

Supporting development of a self-harm strategy for Scotland, what does the qualitative evidence tell us?



HEALTH AND SOCIAL CARE

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Executive Summary

Understanding the prevalence of self-harm, as well as demographic patterns and trends is important. However, equally important is understanding the range of meanings and functions that self-harm plays in the lives of people who self-harm, and how it is explained and understood by them.

Using a meta-ethnographic approach to better understand diverse lived experiences of self-harm, this review addresses gaps in current understanding of self-harm, offers a nuanced exploration of the experiences of those who self-harm, and aims to situate lived experience of self-harm within intersecting socio-economic and cultural contexts.

This review addresses the following research questions:

1. How do people who self-harm make sense of self-harm; what functions and meanings does it have?
2. How is self-harm related to other social factors in qualitative literature?
3. What experiences do people who self-harm report with services?
4. What messages do answers to the above questions pose for the new self-harm strategy in Scotland?

The methodology for this review was informed by Sattar et al.'s (2021) guidance on the principles of meta-ethnography. The purpose of a meta-ethnography is to synthesise qualitative research to generate new insights by interpreting beyond the findings reported in the studies included in the synthesis. This was identified as the most appropriate framework to use to as it facilitates the exploration of how the included studies relate to each other, while also allowing the development of new insights derived from considering the full range of studies together.

This review examined qualitative or mixed methods studies with a qualitative element (inclusive of peer reviewed articles, PhD and DClInPsy theses) that explored experiences of self-harm, of any kind and intent, as self-defined by study participants (including experiences of suicide attempts where referred to as self-harm). The research had to have been written in English, conducted in the UK and published between 2012 and 2022.

Careful consideration was given to whether the search should include papers that explored experiences of suicide attempts or self-harm with (either possible or confirmed) suicidal intent. As large numbers of eligible papers were anticipated, search terms relating to suicide were not used. However, papers where self-harm was understood or reported as suicidal were not screened-out. Papers that described accounts of behaviours or experiences that could be considered injurious to the self (e.g. extreme sports, drug use) were only included if participants themselves considered them a form of self-harm.

Searches were conducted on several databases and, following a screening exercise, 65 papers were included. A further 4 were identified via hand-searching, bringing the total number of papers included to 69. The quality of the included studies were appraised using the CASP checklist for qualitative research. The overall quality of the studies was good.

The following observations can be made about the studies included in this review:

- Only a minority of studies looked specifically at self-harm in the context of suicidal or non-suicidal intent.
- Most studies did not specify a particular definition of self-harm, instead allowing participants to self-define.
- Where this information was reported, approximately two thirds of participants were female.
- Most studies were conducted in England – 8 Scottish studies were included, along with 2 from Wales and 1 from Northern Ireland.
- Ages, where reported, ranged from 9 to 86 years.
- 8 studies focused on the experiences of young people under the age of 24.
- 7 studies looked specifically at the experiences of men.
- 3 studies specifically addressed the experiences of LGBTQ+ people.
- Most studies were carried out in the community.
- 5 studies were conducted in prison settings, 3 in inpatient mental health wards and 1 in a residential children's units.
- Where race and ethnicity were reported, most participants were white.
- None of the studies looked specifically at the experiences of people from Black backgrounds and 1 explicitly looked at the experiences of Asian women.

Qualitative meta-analysis was conducted following the meta-ethnography. Key stages of this process include determining how the studies are related, translating the studies into one another, synthesising and then presenting these translations.

Findings

The review describes 3 overarching themes: (1) Context and culture; (2) Narrating the unspeakable and (3) Navigating changed landscapes. Four concepts were identified within each overarching theme. While themes and concepts discussed reflect the overall experiences of the study participants as presented by study authors, they will not be representative of every person who self-harms, or even of all study participants.

Theme 1: Context and culture

Many of the studies included in the review present self-harm as heavily contextual, supporting an understanding of self-harm as situated in the context of rather than in relation to isolated reasons/triggers. Through this theme, ideas of intersectionality are discussed along with an exploration of what social factors are understood to affect people who self-harm. Concept 1A - Not just teenage girls - underlines some of the problems with common assumptions about self-harm among young people. Concept 1B – Influence and information - builds on this, specifically examining the impact of social media and suicide clusters. Concept 1C - Something is very wrong with me - explores feelings of shame - or experiences of being shamed through abuse or bullying - as a precursor, background, and trigger to self-harm. Finally, concept 1D - Self-harm and the State - addresses self-harm in the context of institutions and closed settings.

Theme 2: Narrating the unspeakable

Many of the studies included accounts of the physical act of self-harm, including methods, emotions and physical sensations. These were intensely personal and varied widely – not only between and within studies, but within individual narratives. The 4 concepts identified within this theme – compulsion and control, the work of staying alive, drama versus mundanity, and pleasure and pain - present the functions and experiences of self-harm as complex, fluid, and deeply contextual.

Theme 3: Changed landscapes

This theme was developed to represent narratives of what it means to have self-harmed, how this impacts on ones' navigation through life, and how one is perceived by others. Many study participants talked about the impact their self-harm had on their relationships, functioning, careers, and how they saw the world and themselves. Each concept within this theme – scars, stigma and shame; navigating the world; I (don't) need to stop; and finding help that doesn't hurt - reflects a sense of a changed self, and a world that needs to be newly negotiated.

In addition to the 3 themes, this review also identified 3 related 'opportunity areas' relating to self-harm. These were constructed via close examination of the themes, and exploration of areas of agreement and contradiction. The opportunity areas represent spaces for potential action, progress and further research.

Opportunity area 1: Towards safer social environments

The testimony of those with lived experience tells us that causes, reasons and motivations are often personal, changeable and difficult to define – even (perhaps especially) for the individual themselves.

Across a wide range of studies within varied settings, participants consistently spoke of their self-harm occurring within the context of what might be understood as psychologically unsafe environments (e.g. prison, inpatient settings, residential children's units) due to abuse, bullying, discrimination and stigma, or living under state protection/control. This has implications for professionals and policy makers seeking to address self-harm in these settings as well as schools and other closed' or 'bounded' settings, and points to the need for greater understanding of how these environments might be made safer.

While the concept of 'safe environments' is perhaps easier to quantify and measure within defined settings such as schools or prisons, we suggest this also applies to the broader social, cultural and economic contexts that self-harm occurs within.

While some of the studies identified within our review explore the impact of poverty, queerphobia, discrimination, racism and abuse, we have identified a need for more nuanced examination of these harms as they relate to self-harm. This is particularly the case for self-harm among those from minority ethnic groups, who remain under-represented in qualitative studies of self-harm. Further research would enable greater understanding about the experiences of self-harm practice among more diverse groups.

Opportunity area 2: Understanding the practice of self-harm as complex and individual

This review supports an understanding of self-harm as complex and individual. It is suggested that attempts to understand 'reasons for' or 'functions of' self-harm may be counterproductive, and indeed many narratives from study participants reflect a sense of frustration at attempts to understand 'why' someone is self-harming.

The diversity of experience and meaning related to self-harm covered in this review poses challenges for healthcare professionals and policy makers wishing to better understand and support those who self-harm. Nonetheless, we suggest that an understanding of self-harm as complex, individual and impossible to generalise must be placed at the heart of policy and practice, and highlighted through public health campaigns and communications.

Opportunity area 3: Enhancing quality of life through improved responses

Our review identified accounts of stigmatising, dehumanising and ineffective responses to self-harm from healthcare professionals. These not only represent missed opportunities to help, but lived experience testimony tells us they cause tangible harm, including reluctance to seek medical assistance in future, loss of hope, health repercussions and escalating self-harm and/or suicidality.

Participants spoke, also, of what constituted good care, especially in the A+E department. They shared the importance of time and space to talk and be listened to, open-ended questions that allow for nuance, and self-harm being treated compassionately but in a 'business as usual' manner. When asked what helps, participants' responses generally point to simple measures that are not costly to implement. This offers an opportunity for healthcare professionals and challenges perceptions of patients presenting with self-harm as difficult or impossible to help.

Outside of acute hospital settings, participants also reported problematic responses to self-harm. Many participants were troubled by expectations that they should aim towards reducing or stopping their self-harm. For a great many, this was not desirable. This has implications for professionals who support those who self-harm and policymakers. It raises questions regarding what measurements and targets are possible. The findings of this review support a move away from a focus on prevalence, rates and preventing self-harm from occurring – and towards enhanced understanding and improved responses where it does.

There is still much that is not known about self-harm. In particular, a significant paucity of qualitative studies which engage with Black and minority ethnic people was identified. While there are understandable concerns about self-harm among young women, it is vital that self-harm is understood as a practice that many different social groups – and age groups – engage in.

Our review was particularly concerned with identifying the relationship between self-harm and social or contextual features. Moreover, the review demonstrated the importance of immediate and more distal social factors – from relationships, bullying, institutions, to queerphobia and poverty – in making sense of self-harm.

Many studies had less focus on such social factors, such as the relationship between gender and self-harm. Studies which engage more deeply with social factors – proximal and distal – in how self-harm is understood and

experienced would be welcome, and may offer fruitful ways forward in making recommendations for policy and practice.

Limitations

This review was conducted with specific keywords, date restrictions, and a focus on the UK. While this approach was developed to ensure the number of papers to be screened and included was manageable, some studies will have been omitted. With only some exceptions, the review focuses on peer-reviewed articles, meaning that some sources will also have been omitted (e.g. book chapters). Finally, studies with those who have self-harmed have tended to focus on relatively similar samples, with the studies in this review primarily draw on samples that are more often female, more often younger, and more often involving relatively educated participants.

Introduction: rationale and aims

While understanding the prevalence of self-harm, as well as demographic patterns and trends is important, equally important is understanding the range of meanings and functions that self-harm plays in the lives of people who self-harm, and how it is explained and understood by them. Additionally, qualitative evidence can provide vital insights about what services or supports are effective for those who self-harm.

This literature review addresses gaps in our current understanding of self-harm, using a systematic review and meta-ethnography approach to better understand diverse lived experiences of self-harm. By applying the rigorous principles of meta-ethnography (France et al., 2019; Sattar et al., 2021), this review not only reports and discusses prominent themes within the literature but also seeks to contextualise them. A meta-ethnographic approach to analysis allows the synthesis of the initial participants' words and the initial study authors' interpretations alongside new insights derived from considering the full range of studies together. In doing so, this review offers a more nuanced understanding of the experiences of those who self-harm, which aims to situate lived experience within intersecting socio-economic and cultural contexts. We suggest that these new understandings point to a number of potential areas for action, whereby those who self-harm may be better understood and supported.

Research questions for this study are as follows:

1. How do people who self-harm make sense of self-harm; what functions and meanings does it have?
2. How is self-harm related to other social factors in qualitative literature?
3. What experiences do people who self-harm report with services?
4. What messages do answers to the above questions pose for the new self-harm strategy in Scotland?

Methods

The methodology for this review was informed by Sattar et al.'s (2021) guidance on the principles of meta-ethnography, which outlines a seven-stage process for the synthesis of qualitative studies. This was identified as the most appropriate framework to use to conduct the meta-analysis, as it facilitates exploration of how the included studies relate to each other, while also allowing the reviewer to develop new insights derived from considering the full range of studies together. With a qualitative synthesis, the goal is interpretative rather than one of objective data aggregation (Rees et al., 2015). The principles of meta-ethnography explicitly acknowledge that the findings offer just one possible interpretation of reality, while also acknowledging the active role of both the reviewer and the initial study authors in the research process. Uniquely it allows for key themes and concepts to be explored and translated within and between studies.

Search strategy

From an early stage, we identified that defining self-harm could prove challenging when devising our literature search strategy. Our aim throughout this review was to reflect participants' own experiences, understandings and definitions of self-harm, rather than to impose our own. Particular consideration was given to whether our search should include papers that explored experiences of suicide attempts or self-harm with (either possible or confirmed) suicidal intent. We took a pragmatic approach here. As large numbers of eligible papers were anticipated, we did not use search terms relating to suicide in our database searches. However, once searches were complete, we did not screen out papers where self-harm was understood or reported as suicidal. In this way, we kept our focus on the concept of self-harm (and not suicide), while also including narratives from participants whose understanding and experience of self-harm was in the context of suicidality. It is recognised that this approach may pose some limitations and may have precluded more in-depth exploration of suicidal self-harm. At data extraction stage, we included information on whether – and how – self-harm was defined in the study, including those exploring suicidal self-harm. This contextual information was considered as part of the overall synthesis.

Searches were conducted on ASSIA, IBSS, Ovid (PsycInfo, Medline and Embase) and PubMed. The initial search strategy was refined on PubMed (See Fig. 1) before being adapted to other databases where required.

Figure 1: PubMed search terms

((“self injurious behaviour”[MeSH Terms] OR “self harm*”[Title/Abstract] OR “self injur*”[Title/Abstract] OR “suicide attempt” [Title/Abstract] OR “non suicidal self injury” [Title/Abstract]) AND (“lived experience” [Title/Abstract] OR “lived experiences” [Title/Abstract] OR “qualitative” [Title/Abstract] OR “interview*”[Title/Abstract] OR “focus group” [Title/Abstract] OR “thematic analysis” [Title/Abstract] OR “phenomenol*”[Title/Abstract]) AND 2012/01/01:3000/12/12[Date – Publication] AND “english” [Language])) AND ((2021/1/1/1:3000/12/12[pdat]) AND (english[Filter]))

Study selection

Studies were screened to ensure they met the inclusion criteria (Table 1). Papers were included in the review if they were carried out in the UK and reported research published between the dates of 2012 and 2022, exploring the experiences of people who self-harm. As the aim of this study was to better understand lived experience, studies that only explored carer and professional experiences were not included. Studies that included both lived and carer/professional experiences were included only where accounts from these different groups were analysed and reported separately. Studies with participants of all ages were included. Importantly, our focus was on experiences and behaviours that participants, themselves, defined and understood as self-harm, regardless of intent. Where papers included accounts of behaviours or experiences that could be considered injurious to the self (e.g. extreme sports, drug use), these were excluded unless participants themselves considered them a form of self-harm. This could only be determined following careful reading of the studies, with particular attention paid to narratives from participants.

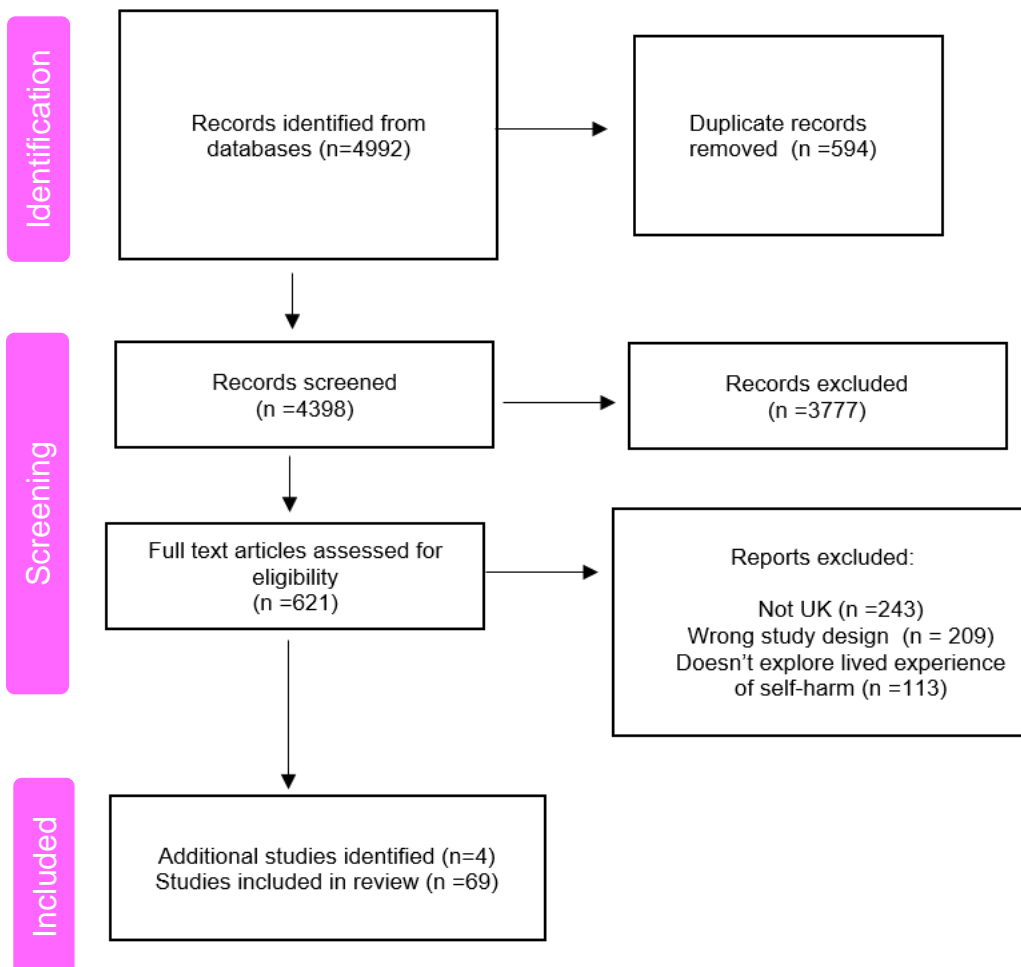
Table 1: Study inclusion criteria

	Inclusion criteria	Exclusion criteria
Location	UK	Countries outside the UK
Population	Studies with participants of any age who have lived experience of self-harm.	Studies which only include the experiences of carers, healthcare professionals or others who do not have lived experience of self-harm
Methodology	Qualitative studies Mixed methods studies with a qualitative element.	Quantitative studies

Concepts	Experiences of self-harm, of any kind and intent, as self-defined by study participants Experiences of suicide attempts	Studies reporting experiences and behaviours that participants did not consider to be self-harm (including those that could potentially be classed as injurious to the self, such as drug use, extreme sports, piercings, or body modification)
Date	Published between 2012 and 2022.	Published before 2012 or after 2022.
Language	English	Languages other than English
Literature	Peer reviewed articles PhD theses DClinPsy theses	Grey literature MSc or Bachelor level theses Blog posts or unpublished papers

The study selection process is illustrated below following the PRISMA preferred reporting items guidelines. Searching began in July 2022 and concluded in September 2022, with electronic searches producing a total of 4992 hits across all databases. These were screened primarily by one reviewer, with input from a second reviewer where necessary. Following removal of duplicates and irrelevant studies, the number of potentially relevant studies was reduced to 621. These studies were read in full to determine whether they met the inclusion criteria and research questions. The majority of these studies were excluded due to being from outside the UK (n=243), having the wrong study design (n=209), or not addressing lived experiences of self-harm (n=113). The remaining 65 studies were included in the review, along with a further 4 identified through hand-searching of reference lists.

Figure 2: PRISMA diagram



Data extraction and quality appraisal

A data extraction form was developed (See Appendix 1). Extracted data included: study aims; setting; participants; methods; summary of themes and findings and a summary of quality appraisal. Information was also included about whether – and how – self-harm was defined or conceptualised in each study.

As noted by authors of other meta-ethnographic reviews (Jones et al., 2014), whether to include quality appraisal in a meta-ethnographic review is disputed. Indeed, there is no absolute consensus on what constitutes high quality qualitative research (Ring et al., 2011). When deciding whether to perform quality assessment for this review, we considered the work of Toye et al. (2017, 2013), who highlight the issue of low inter-rater agreement for quality assessment, and note that appraisal tools generally focus on methodological, rather than the conceptual quality. Given these limitations of quality appraisal, we decided early on in the review process that studies would not be excluded

due to poor quality. We have, however, performed quality appraisal using the CASP critical appraisal checklist for qualitative research. This was done primarily to enhance the rigour of the review, as well as to support in-depth reading of the studies. Overall, the quality of the studies was good, with some limitations as presented in our Findings section.

Analysis and synthesis

Qualitative meta-analysis was conducted following the seven stages of meta-ethnography (Sattar et al., 2021), as illustrated in Table 2.

Findings

Study characteristics

A total of sixty-nine studies were included in the review, with a total sample size of 1846 participants. Among studies where this information was reported, approximately two thirds of participants were female. As noted previously, these are not precise figures as many studies did not report on gender or other demographic information. All studies were conducted in the United Kingdom, with the majority being in England. Two were in Wales and eight were in Scotland. One study was carried out in Northern Ireland. Ages, where reported, ranged from 9 to 86 years. Eight studies focused on the experiences of young people under the age of 24 and seven studies looked specifically at the experiences of men. Few of the studies reported on sexuality or gender identity. Three of the studies included in our review specifically addressed the experiences of LGBTQ+ people.

Settings varied among the studies, with the majority carried out in the community. Five were conducted in prison setting, three inpatient mental health wards and one in a residential children's units (with three more carried out with participants who were care experienced but not currently in care). Where race and ethnicity were reported, the vast majority of participants were white. One of the studies explicitly looked at the experiences of Asian women. None of the studies we identified specifically looked at the experiences of people from Black backgrounds.

While a minority of studies looked specifically at self-harm in the context of suicidal intent (n=7) or non-suicidal intent (n=8), the large majority of studies did not specify a particular definition of self-harm, instead allowing participants to self-define.

Table 2: Seven stages of meta-ethnography applied to the review (Sattar et al., 2021)

Phrase	Description
1. Getting started	The focus of interest was lived experiences of self-harm
2. Deciding what is relevant	Inclusion/exclusion criteria were considered and decided upon (Table 1)
3. Reading the studies	69 studies were identified. These were closely read and re-read to identify themes and concepts relating to the aims of this review. Study characteristics and data were extracted. Themes were highlighted by hand.
4. Determining how the studies are related	Studies were listed on a spreadsheet in chronological order. Concepts were entered alongside their corresponding studies. Concepts compared and contrasted, with similarities, connections and resulting questions highlighted. Concepts were then clustered into meaningful categories which were given an appropriate thematic label.
5. Translating the studies into one another	Studies were considered in chronological order for each theme, looking at where each subsequent study added to or challenged thematic ideas. First order constructs (participant quotes) were considered alongside second order construct (study author conclusions).
6. Synthesising the translations	A 'line of argument' synthesis was developed, using newly identified themes to suggest three distinct 'Opportunity areas' to improve understanding of, and support for, those who self-harm.
7. Expressing the synthesis	Here we present our review following eMERGE guidelines for meta-ethnography (France et al., 2019) alongside PRISMA framework for reporting on systematic reviews.

Quality assessment

Studies were generally of good quality, with some limitations as indicated in Appendix 2 particularly with regard to (a) consideration of ethical issues and (b) consideration of the participant-researcher relationship. Notable exceptions to this were the doctoral and DClinPsy theses included in this review, where the extended format naturally allowed for more in-depth reflection on reflexivity and positionality, along with a fuller account of ethical considerations. One further observation is that detailed data on participant demographics were frequently unavailable in the studies we considered (see Appendix 1). As a meta ethnographic approach seeks to situate lived experience within social contexts – which would include age, gender, sexuality, socioeconomic background – this would have been beneficial. It is possible that study authors opted not to include detailed demographic data in order to preserve participant anonymity, particularly in small-scale qualitative studies carried out within a close-knit community.

The qualitative metasynthesis

The metasynthesis resulted in three overarching themes: (1) Context and culture; (2) Narrating the unspeakable and (3) Navigating changed landscapes. Within each overarching theme, four concepts have been identified, as illustrated in the table below. While themes and concepts discussed in this section reflect the overall experiences of the study participants as presented by study authors, it is recognised that they will not be representative of every person who self-harms, or even of all study participants. Themes and concepts are discussed individually in this section, but can be better understood as “interconnected to each other [...] distinguishable parts of a whole” (Ljungberg et al., 2015, p. 483).

Table 3: Themes and concepts

Themes	Concepts
1. Context and culture	A) Not just teenage girls
	B) Information and influence
	C) Something is very wrong with me
	D) Self-harm and the State
2. Narrating the unspeakable	A) Compulsion and control

	B) The work of staying alive
	C) Drama vs. mundanity
	D) Pleasure and pain
3. Changed landscapes	A) Scars, stigma and shame
	B) Navigating the world
	C) I (don't) need to stop
	D) Finding help that doesn't hurt

Theme 1: Context and culture

Many of the studies included in the review present self-harm as heavily contextual, supporting an understanding situated in the context of rather than in relation to isolated reasons/triggers for. Through this theme, ideas of intersectionality are discussed along with an exploration of what social factors are understood to affect people who self-harm. Concept 1A - Not just teenage girls - underlines some of the problems with common assumptions about self-harm among young people. Concept 1B – Influence and information - builds on this, specifically examining the impact of social media and suicide clusters. Concept 1C - Something is very wrong with me, explores feelings of shame - or experiences of being shamed through abuse or bullying - as a precursor, background, and trigger to self-harm. Finally, concept 1D - Self-harm and the State, addresses self-harm in the context of institutions and closed settings (mental health inpatient units, prisons, residential care).

Concept A: Not just teenage girls

While narratives of self-harm often focus on young girls (Chandler and Simopoulou, 2021), many of the qualitative studies we identified explored the lived experience of other groups, such as men, prisoners, and older adults. Participants from these more diverse groups frequently reflected on not 'fitting' society's expectations of a person who would self-harm, and the implications this had for them in terms of being understood, accessing support, and navigating mental health services. In studies which included adults, many spoke of their frustration at self-harm being seen as a 'coping mechanism' for teenagers, that they ought to have moved on from in adulthood. Boyce's (2021) study included narratives from adult women who shared the impact of these assumptions.

It doesn't stop when you get to 18, but that is how it's portrayed. People have said to me "Haven't you grown out of that by now?". I wish people were better informed. I sometimes feel embarrassed because I am 33, which just makes it all worse. I hate that.

Female, 33 years (Boyce et al., 2021)

In addition to feelings of embarrassment and shame brought about by this judgement and lack of understanding, there are implications for treatment. Many participants spoke of an absence of self-harm support services after the age of 18 or 25, with resources often aimed at younger people and focussing on issues that would be more relevant for teens such as bullying, school stress and exams.

I very recently had an assessment with IAPT¹ who wanted to refer me to a self-harm support group, but it's not available to those over the age of 25, which is upsetting. Many resources online seem to be aimed at those under 25 too, so they don't always feel as applicable or helpful to me because they focus on issues typically faced by teens.

Participant (unclear gender/age) (Boyce et al., 2021)

While the majority of studies focussed on straight girls and women, a number included the narratives of men, non-binary and LGBT people. In their study on experiences of self-harm in marginalised sexualities and genders, McDermott et al. (2015) found that although some participants felt that their self-harm was connected to struggles with gender identity many felt strongly that the two were unconnected.

Year X is stressful and self-harm is my coping mechanism...I'm tired of everyone thinking I am depressed over being a lesbian...I love being a lesbian.

Female, 16 years, lesbian (McDermott et al., 2015)

Other participants, both in this study and others carried out with participants with marginalised gender or sexual identities (Marzetti, 2022), extended this argument. Participants underlined that self-harm and emotional distress

¹ IAPT refers to 'Improving Access to Psychological Therapies' an NHS England initiative which sought to improve access to therapy for people diagnosed with anxiety and depression.

wasn't related to their own feelings about their gender or sexuality, but to the abuse and discrimination they suffered.

It's not being gay...it's being tormented and belittled.

Female, 15 years, lesbian (McDermott et al., 2015)

Few of the studies we identified looked at the experiences of Black and minority ethnic people who self-harm. Of those that did, all were with Asian participants. We did not identify any studies specifically exploring the experiences of participants from Black backgrounds. We did not identify any study participants from a traveller background. Brown et al.'s (2022) small qualitative study included two Asian participants, and noted that both had self-harmed as a response to feelings of shame at not living up to cultural expectations.

In our religion we're not meant to be like in a relationship before marriage and stuff...so I've always, erm, known...I probably deserve to be struggling, as a punishment.

Yasmin, 19 years, female, Asian British (Pakistani), (Brown et al. 2022)

Although this account provides some insight, it should be stressed that accounts from ethnic and culturally diverse voices were notably lacking among the studies we reviewed. This poses a challenge for those who seek to better understand and support people from multi-cultural backgrounds who self-harm, and points to an urgent need for more research with diverse participants, so that we might better understand how far their experiences and needs may vary.

Concept B: Information and influence

Several of the studies sought to better understand the role the media plays in influencing and informing self-harm, particularly for young people (Jacob et al., 2017; Lavis and Winter, 2020; Sutherland et al., 2014). This was a complex issue, with many young people acknowledging the dual role of the internet – as a place of safety and support but also somewhere it was easy to find information that could promote or trigger self-harm. Several young people who had used pro self-harm websites – like this teenager – reported initially going onto the internet in search of support.

I would just look at tips; how to hide it, you know, how to make it, make it hurt more and things like that, and yeah just kind of, I don't know, I don't know. I did go on there for a positive reason in the beginning, but after that I was just looking at negatives so like pro self-harm sites and that was it then.

Female, 13 years (Jacob et al., 2015)

Among both adult and teenage participants, several reported using the internet to look up suicide methods, with many reporting accessing information intended for a medical audience – for example, to look up lethal doses of medication.

While present, narratives which speak to the potential harms of the internet do not reflect the full picture. These must be considered alongside the accounts of those for whom the internet was described as a safe haven, a place to seek support, and as a tool for recovery and/or safety. Lavis and Winter's (2020) study presented a nuanced exploration of the harms and benefits of the internet in relation to self-harm, drawing on an analysis of data from Reddit (a largely unmoderated online discussion forum) posts alongside data from semi-structured interviews with people who self-harmed. Participants in this study spoke at length about the value of online peer support – with several reflecting that giving support to others had helped them as much as receiving it. Participants reported that their online interactions around self-harm generally did not focus on the self-harm itself, but the emotions and contexts surrounding it. One participant stated this explicitly:

It's not so much talking about what you are doing, but talking about the context that you are doing it in.

Female interview participant (Lavis and Winter, 2020)

For many, online peer support provided a community lacking in their offline lives, a way to share experiences with people who understood them, and a protection against feelings of loneliness and isolation.

I think a lot of people...the reason they go to these groups is because they want to know that they're not alone and that it matters what happens to them. And having someone else acknowledge what you're going through and to say that they care about you and to show that they see you, it helps a lot to feel like you're, like you matter, and you're not just drifting through the world disconnected.

Interview participant (Lavis and Winter, 2020)

Young people across studies within our review were often highly skeptical of suggestions that self-harm or suicide among their peers created a ‘contagion’ effect (where self-harm was viewed as potentially ‘spreading’ among peer-groups), with many describing these narratives as harmful and distressing, particularly to those who had been bereaved by suicide.

It seemed like the press were trying to find a link between all of them and I think obviously some of them were linked but [M] had nothing to do with any of the others. So that was upsetting for people reading it because it was like they were just saying how they were killing, killing themselves because their friend had done it or their family had done it and that wasn't the case, for [M] it wasn't anyway cause I knew him, I spoke to him that day.

Female, 24 years, lost two close friends to suicide in the space of two weeks (John et al., 2022)

John et al.'s (2022) study had an innovative design, which involved interviewing people who had been treated for self-harm at the same time as a ‘suicide cluster’ had occurred in the same area. This facilitated explicit exploration of understandings of ‘contagion’ and ‘clustering’. Participants in this study and others provided accounts which emphasised that knowing other young people who self-harmed had not influenced or caused them to self-harm themselves. This provides an interesting and important contrast with prevailing understandings of risk factors in suicide prevention, which indicate that knowing someone who has died by suicide is a major risk factor for suicide. These qualitative accounts unsettle and challenge this narrative. However, such accounts are also likely to be shaped by wider discourse about ‘authenticity’ in relation to self-harm. Chandler (2016, 2018) found that people who self-harmed struggled to discuss self-harm in ways which both acknowledged the potential influence of others, whilst simultaneously denying such influence. Chandler argued that there were likely moral and cultural influences on how these stories about self-harm were shaped – and particularly a need to provide an account which showed that an individual was not influenced by, and was not ‘copying’ others.

In some studies, participants reported shared experiences between friends who were both self-harming as protective, reducing feelings of being alone. There were several descriptions of the benefits of having someone holding them ‘accountable’ in their efforts to stop self-harming. However, there were also some accounts of this placing a strain on friendships, and self-harm getting ‘worse’ after a friendship breakdown (Coronel, 2021)

Both adults and young people reported the first incidence of self-harm as extremely significant, both in its own right and as a precursor to continued self-harm. Donskoy and Stevens (2013) refer to this as the ‘ah-ha effect’ – described as a surprised realisation that injuring oneself has felt good.

It was great. It was great. It was a sense of – I suppose it must be like for a drug addict for its first fix. You know, phyorrr! You know, your serotonin and everything straight up the roof, great!

Peter, 18+ male (Donskoy and Stevens 2012)

Such was the significance of the first episode, that several participants suggested that the best way to reduce self-harm was to stop people ever 'finding out' how effective it could be in the first place. Others reported returning to imagery from the first time they self-harmed and being influenced primarily by their own personal 'practice' of self-injury, rather than any external factors (Dargan et al., 2016). Again, it is possible that these accounts are shaped by wider cultural understandings of self-harm as an individual practice, with Dargan et al (2016) observing that participants frequently chose language to highlight the personal and individual nature of their self-harm.

Concept C: Something is very wrong with me.

A common theme among the papers was a reported feeling of 'wrongness' or self-disgust as a precursor to, or part of self-harm. For some, the feeling and the behaviour were explicitly connected, with self-harm taking the form of behaviours such as skin-picking to remove perceived imperfections (Anderson and Clarke, 2019). Anderson and Clarke (2019) note that any damage to skin was not the intent, but appeared to be viewed as 'collateral damage' in the quest to remove any bumps or imperfection. Participants frequently used language of addiction, obsession and compulsion to describe the skin-picking – the study authors note this is unsurprising, given the shared clinical features between self-harm and obsessive-compulsive disorder.

...a bad part of me says that I must get anything dirty out of my body so I pick and pick!

Female, 18+ (Anderson and Clarke, 2019)

In other studies, participants spoke of an overwhelming sense of self-loathing and disgust, with many connecting their self-harm to feelings of low self-esteem. While some participants could give no underlying cause or explanation for these feelings, there were many narratives of bullying – the impact of which often lasted long into adulthood and contributed to longstanding feelings of shame and self-disgust.

Some of the things they said on a regular basis was like, 'you are the ugliest person in the world, like no-one will ever love you', and things like that. It's like, although after I finished secondary school, although I didn't hear from them again for a long time, it was like they left but I kind of created this bully that was inside me and like even after losing my contact with them I realised I had the same pressure on me, myself now, like 'why are you like this? You are so ugly. You're never enough!' and things like that.

Ayla, 18 years, she/her (Marzetti et al., 2022)

A number of participants reported having been abused in childhood, and reflected on how this contributed to feelings of 'wrongness' and shame, as well as self-harm and suicidal thoughts. Mason et al. (2022) specifically explored the role of disgust in the experiences of men who had attempted suicide. They identified a history of abuse as a key contributor to shameful feelings.

Weak. Disgusting...I never feel clean...what happened to me shouldn't happen to anybody. And it just makes me feel worthless, shit, I shouldn't be here.

Luke, 54 years, male, attempted suicide by jumping (Mason et al. 2022)

These strong feelings of wrong-ness, disgust, and shame, hold special relevance when it comes to considering the importance of responses to and support for those who self-harm, which we pick up in Theme 3: Changed landscapes, and in our Discussion.

Concept D: Self-harm and the State

Several of the studies explored the way participants experienced their interactions with the State, and how this was reflected in their self-harm practice. This theme was particularly prominent in studies carried out within closed institutions – prisons, residential homes and inpatient mental health units.

For some, self-harm was viewed as an almost inevitable response to an intolerable environment, where mistreatment was common, as described by this participant from Marzano et al.'s (2016) study of experiences of non-suicidal self-harm, carried out within a men's prison.

Because it's disgusting the way they treat people on the mental health side of things. It's a joke, it really is a joke. No wonder there is so much suicide and self-harming in these places – not just this place, in all of them. Do you know what I mean? You can't believe the way that they treat you.

Male prisoner (Marzano et al. 2016)

This sense of self-harm as an inevitability is mirrored by participants from studies carried out in other closed institutions. This young woman in a residential children's unit described a similar sense of despair and injustice when asked about her reasons for self-harming, connecting this to her experiences of being in the care system (Johnson et al. 2017).

If you were sixteen years old and you were in care, you had all your stuff in your room taken out how would you like it?

Female, 16 years (Johnson et al., 2017)

In these responses – and in contrast to other accounts which framed self-harm as a more 'individual' practice – self-harm in these contexts was often presented a product of the environment. We identified different ways in which the environment was drawn on – in some cases, participants, such as the young woman above, described the environment almost in a causal way; whereas others incorporated the environment into a discussion of the functions that self-harm provided in these settings. For instance, several respondents described their self-harm as – at least in part – having a conscious function within that setting: as communication, as activism, as 'two fingers up' to authority.

I think also it was two fingers to the system because I was supposed to be on 15 minute observations [...] I managed to do that whilst sat on my bed, with, in full view of the door, just dismantle a razor blade, and nobody actually noticed me doing it, so I supposed I was partly trying to show a weakness in the system, that I could take control, and if I wanted to harm myself I could do.

Jim, attempted suicide while on 15-minute observations in a mental health unit (Donskoy and Stevens, 2012)

Outside of prisons and other closed settings, some participants spoke of a fear of state involvement as a repercussion of self-harm, for example police being called following a suicide attempt, being arrested while unwell, or social services becoming involved.

While this was generally viewed as unhelpful, some cited fear of state involvement as a paradoxically protective factor against self-harm, as seems

to be the case for this woman in Polling's (2017) study with individuals living in a highly deprived area of London.

I went to school with some really nice middle-class girls. And a few of them took overdoses and their parents then sent them to the south of France to rehab, and stuff like that. Whereas we'd get none of that. We'd get our children taken away from us, would have to go through social services craziness, we'd probably have to go and do some parenting courses, we'd have to go to court, we'd probably lose our flats. There is so much more for us to lose if we were to kill ourselves.

Female participant (Pollings, 2017)

Those accounts which we reviewed to develop Concept D underlined the importance of institutional and social contexts in shaping practices of and responses to self-harm. These should not be taken to imply that self-harm is only shaped by such contexts in instances where people are in 'closed' settings such as prison or in-patient care, or in cases where participants are living with socioeconomic disadvantage. Indeed, the participant in Polling's (2017) study indicates how conditions of affluence also shape self-harm, albeit in different ways. More broadly, while more 'extreme' cases such as those we discuss here highlight this more starkly, a consideration of social context should be relevant to all self-harm.

Theme 2: Narrating the unspeakable

Many of the studies included accounts of the physical act of self-harm, including methods, emotions and physical sensations. These were intensely personal and varied widely – not only between and within studies, but within individual narratives. Participants were often deeply aware of the apparent contradictions within their experiences – for example the experience of self-harming as a way to practice self-care. Many spoke of their attempts to navigate and reconcile these tensions, both privately and in their interactions with others (loved ones, professionals) who often sought a less 'messy' narrative. The concepts identified within this theme present the functions and experiences of self-harm as complex, fluid, and deeply contextual.

Concept A: Compulsion and control

Control was a common topic in participants' accounts, with variations in whether they viewed self-harm as something they could control. For some, as in Miller's (2021) study with young people aged 13-17, self-harm was described as a compulsion, something participants had little control over. Language of addiction was common:

They [urges] just take over; you feel that you have no control left...It's physical and mental, you feel that you have no control...progressively over the years it has got worse and completely out of control.

Zoe, Female, aged 13-17 (Miller, 2021)

There were several accounts of having very little control over whether to self-harm, yet still feeling able to retain some control over how. For some, as in Woodley et al. (2021), this was connected to a wish to 'do it sensibly' – that is, in a way that did not attract outside intervention or scrutiny.

I don't do it as deep as I'd like to sometimes because I think, no, because that's going on your medical record...if you are going to do it, do it sensibly.

Gemma, Female, aged 18+ (Woodley et al., 2021)

Others described self-harm as a way of regaining the agency and control absent in other areas of their lives, including, sometimes, as a way to reassert control in relationships with others. Wadman et al. (2018) found that this was a prominent feature of self-harm in their study participants, aged 13-18.

I just didn't have no control in my life. And everyone was making choices for me and that was my only way of controlling anything. That was my choice to do or not, and that was the only thing I could control, everything else was controlled by people.

Young person (Wadman et al. 2018)

Participants were often painfully aware of stigmatising narratives around self-harm as a manipulative, or attention seeking act, and generally rejected this explanation for their own self-harm (Chandler 2018, Quinlivan 2021). However, there were many accounts of self-harm as a way to communicate feelings of distress which had either been difficult to articulate verbally – or had not been listened to by others. Self-harm as communication was particularly observed in settings where there was an imbalance of power, for example in prisons (Marzano 2016).

I try to explain, I do tell them, but it's still they don't wanna know. Until you do something [...] what do I have to do? Right, I'll cut myself. They might listen to me then.

Male prisoner (Marzano 2016)

Steggals et al. (2020) explore how the private practice of self-harm can take on communicative meaning in community settings, as well as in the closed environments previously described. Through their case study analysis of women who self-harm, they frame self-harm as a form of social communication frequently drawn upon when ordinary language ceases to be enough. Importantly, these understandings of self-harm as a social communication do not necessarily contradict accounts of self-harm as a personal and private practice – rather, they add a further dimension to our understanding of these accounts. This tension between what is personal and private, and what is communicative, is reflected throughout study participants' stories. Such accounts emphasise the limitations of either/or explanations for self-harm (as either individual/private or social/communicative) and supports an understanding that it can be 'both'.

Concept B: The work of staying alive

While some studies looked specifically at suicide attempts, the majority defined self-harm in a broader sense, with participants exploring the meaning and motivations within their own self-harm. A small minority of participants in the reviewed studies were clear that self-harm, for them, had always been in the form of a suicide attempt (Walker et al., 2021); however most narratives presented the function and meaning of self-harm as fluid, shifting, and difficult to define – both at the time of the self-harm, and later. Thus, although many accounts reported thoughts about suicide or dying, and did appear to connect self-harm to more abstract concepts of suicide, this connection did not generally extend so far as conscious intent. Several participants reported ongoing reflection as to their degree of suicidal intent, with this quote from Donskoy and Stevens (2013) underlining some of the complexity people might face when trying to 'define' intent.

I was quizzing in my head whether it was suicide or was it a cry for help. It's just like you know I've got all the respect for people who commit suicide, sort of fair enough, fair enough. You know. Get out of it basically, you know [...] I dunno, whether or not for me it was a cry for help or whether it was actually like I really wanted to do it. I still don't know, to be honest.

Jack, 18+ Male (Donskoy and Stevens, 2013)

For some participants self-harm was described as deeply distressing. However, self-harm was much more often described as a way of coping with life, and in some cases even more positively framed, as a means of self-care. This was often explicitly described as a way of staying alive, with self-harm described as actively protective against suicide, providing a further challenge to the frequent characterisation of self-harm as a risk factor for suicide. This was the case among adults as well as young people, as in Miller et al. (2021).

I think it's a way of taking care of yourself, because I feel in a way like self-harm stops you thinking about suicide as well.

Sophie, Female aged 13-17 (Miller et al., 2021)

For many participants, it seems self-harm was sometimes about suicide, and sometimes not. When exploring the difference between suicidal and non-suicidal self-harm, participants frequently described using different methods depending on intent. Reasons for this varied, but were generally related to perceived lethality of particular methods. While there were some exceptions, hanging was most commonly associated with suicide attempts, with participants generally describing cutting as non-suicidal, ambiguous or mixed intent. Accounts of self-poisoning and overdoses were less clearly defined in the narratives, although those who attended hospital after overdose were generally treated as having attempted suicide, regardless of stated intent. This element of choice applied even in prison settings (Chamberlen, 2016; Walker et al., 2021) perhaps further highlighting the role control plays.

Hanging – wanted to die and expected to die. Cutting – wanted to let frustrations out and expected a release.

Male prisoner (Walker et al., 2021)

These accounts underline the importance of acknowledging the variety of methods and means that self-harm can involve, and the potential for these to have different meanings to different individuals.

Concept C: Drama vs mundanity

Across studies, participants consistently described their self-harm as a way of dealing with big, overwhelming and distressing feelings – with anger the most frequent example given. This depiction of self-harm as a way of regulating emotion, providing release and restoring calm was repeated across and within studies.

While this presentation of self-harm was common, a significant minority of participants described self-harm as being a quiet, routine, comforting – almost mundane – practice, seemingly unconnected with the overwhelming feelings of anger and distress described elsewhere. This depiction was more common among participants who self-defined their self-harm as a form of self-care or something that gave feelings of pleasure or satisfaction (Chandler, 2013; Donskoy and Stevens, 2013; Wadman et al., 2017). Many participants reflected that self-harm would be difficult to stop, because it had become an automatic response to distressing feelings – and one that could be relied upon to work.

Lockwood et al.'s (2020) study looked at the role impulsivity plays in the self-harm of young people. While impulsivity did play a role for some people, some of the time – many young people in contrast described self-harm as a detached, almost formulaic, inbuilt response to bad feelings.

It's sort of like an inbuilt thing now. It's like...I'm feeling like that, so then, I'll do this [self-harm]. It's like Maths – you add 'this' and then 'that' and it's equal to self-harm.

Jen, 17, Female (Lockwood et al., 2020)

Participants in the study reflected widely on their practices of self-harm and its relationship to impulsivity and emotions. We want to draw attention here to the subtly different ways that study participants described self-harm, and the way these can be drawn into and obscured by more clinical concepts such as 'impulsivity'. Lockwood et al (2020) note that the design of their study likely shaped the way that young people sought to make sense of their self-harm. Indeed, while offering a novel exploration of psychological traits, that drew on a qualitative design, Lockwood et al.'s study notably did not engage with the contexts in which impulsivity or related emotions may take place.

Concept D: Pleasure and pain

The role of pain in self-harm varied across studies, with many participants reporting that they did not think they felt pain at the point of self-harm. In contrast, for some, feeling pain was a fundamental part of their self-harm practice, either as a form of punishment of the self or, in some cases, as a reminder of being alive.

I am doing it to feel pain to remind myself that I can still feel pain, because at the moment I feel nothing. I feel numb and it's my only way that I am reminding myself that I am still here, that I am still alive...by seeing the blood.

Isla, 13-17, Female (Miller et al. 2021)

Feelings of pleasure during self-harm were also commonly reported, with participants often saying that this was something they felt ashamed of or unable to talk about. It was not unusual for self-harm to be associated with feelings of calm, 'a buzz' or a 'high' which was sometimes spoken about like an addiction or compulsion. Several participants reflected that it was these feelings of pleasure that made it hard to stop self-harming, particularly as this was something that was often kept hidden.

A lot of people don't talk about that, about how good it [self-injury] feels. And, also that, erm, people that haven't experienced how that feels, and think that, people that self-harm are masochists or something. But, mostly you don't actually feel the pain. And, I know a lot of people have gone on about, it's endorphins and stuff. And I guess it is, I don't know [...] but, em, it feels good...but a lot of people don't really want to talk about that.

Rease, 28, Female (Chandler, 2013)

Here, we would draw attention to the challenge that these accounts may pose for policy makers and practitioners seeking to draw on and recognise perspectives of those with lived experience of self-harm. As we discuss further in the next section (Theme 3: Changed landscapes) – self-harm is frequently stigmatised, framed as a practice that is shameful and should be hidden. Approaches which 'listen to' and 'include' lived experience are often seen as a way of tackling such stigma. However, accounts such as those here, which describe self-harm as effective or pleasurable, may be seen as worrying or dangerous in a context where self-harm is both stigmatised, and seen as a worrying concern (especially among young people) – something that should be stopped or prevented. We return to this tension later.

Theme 3: Changed landscapes

The theme of 'changed landscapes' was developed to represent narratives of what it means to have self-harmed, how this impacts on ones' navigation through life, and how one is perceived by others. Many study participants talked about the impact their self-harm had on their relationships, functioning, careers, and how they saw the world and themselves. Several reflected on a complex relationship with their self-harm scars, with differing views on whether these gave rise to feelings of shame or pride (or a mix of both). Conversations around 'stopping' were central to this theme, as were accounts of receiving support and treatment for self-harm. Each concept within this theme reflects a sense of a changed self, and a world that needs to be newly negotiated.

Concept A: Scars, stigma and shame

Participants often spoke of a sense of shame at having self-harmed. This was often, but not always, connected to having visible self-harm scars and how these would be perceived by others.

The worst part for me is the shame and self-hatred. Knowing intellectually that I am harming myself and not being able to stop. Consumed with thoughts about how weak I am, how pathetic, and people must think I'm really sick.

Adult participant (Anderson and Clarke, 2019)

Within the studies, several participants discussed how they made decisions on whether to cover up their scars, indicating that this could vary depending on context and environment. Many accounts emphasised a preference for keeping scars covered, for reasons that were wide-ranging and included shame and fear – or previous experiences – of stigma. Several reflected on their scars – and, by association, themselves – being a ‘trigger’ for others, and often felt responsibility to protect others from the reality of their uncovered selves. This often exacerbated feelings of shame and low self-esteem, made worse by stigmatising comments from others. This participant from Brown et al.’s (2022) study on the role of shame in self-harm recalled several occasions where they had been chastised for wearing short sleeves:

Put a jacket on, you’re triggering people.

Emily, 23 years, non-binary (Browne et al. 2022)

Where participants had chosen to stop hiding their scars, this was a carefully considered decision, often remembered as a significant moment. For some, this was transformative and freeing. Firstly in a physical sense, for example no longer having to wear long sleeves in warm weather, but also in terms of no longer feeling like they were hiding their ‘true self’ or being ‘deceptive’.

I am now a university student, and my scars are now visible. I made the decision not to spend another hot day in extreme discomfort, not to let my fashion sense be dictated by anything other than desire and not to obsess over every action with the anxiety of being exposed. The transition was easy. I was meeting new people and if I didn’t mention my scars, neither would they. On the flip side, if I did choose to mention self-harm to close friends, they then weren’t shocked. I can have intimate relationships without the fear that I am being deceptive – something that held me back before.

Lynda, 18+, Female (Sutherland et al., 2014)

Scars were not universally viewed as shameful or something to be hidden. Many spoke of coming to accept their scars as a conscious act of self-compassion. For some, they were beautiful in the way they told a story and allowed one’s inner experience to be seen on the outside. Some referred to scars as visible evidence that they had fought a battle or overcome a tough time, and were able to find pride in this.

It is about adornment and celebration [...] And in a way my scars are as well, actually, ‘cos I do think they’re really beautiful, and they’re like a part of my, my experience, my history. And I very much believe about, em, your experience – written on the body and the body telling a story.

Rease, 28, Female (Chandler, 2014)

While most narratives around self-harm scars discussed feelings about whether or not to hide them, there were a few accounts exploring experiences of actively showing (as opposed to no longer hiding) self-harm scars to others. This was generally described as a significant moment which had to be carefully considered. For some, this resulted in strengthening relationships, becoming closer with friends or feeling known and 'seen' on a deeper level. For others the decision to show their scars was a way of communicating distress, and quietly hoping to invite connection and support.

There may be times where I might deliberately want to show someone my scars because I really want to connect with them and I can't work out how to do it. Umm particularly if I'm... if I am really low umm and ... because I've become very withdrawn and... and I lock myself away and stuff, and if I do it, if I cut umm I might sort of accidentally on purpose, accidentally let someone see it so they can see that something's not right.

Urania, 18+, Female (Givissi, 2016)

The studies we have identified suggest that those with more social capital (educational status, age, financial situation), may be more able to 'own' their scars, and this may play into decisions about whether to show or conceal them. Although this was not universal, participants from higher socioeconomic backgrounds (Givissi, 2016; Sutherland et al., 2014) were generally more likely to share stories of showing – or finding pride in – their scars. In contrast, accounts from more marginalised groups (Chandler, 2013; Marzano et al., 2016; Walker et al., 2021) – particularly men and prisoners – tended more towards language of shame and concealment.

Concept B: Navigating the world

Several studies and participant narratives explored the impact that self-harm had on their functioning and ability to thrive across multiple areas of life, with work, study, relationships, hobbies and parenting the most frequently discussed. For some, the self-harm itself (along with associated rituals including covering up injuries) had become a disruptive force in their life that had resulted in significant, tangible loss. This participant describes the impact of self-harm related to obsessive-compulsive disorder:

I have spent thousands on makeup and skincare. Worn long sleeves, jeans and boots in the middle of summer. Worn more makeup than a circus performer. Been hours late for engagements because I was picking then had to jump through all the hoops to cover it up. I have even not gone out when my apartment building had a real fire alarm because I was picking and didn't have enough time to slap on enough makeup and cover up my marks.

18+, Female (Anderson and Clarke, 2019)

Importantly, it was not often the self-harm itself that posed the most significant barriers, but rather external responses and stigma from others.. Many older participants reported workplace discrimination and stigma from colleagues and superiors following disclosure (or accidental 'outing'). Among those who had not disclosed their self-harm at work, participants were unanimous that this would be met with shaming, ridicule, lack of understanding, and potentially the loss of their job. This was feeling particularly prominent in participants who worked with vulnerable people, and often founded on previous, negative, experiences of disclosure. This participant who works in the care industry described her experience of disclosing a suicide attempt to her manager:

He [manager] didn't say the word 'self-harm' but he said, about being a danger, he said do you feel like you're safe to be at work and I said what do you mean, and he ignored me and said do you think you're dangerous to be at work. That's how he put it, he meant, he said both: like to me or people I were looking after... that made me not tell anyone else for ages.

Hannah, 18+, Female (Higgins, 2020)

There were often occasions where – either explicitly or implicitly – the line between 'harm to self' and 'potential for harm to others' seemed to become blurred, not only in the views of colleagues and line managers, but often in the individual themselves. Charlotte, a childcare assistant, reported that she felt she must always wear long sleeves when working with children:

It's not fair on them, erm, and they don't know what they're looking at, and it's not fair to introduce them to it, 'cos they're suggestible...I've got to be really careful...I can't put myself in a position where I could be that influence on a child.

Charlotte, 23 years, Female (Brown et al. 2022)

This sense of 'doing harm' by self-harming was also seen in narratives of mothers (there were no accounts we found relating specifically to fatherhood), who often felt that they were potentially damaging their children. One mother, suffering from skin picking disorder, spoke of her fear of being an unfit mother:

My children have seen my bloodied face and back. There are days I want to call child protective services on myself.

18+, Female (Anderson and Clarke, 2018)

Others were concerned about 'passing on' their self-harm to their children, although in many cases – such as this participant – it was unclear whether the fears related to a genetic predisposition or passing on learned behaviour.

I've just had my first child, and I want to be free of this – don't want to pass it on to her.

18+, Female (Anderson and Clarke, 2019)

Parent-child relationships were also explored through the narratives of young people who self-harmed. While there were examples of parents responding helpfully and supportively to disclosure/discovery of self-harm, accounts of parental responses perceived as unhelpful were far more common. There were multiple accounts of self-harm being the focus of arguments and anger, with parents described as often making assumptions regarding the reasons for self-harm. Accounts such as this, from a young person in Wadman et al.'s (2018) investigation into self-harm in young people, were frequent. The young person shares her mother's response to finding out about her self-harm, having read her private text messages:

My mum was like 'well why are you doing it?' She got dead angry with me, she wouldn't give me eye contact or talk to me. The next day... we had this huge argument and I was crying and she was shouting at me and she was like 'is it something that you and your friends do?' And I was just 'no'.

Female, aged 13-17 (Wadman et al., 2018)

Young people often reported avoiding discussing self-harm with their parents as they felt it would inevitably lead to confrontation, arguments, upset, or – the most frequently used term – ‘drama’. Another participant from Wadman et al.’s study reflected on this, concluding they were better off not discussing their experiences.

I think they’re more frustrated at the fact that I don’t go to them and talk to them first, and then I end up in hospital again. If my mum and dad found out again then it’d just be a whole lot of drama again and I just, I think I’d rather not deal with the drama.

Female, aged 13-17 (Wadman et al., 2018)

Young people who reported positive reactions from their parents generally described calm, loving, no-blame responses, although these were often accompanied with a great deal of sadness. It was not uncommon for parents to cry during discussions about self-harm – these tears were often described as troubling, shocking, or guilt-inducing by young people.

She just broke down into tears. She wasn’t angry or anything, she broke into tears and she just gave me a massive hug and told me that we’d get it sorted and everything.

Female, aged 13-17 (Wadman et al., 2018)

Across the studies, it was clear that self-harm could have far-reaching impacts on people’s relationships – whether close family members, students or teachers at school, friends, or colleagues at work. While much is often made in clinical literature about the ‘management’ of self-harm, these accounts underlined how those who self-harm also have to ‘manage’ the relationships they have with those around them. As in Concept A (Scars, stigma and shame), one way of managing this is through concealing self-harm or, on occasion, showing it. In this section, we have shown how participants across the studies were faced with also managing changing and challenging personal relationships once self-harm did become known.

Concept C: I (don’t) need to stop

Many of the studies explored participants’ views about whether stopping self-harm was a reasonable or desired goal. Views varied here. For some, self-harm was directly associated with a bad time in their life, feelings of distress and pain. For these participants, it made sense that no longer self-harming was a goal. This was usually not because of the self-harm itself being something they felt needed to end, but because of its significance as an indicator of things being generally bad. Their logic was that if they were no

longer self-harming, it would be a clear indicator that things were starting to generally improve for them.

Others were clear that they wanted to stop, but felt unable to. This is summed up clearly by a participant in Rouski et al.'s (2021) study with young people in residential care – and echoed in narratives across studies in all settings.

I'd love to stop. But I can't.

Lilli, 16 years, Female (Rouski et al. 2021)

This type of account was often seen among participants who also described their self-harm as an addiction or compulsion. Again, the wish to stop was rarely about the self-harm itself, but in this case about a desire to be free from the compulsion, or able to break a habit or addiction. Several authors (Anderson and Clarke, 2019; Boyce, 2021; Rouski et al., 2021; Sutherland et al., 2014) observed that these participants were often distressed more by the fact they could not stop, rather than wanting to stop, suggesting that control plays a role here.

Much more frequently, participants were unequivocal that stopping was not only undesirable for them, but could potentially be dangerous (i.e. in participants who self-harmed to distract from suicidal thoughts). When directly asked about this, Wadman et al. (2020) observed that frequency of self-harm was not a reliable indicator of recovery or improvement.

It could be that you're doing it less often but it's more severe, and is that really an improvement?... Like, if it's less frequent and less severe, then that's an improvement.

Young person (Wadman et al., 2020)

Both adults and young people across the reviewed studies spoke of their frustration and sadness at being urged to stop by well-meaning parents, professionals and loved ones, while feeling strongly that this was not the best thing for themselves, or a goal they wished to work towards. For these participants, self-harm was viewed as a valuable tool to help them cope with life. For many, they had tried a great deal of other strategies (often suggested by healthcare professionals), and these had all come up short in terms of managing distress quickly and effectively. Many participants had – initially – kept an open mind and tried other strategies, but had returned to self-harm as one that worked for them. These two participants from Woodley et al.'s (2021) exploration of how young people who self-harm manage risk were seemingly resigned to self-harm as the most effective option.

It's the quickest, easiest way out and there's nothing second. Nothing is going to be more effective than self-harm really, and it isn't. Unfortunately.

Chloe, young person, Female (Woodley et al. 2021)

I've worked my way through the coping skills list. I think I've literally tried everything.

Anna, young person, Female (Woodley et al. 2021)

Many accounts suggested a fear of life without self-harm. Although some participants clearly stated that stopping self-harm would increase their risk of dying by suicide, it was more common to see more ambiguous language here: removal of a 'safety net', 'nowhere else to turn', 'taking away the only thing I've got that helps', or 'what I do to keep living' (Long, 2018; Wadman et al., 2018; Wadman et al., 2017; Woodley et al., 2021). While these do not explicitly refer to an increased risk of suicide, they do speak to participants' clear views that removing self-harm as an option would have harmful, and potentially high-stakes repercussions.

Concept D: Finding help that doesn't hurt

Many of the studies explored the experience of seeking and receiving (or not receiving) professional help for self-harm, both for young people and adults. Young people had clear views about what was helpful – and what was unhelpful. Views about Child and Adolescent Mental Health Services (CAMHS) varied, with frequent reports of being offered 'strategies' that they did not find helpful or effective. Wadman et al. (2020) explored young people's experiences of receiving support for self-harm, this participant's frustration reflecting a common theme among participants.

[CAMHS] just giving me the same solutions over and over again, it didn't feel like there was anything new. It was just 'have you tried this, have you tried that' and I'd just be like 'no, it doesn't work', and she'd just be like 'well try it again'.

Young person (Wadman et al., 2020)

Older teens, in particular, often spoke of CAMHS treatment as infantilising and geared towards younger children, although there were also narratives, such as this one (Wadman et al. 2020), from young adults who had found the transition to adult services challenging.

I used to go to CAMHS but I always thought they treated you like a little kid. Yeah, like obviously I'm 16, and they always like show you a piece of paper saying 'look at this blob, what do you feel today?' I'm, like, that's summat what you would do with younger people.

Young person (Wadman et al. 2020)

Several studies looked at experiences of using harm minimisation strategies commonly recommended by healthcare professionals – these included snapping elastic bands around wrists, holding ice cubes, or drawing on skin with a red marker. Although some participants found these useful, young people were generally critical of their effectiveness. This was usually because these methods failed to meet some fundamental element of the sensation (pain, pleasure), emotional response (release, calming) or effect (blood, harm to self) that was being sought through their personal practice of self-harm. Young people's experiences of harm minimisation strategies was the explicit focus of one paper (Wadman et al., 2020).

They give you leaflets about 105 ways to stop harming and things, but it's like I've tried the laggy [rubber] band, I've tried drawing on myself. I've tried the ice. And it's like, these things don't work.

Young person (Wadman et al., 2020)

I think the one where you draw on yourself with red pen, I think that's completely ridiculous...they were saying some people who self-harm do it because they like to see the blood...but also they need the pain as well, so that one was quite pointless.

Young person (Wadman et al., 2020)

Among the accounts of receiving care or support for self-harm, the majority of these were narratives of A+E attendance. While some did receive compassionate care and/or referrals for further support, experiences were overwhelmingly poor, with incidences of stigma, discrimination and poor treatment not only commonly reported, but frequently described by participants as a well-known 'norm' they were resigned to. For some, poor treatment felt like something they deserved. The following quotes are from three separate study participants talking about experiences of accessing help for self-harm in hospital A+E departments (Owens et al., 2016). They reflect derogatory and demeaning attitudes from some healthcare professionals, and the impact this can have on self-esteem and self-worth (including beliefs about being deserving of care).

Some nurses...just look at you with utter disgust like you're some monster.

No participant details (Owens et al., 2016)

I was treated from start to finish as if I was pathetic and not worthy of treatment.

No participant details (Owens et al., 2016)

When you're that low, you think you deserve bad treatment and are not able to complain.

No participant details (Owens et al., 2016)

Participants often reported that poor experiences in A+E put them off seeking help in the future, often with serious consequences in the form of untreated injuries and infections which caused ongoing, long-term health implications for some. Poor treatment in A+E also contributed to ongoing feelings of shame and low self-esteem, creating what some referred to as a vicious cycle: feeling shame, self-harming, seeking help, being made to feel more ashamed and then self-harming again.

I will not go up there anymore, mainly because I feel like such a time waster, and I hate all the questions they ask you...I just want to get back home, hide under the duvet and die of shame...I've ended up with numerous infections however from not getting wounds treated.

No participant details (Owens et al., 2016)

Some participants reported outright refusal from A+E staff to treat – or sometimes even see – them following self-harm. This was perceived as reflecting practitioner views around time wasting, inefficient use of resources, or a belief that withholding care and attention would cause patients to stop their self-harm. Participants were unequivocal that this was not the case, and had in fact often been a clear trigger for further episodes self-harm and/or suicidality. Several participants in Quinlivan et al. (2021, 2022) reported attending A+E following a suicide attempt, only to have their motivation, methods and intent questioned.

I was refused treatment for self-harm and to see a psych by an ED doctor because 'you're just going to do it again anyway' so I left the ED department in distress (only a day out of being discharged from an acute ward very suddenly) and with a wound on my leg that was muscle-deep and eventually required internal suturing.

Female, 50-54 years (Quinlivan et al. 2022)

The most unhelpful things are to be told that I didn't really mean to kill myself because I'm not dead and that it is up to me if I kill myself.

Female, 35-39 years (Quinlivan et al. 2021)

Several of the studies (Owens et al., 2016; Quinlivan et al., 2022, 2021) specifically explored experiences of receiving psychosocial assessment following A+E treatment. Where this was received, participants often found it a helpful, affirming experience, particularly where they were given space to fully explore their feelings. Many participants shared the view that a single, positive experience with the liaison team in A+E could be transformative in terms of restoring both hope for recovery, and faith in the mental health system. Interesting here is the word 'human' in stark contrast with a participant narrative discussed above, where the word 'monster' was used to convey how they felt had been treated (see p. 36).

The last two occasions I have had an assessment with a psychiatric-liaison practitioner, they have been really positive. I was made to feel as a human and felt as though how I was feeling was validated...They temporarily restored my faith in the MH system.

Female, 20-24 years (Quinlivan et al., 2022)

Several of the studies explicitly asked participants for their views or advice on what would be helpful in terms healthcare responses to self-harm. Interestingly, even in the studies where this was not explicitly asked, many participants instinctively seemed to reflect on 'if I could give some advice to healthcare professionals' or 'if I could give advice to someone who self-harms'. As well as highlighting the fundamental importance of actually being seen, and being treated with dignity, there was agreement that receiving a prompt, thorough assessment was important. There was overall consensus that open questions with space – and, importantly, time – to reflect were much more helpful than a 'checklist' type set of questions. Control and agency remained important, with participants valuing being given input – and asked for agreement – about plans for their care. These views are reflected in the quotes below, from three separate participants in Quinlivan et al.'s study

(2021) which explicitly looks at experiences of psychosocial assessment following self-harm.

In any situation, what works well is when I feel listened to and like I had some input and agreement into the decision and follow and most importantly that I understood the situation and why it was happening.

Female, 30-34 years (Quinlivan et al., 2021)

I was given a very quick psychiatric assessment in A&E. I was appreciative of being given some attention at the time as it was the first time I'd spoken about my mental health and self-harm/suicidal ideation... Ideally it would be beneficial to be given some time and space to explore issues rather than feeling that they want you processed and out of the department as soon as possible.

Male, 40-44 years (Quinlivan et al., 2021)

What didn't work well was being told I would be okay, the nature of a checklist-like set of questions to evaluate someone's mental health, left no room for me to really talk about how I was actually feeling.

Non-binary, 18-23 years (Quinlivan et al., 2021)

Reflecting on how they would advise others who self-harm, participants in these studies generally still recommended help-seeking, despite their own poor experiences. However, they were often critical of mental health campaigns suggesting help was easily accessed by anyone who took the step of asking. Instead, reflecting on their own experiences led them to suggest a more nuanced, pragmatic approach to guidance around help-seeking for self-harm.

Rather than saying, like 'if you ask for help, the help is out there', that's not entirely true so instead, we should say, 'if you ask for help, the help may be difficult to get' but that's not a reflection on how much you need it, it's a reflection of how tight the services are at the moment, and how resources are being diverted to other areas, it's not your fault and it's not something that you should have to tackle on your own.

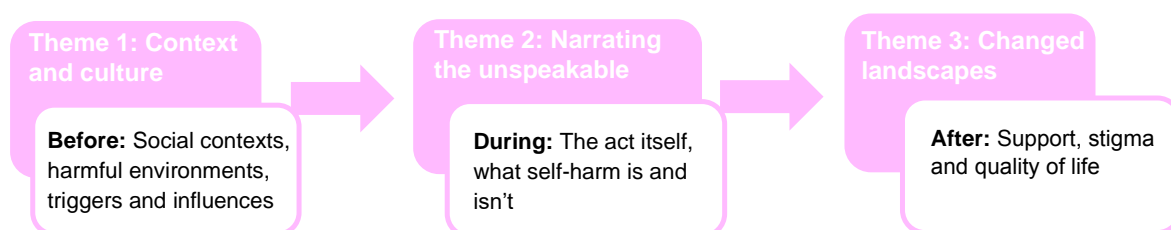
No participant details (Lavis and Winter, 2020)

While lived experiences of accessing help for self-harm clearly point towards a need for change in healthcare responses, this quote is interesting. It reflects a feeling shared among many participants that this kind of frank expectation management – rather than painting a depressing and off-putting picture of help-seeking – may be helpful for individuals, and protective against feelings of shame or self-blame when help proves difficult to find.

Discussion

The three themes established by this review reflect the way the studies – and their participants – talk about self-harm. Close examination of the themes, areas of agreement and contradiction in accordance with Sattar et al.'s (2021) guidelines has allowed us to develop a 'line of argument' synthesis. This synthesis supports an understanding of the study themes as being broadly distinguished by relating to before, during or after the self-harm, as indicated below.

Figure 3: Line of argument synthesis



Considering the literature and its themes in this way has allowed us to propose three related 'Opportunity areas'. These represent areas of potential action, progress and further research, as identified through insights and lived experiences of people who self-harm. Each of these offer opportunities which national (and local) strategies designed to support and respond well to those who self-harm, might consider.

Opportunity area 1: Towards safer social environments

Firm conclusions about the causes of, and reasons for self-harm are outside the aims and scope of a qualitative review. The testimony of those with lived experience tells us that causes, reasons and motivations are often personal, changeable and difficult to define – even (perhaps especially) for the individual themselves. While qualitative evidence cannot definitively tell us that self-harm happens because of particular social environments, it supports an understanding of self-harm occurring in the context of those social landscapes. Across a wide range of studies within varied settings, participants

consistently spoke of their self-harm occurring within the context of what might be understood as psychologically unsafe environments, be that because of abuse, bullying, discrimination and stigma, or living under state protection/control (prison, inpatient settings, residential children's units). Testimony from those living within social environments that are perceived and experienced as unsafe often put forward that their self-harm was – if not actively caused by their environment, could be understandable when considered within it. This has implications for professionals and policy makers seeking to address self-harm in schools, prisons, in-patient hospitals and other relatively 'closed' or 'bounded' settings, and points to the need for greater understanding of how – or indeed whether – these environments might be made safer.

While the concept of 'safe environments' is perhaps easier to quantify and measure within defined settings such as schools or prisons, we suggest this also applies to the broader social, cultural and economic contexts that self-harm occurs within. While some of the studies identified within our review explore the impact of poverty, queerphobia, discrimination, racism and abuse, we have identified a need for more nuanced examination of these harms as they relate to self-harm. This is particularly the case for self-harm among those from minority ethnic groups, who remain under-represented in qualitative studies of self-harm. While accounts point to the role cultural expectations, discrimination and 'othering' may play, the voices of Black and minority ethnic individuals are notably absent within the studies we were able to identify. While our review was able to identify some diverse explanations, understandings and experiences of self-harm practice, these must now be supported by research with participants from more diverse groups.

Opportunity area 2: Understanding the practice of self-harm as complex and individual

Our review supports an understanding of self-harm as complex and individual. We suggest that attempts to understand 'reasons for' or 'functions of' self-harm may be counterproductive, and indeed many narratives from study participants reflect a sense of frustration at repeated attempts (by professionals, by parents, by themselves) to understand 'why' someone is self-harming. While some explanations and understandings featured more heavily in the studies included, caution must be applied in making generalisations. This, of course, applies also to our own identification of themes within this review. For every study participant who shared a more 'typical' experience of self-harm – as a coping mechanism, as a way to deal with tough emotions, as a response to anger – there were many others for whom these characterisations not only did not apply, but contributed to feelings of isolation, 'otherness' and shame. Participants were often deeply and painfully aware of stigmatising discourses around self-harm and many referred to – and rejected – these when making sense of their own self-harm

practice. Our review identified common narratives around ‘attention seeking’, the role of social media influences, and ‘genuineness’ of suicide attempts as causing particular distress to participants. We noted that while many participants were unable to define or explain what their self-harm was, they were clear on the stigmatising assumptions and tropes that did not apply to them, and so often drew upon these in their accounts.

This diversity of experience and meaning poses challenges for healthcare professionals and policy makers wishing to better understand and support those who self-harm. Nonetheless, we suggest this understanding of self-harm as complex, individual and impossible to generalise must be placed at the heart of policy and practice, and highlighted through public health campaigns and communications.

Opportunity area 3: Enhancing quality of life through improved responses

Our review identified accounts of stigmatising, dehumanising and ineffective responses to self-harm from healthcare professionals. These not only represent missed opportunities to help, but lived experience testimony tells us they cause tangible harm, including reluctance to seek medical assistance in future, loss of hope, health repercussions and escalating self-harm and/or suicidality. Several studies identified these poor responses – particularly within A+E departments – as forming part of a cycle of shame and low self-worth, contributing to repeated self-harm. Several participants were clear that it was not the self-harm that posed a risk to their quality of life, but the stigmatising responses they received. Participants spoke, also, of what constituted good care, especially in the A+E department. They shared the importance of time and space to talk and be listened to, open-ended questions that allow for nuance, and self-harm being treated compassionately but in a ‘business as usual’ manner. When asked what helps, participants’ responses generally point to simple measures that are not costly to implement. This offers an opportunity for healthcare professionals and challenges perceptions of patients presenting with self-harm as difficult or impossible to help.

Outside of acute hospital settings, participants also reported problematic responses to self-harm. Of particular note is that many participants were troubled by expectations that they should aim towards reducing or stopping their self-harm. For a great many, this was not desirable. This has implications for professionals who support those who self-harm and policymakers. It raises questions regarding what measurements and targets are possible, necessary or advisable in the context of a self-harm policy, and how impact might be measured, particularly given challenges around measuring and defining self-harm. The findings of this review support a move away from a focus on

prevalence, rates and preventing self-harm from occurring – and towards enhanced understanding and improved responses where it does.

Conclusion

This meta-ethnography of qualitative studies with people who have self-harmed has sought to synthesise and discuss a rich and varied literature, offering support to those seeking to draw on ‘lived experience’ to inform policy and practice responses to self-harm. We have demonstrated that self-harm is a diverse practice, incorporating multiple methods and multiple meanings, which are deeply entangled with social and cultural contexts.

There is still much that is not known about self-harm. In particular, we identified a significant paucity of qualitative studies which engage with Black and minority ethnic people. Indeed, many studies simply did not report on ethnicity. While there are understandable concerns about self-harm among young women, it is vital that self-harm is understood as a practice that many different social groups – and age groups – engage in.

Our review was particularly concerned with identifying the relationship between self-harm and social or contextual features. It is important to note that these were not always the focus in the studies we reviewed. While our review has certainly demonstrated the importance of immediate and more distal social factors – from relationships, bullying, institutions, to queerphobia and poverty – in making sense of self-harm; we also noted that many studies had less focus on such social factors. An example here is the surprisingly limited attention paid to exploring the relationship between gender and self-harm in the studies we reviewed. This is despite self-harm frequently being understood as more common among young women, and many studies focusing on largely female samples. Studies which engage more deeply with social factors – proximal and distal – in how self-harm is understood and experienced would be welcome, and may offer fruitful ways forward in making recommendations for policy and practice.

Our review has some limitations. Firstly, the review was conducted with specific keywords, date restrictions, and a focus on the UK. This approach was developed to manage the number of included papers to ensure they were manageable, whilst still allowing sufficient breadth. This is inevitably an approach that means some potentially useful studies will have been omitted. Additionally, with some exceptions, the review focused on peer-reviewed articles, and not books. We are aware that this excludes several key contributions, and in particular some texts which – in part due to their length – are better able to engage with some of the omissions regarding social factors we noted above. Finally, and as we indicate above, it is important to reiterate that studies with those who have self-harmed have tended to focus on

relatively similar samples. As such, our studies draw on samples that are more often female, more often younger, and more often involving relatively educated participants.

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How to access background or source data

The data collected for this social research publication>:

- are available in more detail through Scottish Neighbourhood Statistics
- may be made available on request, subject to consideration of legal and ethical factors. Please socialresearch@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

Appendices

Appendix 1: Characteristics of qualitative studies included in qualitative synthesis

Characteristics of qualitative studies included in qualitative synthesis		
Author (date)		
Marzano et al. (2012)	Study aims	To understand how health and prison staff response to self-harm influenced prisoners
	Setting (Country)	A male prison (England)
	Participants	Adult male prisoners (n=22)
	Methods	Person-centred, qualitative Semi-structured interviews Analysis informed by principles of thematic and discourse analysis.
	Definition/ understanding of self-harm used within study	Repetitive, non-suicidal.
	Summary of findings, themes, and concepts	85% reported officers' reactions to self-harm in negative terms. Recurrent themes: Officers did not care, understand, or care to understand. Being treated 'like a kid' Failure to take seriously Medical staff 'worse than officers' (d) Preferred reaction: care, compassion, respect
	Quality assessment: CASP Score (Max = 10)	9

Baker et al. (2013)	Study aims	Explore what women hope to achieve by self-harm
	Setting (Country)	Medium secure forensic unit (England)
	Participants	Female patients (n=25)
	Methods	Semi-structured interviews.

		Thematic analysis.
	Definition/ understanding of self-harm used within study	Intentional injuring of body without apparent suicidal intent.
	Summary of findings, themes, and concepts	Identified themes: (a) The traumatised individual (b) Interrupted maturation process (c) The hidden experience (d) Crossing the line: Individual and systemic repercussions
	Quality assessment: CASP Score (Max = 10)	9

Chandler, A (2013)	Study aims	Exploratory- broad aims.
	Setting (Country)	Non clinical setting (Scotland)
	Participants	N=12 Gender: Female (n=7), Male (n=5)
	Methods	Life-story interviews. Narrative analysis.
	Definition/ understanding of self-harm used within study	Range of interpretations and experiences. Cutting.
	Summary of findings, themes, and concepts	Identified themes: (a) The absence of pain (b) Pain or pleasure? (c) Physical pain as central
	Quality assessment: CASP Score (Max = 10)	9

Donskoy and Stevens (2013)	Study aims	Explore pathways to first episode of self-harm
	Setting (Country)	Nonclinical setting (England)
	Participants	N=11 Gender: Male (n=6), female (n=5) All participants were White British

	Methods	Semi-structured interviews. Thematic and narrative analysis.
	Definition/ understanding of self-harm used within study	First episode of self-wounding, without suicidal intent.
	Summary of findings, themes, and concepts	Three participants were aware of suicidal feelings prior to self-harming (but not intent). Self-harming 'swept' away thoughts of suicide. The first episode as unique
	Quality assessment: CASP Score (Max = 10)	9

Hunter et al. (2013)	Study aims	Explore experiences of assessment and examine meanings of assessment for service users.
	Setting (Country)	Specialist self-harm team (England)
	Participants	Adults who had attended the local emergency department following self-harm and had received an assessment (n=13) Gender: male (n=7), female (n=9)
	Methods	Semi-structured interviews. Interpretative phenomenological analysis.
	Definition/ understanding of self-harm used within study	Intentional self-poisoning or injury, irrespective of motivation.
	Summary of findings, themes, and concepts	(a) Function of psychosocial assessment unclear (b) Assessment legitimises distress, alleviates loneliness, and aids recovery. (c) Feeling shamed or judged. (d) Cycle of referral to same/similar services increases hopelessness. (e) Struggling to be heard/believed. (f) Unclear follow-up procedures.
	Quality assessment: CASP Score (Max = 10)	10

Klineberg et al. (2013)	Study aims	Increase understanding of how adolescents speak about self-harm
	Setting (Country)	Schools in London (England)
	Participants	N=30 ethnically diverse school pupils of which most (n=20) had self-harmed. Gender: Male (n=6) female (n=24)
	Methods	Semi structured interview. Framework approach for analysis.
	Definition/ understanding of self-harm used within study	Forms included cutting, overdoses, self-burning.
	Summary of findings, themes, and concepts	Self-harm as varied and complex. None of the participants directly reported clear suicide attempts. (a) Disclosure and secrecy (b) Barriers to help seeking. (c) Responses to disclosure
	Quality assessment: CASP Score (Max = 10)	9

Chandler, A (2014)	Study aims	Explore accounts of self-injured bodies
	Setting (Country)	Non-clinical setting (Scotland)
	Participants	N=12 adults who had self-injured (7F, 5M).
	Methods	Semi-structured interviews. Phenomenological analysis
	Definition/ understanding of self-harm used within study	Self-injury. Particular focus on the 'bodily aftermath', rather than the act itself.
	Summary of findings, themes, and concepts	Self-harm narratives can be understood by Frank's narratives of illness (chaos, restitution, and quest). (a) Restitution – returning to a pre self-injured state. (b) Transforming the self – revisioning scars; scars as communication (c) Reading and listening to the self-injured body

	Quality assessment: CASP Score (Max = 10)	9
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Inckle, K (2014)	Study aims	Explore in depth experiences of self-injury. To challenge dominant commentaries about gender and self-injury.
	Setting (Country)	Non clinical setting (England)
	Participants	Three men who had self-injured
	Methods	In depth interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-harm as a coping mechanism, expression of control, way to gain relief from feelings.
	Summary of findings, themes, and concepts	Exploration of gender norms. (a) Gendering distress (b) Strong and silent (c) Injured bodies and masculinity
	Quality assessment: CASP Score (Max = 10)	9

McAndrew and Warne (2014)	Study aims	Explore narratives of adolescents engaging in self-harm.
	Setting (Country)	Non-clinical setting (England)
	Participants	Young people (13-17 years) who had experienced severe self-harm or suicidal behaviour (n=7).
	Methods	Narrative interviews, IPA.
	Definition/ understanding of self-harm used within study	Self-harm and suicidal behaviour.
	Summary of findings, themes, and concepts	Three main themes identified: (a) Cutting out the stress (b) Stepping into the path of help (c) Prioritising self-harm on public health agenda

	Quality assessment: CASP Score (Max = 10)	8
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Sutherland et al. (2014)	Study aims	To explore self-compassion among individuals who self-harm
	Setting (Country)	Online accounts
	Participants	Online accounts from 27 websites. Demographics unknown approx. n=170
	Methods	Semi-structured interviews. IPA
	Definition/ understanding of self-harm used within study	Non suicidal self-injury (NSSI)
	Summary of findings, themes, and concepts	Three main themes identified: (a) Self-kindness (b) Common humanity (c) Mindfulness
	Quality assessment: CASP Score (Max = 10)	8

McDermott et al. (2015)	Study aims	To explore LGBT people's cybertalk about self-harming
	Setting (Country)	Online forums (Various, including England)
	Participants	Unknown. Approx. n =290.
	Methods	Thematic analysis of online comments and chats
	Definition/ understanding of self-harm used within study	Broad meaning – self defined.
	Summary of findings, themes, and concepts	(a) Self-harm as a result of transphobia and homophobia (b) Self-harm due to self-hatred

		(c) Self-harm rejected as being related to sexuality of gender
	Quality assessment: CASP Score (Max = 10)	6

Morris et al. (2015)	Study aims	To explore emotion across the lifespan in individuals who self-cut
	Setting (Country)	Personality disorder service (England)
	Participants	N=8 Gender: Female (n=7), male (n=1)
	Methods	Semi-structured interviews. Narrative analysis
	Definition/ understanding of self-harm used within study	Cutting
	Summary of findings, themes, and concepts	(a) Seen and not heard. (b) A release- to get rid of the pain and hurt. (c) A Vicious circle (d) A different world – detachment (e) 'Trying to turn my life around'
	Quality assessment: CASP Score (Max = 10)	9

Chamberlen (2016)	Study aims	To explore the meanings and motivations of self-injury practices as disclosed by female former prisoners.
	Setting (Country)	Non clinical setting (England)
	Participants	Female former prisoners (n=24) aged between 19 and 42.
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of	Self-injury of any kind

	self-harm used within study	
	Summary of findings, themes, and concepts	Pain of imprisonment 'inscribed and experienced' on the body.
	Quality assessment: CASP Score (Max = 10)	10

Dargan et al. (2016)	Study aims	To further understanding of the role imagery plays in the experience of self-injury.
	Setting (Country)	University campus (England)
	Participants	Students (n=10) from three universities across north-west England. Gender: Female (n=7), male (n=3)
	Methods	Semi structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-injury; suicidal or non-suicidal.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <ul style="list-style-type: none"> (a) Origins and precipitants of self-injurious imagery (b) What it is like to experience self-injurious imagery (c) Meaning and interpretation of self-injurious imagery
	Quality assessment: CASP Score (Max = 10)	10

Givissi (2016)	Study aims	To explore experience of having marks and scars on the body as the result of self-harm
	Setting (Country)	Community setting (England)
	Participants	Female participants (n=6)
	Methods	Semi structured interviews. IPA.

	Definition/ understanding of self-harm used within study	Self-harm resulting in physical marks or scars
	Summary of findings, themes, and concepts	Four superordinate themes identified: (a) From depth to surface (b) Bargaining (c) Connecting the dots (d) Drawing butterflies
	Quality assessment: CASP Score (Max = 10)	10

Long et al. (2016)	Study aims	To understand clients' experiences of counselling for self-injury
	Setting (Country)	Non-clinical setting (Northern Ireland)
	Participants	N=10. Gender: Female (n=8), male (n=2)
	Methods	Semi-structured interviews. Grounded theory.
	Definition/ understanding of self-harm used within study	Broad meaning – self defined
	Summary of findings, themes, and concepts	Key themes identified: (a) Building up trust (b) Seeing beyond the cutting (c) Human contact (d) Integrating experiences Central category of 'Developing a healing reconnection with self and others'
	Quality assessment: CASP Score (Max = 10)	9

Marzano et al. (2016)	Study aims	To understand the needs and motivation of incarcerated men who self-harm without apparent suicidal intent.
	Setting (Country)	Male prison (England)
	Participants	Male prisoners (n=20)

	Methods	Semi-structured interviews. Thematic analysis
	Definition/ understanding of self-harm used within study	Non suicidal
	Summary of findings, themes, and concepts	Three main themes identified: (a) Contextualising self-harm: troubled lives and troubling environments (b) Confusing and confused: not always making sense of self-harm (c) (De)constructing self-harm and “self-harmers”
	Quality assessment: CASP Score (Max = 10)	9

Owens et al. (2016)	Study aims	To examine young people’s perceptions of A+E treatment following self-harm and their views on what constitutes a positive encounter.
	Setting (Country)	Online forum
	Participants	Young people (n=31) aged 16 to 25 years with experience of self-harm. Mean age 19.5 years. Gender: Female (n=30)
	Methods	Secondary analysis of qualitative data from an online discussion forum.
	Definition/ understanding of self-harm used within study	Any method of self-harm. 100% of participants had self-harmed by cutting.
	Summary of findings, themes, and concepts	Authors identified a cycle of self-harm, shame and avoidance. This was exacerbated by poor responses by medical professions in A+E. Participants avoided attending A+E wherever possible due to these poor responses. Positive encounters were those where they received non-discriminatory care, delivered with kindness.
	Quality assessment: CASP Score (Max = 10)	9

Rayner and Warne (2016)	Study aims	To explore the role of interpersonal processes in the development and maintenance of self-injury
	Setting (Country)	Secondary mental health services (England)
	Participants	Three pairs of clients and staff.
	Methods	Interviews in pairs. Thematic analysis.
	Definition/ understanding of self-harm used within study	Non-suicidal self-harm
	Summary of findings, themes, and concepts	Interpersonal trigger followed by anger and shame resulted in self-injury to 'numb' experiences.
	Quality assessment: CASP Score (Max = 10)	10

Sambath (2016)	Study aims	To explore the subjective experiences and meaning of self-harm for South Asian women
	Setting (Country)	Community setting (England)
	Participants	South Asian women (n=5)
	Methods	Semi-structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-harm as emotional regulation
	Summary of findings, themes, and concepts	Four master themes identified: (a) The overwhelming struggle (b) Self-harm as an emotional response to cope with the struggles (c) Self-harm as a double-edged sword (d) Experiences of support services
	Quality assessment: CASP Score (Max = 10)	10

Whalen (2016)	Study aims	To understand the role impulsivity plays in self-harm.
	Setting (Country)	Low secure forensic hospital (England)
	Participants	Women detained in low secure forensic hospital (n=6)
	Methods	Semi-structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-harm as an impulsive act.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <ul style="list-style-type: none"> (a) I need you for safety, but I fear you (b) I need someone to hold and make sense of things. (c) Mistrust: a need to withdraw (d) Nothing is in the middle. (e) I'm going round in circles and keep making the same mistakes (f) I can't believe the abuse. (g) A need to escape from the pressure of being stuck: the only choice. (h) Living in a hostile world (i) Escaping or avoiding the dread (j) Betrayed: you're not on my side (k) It won't happen again. (l) A sense of losing and finding myself (m) A move away from intolerable feelings: alive or obliterated. (n) Lost: where do I belong?
	Quality assessment: CASP Score (Max = 10)	10

Jacob et al. (2017)	Study aims	To explore how young people understand and use online images of self-harm.
	Setting (Country)	Community setting (Wales)
	Participants	Young people aged 16-24 with a previous history of self-harm. (n=unknown)
	Methods	Semi-structured interviews. Thematic analysis.

	Definition/ understanding of self-harm used within study	Self-harm. Definition determined by participant.
	Summary of findings, themes, and concepts	Viewing images serves a vital role in many young peoples' self-harm, as part of ritualistic practice. Many invoked a physical reaction.
	Quality assessment: CASP Score (Max = 10)	8

Johnson et al. (2017)	Study aims	To seek service users reviews on what staff supports were effective and which were counterproductive.
	Setting (Country)	Residential care centre (Scotland)
	Participants	Young people (n=7) aged 14-16 years. Gender: Female (n=4). All had been in a care setting for over six months. Ethnicity: White British (n=7)
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Any deliberate self-harm, any intent.
	Summary of findings, themes, and concepts	Global themes of safety and care. Suggestions for care included: (a) Collaborative planning for support can be successful. (b) If items are removed, these should be returned as quickly as possible. Removing all objects was often harmful. (c) When providing emotional support, it was effective to first focus on calming the young person and then exploring triggers. (d) Peer support as helpful.
	Quality assessment: CASP Score (Max = 10)	8

Wadman et al. (2017)	Study aims	To explore young adults' personal accounts of self-harm in order to identify ways to improve support
	Setting (Country)	Community setting (England)
	Participants	Young adults (age range 19-21) with repeat self-harm (n=6). All had self-harmed within the last 6 months. Gender: Male (n=1)
	Methods	Semi-structured interviews. IPA
	Definition/ understanding of self-harm used within study	Repeated self-harm, primarily cutting.
	Summary of findings, themes, and concepts	<p>Six themes identified:</p> <ul style="list-style-type: none"> (a) Keeping self-harm private and hidden (b) Self-harm as self-punishment (c) Self-harm provides relief and comfort. (d) Habituation and escalation of self-harm (e) Emotional gains and practical costs (f) Not believing they will stop completely.
	Quality assessment: CASP Score (Max = 10)	9

Biddle et al. (2018)	Study aims	To explore suicide-related internet use and its impact on suicidal behaviour.
	Setting (Country)	<p>Two contrasting samples:</p> <ul style="list-style-type: none"> (a) Community setting (b) Patients presenting to hospital emergency departments
	Participants	Community based young people (n=13) Patients presenting to hospital emergency departments (n=20) Gender: Female (n=19)
	Methods	In-depth interviews. Thematic analysis.

	Definition/ understanding of self-harm used within study	Suicidal behaviour
	Summary of findings, themes, and concepts	Purposes of suicide-related internet use identified: (a) Researching known methods (b) Researching everyday items (c) Seeking new/recommended methods (d) Seeking details of effective implementation (e) Seek evaluation of methods (f) Help-related internet use
	Quality assessment: CASP Score (Max = 10)	9

Boyce et al. (2018)	Study aims	To explore the role of self-harm groups from the perspective of group members.
	Setting (Country)	Community self-harm group (England)
	Participants	Participant data not provided.
	Methods	Qualitative case study approach. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-harm
	Summary of findings, themes, and concepts	Self-harm self-help groups can provide a safe and non-judgemental space. Four themes were identified: (a) A safe space (b) A different approach (c) Alleviation of isolation (d) Learning from others
	Quality assessment: CASP Score (Max = 10)	8

	Study aims	To explore acceptability of photo-elicitation approach in research on self-harm.
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Edmonson et al. (2018)	Setting (Country)	Community setting. (England)
	Participants	Female participants (n=6)
	Methods	Participants asked to take photo to describe their experiences of self-harm, then interviewed. Interviews and photos allocated thematic codes.
	Definition/ understanding of self-harm used within study	Not specified
	Summary of findings, themes, and concepts	Participants responded positively to using images to support discussion about self-harm. Four main themes identified to represent negative, positive and adaptive purposes of self-harm: (a) Self-harm as a response to distress (b) Self-harm to achieve mastery. (c) Self-harm as protective (d) Self-harm as language or communication
	Quality assessment: CASP Score (Max = 10)	7

Long (2018)	Study aims	To provide insight on experiences of stigmatisation for people who engage in hidden self-injury.
	Setting (Country)	Community settings (Northern Ireland)
	Participants	Counselling clients with a history of self-injury but no longer engaging in self-injury. (n=10.) Counsellors (n=10)
	Methods	Semi structured interviews. Grounded theory analysis.
	Definition/ understanding of self-harm used within study	Self-injury.
	Summary of findings, themes, and concepts	Three categories identified: (a) Stigma and rejection (b) Fear and the need to rescue.

		(c) Secret, shame and self-stigma
	Quality assessment: CASP Score (Max = 10)	9

Mackenzie et al. (2018)	Study aims	To understand support needs of probation clients by exploring experiences of near-lethal suicide attempts
	Setting (Country)	Participants recruited from London probation areas (England)
	Participants	Probation clients (n=7)
	Methods	Semi structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Near-lethal suicide attempt
	Summary of findings, themes, and concepts	Themes identified: (a) Experiences of loss (b) Difficulties with trust (c) Control: loss and regain (d) Struggles to find a purpose
	Quality assessment: CASP Score (Max = 10)	9

Wadman et al. (2018)	Study aims	To explore how looked-after young people make sense of the experience of self-harm and resulting supports.
	Setting (Country)	Community setting
	Participants	Young people with experience of public care system (n=24). Age ranges between 14 and 21 years. Gender: Female (n=20).
	Methods	Semi structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-defined by participants.

	Summary of findings, themes, and concepts	<p>Prevalent themes:</p> <ul style="list-style-type: none"> (a) Changes in care placement (b) Feelings of anger (c) Not wanting/feeling able to talk (d) Developing coping strategies (e) Clinical services: A relational mixed bag (patronised, not listened to, nothing being done, comfortable/able to talk).
	Quality assessment: CASP Score (Max = 10)	10

Wadman et al. (2018a)	Study aims	To explore young women's experience of self-harm in the context of interpersonal stressors and support
	Setting (Country)	Non clinical setting
	Participants	Adolescent females aged 13-18 years (n=14).
	Methods	Semi structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-injury or self-poisoning, regardless of intent
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <ul style="list-style-type: none"> (a) Arguments and worries about family breakdown. (b) Unhelpful parental response when self-harm discovered and impact on seeking support. (c) Ongoing parental support (d) Long-term peer victimisation/bullying as a backdrop to self-harm (e) Mutual support and reactive support from friends (and instances of lack of support) (f) Emotions shaped by others (shame, regret and feeling 'stupid to self-harm'). (g) 'Empty promises' – feeling personally let down by clinical services
	Quality assessment: CASP Score (Max = 10)	9

Anderson and Clarke (2019)	Study aims	To better understand experiences of those who problematically pick at their skin.
	Setting (Country)	Online discussion forum
	Participants	Approx. n=100. Demographic information not collected.
	Methods	Thematic analysis.
	Definition/ understanding of self-harm used within study	Problematic skin-picking
	Summary of findings, themes, and concepts	Themes identified: (a) I get out of my skin. (b) I am shameful. (c) No one must ever see
	Quality assessment: CASP Score (Max = 10)	9

Bailey et al. (2019)	Study aims	To gain insight to how adults who self-harm make sense of the behaviour, and implications for help seeking.
	Setting (Country)	Online setting
	Participants	Adults aged 25-60 years (n=19). Mean age = 32 years.
	Methods	Thematic analysis of comments in online self-harm forum.
	Definition/ understanding of self-harm used within study	Self-defined. Any form of self-harm
	Summary of findings, themes, and concepts	Comments online forum contained themes of: (a) Role of self-harm (b) Experience of sharing self-harm with others (c) Stigma and shame (d) Managing and lessening of self-harm

	Quality assessment: CASP Score (Max = 10)	8
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Camm-Crosbie et al. (2010)	Study aims	To explore autistic individuals' experience of treatment and support for self-harm and suicidality.
	Setting (Country)	Community setting (England)
	Participants	Autistic adults (n=200). Age range 18-65 (mean =38.9). Gender: Male (n=77).
	Methods	Survey. Thematic analysis of open ended questions.
	Definition/ understanding of self-harm used within study	Self-defined. Self-harm and suicidality.
	Summary of findings, themes, and concepts	<p>Three themes identified:</p> <ul style="list-style-type: none"> (a) Difficulties in accessing treatment and support. (b) Lack of understanding and knowledge of autistic people with co-occurring mental health difficulties. (c) Appropriate treatment and support, or lack of, impacted autistic people's wellbeing and likelihood of seeing suicide as their future.
	Quality assessment: CASP Score (Max = 10)	10

Chandler (2019)	Study aims	To explore how men talked about alcohol in relation to mental health and self-harm.
	Setting (Country)	Community mental health organisation (Scotland).
	Participants	Men who had self-harmed or planned suicide (n=10.) All white. Most from 'working class' backgrounds.
	Methods	Life story interviews. Thematic analysis.

	Definition/ understanding of self-harm used within study	Self-harm, attempted suicide or planned suicide.
	Summary of findings, themes, and concepts	Key concepts identified: (a) On being stopped – embodied distress in context (b) Body as object, body as agent
	Quality assessment: CASP Score (Max = 10)	9

Griffiths et al. (2019)	Study aims	To explore how women experience peer support provided in prison.
	Setting (Country)	Women's prison (England)
	Participants	Women in custody who self-harm (n=30). Prison staff (n=65)
	Methods	Mixed qualitative methods including a questionnaire, focus group and semi-structured interviews. Grounded theory approach.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	Professional and peer support understood as extensions of each other. Preferences influenced by how severe women viewed their self-harm to be and the degree to which they regarded their relationships with staff as trusting and/or supportive.
	Quality assessment: CASP Score (Max = 10)	10

Harris (2019)	Study aims	To explore experiences and views of people who frequently use hospital A+E services for self-harm or suicide attempts.
	Setting (Country)	Psychiatric liaison service and therapy service for people with diagnosis of borderline personality disorder. (England)

	Participants	People with experience of using A+E for self-harm (n=10). Gender: Male (n=1)
	Methods	Semi structured interview. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-harm in the context of borderline personality disorder.
	Summary of findings, themes, and concepts	Three overarching themes identified: (a) Development of beliefs (b) Experience of the journey through services (c) Seeking help as a significant moment (d) Beliefs about the unavailability of help.
	Quality assessment: CASP Score (Max = 10)	10

Troya et al. (2019)	Study aims	To explore how older adults experience self-harm
	Setting (Country)	Third sector services (England)
	Participants	Older adults over the age of 60 with experience of self-harm (n=9). Gender: Male (n=3)
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Suicidal intent as a spectrum in self-harm.
	Summary of findings, themes, and concepts	Experiences of self-harm identified: (a) Cry for help (b) Coping mechanism (c) Regain control versus gratification. (d) Secrecy, shame and stigma
	Quality assessment: CASP Score (Max = 10)	8

Troya et al. (2019a)	Study aims	To identify and explore barriers and facilitators to accessing care within primary care for older adults who self-harm.
	Setting (Country)	Third sector services (England)
	Participants	Older adults over the age of 60 with experience of self-harm (n=9). Gender: Male (n=3). Age range 60-72 years.
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	External, practical, and internal barriers to support identified. Older adults' help seeking behaviour was facilitated by previous positive experiences.
	Quality assessment: CASP Score (Max = 10)	9

Turrell (2019)	Study aims	To investigate what males chose to share about their experiences of self-harm in vlogs posted on YouTube.
	Setting (Country)	Online study (United Kingdom)
	Participants	Males (n=14.) No participant demographic data available.
	Methods	Thematic analysis of vlog content.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <ul style="list-style-type: none"> (a) Motives and methods: Vloggers talk about how and why they self-harmed. (b) Concealment: Vloggers talk about hidden aspects of self-harm (c) Addiction and intensification: Vloggers talk about obscure characteristics of self-harm.

		<p>(d) Emotional expression: Vloggers talk about their affective experiences.</p> <p>(e) Thoughts about help: Vloggers talk about their relationship to help.</p> <p>(f) Sharing knowledge and expertise: Vloggers talk about their desire to help others</p>
	Quality assessment: CASP Score (Max = 10)	9

Ballantyne (2020)	Study aims	To explore transgender peoples' experiences of self-harm and suicidality and how they make sense of these experiences.
	Setting (Country)	Community setting (Scotland)
	Participants	Transgender people (n=4) who reported a history of self-harm or suicidality.
	Methods	Semi-structured interviews. IPA
	Definition/ understanding of self-harm used within study	Self-harm or suicidality
	Summary of findings, themes, and concepts	<p>Four super-ordinate themes identified:</p> <p>(a) Early experiences: How individuals made sense of early experiences which increased their self-harm and suicidal distress</p> <p>(b) Intent: The motives underlying participants' self-harm and suicidality</p> <p>(c) Hope and resilience: The protective resilience factors that reduced participants' self-harm and suicidal distress.</p> <p>(d) Threats to resilience: How participants made sense of additional minority stressors that were relevant to their experience</p>
	Quality assessment: CASP Score (Max = 10)	10

Higgins (2020)	Study aims	To understand the expectations and experiences of adults who self-harm when they disclose to non-professionals.
	Setting (Country)	NHS and third sector organisations (England)
	Participants	Adult participants (n=10) aged 26-51. Gender: 50% split male and female
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	Four themes identified: (a) The insular nature of self-harm (b) Imagined vs reality. (c) Self-preservation (d) New ways of relating
	Quality assessment: CASP Score (Max = 10)	10

Lavis and winter (2020)	Study aims	To better understand why young people engage with self-harm content online, and its impact on wellbeing.
	Setting (Country)	Online study (United Kingdom)
	Participants	Interview participants (n=10). No demographic data available.
	Methods	Online ethnographic observation. Semi-structured interviews. Triangulation of two data sets.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	Study authors stress that moves to eradicate self-harm content must be undertaken with caution so as not to cause unintentional harm. Highlights need to think beyond models of contagion, instead

		attending to other mechanisms of harm and benefit.
	Quality assessment: CASP Score (Max = 10)	10

Lockwood et al. (2020)	Study aims	To better understand the role of impulsivity in adolescent self-harm.
	Setting (Country)	Community based (United Kingdom)
	Participants	Adolescents attending Further Education colleges (n=15). Age range 16-22 years. Gender: Male (n=1)
	Methods	Exploratory card-sort tasks and semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	Two overarching themes and associated subthemes identified: (a) How I respond to strong emotions (b) Impulse vs deliberation – how much I think through what I’m doing before I do it.
	Quality assessment: CASP Score (Max = 10)	9

Owens et al. (2020)	Study aims	To elicit the views of people who self-harm on the most commonly used outcomes measures. And to identify the outcomes that matter to them.
	Setting (Country)	Hospital and community settings (England)
	Participants	Adults with histories of self-harm (n=18). Age range 19-46 years. Gender: Male (n=4)
	Methods	In depth interviews. Thematic analysis using framework approach and visual mapping.

	Definition/ understanding of self-harm used within study	Self-defined by participants. Included suicidal and non-suicidal self-harm.
	Summary of findings, themes, and concepts	Participant account challenged validity and meaningfulness of current trial outcomes measures. Five broad themes identified: (a) Relationship between frequency and severity of self-harm (b) Behavioural substitution (c) Self-management skills (d) The role of self-harm as a survival tool and affect regulator. (e) Strategic self-presentation. Outcomes that mattered to participants focused on positive achievements in three domains: (a) General functioning and activities of everyday living (b) Social participation (c) Engagement with services
	Quality assessment: CASP Score (Max = 10)	8

Steggals et al. (2020)	Study aims	To make a case for a sociological focus on the communicative, relational, and interactional dimensions of nonsuicidal self-injury.
	Setting (Country)	Community setting. (England)
	Participants	N=2. One adult, one teenager.
	Methods	Case study approach. Theoretical rather than empirical design.
	Definition/ understanding of self-harm used within study	Non suicidal self-injury as communicative.
	Summary of findings, themes, and concepts	Authors present a sociological consideration of self-harm as a form of social communication.
	Quality assessment: CASP Score (Max = 10)	8

Wadman et al. (2020)	Study aims	To explore young peoples' views of harm minimisation strategies.
	Setting (Country)	CAMHS, Children's' Social Care Services and the community (England)
	Participants	Interview participants (n=45). Age range 11-21 years. Care experienced (n=24).
	Methods	Mixed methods. Online questionnaire. Semi structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	<p>Three themes identified:</p> <ul style="list-style-type: none"> (a) Harm minimisation strategies (as a proxy for self-harm) are perceived to be ineffective. (b) Harm minimisation strategies are helpful (to some limited extent) (c) Harm minimisation strategies as self-harm
	Quality assessment: CASP Score (Max = 10)	8

Coronel (2021)	Study aims	To explore lived experience of self-harm in the context of school bullying.
	Setting (Country)	Community setting.
	Participants	Young people with experiences of bullying and self-harm (n=7). Gender: Male (n=2).
	Methods	Semi-structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-harm as response to bullying at school.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <ul style="list-style-type: none"> (a) Dealing with rejection (b) I felt like a pariah. (c) Just get over it (d) Identifying with icons

		<ul style="list-style-type: none"> (e) Expressing self-hatred (f) But, why me? (g) I became my own bully. (h) Screaming alone and in silence (i) I isolated myself. (j) I kept my secret. (k) I needed a distraction.
	Quality assessment: CASP Score (Max = 10)	10

Boyce (2021)	Study aims	To examine lived experiences of adults who self-harm.
	Setting (Country)	Online setting. User-led forum. (United Kingdom)
	Participants	Adult members of online self-harm forum (n=18). Age range 26-58 years (mean=32). Gender: (male n=3).
	Methods	Thematic analysis of open-ended survey responses.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	<ul style="list-style-type: none"> Responses grouped into five themes: (a) Role of self-harm (b) Support received. (c) Experiences of sharing self-harm with others (d) Stigma and shame (e) Managing and lessening of self-harm
	Quality assessment: CASP Score (Max = 10)	8

Chandler et al. (2021)	Study aims	To offer a sociologically informed, qualitative exploration of self-harm as a gendered practice.
	Setting (Country)	Community setting (Scotland)
	Participants	Small groups. (n=unknown).

	Methods	Arts-based approach. Group discussions. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	Gender as frequent presence- and absence- within discussions. Themes identified: (a) Unsettling talk about gender and self-harm (b) Violence and aggression (c) Inside and outside Authors call for more interdisciplinary explorations of self-harm, and greater use of arts-based and qualitative methodologies.
	Quality assessment: CASP Score (Max = 10)	10

Guest et al. (2021)	Study aims	To explore young peoples' experiences of the role and processes underpinning the use of alcohol in attempts to end their life.
	Setting (Country)	Community setting (England)
	Participants	Young people (n=7) aged 16-25 years. Gender: Male (n=1).
	Methods	Semi-structured interviews. IPA
	Definition/ understanding of self-harm used within study	Suicide attempt.
	Summary of findings, themes, and concepts	Superordinate themes identified: (a) The complexity of relationships (b) The double-edged sword of alcohol and substance use (c) The straw that broke the camel's back (d) Reflecting on ongoing process of recovery
	Quality assessment: CASP Score (Max = 10)	8

Miller et al. (2021)	Study aims	To improve understanding of young people who self-harm
	Setting (Country)	NHS specialist child and adolescent mental health services (England)
	Participants	Adolescent girls (n=9) aged 13-17 years.
	Methods	Semi-structured interviews. IPA.
	Definition/ understanding of self-harm used within study	Self-defined by study participants.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <ul style="list-style-type: none"> (a) Emotion regulation: Making internal feelings visible and concrete. (b) An addictive urge: A powerful force that cannot be controlled. (c) Self-harm to life – A battle to survive. (d) Interpersonal relationships as triggers to self-harming
	Quality assessment: CASP Score (Max = 10)	10

Mughal et al. (2021)	Study aims	To explore help-seeking behaviours, experiences of GP care and access to general practice of young people who self-harm.
	Setting (Country)	Community and third sector (England)
	Participants	Young people (n=13). Age range 19-25 years. Gender: Female (n=12), transgender male (n=1).
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by study participants.
	Summary of findings, themes, and concepts	<p>Three themes identified:</p> <ul style="list-style-type: none"> (a) Help-seeking avenues

		(b) Barriers to seeking help from general practice. (c) Facilitators to accessing general practice care
	Quality assessment: CASP Score (Max = 10)	10

O'Brien et al. (2021)	Study aims	To identify how risk factors interplay in suicidal adolescents
	Setting (Country)	Inpatient unit (United Kingdom)
	Participants	Adolescents (n=20) who had attempted suicide in the two weeks prior. Gender: Female (n=15).
	Methods	In-depth interviews. Qualitative analysis.
	Definition/ understanding of self-harm used within study	Suicide attempt. Self-harm as emotional dysregulation.
	Summary of findings, themes, and concepts	Interaction of interpersonal factors appears to distort cognition and/or elevate emotion to the point where they became intolerable. Interpersonal factors as catalyst in process from suicidal ideation to action
	Quality assessment: CASP Score (Max = 10)	8

Polling et al. (2021)	Study aims	To better understand the paradoxically low rates of self-harm in a socioeconomically disadvantaged community in London.
	Setting (Country)	Community setting (England)
	Participants	Residents of the area (n=12). Age range 20 to 64 year.
	Methods	Interviews and focus groups. Qualitative analysis.

	Definition/ understanding of self-harm used within study	Self-defined
	Summary of findings, themes, and concepts	Impacts of stressors on mental health were partly buffered by social resources related to community solidarity and culture of self-reliance. Identifying as mentally ill- and being known to have self-harm – was seen as risky, diminishing social status and exposing them to additional stressors from the community, services and the state.
	Quality assessment: CASP Score (Max = 10)	9

Quinlivan et al. (2021)	Study aims	To explore patient and carer experiences of psychosocial assessments following presentations to hospital after self-harm.
	Setting (Country)	Mental health trusts, third sector organisations, community. (England)
	Participants	Patients (n=88) who had attended hospital following self-harm. Age range 18 to 75 years. Gender: Female n=72.
	Methods	Qualitative online survey. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined. Suicidal and non-suicidal intent.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <p>Stage 1. Before the psychosocial assessment: What helped? Empathetic, supportive and humanising care What did not help? Waiting times/medically cleared; Emergency department environment; Stigmatising attitudes and poor medical care; Coercion and control.</p> <p>Stage 2. During the assessment: What helped? Collaborative assessments and engaged communication; Space and time to talk; Recognition and reassurance; Help What did not help? Generic tick-box assessments; Intense and invasive questions; Unnecessarily repeating details;</p>

		Stigmatising attitudes during the assessment Stage 3. After the assessment: Hope, harm, help-seeking and engagement
	Quality assessment: CASP Score (Max = 10)	9

Richardson et al. (2021)	Study aims	To explore male experiences of suicide attempts and recovery.
	Setting (Country)	Community setting (Scotland)
	Participants	Men who had attempted suicide (n=12). Age range 10-49 years.
	Methods	Semi-structured interviews. IPA
	Definition/ understanding of self-harm used within study	Suicide attempt
	Summary of findings, themes, and concepts	Four master themes identified: (a) Characteristics of attempt/volitional factors (b) Dealing with suicidal thoughts and negative emotions (c) Aftermath (d) Protective factors
	Quality assessment: CASP Score (Max = 10)	10

Rouski et al. (2021)	Study aims	To better understand the experiences of young people who self-harm while in care.
	Setting (Country)	Community setting (England)
	Participants	Care experienced young people (n=5) who had self-harmed. Gender: Male (n=2).
	Methods	Semi-structured interviews. IPA.

	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	Themes identified: (a) The black hole of self-harm (b) Seeking genuine care and containment (c) The cry to be understood. (d) Loss of control to the system
	Quality assessment: CASP Score (Max = 10)	8

Walker et al. (2021)	Study aims	To determine patterns, prevalence and functioning of self-harm among women in prison through a mixed-methods study
	Setting (Country)	Prison and community settings (England)
	Participants	Women in custody (n=113). Age range 18 to 65 years.
	Methods	Mixed methods. Questionnaire. Semi structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by participants. Suicidal and non-suicidal intent.
	Summary of findings, themes, and concepts	Motivations for self-harm in prison are complex. Triggers include past trauma, deteriorating mental health and separation from children or family.
	Quality assessment: CASP Score (Max = 10)	9

Williams et al. (2021)	Study aims	To understand the processes underlying self-harmful thoughts and behaviours among LGBTQ+ young people.
	Setting (Country)	Community setting (England)

	Participants	Young LGBTQ+ people with experiences of self-harm (n=19). Age range 16 to 25 years.
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-harm ideation and behaviours. With and without suicidal intent.
	Summary of findings, themes, and concepts	Self-harm ideation and behaviours. With and without suicidal intent. Themes identified: (a) Struggling with processing and understanding one's own LGBTQ+ identity. (b) Not having the words to describe feelings and thoughts associated with LGBTQ+ identity. (c) Internalised hatred relating to LGBTQ+ identity. (d) Coping with gender dysphoria (e) Difficulties of medical transition (f) Negative responses to being LGBTQ+ (g) Unaccepted and unsupported by family (h) Life stressors (i) Stress of feeling responsible for others (j) Difficulties relating to physical injuries and illnesses
	Quality assessment: CASP Score (Max = 10)	9

Woodley et al. (2021)	Study aims	To explore how those who self-harm manage their own risk.
	Setting (Country)	Self-harm support group (England)
	Participants	Attendees of a self-harm support group (n=10). Gender: Female (n=7) Age range 19-45 years.
	Methods	Semi-structured interviews. IPA

	Definition/ understanding of self-harm used within study	Self-defined by participants.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <p>(a) Why the risk is worth taking – ‘I don’t like self-harm, but it works’</p> <p>(b) Practical risk management – ‘get the job done’.</p> <p>(c) The social dimension of risk management – ‘it’s my self-harm’.</p> <p>(d) The riskier side of self-harm- ‘I could easily have killed myself’</p>
	Quality assessment: CASP Score (Max = 10)	9

Aktar (2022)	Study aims	To investigate experiences of self-harming behaviour in Indian, Pakistani and Bangladeshi females.
	Setting (Country)	Community setting (England)
	Participants	Indian (n=1), Pakistani (n=4) and Bangladeshi (n=3) females. Age range 20-28 years. Total n=8.
	Methods	Semi-structured interviews. IPA
	Definition/ understanding of self-harm used within study	Self-harming behaviours that inflict external injury to the body.
	Summary of findings, themes, and concepts	<p>Superordinate themes identified:</p> <p>(a) Powerlessness: Entrapment; Internalised negativity; Abused by my environment</p> <p>(b) Mitigation: Releasing my overwhelming emotions; Connecting to my pain; Addicted to self-harm</p> <p>(c) Self-harm is wrong: It must be hidden; What have I done to myself? My self-harm is sinful.</p>
	Quality assessment: CASP Score (Max = 10)	10

Brown et al. (2022)	Study aims	To investigate experiences of shame in individuals who self-injury.
	Setting (Country)	NHS Mental Health Services (England)
	Participants	Female only sample. N=6. White British (n=3), Pakistani (n=3).
	Methods	Online diaries over a period of 2 weeks, following by semi-structured interview. Thematic analysis.
	Definition/ understanding of self-harm used within study	Non-suicidal self-injury.
	Summary of findings, themes, and concepts	Themes identified: (a) Hidden vs. exposed. (b) Phenomenology of shame (c) Controlling and combatting shame
	Quality assessment: CASP Score (Max = 10)	10

Cully et al. (2022)	Study aims	To document patients' experiences of engaging with healthcare services after presenting to hospital following high-risk self-harm.
	Setting (Country)	Hospital or community setting. (England)
	Participants	Adult participants (n=35). Gender: Female (n=18). Age range 18-68 years.
	Methods	Semi structured interviews. Qualitative analysis.
	Definition/ understanding of self-harm used within study	High-risk self-harm.
	Summary of findings, themes, and concepts	Themes identified: (a) Relationships with healthcare professionals: Supportive and compassionate relationships - - Someone to talk to; Unsupportive and superficial relationships.

		<p>(b) Continuity and comprehensiveness of care: Timely and comprehensive care; Care lacking in continuity and intensity.</p> <p>(c) Psychiatric inpatient care: Inpatient setting as a 'safe haven'; Reluctance to being admitted due to negative experiences or expectations</p> <p>(d) Help seeking: Trust in services encouraging seeking help in crisis; Negative experiences with services inhibiting help-seeking</p> <p>(e) Engagement with psychotropic treatment: Acceptance of, and adherence to, psychotropic treatment; Reluctance and lack of adherence to psychotropic treatment</p> <p>(f) Connecting with other patients and peer support</p>
	Quality assessment: CASP Score (Max = 10)	9

John et al. (2022)	Study aims	To investigate experiences of individuals who survived an episode of near-fatal self-harm at the time of a highly publicised suicide cluster.
	Setting (Country)	Community setting (Wales)
	Participants	N=8. Gender: Female (n=2). Age range 23-49.
	Methods	Semi-structured interviews.
	Definition/ understanding of self-harm used within study	Near-fatal self-harm, any intent.
	Summary of findings, themes, and concepts	<p>Themes identified:</p> <p>(a) The impact of the cluster</p> <p>(b) Prevention and support</p> <p>(c) Support prior to the self-harm event</p> <p>(d) Emphasis on individual biography</p> <p>(e) Stigma and help-seeking</p> <p>(f) Long an short-term impacts of deaths</p>
	Quality assessment: CASP Score (Max = 10)	9

Marzetti et al. (2022)	Study aims	To understand young peoples' suicidal thoughts and attempts.
	Setting (Country)	Community setting (Scotland)
	Participants	Young LGBTQ+ people (n=24), age range 16-24 years. Gender: Men or male (n=7).
	Methods	Loosely structured narrative interviews. Thematic analysis
	Definition/ understanding of self-harm used within study	Suicidal thought and attempts.
	Summary of findings, themes, and concepts	Themes identified: (a) Queerphobia as inescapably everyday: Cis-heteronormative community climates; Queerphobic bullying; Coming out and family responses (b) Understanding suicide as a response: Queer entrapment and suicide as escape; Suicide as questioning existence
	Quality assessment: CASP Score (Max = 10)	9

Mason et al. (2022)	Study aims	To explore processes which link self-disgust and attempted suicide in males.
	Setting (Country)	Community setting (United Kingdom)
	Participants	Men (n=9) who had attempted suicide. Age range 24-54 years. All white British.
	Methods	Semi-structured interviews. Grounded theory.
	Definition/ understanding of self-harm used within study	Suicide attempt.
	Summary of findings, themes, and concepts	Three concepts identified: (a) Self-disgust (b) Worthlessness (c) The endured emotional distress of 'the abyss'

	Quality assessment: CASP Score (Max = 10)	10
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Quinlivan et al. (2022)	Study aims	To explore reasons why some patients do not receive psychosocial assessment following self-harm.
	Setting (Country)	Mental health trusts and community organisations (United Kingdom)
	Participants	Patients (n=88). Age range 17-75 years. Gender: Female (n=72)
	Methods	Qualitative survey. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by study participants.
	Summary of findings, themes, and concepts	Factors contributing to non-assessment. (a) Patient factors: (b) Organisational circumstances: Gateway issues; Hierarchy of risk
	Quality assessment: CASP Score (Max = 10)	10

Sass et al. (2022)	Study aims	To explore experiences of people who self-harm and perspectives on help-seeking.
	Setting (Country)	Community setting (England)
	Participants	Individuals with experience of self-harm (n=14). Gender: Male (n=3). Ethnicity: White British or Irish (n=12), South Asian (n=2)
	Methods	Semi-structured interviews. Thematic analysis.
	Definition/ understanding of self-harm used within study	Self-defined by study participants.
	Summary of findings, themes, and concepts	Support structures significantly impacted by lockdown. Lockdown presented relational

		<p>issues for those who self-harm. Help-seeking impeded by feeling like a burden and potential for spreading the virus. People who self-harm exercised self-reliance response to 'stay home' messaging but many struggled without formal support. Online support services an important role.</p>
	<p>Quality assessment: CASP Score (Max = 10)</p>	<p>10</p>

Appendix 2: Critical Appraisals Skills Programme (CASP) Quality assessment

Quality assessment of qualitative papers

		Reference
Marzano et al. (2012)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Baker et al. (2013)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes

	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Chandler (2013)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Donskoy (2013)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes

	Is the research valuable?	Yes
Hunter et al. (2013)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Klineberg et al. (2013)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes

Chandler (2014)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Inckle (2014)	Clear statement of research aims?	No
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
	Clear statement of research aims?	No

McAndrew and Warne (2014)	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Sutherland et al. (2014)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
McDermott et al. (2015)	Clear statement of research aims?	No
	Is qualitative methodology appropriate?	Yes

	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	No
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Morris et al. (2015)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Chamberlen (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes

	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Dargan et al. (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Givissi (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes

	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Long et al. (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Marzano et al. (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes

	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Owens et al. (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Rayner and Warne (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes

	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Sambath (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Sambath (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes

	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Whalen (2016)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Jacob et al. (2017)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes

	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Johnson et al. (2017)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Wadman et al. (2017)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes

	Is the research valuable?	Yes
Biddle et al. (2018)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Boyce et al. (2018)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes

Edmonson et al. (2018)	Clear statement of research aims?	No
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Long (2018)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
	Clear statement of research aims?	Yes

Mackenzie et al. (2018)	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Wadman et al. (2018)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Wadman et al. (2018a)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes

	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Anderson and Clarke (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
Is the research valuable?	Yes	
Bailey et al. (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes

	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Camm-Crosbie et al. (2010)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Chandler (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes

	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Griffiths et al. (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Harris (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes

	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Troya et al. (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Troya et al. (2019a)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No

	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Turrell (2019)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Ballantyne (2020)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes

	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Higgins (2020)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
	Lavis and Winter (2020)	Clear statement of research aims?
Is qualitative methodology appropriate?		Yes
Was the research design appropriate to address the aims of the research?		Yes
Was the recruitment strategy appropriate to the aims of the research?		Yes
Was the data collected in a way that addressed the research issue?		Yes
Has relationship between researcher and participants been considered?		Yes
Have ethical issues been taken into consideration?		Yes
Was the data analysis sufficiently rigorous?		Yes

	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Lockwood et al. (2020)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Owens et al. (2020)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes

	Is the research valuable?	Yes
Steggals et al. (2020)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Wadman et al. (2020)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes

Coronel (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Boyce (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
	Clear statement of research aims?	Yes

Chandler et al. (2021)	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Guest et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Miller et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes

	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Mughal et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
O'Brien et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes

	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Polling et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Quinlivan et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes

	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Richardson et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Rouski et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes

	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Walker et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Williams et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No

	Have ethical issues been taken into consideration?	No
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Woodley et al. (2021)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Aktar (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes

	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Brown et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Cully et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes

	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
John et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Marzetti et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes

	Is the research valuable?	Yes
Mason et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes
Quinlivan et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	No
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes

Sass et al. (2022)	Clear statement of research aims?	Yes
	Is qualitative methodology appropriate?	Yes
	Was the research design appropriate to address the aims of the research?	Yes
	Was the recruitment strategy appropriate to the aims of the research?	Yes
	Was the data collected in a way that addressed the research issue?	Yes
	Has relationship between researcher and participants been considered?	Yes
	Have ethical issues been taken into consideration?	Yes
	Was the data analysis sufficiently rigorous?	Yes
	Is there a clear statement of findings?	Yes
	Is the research valuable?	Yes

Appendix 3: Themes and concepts: Translation tables

Context and culture: Concepts and illustrative quotes

Concept	Studies	Illustrative Quotes
<p>Not just teenage white girls</p>	<p>(Baker et al., 2013; Bermeo Coronel, 2021; Biddle et al., 2018; Dargan et al., 2016; Donskoy and Stevens, 2013; Jacob et al., 2017; John et al., 2022; Klineberg et al., 2013; Lavis and Winter, 2020; Lockwood et al., 2020; Long, 2018; Marzano et al., 2016, p. 201; Turrell, 2019; Wadman et al., 2018)(Sharmin Aktar, 2022; Baker et al., 2013; Ballantyne, 2020; Boyce, 2021; Chandler, 2019; Chandler and Simopoulou, 2021; Inckle, 2014; Klineberg et al., 2013; Marzano et al., 2016, 2012; Marzetti et al., 2022; Mason et al., 2022; McDermott et al., 2015; Polling et al., 2021; Richardson et al., 2021; Sambath, 2016; M Isabela Troya et al., 2019; M. Isabela Troya et al., 2019; Turrell, 2019; Williams et al., 2021)</p>	<p>McDermott et al. (2015) I am bi-sexual. I'm always getting made fun of, and I hate it! I've thought about suicide...a lot...I self-harm. My life is horrible.</p> <p>Year X is stressful and self-harm is my coping mechanism...I'm tired of everyone thinking I am depressed over being a lesbian...I love being a lesbian.</p> <p>...because of low self-esteem and a messed up world. NOT because of my preference for girls.</p> <p>It's not BEING gay...it's being tormented and belittled.</p> <p>I think it's true that LGBT youth are at higher risk for self-harm, mostly because of bullying and social rejection they go through, rather than because of 'confusion'.</p> <p>Troya et al. (2019) I felt embarrassed because of me age, I didn't wanna ask for help. I'm thinking it's girls that do it, 16, 17-year-olds you know and they're self-harming and here is me, at 67, you know, I should know better'.</p> <p>It's still something not taken seriously, like it will go away or grow out of it. When the truth is, you don't grow out of it if you don't receive the help.</p> <p>Ballantyne (2020) I would look at girls and I'd be like- I want to be like that, that's what I would like. I'd do anything to be like just like that, like so normal and em and I remember I'd like I'd take a knife and I'd press really hard like really like going harder and harder and just to feel the pain and I think it would numb me in a way.</p>

		<p style="text-align: right;">Boyce (2021)</p> <p>It's never been easy being a male who has had an eating disorder or been a cutter, most programmes are for young women.</p> <p>I very recently had an assessment with IAPT who wanted to refer me to a self-harm support group, but it's not available to those over the age of 25, which is upsetting. Many resources online seem to be aimed at those under 25 too, so they don't always feel as applicable or helpful to me because they focus on issues typically faced by teens.</p> <p>Often people seem to associate self-harm with teenagers only, and label it as 'just a phase' or something to do with a subculture e.g. Emos. I think there is therefore very little understanding or compassion generally in society for people who are older that self-harm.</p> <p>I think if an adult is seen with healed scars it's acceptable, as if they had got past a bad time or phase. But to be an adult self-harmer is a different matter.</p> <p>Now that I'm older I'm supposed to know that it's not an okay coping mechanism.</p> <p>People expect that you 'grow out of it' and that you're very highly strung, but it will level out as you grow up. When you don't fit that, people get frustrated and believe you are childish or juvenile.</p> <p>It doesn't stop when you get to 18, but that is how it's portrayed. People have said to me "Haven't you grown out of that by now?". I wish people were better informed. I sometimes feel embarrassed because I am 33, which just makes it all worse. I hate that.</p> <p>Generally, when discussing self-harm, the conversation focuses on teenage girls. As a male, it is much more stigmatised, and less accepted. Adults who self-harm, generally I find are stigmatised even more, almost as though as an adult you should have more control of your emotions.</p> <p style="text-align: right;">Chandler and Simopoulou (2021)</p>
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It's easier to hide self-harm if you're a rugby player and you come out all bruised and battered, there's something like you can't hide that, whereas maybe women don't have the same exposure to the physical sports that they could get that release from...I don't know, maybe that's how men have found certain ways of self-harming and women have found other ways of self-harming.

Williams et al. (2021)

If I was already in a bad place you know something just as small as one pronoun would just sort of send me into a spiral...Yeah I'd say especially like dealing with like gender dysphoria, you know, it feels you know kind of natural to take those feelings out on your body when it feels like it shouldn't even be yours.

Hurt myself in my biceps or where I'm muscular. And when I was younger, so I would hurt, I would disproportionately get hurt in my testicles a lot. Erm like I tried to, I tried to castrate myself sort of.

Williams et al. (2021)

I think it was a lot of me feeling like I deserved it [self-harm]. Erm and that it was again a form of punishment for me because I genuinely thought that what I was feeling was sinful and that I needed to get it out of me.

I had probably at least half, 150 people being "oh [name] dirty lesbian" coming into my classrooms. I had people throwing balls of yarn covered in piss, piss, urine, didn't ever hit me.

Everyone would be like "ew she's going to be looking at us" like "aw I bet she fancies us kind of thing," like I felt better being away from everyone else which it didn't feel great that I had to kind of go somewhere else from other people [...] I think definitely the discrimination I got when I was younger from other girls, that definitely impacted it [self-harm and suicidal thoughts] because it added to that low mood and just not feeling accepted.

Brown et al. (2022)

		<p>In our religion we're not meant to be like in a relationship before marriage and stuff...so I've always, erm, known...I probably deserve to be struggling, as a punishment</p>
<p>Something is very wrong with me.</p>	<p>(Sharmin Aktar, 2022; Baker et al., 2013; Ballantyne, 2020; Bermeo Coronel, 2021; Brown et al., 2022; Camm-Crosbie et al., 2019; Chamberlen, 2016; Chandler, 2019; Dargan et al., 2016; Donskoy and Stevens, 2013; Edmondson et al., 2018; Givissi, 2016; Inckle, 2014; Mason et al., 2022; McDermott et al., 2015; Morris et al., 2015; O'Brien et al., 2021; Rouski et al., 2021; Sambath, 2016; Steggals et al., 2020; Wadman et al., 2017; Walker et al., 2021; Williams et al., 2021)</p>	<p>Anderson and Clarke (2019) I think I try too hard for perfection, and ironically [...] sabotage it by squeezing away.</p> <p>O'Brien et al. (2021) I feel like it's all my fault. I feel like I'm the problem.</p> <p>Marzetti et al. (2022) Some of the things they said on a regular basis was like, 'you are the ugliest person in the world, like no-one will ever love you', and things like that. Like once I feel like that because a think you hear all the time you believe in it. It's like, although after I finished secondary school, although I didn't hear from them again for a long time, it was like they left but I kind of created this bully that was inside me and like even after losing my contact with them I realised I had the same pressure on me, myself now, like 'why are you like this? You are so ugly. You're never enough!' and things like that.</p> <p>Mason et al. (2022) I just don't think very much of me at times, at those time I feel like scum.</p> <p>Sometimes I look in the mirror when I'm in a really low point and I think 'what is this thing looking back at me?' I almost feel sick to the point, because it's just, that's my low state of mind at that point, when I'm feeling really low.</p> <p>Weak. Disgusting...I never feel clean...what happened to me shouldn't happen to anybody. And it just makes me feel worthless, shit, I shouldn't be here.</p>
<p>Information and influence</p>	<p>(Baker et al., 2013; Bermeo Coronel, 2021; Biddle et al., 2018; Dargan et al., 2016; Donskoy and Stevens, 2013; Jacob et al., 2017; Klineberg et al., 2013;</p>	<p>Jacob et al. (2017) I was in complete secrecy about my self-harm, but then I'd go home and I had all these people on the computer who I could talk to, who would support me.</p>

Lavis and Winter, 2020;
Lockwood et al., 2020;
Long, 2018; Marzano et
al., 2016; Turrell, 2019)

I would just look at tips; how to hide it you know how to make it, make it hurt more and things like that, and yeah just kind of, I don't know, I don't know. I did go on there for a positive reason in the beginning, but after that I was just looking at negatives so like pro self-harm sites and that was it then.

Biddle et al. (2018)

It was around the time that Mick Jagger's girlfriend took her own life and I remember reading she was six foot and managed to hang herself on [names ligature point]...so I went online and I was reading about it...and I went down and I tried to do it [using same ligature point].

Wikipedia told me the answer...they told you what was poisonous about them, how many you needed to kill yourself, how much in grams.

When my head's been bad, I've wanted to be dead and not helped, so I'm more likely to Google what can kill me quickest than how I can get help.

I was really interested in the way that others were talking about it and it would be like a nice little comfort blanket...it was literally just like not feeling so alone.

I Googled 'how to hang yourself'...it was an in depth report on how Saddam Hussein had been hanged and the knot had to go [states location] to break your neck.

Lockwood et al. (2020)

I think it's very much what will help me immediately – oh, I've self-harmed before, I'll do that again.

Lavis and Winter (2020)

I think there's a misconception that people will, like, get into self-harm because they see these pictures [online] and I really don't think that's true.

Coronel (2021)

I think it also had a lot to do with the time, you know, emo was becoming like a big thing you

		<p>know like, Senses Fail and, you know, half of their songs are about, their most popular songs Bloody Romance, like, literally is about cutting yourself, Hawthorn Heights, and you know, every other line was about cutting my wrists or whatever. Taking Back Sunday, like, it was right when that whole scene was going to explode. So, I think it was again partially that, you know, you just, it was more in the spotlight, and when I listened to those songs, it was exactly how I felt, how they were dealing with those feelings, so I thought why the hell not.</p> <p style="text-align: right;">John et al. (2022)</p> <p>It seemed like the press were trying to find a link between all of them and I think obviously some of them were linked but [M] had nothing to do with any of the others. So that was upsetting for people reading it because it was like they were just saying how they were killing- , killing themselves because their friend had done it or their family had done it and that wasn't the case, for [M] it wasn't anyway cause I knew him, I spoke to him that day.</p>
<p>Self-harm and the State</p>	<p>(Baker et al., 2013; Chamberlen, 2016; Donskoy and Stevens, 2013; Griffiths et al., 2019; Inckle, 2014; Johnson et al., 2017; Mackenzie et al., 2018; Marzano et al., 2016, 2012; Polling et al., 2021; Quinlivan et al., 2021; Rouski et al., 2021; Wadman et al., 2017; Walker et al., 2021; Whalen, 2016)</p>	<p style="text-align: right;">Marzano et al. (2012)</p> <p>In here they don't see it as serious. They think you might be playing with them; you are playing tricks on their mind or something...to draw attention; to make them do something. They don't see what is in your mind, or what you think.</p> <p>They hate you for it. But, you know, I mean, it's part of prison life in a way. You know, you get, you get persecuted all the way through...some of the staff, they are supposed to be trained nurses, bless them. Yeah? And they obviously don't understand, well, they hate you for it.</p> <p>It is the worst possible care that they could give, they do not GIVE A TOSS...They just don't wanna do anything, they're better than me, that's it...You're supposed to get NHS care, you don't even get that.</p> <p>They need to have a lot more help for the mental health. A lot more help. And a lot more screws in here with a lot more understanding. And the GPs need to listen a bit more and not tar everybody with the same brush as being a</p>

junkie. Because it's all right sending me to yoga, but yoga ain't worth a wank...it does not relax you at all. For someone like me – don't get me wrong I've done it twice and it did relax me for that hour – and as soon as I walked back on the wing and got spoken to like a piece of dirt, do you know what I mean? My back went up again. And then it starts off again.

Donskoy and Stevens (2013)

I think also it was two fingers to the system because I was supposed to be on 15 minute observations [...] I managed to do that whilst sat on my bed, with, in full view of the door, just dismantle a razor blade, and nobody actually noticed me doing it, so I supposed I was partly trying to show a weakness in the system, that I could take control, and if I wanted to harm myself I could do.

Chamberlen (2016)

I would spend hours in my cell alone, I had to think, I wanted to and at the same time I resented having to think, so that's how the self-cutting started, you know, trying to avoid the thinking. It meant accepting what happened, what harm I caused and how I had to pay for it, it meant re-evaluating my life. I couldn't sleep or eat because of all the thinking, I barely left my cell, and I really just couldn't bring myself to get out of bed most days. I was really that low...and there's nobody who can really help you, it's just a painful time you have to be with yourself, your worst enemy.

When I first went in, I was completely gobsmacked [...] it took a while to sink in really. The first prison I was sent to was proper HMP, old, stuffy, everything was metal. Metal bars, metal doors, keys jangling all night, keeping you up all night...And they put you in this block for people who just got in, and that was quite upsetting...It was like listening to a different story every night with the crying and the cutting [...] and the next morning, some girls wouldn't even try to hide [the scars], the younger ones would kind of show off, you know it was like their survival mark.

And in the main wing, nearly everyone I met had self-harm marks all over their bodies; they had slashes on their arms, scratches, deep wounds. That was very disturbing to see, especially when you first walk in, because you think, 'god, is it going to be that bad? Is it so bad that we all have to do this to ourselves?'

Marzano et al. 2016

Because it's disgusting the way they treat people on the mental health side of things. It's a joke, it really is a joke. No wonder there is so much suicide and self-harming in these places – not just this place, in all of them. Do you know what I mean? You can't believe the way that they treat you.

I try to explain, I do tell them, but it's still they don't wanna know. Until you do something [...] what do I have to do? Right, I'll cut myself. They might listen to me then.

Johnson et al. (2017)

If you were sixteen years old and you were in care, you had all your stuff in your room taken out how would you like it?

If you're in your room with nuthin in it, could make you feel like depressed and could probably make hundreds of thoughts go through yer heed if you're angry or sad or whatever

Polling et al. (2021)

I went to school with some really nice middle-class girls. And a few of them took overdoses and their parents then sent them to the south of France to rehab, and stuff like that. Whereas we'd get none of that. We'd get our children taken away from us, would have to go through social services craziness, we'd probably have to go and do some parenting courses, we'd have to go to court, we'd probably lose our flats. There is so much more for us to lose if we were to kill ourselves.

Rouski et al. (2021)

Well once I got to know the staff a bit and built relationships with them, I felt like I could tell them. I still wouldn't tell them before I do it, but

		if I done it and it was quite bad then I could tell them.
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Narrating the unspeakable: Concepts and illustrative quotes

Concept	Studies	Illustrative Quotes
Compulsion and control	(Sharmin Aktar, 2022; Anderson and Clarke, 2019; Bermeo Coronel, 2021; Brown et al., 2022; Chandler, 2019, 2014, p. 201; Donskoy and Stevens, 2013; Mackenzie et al., 2018; Marzano et al., 2016, 2012; Miller et al., 2021; Morris et al., 2015; Owens et al., 2016; Rouski et al., 2021; Sambath, 2016; Steggals et al., 2020; Sutherland et al., 2014; M. Isabela Troya et al., 2019; Wadman et al., 2017; Woodley et al., 2021)	<p>Chandler (2014) If I'm no' in control of a situation, or if I'm no' in control of what's happenin'...that's when I self-harm [...] It's like...if, if somebody says something or, or [pause] or...you know something's going on and I'm like 'oh god I cannae stop this' or...em sometimes I start to panic aboot things, and the only way I can not stop panicking about it and think rationally about it is...cut myself [pause] it's just like, I dunno it makes me just stop I suppose and then, it's like right ok, deal wi it. So I think it's like getting control or gaining control.</p> <p>Sutherland et al. (2014) Self-harming, for me, was a compulsion.</p> <p>Wadman et al. (2017) ...it [self-harm] is like an addiction, life for example if a drug user takes drugs and they get a good feel from it, they'll do it again and again.</p> <p>Wadman et al. (2018) I just didn't have no control in my life. And everyone was making choices for me and that was my only way of controlling anything. That was my choice to do or not, and that was the only thing I could control, everything else was controlled by people.</p> <p>Anderson and Clarke (2019) It seems like I HAVE to get all this disgusting stuff off my face</p> <p>Boyce (2021) It has always been a coping mechanism, it allows a release of bottled up emotions, a feeling of control when all else feels uncontrollable.</p> <p>Miller et al. (2021) I have a craving, it's like it will not stop until like, I hurt myself.</p>

		<p>They [jorges] just take over; you feel that you have no control left...It's physical and mental, you feel that you have no control...progressively over the years it has got worse and completely out of control.</p> <p>Woodley et al. (2021) I found I had less control using the razor blades because the cuts would hurt less and you could cut deeper.</p> <p>I don't do it a deep as I'd like to sometimes because I think, no, because that's going on your medical record...if you are going to do it, do it sensibly.</p>
<p>The work of staying alive</p>	<p>(Anderson and Clarke, 2019; Baker et al., 2013; Ballantyne, 2020; Biddle et al., 2018, p. 201; Chandler, 2019; Donskoy and Stevens, 2013; Edmondson et al., 2018; Givissi, 2016; Guest et al., 2021; John et al., 2022; Klineberg et al., 2013; Long, 2018; Mackenzie et al., 2018; Marzano et al., 2016; Marzetti et al., 2022; Mason et al., 2022; McAndrew and Warne, 2014; McDermott et al., 2015; Miller et al., 2021; O'Brien et al., 2021; Polling et al., 2021; Quinlivan et al., 2022, 2021; Richardson et al., 2021; Sutherland et al., 2014; M Isabela Troya et al., 2019; Ruth Wadman et al., 2018; R. Wadman et al., 2018, p. 201;</p>	<p>Baker et al. (2013) I was just doing what made me feel better.</p> <p>I think if someone did not really know about self-harm and they were upset they might just change to suicide.</p> <p>Donskoy and Stevens (2013) I was quizzing in my head whether it was suicide or was it a cry for help. It's just like you know I've got all the respect for people who commit suicide, sort of fair enough, fair enough. You know. Get out of it basically, you know [...] I dunno, whether or not for me it was a cry for help or whether it was actually like I really wanted to do it. I still don't know, to be honest.</p> <p>Marzano et al. (2016) It's the way I cope. It's the way I adapted to cope, anyway [to] the situations that I've been in my life since I was a kid.</p> <p>Chandler (2019) I just think, wouldn't it be fucking great, just walk in front of that bus, right now, just as the bus is coming along, and then I've got no worries anymore like that, or anything like, you know. I think about things like that all the time. I would just drink all the time, because I had nothing...basically it wasn't just 'cause I had nothing else to do, it's just I was lonely. Loneliness. And I would drink bad. And on other days...some days I would take too many tablets.</p>

	<p>Wadman et al., 2017; Walker et al., 2021)</p>	<p>I've been hit by a through cars just wanted to end it.</p> <p>Miller et al. (2021) I think it's a way of taking care of yourself, because I feel in a way like self-harm stops you thinking about suicide as well.</p> <p>O'Brien et al. (2021) Everything just piled up, and it was just like, "I'm done'. Can't do this anymore".</p> <p>I think that most of the people I know would be better off not knowing me. I feel like their life would just be much easier...</p> <p>I didn't have the little things to live for. It was all falling apart, family life and school life. There wasn't any good. I couldn't see the light at the end of the tunnel. It just seemed like darkness. I couldn't imagine myself being anywhere else.</p> <p>Walker et al. (2021) When I ligature, I expect to die. When I cut myself it feels good.</p> <p>Hanging – wanted to die and expected to die. Cutting- wanted to let frustrations out and expected a release.</p> <p>Mason et al. (2022) Step One; Self-harm's not helping. Step two; That feeling of total...even though you're with somebody you love more than anything, it can be the loneliest place in the fucking world when you're sat there. And if I get there, that means I'm on to Step three [suicide attempt].</p>
<p>Drama vs. mundanity</p>	<p>(S. Aktar, 2022; Ballantyne, 2020; Boyce, 2021; Donskoy and Stevens, 2013; Edmondson et al., 2018; Givissi, 2016; Guest et al., 2021; Inckle, 2014; Lockwood et al., 2020; Mason et al., 2022; Miller et al., 2021; Rayner and Warne,</p>	<p>Marzano et al. 2016 When things get too much you know; that's how I release. It released things on the inside of me. How I feel.</p> <p>I cut personally to have a bleed, to get rid of what I consider to be my blood pressure. I've been to the doctor's in the past and asked him to withdraw blood with a syringe and needle.</p> <p>Wadman et al. (2017) I think it was a good release...[to] take my head out of that heightened, tense state and down to</p>

	<p>2016; Richardson et al., 2021; Steggals et al., 2020; M. Isabela Troya et al., 2019; Turrell, 2019; Walker et al., 2021; Williams et al., 2021; Woodley et al., 2021)</p>	<p>something that was a little bit more level and calm</p> <p>Wadman et al. (2018) I was really, really angry and then I cut myself, and then all of a sudden I just wasn't angry any more.</p> <p>It's just become habitual now. Like if I have something, something bothers me; my first instinct is always hurting myself.</p> <p>Lockwood et al. (2020) A lot of things I went through o impulse...even with the bleach, that was completely – I wasn't even thinking about it two minutes before that. I was washing up.</p> <p>Whenever [the impulsive to self-harm] happens to people, they don't know what they're doing...maybe we need to see the warning signs first. Because once it gets to the urge, maybe it's too late.</p> <p>It's sort of like an inbuilt thing now. It's like...I'm feeling like that, so then, I'll do this [self-harm]. It's like Maths – you add 'this' and then 'that' and it's equal to self-harm.</p> <p>Miller et al. (2021) Self-harm is always sitting in your mind and if I am watching the telly or something, I'll be thinking about it and it will be like, 'Oh I need to see the self-harm, I didn't self-harm earlier, I have to self-harm later.</p>
<p>Pleasure and pain</p>	<p>(S. Aktar, 2022; Anderson and Clarke, 2019; Bermeo Coronel, 2021; Chandler, 2013; Donskoy and Stevens, 2013; Givissi, 2016; Inckle, 2014, p. 201; Klineberg et al., 2013; Miller et al., 2021; Sambath, 2016; M Isabela Troya et al., 2019; Turrell, 2019; Walker et al., 2021)</p>	<p>Donskoy and Stevens (2013) I don't think it's the hurt that appeals to me, I think it's – I just wish somebody would know how I was feeling.</p> <p>It was great. It was great. It was a sense of – I suppose it must be like for a drug addict for its first fix. You know, phyorrr! You know, your serotonin and everything straight up the roof, great!</p> <p>Chandler (2013) It just varies but, I think like, sometimes you don't, you don't feel as much pain as you'd think you do [...] all these chemicals in your brain get</p>

		<p>released [...] so that it acts like a pain killer [...] so you don't actually feel the pain that you think you would.</p> <p>A lot of people don't talk about that, about how good it [self-injury] feels. And, also that, erm, people that haven't experienced how that feels, and think that, people that self-harm are masochists or something. But, mostly you don't actually feel the pain. And, I know a lot of people have gone on about, it's endorphins and stuff. And I guess it is, I don't know [...] but, em, it feels good...but a lot of people don't really want to talk about that.</p> <p>Mostly when I self-harmed I didn't really feel the pain, as, other people would feel the pain [...] so I think when I went into school with that short sleeved t-shirt that time, it was more, kinda, macho swaggering kinda thing [...] which sounds really daft, but, it, it made me feel, em, less of the victim actually.</p> <p style="text-align: right;">Wadman et al. (2017)</p> <p>I got a good feel from it [self-harm] that one time; and when I felt bad again I did it again [pause] and it just continued.</p> <p style="text-align: right;">Anderson and Clarke (2019)</p> <p>...I get a little rush out of [picking]</p> <p style="text-align: right;">Miller et al. (2021)</p> <p>I just love watching the blood drip from it, it makes me feel good.</p> <p>It takes my focus away from another kind of pain, like the pain inside, like the way I feel. So, it overtakes that so I kind of forget about the other sort of pain.</p> <p>I am doing it to feel pain to remind myself that I can still feel pain, because at the moment I feel nothing I feel numb and it's my only way that I am reminding myself that I am still here, that I am still alive...by seeing the blood.</p>
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Changed landscapes: Concepts and illustrative quotes

Concept	Studies	Illustrative Quotes
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<p>Scars, stigma and shame</p>	<p>(S. Aktar, 2022; Anderson and Clarke, 2019; Baker et al., 2013; Boyce, 2021; Brown et al., 2022; Camm-Crosbie et al., 2019; Chamberlen, 2016; Chandler, 2014, p. 201; Donskoy and Stevens, 2013; Givissi, 2016; Hunter et al., 2013; Inckle, 2014; Klineberg et al., 2013; Long, 2018; Mason et al., 2022; McAndrew and Warne, 2014; McDermott et al., 2015; Owens et al., 2016; Polling et al., 2021; Quinlivan et al., 2022; Sambath, 2016; Sass et al., 2022; Sutherland et al., 2014; Turrell, 2019; R. Wadman et al., 2018; Walker et al., 2021)</p>	<p>Chandler (2014) The scars are there, for ever now, so [pause] I think that's kinda a bad thing though because it, ...see if it's something that faded over time, you might sorta go, oh well, it all faded so, that's it I'll no bother. But I've got these scars now, they're there now, the damage is done, I just cut on top eh scars now, just, covered...totally utterly covered [pause] so it's like, phew [pause] what's the point, of stopping.</p> <p>I just have this, sortie warped body image, and I don't know if that's, again, I don't know if that's part ae the...the self-harm, d'you know, I don't know if that's why [pause] like I hate this body so I'll just [pause] abuse it [laughs] [...] I mean I cannae, can't look in the mirror, cannae look at myself [long pause] just, disgusting.</p> <p>It is about adornment and celebration [...] And in a way my scars are as well, actually, 'cos I do think they're really beautiful, and they're like a part of my, my experience, my history. And I very much believe about, em, your experience – written on the body and the body telling a story.</p> <p>Sutherland et al. (2014) I am now a university student, and my scars are now visible. I made the decision not to spend another hot day in extreme discomfort, not to let my fashion sense be dictated by anything other than desire and not to obsess over every action with the anxiety of being exposed. The transition was easy. I was meeting new people and if I didn't mention my scars, neither would they. On the flip side, if I did choose to mention self-harm to close friends, they then weren't shocked. I can have intimate relationships without the fear that I am being deceptive – something that held me back before.</p> <p>Becoming visible around old friends was a little harder. I hadn't work short clothes around them for many years, and none of them knew the extent of my mental health problems. The first time I wore a t-shirt, one friend remarked, "Oh my God, what happened to your arms?". I told her they were just old scars, and she was satisfied. There is now an unspoken understanding that I have a problem with self-</p>
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harm, and I feel infinitely more comfortable socialising with these people.

Chamberlen (2016)

It really used to affect me; I would be all about hiding them, now I'm getting over it a little, because you can tell they are old scars, you can tell I don't do it so much any more. But when they were redder, more prominent, when they were fresh, I was very conscious. I wouldn't wear short-sleeved tops, even in hot weather, I would keep my arms and legs covered, even my neck I had to have covered up. But some of these marks will never go away so I have to deal with it [...] I used to think people would look at me and think I'm a freak, like tell I wasn't normal. Nobody else other than the girls in prison looked like this, so I knew it was something wrong.

Givissi (2016)

There may be times where I might deliberately want to show someone my scars because I really want to connect with them and I can't work out how to do it. Umm particularly if I'm... if I am really low umm and ... because I've become very withdrawn and... and I lock myself away and stuff, and if I do it, if I cut umm I might sort of accidentally on purpose, accidentally let someone see it so they can see that something's not right.

I think each scar is special to me because each scar saved my life, you know

They don't define who... who I am but it's like the marks of your... or a storm that my inner self was having with itself. I know... and not because I deserved it either

Wadman et al. (2018)

I just think that I felt horrible for doing it because, well, I promised people, my boyfriend, that I wouldn't do it [self-harm] anymore and then I did it. I was kind of the 'breaking the promise' thing as well.

Anderson and Clarke (2019)

I indulge in a destructive and shameful habit of incessantly picking at my face and upper back, chest, forearms, scalp and hands. Ick! I'm grossing myself out!

The worst part for me is the shame and self-hatred. Knowing intellectually that I am harming myself and not being able to stop. Consumed with thoughts about how weak I am, how pathetic, and people must think I'm really sick.

I'm scared that the dermatillomania is a symptom of fundamental symptom of fundamental deficits within me which are unlovable.

Boyce (2021)

I think it can often seem like I am less capable or mentally stable if I tell people, for example in a professional setting.

Work colleagues they'd be horrified, not trust me, as they'd see me as having something deeply wrong with me. It would be a terrible move in terms of my career, as I would probably be fired as they'd want rid of me so they'd find a way, if not I'd never be considered for any sort of promotion ever again.

Judgements lead to worsening self-worth, self-confidence and guilt. I already have a lot of demons, I don't need people's opinions and view to make it worse.

Aktar (2022)

In the Islamic religion you're not supposed to inflict any harm on your body it's like a sort of promise that you make with God. Your body's like a promise and you have to return it in a proper state

She started talking about religion and how she was like don't you know its haram to self-harm how's God gonna feel, like something about being punished I can't remember

Brown et al. (2022)

If you feel ashamed what can you do?...it's not really [an emotion] that people teach you how to deal with, it's like, you can go online and say, like, how do you deal with anxiety, there are a hundred videos that will come up, erm, you try and say I feel ashamed of myself, what will come up is, you should love yourself, it's like, that's not very helpful.

		<p>[she said] everyone's embarrassed by you...you need to cover up [the scars] on your arms</p> <p>Normally, if you've done something wrong, you feel ashamed, you say "I'm really sorry", and the person goes "I forgive you"...but if it's something you're doing to yourself...there's nowhere for it to go.</p> <p>Put a jacket on, you're triggering people.</p>
<p>Navigating the world</p>	<p>(S. Aktar, 2022; Anderson and Clarke, 2019; Ballantyne, 2020; Chandler, 2019, 2014; Guest et al., 2021; Klineberg et al., 2013; Sambath, 2016; Steggals et al., 2020; Sutherland et al., 2014; Turrell, 2019; Ruth Wadman et al., 2018; Wadman et al., 2017)</p>	<p>Wadman et al. (2018)</p> <p>My mum was like 'well why are you doing it?' She got dead angry with me, she wouldn't give me eye contact or talk to me. The next day... we had this huge argument and I was crying and she was shouting at me and she was like 'is it something that you and your friends do?' And I was just 'no'.</p> <p>I think they're more frustrated at the fact that I don't go to them and talk to them first, and then I end up in hospital again. If my mum and dad found out again then it'd just be a whole lot of drama again and I just, I think I'd rather not deal with the drama.</p> <p>She just broke down into tears. She wasn't angry or anything, she broke into tears and she just gave me a massive hug and told me that we'd get it sorted and everything.</p> <p>Anderson and Clarke (2019)</p> <p>Who would hire a teacher that looks like this...always picking at themselves.</p> <p>My children have seen my bloodied face and back. There are days I want to call 'Child protective services' on myself. I've just had my first child, and I want to be free of this – don't want to pass it on to her.</p> <p>If it weren't for my very supportive husband [...] I would starve to death because I will not and cannot go to the grocery store.</p> <p>I've cancelled meetings with friends, missed work, let people down and one of my biggest regrets and shames was missing a friend's funeral.</p>

		<p>I have spent thousands on makeup and skincare. Worn long sleeves, jeans and boots in the middle of summer. Worn more makeup than a circus performer. Been hours late for engagements because I was picking then had to jump through all the hoops to cover it up. I have even not gone out when my apartment building had a REAL fire alarm because I was picking and didn't have enough time to slap on enough makeup and cover up my marks.</p> <p style="text-align: right;">Boyce (2021)</p> <p>One thing that has been difficult, as I get older, is sharing within relationships and friendships and then losing the relationship or friendship.</p> <p style="text-align: right;">Higgins (2020)</p> <p>He [manager] didn't say the word 'self-harm' but he said, about being a danger, he said do you feel like you're safe to be at work and I said what do you mean, and he ignored me and said do you think you're dangerous to be at work. That's how he put it, he meant, he said both: like to me or people I were looking after... that made me not tell anyone else for ages</p> <p style="text-align: right;">Brown et al. (2022)</p> <p>It's not fair on them, erm, and they don't know what they're looking at, and it's not fair to introduce them to it, 'cos they're suggestible...I've got to be really careful...I can't put myself in a position where I could be that influence on a child</p>
I (don't) need to stop	<p>(Baker et al., 2013; Boyce, 2021; Donskoy and Stevens, 2013; Guest et al., 2021; Lockwood et al., 2020; Long, 2018; McAndrew and Warne, 2014; Morris et al., 2015; Owens et al., 2020, 2016; Rouski et al., 2021; Sass et al., 2022; Sutherland et al., 2014; Wadman et al., 2017; Woodley et al., 2021)</p>	<p style="text-align: right;">Sutherland et al. (2014)</p> <p>I found out that I really enjoyed writing stories and poetry and started to do that when I felt like hurting myself. The harming didn't stop straight away but I started to do it less and less and found other things to do to take my mind off it.</p> <p style="text-align: right;">Wadman et al. (2017)</p> <p>Now I don't really see myself stopping completely. Probably, cutting down a lot, but at the moment, as it stands, I probably won't stop completely.</p> <p>I don't think I will ever be able to say like categorically that I've like now stopped...I think it's just...like it's nice to have the option.</p>

		<p>I'd have nowhere to turn to...I wouldn't have that [self-harm]. It's just easy to self-harm and I wouldn't have that.</p> <p style="text-align: right;">Long, 2018</p> <p>I really resented attempts to get me to stop cutting because I felt like they were taking away the one thing that was a release.</p> <p>I don't think I ever really wanted anybody to take it away from me...and none of the counsellors ever did really, they just accepted it, that it was part of me and was what I do to keep living too so nobody really tried to take it from me.</p> <p style="text-align: right;">Rouski et al. (2021)</p> <p style="text-align: right;">I want to stop but I don't.</p> <p style="text-align: right;">I'd love to stop. But I can't.</p> <p style="text-align: right;">Woodley et al. (2021)</p> <p>It's the quickest, easiest way out and there's nothing second. Nothing is going to be more effective than self-harm really, and it isn't. Unfortunately.</p> <p>I've worked my way through the coping skills list. I think I've literally tried everything.</p>
<p>Finding help that doesn't hurt</p>	<p>(Bailey et al., 2019; Baker et al., 2013; Biddle et al., 2018; Boyce, 2021; Boyce et al., 2018; Brown et al., 2022; Camm-Crosbie et al., 2019; Cully et al., 2022; Guest et al., 2021, p. 202; Harris, 2019; Hunter et al., 2013; Johnson et al., 2017; Klineberg et al., 2013; Lavis and Winter, 2020; Long, 2018; Long et al., 2016; Marzano et al., 2012; McAndrew and Warne, 2014; Miller et al., 2021; Mughal et al., 2021; Owens et al., 2020,</p>	<p style="text-align: right;">Wadman et al. (2020)</p> <p>[CAMHS] just giving me the same solutions over and over again, it didn't feel like there was anything new. It was just 'have you tried this, have you tried that' and I'd just be like 'no, it doesn't work', and she'd just be like 'well try it again'.</p> <p>I used to go to CAMHS but I always thought they treated you like a little kid. Year, like obviously I'm 16, and they always like show you a piece of paper saying 'look at this blob, what do you feel today?' I'm, like, that's summat what you would do with younger people.</p> <p>Obviously, I guess the best outcome would be that people stop self-harming</p> <p>It could be that you're doing it less often but it's more severe, and is that really an</p>

	<p>2016; Polling et al., 2021; Quinlivan et al., 2022, 2021; Rayner and Warne, 2016; Rouski et al., 2021; Sambath, 2016; Sass et al., 2022; Sutherland et al., 2014; M. Isabela Troya et al., 2019, p. 20; Turrell, 2019; R. Wadman et al., 2018; Wadman et al., 2020, p. 202, 2017; Walker et al., 2021; Whalen, 2016)</p>	<p>improvement?... Like, if it's less frequent and less severe, then that's an improvement.</p> <p>The only time you'd go to hospital is if it was really severe. So you're not actually measuring when they're self-harming, you're only measuring things like when you had an accident and it got too deep.</p> <p>Camm-Crosbie et al. (2019) I tried to kill myself and I was really f***ed up and needed counselling. The NHS waiting list was nine months. You can't wait nine months when you're suicidal...I only got through that period by abusing drugs.</p> <p>Troya et al. (2019) He [GP] just kept looking at his watch.</p> <p>Lavis and Winter (2020) Rather than saying, like 'if you ask for help, the help is out there', that's not entirely true so instead, we should say, 'if you ask for help, the help may be difficult to get' but that's not a reflection on how much you need it, it's a reflection of how tight the services are at the moment, and how resources are being diverted to other areas, it's not your fault and it's not something that you should have to tackle on your own.</p> <p>Owens et al. (2020) Some nurses...just look at you with utter disgust like you're some monster.</p> <p>I was treated from start to finish as if I was pathetic and not worthy of treatment.</p> <p>They refused to treat me!!...basically 'cos it's self-harm...I feel like giving up. What's the point if no-one even wants to try and help.</p> <p>I can understand their frustration at having to stitch someone up knowing that there is a possibility of them returning the next day with a new injury or after re-opening the stitches...They are only human and have bad days just like anyone else.</p> <p>You feel so low after self-harming and being treated with contempt or anger or people</p>
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working on eggshells just makes it worse. If people would simply treat us in a business-like manner, with a touch of sympathy perhaps, it would help. I know it's frustrating treating a self-harmer, but taking the frustration out on us tends to push us further from the idea of getting support.

I will not go up there anymore, mainly because I feel like such a time waster, and I hate all the questions they ask you...I just want to get back home, hide under the duvet and die of shame...I've ended up with numerous infections however from not getting wounds treated.

When you're that low, you think you deserve bad treatment and are not able to complain.

Wadman et al. (2020)
They give you leaflets about 105 ways to stop harming and things, but it's like I've tried the laggy [rubber] band, I've tried drawing on myself. I've tried the ice. And it's like, these things don't work.

I think the one where you draw on yourself with red pen, I think that's completely ridiculous...they were saying some people who self-harm do it because they like to see the blood...but also they need the pain as well, so that one was quite pointless.

Quinlivan et al. (2021)
In any situation, what works well is when I feel listened to and like I had some input and agreement into the decision and follow and most importantly that I understood the situation and why it was happening.

I was given a very quick psychiatric assessment in A&E. I was appreciative of being given some attention at the time as it was the first time I'd spoken about my mental health and self-harm/suicidal ideation...Ideally it would be beneficial to be given some time and space to explore issues rather than feeling that they want you processed and out of the department as soon as possible.

The last two occasions I have had an assessment with a psychiatric-liaison

		<p>practitioner, they have been really positive. I was made to feel as a human and felt as though how I was feeling was validated...They temporarily restored my faith in the MH system.</p> <p>What didn't work well was being told I would be okay, the nature of a checklist-like set of questions to evaluate someone's mental health, left no room for me to really talk about how I was actually feeling.</p> <p>What doesn't help is being told I am doing it for attention, and that they know better than me what is helpful so they won't change the plan. The most unhelpful things are to be told that I didn't really mean to kill myself because I'm not dead and that it is up to me if I kill myself.</p> <p>When I have presented with a diagnosis of emotionally unstable personality disorder, triage was still quick but staff have been cold and lacking in empathy and compassion. Assessments were treat, almost with boredom, and I've been discharged despite being a current risk of suicide or further self-harm.</p> <p>Quinlivan et al. (2022) You have to be deemed medically fit first before the in-house psych team will even speak to you. You are usually having to wait and additional four hours after you have been treated for the harm. I poison myself, so sometimes I could have been in already for 24hrs, and this means often not sleeping, so I am very cranky, and sometimes I can just tell them to fuck off and just [allow me to be] back on my way.</p> <p>I was in withdrawal for a tramadol addiction and the mental health nurse told me I should be a pharmacist because I knew a lot about tramadol. I got up and left.</p> <p>I was refused treatment for self-harm and to see a psych by an ED doctor because 'you're just going to do it again anyway' so I left the ED department in distress (only a day out of being discharged from an acute ward very suddenly) and with a wound on my leg that was muscle-deep and eventually required internal suturing.</p>
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		Mental health professionals wrote on my file that I should not receive mental health assessments or treatment from the emergency department,
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