

Study, Year	Designed to treat suicide? (yes/no/unclear)	N	Outcome definition	Results
Beautrais 2010 <sup>53</sup>	Yes; study aim was to test effectiveness of intervention to reduce self-harm re-presentations	327	Re-presentations for self-harm were assessed by monitoring psychiatric emergency service records and hospital medical records were reviewed at the conclusion of the 12-month follow-up period. Three measures of re-presentation were calculated from these data: re-presentations to psychiatric emergency service, re-presentations to Christchurch Hospital emergency department and total re-presentations to either the psychiatric emergency service or emergency department	<p>Unadjusted analyses:  Re-presentation for self-harm, %:  To psychiatric emergency service: PC=15.0 vs TAU=23.6, P&lt;0.06, OR= 0.57 (95% CI, 0.33 to 1.01)  To emergency department: PC=25.5 vs TAU=27.0, P&gt;0.75; OR=0.92 (95% CI 0.56 to 1.52)  Total (psychiatric emergency service or emergency department): PC=25.5vs TAU=28.2, P&gt;0.58, OR=0.87 (95% CI 0.53 to 1.43)  Number of self-harm re-presentations:  To psychiatric emergency service: PC=23.5 vs TAU=51.1, P&lt;0.0001, IRR= 0.46 (95% CI, 0.31 to 0.68)  To emergency department: PC=53.6 vs TAU=71.8, P&lt;0.04, IRR= 0.75 (95% CI, 0.56 to 0.99)  Total (psychiatric emergency service or emergency department): PC=56.9 vs TAU=78.2, P&lt;0.03; IRR=0.73 (95% CI, 0.56 to 0.95)</p> <p>Analyses adjusted for prior self-harm  Re-presentation for self-harm, %  To psychiatric emergency service: PC=16.2 vs TAU= 22.5; P&gt;0.13; OR=0.64 (95% CI, 0.36 to 1.15)  To emergency department: PC=26.6 vs TAU= 26.0; P&gt;0.88; OR=1.04 (95% CI, 0.62 to 1.73)  Total (psychiatric emergency service or emergency department): PC=26.6 vs TAU=27.2; P&gt;0.91; OR=0.97 (95% CI, 0.58 to 1.62)  Number of self-harm re-presentations  To psychiatric emergency service: PC=28.7 vs TAU=44.1; P&gt;0.04; IRR=0.65 (95% CI, 0.43 to 0.98)  To emergency department: PC=67.2 vs TAU=61.0; P&gt;0.52; IRR=1.10 (95% CI, 0.82 to 1.49)  Total (psychiatric emergency service or emergency department): PC=71.1 vs TAU=66.4; P&gt;0.64; IRR=1.07 (95% CI, 0.80 to 1.43)</p>
Carter 2005 <sup>54</sup>	Yes; primary outcome was repeat self poisoning.	772	Proportion of patients with at least one repeat episode of deliberate self poisoning in 24 months and the number of repeat episodes of deliberate self poisoning per individual over 24 months	<p>12-month outcomes  Proportion of patients with repeat deliberate self poisoning: PC=57 (15.1%, 95% CI 11.5% to 18.7%) vs TAU=68 (17.3%, 95% CI, 13.5% to 21%); difference between groups -2% (95% CI, -7% to 3%); <math>\chi^2=0.675</math>, df = 1, P = 0.41  Cumulative number of repeat episodes of deliberate self poisoning: PC=101 vs TAU=192  Risk of repetition= overall incidence risk ratio (IRR) 0.55 (95% CI, 0.35 to 0.87); men only: IRR= 0.97 (95% CI, 0.48 to 1.98); women only: IRR= 0.54 (95% CI, 0.30 to 0.96)</p> <p>24-month outcomes  Proportion of patients with repeat deliberate self poisoning: PC=21.2% (80/378; 95% CI, 17.0 to 25.3) vs TAU=22.8% (90/394; 95% CI, 18.7 to 27.0); difference between groups -1.7% (95% CI, -7.5 to 4.2); <math>\chi^2=0.317</math>, df = 1, P = 0.57  Cumulative number of repeat episodes of deliberate self poisoning: PC=145 vs TAU=310  Risk of repetition= overall IRR 0.49 (95% CI, 0.33 to 0.73); men only: IRR= 0.97 (95% CI, 0.50 to 1.88); women only: IRR= 0.49 (95% CI, 0.30 to 0.80)</p>

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Gallo 2007 (PROSPECT) <sup>59</sup>	Unclear; states that PROSPECT was an effectiveness study designed to assess the effect of care management on reducing risk factors for late-life suicide, but the primary outcome in this study was mortality, not suicide specifically	599	National Center for Health Statistics National Death Index (NDI) Plus was used to assess vital status over a 5-year period. The underlying causes of death obtained from NDI Plus are similar to codes assigned by trained nosologists (Doody 2001, Sathiakumar 1998)	Suicide N, n/1000 person-years (95% CI) All patients (N=599): IG=1, 0.7 (0.0 to 4.2) vs UC=0, 0.0 (0.0 to 3.3) Patients with major depression disorder (N=396): IG=0, 0.0 (0.0 to 4.1) vs UC=0, 0.0 (0.0 to 5.1) Patients with clinically significant minor depression (n =203): IG=1, 2.2 (0.1 to 2.5) vs UC=0, 0.0 (0.0 to 9.7) Patients without depression (n=627): IG=0, 0.0 (0.0 to 3.0) vs UC=0, 0.0 (0.0 to 2.5)
Killaspy 2006 (REACT) <sup>58</sup>	Yes; secondary outcomes included serious incidents concerning deliberate self-harm	251	Serious incidents concerning deliberate self-harm during the 18-month study period. Outcome criteria were not reported.	Committed suicide: ACT=0.8% (1/124) vs CMH=2.5% (3/119); between-groups comparison not reported Deliberate self-harm: ACT=8% (10/91) vs CMH=11% (13/75); mean difference= 0.72; P=0.40
King 2006 <sup>57</sup>	Yes; outcome measures included the Spectrum of Suicide Behavior Scale (Pfeffer, 1986): a 5-point rating of history of suicidality (none, ideation, intent/threat, mild attempt, serious attempt).	236	Suicide attempts were measured through self-report on the Spectrum of Suicide Behavior Scale (Pfeffer, 1986)	No significant differences between groups in percent of adolescents with one or more suicide attempts % with 1 or more suicide attempts during the 6 month follow-up: TAU=11.7, TAU+YST-1=18.1% (fishers exact test, P=.22)
King 2009 <sup>56</sup>	Yes; the presence or absence of one or more suicide attempts during each follow-up period was assessed with an item from the NIMH DISC-IV Mood Disorders module.	346	Presence or absence of one or more suicide attempts during follow-up was assessed via self-report, using the question, "Have you tried to kill yourself?" from the NIMH DISC-IV Mood Disorders Module.	No significant differences were found between groups for percent of adolescents with one or more attempts. % with one or more attempts in the 12 month follow-up period: TAU=35, TAU+YST-II=29, Chi-square (1, N=354)=0.66, p=.42 One suicide death occurred in the TAU group, no suicide deaths in the TAU+YST-II group