textline* or text line* or email* or e mail* or electronic mail or internet or skype or teleconf* or video*) and contact*).ti,ab.
65	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv*).ti.) and (aftercare or after care or contact*).ti,ab.
66	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv* or meta anal* or metaanal* or systematic review).ti.) and (aftercare or after care or contact*).ti,ab.
67	((cohort* or retrospectiv* or prospectiv*) adj3 stud*).ti,ab. or (cohort* or retrospectiv* or prospectiv* or meta anal* or metaanal* or systematic review).ti.) and (followup or follow up).ti.
68	or/10-67
69	3 and 68
70	limit 69 to english language
71	limit 70 to yr="2000 -current"

**Database(s): Cochrane Library - Wiley interface**

Cochrane Database of Systematic Reviews, Issue 12 of 12, December 2020;

Cochrane Central Register of Controlled Trials, Issue 12 of 12, December 2020

Date of last search: 10<sup>th</sup> December 2020

#	searches
1	MeSH descriptor: [poisoning] this term only
2	MeSH descriptor: [self-injurious behavior] explode all trees
3	MeSH descriptor: [self mutilation] this term only
4	MeSH descriptor: [suicide] this term only
5	MeSH descriptor: [suicidal ideation] this term only
6	MeSH descriptor: [suicide, attempted] this term only
7	MeSH descriptor: [suicide, completed] this term only
8	(automutilat* or "auto mutilat*" or cutt* or (self near/2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*):ti,ab.
9	{or #1-#8}
10	MeSH descriptor: [aftercare] this term only
11	MeSH descriptor: [follow up studies] this term only
12	("ambulatory care" or "crisis intervention" or "early medical intervention" or "electronic email" or "emergency medical services" or "emergency treatment" or ("emergency service near/2 hospital") or nurse* or "postal service" or psychiatry or telemedicine or (Referral near/2 Consultation) or "remote consultation" or "social support" or telephone or videoconferencing):kw.
13	#11 and #12
14	("crisis intervention" or "emergency medical services" or "emergency treatment" or ("emergency service" near/2 (hospital or discharg*)) and ("electronic email" or "postal service" or "remote consultation" or "social support" or telephone or videoconferencing):kw.
15	MeSH descriptor: [Time Factors or Time-to-Treatment] this term only
16	("ambulatory care" or "crisis intervention" or "early medical intervention" or "electronic email" or "emergency medical services" or "emergency treatment" or ("emergency service" near/2 hospital) or "follow up studies" or "postal service" or psychiatry or telemedicine or (Referral near/2 Consultation) or "remote consultation" or telephone or videoconferencing or "social support" or access* or care or healthcare or management or nurs* or refer* or service* or symptom* or transfer* or transport* or utli?ation).hw.
17	#15 and #16
18	MeSH descriptor: [Referral and Consultation and with qualifier(s): [organization & administration - OG, standards - ST]
19	MeSH descriptor: [Professional-Patient Relations] explode all trees
20	(appointment* or communion* or consultation* or meeting* or referral* or visit* or letter* or mail or post or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or email* or "e mail*" or "electronic mail" or internet or skype or teleconf* or video*):hw.
21	#19 and #20

#	searches
22	((healthcare or "health care" or professional or treatment or psychiatric) next contact):ti,ab.
23	((aftercare or "after care" or contact* or "follow up*" or followup*) near/5 (episode* or present* or ((admit* or admission* or attend* or present* or visit*) near/4 (a&e or (accident near/2 emergen*) or (acute next (care or medical)) or "ambulance service*" or "clinical service*" or ((emergency or psychiatric) next (department or room*)) or care or "general practice" or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or "specialist cent*" or unit* or ward*)) or ((contact* or find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) near/7 (advice or care or help* or support* or treat*) near/7 (famil* or friend*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)):ti,ab.
24	((aftercare or "after care" or contact* or followup* or "follow up*") near/3 (intervention* or program* or treatment*)) or ((brief or enhanced) near/2 contact intervention*) or ("brief contact" and (followup or "follow up") and care) or (postcard* and intervention)):ti,ab.
25	((aftercare or "after care" or communicat* or contact* or followup* or "follow up*") near/3 (intervention* or program* or treatment*) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)) or ((brief or enhanced) near/2 contact intervention*) or ("brief contact" and (followup or "follow up") and care) or (postcard* and intervention)):ti,ab.
26	((aftercare or "after care" or communicat* or contact* or "follow up*" or followup*) near/5 (episode* or present* or ((admit* or admission* or attend* or present* or visit*) near/4 (a&e or (accident near/2 emergen*) or (acute next (care or medical)) or "ambulance service*" or "clinical service*" or ((emergency or psychiatric) next (department or room*)) or care or "general practice" or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or "specialist cent*" or unit* or ward*)) or ((contact* or find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) near/7 (advice or care or help* or support* or treat*) near/7 (famil* or friend*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)):ti,ab.
27	(access* near/2 (aftercare or "after care")):ti,ab.
28	((after* or follow* or initial*) near/3 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*) near/10

#	searches
	(contact* or (appointment* or consultation* or "in person*" or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or "peer worker*" or personnel or pharmacist* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*)):ti,ab.
29	((contact* or (appointment* or consultation* or "in person*" or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*)) near/10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or "peer worker*" or personnel or pharmacist* or police or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or self immolat* or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)):ti,ab.
30	(contact* near/3 (appointment* or consultation* or in person* or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or a&e or (accident near/2 emergent*) or "clinical service*" or emergency or psychiatric or care or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or unit* or ward*)) near/5 (day* or early or first or initial* or timing or week*)):ti,ab.
31	(("clinical contact*" or ((early or first or initial) near/2 (aftercare or "after care" or appointment* or communicat* or consultation* or contact* or discharg* or episode* or "follow up*" or followup* or linkage* or meeting or postdischarg* or presentation or refer* or releas* or visit*)) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or self immolat* or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)):ti,ab.
32	((contact* or communicat* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or



#	searches
	helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) near/10 (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police or prison officer* or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)):ti,ab.
33	((contact* or postdischarg* or "post discharg*" or present*) near/10 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or self destruct* or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or overdose* or "self immolat*" or self immolat* or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*)):ti,ab.
34	((timing near/3 contact*) or ((first or initial) near/6 contact*)):ti,ab.
35	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) near/4 (a&e or (accident near/2 emergen*) or (acute next (care or medical)) or "ambulance service*" or "clinical service*" or ((emergency or psychiatric) next (department or room*)) or care or "general practice" or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or "specialist cent*" or unit* or ward*)) or ((contact* or find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or ((contact* or find* or seek* or turn*) near/7 (advice or care or help* or support* or treat*) near/7 (famil* or friend*)) or (helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)))) near/7 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*) near/10 ("after care" or aftercare or communicat* or contact* or followup* or "follow up*" or linkage* or refer* or (appointment* or consultation* or "in person*" or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*)):ti,ab.
36	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or peer worker* or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*)) near/2 (aftercare or "after care" or contact* or "follow up*" or followup*)):ti,ab.
37	(continuity near/8 (care or healthcare or personnel or service* or staff or team*) near/10

#	searches
	(after* or early or first or follow* or hour* or initial or linkage* or day or days or postdischarg* or "post discharg*" or timing or week or weeks):ti,ab.
38	((model* or strateg* or system or systems) near/2 (aftercare or "after care" or contact* or followup* or "follow up*")):ti,ab.
39	((presentation or presenting) near/3 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinfect* or "self inflict*" or "auto mutilat*" or automutilat*) near/10 (contact* or (appointment* or consultation* or "in person*" or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or e mail* or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or "peer worker*" or personnel or pharmacist* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*)):ti,ab.
40	((healthcare or "health care" or medical or "mental health" or professional) next contact*) or ((first or initial) near/3 contact* near/3 assess*) or (enhance* near/2 (contact or linkage)):ti,ab.
41	((assertive near/2 follow*) or ((followup or "follow up") near/2 (care or "health care" or healthcare or service*)):ti,ab. or "follow up".ti.
42	((follow up* near/2 ("mental health" or plan or psychiatric or strateg*)) or ((care or healthcare or treat*) near/2 pathway*) or "immediate management" or (package near/2 care)) and present*):ti,ab.
43	((("follow up" or followup) near/5 (appointment* or consultation* or "in* person*" or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) or email* or "e mail*" or "electronic mail" or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or a&e or (accident near/2 emergen*) or "clinical service*" or emergency or psychiatric or care or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*)):ti,ab.
44	(time near/3 treatment):ti,ab.
45	((episode* or present* or ((admit* or admission* or attend* or present* or visit*) near/4 (a&e or (accident near/2 emergen*) or (acute next (care or medical)) or "ambulance service*" or "clinical service*" or ((emergency or psychiatric) next (department or room*)) or care or "general practice" or healthcare or "health care" or home or pharmacy or pharmacies

#	searches
	or "primary care" or hospital* or service* or "specialist cent*" or unit* or ward*)) or ((communicat* or contact* or find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or ((communicat* or contact* or find* or seek* or turn*) near/7 (advice or care or help* or support* or treat*) near/7 (famil* or friend*)) or (helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) near/7 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*) near/10 ("after care" or aftercare or communicat* or contact* or followup* or "follow* up*" or linkage* or refer* or (appointment* or consultation* or in person* or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (email* or e mail* or electronic mail or internet) or (skype or teleconf* or video*)):ti,ab.
46	((after* or follow* or initial*) near/3 ("self harm*" or selfharm* or "self injur*" or selfinjur* or "self mutilat*" or selfmutilat* or suicid* or "self destruct*" or selfdestruct* or "self poison*" or selfpoison* or (self near/2 cut*) or cutting or overdose* or "self immolat*" or "self immolat*" or selfinflict* or "self inflict*" or "auto mutilat*" or automutilat*) near/10 (communicat* or contact* or (appointment* or consultation* or "in person*" or meeting* or referral* or visit*) or (letter* or mail or post) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or police* or practitioner* or neuropsychol* or nurs* or paramedic* or "peer worker*" or personnel or pharmacist* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*)):ti,ab.
47	((letter* or mail or post or (call or phone or phoning or telephone) or (call or phone or phoning or telephone) or (((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or listening service* or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*))) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or paramedic* or "peer worker*" or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist*)) near/2 (aftercare or "after care" or communicat* or contact* or "follow up*" or followup*)):ti,ab.
48	((healthcare or "health care" or professional or treatment or psychiatric) next (communicat* or contact*)):ti,ab.
49	((model* or strateg* or system or systems) near/2 (aftercare or "after care" or communicat* or contact* or followup* or "follow up*")):ti,ab.
50	((communicat* or contact*) near/3 (appointment* or consultation* or "in person*" or meeting* or referral* or visit* or (letter* or mail or post) or (((find* or seek* or turn*) near/3

#	searches
	(advice or care or help* or support* or treat*) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) or (email* or "e mail*" or "electronic mail" or internet) or (skype or teleconf* or video*) or (advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or a&e or (accident near/2 emergen*) or "clinical service*" or emergency or psychiatric or care or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or unit* or ward*)) near/5 (day* or early or first or initial* or timing or week*)):ti,ab.
51	((timing near/3 (communicat* or contact*)) or ((first or initial) near/6 (communicat* or contact*)):ti,ab.
52	((psychiatric or "face to face" or first or postdischarg* or "post discharg*" or postal or phone* or "social network" or telephone or "text messag*") next contact*):ti,ab.
53	"continuity of contact":ti,ab.
54	("case manag*" and (presentation* or presenting) and (a&E or emerg* or acute* or admitted or admission*)):ti,ab.
55	((aftercare or "after care") near/5 (self harm* or suicid*)):ti,ab.
56	((contact* or transition*) near/10 ("face to face" or (home near/2 visit*) or calls or letter or phone* or postcard* or "post card*" or "social network" or telephone* or "text messag*")) and (discharg* or postdischarg*)):ti,ab.
57	((contact* or transition*) and ("face to face" or (home near/2 visit*) or calls or letter or phone* or postcard* or "post card*" or "social network" or telephone* or "text messag*")) and (intervention* or program*)):ti,ab.
58	((a&E or emerg* or acute* or admission*) near/10 contact*) and intervention*):ti,ab.
59	("after care" or aftercare):ti.
60	(contact* and (presented or presentation*)):ti,ab.
61	(contact* near/5 (care or healthcare or service*)):ti,ab.
62	((healthcare or "health care" or medical or "mental health" or professional) next contact* or ((first or initial) near/3 contact* near/3 assess*) or (enhance* near/2 (contact or linkage))) and (automutilat* or "auto mutilat*" or cutt* or (self near/2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*)):ti,ab.
63	((healthcare or "health care" or medical or "mental health" or professional) next contact* or ((first or initial) near/3 contact* near/3 assess*) or (enhance* near/2 (contact or linkage))):ti,ab.
64	(assessment* and (time* or timing)).hw.

#	searches
65	((appointment* or consultation* or "in person*" or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or email* or "e mail*" or "electronic mail" or internet or skype or teleconf* or video*) and contact*):ti,ab.
66	((first or initial) next (appointment* or consultation* or "in person*" or meeting* or referral* or visit* or letter*)):ti,ab.
67	"follow up care":ti,ab.
68	((("follow up" near/2 (care or healthcare or assess* or provision or provide)) or (present* and (response or respond))):ti,ab.
69	((followup or "follow up") near/2 (care or "health care" or healthcare or service*)):ti,ab.
70	((("follow up" or followup) near/5 (appointment* or consultation* or "in* person*" or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) or email* or "e mail*" or "electronic mail" or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or a&e or (accident near/2 emergen*) or "clinical service*" or emergency or psychiatric or care or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*)):ti,ab.
71	((("follow up" or followup) near/5 (appointment* or consultation* or "in* person*" or meeting* or referral* or visit* or letter* or mail or post or ((find* or seek* or turn*) near/3 (advice or care or help* or support* or treat*)) or helpseek* or "help line*" or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or ((voluntary or volunteer*) next (contact* or worker*)) or email* or "e mail*" or "electronic mail" or internet or skype or teleconf* or video* or advisor* or clinician* or counsel* or doctor* or gp or practitioner* or neuropsychol* or nurs* or personnel or pharmacist* or police* or "prison officer*" or professional* or psychiatrist* or psychologist* or psychotherapist* or "psycho therapist*" or "social worker*" or staff* or teacher* or team or teams or therapist* or a&e or (accident near/2 emergen*) or "clinical service*" or emergency or psychiatric or care or healthcare or "health care" or home or pharmacy or pharmacies or "primary care" or hospital* or service* or unit* or ward* or day* or early or first or initial* or timing or week*)):ti,ab.
72	(followup or "follow up"):ti,ab. and present*:ti,ab.
73	(time near/3 treatment):ti,ab.
74	((("after care" or aftercare):ti. ) or ((contact* and (presented or presentation*)):ti,ab. ) or ((contact* near/5 (care or healthcare or service*)):ti,ab. )
75	((first or initial) next (appointment* or consultation* or in person* or meeting* or referral* or

#	searches
	visit* or letter*)):ti,ab.
76	((appointment* or consultation* or "in person*" or meeting* or referral* or visit* or letter* or mail or post or helpline* or hotline* or "hot line*" or "listening service*" or outreach or textline* or "text line*" or email* or "e mail*" or "electronic mail" or internet or skype or teleconf* or video*) and contact*):ti,ab.
77	((cohort* or retrospectiv* or prospectiv*) near/3 stud*):ti,ab. or (cohort* or retrospectiv* or prospectiv*):ti.) and (aftercare or "after care" or contact*):ti,ab.
78	((cohort* or retrospectiv* or prospectiv*) near/3 stud*):ti,ab. or (cohort* or retrospectiv* or prospectiv* or "meta anal*" or metaanal* or "systematic review"):ti.) and (aftercare or "after care" or contact*):ti,ab.
79	((cohort* or retrospectiv* or prospectiv*) near/3 stud*):ti,ab. or (cohort* or retrospectiv* or prospectiv* or "meta anal*" or metaanal* or "systematic review"):ti.) and (followup or "follow up"):ti.
80	#10 or #13 or #14 or #17 or #18 or #21
81	{OR #22-#79}
82	#80 or #81
83	(#9 and #82) with Cochrane Library publication date between Jan 2000 and December 2020

### Database(s): CDSR and HTA – CRD interface

Date of last search: 10<sup>th</sup> December 2020

#	Searches
1	MeSH descriptor: poisoning <b>IN CDSR, HTA</b>
2	MeSH descriptor: self-injurious behavior <b>EXPLODE ALL TREES IN CDSR, HTA</b>
3	MeSH descriptor: self mutilation <b>IN CDSR, HTA</b>
4	MeSH descriptor: suicide <b>IN CDSR, HTA</b>
5	MeSH descriptor: suicidal ideation <b>IN CDSR, HTA</b>
6	MeSH descriptor: suicide, attempted <b>IN CDSR, HTA</b>
7	MeSH descriptor: suicide, completed <b>IN CDSR, HTA</b>
8	(automutilat* or "auto mutilat*" or cutt* or (self near2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*) <b>IN CDSR, HTA</b>
9	(#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8) from 2000 to 2020

### Economic

A global, population based search was undertaken to find for economic evidence covering all parts of the guideline.

**Database(s): MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily – OVID interface**Date of last search: 12<sup>th</sup> August 2021

#	Searches
1	poisoning/ or exp self-injurious behavior/ or self mutilation/ or suicide/ or suicidal ideation/ or suicide, attempted/ or suicide, completed/
2	(automutilat* or auto mutilat* or cutt* or (self adj2 cut*) or selfdestruct* or self destruct* or selfharm* or self harm* or selfimmolat* or self immolat* or selfinflict* or self inflict* or selfinjur* or self injur* or selfmutilat* or self mutilat* or selfpoison* or self poison* or selfwound* or self wound* or suicid*).ti,ab.
3	or/1-2
4	Economics/
5	Value of life/
6	exp "Costs and Cost Analysis"/
7	exp Economics, Hospital/
8	exp Economics, Medical/
9	Economics, Nursing/
10	Economics, Pharmaceutical/
11	exp "Fees and Charges"/
12	exp Budgets/
13	budget*.ti,ab.
14	cost*.ti.
15	(economic* or pharmaco?economic*).ti.
16	(price* or pricing*).ti,ab.
17	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
18	(financ* or fee or fees).ti,ab.
19	(value adj2 (money or monetary)).ti,ab.
20	Quality-Adjusted Life Years/
21	Or/4-20
22	3 and 21
23	limit 22 to yr="2000 -current"

**Database(s): Embase and Emcare – OVID interface**Date of last search: 12<sup>th</sup> August 2021

#	searches
1	automutilation/ or exp suicidal behavior/
2	(auto mutilat* or automutilat* or self cut* or selfcut* or self destruct* or selfdestruct* or self harm* or selfharm* or self immolat* or selfimmolat* or self inflict* or selfinflict* or self injur* or selfinjur* or self mutilat* or selfmutilat* or self poison* or selfpoison* or suicid*).ti,ab.
3	or/1-2
4	health economics/

#	searches
5	exp economic evaluation/
6	exp health care cost/
7	exp fee/
8	budget/
9	funding/
10	budget*.ti,ab.
11	cost*.ti.
12	(economic* or pharmaco?economic*).ti.
13	(price* or pricing*).ti,ab.
14	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
15	(financ* or fee or fees).ti,ab.
16	(value adj2 (money or monetary)).ti,ab.
17	Quality-Adjusted Life Year/
18	Or/4-17
19	3 and 18
20	limit 19 to yr="2000 -current"

### Database(s): Cochrane Library - Wiley interface

Cochrane Central Register of Controlled Trials, Issue 8 of 12, August 2021

Date of last search: 12<sup>th</sup> August 2021

#	Searches
1	MeSH descriptor: [poisoning] this term only
2	MeSH descriptor: [self-injurious behavior] explode all trees
3	MeSH descriptor: [self mutilation] this term only
4	MeSH descriptor: [suicide] this term only
5	MeSH descriptor: [suicidal ideation] this term only
6	MeSH descriptor: [suicide, attempted] this term only
7	MeSH descriptor: [suicide, completed] this term only
8	(automutilat* or "auto mutilat*" or cutt* or (self near/2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinfect* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*):ti,ab.
9	{or #1-#8}



#	Searches
10	MeSH descriptor: [Economics] this term only
11	MeSH descriptor: [Value of life] this term only
12	MeSH descriptor: [Costs and Cost Analysis] explode all trees
13	MeSH descriptor: [Economics, Hospital] explode all trees
14	MeSH descriptor: [Economics, Medical] explode all trees
15	MeSH descriptor: [Economics, Nursing] this term only
16	MeSH descriptor: [Economics, Pharmaceutical] this term only
17	MeSH descriptor: [Fees and Charges"]
18	MeSH descriptor: [Budgets] this term only
19	budget*:ti,ab.
20	cost*.ti.
21	(economic* or pharmaco?economic*):ti.
22	(price* or pricing*):ti,ab.
23	(cost* near/2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)):ab.
24	(financ* or fee or fees):ti,ab.
25	(value near/2 (money or monetary)):ti,ab.
26	MeSH descriptor: [Quality-Adjusted Life Years] this term only
27	{OR #10-#26}
28	(#9 and #27) with Cochrane Library publication date Between Jan 2000 and Aug 2021

### Database(s): NHS EED and HTA – CRD interface

Date of last search: 12<sup>th</sup> August 2021

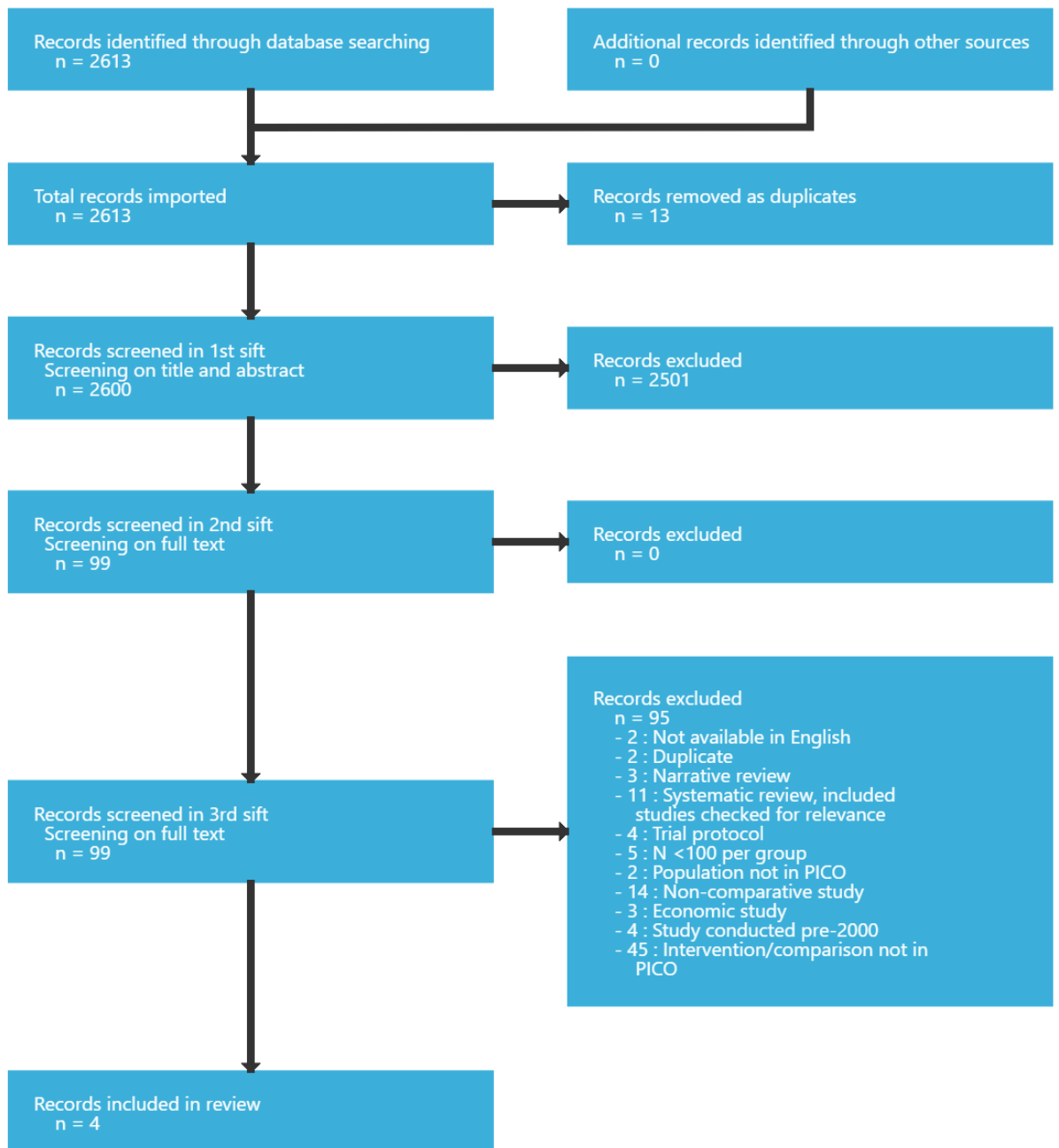
#	Searches
1	MeSH descriptor: poisoning <b>IN NHSEED, HTA</b>
2	MeSH descriptor: self-injurious behavior <b>EXPLODE ALL TREES IN NHSEED, HTA</b>
3	MeSH descriptor: self mutilation <b>IN NHSEED, HTA</b>
4	MeSH descriptor: suicide <b>IN NHSEED, HTA</b>
5	MeSH descriptor: suicidal ideation <b>IN NHSEED, HTA</b>
6	MeSH descriptor: suicide, attempted <b>IN NHSEED, HTA</b>
7	MeSH descriptor: suicide, completed <b>IN NHSEED, HTA</b>
8	(automutilat* or "auto mutilat*" or cutt* or (self near2 cut*) or selfdestruct* or "self destruct*" or selfharm* or "self harm*" or selfimmolat* or "self immolat*" or selfinflict* or "self inflict*" or selfinjur* or "self injur*" or selfmutilat* or "self mutilat*" or selfpoison* or "self poison*" or selfwound* or "self wound*" or suicid*) <b>IN NHSEED, HTA</b>
9	(#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8) from 2000 to 2021



## Appendix C Effectiveness evidence study selection

Study selection for review question: How should initial after-care be provided to people following an episode of self-harm?

Figure 1: Study selection flow chart



## Appendix D Evidence tables

Evidence tables for review question: How should initial after-care be provided to people following an episode of self-harm?

Table 4: Evidence tables

### Albuixech-Garcia, 2020

**Bibliographic Reference** Albuixech-Garcia, R.; Julia-Sanchis, R.; Fernandez Molina, M. A.; Escribano, S.; Impact of the Mental Health Care Continuity-Chain among Individuals Expressing Suicidal Behaviour in a Spanish Sample; Issues in mental health nursing; 2020; vol. 41; 602-607

#### Study details

<b>Country/ies where study was carried out</b>	Spain
<b>Study type</b>	Prospective cohort study
<b>Study dates</b>	January - December 2011
<b>Inclusion criteria</b>	Participants were included if they presented at the Emergency Room of the General University Hospital of Alicante for suicide attempt or suicidal ideation during the study period.
<b>Exclusion criteria</b>	Participants were excluded if the cause for their presentation was accidental or unintentional.
<b>Patient characteristics</b>	<b>Total sample:</b>

- N=213
- Mean age (SD): 41.31 (15.17) years
- Sex (female/ male): 129/ 84
- Ethnicity: Not reported
- Comorbidities:
  - No prior history n=42
  - Depression and/ or bipolar disorder n=78
  - Substance-related disorder n=30
  - Anxiety disorder n=21
  - Personality disorder n=14
  - Trauma or stress-related disorder n=13
  - Schizophrenia spectrum or other psychotic disorders n=8
  - Obsessive-compulsive disorders n=5
  - Behaviour disorder n=2
- Duration of self-harm: Not reported
- Method of suicide attempt:
  - Ingestion of medications n=140
  - Intake of medications along with alcohol n=15
  - Self-cutting n=12
  - Suicidal ideation (not presenting with suicide attempt) n=6
  - Others (ingestion of bleach, jumping from a height or self-strangulation) n=5
- Previous self-harm: Not reported

**Mental health care continuity-chain protocol:**

- n=110

Demographic and clinical characteristics not reported by study group

**Usual discharge protocol:**

- n=103

Demographic and clinical characteristics not reported by study group

<b>Intervention(s)/control</b>	<p><b>Mental health care continuity-chain protocol:</b> A written ED discharge letter disclosing a summary of the ED encounter was given to the participant or their guardian upon discharge as well as a copy for the participant to deliver to their GP or family doctor. A triage nurse in the ED activated the 00150 NANDA 'suicide risk' diagnostic code which notified a primary-care nursing co-ordinator and the mental health unit nurse. The participant or their family was contacted via telephone within 24-48 hours of discharge.</p> <p><b>Usual discharge protocol:</b> A written ED discharge letter disclosing a summary of the ED encounter was given to the participant or their guardian upon discharge as well as a copy for the participant to deliver to their GP or family doctor.</p>
<b>Duration of follow-up</b>	Not reported.
<b>Sources of funding</b>	Not reported.
<b>Sample size</b>	N=213
<b>Results</b>	<p><b>Service engagement (reported as attendance at first programmed follow-up or visit recommended by physician after discharge):</b></p> <ul style="list-style-type: none"> <li>• Mental health care continuity-chain protocol: 84/110</li> <li>• Usual discharge protocol: 62/103</li> </ul>

### Critical appraisal

Section	Question	Answer
1. Bias due to confounding	Risk of bias judgement for confounding	Serious ( <i>Confounding expected and no measurement of important confounding domains or analysis presented</i> )
2. Bias in selection of participants into the	Risk of bias judgement for selection of participants	Low

Section	Question	Answer
study	into the study	
3. Bias in classification of interventions	Risk of bias judgement for classification of interventions	Low
4. Bias due to deviations from intended interventions	Risk of bias judgement for deviations from intended interventions	Low
5. Bias due to missing data	Risk of bias judgement for missing data	Low
6. Bias in measurement of outcomes	Risk of bias judgement for measurement of outcomes	Low
7. Bias in selection of the reported result	Risk of bias judgement for selection of the reported result	Moderate <i>(The outcome measurements are clearly defined and both internally and externally consistent, there is no indication of selection of the reported analysis from among multiple analyses, and there is no indication of selection of the cohort or subgroups for analysis and reporting on the basis of the results. However, there is not clear evidence through a pre-registered protocol or statistical analysis plan that all reported results correspond to all intended outcomes, analyses and sub-cohorts.)</i>
Overall bias	Risk of bias judgement	Serious <i>(Serious risk of bias due to confounding(</i>
	Risk of bias variation across outcomes	None
	Directness	Partially Applicable

Section	Question	Answer
		<i>(Study not conducted in UK; study does not directly compare two different methods of first contact - instead, both groups receive the same discharge letter then one group also receives a phone call.)</i>

## Martinez-Ales, 2019

**Bibliographic Reference** Martinez-Ales, G.; Angora, R.; Barrigon, M. L.; Roman-Mazuecos, E.; Jimenez-Sola, E.; Villoria, L.; Sanchez-Castro, P.; Lopez-Castroman, J.; Casado, I.; Pacheco, T.; Rodriguez-Vega, B.; Navio, M.; Bravo-Ortiz, M. F.; Baca-Garcia, E.; A real-world effectiveness study comparing a priority appointment, an enhanced contact intervention, and a psychotherapeutic program following attempted suicide; Journal of Clinical Psychiatry; 2019; vol. 80 (no. 2)

### Study details

<b>Country/ies where study was carried out</b>	Spain
<b>Study type</b>	Prospective cohort study
<b>Study dates</b>	January 2013 - December 2016
<b>Inclusion criteria</b>	Participants were included if they presented at 1 of 3 general hospitals for attempted suicide (defined as self-harm with at least some intent to die) and had entered into the respective center's suicide prevention program during the study period.  To be included in the psychotherapy group, participants additionally had to:



	<ul style="list-style-type: none"> <li>• be aged 18 years or older</li> <li>• not have a concurrent ongoing therapeutic treatment at an outpatient clinic</li> </ul> <p>To be included in the enhanced contact group, participants additionally had to:</p> <ul style="list-style-type: none"> <li>• be aged 18 years or older</li> <li>• sign an informed consent form</li> </ul>
<b>Exclusion criteria</b>	Participants were excluded if they presented with suicidal ideation without any suicidal behaviour.
<b>Patient characteristics</b>	<p><b>Priority appointment (TAU):</b></p> <ul style="list-style-type: none"> <li>• n=788</li> <li>• Mean age (SD): 41.0 (18.0) years</li> <li>• Sex (female/ male): 540/ 248</li> <li>• Ethnicity: Not reported</li> <li>• Comorbidities (reported as main diagnosis at discharge):             <ul style="list-style-type: none"> <li>○ No diagnosis n=110</li> <li>○ Organic, including symptomatic, mental disorder n=6</li> <li>○ Mental and behavioural disorders due to psychoactive substance use n=94</li> <li>○ Schizophrenia, schizotypal, and delusional disorders n=15</li> <li>○ Mood (affective) disorders n=304</li> <li>○ Neurotic, stress-related, and somatoform disorders n=150</li> <li>○ Behavioural syndromes associated with physiologic disturbances and physical factors n=14</li> <li>○ Disorders of adult personality and behaviour n=95</li> </ul> </li> <li>• Duration of self-harm: Not reported</li> <li>• Method of suicide attempt: Not reported</li> <li>• Previous self-harm:             <ul style="list-style-type: none"> <li>○ Personal history of suicide attempts n=272</li> <li>○ No personal history of suicide attempts n=516</li> </ul> </li> </ul> <p><b>Enhanced contact:</b></p> <ul style="list-style-type: none"> <li>• n=181</li> </ul>

	<ul style="list-style-type: none"> <li>• Mean age (SD): 42.6 (14.5) years</li> <li>• Sex (female/ male): 140/ 41</li> <li>• Ethnicity: Not reported</li> <li>• Comorbidities (reported as main diagnosis at discharge): <ul style="list-style-type: none"> <li>○ No diagnosis n=6</li> <li>○ Organic, including symptomatic, mental disorder n=0</li> <li>○ Mental and behavioural disorders due to psychoactive substance use n=10</li> <li>○ Schizophrenia, schizotypal, and delusional disorders n=1</li> <li>○ Mood (affective) disorders n=36</li> <li>○ Neurotic, stress-related, and somatoform disorders n=71</li> <li>○ Behavioural syndromes associated with physiologic disturbances and physical factors n=1</li> <li>○ Disorders of adult personality and behaviour n=56</li> </ul> </li> <li>• Duration of self-harm: Not reported</li> <li>• Method of suicide attempt: Not reported</li> <li>• Previous self-harm: <ul style="list-style-type: none"> <li>○ Personal history of suicide attempts n=85</li> <li>○ No personal history of suicide attempts n=96</li> </ul> </li> </ul>
<b>Intervention(s)/control</b>	<p><b>Priority appointment (TAU):</b> A scheduled appointment with a psychiatrist at a Community Mental Healthcare Centre (CMHC) within 7 days after discharge.</p> <p><b>Enhanced contact intervention:</b> An outpatient psychiatric appointment 3 days after discharge followed by 6-12 months of outpatient visits with a psychiatrist trained in suicide prevention, plus explanatory and supportive follow-up phone calls from the hospital at 1, 6 and 12 months. Participants then continued usual treatment at a CMHC</p>
<b>Duration of follow-up</b>	12 months
<b>Sources of funding</b>	<ul style="list-style-type: none"> <li>• Carlos III</li> <li>• Delegacion del Gobierno para el Plan Nacional de Drogas</li> <li>• American Foundation for Suicide Prevention</li> <li>• Comunidad de Madrid</li> <li>• Structural Funds of the European Union</li> </ul>
<b>Sample size</b>	N=1492

<p><b>Other information</b></p>	<p>Additional group, but no follow-up contact after discharge:  <b>Psycho-therapeutic program:</b> n=523</p> <p>A scheduled appointment with a psychiatrist at a CMHC within 7 days after discharge, plus individual psychotherapy administered in 30 minute weekly sessions for two-months by trained clinical psychologists under a general psychiatrist's supervision. The therapy was non-suicide-specific and focused on problem-solving, stress reduction, and cognitive reformulation. Participants were then referred to a GP or a CMHC.</p>
<p><b>Results</b></p>	<p><b>Suicide attempt within 12 months</b></p> <ul style="list-style-type: none"> <li>• TAU: n=90/788 (11.4%)</li> <li>• Enhanced contact n=14/181 (7.7%)</li> </ul> <p>TAU vs enhanced contact:</p> <ul style="list-style-type: none"> <li>• Unadjusted HR 0.66 (95% CI 0.38-1.16)</li> <li>• Adjusted HR 0.56 (95% CI 0.32-1.00)**</li> </ul> <p>**P&lt;.05. Adjusted hazard ratio: multivariate model adjusted for age, sex, previous suicide attempts, alcohol or drug abuse, and mood (affective) and personality disorders</p>

Critical appraisal

Section	Question	Answer
1. Bias due to confounding	Risk of bias judgement for confounding	<p>Serious</p> <p><i>(Current psychiatric treatment not controlled for and other clinical and sociodemographic important confounders were self-reported)</i></p>

Section	Question	Answer
2. Bias in selection of participants into the study	Risk of bias judgement for selection of participants into the study	Low
3. Bias in classification of interventions	Risk of bias judgement for classification of interventions	Low
4. Bias due to deviations from intended interventions	Risk of bias judgement for deviations from intended interventions	No information
5. Bias due to missing data	Risk of bias judgement for missing data	Low
6. Bias in measurement of outcomes	Risk of bias judgement for measurement of outcomes	Low
7. Bias in selection of the reported result	Risk of bias judgement for selection of the reported result	Moderate <i>(The outcome measurements are clearly defined and both internally and externally consistent, there is no indication of selection of the reported analysis from among multiple analyses, and there is no indication of selection of the cohort or subgroups for analysis and reporting on the basis of the results. However, there is not clear evidence through a pre-registered protocol or statistical analysis plan that all reported results correspond to all intended outcomes, analyses and sub-cohorts.)</i>
Overall bias	Risk of bias judgement	Serious <i>(Serious risk of bias due to</i>
	Risk of bias variation	None

Section	Question	Answer
	across outcomes	
	Directness	Indirectly Applicable (Study not conducted in UK; descriptions of interventions do not necessarily fit comparator criteria for follow-up contact, however study included for comparing setting for follow-up)

## Mousavi, 2016

**Bibliographic Reference** Mousavi SG; Amini M; Mahaki B; Bagherian-Sararoudi R; Effect of phone call versus face-to-face follow-up on recurrent suicide attempts prevention in individuals with a history of multiple suicide attempts.; Advanced biomedical research; 2016; vol. 5

### Study details

<b>Country/ies where study was carried out</b>	Iran
<b>Study type</b>	Randomised controlled trial (RCT)
<b>Study dates</b>	January - May 2014
<b>Inclusion criteria</b>	Participants had to: <ul style="list-style-type: none"> <li>• be over the age of 20 years</li> <li>• have attempted suicide at least 2 times</li> <li>• be able to understand the conditions of the study and informed consent, communicate, and sign the consent form</li> <li>• be able to communicate consistently at the places determined for follow-up</li> <li>• not have dementia or severe cognitive impairments as per DSMIV-TR criteria</li> </ul>

	<ul style="list-style-type: none"> <li>not have a threatening illness requiring prompt medical intervention</li> </ul>
<b>Exclusion criteria</b>	<p>Participants were excluded if they:</p> <ul style="list-style-type: none"> <li>changed their address and telephone number without providing new information</li> <li>avoided consecutive communications after initial acceptance</li> <li>died due to reasons other than suicide</li> </ul>
<b>Patient characteristics</b>	<p><b>Telephone follow-up:</b></p> <ul style="list-style-type: none"> <li>n=29</li> <li>Mean age (SD): 27.07 (7.79) years</li> <li>Sex (female/ male): 27/ 2</li> <li>Ethnicity: Not reported</li> <li>Comorbidities: Not reported</li> <li>Duration of self-harm: Not reported</li> <li>Method of suicide attempt: Not reported (assumed all self-poisoning as participants recruited from poisoning department)</li> <li>Previous self-harm:             <ul style="list-style-type: none"> <li>2 previous suicide attempts n=22</li> <li>2-5 previous suicide attempts n=6</li> <li>More than 5 previous suicide attempts n=1</li> </ul> </li> </ul> <p><b>Face-to-face follow-up:</b></p> <ul style="list-style-type: none"> <li>n=26</li> <li>Mean age (SD): 26.69 (7.73) years</li> <li>Sex (female/ male): 21/ 5</li> <li>Ethnicity: Not reported</li> <li>Comorbidities: Not reported</li> <li>Duration of self-harm: Not reported</li> <li>Method of suicide attempt: Not reported (assumed all self-poisoning as participants recruited from poisoning department)</li> <li>Previous self-harm:</li> </ul>

	<ul style="list-style-type: none"> <li>○ 2 previous suicide attempts n=14</li> <li>○ 2-5 previous suicide attempts n=11</li> <li>○ More than 5 previous suicide attempts n=1</li> </ul>
<b>Intervention(s)/control</b>	<p><b>Telephone follow-up:</b> 8 phone calls lasting 20 minutes by an assistant of psychiatry in the 2nd and 4th weeks and 2nd, 3rd, 4th, 5th, 6th and 8th months following discharge. Phone calls consisted of appraisal of current mental status and warning signs, guidance on ways to reduce stress, Q&amp;A, a suggestion to visit a therapist if necessary, and advice and guidance to patients and their families as necessary depending on risks.</p> <p><b>Face-to-face follow-up:</b> 8 face-to-face meetings in public health centers lasting 20 minutes by an assistant of psychiatry in the 2nd and 4th weeks and 2nd, 3rd, 4th, 5th, 6th and 8th months following discharge. Meetings consisted of appraisal of current mental status and warning signs, guidance on ways to reduce stress, Q&amp;A, a suggestion to visit a therapist if necessary, and advice and guidance to patients and their families as necessary depending on risks.</p>
<b>Duration of follow-up</b>	8 months
<b>Sources of funding</b>	None
<b>Sample size</b>	N=55
<b>Results</b>	<p><b>Suicide attempt per person</b></p> <p>Telephone follow-up:</p> <ul style="list-style-type: none"> <li>• Week 2: n=0/29</li> <li>• Week 4: n=0/29</li> <li>• Month 2: n=0/29</li> <li>• Month 3: n=0/29</li> <li>• Month 4: n=0/29</li> <li>• Month 5: n=1/27</li> <li>• Month 6: n=0/25</li> </ul>

- Month 8: n=0/25

Face-to-face follow-up:

- Week 2: n=0/26
- Week 4: n=0/26
- Month 2: n=1/26\*
- Month 3: n=0/26
- Month 4: n=1/23
- Month 5: n=0/23
- Month 6: n=0/22
- Month 8: n=0/22

\*1 study participant reattempted suicide 3 times in the 2nd, 4th and 6th months ([completed suicide, reported in outcome below](#)), participant's first attempt only is reported here. [Outcomes also reported in modified GRADE tables on per-person basis](#)

### **Completed suicide**

Telephone follow-up:

- Week 2: n=0/29
- Week 4: n=0/29
- Month 2: n=0/29
- Month 3: n=0/29
- Month 4: n=0/29
- Month 5: n=0/27
- Month 6: n=0/25
- Month 8: n=0/25

Face-to-face follow-up:

- Week 2: n=0/26
- Week 4: n=0/26



- Month 2: n=0/26
- Month 3: n=0/26
- Month 4: n=0/23
- Month 5: n=0/23
- Month 6: n=1/22
- Month 8: n=0/22

**Hopelessness (reported as having answered 'weak' for hopefulness on a scale including weak, average, good and excellent)**

Significant level between two groups (Friedman test used to compare multiple ratings of the time-related measures “interest and hope”):

- In general: P=0.014
- Week 2: P=0.069
- Week 4: P=0.246
- Month 2: P=0.003
- Month 3: P<0.001
- Month 4: P=0.032
- Month 5: P=0.027
- Month 6: P=0.001
- Month 8: P=0.019

Telephone follow-up:

- Week 2: n=21/29
- Week 4: n=17/29
- Month 2: n=8/29
- Month 3: n=6/29
- Month 4: n=4/27
- Month 5: n=2/27
- Month 6: n=4/25

- Month 8: n=6/25

Face-to-face follow-up:

- Week 2: n=22/26
- Week 4: n=17/26
- Month 2: n=13/26
- Month 3: n=11/24
- Month 4: n=7/23
- Month 5: n=6/23
- Month 6: n=4/22
- Month 8: n=3/22

#### **Suicidal ideation**

Significant level between two groups (Cochran test used to compare two state variables measured at multiple sessions, the suicidal attempts, thoughts and map):

- In general: P=0.038

Telephone follow-up:

- Week 2: Yes n=11/29
- Week 4: Yes n=11/29
- Month 2: Yes n=7/29
- Month 3: Yes n=5/29
- Month 4: Yes n=2/27
- Month 5: Yes n=2/27
- Month 6: Yes n=3/25
- Month 8: Yes n=2/25

Face-to-face follow-up:

- Week 2: Yes n=13/26
- Week 4: Yes n=13/26
- Month 2: Yes n=6/26
- Month 3: Yes n=4/24
- Month 4: Yes n=4/22
- Month 5: Yes n=3/23
- Month 6: Yes n=2/22
- Month 8: Yes n=1/22

## Critical appraisal

Section	Question	Answer
Domain 1: Bias arising from the randomisation process	Risk of bias judgement for the randomisation process	Some concerns <i>(Baseline characteristics were broadly similar between groups and no significant differences between groups reported; no information on sequence allocation or concealment)</i>
Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention)	Risk of bias for deviations from the intended interventions (effect of assignment to intervention)	Some concerns <i>(Participants and people delivering the intervention were aware of assignment; no information whether health behaviour changed as a result of the experimental context)</i>
Domain 3. Bias due to missing outcome data	Risk-of-bias judgement for missing outcome data	Some concerns <i>(Possible that missingness in data depended on its true value; 1 participant was lost to follow-up due to suicide and 7 participants lost</i>

Section	Question	Answer
		<i>to follow-up withdrew due to health status)</i>
Domain 4. Bias in measurement of the outcome	Risk-of-bias judgement for measurement of the outcome	High  <i>(Outcomes were participant-reported which may have been affected by knowledge of the assigned intervention; outcome assessors were aware of intervention assignment)</i>
Domain 5. Bias in selection of the reported result	Risk-of-bias judgement for selection of the reported result	Some concerns  <i>(No information on pre-specified analysis plan, but each outcome reported according to the relevant analyses as set out by the authors)</i>
Overall bias and Directness	Risk of bias judgement	High  <i>(High risk of bias due to likely bias in measurement of the outcome)</i>
	Overall Directness	Directly applicable <i>(Study not conducted in UK)</i>
	Risk of bias variation across outcomes	Issues linked to missing data were consistent for all reported outcomes

## Stanley, 2018

### Bibliographic Reference

Stanley, B.; Brown, G. K.; Brenner, L. A.; Galfalvy, H. C.; Currier, G. W.; Knox, K. L.; Chaudhury, S. R.; Bush, A. L.; Green, K. L.; Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department; JAMA Psychiatry; 2018; vol. 75; 894-900

**Study details**

<b>Country/ies where study was carried out</b>	USA
<b>Study type</b>	Retrospective cohort study
<b>Study dates</b>	Data were collected between 2010-2015
<b>Inclusion criteria</b>	<p>Participants were recruited from 5 Veterans Affairs intervention sites and 4 Veterans Affairs ED comparison usual care sites and had to:</p> <ul style="list-style-type: none"> <li>• be 18 years or older</li> <li>• have presented at the ED for a suicidal crisis</li> <li>• not require inpatient hospitalisation</li> <li>• be able to read and understand English</li> </ul>
<b>Exclusion criteria</b>	Not reported.
<b>Patient characteristics</b>	<p><b>Usual care:</b></p> <ul style="list-style-type: none"> <li>• n=448</li> <li>• Mean age (SD): 49.38 (14.47) years</li> <li>• Sex (female/ male): 49/ 399</li> <li>• Ethnicity: <ul style="list-style-type: none"> <li>○ White n=251</li> </ul> </li> <li>• Comorbidities: <ul style="list-style-type: none"> <li>○ Bipolar diagnosis n=48</li> <li>○ Depression diagnosis n=241</li> <li>○ PTSD diagnosis n=150</li> <li>○ Substance abuse diagnosis n=192</li> </ul> </li> <li>• Duration of self-harm: Not reported</li> </ul>

	<ul style="list-style-type: none"> <li>• Method of suicide attempt: Not reported</li> <li>• Previous self-harm:             <ul style="list-style-type: none"> <li>○ History of suicide attempt n=202</li> </ul> </li> </ul> <p><b>Safety Planning Intervention with follow-up (SPI+):</b></p> <ul style="list-style-type: none"> <li>• n=1179</li> <li>• Mean age (SD): 47.15 (14.89) years</li> <li>• Sex (female/ male): 135/ 1044</li> <li>• Ethnicity:             <ul style="list-style-type: none"> <li>○ White n=715</li> </ul> </li> <li>• Comorbidities:             <ul style="list-style-type: none"> <li>○ Bipolar diagnosis n=74</li> <li>○ Depression diagnosis n=525</li> <li>○ PTSD diagnosis n=325</li> <li>○ Substance abuse diagnosis n=328</li> </ul> </li> <li>• Duration of self-harm: Not reported</li> <li>• Method of suicide attempt: Not reported</li> <li>• Previous self-harm:             <ul style="list-style-type: none"> <li>○ History of suicide attempt n=501</li> </ul> </li> </ul>
<b>Intervention(s)/control</b>	<p><b>Safety Planning Intervention with follow-up (SPI+):</b> A structured personalised safety plan is drawn up for the person to use in the event of a suicidal crisis, which included steps such as identifying warning signs and coping strategies. Telephone contact was made within 72 hours of discharge by <a href="#">project staff</a> (a social worker or a psychologist) and included a brief risk assessment, review and revision of the safety plan as needed, and facilitation of treatment engagement. Phone calls continued weekly for at least 2 calls total and stopped when the patient had a behavioural health appointment or did not wish to be contacted any more.</p> <p><b>Usual care:</b> Follow-up depended on the site but tended to include a specific outpatient appointment or information about how to seek psychiatric care.</p>
<b>Duration of follow-up</b>	6 months
<b>Sources of funding</b>	Supported by the Office of Mental Health Services, Department of Veterans Affairs

<b>Sample size</b>	N=1640
<b>Results</b>	<p><b>Repeat self-harm (reported as engagement in suicidal behaviour, defined as ‘descriptions of all suicide attempts, suicide deaths, and other suicidal behaviors including interrupted attempts’)</b></p> <ul style="list-style-type: none"> <li>• Usual care: n=24/454 (5.29%)</li> <li>• SPI+: n=36/1186 (3.03%)</li> </ul> <p>Usual care vs. SPI+:</p> <ul style="list-style-type: none"> <li>• Adjusted OR 0.50 (95% CI 0.25-0.99)*</li> <li>• Adjusted OR 0.46 (95% CI 0.23-0.91)**</li> </ul> <p>*P=.05. Mixed-effect logistic regression analysis adjusted for random intervention effects by site</p> <p>**P=.03. Mixed-effect logistic regression analysis adjusted for the propensity score (calculated based on age, homelessness status, service period including 2 most recent military operations vs other service periods, indicator variables for a history of more than 5 mental health visits, diagnoses of bipolar, depression, PTSD, or substance abuse, and suicidal behaviour 6 months pre-intervention)</p> <p><b>Service engagement (reported as attendance at ≥1 mental health and/ or substance abuse treatment)</b></p> <p>Usual care vs. SPI+:</p> <ul style="list-style-type: none"> <li>• Unadjusted OR 2.20 (95% CI 1.35-2.20)*</li> <li>• Adjusted OR 1.74 (95% CI 1.08-2.81)**</li> </ul> <p>*P=.002</p> <p>**P=.02. Mixed-effect logistic regression analysis adjusted for the propensity score (calculated based on age, homelessness status, service period including 2 most recent military operations vs other service periods, indicator variables for a history of more than 5 mental health visits, diagnoses of bipolar, depression, PTSD, or substance abuse, and suicidal behaviour 6 months pre-intervention)</p>

## Critical appraisal

Section	Question	Answer
1. Bias due to confounding	Risk of bias judgement for confounding	Serious <i>(Confounding expected and current psychiatric treatment not controlled for)</i>
2. Bias in selection of participants into the study	Risk of bias judgement for selection of participants into the study	Low
3. Bias in classification of interventions	Risk of bias judgement for classification of interventions	Low
4. Bias due to deviations from intended interventions	Risk of bias judgement for deviations from intended interventions	Low
5. Bias due to missing data	Risk of bias judgement for missing data	Low
6. Bias in measurement of outcomes	Risk of bias judgement for measurement of outcomes	Moderate <i>(Combined outcome of suicidal behaviour not well defined and may have introduced differential bias in outcome assessment; outcome assessors aware of intervention received)</i>
7. Bias in selection of the reported result	Risk of bias judgement for selection of the reported result	Moderate <i>(The outcome measurements are clearly defined and both internally and externally consistent, there is no</i>



Section	Question	Answer
		<i>indication of selection of the reported analysis from among multiple analyses, and there is no indication of selection of the cohort or subgroups for analysis and reporting on the basis of the results. However, there is not clear evidence through a pre-registered protocol or statistical analysis plan that all reported results correspond to all intended outcomes, analyses and sub-cohorts.)</i>
Overall bias	Risk of bias judgement	Serious <i>(Serious risk of bias due to confounding)</i>
	Risk of bias variation across outcomes	Suicidal behaviour is defined as suicide attempts, suicide deaths, and other behaviours including interrupted attempts. There is no mention of whether this includes suicidal ideation, however if suicidal ideation were included this could introduce bias in the measurement of outcomes.
	Directness	Indirectly Applicable <i>(Study not conducted in the UK; description of usual care does not necessarily fit comparator criteria for follow-up contact, however study included for comparing continuity of personnel at follow-up. Additionally, participants were presumably veterans recruited from Veterans Health Administration hospital EDs.)</i>

## Appendix E Forest plots

**Forest plots for review question: How should initial after-care be provided to people following an episode of self-harm?**

No meta-analysis was conducted for this review question and so there are no forest plots.

## Appendix F Modified GRADE tables

Modified GRADE tables for review question: How should initial after-care be provided to people following an episode of self-harm?

**Table 5: Evidence profile for comparison between mental healthcare continuity-chain and usual discharge**

Quality assessment						Number of patients		Effect		Quality	Importance
Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Mental healthcare continuity-chain	Usual discharge	Relative (95% CI)	Absolute		
<b>Attendance at follow-up (follow-up time not reported)</b>											
1 (Albuixech-Garcia 2020)	observational study	very serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	84/110 (76.4%)	62/103 (60.2%)	RR 1.27 (1.05 to 1.53)	163 more per 1000 (from 30 more to 319 more)	VERY LOW	IMPORTANT

CI: confidence intervals, RR: risk ratio

<sup>1</sup> Very serious risk of bias in the evidence contributing to the outcomes

<sup>2</sup> Intervention is indirect due to the study not directly comparing two different methods of first contact - instead, both groups receive the same discharge letter then one group also receives a phone call. *Additionally, the study was not conducted in the UK*

**Table 6: Evidence profile for comparison between enhanced contact intervention and usual care**

Quality assessment	Number of patients	Effect	Quality	Importance
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Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Enhanced contact intervention	Usual care	Relative (95% CI)	Absolute		
<b>Suicide attempt (follow-up 12 months)</b>											
1 (Martinez-Ales 2019)	observational study	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	14/181 (7.7%)	90/788 (11.4%)	HR 0.66 (0.38 to 1.16) <sup>3</sup>	37 fewer per 1000 (from 69 fewer to 17 more)	LOW	CRITICAL
1 (Martinez-Ales 2019)	observational study	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	14/181 (7.7%)	90/788 (11.4%)	HR 0.56 (0.32 to 1) <sup>4</sup>	49 fewer per 1000 (from 76 fewer to 0 more)	LOW	CRITICAL

CI: confidence intervals, HR: hazard ratio

1 Serious risk of bias in the evidence contributing to the outcomes

2 Intervention is indirect due to descriptions of interventions not necessarily fitting criteria for initial contact after discharge, however study included for comparing setting for follow-up. *Additionally, the study was not conducted in the UK*

3 HR (95% CI) as reported in the study. Unadjusted hazard ratio

4 HR (95% CI) as reported in the study. Adjusted hazard ratio: multivariate model adjusted for age, sex, previous suicide attempts, alcohol or drug abuse, and mood (affective) and personality disorders

**Table 7: Evidence profile for comparison between telephone follow-up and face-to-face follow-up**

Quality assessment						Number of patients		Effect		Quality	Importance
Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Telephone follow-up	Face-to-face follow-up	Relative (95% CI)	Absolute		
<b>Suicide attempt per person (follow-up 2 weeks<sup>1</sup>)</b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	0/29 (0%)	0/26 (0%)	<a href="#">Not estimable</a> <del>POR not estimable, but RD = 0</del>	<a href="#">RD = 0 (-0.7 to 0.7)</a> <del>Not estimable</del>	LOW	CRITICAL

Quality assessment						Number of patients		Effect		Quality	Importance
Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Telephone follow-up	Face-to-face follow-up	Relative (95% CI)	Absolute		
								<del>(-0.7 to 0.7)</del>			
<b>Suicide attempt per person (follow-up 8 months<sup>1</sup>)</b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	1/25 (4%) <sup>4</sup>	2/22 (9.1%) <sup>5</sup>	RR 0.44 (0.04 to 4.53)	51 fewer per 1000 (from 87 fewer to 321 more)	LOW	CRITICAL
<b>Completed suicide (follow-up 2 weeks<sup>1</sup>)</b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	0/29 (0%)	0/26 (0%)	<del>Not estimable</del> POR not estimable, but RD = 0 (-0.7 to 0.7)	RD = 0 (-0.7 to 0.7) Not estimable	LOW	CRITICAL
<b>Completed suicide (reported as number of suicide attempts) (follow-up 8 months<sup>1</sup>)</b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	0/25 (0%)	1/22 (4.5%) <sup>6</sup>	POR 0.12 (0 to 6)	40 fewer per 1000 (from 45 fewer to 227 more)	LOW	CRITICAL
<b>Hopelessness (follow-up 2 weeks<sup>1</sup>; assessed with: hopefulness scale with the 4 potential answers 'weak', 'average', 'good' and 'excellent')<sup>1</sup></b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	21/29 (72.4%)	22/26 (84.6%)	RR 0.86 (0.65 to 1.13)	118 fewer per 1000 (from 296 fewer to 110 more)	LOW	IMPORTANT
<b>Hopelessness (follow-up 8 months<sup>1</sup>; assessed with: hopefulness scale with the 4 potential answers 'weak', 'average', 'good' and 'excellent')<sup>1</sup></b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	6/25 (24%)	3/22 (13.6%)	RR 1.76 (0.5 to 6.22)	104 more per 1000 (from 68 fewer to 712 more)	LOW	IMPORTANT
<b>Suicidal ideation (follow-up 2 weeks<sup>1</sup>)</b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	11/29 (37.9%)	13/26 (50%)	RR 0.76 (0.41 to 1.39)	120 fewer per 1000 (from 295)	LOW	IMPORTANT

Quality assessment						Number of patients		Effect		Quality	Importance
Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	Telephone follow-up	Face-to-face follow-up	Relative (95% CI)	Absolute		
									fewer to 195 more)		
<b>Suicidal ideation (follow-up 8 months<sup>1</sup>)</b>											
1 (Mousavi 2016)	RCT	very serious <sup>3</sup>	no serious inconsistency	none	none	2/25 (8%)	1/22 (4.5%)	RR 1.76 (0.17 to 18.11)	35 more per 1000 (from 38 fewer to 778 more)	LOW	IMPORTANT

CI: confidence intervals, POR: Peto odds ratio, RR: risk ratio; RD: risk difference

1 Outcomes reported at 2 weeks, 4 weeks, 2 months, 3 months, 4 months, 5 months, 6 months and 8 months follow-up. Results from immediately after first contact (2 weeks) and longer term follow-up (8 months) reported here only

2 Study reported the outcome 'hopefulness' which assessed whether people answered 'weak', 'average', 'good' or 'excellent' hopefulness at follow-up. The number of people who answered 'weak' on this scale is reported here

3 Very serious risk of bias in the evidence contributing to the outcomes

4 4 participants lost to follow-up by month 8; repeat self-harm occurred in 1/27 participants at 5 months follow-up

5 4 participants lost to follow-up by month 8; suicide reattempt occurred in 1/26 participants at 2 months follow-up and 1/23 participants at 4 months follow-up. Participant who reattempted suicide at 2 months also reattempted at 4 and 6 months follow-up, outcomes reported here on per person basis

6 4 participants lost to follow-up by month 8; repeat self-harm occurred in 1/22 participants at 6 months follow-up

**Table 8: Evidence profile for comparison between safety planning intervention with follow-up (SPI+) and usual care**

Quality assessment	Number of patients	Effect	Quality	Importance
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Number of studies	Design	Risk of bias	Inconsistency	Indirectness	Other considerations	SPI+	Usual care	Relative (95% CI)	Absolute		
<b>Repeat self-harm (reported as engagement in suicidal behaviour, defined as 'descriptions of all suicide attempts, suicide deaths, and other suicidal behaviors including interrupted attempts') (follow-up 6 months) (Adjusted odds ratio: mixed-effect logistic regression analysis adjusted for random intervention effects by site)</b>											
1 (Stanley 2018)	observational study	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	36/1186 (3%)	24/454 (5.3%)	AOR 0.50 (0.25 to 0.99) <sup>3</sup>	26 fewer per 1000 (from 1 fewer to 39 fewer)	LOW	CRITICAL
<b>Repeat self-harm (reported as engagement in suicidal behaviour, defined as 'descriptions of all suicide attempts, suicide deaths, and other suicidal behaviors including interrupted attempts') (follow-up 6 months) (Adjusted odds ratio: mixed-effect logistic regression analysis adjusted for the propensity score)</b>											
1 (Stanley 2018)	observational study	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	36/1186 (3%)	24/454 (5.3%)	AOR 0.46 (0.23 to 0.91) <sup>4</sup>	28 fewer per 1000 (from 5 fewer to 40 fewer)	LOW	CRITICAL
<b>Attendance at ≥1 mental health and/ or substance abuse treatment (follow-up 6 months) (Adjusted odds ratio: mixed-effect logistic regression analysis adjusted for the propensity score)</b>											
1 (Stanley 2018)	observational study	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	Not reported	Not reported	OR 2.20 (1.35 to 2.2) <sup>5</sup>	Not estimable	LOW	IMPORTANT
1 (Stanley 2018)	observational study	serious <sup>1</sup>	no serious inconsistency	serious <sup>2</sup>	none	Not reported	Not reported	AOR 1.74 (1.08 to 2.81) <sup>4</sup>	Not estimable	LOW	IMPORTANT

AOR: adjusted odds ratio, CI: confidence intervals, OR: odds ratio, SPI+: safety planning intervention with follow-up

1 Serious risk of bias in the evidence contributing to the outcomes

2 ~~Intervention, p~~Population and outcome are indirect. ~~The description of usual care does not fit criteria for initial contact after discharge, however study included for comparing continuity of personnel at follow-up.~~ Participants were presumably veterans recruited from Veterans Health Administration hospital EDs and the outcome is indirect due to reporting suicidal behaviour, defined as 'descriptions of all suicide attempts, suicide deaths, and other suicidal behaviours including interrupted attempt', with suicide attempt and completed suicide not reported separately. It is unclear if this definition includes suicidal ideation. ~~Additionally, study not conducted in the UK~~

*3 OR (95% CI) as reported in the publication. Adjusted odds ratio: mixed-effect logistic regression analysis adjusted for random intervention effects by site*  
*4 OR (95% CI) as reported in the publication. Adjusted odds ratio: mixed-effect logistic regression analysis adjusted for the propensity score (calculated based on age, homelessness status, service period including 2 most recent military operations vs other service periods, indicator variables for a history of more than 5 mental health visits, diagnoses of bipolar, depression, PTSD, or substance abuse, and suicidal behaviour 6 months pre-intervention)*  
*5 OR (95% CI) as reported in the publication. Unadjusted odds ratio*

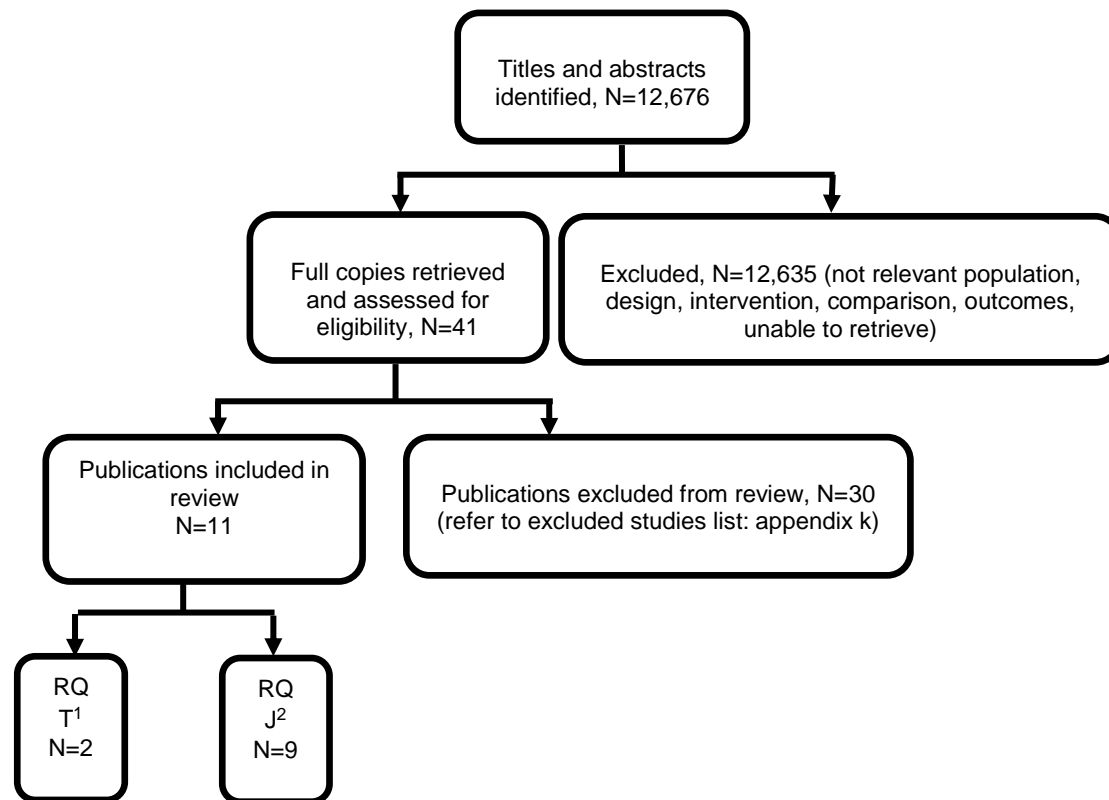


## Appendix J ~~Appendix G~~ -Economic evidence study selection

### Study selection for review question: How should initial after-care be provided to people following an episode of self-harm?

A global health economics search was undertaken for all areas covered in the guideline. ~~Figure 2~~Figure 2 shows the flow diagram of the selection process for economic evaluations of interventions and strategies associated with the care of people who have self-harmed.

**Figure 2: Flow diagram of economic article selection for global health economic search**



*Abbreviations: RQ: Research question*

*Notes:*

*1 What are the most effective models of care for people who have self-harmed?*

*2 What psychological and psychosocial interventions (including safety plans and electronic health-based interventions) are effective for people who have self-harmed?*

## ~~Appendix K~~Appendix H Economic evidence tables

### **Economic evidence tables for review question: How should initial after-care be provided to people following an episode of self-harm?**

No evidence was identified which was applicable to this review question.

## ~~Appendix L~~Appendix I Economic model

**Economic model for review question: How should initial after-care be provided to people following an episode of self-harm?**

No economic analysis was conducted for this review question.

## ~~Appendix M~~ Appendix J Excluded studies

**Excluded studies for review question: How should initial after-care be provided to people following an episode of self-harm?**

### Excluded effectiveness studies

**Table 9: Excluded studies and reasons for their exclusion**

Study	Code [Reason]
Amadeo, S., Rereao, M., Malogne, A. et al. (2015) Testing brief intervention and phone contact among subjects with suicidal behavior: A randomized controlled trial in French Polynesia in the frames of the World Health Organization/Suicide Trends in At-Risk Territories study. <i>Mental Illness</i> 7: 48-53	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 18 months, outcomes not reported after first contact</i>
Asarnow, J. R., Baraff, L. J., Berk, M. et al. (2011) An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment. <i>Psychiatric Services</i> 62: 1303-1309	- Intervention/comparison not in PICO <i>Study compared a therapy session pre-discharge plus telephone follow-up to TAU, which did not include first contact after presentation. Study included in the review question that examines the effectiveness of interventions for self-harm in children and adolescents</i>
Beautrais, A. L., Gibb, S. J., Faulkner, A. et al. (2010) Postcard intervention for repeat self-harm: Randomised controlled trial. <i>British Journal of Psychiatry</i> 197: 55-60	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 12 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>

Study	Code [Reason]
Bennewith, O., Stocks, N., Gunnell, D. et al. (2002) General practice based intervention to prevent repeat episodes of deliberate self harm: Cluster randomised controlled trial. British Medical Journal 324: 1254-1257	- Study conducted pre-2000
Berrouiguet, S., Alavi, Z., Vaiva, G. et al. (2014) SIAM (Suicide intervention assisted by messages): the development of a post-acute crisis text messaging outreach for suicide prevention. BMC psychiatry 14: 294	- Trial protocol
Brown, G. K. and Green, K. L. (2014) A review of evidence-based follow-up care for suicide prevention: Where do we go from here?. American Journal of Preventive Medicine 47: S209-S215	- Duplicate
Brown, G. K. and Green, K. L. (2014) A review of evidence-based follow-up care for suicide prevention: Where do we go from here?. American Journal of Preventive Medicine 47: S209-S215	- Systematic review, included studies checked for relevance
Carroll, R.; Metcalfe, C.; Gunnell, D. (2014) Hospital management of self-harm patients and risk of repetition: Systematic review and meta-analysis. Journal of Affective Disorders 168: 476-483	- Systematic review, included studies checked for relevance
Carter, G. L., Clover, K., Whyte, I. M. et al. (2005) Postcards from the EDge project: Randomised controlled trial of an intervention using postcards to reduce repetition of hospital treated deliberate self poisoning. British Medical Journal 331: 805-807	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 12 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Carter, G. L., Clover, K., Whyte, I. M. et al. (2013) Postcards from the EDge: 5-year outcomes of a randomised controlled trial for hospital-treated self-	- Intervention/comparison not in PICO

Study	Code [Reason]
poisoning. British Journal of Psychiatry 202: 372-380	<i>Brief contact intervention over the course of 12 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Carter, G. L., Clover, K., Whyte, I. M. et al. (2007) Postcards from the EDge: 24-Month outcomes of a randomised controlled trial for hospital-treated self-poisoning. British Journal of Psychiatry 191: 548-553	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 12 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Castaigne, E.; Hardy, P.; Mouaffak, F. (2017) Follow-up interventions after suicide attempt. What tools, what effects and how to assess them?. Encephale 43: 75-80	- Not available in English
Catanach, B., Betz, M. E., Tvrdy, C. et al. (2019) Implementing an Emergency Department Telephone Follow-Up Program for Suicidal Patients: Successes and Challenges. Joint Commission Journal on Quality and Patient Safety 45: 725-732	- Non-comparative study
Catanese, A. A., John, M. S., Di Battista, J. et al. (2009) Acute cognitive therapy in reducing suicide risk following a presentation to an emergency department. Behaviour Change 26: 16-26	- Intervention/comparison not in PICO <i>Intervention does not include first contact after presentation</i>
Cebria, A. I., Parra, I., Pamias, M. et al. (2013) Effectiveness of a telephone management programme for patients discharged from an emergency department after a suicide attempt: Controlled study in a Spanish population. Journal of Affective Disorders 147: 269-276	- Intervention/comparison not in PICO <i>Study compared a telephone follow-up intervention with TAU, which did not include follow-up contact</i>

Study	Code [Reason]
Cebria, A. I., Perez-Bonaventura, I., Cuijpers, P. et al. (2015) Telephone Management Program for Patients Discharged From an Emergency Department After a Suicide Attempt: A 5-Year Follow-Up Study in a Spanish Population. <i>Crisis</i> 36: 345-352	- Intervention/comparison not in PICO <i>Study compared a telephone follow-up intervention with TAU, which did not include follow-up contact</i>
Cedereke, M.; Monti, K.; Ojehagen, A. (2002) Telephone contact with patients in the year after a suicide attempt: Does it affect treatment attendance and outcome? A randomised controlled study. <i>European Psychiatry</i> 17: 82-91	- Intervention/comparison not in PICO <i>Intervention does not include first contact after presentation. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Cedereke, M. and Ojehagen, A. (2002) Patients' needs during the year after a suicide attempt. A secondary analysis of a randomised controlled intervention study. <i>Social Psychiatry and Psychiatric Epidemiology</i> 37: 357-363	- Study conducted pre-2000
Chan, S. S., Leung, V. P. Y., Tsoh, J. et al. (2011) Outcomes of a two-tiered multifaceted elderly suicide prevention program in a hong kong chinese community. <i>American Journal of Geriatric Psychiatry</i> 19: 185-196	- Non-randomised study, N <100 per group
Chaudhary, A. M. D., Memon, R. I., Dar, S. K. et al. (2020) Suicide during Transition of Care: a Review of Targeted Interventions. <i>Psychiatric Quarterly</i> 91: 417-450	- Systematic review, included studies checked for relevance
Chen, W. J., Chen, C. C., Ho, C. K. et al. (2012) Community-based case management for the prevention of suicide reattempts in Kaohsiung, Taiwan. <i>Community Mental Health Journal</i> 48: 786-91	- Intervention/comparison not in PICO <i>Study compared a case-management intervention with follow-up to no follow-up contact</i>



Study	Code [Reason]
Chen, W. J., Ho, C. K., Shyu, S. S. et al. (2013) Employing crisis postcards with case management in Kaohsiung, Taiwan: 6-month outcomes of a randomised controlled trial for suicide attempters. BMC Psychiatry 13 (no pagination)	- Intervention/comparison not in PICO <i>Study compared case management plus crisis postcards to case management alone, but did not include first contact after discharge</i>
Choi, Y., Nam, C. M., Lee, S. G. et al. (2020) Association of continuity of care with readmission, mortality and suicide after hospital discharge among psychiatric patients. International journal for quality in health care : journal of the International Society for Quality in Health Care 32: 569-576	- Population not in PICO <i>Inpatients with primarily psychiatric diagnoses. Inclusion criteria did not mention self-harm or any self-harming behaviours</i>
Clarke, T., Baker, P., Watts, C. J. et al. (2002) Self-harm in adults: A randomised controlled trial of nurse-led case management versus routine care only. Journal of Mental Health 11: 167-176	- Intervention/comparison not in PICO <i>Case management intervention not including first contact after presentation. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Crawford, M. J., Csipke, E., Brown, A. et al. (2010) The effect of referral for brief intervention for alcohol misuse on repetition of deliberate self-harm: an exploratory randomized controlled trial. Psychological Medicine: 1-8	- Intervention/comparison not in PICO <i>Intervention does not include first contact after presentation. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Currier, G. W.; Fisher, S. G.; Caine, E. D. (2010) Mobile crisis team intervention to enhance linkage of discharged suicidal emergency department patients to outpatient psychiatric services: A randomized controlled trial. Academic Emergency Medicine 17: 36-43	- Intervention/comparison not in PICO <i>Study compared assessment within 48 hours of discharge by a mobile crisis unit to TAU (referral to a psychiatric outpatient clinic)</i>
Daigle, M. S., Pouliot, L., Chagnon, F. et al. (2011) Suicide attempts: Prevention of repetition. Canadian Journal of Psychiatry 56: 621-629	- Narrative review

Study	Code [Reason]
De Leo, D. and Heller, T. (2007) Intensive case management in suicide attempters following discharge from inpatient psychiatric care. <i>Australian Journal of Primary Health</i> 13: 49-58	- Intervention/comparison not in PICO <i>Case management intervention not including first contact after presentation</i>
Demesmaeker, A., Benard, V., Leroy, A. et al. (2019) Impacts of a brief contact intervention in suicide prevention on medical care consumptions. <i>Encephale</i> 45: S27-S31	- Not available in English
Denchev, P., Pearson, J. L., Allen, M. H. et al. (2018) Modeling the cost-effectiveness of interventions to reduce suicide risk among hospital emergency department patients. <i>Psychiatric Services</i> 69: 23-31	- Economic study
Dieterich, M., Irving, C. B., Bergman, H. et al. (2017) Intensive case management for severe mental illness. <i>Cochrane Database of Systematic Reviews</i> 2017 (1)	- Systematic review, included studies checked for relevance
Doupnik, S. K., Rudd, B., Schmutte, T. et al. (2020) Association of Suicide Prevention Interventions with Subsequent Suicide Attempts, Linkage to Follow-up Care, and Depression Symptoms for Acute Care Settings: A Systematic Review and Meta-analysis. <i>JAMA Psychiatry</i> 77: 1021-1030	- Systematic review, included studies checked for relevance
Dunlap, L. J., Orme, S., Zarkin, G. A. et al. (2019) Screening and Intervention for Suicide Prevention: A Cost-Effectiveness Analysis of the ED-SAFE Interventions. <i>Psychiatric services (Washington, D.C.)</i> 70: 1082-1087	- Economic study

Study	Code [Reason]
Exbrayat, S., Coudrot, C., Gourdon, X. et al. (2017) Effect of telephone follow-up on repeated suicide attempt in patients discharged from an emergency psychiatry department: A controlled study. BMC Psychiatry 17 (1)	- Intervention/comparison not in PICO <i>Study compared a telephone follow-up intervention with TAU, which did not include follow-up contact</i>
Fleischmann, A., Bertolote, J. M., Wasserman, D. et al. (2008) Effectiveness of brief intervention and contact for suicide attempters: a randomized controlled trial in five countries. Bulletin of the World Health Organization 86: 703-9	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 18 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Fontanella, C. A., Warner, L. A., Steelesmith, D. L. et al. (2020) Association of Timely Outpatient Mental Health Services for Youths after Psychiatric Hospitalization with Risk of Death by Suicide. JAMA Network Open	- Non-comparative study
Fossi Djembi, L., Vaiva, G., Debien, C. et al. (2020) Changes in the number of suicide re-attempts in a French region since the inception of Vigilans, a nationwide program combining brief contact interventions (BCI). BMC Psychiatry 20 (1)	- Non-comparative study
Furuno, T., Nakagawa, M., Hino, K. et al. (2018) Effectiveness of assertive case management on repeat self-harm in patients admitted for suicide attempt: Findings from ACTION-J study. Journal of Affective Disorders 225: 460-465	- Intervention/comparison not in PICO <i>Study compared a case management intervention to enhanced usual care, which did not include first contact after presentation</i>
Gabilondo, A., Aristegi, E., Gonzalez-Pinto, A. et al. (2020) Prevention of Suicidal Behavior with Telemedicine in Patients with a Recent Suicide Attempt: Is a 6-month Intervention Long Enough?. Suicide & life-threatening behavior 50: 211-219	- Intervention/comparison not in PICO <i>Study compared a telephone follow-up intervention to TAU as prescribed by the "physician in charge of the follow-up". What this follow-up entailed was not</i>

Study	Code [Reason]
	<i>specified</i>
Greenfield, B., Larson, C., Hechtman, L. et al. (2002) A rapid-response outpatient model for reducing hospitalization rates among suicidal adolescents. <i>Psychiatric Services</i> 53: 1574-1579	- Study conducted pre-2000
Grimholt, T. K., Jacobsen, D., Haavet, O. R. et al. (2015) Effect of systematic follow-up by general practitioners after deliberate self-poisoning: A randomised controlled trial. <i>PLoS ONE</i> 10 (12)	- Intervention/comparison not in PICO <i>Study compared follow-up by GP with TAU, which did not include first contact after presentation</i>
Grimholt, T. K., Jacobsen, D., Haavet, O. R. et al. (2015) Structured follow-up by general practitioners after deliberate self-poisoning: A randomised controlled trial. <i>BMC Psychiatry</i> 15 (1)	- Intervention/comparison not in PICO <i>Study compared follow-up by GP with TAU, which did not include first contact after presentation</i>
Gysin-Maillart, A., Schwab, S., Soravia, L. et al. (2016) A Novel Brief Therapy for Patients Who Attempt Suicide: A 24-months Follow-Up Randomized Controlled Study of the Attempted Suicide Short Intervention Program (ASSIP). <i>PLoS Medicine</i> 13 (3)	- Intervention/comparison not in PICO <i>Intervention does not include first contact after presentation. Study included in Cochrane review (see evidence report J)</i>
Hassanian-Moghaddam, H., Sarjami, S., Kolahi, A. A. et al. (2011) Postcards in Persia: Randomised controlled trial to reduce suicidal behaviours 12 months after hospital-treated self-poisoning. <i>British Journal of Psychiatry</i> 198: 309-316	- Intervention/comparison not in PICO <i>Study compared a brief contact intervention over the course of 12 months to TAU, which did not necessarily include first contact after presentation. Outcomes not reported after first contact</i>
Hassanian-Moghaddam, H., Sarjami, S., Kolahi, A. A. et al. (2017) Postcards in Persia: A Twelve to Twenty-four Month Follow-up of a Randomized Controlled	- Intervention/comparison not in PICO

Study	Code [Reason]
Trial for Hospital-Treated Deliberate Self-Poisoning. Archives of suicide research : official journal of the International Academy for Suicide Research 21: 138-154	<i>Brief contact intervention over the course of 12 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Hvid, M., Vangborg, K., Sorensen, H. J. et al. (2011) Preventing repetition of attempted suicidell. the Amager Project, a randomized controlled trial. Nordic Journal of Psychiatry 65: 292-298	- Intervention/comparison not in PICO <i>Case management intervention not including first contact after presentation. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Inagaki, M., Kawashima, Y., Kawanishi, C. et al. (2015) Interventions to prevent repeat suicidal behavior in patients admitted to an emergency department for a suicide attempt: A meta-analysis. Journal of Affective Disorders 175: 66-78	- Systematic review, included studies checked for relevance
Inagaki, M., Kawashima, Y., Yonemoto, N. et al. (2019) Active contact and follow-up interventions to prevent repeat suicide attempts during high-risk periods among patients admitted to emergency departments for suicidal behavior: A systematic review and meta-analysis. BMC Psychiatry 19 (1)	- Systematic review, included studies checked for relevance
Johannessen, H. A., Dieserud, G., De Leo, D. et al. (2011) Chain of care for patients who have attempted suicide: a follow-up study from Baerum, Norway. BMC public health 11: 81	- Intervention/comparison not in PICO <i>Study compared a suicide prevention community-based service including follow-up telephone call with no community-based service. Outcomes were not reported after first contact</i>
Kapur, N., Cooper, J., Hiroeh, U. et al. (2004) Emergency department management and outcome for self-poisoning: A cohort study. General Hospital Psychiatry 26: 36-41	- Non-comparative study

Study	Code [Reason]
Kapur, N., Gunnell, D., Hawton, K. et al. (2013) Messages from Manchester: Pilot randomised controlled trial following self-harm. <i>British Journal of Psychiatry</i> 203: 73-74	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 12 months, outcomes not assessed after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>
Kapur, N., Steeg, S., Turnbull, P. et al. (2015) Hospital management of suicidal behaviour and subsequent mortality: A prospective cohort study. <i>The Lancet Psychiatry</i> 2: 809-816	- Non-comparative study
Kapur, N., Steeg, S., Webb, R. et al. (2013) Does Clinical Management Improve Outcomes following Self-Harm? Results from the Multicentre Study of Self-Harm in England. <i>PLoS ONE</i> 8 (8)	- Non-comparative study
Kawanishi, C., Aruga, T., Ishizuka, N. et al. (2014) Assertive case management versus enhanced usual care for people with mental health problems who had attempted suicide and were admitted to hospital emergency departments in Japan (ACTION-J): A multicentre, randomised controlled trial. <i>The Lancet Psychiatry</i> 1: 193-201	- Intervention/comparison not in PICO <i>Study compared a case management intervention to enhanced usual care, which did not include first contact after presentation</i>
Kim, H., Park, J., Kweon, K. et al. (2018) Short- and Long-term Effects of Case Management on Suicide Prevention among Individuals with Previous Suicide Attempts: a Survival Analysis. <i>Journal of Korean medical science</i> 33: e203	- Intervention/comparison not in PICO <i>Case management intervention, outcomes not reported after first contact</i>
Kim, M. H., Lee, J., Noh, H. et al. (2020) Effectiveness of a flexible and continuous case management program for suicide attempters. <i>International Journal of Environmental Research and Public Health</i> 17 (7)	- Intervention/comparison not in PICO <i>Study compared a case management intervention to TAU, which did not include first contact after presentation</i>

Study	Code [Reason]
King, C. A., Arango, A., Kramer, A. et al. (2019) Association of the Youth-Nominated Support Team Intervention for Suicidal Adolescents With 11- to 14-Year Mortality Outcomes: Secondary Analysis of a Randomized Clinical Trial. <i>JAMA Psychiatry</i> 76: 492-498	- Intervention/comparison not in PICO <i>Intervention was introducing a nominated support contact and did not include first contact after presentation</i>
King, C. A., Kramer, A., Preuss, L. et al. (2006) Youth-Nominated Support Team for Suicidal Adolescents (Version 1): a randomized controlled trial. <i>Journal of Consulting &amp; Clinical Psychology</i> 74: 199-206	- Intervention/comparison not in PICO <i>Intervention was introducing a nominated support contact and did not include first contact after presentation</i>
King, E. A., Baldwin, D. S., Sinclair, J. M. A. et al. (2001) The wessex recent in-patient suicide study, I: Case - control study of 234 recently discharged psychiatric patient suicides. <i>British Journal of Psychiatry</i> 178: 531-536	- Non-comparative study
Kodama, T., Syouji, H., Takaki, S. et al. (2016) Text Messaging for Psychiatric Outpatients: Effect on Help-Seeking and Self-Harming Behaviors. <i>Journal of psychosocial nursing and mental health services</i> 54: 31-37	- Non-randomised study, N <100 per group
Lahoz, T.; Hvid, M.; Wang, A. G. (2016) Preventing repetition of attempted suicide-III. The Amager Project, 5-year follow-up of a randomized controlled trial. <i>Nordic Journal of Psychiatry</i> 70: 547-553	- Intervention/comparison not in PICO <i>Study compared a contact follow-up intervention to TAU, which did not include first contact after presentation</i>
Ligier, F.; Kabuth, B.; Guillemin, F. (2016) MEDIACONNEX: A multicenter randomised trial based on short message service to reduce suicide attempt recurrence in adolescents. <i>BMC Psychiatry</i> 16 (1)	- Trial protocol
Lizardi, D. and Stanley, B. (2010) Treatment engagement: A neglected aspect	- Narrative review

Study	Code [Reason]
in the psychiatric care of suicidal patients. <i>Psychiatric Services</i> 61: 1183-1191	
Luci, K., Simons, K., Hagemann, L. et al. (2020) SAVE-CLC: An Intervention to Reduce Suicide Risk in Older Veterans following Discharge from VA Nursing Facilities. <i>Clinical gerontologist</i> 43: 118-125	- Duplicate
Luci, K., Simons, K., Hagemann, L. et al. (2020) SAVE-CLC: An Intervention to Reduce Suicide Risk in Older Veterans following Discharge from VA Nursing Facilities. <i>Clinical gerontologist</i> 43: 118-125	- Non-randomised study, N <100 per group
Luxton, D. D.; June, J. D.; Comtois, K. A. (2013) Can postdischarge follow-up contacts prevent suicide and suicidal behavior? A Review of the Evidence. <i>Crisis</i> 34: 32-41	- Narrative review
Martinez-Ales, G., Jimenez-Sola, E., Roman-Mazuecos, E. et al. (2019) An Emergency Department-Initiated Intervention to Lower Relapse Risk after Attempted Suicide. <i>Suicide &amp; life-threatening behavior</i> 49: 1587-1599	- Intervention/comparison not in PICO <i>The only information regarding the control treatment is the following: "Previously, priority specialized appointments could take up to 19 days (Madrid's Health Results Observatory, 2017)", which indicates that (at least some of) the participants did get the same intervention later, but this is not made clear. In addition, it's unclear how many participants received the above</i>
Matarazzo, B. B., Forster, J. E., Hostetter, T. A. et al. (2019) Efficacy of the home-based Mental Health Evaluation (HOME) program for engaging patients in care after hospitalization. <i>Psychiatric Services</i> 70: 1094-1100	- Population not in PICO <i>Veterans who had been admitted to any 1 of 4 psychiatric inpatient units. Inclusion criteria did not mention self-harm or any self-harming behaviours</i>
Matsubara, T., Matsuo, K., Matsuda, A. et al. (2019) Combining phone and	- Intervention/comparison not in PICO



Study	Code [Reason]
postcard brief contact interventions for preventing suicide reattempts: A quasi-randomized controlled trial. <i>Psychiatry Research</i> 279: 395-396	<i>Study compared a telephone and postcard contact intervention to TAU, which did not include first contact after presentation</i>
McCabe, R., Garside, R., Backhouse, A. et al. (2018) Effectiveness of brief psychological interventions for suicidal presentations: A systematic review. <i>BMC Psychiatry</i> 18 (1)	- Systematic review, included studies checked for relevance
Messiah, A., Notredame, C. E., Demarty, A. L. et al. (2019) Combining green cards, telephone calls and postcards into an intervention algorithm to reduce suicide reattempt (AlgoS): P-hoc analyses of an inconclusive randomized controlled trial. <i>PLoS ONE</i> 14 (2)	- Intervention/comparison not in PICO <i>Study compared a telephone follow-up intervention to TAU, which did not include first contact after presentation</i>
Miller, I. W., Camargo, C. A., Arias, S. A. et al. (2017) Suicide prevention in an emergency department population: The ED-safe study. <i>JAMA Psychiatry</i> 74: 563-570	- Intervention/comparison not in PICO <i>Study compared a brief contact intervention to TAU, which did not include first contact after presentation, and to TAU plus screening, which did not include first contact after presentation</i>
Milner, A. J., Carter, G., Pirkis, J. et al. (2015) Letters, green cards, telephone calls and postcards: Systematic and meta-analytic review of brief contact interventions for reducing self-harm, suicide attempts and suicide. <i>British Journal of Psychiatry</i> 206: 184-190	- Systematic review, included studies checked for relevance
Morthorst, B., Krogh, J., Erlangsen, A. et al. (2012) Effect of assertive outreach after suicide attempt in the AID (assertive intervention for deliberate self harm) trial: Randomised controlled trial. <i>BMJ (Online)</i> 345 (7873)	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 12 months, outcomes not reported after first contact. Study included in the review question that examines the effectiveness of psychosocial interventions for self-harm in adults</i>

Study	Code [Reason]
Mouaffak, F., Marchand, A., Castaigne, E. et al. (2015) OSTA program: A French follow up intervention program for suicide prevention. <i>Psychiatry Research</i> 230: 913-918	- Intervention/comparison not in PICO <i>Study compared a telephone follow-up intervention to TAU, which did not include first contact after presentation</i>
Murphy, E., Steeg, S., Cooper, J. et al. (2010) Assessment rates and compliance with assertive follow-up after self-harm: Cohort study. <i>Archives of Suicide Research</i> 14: 120-134	- Non-comparative study
Noguchi, M., Iwase, T., Suzuki, E. et al. (2014) Social support and suicidal ideation in Japan: are home visits by commissioned welfare volunteers associated with a lower risk of suicidal ideation among elderly people in the community?. <i>Social psychiatry and psychiatric epidemiology</i> 49: 619-627	- Non-comparative study
Noh, D.; Park, Y. S.; Oh, E. G. (2016) Effectiveness of Telephone-Delivered Interventions Following Suicide Attempts: A Systematic Review. <i>Archives of psychiatric nursing</i> 30: 114-119	- Systematic review, included studies checked for relevance
Nordentoft, M.; Mortensen, P. B.; Pedersen, C. B. (2011) Absolute risk of suicide after first hospital contact in mental disorder. <i>Archives of General Psychiatry</i> 68: 1058-1064	- Non-comparative study
Norimoto, K., Ikeshita, K., Kishimoto, T. et al. (2020) Effect of assertive case management intervention on suicide attempters with comorbid Axis I and II psychiatric diagnoses: Secondary analysis of a randomised controlled trial. <i>BMC Psychiatry</i> 20 (1)	- Intervention/comparison not in PICO <i>Study compared a case management intervention to enhanced usual care, which did not include first contact after presentation</i>
Ougrin, D., Corrigan, R., Stahl, D. et al. (2020) Supported discharge service	- Intervention/comparison not in PICO

Study	Code [Reason]
versus inpatient care evaluation (SITE): a randomised controlled trial comparing effectiveness of an intensive community care service versus inpatient treatment as usual for adolescents with severe psychiatric disorders: self-harm, functional impairment, and educational and clinical outcomes. European Child and Adolescent Psychiatry.	<i>Study compared intensive home treatment, hospital day care and case management to TAU (inpatient care with a return to standard outpatient care). Intervention does not include first contact after presentation</i>
Perez, V., Elices, M., Prat, B. et al. (2020) The Catalonia Suicide Risk Code: A secondary prevention program for individuals at risk of suicide. Journal of Affective Disorders 268: 201-205	- Non-comparative study
Plancke, L., Amariei, A., Danel, T. et al. (2020) Effectiveness of a French Program to Prevent Suicide Reattempt (VigilanS). Archives of suicide research : official journal of the International Academy for Suicide Research: 1-12	- Intervention/comparison not in PICO <i>No information is given regarding what comparator intervention the control group received</i>
Rengasamy, M. and Sparks, G. (2019) Reduction of postdischarge suicidal behavior among adolescents through a telephone-based intervention. Psychiatric Services 70: 545-552	- Intervention/comparison not in PICO <i>Brief contact intervention over the course of 3 months, outcomes not reported after first contact</i>
Riblet, N. B. V., Shiner, B., Young-Xu, Y. et al. (2017) Strategies to prevent death by suicide: Meta-analysis of randomised controlled trials. British Journal of Psychiatry 210: 396-402	- Systematic review, included studies checked for relevance
Riblet, N. B., Shiner, B., Schnurr, P. et al. (2019) A Pilot Study of an Intervention to Prevent Suicide after Psychiatric Hospitalization. Journal of Nervous and Mental Disease 207: 1031-1038	- Non-comparative study
Richardson, J. S.; Mark, T. L.; McKeon, R. (2014) The return on investment of	- Economic study

Study	Code [Reason]
postdischarge follow-up calls for suicidal ideation or deliberate self-harm. Psychiatric Services 65: 1012-1019	
Roberge, J., McWilliams, A., Zhao, J. et al. (2020) Effect of a Virtual Patient Navigation Program on Behavioral Health Admissions in the Emergency Department: A Randomized Clinical Trial. JAMA Network Open 3 (1)	- Intervention/comparison not in PICO <i>Therapeutic intervention including telephone calls, first contact after presentation not part of intervention</i>
Robinson, J., Yuen, H. P., Gook, S. et al. (2012) Can receipt of a regular postcard reduce suicide-related behaviour in young help seekers? A randomized controlled trial. Early intervention in psychiatry 6: 145-52	- Non-randomised study, N <100 per group
Stanley, B., Brown, G. K., Currier, G. W. et al. (2015) Brief Intervention and Follow-Up for Suicidal Patients With Repeat Emergency Department Visits Enhances Treatment Engagement. American journal of public health 105: 1570-1572	- Non-randomised study, N <100 per group
Stevens, G. J., Hammond, T. E., Brownhill, S. et al. (2019) SMS SOS: A randomized controlled trial to reduce self-harm and suicide attempts using SMS text messaging. BMC Psychiatry 19 (1)	- Trial protocol
Suominen, K. H.; Isometsa, E. T.; Lonnqvist, J. K. (2004) Attempted suicide and psychiatric consultation. European Psychiatry 19: 140-145	- Study conducted pre-2000
Vaiva, G., Berrouguet, S., Walter, M. et al. (2018) Combining postcards, crisis cards, and telephone contact into a decision-making algorithm to reduce suicide reattempt: A randomized clinical trial of a personalized brief contact intervention. Journal of Clinical Psychiatry 79	- Population not in PICO <i>Inpatients being discharged from a psychiatric hospital</i>

Study	Code [Reason]
Vaiva, G., Ducrocq, F., Meyer, P. et al. (2006) Effect of telephone contact on further suicide attempts in patients discharged from an emergency department: Randomised controlled study. British Medical Journal 332: 1241-1244	- Intervention/comparison not in PICO <i>Phonecall at 1 versus 3 months after discharge</i>
Vaiva, G., Walter, M., Al Arab, A. S. et al. (2011) ALGOS: The development of a randomized controlled trial testing a case management algorithm designed to reduce suicide risk among suicide attempters. BMC Psychiatry 11 (no pagination)	- Trial protocol

## Excluded economic studies

**Table 10: Excluded studies from the guideline economic review**

Study	Reason for Exclusion
Adrian, M., Lyon, A. R., Nicodimos, S., Pullmann, M. D., McCauley, E., Enhanced "Train and Hope" for Scalable, Cost-Effective Professional Development in Youth Suicide Prevention, Crisis, 39, 235-246, 2018	Not relevant to any of the review questions in the guideline - this study examined the impact of an educational training ongoing intervention, and the effect of the post-training reminder system, on mental health practitioners' knowledge, attitudes, and behaviour surrounding suicide assessment and intervention. As well, this study was not a full health economic evaluation
Borschmann R, Barrett B, Hellier JM, et al. Joint crisis plans for people with borderline personality disorder: feasibility and outcomes in a randomised controlled trial. Br J Psychiatry. 2013;202(5):357-364.	Not relevant to any of the review questions in the guideline - this study examined the feasibility of recruiting and retaining adults with borderline personality disorder to a pilot randomised controlled trial investigating the potential efficacy

Study	Reason for Exclusion
	and cost-effectiveness of using a joint crisis plan
Bustamante Madsen, L., Eddleston, M., Schultz Hansen, K., Konradsen, F., Quality Assessment of Economic Evaluations of Suicide and Self-Harm Interventions, Crisis, 39, 82-95, 2018	Study design - this review of health economics studies has been excluded for this guideline, but its references have been hand-searched for any relevant health economic study
Byford, S., Barrett, B., Aglan, A., Harrington, V., Burroughs, H., Kerfoot, M., Harrington, R. C., Lifetime and current costs of supporting young adults who deliberately poisoned themselves in childhood and adolescence, Journal of Mental Health, 18, 297-306, 2009	Study design – no comparative cost analysis
Byford, S., Leese, M., Knapp, M., Seivewright, H., Cameron, S., Jones, V., Davidson, K., Tyrer, P., Comparison of alternative methods of collection of service use data for the economic evaluation health care interventions, Health Economics, 16, 531-536, 2007	Study design – no comparative cost analysis
Byford, Sarah, Barber, Julie A., Harrington, Richard, Barber, Baruch Beutrais Blough Brent Brodie Byford Carlson Chernoff Collett Fergusson Garland Goldberg Harman Harrington Hawton Huber Kazdin Kazdin Kerfoot Kerfoot Kerfoot Knapp Lindsey McCullagh Miller Netten Reynolds Sadowski Shaffer Simms Wu, Factors that influence the cost of deliberate self-poisoning in children and adolescents, Journal of Mental Health Policy and Economics, 4, 113-121, 2001	Study design – no comparative cost analysis
Denchev, P., Pearson, J. L., Allen, M. H., Claassen, C. A., Currier, G. W., Zatzick, D. F., Schoenbaum, M., Modeling the cost-effectiveness of interventions to reduce suicide risk among hospital emergency department	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of outpatient interventions (Postcards, Telephone outreach, Cognitive Behaviour Therapy) to reduce suicide risk

Study	Reason for Exclusion
patients, <i>Psychiatric Services</i> , 69, 23-31, 2018	among patients presenting to general hospital emergency departments
Dunlap, L. J., Orme, S., Zarkin, G. A., Arias, S. A., Miller, I. W., Camargo, C. A., Sullivan, A. F., Allen, M. H., Goldstein, A. B., Manton, A. P., Clark, R., Boudreaux, E. D., Screening and Intervention for Suicide Prevention: A Cost-Effectiveness Analysis of the ED-SAFE Interventions, <i>Psychiatric services (Washington, D.C.)</i> , appips201800445, 2019	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of suicide screening followed by an intervention to identify suicidal individuals and prevent recurring self-harm
Fernando, S. M., Reardon, P. M., Ball, I. M., van Katwyk, S., Thavorn, K., Tanuseputro, P., Rosenberg, E., Kyeremanteng, K., Outcomes and Costs of Patients Admitted to the Intensive Care Unit Due to Accidental or Intentional Poisoning, <i>Journal of Intensive Care Medicine</i> , 35, 386-393, 2020	Study design – no comparative cost analysis
Flood, C., Bowers, L., Parkin, D., Estimating the costs of conflict and containment on adult acute inpatient psychiatric wards, <i>Nursing economic\$,</i> 26, 325-330, 324, 2008	Study design – no comparative cost analysis
Fortune, Z., Barrett, B., Armstrong, D., Coid, J., Crawford, M., Mudd, D., Rose, D., Slade, M., Spence, R., Tyrer, P., Moran, P., Clinical and economic outcomes from the UK pilot psychiatric services for personality-disordered offenders, <i>International Review of Psychiatry</i> , 23, 61-9, 2011	Not relevant to any of the review questions in the guideline
George, S., Javed, M., Hemington-Gorse, S., Wilson-Jones, N., Epidemiology and financial implications of self-inflicted burns, <i>Burns</i> , 42, 196-201, 2016	Study design – no comparative cost analysis
Gunnell, D., Shepherd, M., Evans, M., Are	Study design - cost-of-illness study

Study	Reason for Exclusion
recent increases in deliberate self-harm associated with changes in socio-economic conditions? An ecological analysis of patterns of deliberate self-harm in Bristol 1972-3 and 1995-6, <i>Psychological medicine</i> , 30, 1197-1203, 2000	
Kapur, N., House, A., Dodgson, K., Chris, M., Marshall, S., Tomenson, B., Creed, F., Management and costs of deliberate self-poisoning in the general hospital: A multi-centre study, <i>Journal of Mental Health</i> , 11, 223-230, 2002	Study design – no comparative cost analysis
Kapur, N., House, A., May, C., Creed, F., Service provision and outcome for deliberate self-poisoning in adults - Results from a six centre descriptive study, <i>Social Psychiatry and Psychiatric Epidemiology</i> , 38, 390-395, 2003	Study design – no comparative cost analysis
Kinchin, I., Russell, A. M. T., Byrnes, J., McCalman, J., Doran, C. M., Hunter, E., The cost of hospitalisation for youth self-harm: differences across age groups, sex, Indigenous and non-Indigenous populations, <i>Social Psychiatry and Psychiatric Epidemiology</i> , 55, 425-434, 2020	Study design – no comparative cost analysis
O'Leary, F. M., Lo, M. C. I., Schreuder, F. B., "Cuts are costly": A review of deliberate self-harm admissions to a district general hospital plastic surgery department over a 12-month period, <i>Journal of Plastic, Reconstructive and Aesthetic Surgery</i> , 67, e109-e110, 2014	Study design – no comparative cost analysis
Olson, M., Gameraff, M. J., Marcus, S. C., Greenberg, T., Shaffer, D., National trends in hospitalization of youth with intentional self-inflicted injuries, <i>American Journal of Psychiatry</i> ,	Study design – no comparative cost analysis



Study	Reason for Exclusion
162, 1328-1335, 2005	
Ostertag, L., Golay, P., Dorogi, Y., Brovelli, S., Cromec, I., Edan, A., Barbe, R., Saillant, S., Michaud, L., Self-harm in French-speaking Switzerland: A socio-economic analysis (7316), Swiss Archives of Neurology, Psychiatry and Psychotherapy, 70 (Supplement 8), 48S, 2019	Conference abstract
Ougrin, D., Corrigall, R., Poole, J., Zundel, T., Sarhane, M., Slater, V., Stahl, D., Reavey, P., Byford, S., Heslin, M., Ivens, J., Crommelin, M., Abdulla, Z., Hayes, D., Middleton, K., Nnadi, B., Taylor, E., Comparison of effectiveness and cost-effectiveness of an intensive community supported discharge service versus treatment as usual for adolescents with psychiatric emergencies: a randomised controlled trial, The Lancet Psychiatry, 5, 477-485, 2018	Not self-harm. In addition, the interventions evaluated in this economic analysis (a supported discharge service provided by an intensive community treatment team compared to usual care) were not relevant to any review questions
Palmer, S., Davidson, K., Tyrer, P., Gumley, A., Tata, P., Norrie, J., Murray, H., Seivewright, H., The cost-effectiveness of cognitive behavior therapy for borderline personality disorder: results from the BOScot trial, Journal of Personality Disorders, 20, 466-481, 2006	Not self-harm
Quinlivan L, Steeg S, Elvidge J, et al. Risk assessment scales to predict risk of hospital treated repeat self-harm: A cost-effectiveness modelling analysis. J Affect Disord. 2019;249:208-215.	Not relevant to any of the review questions in the guideline - this study estimated the cost-effectiveness of risk assessment scales versus clinical assessment for adults attending an emergency department following self-harm
Richardson JS, Mark TL, McKeon R. The return on investment of postdischarge follow-up calls for suicidal ideation or deliberate self-harm. Psychiatr Serv. 2014;65(8):1012-1019.	Not enough data reporting on cost-effectiveness findings
Smits, M. L., Feenstra, D. J., Eeren, H. V.,	Not self-harm

Study	Reason for Exclusion
Bales, D. L., Laurensen, E. M. P., Blankers, M., Soons, M. B. J., Dekker, J. J. M., Lucas, Z., Verheul, R., Luyten, P., Day hospital versus intensive out-patient mentalisation-based treatment for borderline personality disorder: Multicentre randomised clinical trial, <i>British Journal of Psychiatry</i> , 216, 79-84, 2020	
Tsiachristas, A., Geulayov, G., Casey, D., Ness, J., Waters, K., Clements, C., Kapur, N., McDaid, D., Brand, F., Hawton, K., Incidence and general hospital costs of self-harm across England: estimates based on the multicentre study of self-harm, <i>Epidemiology &amp; Psychiatric Science</i> , 29, e108, 2020	Study design – no comparative cost analysis
Tsiachristas, A., McDaid, D., Casey, D., Brand, F., Leal, J., Park, A. L., Geulayov, G., Hawton, K., General hospital costs in England of medical and psychiatric care for patients who self-harm: a retrospective analysis, <i>The Lancet Psychiatry</i> , 4, 759-767, 2017	Study design – no comparative cost analysis
Tubeuf, S., Saloniki, E. C., Cottrell, D., Parental Health Spillover in Cost-Effectiveness Analysis: Evidence from Self-Harming Adolescents in England, <i>PharmacoEconomics</i> , 37, 513-530, 2019	This study is not a separate study from one already included in the guideline for topic 5.2 (Cottrel 2018). This secondary analysis presents alternative parental health spillover quantification methods in the context of a randomised controlled trial comparing family therapy with treatment as usual as an intervention for self-harming adolescents of (Cottrel 2018), and discusses the practical limitations of those methods
Tyrer, P., Thompson, S., Schmidt, U., Jones, V., Knapp, M., Davidson, K., Catalan, J., Airlie, J., Baxter, S., Byford, S., Byrne, G., Cameron, S.,	Study design - no economic evaluation

Study	Reason for Exclusion
<p>Caplan, R., Cooper, S., Ferguson, B., Freeman, C., Frost, S., Godley, J., Greenshields, J., Henderson, J., Holden, N., Keech, P., Kim, L., Logan, K., Manley, C., MacLeod, A., Murphy, R., Patience, L., Ramsay, L., De Munroz, S., Scott, J., Seivewright, H., Sivakumar, K., Tata, P., Thornton, S., Ukoumunne, O. C., Wessely, S., Randomized controlled trial of brief cognitive behaviour therapy versus treatment as usual in recurrent deliberate self-harm: The POPMACT study, <i>Psychological medicine</i>, 33, 969-976, 2003</p>	
<p>Van Roijen, L. H., Sinnaeve, R., Bouwmans, C., Van Den Bosch, L., Cost-effectiveness and Cost-utility of Shortterm Inpatient Dialectical Behavior Therapy for Chronically Parasuicidal BPD (Young) Adults, <i>Journal of Mental Health Policy and Economics</i>, 18, S19-S20, 2015</p>	Conference abstract
<p>van Spijker, B. A., Majo, M. C., Smit, F., van Straten, A., Kerkhof, A. J., Reducing suicidal ideation: cost-effectiveness analysis of a randomized controlled trial of unguided web-based self-help, <i>Journal of medical Internet research</i>, 14, e141, 2012</p>	Not self-harm

## ~~Appendix N~~Appendix K Research recommendations – full details

### **Research recommendations for review question: How should initial after-care be provided to people following an episode of self-harm?**

No research recommendations were made for this review question.