| **Reference to review** | **Intervention** | **Comparison** | **Population** | **Outcome** | **Assessment times** **(if stated)** | **N of studies** | **n (total)** | **Effect size [95% confidence interval)** | **GRADE LEVEL**  | **1. ROB****2. Imprecision****3. Inconsistency****4. Indirectness****5. Publication bias** | **GRADE applied by:** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hawton 2015  | Dialectical behaviour therapy | TAU or other routine management | Patients with multiple episodes of SH or emerging personality problems | Frequency of SH post-intervention | Post-intervention | 2 | 104 | MD -0.79 (-2.78, 1.20)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton 2015 | Individual CBT-based psychotherapy | TAU | Children and adolescents  | Repetition of SH | At 6 months follow-up | 1 | 39 | OR 1.88 (0.3, 11.73)No evidence of benefit or harm | ⊕⊝⊝⊝VERY LOW | 1. D22. D13. -4. -5. - | Review authors |
| Hawton 2015 | Group-based psychotherapy | TAU or other routine management | Children and adolescents  | Repetition of SH | At 6 months | 2 | 430 | OR 1.72(0.56, 5.24)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton 2015 | Group-based psychotherapy | TAU or other routine management | Children and adolescents  | Repetition of SH | At 12 months | 3 | 490 | OR 0.80(0.22, 2.97)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Therapeutic assessment | TAU (standard assessment) | Children and adolescents  | Repetition of SH | At 12 months following entry to the study | 1 | 69 | OR 0.75 (0.18, 3.06)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Therapeutic assessment | TAU (standard assessment) | Children and adolescents  | Repetition of SH | At 24 months following entry to the study | 1 | 69 | OR 0.69(0.23, 2.14)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Compliance enhancement | TAU | Children and adolescents  | Repetition of SH | At 6 months | 1 | 63 | OR 0.67(0.15, 3.08)No evidence of benefit or harm | ⊕⊝⊝⊝VERY LOW | 1. D22. D13. -4. -5. - | Review authors |
| Hawton2015 | Home-based family intervention | TAU | Children and adolescents  | Repetition of SH | At 6 months assessment | 1 | 149 | OR 1.02(0.41,2.51)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D22. -3. -4. -5. - | Review authors |
| Hawton2015 | Remote contact interventions | TAU | Children and adolescents  | Repetition of SH | At 12 months | 1 | 105 | OR 0.5(0.12, 2.04)No evidence of benefit or harm | ⊕⊝⊝⊝VERY LOW | 1. D22. D13. -4. -5. - | Review authors |
| Hawton2015 | Dialectical behaviour therapy | TAU or other | Patients with multiple episodes of SH or emerging personality problems | Repetition of SH | Post intervention | 2 | 105 | OR 0.72(0.12, 4.40)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Mentalisation  | TAU or other | Patients with multiple episodes of SH or emerging personality problems | Repetition of SH | Post intervention | 1 | 71 | OR 0.26(0.09, 0.78)**Favours intervention** | **⊕⊕⊕⊝****MODERATE** | 1. D12. -3. -4. -5. - | Review authors |
| O’Connor 2013 | Psychotherapy | Enhanced usual care | Adolescents | Suicidal attempts | Follow-up at 12 months | 1 | 112 | RR 1.44(0.36, 5.76)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Overview authors |
| O’Connor2013 | Psychotherapy | Usual care | Adolescents | Suicide attempts | Follow-up between 6-18 months | 9 | 1331 | RR 0.99(0.75, 1.31)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. -3. -4. D15. - | Overview authors |
| Hawton2015 | Individual CBT-based psychotherapy | TAU | Children and adolescents  | Suicidal ideation | At 6 months follow-up | 1 | 30 | MD -5.11(-30.48, 20.26)No evidence of benefit or harm | ⊕⊝⊝⊝VERY LOW | 1. D22. -3. -4. -5. - | Review authors |
| Hawton2015 | Individual CBT-based psychotherapy | TAU | Children and adolescents  | Suicidal ideation | At 12 months follow-up | 1 | 30 | MD -8.44(-29.54, 12.66)No evidence of benefit or harm | ⊕⊝⊝⊝VERY LOW | 1. D22. -3. -4. -5. - | Review authors |
| Hawton2015 | Dialectical behaviour therapy | TAU or other | Patients with multiple episodes of SH or emerging personality problems | Suicidal ideation | Post intervention | 2 | 100 | SMD -0.62(-1.07, -0.16)**Favours intervention** | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Group-based psychotherapy | TAU or other | Children and adolescents  | Suicidal ideation | At 6 months | 2 | 421 | MD 1.27(-7.74, 10.28)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Group-based psychotherapy | TAU or other | Children and adolescents  | Suicidal ideation | At 12 months | 3 | 471 | MD -1.51(-9.62, 6.59)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. D13. -4. -5. - | Review authors |
| Hawton2015 | Home-based family intervention | TAU or other | Children and adolescents  | Suicidal ideation | At 6 months assessment | 1 | 149 | MD -5.1((-17.37, 7.17)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D22. -3. -4. -5. - | Review authors |
| O’Connor2013 | Psychotherapy | Usual care | Adolescents | Suicidal ideation | Follow-up 1.5 – 12 months | 6 | 629 | SMD -0.22(-0.46, 0.02)No evidence of benefit or harm | ⊕⊕⊝⊝LOW | 1. D12. -3. -4. D15. - | Overview authors |

**SUPPLEMENTARY TABLE S6 Summary of comparisons pooled.**

Abbreviations: MD: mean difference; OR: odds ratio; RR: relative risk; SH: self-harm; SMD: standardised mean difference; TAU: treatment as usual

Reasons for downgrading evidence: 1 = serious limitation in the Risk of bias; 2 = imprecision (e.g. wide confidence intervals or small sample size); 3 = Inconsistency (e.g. high I2); 4 = indirectness (e.g. variation in participants, intervention, comparisons or outcomes); 5 = publication bias; D1 = one downgrade; D2 = two downgrades

GRADE Working Group grades of evidence
**High quality**: Further research is very unlikely to change our confidence in the estimate of effect.
**Moderate quality**: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
**Low quality**: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
**Very low quality**: We are very uncertain about the estimate.