

Study, Year	Designed to treat suicide? (yes/no/unclear)	N	Outcome definition	Results
Bateman 2008 <sup>17</sup>	Yes; primary outcome was number of suicide attempts.	41	Suicidal behavior: 1) deliberate, 2) life-threatening, 3) resulted in medical intervention, and 4) medical assessment consistent with a suicide attempt. Self-harm: 1) deliberate, 2) resulted in visible tissue damage, and 3) nursing or medical intervention required.	<p>Any suicide attempt: MBT=5/22 (23%) vs TAU=14/19 (74%); <math>\chi^2</math> (df=1)=8.7, P=0.003; effect size d=2.0 (95% CI, 1.4 to 4.9)</p> <p>Mean total number of suicide attempts (SD): MBT=0.05 (0.9) vs TAU=0.52 (0.48); U=73, z=3.9, P=0.00004; effect size d=1.4 (95% CI, 1.3 to 1.5)</p>
Bateman 2009 <sup>37</sup>	Yes; primary outcome declared prior to the study was the proportion of each group without severe parasuicidal behavior as indicated by: 1) suicide attempt, 2) life-threatening self-harm, or 3) hospital admission.	134	Suicidal behavior: 1) deliberate, 2) life-threatening, 3) resulted in medical intervention, and 4) medical assessment consistent with a suicide attempt. Self-harm: 1) deliberate, 2) resulted in visible tissue damage, and 3) nursing or medical intervention required. Outcomes assessed at 6, 12, and 18 months	<p>Life-threatening suicide attempts: (A) Proportion with episode=N%; (B) Average count=Mean(SD)  After 6 months: MBT=(A) 37/52.1%, (B) 0.62 (0.74) vs SCM=(A) 33/52.4%, (B) 0.70 (0.81)  After 12 months: MBT=(A) 23/32.4%, (B) 0.36 (0.57) vs SCM=(A) 30/47.6%, (B) 0.60 (0.77)  After 18 months: MBT=(A) 2/2.8%, (B) 0.03 (0.17) vs SCM=(A) 16/25.4%, (B) 0.32 (0.62)</p> <p>Proportion with episode analysis: Wald <math>\chi^2</math> (df=3):76.21, P&lt;0.001  Change over time=OR 0.41 (95% CI, 0.30 to 0.57); Group effect over time=OR 0.37 (95% CI, 0.21 to 0.62)  At 12 months=RR 0.68 (95% CI, 0.44 to 1.04)  In last 6 months=RR 0.11 (95% CI, 0.02 to 0.46)  End of treatment difference= d=0.65 (95% CI, 0.58 to 0.73)</p> <p>Average count analysis: Wald <math>\chi^2</math> (df=3):212.56, P&lt;0.001  Change over time=IRR 0.70 (95% CI, 0.62 to 0.80)  Group effect over time=IRR 0.63 (95% CI, 0.53 to 0.75)</p> <p>Severe self-harm incidents: (A) Proportion with episode=N%; (B) Average count=Mean (SD)  After 6 months: MBT=(A) 53/74.6%, (B) 2.61 (3.08) vs SCM=(A) 37/58.7%, (B) 1.79 (2.62)  After 12 months: MBT=(A) 26/36.6%, (B) 1.30 (2.47) vs SCM=(A) 37/58.7%, (B) 1.73 (2.27)  After 18 months: MBT=(A) 17/23.9%, (B) 0.38 (0.83) vs SCM=(A) 27/42.9%, (B) 1.66 (2.86)</p> <p>Proportion with episode analysis: Wald <math>\chi^2</math> (df=3):62.77, P&lt;0.001  Change over time=OR 0.49(95% CI, 0.35 to 0.69); Group effect over time=OR 0.39 (95% CI, 0.23 to 0.66)  First 6 months: RR 1.27 (95% CI, 0.99 to 1.63)  6 to 18 months: RR NR, but "MBT showed steeper decline"  In last 6 months=RR 0.55 (95% CI, 0.33 to 0.92)  End of treatment difference= d=0.62 (95% CI, 0.28 to 0.97)</p> <p>Average count analysis: Wald <math>\chi^2</math> (df=3):224.11, P&lt;0.001  Change over time=IRR 0.74 (95% CI, 0.65 to 0.85)  Group effect over time=IRR 0.69 (95% CI, 0.59 to 0.82)</p>

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Blum 2008 <sup>39</sup>	Yes; secondary outcome measures included suicide attempts and self-harm acts.	165	Data on suicide attempts and self-harm acts were collected at 1, 3, 6, 9 and 12 months. Outcome criteria were not defined.	Not reported separately by treatment group: Suicide attempts: 24 (22.2%), median number of attempts was 1.75 per year, and the mean was 2.60 Self-harm acts: 56 (45.2%), the median number of acts was 9.8 per year, and the mean was 16.6 Cox proportional hazards analysis: treatment group was not associated with time to first suicide attempt ( $\chi^2 < 0.1$ , $df=1$ , $p=0.994$ ) or first self-harm act ( $\chi^2 < 0.1$ , $df=1$ , $p=0.902$ )
Comtois 2011 <sup>47</sup>	Yes; the Suicide Attempt and Self-Injury Count was an outcome measure.	32	Suicide attempts and self-inflicted injuries were categorized using the Suicide Attempt and Self-Injury Count SASI-C (Linehan 1996) at all follow-up assessments conducted at 2, 4, 6 and 12 months.	2 months: mean (SD) Suicide attempts/self-inflicted injuries: CAMS=N/A vs E-CAU=5.5 (7.8) ED admissions: CAMS=N/A vs E-CAU=0.5 (0.7) Behavioral health ED admissions only: CAMS=N/A vs E-CAU=1.1 (0.6) Number of inpatient days: CAMS=N/A vs E-CAU=4.0 (5.7)  4 months: mean (SD) Suicide attempts/self-inflicted injuries: CAMS=0.0 (0.0) vs E-CAU=0.8 (1.8) ED admissions: CAMS=0.4 (0.5) vs E-CAU=0.4 (0.7) Behavioral health ED admissions only: CAMS=0.1 (0.4) vs E-CAU=0.4 (0.7) Number of inpatient days: CAMS=1.4 (2.5) vs E-CAU=1.0 (2.3)  6 months: mean (SD) Suicide attempts/self-inflicted injuries: CAMS=0.2 (0.4) vs E-CAU=0.0 (0.0) ED admissions: CAMS=0.4 (0.5) vs E-CAU=0.2 (0.4) Behavioral health ED admissions only: CAMS=0.2 (0.4) vs E-CAU=0.2 (0.4) Number of inpatient days: CAMS=3.5 (7.0) vs E-CAU=1.3 (4.6)  12 months: mean (SD) Suicide attempts/self-inflicted injuries: CAMS=1.2 (3.9) vs E-CAU=3.3 (7.6) ED admissions: CAMS=0.4 (0.8) vs E-CAU=1.0 (2.4) Behavioral health ED admissions only: CAMS=0.2 (0.4) vs E-CAU=0.6 (1.6) Number of inpatient days: CAMS=1.4 (4.5) vs E-CAU=3.2 (8.0)
Davidson 2006 <sup>40</sup>	Yes; occurrence of suicidal acts was a primary outcome.	106	Suicidal acts over 6 years, recorded using the Acts of Deliberate Self-Harm Inventory, which requires fulfillment of all 3 of the following criteria: 1) deliberate, 2) life threatening, and 3) the act resulted in medical intervention or intervention would have been warranted.	0-12 months (N=101) Subjects with suicidal acts: CBT= 18 (37%) vs TAU= 21 (46%). OR= 0.77 (95% CI ; 0.29 to 2.01) Mean episodes of suicidal acts (SD): CBT= 0.61 (0.95) vs TAU= 1.02 (2.14); adjusted Mean Difference (aMD)= -0.36 (95% CI, -0.83 to 0.13) 0-24 months (N=102) Subjects with suicidal acts: CBT= 23 (43% ) vs TAU= 26 (54%). OR= 0.78 (95% CI ; 0.30 to 1.98) Mean episodes of suicidal acts (SD): CBT= 0.87 (1.47) vs TAU= 1.73 (3.11); aMD= -0.91 (95% CI, -1.67 to -0.15) 0-6 years (N=76) Subjects with suicidal acts: CBT= 56% (n = 24/43) vs TAU= 73% (n = 24/33); aOR = 0.37 (95% CI, 0.10 to 1.38) Mean episodes of suicidal acts (SD): CBT= 1.88 (3.19) vs TAU= 3.03 (4.16); aMD (TAU-CBT) = 1.26 (95% CI, -0.06 to 2.58)

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De Leo 2007 <sup>45</sup>	No; outcomes were psychopathology, life functioning, suicidality (Scale for Suicidal Ideation), and satisfaction with services.	60 (22 completed 12 months of treatment)	Questions on functioning in life domains, health service use, and professional contacts determined in structured interviews with trained clinical psychologists, who performed the examinations (including self-report scales) at 6-monthly intervals; the first being immediately following discharge.	No suicides in the 12-month follow-up period. Self-harming behaviors (ICM vs TAU) 6 months: 3/14 (21.4%) vs 1/8 (12.4%) 12 months: 2/14 (14.3%) vs 2/8 (25.0%) P-values not reported
Diamond 2010 <sup>46</sup>	No; suicidal ideation specified as an outcome, but not behaviors.	66	Clinical status monitored weekly using the SIQ-JR and BDI-II, administered either face-to-face (ABFT) or over the phone (EUC). Definition of "low lethality suicide attempts" not reported.	Low lethality suicide attempts: ABFT=11% (4/35); EUC=22% (7/31); p not reported
Donaldson 2005 <sup>48</sup>	Yes; Structured adolescent and parent follow-up interviews assessed incidents of further suicidal behaviors.	39	Outcome measures were administered 3 months (end of active treatment) and 6 months (end of maintenance).	N=31 Reattempts at 6 months: SBT=26.7% (4/15) vs SRT=12.5% (2/16); $\chi^2=1.00$ The difference in rates of suicide reattempts among those taking (n = 6/6) vs not taking (n = 0/25) medication was statistically significant: $\chi^2=7.95$ , P < .05
Green 2011 <sup>44</sup>	No; primary outcome was frequency of episodes of self-harm; suicidal intent is not specified.	366	Primary outcome was the frequency of episodes of self-harm (includes non-suicidal self-harm).	3 episodes of self-harm resulting in severe physical injury (2 usual care, 1 group therapy). No suicides or other deaths.

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Hatcher 2011 <sup>36</sup>	Yes; the primary outcome was presentation to hospital with self-harm in the year after the index attempt.	1094	Obtained from the New Zealand Health Information Service details of hospital contacts throughout New Zealand in the year after the index attempt. Data obtained from the National Minimum Dataset kept by the New Zealand Health Information Service, which contains routinely collected information on all public and private hospital discharges in New Zealand.	<p>Consenting Patients</p> <p>Participants re-presenting to hospital for self-harm; PST+TAU vs TAU:  All index episodes (N=253 vs 299): 14.2% vs 17.1%; RR=0.17 (95% CI -0.24 to 0.44); P=0.43  Index episode is first self-harm episode (N=137 vs 169): 13.9% vs 8.9%; RR=-0.56 (95% CI -1.96 to 0.18); P=0.23  Index episode is repeat episode (N=116 vs 130): 14.7% vs 27.7%; RR=0.47 (95% CI 0.11 to 0.69); P=0.02; NNT=8</p> <p>Participants with self-reported self-harm; PST+TAU vs TAU:  All index episodes (N=186 vs 226): 27.4% vs 32.7%; RR=0.16 (95% CI -0.13 to 0.38); P=0.29  Index episode is first self-harm episode (N=98 vs 122): 25.5% vs 20.5%; RR= -0.25 (95% CI -1.03 to 0.24); P=0.47  Index episode is repeat episode (N=88 vs 104): 29.5% vs 47.1%; RR=0.37 (95% CI 0.08 to 0.57); P=0.02; NNT=6</p> <p>Time to re-presentation to hospital, days : median; PST+TAU vs TAU:  All index episodes: 56 vs 83; HR=0.81 (95% CI 0.53 to 1.25); P=0.92  Index episode is first self-harm episode: 62 vs 75; HR=1.62 (95% CI 0.82 to 3.18); P=0.16  Index episode is repeat episode: 45 vs 104; HR=0.47 (95% CI 0.26 to 0.85); P=0.01</p> <p>All Patients</p> <p>Participants re-presenting to hospital for self-harm; PST+TAU vs TAU:  All index episodes (N=522 vs 572): 13.4% vs 14.1%; RR=0.05 (95% CI -0.28 to 0.30); P=0.79  Index episode is first self-harm episode (N=314 vs 360): 13.4% vs 9.4%; RR=-0.42 (95% CI -1.17 to 0.08); P=0.37  Index episode is repeat episode (N=208 vs 212): 13.5% vs 22.1%; RR=0.39 (95% CI 0.07 to 0.60); P=0.03; NNT=12</p> <p>Time to re-presentation to hospital, days : median; PST+TAU vs TAU:  All index episodes: 74 vs 75; HR=0.98 (95% CI 0.71 to 1.36); P=0.92  Index episode is first self-harm episode: 74 vs 61; HR=1.55 (95% CI 0.98 to 2.48); P=0.06  Index episode is repeat episode: 80 vs 114; HR=0.58 (95% CI 0.36 to 0.94); P=0.03</p>
Hazell 2009 <sup>49</sup>	Yes, the primary outcome measure was repetition of self-harm.	72	Defined as any intentional self-inflicted injury (including poisoning) irrespective of the apparent purpose of the behavior, based on an interview-based assessment of suicide behavior (Kerfoot 1992, Linehan 1999).	<p>Repetition of Deliberate Self-harm by 6 months: GT = 88% (30/34); RC = 68% (23/34); p = 0.04  Repetition of Deliberate Self-harm in interval of 6 to 12 months: GT = 88% (30/34); RC = 71% (24/34); p = 0.07</p>
Linehan 2006 <sup>38</sup>	Yes; main outcome was suicidal behavior.	111	The Suicide Attempt Self-Injury Interview (Seligman 2006) measured the topography, suicide intent, and medical severity of each suicide attempt and nonsuicidal self-injury. Assessments completed at 4-month intervals during the 12-month treatment and 12 months of post-treatment follow-up periods by blinded, independent clinical assessors with master's or doctoral degrees.	<p>Median suicides (interquartile range): DBT=0 (0 to 0) vs CTBE=0 (0 to 1)  Suicide attempts: DBT=23.1% vs CTBE=46%, P=0.01, HR=2.66 (95% CI not reported; P=0.005), NNT=4.24 (95% CI, 2.40 to 18.07)  Nonambivalent suicide attempts: DBT=5.8% vs CTBE=13.3%, P=0.18, NNT=13.3 (95% CI, 5.28 to 25.41)  Suicide attempts per period: Significantly fewer in the DBT group across the 2 years when controlling for number of suicide attempts during the pretreatment year (F1,94=3.20, P=.04, MMANOVA)  Mean proportions of suicide attempters per period: DBT=6.2% (95% CI, 3.1% to 11.7%) vs CTBE=12.2% (95% CI, 7.1% to 20.3%)</p>

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McMain 2009 <sup>42</sup>	Yes; the primary outcome measures were frequency and severity of suicidal and nonsuicidal self-injurious behavior episodes.	180	Assessed every 4 months by the Suicide Attempt Self-Injury Interview (M.M. Linehan et al., unpublished 1983 manuscript).	Deaths by suicide: None Mean number of suicidal and self-injurious episodes (SD): OR 0.92 (P=0.76) 4 months: DBT=10.60 (20.96) vs GPM=14.02 (43.87) 8 months: DBT=8.94 (19.07) vs GPM=11.44 (37.59) 12 months: DBT=4.29 (9.32) vs GPM=12.87 (51.45)
Stewart 2009 <sup>50</sup>	Yes; one of the outcomes was re-presentation to the hospital for a suicide attempt.	32 (sample size is unclear)	Hospital chart audits recorded re-presentation to the hospital for suicide attempts.	Average number of suicide attempts: CBT: 0.22 (SD=0.64) PST: 0.33 (SD=0.63) TAU: 0.22 (SD=0.50) No significant differences found for repetition of suicide attempts when PST group was compared to TAU (U=35, ns, r=0.13) and when CBT was compared to TAU (U=25, ns, r=0.32)
Tarrier 2006 <sup>51</sup>	No; objective of the article is to report suicidal behavior outcomes, but suicide was not a primary outcome of the SoCRATES Trial.	278	Deaths for any reason identified from hospital and psychiatric notes. Suicides and possible suicides (where the death might have been intentional or accidental and the coroner ruled the death was accidental) were identified. Suicide ideation and behavior (combined) assessed by the non-accidental self-injury scale of the HoNOS (Health of the Nation Outcome Scales). Serious risk (score of 4) indicates suicidal attempts or deliberate self-harm. Assessed at 6 weeks, 3 months, and 18 months.	Over 18 months, there were 3 definite suicides (1.2%), 2 in the supportive counseling group and 1 in CBT group. 4 further deaths classified as accidental by the coroner (1 traffic accident, 1 fall from window, 1 in supportive counseling group, 1 in CBT group). 2 deaths by natural causes. Numbers too small for meaningful statistical analysis.  On the HoNOS, there were no significant differences between the 3 treatment groups at any time point. Psychological treatment did not significantly reduce or worsen suicidal behavior compared to treatment as usual. There was a marked reduction in suicidal behavior after admission that would mask any potential treatment effect.
Unutzer 2006 <sup>52</sup>	No; suicidal ideation specified as an outcome, but not behaviors.	1801	Primary outcome was suicidal ideation. No information on how deaths were ascertained.	117 participants died before the 24-month follow-up; 61 of them (52%) were in the intervention group. To the authors' knowledge, there were no suicides in either group during the 2-year study period.
Winter 2007 <sup>43</sup>	Yes; primary outcome was suicidal ideation, but records from the Accident and Emergency departments involved in the study were also monitored for repeat episodes of self-harm in participants in the 3 years following their initial presentation.	40	Primary outcomes were measure of suicidal ideation and depression. For assessment of self-harm, records from the Accident and Emergency departments involved in the study were monitored for repeat episodes of self-harm in the 3 years following their initial presentation.	Repetition of deliberate self-harm, intervention vs control: At 1 year: 17% vs 36% (P=0.12) At 3 years: 35% vs 53% (P=0.18) At 5 years: 39% vs 58% (P=0.15) No repetition within 5 years: 61% vs 42% (P not reported) 3 of the episodes eventuated in suicide death (1 intervention, 2 control)