	Gaynes 2004[9]	Mann 2005[10]	NICE 2011[11]
Overall conclusions	The poor generalizability of the studies makes the overall strength of evidence fair, at best, while the results are mixed. Although some trends suggest incremental benefit from several interventions, no consistent statistically significant effects have emerged for interventions for which more than one study has been done.	Interventions need more evidence of efficacy.	Compared with usual care, there was insufficient evidence to determine clinical effects between interventions and routine care in the reduction of the proportion of patients who repeated self-harm. Thus, no conclusions could be made regarding psychosocial interventions on reduction of repetitions of self-harm. For the outcome of suicide, no conclusions could be drawn due to the small evidence base.
		Scope	
Search dates	1966-October 2002	1966-June 2005	Up to January 2011
Populations included	Population of interest was primary care patients with previously unidentified suicide risk. Included RCTs were conducted in high-risk groups as identified by a deliberate self-harm episode, diagnosis of borderline personality disorder, or admission to a psychiatric unit.	Not specified	Adults, children, and young people with previous self-harm behavior
Interventions included	Pharmacotherapy, psychotherapy, referral/follow-up	Pharmacotherapy, psychotherapy, referral/follow-up	Pharmacotherapy, psychotherapy, referral/follow-up
Suicide-related outcomes included	Suicide completions, suicide attempts	Completed and attempted suicide	Primary outcome was repetition of self-harm; also included suicide outcomes.
Settings/countries included	Primary or specialty care settings; no exclusions based on country.	Included settings not specified; no exclusions based on country.	No exclusions by country
Other exclusion criteria	Clinical trials targeting patients with chronic psychotic illnesses; studies without adequate comparison groups.	No additional exclusion criteria specified.	
		Main Results: Referral and Follow-up Services	
Emergency contact card		Fewer suicide attempts	Insufficient evidence for repeat self-harm and suicide prevention.
Intensive care plus outreach	Meta-analysis of 6 studies produced a non-significant result in terms of decreasing repetition of deliberate self-harm.		
Intensive psychosocial follow-up		No benefit in terms of re-attempt rate when compared to standard care.	
Postal contact	No benefit	Fewer suicides	Insufficient evidence for repeat self-harm; possible suicide prevention effect should be interpreted with caution.
Telephone follow-up	No benefit	No benefit in terms of re-attempt rate when compared to standard care.	Insufficient evidence for repeat self-harm and suicide prevention.
24-hour access to contact with a mental health professional	Trend toward decreasing repetition of self-harm in one RCT		