

BMJ Open

BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email info.bmjopen@bmj.com

BMJ Open

The lived experiences of parents providing care to self-harming young people: protocol for a meta-aggregative synthesis of qualitative studies

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2022-065489
Article Type:	Protocol
Date Submitted by the Author:	07-Jun-2022
Complete List of Authors:	Zhao, Yanli; Zhengzhou University Zhang, Qiushi; Zhengzhou University, Department of Fundamental Nursing Zhao, Wei; Zhengzhou University, School of Nursing and Health Xu, Hui; Zhengzhou University, Department of Fundamental Nursing Wang, Rui; Zhengzhou University First Affiliated Hospital Ma, Ling; Zhengzhou University, School of Nursing and Health
Keywords:	QUALITATIVE RESEARCH, PUBLIC HEALTH, Suicide & self-harm < PSYCHIATRY

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 **The lived experiences of parents providing care to self-harming young people:
2 protocol for a meta-aggregative synthesis of qualitative studies**

3 Yan-li Zhao¹*, Qiu-shi Zhang¹, Wei Zhao¹, Hui Xu¹, Rui Wang², Ling Ma¹

4 ¹School of Nursing and Health, Zhengzhou University, No.101 Science Avenue,
5 High-Tech District, Zhengzhou City, Henan Province, China

6 ²The First Affiliated Hospital of Zhengzhou University, Zhengzhou, China

7 *Corresponding author: zhaoyanli86@126.com

8 **Abstract**

9 **Introduction:** Self-harm of young people is a major public health worldwide. For
10 young people whose self-harm were not induced by negative experiences with their
11 parents or caregivers, the disclosure of self-harm can cause tremendous distress to their
12 parents/carers and impair their abilities to provide care, whereas under this
13 circumstances parents play an essential role in supporting their child during the
14 management and treatment of self-harm. Under another scenario, parents were identified
15 to have caused their child's self-harm behaviours in the first place. Synthesis of evidence
16 about parental experiences and needs can inform mental health practice and the
17 development of interventions to provide better care to self-harming young people and
18 their parents.

19 **Methods and analysis:** A comprehensive search will be conducted across several
20 information sources, including multiple electronic databases (e.g., PubMed, EMBASE,
21 CINAHL, PsycINFO, Scopus, Web of Science, ProQuest, CNKI, Wanfang, VIP, and
22 SinoMed), grey literature, specific organization website and hand-searching reference
23 lists of all the relevant studies. Qualitative studies, published in English or Chinese and
24 focusing on the lived experiences of parents whose child self-harms, will be included.
25 Two reviewers will independently screen all the retrieved articles according to the flow
26 diagram proposed by PRISMA (the Preferred Reporting Items for Systematic Reviews
27 and Meta-Analyses). Two independent reviewers will then appraise the methodological
28 quality of all the included articles using the JBI (Joanna Briggs Institute) critical appraisal
29 checklist for qualitative research. The meta-aggregation approach will be used to
30 synthesize the findings of the included qualitative studies, and the level of confidence in
31 the synthesized findings will be assessed using the Confidence in the Qualitative
32 synthesized finding (ConQual) approach.

33 **Ethics and dissemination** No additional ethical clearance is required since this
34 review is a secondary analysis of published primary studies. The findings will be
35 disseminated through publication in a peer-reviewed journal and conference
36 presentations.

37 **PROSPERO registration number: CRD42021265525.**

38 **Article Summary**

39 **Strengths and limitations of this study:**

40 To our knowledge, this is the first meta-synthesis of qualitative evidence regarding
41 parental experiences of providing care to a self-harming young person.

42 Our search strategy will be developed following the Joanna Briggs Institute
43 searching guidelines and validated with the Peer Review of Electronic Search Strategies
44 (PRESS) checklist by an information specialist to ensure its comprehensiveness and

1
2
3 45 accuracy.

4 46 Confidence in synthesized findings will be assessed using the ConQual approach.

5 47 Caution should be exercised when generalizing our findings to other cultures in that
6 48 only studies published in English or Chinese will be included in this review.

7 49 **Keywords:** self-harm, non-suicidal self-injury, parents, young people, qualitative
8 50 research, systematic review, meta-aggregation

51 **Introduction**

52 Self-harm refers to any intentional act of self-poisoning or self-injury carried out by
53 an individual, irrespective of the type of motivation or the extent of suicidal intent.¹⁻³ Over
54 33 terms have been adopted to describe this phenomenon,⁴ such as self-injurious
55 behaviours (SIB), self-harm (SH), deliberate self-harm (DSH), self-injury (SI), self-
56 mutilation (SM), self-inflicted violence, self-cutting, non-suicidal self-injury (NSSI) etc.,
57 among which, SH, DSH, NSSI are the most commonly used expressions. The term
58 deliberate self-harm has been used predominantly in Europe and Australia. It tends to be
59 a more encompassing term for self-injurious behaviours, both with and without suicidal
60 intent.^{5 6} Recently, removing the term 'deliberate' has been proposed because those who
61 harm themselves during a dissociative state often describe diminished or absent
62 awareness of their actions.¹ The term non-suicidal self-injury, compared with self-harm, is
63 used more commonly in Canada and the United States. NSSI, by the definition of
64 International Society for the Study of Self-Injury (ISSI)⁷ is the deliberate, self-inflicted
65 damage of body tissue without suicidal intent and for purposes not socially or culturally
66 sanctioned. Due to exclusion of self-poisoning as NSSI and the difficulty in identification
67 of suicide intent, this term has been much critiqued.⁸ For the reasons mentioned above,
68 in this paper, the broader term self-harm or self-injury is therefore used and refers to any
69 intentional self-harming behaviours regardless of suicidal intent.

70 Self-harm has been identified as a major public health concern among young people
71 worldwide.⁹ Internationally, it is estimated that 16-18% of people will experience self-
72 harm at some point in their lives,^{6 10} Recent findings indicate a significant association
73 between the age of onset and the severity of self-harm behaviours and suicide risk.¹¹ On
74 one hand, with adolescence the typical period of onset for self-harming behaviours,^{12 13}
75 family remains an integral part and a crucial factor in the management of self-harm
76 behaviours of young people. Considerable research has shown that caring for a young
77 person with self-injurious behaviours can be overwhelming and emotionally traumatic for
78 parents and can affect the wider family system.^{14 15-20} On the other hand, a strong
79 association between childhood maltreatment and self-harm has been found,²¹
80 highlighting the importance of screening for childhood maltreatment for early detection of
81 individuals at risk of self-harm behaviours. And considering perpetrators of childhood
82 maltreatment were identified by adolescents to be predominantly their
83 parents/caregivers.²²⁻²³ Therefore, it seems logical to also explore the motives and
84 reasons behind this disturbing phenomenon from the caregivers' side.

85 Up to now, many qualitative studies have explored parents' experiences of caring for
86 a self-harming child in a range of contexts such as A&E(Accident and Emergency)
87 department, psychiatric ward, and community.^{15-20 24-32} The findings reveal that youth
88 self-harm takes a tremendous toll on the physical and mental well-being of parents,

1
2
3 89 which may, in turn, alter their ability to support their youth.¹⁴ Besides, research has
4 90 consistently shown that young people tend to seek help from informal sources like friends
5 91 and family first and foremost.³³⁻³⁶ For children and adolescents, parents are arguably
6 92 considered as the primary decision makers regarding whether or what professional help
7 93 should be accessed. Young adults, although with increased maturity and autonomy, may
8 94 be able to access mental health services independently of their parents, yet still rely
9 95 heavily on their parents for liaison with professionals and bearing the cost of mental
10 96 health services.³⁷⁻³⁸ Therefore, parents play a critical role in facilitating professional
11 97 assistance for young people, and their beliefs and attitudes towards self-harming
12 98 behaviours would undoubtedly influence their decisions whether to initiate the
13 99 professional help-seeking process or not. The thought that self-harming might resolve of
14 100 its own accord could impede parents from obtaining timely professional help for their
15 101 child,¹⁶ which has been found to decrease the risk of suicidal ideations or behaviours.³³
16 102 In another study, young people presenting to an Emergency Department following an
17 103 episode of self-harm acknowledged that their parents had a significant impact on their
18 104 compliance with the follow-up treatment.³⁹ Therefore, many evidence-based interventions
19 105 targeting youth self-harm have involved parents in the therapeutic process.⁴⁰⁻⁴³ The
20 106 National Institute for Health and Care Excellence (NICE) also states in its current clinical
21 107 practice guideline regarding self-harm that the involvement of the family, carers or
22 108 significant others should be encouraged in the treatment of self-harm behaviours.² In
23 109 striking contrast to the caring and supporting image of parents/caregivers, many of them
24 110 were being held accountable by many studies for contributing to self-harm in
25 111 adolescence or later adulthood.^{23 44-45} Therefore, it is essential to gain an overall
26 112 understanding of parents' experiences, thoughts, perspectives and needs when they
27 113 provide care to their self-harming child or hear their sides' stories for precipitating or
28 114 causing their child's self-harming behaviors.

29 115 A synthesis of multiple qualitative studies can create a new or heightened
30 116 understanding of a phenomenon, identify gaps and areas of ambiguity in the existing
31 117 literature, thereby reveal directions for future research, and inform decision-making by
32 118 policymakers and healthcare practitioners.⁴⁶ However, syntheses of qualitative studies
33 119 regarding parents of young people who self-harm remain scarce. Current literature
34 120 regarding parents has mainly focused on parent-related factors for self-harm (e.g., poor
35 121 parent-child communication, lack of parental support, parental loss or
36 122 separation/divorce), the role of parents in help-seeking and the impact of youth self-harm
37 123 on parents' wellbeing and parenting, yet do not has a specific focus on parents' overall
38 124 experiences and perceptions.¹⁴ A recent review,⁴⁷ which examined the experiences and
39 125 perspectives of both young people and parents, took the form of a narrative synthesis
40 126 and failed to employ the method of systematic review, subjecting the findings to limited
41 127 inclusiveness and comprehensiveness.

42 128 Therefore, this synthesis aims to address this gap. Through identifying, examining
43 129 and synthesizing the qualitative evidence on parents' experiences of providing care to
44 130 self-harming young people, we seek to: (1) identify the existing evidence base; (2)
45 131 identify parents' experiences and needs when providing care to self-harming young
46 132 people under different settings, i.e. community, hospital, emergency department; (3)

1
2
3 133 explore their experiences and views about the support received from formal (mental
4 134 health professionals) and informal sources (friends, family members, social peer groups);
5 135 (4) identify ways in which support could be improved, and (5) identify gaps in the
6 136 evidence base and directions for future research and clinical practice.

7
8 137 The results of this synthesis can help mental health professionals raise their
9 138 awareness of taking family dynamics and contextual factors into consideration and their
10 139 competence in engaging parents in the treatment of youth self-harm by providing parents
11 140 with the education and training that they need to support their child embarking on the
12 141 journey toward recovery under various settings.

142 **Methods**

143 **Review registration and reporting**

144 This systematic review has been registered within the International Prospective
145 Register of Systematic Reviews (PROSPERO) database (registration number:
146 CRD42021265525).

147 This protocol is being reported in line with the PRISMA Protocols (PRISMA-P)
148 statement (**checklist included in Supplemental file 1**).⁴⁸ And the final review will be
149 reported according to the Enhancing Transparency in Reporting the Synthesis of
150 Qualitative Research (ENTREQ) statement.⁴⁹ The PRISMA 2020 statement⁵⁰ will also be
151 used to guide the process of conducting and reporting this proposed review.

152 **Study eligibility criteria**

153 In this review, the PICo framework for primary qualitative studies will be used to
154 identify the elements of our review question. The inclusion and exclusion criteria will then
155 be established in line with each element of the PICo mnemonics (Population, phenomena
156 of Interest, and Context).

157 **Participant**

158 Primary studies will be deemed eligible for this review which present data directly
159 obtained from parents or caregivers of young people who self-harm. The participants can
160 be fathers, mothers, or both parents, or other immediate family members who take on the
161 primary responsibility of carers like grandparents. With regard to the demarcation
162 standard of young people, there is no agreed definition at present. Due to the fact that
163 the occurrence of self-harm can start as early as five years of age and extend till young
164 adulthood,^{12 13} therefore to capture a wide range of experiences of carers, carers of a
165 child, an adolescent or young adult will all be included in this review. According to the
166 demarcation made by Medical Subject Headings (MeSH) that are used in the PubMed
167 search system, child is defined as a person between 6 and 12 years of age, adolescent
168 between 13 and 18 years of age and young adult between 19 and 24 years of age.
169 Consequently, qualitative studies involving carers of young people under the age of 25
170 will be included.

171 **Phenomena of Interest**

172 The phenomena of interest for this review would include: (1) How parents make
173 sense of the self-harming behaviours in young people, that is, how they perceive the
174 motives and reasons behind their child's self-harming behaviours. (2) The lived
175 experiences of parents discovering and caring for a child who self-harms. More
176 specifically, how they discovered their child's self-harm, how they feel (e.g., guilty,

1
2
3 177 ashamed, embarrassed, confused, or angry, etc.) and how they react to and cope with
4 178 the situation (e.g., responsive, supportive, or dismissive, avoidant). (3) the information
5 179 needs of the parents dealing with self-injuring youth, which include the content (e.g.,
6 180 topic), mode of delivery (e.g. electronic, paper-based, verbal, audio or video), and
7 181 amount of information that parents desire to receive about managing their child's self-
8 182 injurious behaviours. (4) the views and perspectives of parents on the support they
9 183 received (either formal or informal), their experiences and preferences, and their thoughts
10 184 about how support can be improved.

185 **Context**

186 This review will consider any setting where parents are taking care of their self-
187 harming child, such as A&E department, psychiatric ward, or community setting.

188 **Study types**

189 Any study that focuses on qualitative data including, but not limited to, designs such
190 as grounded theory, action research, phenomenology, ethnography, or feminist research
191 will be included. Mixed-methods studies with a qualitative component will also be
192 included, with only the qualitative data extracted for this review.

193 **Study exclusion criteria**

194 This review will exclude any studies published not in English or Chinese Language,
195 conference abstracts, books, reviews, commentaries, or letters to editors. Studies
196 reporting only quantitative data (e.g., cross-sectional, case-control, cohort studies and
197 clinical trials) will be excluded.

198 **Information sources**

199 In order to generate a comprehensive list of primary studies, several sources of
200 literature, both published and unpublished, will be approached. The primary source of
201 literature will be the multiple health-related electronic databases, including English-
202 language databases like PubMed, EMBASE, CINAHL, PsycINFO, Scopus, Web of
203 Science, and Chinese-language databases such as CNKI, Wanfang Database, VIP
204 database, SinoMed. Each database will be searched from its inception to present. Prior
205 to conducting a literature search for primary studies, CDSR (Cochrane Database of
206 Systematic Reviews), JBI EBP (Evidence-based Practice) Database, and PROSPERO
207 have been searched to ascertain that there are no systematic reviews with a similar topic
208 either published or underway. The secondary source of potentially relevant materials will
209 be a search of the grey or difficult-to-locate literature using Google Scholar, GreyNet
210 International and ProQuest Dissertations and Theses database. These searches will be
211 further supplemented with hand-searching the reference lists, such that the titles of all
212 articles cited within eligible studies will be checked. Websites of specific organizations
213 such as the International Society for the Study of Self-Injury (ISSS) will also be searched
214 for potentially eligible studies. Efforts will also be made to contact authors of completed,
215 ongoing, or in-press studies for information regarding additional studies or relevant
216 materials.

217 **Search strategy**

218 The search strategy for the primary database (PubMed) was developed in
219 collaboration with an experienced librarian from our institute. It has been peer reviewed
220 using the Peer Review of Electronic Search Strategies (PRESS) checklist.⁵¹ In order to

221 develop an appropriate and expansive list of search terms, an initial search of PubMed
 222 has been undertaken and followed by an analysis of the text words contained in the title
 223 and abstract, and of the MeSH terms used to describe the articles, which, in turn,
 224 informed the development of the final search strategy for PubMed (see box 1) and will be
 225 tailored for the remaining information sources. The detailed search strategies for various
 226 information sources can be found in **Supplemental file 2**. No data limits will be applied to
 227 the searches, and only studies published in the English or Chinese Language will be
 228 included due to practical concerns and resource constraints.

Box 1 Search strategy for PubMed
#1. (parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*).ti,ab.
#2. (Parents OR Fathers OR Mothers OR Family OR Caregivers OR legal guardians OR Family Relations OR Parent-Child Relations OR Father-Child Relations OR Mother-Child Relations OR Parenting).mh.
#3. #1 OR #2
#4. ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*").ti,ab.
#5. (Child OR Adolescent OR Young Adult OR Psychology, Child OR Adolescent Development OR Psychology, Adolescent OR Adolescent Psychiatry OR Adolescent Behavior).mh.
#6. #4 OR #5
#7. ("suicide ideation" OR "suicidal ideation" OR "suicide attempt" OR "suicidal attempt" OR parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR headbang* OR "self wound*").ti,ab.
#8. (Self-Injurious Behavior OR Drug Overdose).mh.
#9. #7 OR #8
#10. (qualitative OR interview OR interviews).ti,ab. OR (experience OR experiences).tw.
#11. Qualitative Research[mh] OR interviews[mh] OR interviews[mh:noexp]
#12. #10 OR #11
#13. #3 AND #6 AND #9 AND #12
#14. Limit to English and Chinese

229 **Data management**

230 The search results will be managed with the assistance of the Endnote reference
 231 management software. Once the number of records identified from each database
 232 search has been clearly documented, all search results will be imported and merged into
 233 one Endnote group. Then an automatic duplicate-checking will be initiated first, followed
 234 by a manual check to ensure all the potential duplicates are eliminated. After duplicates
 235 are removed, a final list of the search results will be generated, and the following
 236 screening process will also be performed using Endnote.

237 **Screening and selection of studies**

238 The final list of the search results will be shared between the two reviewers (YLZ and
 239 QSZ) and be independently screened by title and abstract against the eligibility criteria.
 240 The studies that the two reviewers agreed upon will then undergo a full-text reading by
 241 the same independent reviewers. Any discrepancies, along with the screening process,

1
2
3 242 will be resolved through discussion or adjudication by a third reviewer (WZ) until
4 243 consensus is achieved. Reasons for exclusion will be presented at the full-text review. If
5 244 multiple papers describing the same research are found, the paper that describes the
6 245 most comprehensive findings will be included. The final list of eligible papers will receive
7 246 a unanimous approval from the review team. A flow diagram depicting the screening and
8 247 selection process and results, following PRISMA guidelines, will be produced.

248 **Evaluation of methodological quality of included studies**

249 Two authors (YLZ and QSZ), who have received training on evidence synthesis, will
250 250 appraise the methodological quality of all included studies independently using the
251 251 standard JBI critical appraisal instrument for qualitative research.⁵²

252 The JBI qualitative appraisal checklist contains ten criteria that can be scored as
253 253 being “met” or “not met” or “unclear” and, in some instances, as “not applicable.” Before
254 254 conducting the critical appraisal, the reviewers will first meet to clarify precise definitions
255 255 and uniformize mutual understanding of the criteria, then embark on their separate
256 256 evaluation process. Any discrepancies between them will be resolved through discussion
257 257 or arbitration from a third reviewer (WZ). Following the critical appraisal results, all
258 258 studies will be given a score with higher scores indicating a greater proportion of the
259 259 quality criteria having been met. However, our review team has decided not to set a
260 260 quality threshold to exclude any article, but rather focus broadly on topical relevance.
261 261 Meanwhile, once the findings are synthesized, a dependability score, assessed against
262 262 five questions of the same checklist (item 2-4, 6-7), will be assigned to each study to
263 263 determine the overall confidence in the resultant synthesized findings of the qualitative
264 264 evidence synthesis.

265 **Data extraction**

266 General characteristics of included studies will be extracted using a pre-designed
267 267 Microsoft Excel form, which, before formal data extraction commences, will be pilot
268 268 tested on two articles in order for any possible revision or adjustment to be made.
269 269 Information on author(s), year of publication, locale of study, research aims, study
270 270 methodology, number and characteristics of participants, method of data collection,
271 271 method of data analysis, and main findings will be extracted to gain a better
272 272 understanding of the literature. These descriptive data about study characteristics will be
273 273 presented in a tabular form included in the final report.

274 To facilitate data synthesis, all the text labelled by authors of primary qualitative
275 275 studies as results/findings, discussion/interpretation, and conclusions will be extracted
276 276 verbatim from study reports and entered into NVivo-12 software (QSR International).
277 277 Findings will be extracted from the included papers with a supporting illustrative quotation
278 278 attached. Each finding will then be assigned a level of plausibility (unequivocal,
279 279 equivocal, or unsupported) based on the congruency between the author’s conclusion
280 280 and the participant’s voice.⁵²

281 With regard to the data extraction process, the principal reviewer (YLZ) will extract
282 282 these data from all included studies according to the pre-specified guidelines. A second
283 283 reviewer (QSZ) will cross check the accuracy of extracted data against original study
284 284 reports. Any disagreements will be discussed until consensus, and consultation will be
285 285 sought from a third reviewer (WZ) if necessary.

286 **Data synthesis**

287 This review will use a meta-aggregative approach,⁵² recommended by JBI
288 Collaboration, to synthesize the findings of the included qualitative studies. Two
289 reviewers will read and re-read each included study to ensure the utmost familiarity with
290 the data. Then a three-step process will be undertaken to synthesize qualitative
291 evidence. Firstly, all the concluding findings from every included paper will be extracted
292 with an accompanying illustration and allocated with a level of credibility. Secondly, these
293 findings will be assembled, compared, and categorized on the basis of similarity in
294 meaning, with at least two findings per category. Thirdly, these categories will then be
295 subjected to a meta-synthesis in order to produce a single comprehensive set of
296 synthesized findings that can be used as a basis for evidence-based practice.

297 During the synthesis process, only unequivocal and equivocal findings will be
298 included in the aggregation. Not-supported findings will not be included in the meta-
299 aggregation and will be presented separately. The aggregation and descriptions of
300 categories and synthesized findings will be created by a consensus process among
301 review group members. We will also use the Confidence in the Qualitative synthesized
302 finding (ConQual) approach to assess our level of confidence in the main findings from
303 the meta-synthesis by creating a summary of qualitative findings table⁵³.

304 **Patient and public involvement**

305 This review aims to synthesize published research studies, therefore involves no
306 patients or members of the public. Primary studies concerning participants have obtained
307 their consent.

308 **Discussion**

309 Parental involvement in their child's treatment is recognized as a crucial factor in
310 improving the child's prognosis.³⁹ Therefore, it is urgent to examine parents' experiences
311 of caring for a self-harming child and identify their needs when providing support to their
312 child through the ongoing treatment. Also, given the strong association found between
313 childhood maltreat and the risk of self-harm, it is also essential to explore the potential
314 mechanism behind this phenomenon of great concern. Yet, a comprehensive synthesis
315 of such knowledge is lacking in the current literature. Our proposed review will focus on
316 the experiences and first-hand accounts of parents responsible for the care and
317 management of the self-harming behaviours of young people. We anticipate that this
318 review will deepen our understanding of the experiences and needs of parents whose
319 child self-harms. The results will inform the mental health professionals and policymakers
320 to better provide education and training to those parents, and together with the
321 engagement of these parents, develop more tailored and individualized interventions to
322 improve the treatment outcomes of those young people who self-harm.

323 **Acknowledgements:** The authors would like to thank Professor Jing Wang for her
324 assistance during the development of search strategy and selection of search sources.

325 **Ethics and Dissemination**

326 We have described a protocol for a qualitative evidence synthesis aiming to explore
327 the experiences and needs of parents providing care to self-harming young people.
328 Additional ethical approval is not required as this review will only include published
329 primary studies. The findings will be published in a peer-reviewed journal and presented

330 at local, national or international conferences.

331 **Authors' contributions:** YLZ conceived the idea for this review, wrote the first draft
332 of the protocol and will act as the first reviewer of this synthesis. QSZ will act as the
333 second review. WZ will be the third reviewer. All authors (YLZ, QSZ, WZ, HX, RW, LM)
334 had read, offered feedback, and agreed on the final manuscript of this protocol and will
335 be responsible for the refinement of the search strategy, studies screening, quality
336 appraisal, data extraction and synthesis process.

337 **Funding statement:** This review is supported by the 2023 Humanity and Social
338 Sciences Research program of Education Department of Henan Province, China. The
339 funding body did not play a role in the design of this protocol and will not get involved in
340 the study selection, data synthesis and interpretation in the future review.

341 **Competing interests statement:** None declared.

342

343 **References:**

- 344 1. Robinson J. Repeated self-harm in young people: a review. *Australas Psychiatry*. 2017;25:105-7.
- 345 2. National Institute for Clinical Excellence (NICE). Self-harm in over 8s: long-term
346 management [CG133], 2011. Available: <https://www.nice.org.uk/guidance/cg133> [Accessed
347 23 Aug 2021].
- 348 3. Hawton K, Saunders KE, O'Connor RC. Self-harm and suicide in adolescents. *Lancet*.
349 2012;379:2373-82.
- 350 4. Muehlenkamp JJ. Self-injurious behavior as a separate clinical syndrome. *Am J Orthopsychiatry*.
351 2005;75:324-33.
- 352 5. Galletly C, Castle D, Dark F, *et al*. Royal Australian and New Zealand College of Psychiatrists
353 clinical practice guidelines for the management of schizophrenia and related disorders. *Aust N Z J*
354 *Psychiatry*. 2016;50:410-72.
- 355 6. Muehlenkamp JJ, Claes L, Havertape L, *et al*. International prevalence of adolescent non-suicidal
356 self-injury and deliberate self-harm. *Child Adolesc Psychiatry Ment Health*. 2012;6:10.
- 357 7. About Self-Injury: What is Nonsuicidal Self-Injury? International Society for the Study of Self-
358 injury (ISSS). Available: <https://itriples.org/category/about-self-injury/#what-is-self-injury>
359 [Accessed 23 Aug 2021].
- 360 8. Kapur N, Cooper J, O'Connor RC, *et al*. Non-suicidal self-injury v. attempted suicide: new
361 diagnosis or false dichotomy? *Br J Psychiatry*. 2013;202:326-8.
- 362 9. Gillies D, Christou MA, Dixon AC, *et al*. Prevalence and Characteristics of Self-Harm in
363 Adolescents: Meta-Analyses of Community-Based Studies 1990-2015. *J Am Acad Child Adolesc*
364 *Psychiatry*. 2018;57:733-41.
- 365 10. Swannell SV, Martin GE, Page A, *et al*. Prevalence of nonsuicidal self-injury in nonclinical
366 samples: systematic review, meta-analysis and meta-regression. *Suicide Life Threat Behav*.
367 2014;44:273-303.
- 368 11. Muehlenkamp JJ, Xhunga N, Brausch AM. Self-injury Age of Onset: A Risk Factor for NSSI
369 Severity and Suicidal Behavior. *Arch Suicide Res*. 2018;23:551-63.
- 370 12. Graham M, Swannell SV, Hazell PL, *et al*. Self-injury in Australia: a community survey. *Med J*
371 *Aust*. 2010;193:506-10.
- 372 13. Gandhi A, Luyckx K, Baetens I, *et al*. Age of onset of non-suicidal self-injury in Dutch-speaking

- 1
2
3 373 adolescents and emerging adults: An event history analysis of pooled data. *Compr Psychiatry*.
4 374 2018;80:170-8.
- 5
6 375 14. Arbuthnott AE, Lewis SP. Parents of youth who self-injure: a review of the literature and
7 376 implications for mental health professionals. *Child Adolesc Psychiatry Ment Health*. 2015;9:35.
- 8
9 377 15. Raphael H, Clarke G, Kumar S. Exploring parents' responses to their child's deliberate self-harm.
10 378 *Health Educ*. 2006;106:9-20.
- 11
12 379 16. Oldershaw A, Richards C, Simic M, *et al*. Parents' perspectives on adolescent self-harm:
13 380 qualitative study. *Br J Psychiatry*. 2008;193:140-4.
- 14
15 381 17. Krysinska K, Curtis S, Lamblin M, *et al*. Parents' Experience and Psychoeducation Needs When
16 382 Supporting a Young Person Who Self-Harms. *Int J Environ Res Public Health*. 2020;17:3662.
- 17
18 383 18. Fu X, Yang J, Liao X, *et al*. Parents' Attitudes Toward and Experience of Non-Suicidal Self-
19 384 Injury in Adolescents: A Qualitative Study. *Front Psychiatry*. 2020;11:651.
- 20
21 385 19. Ferrey AE, Hughes ND, Simkin S, *et al*. The impact of self-harm by young people on parents and
22 386 families: a qualitative study. *BMJ Open*. 2016;6:e009631.
- 23
24 387 20. Byrne S, Morgan S, Fitzpatrick C, *et al*. Deliberate self-harm in children and adolescents: a
25 388 qualitative study exploring the needs of parents and carers. *Clin Child Psychol Psychiatry*.
26 389 2008;13:493-504.
- 27
28 390 21. Liu RT, Scopelliti KM, Pittman SK, *et al*. Childhood maltreatment and non-suicidal self-injury: a
29 391 systematic review and meta-analysis. *Lancet Psychiatry*. 2018;5(1):51-64.
- 30
31 392 22. Steketee M, Aussems C, Marshall IH. Exploring the Impact of Child Maltreatment and
32 393 Interparental Violence on Violent Delinquency in an International Sample. *J Interpers Violence*.
33 394 2021;36(13-14):NP7319-NP7349.
- 34
35 395 23. Weismore JT, Esposito-Smythers C. The role of cognitive distortion in the relationship between
36 396 abuse, assault, and non-suicidal self-injury. *J Youth Adolesc*. 2010;39(3):281-90.
- 37
38 397 24. Rissanen M, Kylmä J, Laukkanen E. Parental conceptions of self-mutilation among Finnish
39 398 adolescents. *J Psychiatr Ment Health Nurs*. 2008;15:212-8.
- 40
41 399 25. Rissanen ML, Kylma J, Laukkanen E. Helping adolescents who self-mutilate: parental
42 400 descriptions. *J Clin Nurs*. 2009;18:1711-21.
- 43
44 401 26. Lachal J, Orri M, Sibeoni J, *et al*. Metasynthesis of youth suicidal behaviours: perspectives of
45 402 youth, parents, and health care professionals. *PLoS One*. 2015;10:e0127359.
- 46
47 403 27. Ferrey AE, Hughes ND, Simkin S, *et al*. Changes in parenting strategies after a young person's
48 404 self-harm: a qualitative study. *Child Adolesc Psychiatry Ment Health*. 2016;10:20.
- 49
50 405 28. Kelada L, Whitlock J, Hasking P, *et al*. Parents' Experiences of Nonsuicidal Self-Injury Among
51 406 Adolescents and Young Adults. *J Child Fam Stud*. 2016;25:3403-16.
- 52
53 407 29. Hughes ND, Locock L, Simkin S, *et al*. Making Sense of an Unknown Terrain: How Parents
54 408 Understand Self-Harm in Young People. *Qual Health Res*. 2017;27:215-25.
- 55
56 409 30. Stewart A, Hughes ND, Simkin S, *et al*. Navigating an unfamiliar world: how parents of young
57 410 people who self-harm experience support and treatment. *Child Adolesc Ment Health*. 2016;23:78-
58 411 84.
- 59
60 412 31. Spillane A, Matvienko-Sikar K, Larkin C, *et al*. How do people experience a family member's
413 high-risk self-harm? An interpretative phenomenological analysis. *Arch Suicide Res*.
414 2020;24:280-302.
- 415
416 32. Fu X, Yang J, Liao X, *et al*. Parents' and medical staff's experience of adolescents with suicide-
related behaviors admitted to a general hospital in China: qualitative study. *BMC Psychiatry*.

- 1
2
3 417 2021;21:62.
- 4 418 33. Rickwood D, Deane FP, Wilson CJ, *et al.* Young people's help-seeking for mental health
5 419 problems. *Australian e-Journal for the Advancement of Mental Health*, 2005;4(3):218-51.
- 6 420 34. Evans E, Hawton K, Rodham K. In what ways are adolescents who engage in self-harm or
7 421 experience thoughts of self-harm different in terms of help-seeking, communication and coping
8 422 strategies? *J Adolesc*, 2005;28:573-87.
- 9 423 35. Fortune S, Sinclair J, Hawton K. Help-seeking before and after episodes of self-harm: a
10 424 descriptive study in school pupils in England. *BMC Public Health*. 2008;8:369.
- 11 425 36. Rowe SL, French RS, Henderson C, *et al.* Help-seeking behaviour and adolescent self-harm: a
12 426 systematic review. *Aust N Z J Psychiatry*, 2014;48:1083-1095.
- 13 427 37. Angold A, Erkanli A, Farmer E, *et al.* Psychiatric Disorder, Impairment, and Service Use in Rural
14 428 African American and White Youth. *Arch Gen Psychiatry*, 2002;59:893-901.
- 15 429 38. Ryan SM, Jorm AF, Toumbourou JW, *et al.* Parent and family factors associated with service use
16 430 by young people with mental health problems: a systematic review. *Early Interv Psychiatry*.
17 431 2015;9:433-46.
- 18 432 39. Clarke AR, Schnieden V, Hamilton BA, *et al.* Factors associated with treatment compliance in
19 433 young people following an emergency department presentation for deliberate self-harm. *Arch*
20 434 *Suicide Res*. 2004;8:147-52.
- 21 435 40. Gillespie C, Joyce M, Flynn D, *et al.* Dialectical behaviour therapy for adolescents: a comparison
22 436 of 16-week and 24-week programmes delivered in a public community setting. *Child Adolesc*
23 437 *Ment Health*. 2019;24:266-73.
- 24 438 41. Flynn D, Gillespie C, Joyce M, *et al.* An evaluation of the skills group component of DBT-A for
25 439 parent/guardians: a mixed methods study. *Ir J Psychol Med*. 2020:1-9.
- 26 440 42. Babeva KN, Klomhaus AM, Sugar CA, *et al.* Adolescent Suicide Attempt Prevention: Predictors
27 441 of Response to a Cognitive-Behavioral Family and Youth Centered Intervention. *Suicide Life*
28 442 *Threat Behav*. 2020;50:56-71.
- 29 443 43. Wijana MB, Enebrink P, Liljedahl SI, *et al.* Preliminary evaluation of an intensive integrated
30 444 individual and family therapy model for self-harming adolescents. *BMC Psychiatry*. 2018;18:371.
- 31 445 44. Swannell S, Martin G, Page A, *et al.* Child maltreatment, subsequent non-suicidal self-injury and
32 446 the mediating roles of dissociation, alexithymia and self-blame. *Child Abuse Negl*. 2012;36(7-
33 447 8):572-584.
- 34 448 45. Wan Y, Chen J, Sun Y, *et al.* Impact of Childhood Abuse on the Risk of Non-Suicidal Self-Injury
35 449 in Mainland Chinese Adolescents. *Plos One*. 2015;10(6):e0131239.
- 36 450 46. Hannes K, Lockwood C. Synthesizing qualitative research: choosing the right approach.
37 451 Chichester: Wiley 2012:2.
- 38 452 47. Curtis S, Thorn P, McRoberts A, *et al.* Caring for Young People Who Self-Harm: A Review of
39 453 Perspectives from Families and Young People. *Int J Environ Res Public Health*. 2018;15:950.
- 40 454 48. Moher D, Shamseer L, Clarke M, *et al.* Preferred reporting items for systematic review and meta-
41 455 analysis protocols (PRISMA-P) 2015 statement. *Syst Rev*. 2015;4:1.
- 42 456 49. Tong A, Flemming K, McInnes E, *et al.* Enhancing transparency in reporting the synthesis of
43 457 qualitative research: ENTREQ. *BMC Med Res Methodol*. 2012;12:181.
- 44 458 50. Page MJ, McKenzie JE, Bossuyt PM, *et al.* The PRISMA 2020 statement: an updated guideline
45 459 for reporting systematic reviews. *BMJ (Clinical research ed)*. 2021;372:n71.
- 46 460 51. McGowan J, Sampson M, Salzwedel DM, *et al.* PRESS Peer Review of Electronic Search

- 1
2
3 461 Strategies: 2015 Guideline Statement. *J Clin Epidemiol.* 2016;75:40-6.
4 462 52. Lockwood C, Munn Z, Porritt K. Qualitative research synthesis: methodological guidance for
5 463 systematic reviewers utilizing meta-aggregation. *Int J Evid Based Healthc.* 2015;13:179-87.
6 464 53. Munn Z, Porritt K, Lockwood C, *et al.* Establishing confidence in the output of qualitative
7 465 research synthesis: the ConQual approach. *BMC Med Res Methodol.* 2014;14:108.
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

For peer review only

PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist: recommended items to address in a systematic review protocol*

Section and topic	Item No	Checklist item	Signpost
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	P1 The lived experiences of parents providing care to self-harming young people: protocol for a meta-aggregative synthesis of qualitative studies
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	Not applicable
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	P1 PROSPERO: CRD42021265525
Authors:			
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author	P1 Yan-li Zhao School of Nursing and Health, Zhengzhou University, No.101 Science Avenue, High-Tech District, Zhengzhou City, Henan Province, China E-mail: zhaoyanli86@126.com Qiu-shi Zhang E-mail: qiutiandeguozh@126.com Wei Zhao School of Nursing and Health, Zhengzhou University E-mail: zhaowei2783@zzu.edu.cn Hui Xu E-mail: xuhui896@126.com Rui Wang E-mail: tanguohuli@163.com Ling Ma E-mail: hml@zzu.edu.cn
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	P8 YLZ conceived the idea for this review, wrote the first draft of the protocol and will act as the first reviewer of this synthesis. QSZ will act as the second reviewer. WZ will be the third reviewer. All authors (YLZ, QSZ, WZ, HX, RW, LM) had read, offered feedback, and agreed on the final manuscript of this protocol and

			will be responsible for the refinement of the search strategy, studies screening, quality appraisal, data extraction and synthesis process. This systematic review is being conducted as part of YLZ's part-time PhD and she will serve as the guarantor of the review.
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	Not applicable.
Support:			
Sources	5a	Indicate sources of financial or other support for the review	P8 This protocol did not receive any grant from any academic or commercial funding agencies.
Sponsor	5b	Provide name for the review funder and/or sponsor	Not applicable.
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	Not applicable.
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	P2-3 Introduction (Paragraph2-4)
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	P3 Introduction (Paragraph5) The mnemonics PICO, an alternative to PICO in qualitative studies, is used here as it is more appropriate to qualitative synthesis.
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	P4-5 Study eligibility criteria (Participant, Phenomena of Interest, Context, Study types) & Study exclusion criteria
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	P5 Information sources
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	P5-6 Search strategy (box 1 Search strategy for PubMed)
Study records:			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	P6 Data management
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	P6 Screening and selection of studies
Data collection	11c	Describe planned method of extracting data from reports (such as piloting	P7 Data extraction

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46

	process	forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	P7 Data extraction (Paragraph1-2), There are no pre-planned data assumptions or simplifications.
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	P7 Data extraction (Paragraph2)
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	P6-7 Evaluation of methodological quality of included studies
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	Not applicable.
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2 , Kendall's τ)	Not applicable.
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	No assessment of meta-biases is planned.
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	P7-8 Data synthesis (Qualitative aggregative meta-synthesis will be undertaken.)
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	Not applicable.
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	P8 Data synthesis (Paragraph2) (ConQual method will be used to assess the strength of the synthesized evidence.)

*** It is strongly recommended that this checklist be read in conjunction with the PRISMA-P Explanation and Elaboration (cite when available) for important clarification on the items. Amendments to a review protocol should be tracked and dated. The copyright for PRISMA-P (including checklist) is held by the PRISMA-P Group and is distributed under a Creative Commons Attribution Licence 4.0.**

From: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.

Search date (Jan 14th, 2022)**Appendix 1. Cochrane Library search strategy** (<https://www.cochranelibrary.com/>)

- #1. ("suicidal ideation" OR "suicide ideation" OR "suicidal attempt" OR "suicide attempt" OR "attempted suicide" OR parasuicide OR "self harm" OR "self injury" OR "self injuries" OR "self mutilation" OR "self hurt" OR "self cut" OR "self poisoning" OR "self hitting" OR non-suicidal OR nonsuicidal OR "self-injurious" OR "self-destructive" OR "self directed violence" OR "self inflicted"):ti,ab,kw
- #2. MeSH descriptor: [Self-Injurious Behavior] explode all trees
- #3. #1 OR #2
- #4 Limit to Cochrane Reviews

Appendix 2. JBI (Joanna Briggs Institute) EBP (Evidence-based Practice) Database(Evidence Synthesis) search strategy (<https://jbi.global/products#database>)

- #1. ("suicidal ideation" OR "suicide ideation" OR "suicidal attempt" OR "suicide attempt" OR "attempted suicide" OR parasuicide OR "self harm" OR "self injury" OR "self injuries" OR "self mutilation" OR "self hurt" OR "self cut" OR "self poisoning" OR "self hitting" OR non-suicidal OR nonsuicidal OR "self-injurious" OR "self-destructive" OR "self directed violence" OR "self inflicted"). All Fields
- #2. (parents OR father OR mother OR carers OR caregivers OR "care givers" OR grandparents OR grand-parents OR guardians OR family OR familial OR families OR home OR household OR house-hold).All Fields
- #3. #1 AND #2

Appendix 3. PROSPERO(International prospective register of systematic reviews) search strategy (<https://www.crd.york.ac.uk/prospero/>)

- #1. MeSH DESCRIPTOR Self-Injurious Behavior EXPLODE ALL TREES AND (Systematic Review OR Qualitative synthesis): RT

Appendix 4. PubMed search strategy

- #1. parent*[tiab] OR father*[tiab] OR mother*[tiab] OR carer*[tiab] OR caregiver*[tiab] OR "care giver"*[tiab] OR grandparent*[tiab] OR grand-parent*[tiab] OR grandfather*[tiab] OR grandmother*[tiab] OR guardian*[tiab] OR family[tiab] OR familial[tiab] OR families[tiab] OR home*[tiab] OR household*[tiab] OR house-hold*[tiab]
- #2. Parents[mh] OR Fathers[mh] OR Mothers[mh] OR Family[mh] OR Caregivers[mh] OR legal guardians[mh] OR Family Relations[mh] OR Parent-Child Relations[mh] OR Father-Child Relations[mh] OR Mother-Child Relations[mh] OR Parenting[mh]
- #3. #1 OR #2
- #4. "young adult"*[tiab] OR "young people"[tiab] OR "young person"*[tiab] OR youngster*[tiab] OR youth*[tiab] OR juvenile*[tiab] OR teen*[tiab] OR preteen*[tiab] OR child*[tiab] OR minor*[tiab] OR adolescen* [tiab] OR pubescen*[tiab] OR student*[tiab] OR underage*[tiab] OR "under age"*[tiab]
- #5. Child[mh] OR Adolescent[mh] OR Young Adult[mh] OR Psychology, Child[mh] OR Adolescent Development[mh] OR Psychology, Adolescent[mh] OR Adolescent Psychiatry[mh] OR Adolescent Behavior[mh]

1
2
3 #6. #4 OR #5

4 #7. "suicide ideation"[tiab] OR "suicidal ideation"[tiab] OR "suicide attempt"[tiab] OR
5 "suicidal attempt"[tiab] OR parasuicid*[tiab] OR para-suicid*[tiab] OR nonsuicid*[tiab]
6 OR non-suicid*[tiab] OR overdos*[tiab] OR "over dose*"[tiab] OR "self harm*"[tiab] OR
7 "self hurt*"[tiab] OR "self mutilat*"[tiab] OR "self injur*"[tiab] OR "self damag*"[tiab] OR
8 "self inflict*"[tiab] OR "self destruct*"[tiab] OR "self violen*"[tiab] OR "self directed
9 violen*"[tiab] OR "self immolat*"[tiab] OR "self poison*"[tiab] OR "auto mutilat*"[tiab]
10 OR automutilat*[tiab] OR "self cut*"[tiab] OR "self burn*"[tiab] OR "self bit*"[tiab] OR
11 "self abus*"[tiab] OR "self hit*"[tiab] OR "head bang*"[tiab] OR headbang*[tiab] OR
12 "self wound*"[tiab]

13 #8. Self-Injurious Behavior[mh] OR Drug Overdose[mh]

14 #9. #7 OR #8

15 #10. qualitative[tiab] OR interview[tiab] OR interviews[tiab] OR experience[tw] OR
16 experiences[tw]

17 #11. Qualitative Research[mh] OR interviews[mh] OR interviews[mh:noexp]

18 #12. #10 OR #11

19 #13. #3 AND #6 AND #9 AND #12

20 #14. Limit to English and Chinese

21 2328 records retrieved

22
23
24
25
26
27
28
29 **Appendix 5. EMBASE search strategy**

30 #1. 'parent':ti,ab OR 'parents':ti,ab OR 'father*':ti,ab OR 'mother*':ti,ab OR 'carer*':ti,ab OR
31 'caregiver*':ti,ab OR 'care giver*':ti,ab OR 'grandparent*':ti,ab OR 'grand-parent*':ti,ab
32 OR 'grandfather*':ti,ab OR 'grandmother*':ti,ab OR 'guardian*':ti,ab OR 'family':ti,ab
33 OR 'familial':ti,ab OR 'families':ti,ab OR 'home':ti,ab OR 'household':ti,ab OR 'house-
34 hold':ti,ab

35 #2. 'parent'/exp OR 'caregiver'/exp OR 'grandparent'/exp OR 'guardian'/exp OR 'home'/exp
36 OR 'family'/exp OR 'household'/exp OR 'family relation'/exp

37 #3. #1 OR #2

38 #4. 'prime adult':ti,ab OR 'prime adults':ti,ab OR 'young adult*':ti,ab OR 'young people':ti,ab
39 OR 'young person*':ti,ab OR youngster*':ti,ab OR 'youth*':ti,ab OR 'juvenile*':ti,ab OR
40 teen*':ti,ab OR preteen*':ti,ab OR 'child':ti,ab OR 'children':ti,ab OR 'minor':ti,ab OR
41 'minors':ti,ab OR 'adolescent*':ti,ab OR 'pubescen*':ti,ab OR 'student*':ti,ab OR 'under
42 age*' OR underage*':ti,ab OR 'dependants':ti,ab OR 'dependents':ti,ab

43 #5. 'young adult'/exp OR 'juvenile'/exp OR 'child'/exp OR 'minor (person)'/exp OR
44 'adolescent'/exp OR 'student'/exp OR 'child psychology'/exp

45 #6. #4 OR #5

46 #7. 'suicid* ideation':ti,ab OR 'suicid* attempt':ti,ab OR 'parasuicide*':ti,ab OR 'para-
47 suicide*':ti,ab OR 'nonsuicid*':ti,ab OR 'non-suicid*':ti,ab OR 'overdos*':ti,ab OR 'over
48 dos*':ti,ab OR 'artificial skin lesion':ti,ab OR 'self harm*':ti,ab OR 'self hurt*':ti,ab OR
49 'self mutilat*':ti,ab OR 'self injur*':ti,ab OR 'self damag*':ti,ab OR 'self inflicted':ti,ab OR
50 'self-destruct*':ti,ab OR 'self violen*':ti,ab OR 'self directed violence':ti,ab OR 'self
51 immolat*':ti,ab OR 'self poison*':ti,ab OR 'auto mutilation':ti,ab OR 'automutilation':ti,ab
52 OR 'self cut*':ti,ab OR 'self burn*':ti,ab OR 'self bit*':ti,ab OR 'self abus*':ti,ab OR 'self

hit*:ti,ab OR 'head bang*:ti,ab OR 'headbang*:ti,ab OR 'self wound*:ti,ab OR 'selfharm*:ti,ab OR 'selfinflicted injury*:ti,ab OR 'selfinflicted wounds*:ti,ab OR 'selfinjuring behavio\$r*:ti,ab OR 'selfinjurious behavio\$r*:ti,ab OR 'selfinjury*:ti,ab OR 'selfmutilation*:ti,ab

#8. 'self immolation'/exp OR 'self poisoning'/exp OR 'suicidal ideation'/exp OR 'suicide attempt'/exp OR 'drug overdose'/exp OR 'nonsuicidal self injury'/exp OR 'automutilation'/exp

#9. #7 OR #8

#10. interview:ti,ab,kw OR interviews:ti,ab,kw OR qualitative:ti,ab,kw OR experience OR experiences

#11. 'interview'/exp OR 'qualitative'/exp OR 'qualitative research'/exp OR 'experience'/exp

#12. #10 OR #11

#13. #3 AND #6 AND #9 AND #12

#14. Limit Publication types to article, review, and article in press, excluding conference abstract, conference paper, note, conference review, letter, short survey, editorial, and book chapter.

1910 records retrieved

Appendix 6. CINAHL search strategy (EBSCO host)

S1. AB ("parent*" OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*) OR TI ("parent*" OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)

S2. (MH "Parents+") OR (MH "Parental Attitudes+") OR (MH "Family+") OR (MH "Adult-Child Relations") OR (MH "Guardianship, Legal+") OR (MH "Caregivers")

S3. S1 OR S2

S4. AB ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*") OR TI ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")

S5. (MH "Child") OR (MH "Adolescence+") OR (MH "Minors (Legal)") OR (MH "Young Adult") OR (MH "Adult Children") OR (MH "Students+") OR (MH "Adolescent Development") OR (MH "Adolescent Psychology") OR (MH "Child Psychology") OR (MH "Adolescent Psychiatry") OR (MH "Adolescent Behavior")

S6. S4 OR S5

S7. AB (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*")

- OR headbang* OR "self wound*") OR TI (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR headbang* OR "self wound*")
- S8. (MH "Suicide, Attempted") OR (MH "Suicidal Ideation") OR (MH "Overdose+") OR (MH "Injuries, Self-Inflicted") OR (MH "Self-Injurious Behavior")
- S9. S7 OR S8
- S10. AB ("qualitative" OR "interview" OR "interviews") OR TI ("qualitative" OR "interview" OR "interviews") OR (TX "experience" TX "experiences")
- S11. (MH "Qualitative Studies+") OR (MH "Interviews+") OR (MH "Structured Interview") OR (MH "Semi-Structured Interview")
- S12. S10 OR S11
- S13. S3 AND S6 AND S9 AND S12
- S14. Limit to English and Chinese
- 679 records retrieved

Appendix 7. PsycINFO search strategy (EBSCO host)

- S1. TI (parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)
- S2. AB (parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)
- S3. DE "Family" OR DE "Family Members" OR DE "Parents" OR DE "Mothers" OR DE "Fathers" OR DE "Adolescent Fathers" OR DE "Adolescent Mothers" OR DE "Grandparents" OR DE "Family Relations" OR DE "Parent Child Relations" OR DE "Father Child Relations" OR DE "Mother Child Relations" OR DE "Parenting" OR DE "Parenting Skills" OR DE "Parenting Style" OR DE "Parental Attitudes" OR DE "Parental Involvement" OR DE "Parent Child Communication" OR DE "Father Child Communication" OR DE "Mother Child Communication" OR DE "Caregivers"
- S4. S1 OR S2 OR S3
- S5. TI ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")
- S6. AB ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")
- S7. DE "Adult Offspring" OR DE "Offspring" OR DE "Adolescent Behavior" OR DE "Adolescent Development" OR DE "Adolescent Psychology" OR DE "Adolescent Psychiatry" OR DE "Child Psychiatry" OR DE "Child Psychology"
- S8. S5 OR S6 OR S7
- S9. TI (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over

dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self
 damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed
 violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR
 "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*"
 OR headbang* OR "self wound*")

S10. AB (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR
 "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self
 damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed
 violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR
 "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*"
 OR headbang* OR "self wound*")

S11. DE "Attempted Suicide" OR DE "Suicidal Ideation" OR DE "Self-Destructive Behavior"
 OR DE "Self-Injurious Behavior" OR DE "Suicidal Behavior" OR DE "Head Banging"
 OR DE "Self-Inflicted Wounds" OR DE "Self-Mutilation" OR DE "Self-Poisoning" OR
 DE "Suicidal Behavior" OR DE "Youth Suicide" OR DE "Self-Injurious Behavior" OR
 DE "Suicidality"

S12. S9 OR S10 OR S11

S13. TI (interview OR interviews) OR AB (interview OR interviews) OR TI qualitative OR
 AB qualitative OR TX experience OR TX experiences

S14. DE "Qualitative Methods" OR DE "Qualitative Measures" OR DE "Grounded Theory"
 OR DE "Phenomenology" OR DE "Interpretative Phenomenological Analysis" OR DE
 "Narrative Analysis" OR DE "Thematic Analysis" OR DE "Interviews" OR DE "Semi-
 Structured Interview" OR DE "Focus Group Interview" OR DE "Focus Group" OR DE
 "Cognitive Interview" OR DE "Intake Interview" OR DE "Mixed Methods Research" OR
 DE "Group Discussion" OR DE "Observation Methods"

S15. S13 OR S14

S16. S4 AND S8 AND S12 AND S15

S17. Limit to English

873 records retrieved

Appendix 8. Scopus search strategy (Elsevier)

#1. TITLE-ABS-KEY (parent* OR father* OR mother* OR carer* OR caregiver* OR "care
 giver*" OR grandparent* OR grand-parent* OR grandfather* OR
 grandmother* OR guardian* OR family OR familial OR families OR
 home* OR household* OR house-hold*)

#2. TITLE-ABS-KEY ("young adult*" OR "young people" OR "young
 person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR
 child* OR minor* OR adolescen* OR pubescen* OR student* OR underage*
 OR "under age*")

#3. TITLE-ABS-KEY (parasuicid* OR para-suicid* OR nonsuicid* OR non-
 suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self
 mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR
 "self violen*" OR "self directed violen*" OR "self immolat*" OR "self
 poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self

bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR headbang* OR "self wound*")

#4. TITLE-ABS-KEY (qualitative OR interview OR interviews OR experience OR experiences)

#5. #1 AND #2 AND #3 AND #4

#6. LIMIT-TO (DOCTYPE, "ar") OR LIMIT-TO (DOCTYPE, "re")

#7. LIMIT-TO (SUBJAREA, "MEDI") OR LIMIT-TO (SUBJAREA, "PSYC") OR LIMIT-TO (SUBJAREA, "SOCI") OR LIMIT-TO (SUBJAREA, "NURS") OR LIMIT-TO (SUBJAREA, "HEAL")

#8. LIMIT-TO (LANGUAGE , "English") OR LIMIT-TO (LANGUAGE, "Chinese")

1404 records retrieved

Appendix 9. Web of Science Core Collection search strategy

#1. TS=("parent*" OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)

#2. TS=("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")

#3. TS=(parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damage*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR headbang* OR "self wound*")

#4. TS=(interview OR interviews OR qualitative) OR ALL=(experience OR experiences)

#5. #1 AND #2 AND #3 AND #4

#6. Limit to English, Exclude Conference Titles

1247 records retrieved

Appendix 10. ProQuest search strategy (5 selected databases: APA PsycArticles, ERIC, PTSDpubs, Publicly Available Content Database, SIRS Issues Researcher)

1. ti,ab(parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver" OR "care givers" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)

2. MESH(Parents OR Fathers OR Mothers OR Family OR Caregivers OR legal guardians OR Family Relations OR Parent-Child Relations OR Father-Child Relations OR Mother-Child Relations OR Parenting)

3. 1 OR 2

4. ti,ab("young adult" OR "young adulthood" OR "young adults" OR "young people" OR "young person" OR "young persons" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")

5. MESH(Child OR Adolescent OR Young Adult OR Psychology, Child OR

Adolescent Development OR Psychology, Adolescent OR Adolescent Psychiatry
OR Adolescent Behavior)

6. 4 OR 5

7. ti,ab("suicide ideation" OR "suicidal ideation" OR "suicide attempt" OR "suicidal attempt"
OR parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over
dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self
damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self directed violen*"
OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*"
OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR
headbang* OR "self wound*")

8. MESH(Self-Injurious Behavior OR Drug Overdose)

9. 7 OR 8

10. ti,ab(qualitative OR interview OR interviews) OR experience OR experiences

11. MESH(Qualitative Research OR interviews)

12. 10 OR 11

13. 3 AND 6 AND 9 AND 12

14. Limit to English

931 records retrieved

Appendix 11. Google Scholar strategy

Intitle: ((parents OR caregivers OR guardians) + ("young people" OR children OR
adolescents) + ("self harm" OR "self mutilation" OR "self injury" OR "self injurious" OR "self
immolation") + (qualitative OR experiences OR interview))

53 records retrieved

Appendix 12. Opengrey search strategy (<http://www.greynet.org/>)

"self harm" OR "self mutilation" OR "self injury" OR "self injurious" OR "self immolation",
any field

BMJ Open

The lived experiences of parents providing care to young people who self-harm: A protocol for a meta-aggregative synthesis of qualitative studies

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2022-065489.R1
Article Type:	Protocol
Date Submitted by the Author:	26-Jul-2022
Complete List of Authors:	Zhao, Yanli; Zhengzhou University D Dela Rosa, Ronnell ; Philippine Womem's university, School of Nursing Zhang, Qiushi; Zhengzhou University, Department of Fundmental Nursing Zhao, Wei; Zhengzhou University, School of Nursing and Health Xu, Hui; Zhengzhou University, Department of Fundmental Nursing Wang, Rui; Zhengzhou University First Affiliated Hospital Ma, Ling; Zhengzhou University, School of Nursing and Health
Primary Subject Heading:	Mental health
Secondary Subject Heading:	Nursing, Qualitative research, Public health, Evidence based practice
Keywords:	QUALITATIVE RESEARCH, PUBLIC HEALTH, Suicide & self-harm < PSYCHIATRY, MENTAL HEALTH

SCHOLARONE™
Manuscripts

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

1 **The lived experiences of parents providing care to young people who self-harm: A protocol for a meta-aggregative synthesis of qualitative studies**

2 Yanli Zhao^{1*}, Ronnell D Dela Rosa², Qiushi Zhang¹, Wei Zhao¹, Hui Xu¹, Rui Wang³,
3 Ling Ma¹

4 ¹Zhengzhou University, School of Nursing and Health, Science Avenue No.101,
5 High-Tech District, Zhengzhou City, Henan Province, China

6 ²Philippine Women's University, School of Nursing, Taft Avenue, Malate, 1004,
7 Manila, Philippines

8 ³The First Affiliated Hospital of Zhengzhou University, Zhengzhou, China

9 *Corresponding author: zhaoyanli86@126.com

10 **Abstract**

11 **Introduction:** The self-harm of young people can cause tremendous distress to their
12 parents/carers and impair parents' ability to provide care. At the same time, parents play
13 an essential role in supporting their child during the management and treatment of self-
14 harm. The synthesis of evidence about parental experiences and needs can inform
15 mental health practice and the development of interventions to provide better care to
16 young people who self-harm and their parents.

17 **Methods and analysis:** A comprehensive search will be conducted across several
18 information sources, including multiple electronic databases (e.g., PubMed, EMBASE,
19 CINAHL, PsycINFO, ProQuest, CNKI, Wanfang, VIP, and SinoMed), grey literature, the
20 websites of specific organizations and hand-searched reference lists of all the relevant
21 studies. Qualitative studies published in English or Chinese and focusing on the lived
22 experiences of parents whose child self-harms will be included. Two reviewers will
23 independently screen all the retrieved articles according to the flow diagram proposed by
24 PRISMA (the Preferred Reporting Items for Systematic Reviews and Meta-Analyses).
25 Two independent reviewers will then appraise the methodological quality of all the
26 included articles using the JBI (Joanna Briggs Institute) critical appraisal checklist for
27 qualitative research. The meta-aggregation approach will be used to synthesise the
28 findings of the included qualitative studies, and the level of confidence in the synthesised
29 findings will be assessed using the Confidence in the Qualitative synthesised finding
30 (ConQual) approach.

31 **Ethics and dissemination** No additional ethical clearance is required since this
32 review is a secondary analysis of published primary studies. The findings will be
33 disseminated through publication in a peer-reviewed journal and conference
34 presentations.

35 **PROSPERO registration number: CRD42021265525.**

36 **Article Summary**

37 **Strengths and limitations of this study:**

- 38 • To our knowledge, this is the first meta-synthesis of qualitative evidence regarding
39 parental experiences of providing care to a self-harming young person.
40 • Our search strategy will be developed following the Joanna Briggs Institute search
41 guidelines and validated with the Peer Review of Electronic Search Strategies
42 (PRESS) checklist by an information specialist to ensure its comprehensiveness
43 and accuracy.
44

- 1
2
3 45 • Confidence in synthesised findings will be assessed using the ConQual
4 46 approach.
5
6 47 • Caution should be exercised when generalizing our findings to other cultures in
7 48 that only studies published in English or Chinese will be included in this review.

8
9 **Keywords:** self-harm, non-suicidal self-injury, parents, young people, qualitative
10 research, systematic review, meta-aggregation

11 **Introduction**

12 Self-harm refers to any intentional act of self-poisoning or self-injury carried out by
13 an individual, irrespective of the type of motivation or the extent of suicidal intent.¹⁻³ Over
14 53 33 terms have been adopted to describe this phenomenon,⁴ such as self-injurious
15 54 behaviours (SIB), self-harm (SH), deliberate self-harm (DSH), self-injury (SI), self-
16 55 mutilation (SM), self-inflicted violence, self-cutting, non-suicidal self-injury (NSSI) etc.,
17 56 among which SH, DSH, and NSSI are the most commonly used expressions. The term
18 57 deliberate self-harm has been used predominantly in Europe and Australia and is a more
19 58 encompassing term for self-injurious behaviours, both with and without suicidal intent.⁵
20 59 Recently, removing the term 'deliberate' has been proposed because those who harm
21 60 themselves during a dissociative state often describe diminished or absent awareness of
22 61 their actions.² The term non-suicidal self-injury, compared with self-harm, is used more
23 62 commonly in Canada and the United States. NSSI, by the definition of the International
24 63 Society for the Study of Self-Injury (ISSI)⁶, is the deliberate, self-inflicted damage of body
25 64 tissue without suicidal intent and for purposes not socially or culturally sanctioned.
26 65 Although this definition of NSSI allows it to be recognized from other types of self-injury,
27 66 such as suicide attempts (SAs), the inclusion of NSSI as an independent diagnostic
28 67 category in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders
29 68 (DSM-V) has also sparked ongoing scholarly inquiry and discussion among researchers
30 69 and clinicians.⁷⁻⁹ The debate mainly revolved around the validation of dichotomizing self-
31 70 harming behaviour as NSSI or SA due to the dynamic changes of suicidal intent and the
32 71 strong association between these two subtypes. Given that previous research concerning
33 72 self-harm has been largely divided into two subcategories: NSSIs and SAs.¹⁰ The more
34 73 general and comprehensive terminology, self-harm or self-injury, was therefore chosen to
35 74 encompass any self-harming behaviours regardless of suicidal intent in this review.

36 75
37 76 Self-harm has been identified as a major public health concern among young people
38 77 worldwide.¹¹ Internationally, it is estimated that 16%–18% of people will self-harm at
39 78 some point in their lives,^{5 12} and recent findings indicate a significant association between
40 79 the age of onset and the severity of self-harm behaviours and suicide risk.¹³ With
41 80 adolescence being the typical period of onset for self-harm behaviours,^{14 15} family
42 81 remains an integral part and a crucial factor in the management of the self-harm
43 82 behaviours of young people. Considerable research has shown that caring for a young
44 83 person who engages in self-injurious behaviours can be overwhelming and emotionally
45 84 traumatic for parents and can affect the wider family system.¹⁶⁻²²

46 85 To date, many qualitative studies have explored parents' experiences of caring for a
47 86 child who self-harms in a range of contexts, such as A&E (Accident and Emergency)
48 87 departments, psychiatric wards, and the communities.¹⁷⁻²⁸ The findings reveal that youth
49 88 self-harm takes a tremendous toll on the physical and mental well-being of parents,

1
2
3 89 whose abilities to support their child, in turn, may be affected.¹⁶ In addition, research has
4 90 consistently shown that young people tend to seek help from informal sources such as
5 91 friends and family first.²⁹⁻³³ Although friends are ranked ahead of parents as the most
6 92 preferred source of help by teens who self-harm, according to Berger and colleagues,³¹
7 93 friends who are approached for help do not just 'talk and listen'; instead, they typically
8 94 suggest that their self-injuring peers disclose their mental health issues to parents and
9 95 family, who can give advice and support or help seek professional services on their
10 96 behalf. For children and adolescents, parents are arguably the primary decision-makers
11 97 regarding whether or what professional help should be accessed. Although young adults
12 98 have increased maturity and autonomy and may be able to access mental health
13 99 services on their own, they still rely heavily on their parents for connecting with
14 100 professionals and for assuming the cost of mental health services.^{34 35} Therefore, parents
15 101 play a critical role in facilitating professional assistance for young people, and their beliefs
16 102 and attitudes towards self-harming behaviours undoubtedly influence their decisions
17 103 regarding whether to initiate the professional help-seeking process. The thought that self-
18 104 harming might resolve of its own accord could impede parents from getting timely
19 105 professional help for their child,²⁰ an essential factor to decrease the risk of future suicidal
20 106 ideations or behaviours.²⁹ In another study, young people who present to an emergency
21 107 department following an episode of self-harm acknowledged that their parents had a
22 108 significant impact on their compliance with the follow-up treatment.³⁶ Therefore, many
23 109 evidence-based interventions targeting youth self-harm have involved parents in the
24 110 therapeutic process.³⁷⁻⁴⁰ The National Institute for Health and Care Excellence (NICE)
25 111 also states in its current clinical practice guideline regarding self-harm that the
26 112 involvement of the family, carers or significant others should be encouraged in the
27 113 treatment of self-harm behaviours.¹ Therefore, it is essential to gain an overall
28 114 understanding of parents' experiences, thoughts, perspectives and needs when they are
29 115 providing care to their self-harming child.

30
31
32
33
34
35
36
37
38
39 116 A synthesis of multiple qualitative studies can create a new or heightened
40 117 understanding of a phenomenon and identify gaps and areas of ambiguity in the existing
41 118 literature, thereby revealing directions for future research and informing decision-making
42 119 by policy-makers and health care practitioners.⁴¹ For example, a recent qualitative
43 120 systematic review, from the perspectives of those who engaged in NSSI, has shed light
44 121 on our understanding of the important role of interpersonal processes in the occurrence
45 122 of NSSI, which further highlights the potential benefits of relational therapies for
46 123 clinicians.⁴² Among the previously published systematic reviews of qualitative literature
47 124 concerning parents whose child self-harms,^{16 43 44} one has mainly focused on parent-
48 125 related factors for self-harm (e.g., poor parent-child communication, lack of parental
49 126 support, parental loss or separation/divorce), the role of parents in help-seeking and the
50 127 impact of youth self-harm on parents' well-being and parenting, yet it does not have a
51 128 specific focus on parents' overall experiences and perceptions.¹⁶ Another review⁴⁴
52 129 examined the experiences and perspectives of both young people and parents; it took
53 130 the form of a narrative synthesis and failed to employ the method of systematic review,
54 131 subjecting the findings to limited inclusiveness and comprehensiveness. A third, more
55 132 recent review also took a broad approach, including both young people and their

1
2
3 133 caregivers affected by suicidal and self-harm behaviours, yet focused more specifically
4 134 on their experiences of and needs towards professional help.⁴³ In light of this, a synthesis
5 135 of qualitative studies exploring the lived experiences of parents whose child self-harms is
6 136 lacking.

7
8 137 Therefore, this synthesis aims to address this gap. Through identifying, examining
9 138 and synthesizing the qualitative evidence on parents' experiences of providing care to
10 139 self-harming young people, we seek to (1) identify the existing evidence base; (2) identify
11 140 parents' experiences and needs when providing care to self-harming young people under
12 141 different settings, i.e., communities, hospitals, and emergency departments; (3) explore
13 142 their experiences and views about the support received from formal (mental health
14 143 professionals) and informal sources (friends, family members, and social peer groups);
15 144 (4) identify ways in which support could be improved; and (5) identify gaps in the
16 145 evidence base and directions for future research and clinical practice.

17
18 146 The results of this synthesis can help mental health professionals raise their
19 147 awareness of taking family dynamics and contextual factors into consideration. The
20 148 findings will also enhance their competence in engaging parents in the treatment of youth
21 149 who self-harm by providing parents with the education and training they need to support
22 150 their child embarking on the journey towards recovery in various settings.

23 151 **Methods**

24 152 **Review registration and reporting**

25 153 This systematic review has been registered within the International Prospective
26 154 Register of Systematic Reviews (PROSPERO) database (registration number:
27 155 CRD42021265525).

28 156 This protocol is being reported in line with the PRISMA Protocols (PRISMA-P)
29 157 statement ([checklist included in Supplemental file 1](#)).⁴⁵ The final review will be reported
30 158 according to the Enhancing Transparency in Reporting the Synthesis of Qualitative
31 159 Research (ENTREQ) statement.⁴⁶ The PRISMA 2020 statement⁴⁷ will also be used to
32 160 guide the process of conducting and reporting this proposed review.

33 161 **Study eligibility criteria**

34 162 In this review, the PICo framework for primary qualitative studies will be used to
35 163 identify the elements of our review question. The inclusion and exclusion criteria will then
36 164 be established in line with each element of the PICo mnemonics (Population, phenomena
37 165 of Interest, and Context).

38 166 **Population**

39 167 Primary studies will be deemed eligible for this review that present data directly
40 168 obtained from parents or caregivers of young people who self-harm. The participants can
41 169 be fathers, mothers, or both parents or other immediate family members who take on the
42 170 primary responsibility of carers such as grandparents. Foster carers such as adoptive
43 171 parents or other forms of non-blood relatives, as long as they were primary carers, will
44 172 also be included. With regard to the demarcation standard of young people, there is no
45 173 agreed definition at present. Because the occurrence of self-harm can start as early as
46 174 five years of age and extend until young adulthood,^{14 15} carers of a child, an adolescent
47 175 or young adult will all be included in this review to capture a wide range of experiences of
48 176 carers. According to the demarcation made by Medical Subject Headings (MeSH) that

1
2
3 177 are used in the PubMed search system, a child is defined as a person between 6 and 12
4 178 years of age, an adolescent between 13 and 18 years of age and a young adult between
5 179 19 and 24 years of age. Consequently, qualitative studies involving carers of young
6 180 people under the age of 25 will be included.

181 **Phenomena of Interest**

182 The phenomena of interest for this review include the following. (1) How parents
183 make sense of the self-harming behaviours in young people, that is, how they perceive
184 the motives and reasons behind their child's self-harming behaviours. (2) The lived
185 experiences of parents discovering and caring for a child who self-harms. More
186 specifically, how they discovered their child's self-harming, how they feel (e.g., guilty,
187 ashamed, embarrassed, confused, or angry) and how they react to and cope with the
188 situation (e.g., responsive and supportive or dismissive and avoidant). (3) The
189 information needs of the parents dealing with self-injuring youth, which include the
190 content (e.g., topic), mode of delivery (e.g., electronic, paper-based, verbal, audio or
191 video), and amount of information that parents desire to receive about managing their
192 child's self-injurious behaviours. (4) The views and perspectives of parents on the
193 support they received (either formal or informal), their experiences and preferences, and
194 their thoughts about how support can be improved. Any qualitative data fulfilling one or
195 more of these criteria will be deemed eligible for inclusion.

196 **Context**

197 This review will consider any setting where parents are taking care of their self-
198 harming child, such as an A&E department, psychiatric ward, or community setting.

199 **Study types**

200 Any study that focuses on qualitative data, including but not limited to, designs such
201 as grounded theory, action research, phenomenology, ethnography, or feminist research,
202 will be included. Mixed-methods studies with a qualitative component will also be
203 included, with only the qualitative data extracted for this review.

204 **Study exclusion criteria**

205 This review will exclude any studies published not in English or Chinese, conference
206 abstracts, books, reviews, commentaries, or letters to editors. Studies reporting only
207 quantitative data (e.g., cross-sectional, case-control, cohort studies and clinical trials) will
208 also be excluded.

209 **Information sources**

210 To generate a comprehensive list of primary studies, several sources of literature, both
211 published and unpublished, will be approached. The primary source of literature will be
212 multiple health-related electronic databases, including English-language databases such
213 as PubMed, EMBASE, CINAHL, and PsycINFO and Chinese-language databases such as
214 CNKI, Wanfang Database, VIP database, and SinoMed. Each database will be searched
215 from its inception to the present. Prior to conducting a literature search for primary studies,
216 the CDSR (Cochrane Database of Systematic Reviews), JBI EBP (Evidence-based
217 Practice) Database, and PROSPERO have been searched to ascertain that there are no
218 systematic reviews with a similar topic, either published or underway. The secondary
219 source of potentially relevant materials will be a search of the grey or difficult-to-locate
220 literature using the Google Scholar, GreyNet International and ProQuest Dissertations and

221 Theses database. These searches will be further supplemented with hand-searching the
 222 reference lists, such that the titles of all articles cited within eligible studies will be checked.
 223 Websites of specific organizations, such as the International Society for the Study of Self-
 224 Injury (ISSS), will also be searched for potentially eligible studies. Efforts will also be made
 225 to contact authors of completed, ongoing, or in-press studies for information regarding
 226 additional studies or relevant materials.

227 **Search strategy**

228 The search strategy for the primary database (PubMed) was developed in
 229 collaboration with an experienced librarian from our institute. It has been peer reviewed
 230 using the Peer Review of Electronic Search Strategies (PRESS) checklist.⁴⁸ To develop
 231 an appropriate and expansive list of search terms, an initial search of PubMed was
 232 undertaken, followed by an analysis of the text words contained in the title and abstract
 233 and of the MeSH terms used to describe the articles, which, in turn, informed the
 234 development of the final search strategy for PubMed (see Box 1) and will be tailored for
 235 the remaining information sources. The detailed search strategies for various information
 236 sources can be found in [Supplemental file 2 \(see Appendices 1-10\)](#). No data limits will be
 237 applied to the searches, and only studies published in the English or Chinese language
 238 will be included due to practical concerns and resource constraints.

Box 1 Search strategy for PubMed	
#1.	(parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* grand-parent* OR grandfather* OR grandmother* OR guardian* OR famil* OR home* OR household* OR house-hold*).ti,ab.
#2.	(parents OR fathers OR mothers OR family OR caregivers OR "legal guardians" OR "family relations" OR "parent-child relations" OR "father-child relations" OR "mother-child relations" OR parenting).mh.
#3.	#1 OR #2
#4.	("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*").ti,ab.
#5.	(child OR adolescent OR young adult OR "psychology, child" OR "adolescent development" OR "psychology, adolescent" OR "adolescent psychiatry" OR "adolescent behavior").mh.
#6.	#4 OR #5
#7.	("suicide ideation" OR "suicidal ideation" OR "suicide attempt" OR "suicidal attempt" OR parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR headbang* OR "self wound*").ti,ab.
#8.	("self-Injurious behavior" OR "drug overdose").mh.
#9.	#7 OR #8
#10.	(qualitative OR interview OR interviews).ti,ab. OR (experience OR experiences).tw.

#11. "qualitative research"[mh] OR interviews[mh] OR interviews[mh:noexp]
#12. #10 OR #11
#13. #3 AND #6 AND #9 AND #12
#14. Limit to English and Chinese

239

Data management

240

The search results will be managed with the assistance of Endnote reference management software. Once the number of records identified from each database search has been clearly documented, all search results will be imported and merged into one Endnote group. Then, automatic duplicate checking will be initiated first, followed by a manual check to ensure that all potential duplicates have been eliminated. After duplicates are removed, a final list of the search results will be generated, and the following screening process will also be performed using Endnote.

241

Screening and selection of studies

242

The final list of the search results will be shared between the two reviewers (YLZ and QSZ) and independently screened by title and abstract against the eligibility criteria. The studies that the two reviewers agreed upon will then undergo a full-text reading by the same independent reviewers. Records from Google Scholar search will be cross-checked with the citations from database search at the full-text screening stage. Any discrepancies, along with the screening process, will be resolved through discussion or adjudication by a third reviewer (WZ) until consensus is achieved. The reasons for exclusion will be presented at the full-text review. If multiple papers describing the same research are found, the paper that describes the most comprehensive findings will be included. The final list of eligible papers will receive unanimous approval from the review team. A flow diagram depicting the screening and selection process and results, following PRISMA guidelines, will be produced.

243

Evaluation of methodological quality of included studies

244

Two authors (YLZ and QSZ) who have received training on evidence synthesis will appraise the methodological quality of all included studies independently using the standard JBI critical appraisal instrument for qualitative research.⁴⁹ The JBI qualitative appraisal checklist contains ten criteria that are scored as being "met", "not met" or "unclear" and, in some instances, as "not applicable." Before conducting the critical appraisal, the reviewers will first meet to clarify precise definitions, come to an agreement on the mutual understanding of the criteria and then embark on their independent evaluation processes. Any discrepancies between them will be resolved through discussion or arbitration from a third reviewer (WZ). Following the critical appraisal results, all studies will be scored, with higher scores indicating a greater proportion of the quality criteria having been met. However, our review team decided not to set a quality threshold so as not to exclude any article but rather to focus broadly on topical relevance. Meanwhile, once the findings are synthesised, a dependability score, assessed against five questions of the same checklist (Items 2–4 and 6–7), will be assigned to each study to determine the overall confidence in the resultant synthesized findings of the qualitative evidence synthesis.

245

Data extraction

246

General characteristics of included studies will be extracted using a pre-designed

1
2
3 279 Microsoft Excel form, which, before formal data extraction commences, will be pilot tested
4 280 on two articles to make any necessary revision or adjustment. Information on author(s),
5 281 year of publication, locale of study, research aims, study methodology, number and
6 282 characteristics of participants, method of data collection, method of data analysis, and main
7 283 findings will be extracted to gain a better understanding of the literature. These descriptive
8 284 data about study characteristics will be presented in a tabular form included in the final
9 285 report.

10 286 To facilitate data synthesis, all the text labelled by authors of primary qualitative
11 287 studies as results/findings, discussion/interpretation, and conclusions will be extracted
12 288 verbatim from study reports and entered into NVivo-12 software (QSR International).
13 289 Findings will be extracted from the included papers with a supporting illustrative quotation
14 290 attached. Each finding will then be assigned a level of plausibility (unequivocal, equivocal,
15 291 or unsupported) based on the congruency between the author's conclusion and the
16 292 participant's voice.⁴⁹

17 293 With regard to the data extraction process, the principal reviewer (YLZ) will extract
18 294 these data from all included studies according to the pre-specified guidelines. A second
19 295 reviewer (QSZ) will cross check the accuracy of the extracted data against the original
20 296 study reports. Any disagreements will be discussed until consensus, and consultations will
21 297 be sought from a third reviewer (WZ) if necessary.

22 298 **Data synthesis**

23 299 This review will use a meta-aggregative approach recommended by JBI
24 300 Collaboration⁴⁹ to synthesise the findings of the included qualitative studies. The meta-
25 301 aggregation method is philosophically grounded in pragmatism and Husserlian
26 302 transcendental phenomenology.^{49 50} The alignment of this method with the philosophy of
27 303 pragmatism is reflected in its aim to produce synthesised statements in the form of 'lines
28 304 of action' to inform decision-making at the clinical or policy level. As a result, it avoids re-
29 305 interpretation of original study findings and moves beyond the generation of theory, which,
30 306 in contrast, is central to meta-ethnography, realist synthesis and critical interpretive
31 307 synthesis. The roots within transcendental phenomenology are embodied in its purpose to
32 308 develop knowledge in an unbiased, unprejudiced way, not influenced by self or outside
33 309 factors.⁵¹ Primary empirical studies operating under different philosophical paradigms,
34 310 either post-positivism or social constructivism, will all be included in the meta-aggregation,
35 311 with only qualitative elements extracted and synthesised. All findings or themes will be
36 312 presented in the way they were in the original studies, without reinterpretation. Categories
37 313 and synthesised findings will be allowed to emerge from the extracted themes without pre-
38 314 conceived categories or theories imposed upon them.

39 315 Two reviewers will read and re-read each included study to ensure the utmost
40 316 familiarity with the data. Then, a three-step process will be undertaken to synthesise
41 317 qualitative evidence. First, all the concluding findings from every included paper will be
42 318 extracted with an accompanying illustration and allocated with a level of credibility. Second,
43 319 these findings will be assembled, compared, and categorized on the basis of similarity in
44 320 meaning, with at least two findings per category. Third, these categories will then be
45 321 subjected to a meta-synthesis to produce a single comprehensive set of synthesised
46 322 findings that can be used as a basis for evidence-based practice.

1
2
3 323 During the synthesis process, only unequivocal and equivocal findings will be included
4 324 in the aggregation. Not-supported findings will not be included in the meta-aggregation and
5 325 will be presented separately. The aggregation and descriptions of categories and
6 326 synthesised findings will be created by a consensus process among review group
7 327 members. We will also use the Confidence in the Qualitative synthesised finding (ConQual)
8 328 approach to assess our level of confidence in the main findings from the meta-synthesis
9 329 by creating a table with a summary of the qualitative findings.⁵²

330 **Patient and public involvement**

331 This review aims to synthesise published research studies and involves no patients or
332 members of the public. The primary studies concerning participants have obtained their
333 consent.

334 **Discussion**

335 Parental involvement in their child's treatment is recognized as a crucial factor in
336 improving a child's prognosis.¹⁰ Therefore, it is urgent to examine parents' experiences of
337 caring for a self-harming child and identify their needs when providing support to their child
338 through ongoing treatment. However, a comprehensive synthesis of such knowledge is
339 lacking in the current literature. Our proposed review will focus on the experiences and
340 first-hand accounts of parents responsible for the care and management of the self-
341 harming behaviours of young people. We anticipate that this review will deepen our
342 understanding of the experiences and needs of parents whose child self-harms. The
343 results will inform mental health professionals and policy-makers to better provide
344 education and training to those parents and, together with the engagement of these
345 parents, develop more tailored and individualized interventions to improve the treatment
346 outcomes of young people who self-harm.

347 **Acknowledgements:** The authors would like to thank Professor Jing Wang for her
348 assistance during the development of the search strategy and selection of search sources.

349 **Ethics and Dissemination**

350 We have described a protocol for a qualitative evidence synthesis that aims to explore
351 the experiences and needs of parents providing care to young people who self-harm.
352 Additional ethical approval is not needed, as this review will only include published primary
353 studies. The findings will be published in a peer-reviewed journal and presented at local,
354 national or international conferences.

355 **Authors' contributions:** YLZ conceived the idea for this review, wrote the first draft
356 of the protocol and will act as the first reviewer of this synthesis. QSZ will act as the second
357 reviewer, and WZ will be the third reviewer. All authors (YLZ, RDDR, QSZ, WZ, HX, RW,
358 LM) read, offered feedback, and agreed on the final manuscript of this protocol and will be
359 responsible for the refinement of the search strategy, study screening, quality appraisal,
360 data extraction and synthesis process.

361 **Funding statement:** This review is supported by the 2023 Humanity and Social
362 Sciences Research Program (2023-ZDJH-207) of Education Department of Henan
363 Province, China. The funding body did not play a role in the design of this protocol and will
364 not be involved in the study selection, data synthesis or interpretation of the future review.

365 **Competing interests statement:** None declared.
366

367 **References:**

- 368 1. National Institute for Clinical Excellence (NICE). Self-harm in over 8s: long-term management
369 [CG133], 2011. Available: <https://www.nice.org.uk/guidance/cg133> [Accessed 23 Aug 2021].
- 370 2. Robinson J. Repeated self-harm in young people: a review. *Australas Psychiatry*. 2017;25:105-7.
- 371 3. Hawton K, Saunders KE, O'Connor RC. Self-harm and suicide in adolescents. *Lancet*.
372 2012;379:2373-82.
- 373 4. Muehlenkamp JJ. Self-injurious behavior as a separate clinical syndrome. *Am J Orthopsychiatry*.
374 2005;75:324-33.
- 375 5. Muehlenkamp JJ, Claes L, Havertape L, *et al*. International prevalence of adolescent non-suicidal
376 self-injury and deliberate self-harm. *Child Adolesc Psychiatry Ment Health*. 2012;6:10.
- 377 6. About Self-Injury: What is Nonsuicidal Self-Injury? International Society for the Study of Self-
378 injury (ISSS). Available: <https://itriples.org/category/about-self-injury/#what-is-self-injury>
379 [Accessed 23 Aug 2021].
- 380 7. Kapur N, Cooper J, O'Connor RC, *et al*. Non-suicidal self-injury v. attempted suicide: new
381 diagnosis or false dichotomy? *Br J Psychiatry*. 2013;202:326-8.
- 382 8. Chartrand H, Tefft B, Sareen J, *et al*. A Longitudinal Study of Correlates, Discharge Disposition,
383 and Rate of Re-presentation to Emergency Services of Adults who Engage in Non-suicidal Self-
384 injury. *Arch Suicide Res*. 2020;1-20.
- 385 9. Wilkinson P. Non-suicidal self-injury. *Eur Child Adolesc Psychiatry*, 2013;22(Suppl 1):S75-9.
- 386 10. Glenn, CR, Esposito E C, Porter AC, *et al*. Evidence Base Update of Psychosocial Treatments for
387 Self-Injurious Thoughts and Behaviors in Youth. *J Clin Child Adolesc Psychol*, 2019;48:357-92.
- 388 11. Gillies D, Christou MA, Dixon AC, *et al*. Prevalence and Characteristics of Self-Harm in
389 Adolescents: Meta-Analyses of Community-Based Studies 1990-2015. *J Am Acad Child Adolesc*
390 *Psychiatry*. 2018;57:733-41.
- 391 12. Swannell SV, Martin GE, Page A, *et al*. Prevalence of nonsuicidal self-injury in nonclinical samples:
392 systematic review, meta-analysis and meta-regression. *Suicide Life Threat Behav*. 2014;44:273-303.
- 393 13. Muehlenkamp JJ, Xhunga N, Brausch AM. Self-injury Age of Onset: A Risk Factor for NSSI
394 Severity and Suicidal Behavior. *Arch Suicide Res*. 2019;23:551-63.
- 395 14. Martin G, Swannell SV, Hazell PL, *et al*. Self-injury in Australia: a community survey. *Med J*
396 *Aust*. 2010;193:506-10.
- 397 15. Gandhi A, Luyckx K, Baetens I, *et al*. Age of onset of non-suicidal self-injury in Dutch-speaking
398 adolescents and emerging adults: An event history analysis of pooled data. *Compr Psychiatry*.
399 2018;80:170-8.
- 400 16. Arbuthnott AE, Lewis SP. Parents of youth who self-injure: a review of the literature and
401 implications for mental health professionals. *Child Adolesc Psychiatry Ment Health*. 2015;9:1-20.
- 402 17. Raphael H, Clarke G, Kumar S. Exploring parents' responses to their child's deliberate self-harm.
403 *Health Educ*. 2006;106:9-20.
- 404 18. Byrne S, Morgan S, Fitzpatrick C, *et al*. Deliberate self-harm in children and adolescents: a
405 qualitative study exploring the needs of parents and carers. *Clin Child Psychol Psychiatry*.
406 2008;13:493-504.
- 407 19. Fu X, Yang J, Liao X, *et al*. Parents' Attitudes Toward and Experience of Non-Suicidal Self-Injury
408 in Adolescents: A Qualitative Study. *Front Psychiatry*. 2020;11:1-8.
- 409 20. Oldershaw A, Richards C, Simic M, *et al*. Parents' perspectives on adolescent self-harm: qualitative

- 1
2
3 410 study. *Br J Psychiatry*. 2008;193:140-4.
- 4 411 21. Ferrey AE, Hughes ND, Simkin S, *et al*. The impact of self-harm by young people on parents and
5 412 families: a qualitative study. *BMJ Open*. 2016;6:e009631.
- 6 413 22. Kryszynska K, Curtis S, Lamblin M, *et al*. Parents' Experience and Psychoeducation Needs When
7 414 Supporting a Young Person Who Self-Harms. *Int J Environ Res Public Health*. 2020;17:3662.
- 8 415 23. Rissanen M, Kylmä J, Laukkanen E. Parental conceptions of self-mutilation among Finnish
9 416 adolescents. *J Psychiatr Ment Health Nurs*. 2008;15:212-8.
- 10 417 24. Kelada L, Whitlock J, Hasking P, *et al*. Parents' Experiences of Nonsuicidal Self-Injury Among
11 418 Adolescents and Young Adults. *J Child Fam Stud*. 2016;25:3403-16.
- 12 419 25. Rissanen ML, Kylmä J, Laukkanen E. Helping adolescents who self-mutilate: parental descriptions.
13 420 *J Clin Nurs*. 2009;18:1711-21.
- 14 421 26. Hughes ND, Locock L, Simkin S, *et al*. Making Sense of an Unknown Terrain: How Parents
15 422 Understand Self-Harm in Young People. *Qual Health Res*. 2017;27:215-25.
- 16 423 27. Ferrey AE, Hughes ND, Simkin S, *et al*. Changes in parenting strategies after a young person's self-
17 424 harm: a qualitative study. *Child Adolesc Psychiatry Ment Health*. 2016;10:20.
- 18 425 28. Stewart A, Hughes ND, Simkin S, *et al*. Navigating an unfamiliar world: how parents of young
19 426 people who self-harm experience support and treatment. *Child Adolesc Ment Health*. 2016;23:78-
20 427 84.
- 21 428 29. Rickwood D, Deane FP, Wilson CJ, *et al*. Young people's help-seeking for mental health problems.
22 429 *Australian e-Journal for the Advancement of Mental Health*, 2005;4:218-51.
- 23 430 30. Rowe SL, French RS, Henderson C, *et al*. Help-seeking behaviour and adolescent self-harm: a
24 431 systematic review. *Aust N Z J Psychiatry*, 2014;48:1083-1095.
- 25 432 31. Berger E, Hasking P, Martin G. Adolescents' Perspectives of Youth Non-Suicidal Self-Injury
26 433 Prevention. *Youth Soc*. 2017;49:3-22.
- 27 434 32. Fortune S, Sinclair J, Hawton K. Help-seeking before and after episodes of self-harm: a descriptive
28 435 study in school pupils in England. *BMC Public Health*. 2008;8:369.
- 29 436 33. Evans E, Hawton K, Rodham K. In what ways are adolescents who engage in self-harm or
30 437 experience thoughts of self-harm different in terms of help-seeking, communication and coping
31 438 strategies? *J Adolesc*, 2005;28:573-87.
- 32 439 34. Angold A, Erkanli A, Farmer E, *et al*. Psychiatric Disorder, Impairment, and Service Use in Rural
33 440 African American and White Youth. *Arch Gen Psychiatry*, 2002;59:893-901.
- 34 441 35. Ryan SM, Jorm AF, Toumbourou JW, *et al*. Parent and family factors associated with service use
35 442 by young people with mental health problems: a systematic review. *Early Interv Psychiatry*.
36 443 2015;9:433-46.
- 37 444 36. Clarke AR, Schnieden V, Hamilton BA, *et al*. Factors associated with treatment compliance in
38 445 young people following an emergency department presentation for deliberate self-harm. *Arch*
39 446 *Suicide Res*. 2004;8:147-52.
- 40 447 37. Asarnow JR, Berk M, Hughes JL, *et al*. The SAFETY Program: a treatment-development trial of a
41 448 cognitive-behavioral family treatment for adolescent suicide attempters. *J Clin Child Adolesc*
42 449 *Psychol*. 2015;44:194-203.
- 43 450 38. Wijana MB, Enebrink P, Liljedahl SI, *et al*. Preliminary evaluation of an intensive integrated
44 451 individual and family therapy model for self-harming adolescents. *BMC Psychiatry*. 2018;18:371.
- 45 452 39. Babeva KN, Klomhaus AM, Sugar CA, *et al*. Adolescent Suicide Attempt Prevention: Predictors
46 453 of Response to a Cognitive-Behavioral Family and Youth Centered Intervention. *Suicide Life*

- 1
2
3 454 *Threat Behav.* 2020;50:56-71.
- 4 455 40. Gillespie C, Joyce M, Flynn D, *et al.* Dialectical behaviour therapy for adolescents: a comparison
5 456 of 16-week and 24-week programmes delivered in a public community setting. *Child Adolesc Ment*
6 457 *Health.* 2019;24:266-73.
- 7 458 41. Hannes K, Lockwood C. Synthesizing qualitative research: choosing the right approach. Chichester:
8 459 Wiley 2012:2.
- 9 460 42. Peel-Wainwright KM, Hartley S, Boland A, *et al.* The interpersonal processes of non-suicidal self-
10 461 injury: A systematic review and meta-synthesis. *Psychol Psychother.* 2021;94:1059-82.
- 11 462 43. Simes D, Shochet I, Murray K, *et al.* A Systematic Review of Qualitative Research of the
12 463 Experiences of Young People and their Caregivers Affected by Suicidality and Self-harm:
13 464 Implications for Family-Based Treatment. *Adolescent Research Review.* 2021;4:1-23.
- 14 465 44. Curtis S, Thorn P, McRoberts A, *et al.* Caring for Young People Who Self-Harm: A Review of
15 466 Perspectives from Families and Young People. *Int J Environ Res Public Health.* 2018;15:950.
- 16 467 45. Moher D, Shamseer L, Clarke M, *et al.* Preferred reporting items for systematic review and meta-
17 468 analysis protocols (PRISMA-P) 2015 statement. *Syst Rev.* 2015;4:1.
- 18 469 46. Tong A, Flemming K, McInnes E, *et al.* Enhancing transparency in reporting the synthesis of
19 470 qualitative research: ENTREQ. *BMC Med Res Methodol.* 2012;12:181.
- 20 471 47. Page MJ, McKenzie JE, Bossuyt PM, *et al.* The PRISMA 2020 statement: an updated guideline for
21 472 reporting systematic reviews. *BMJ (Clinical research ed).* 2021;372:n71.
- 22 473 48. MCGowan J, Sampson M, Salzwedel DM, *et al.* PRESS Peer Review of Electronic Search Strategies:
23 474 2015 Guideline Statement. *J Clin Epidemiol.* 2016;75:40-6.
- 24 475 49. Lockwood C, Munn Z, Porritt K. Qualitative research synthesis: methodological guidance for
25 476 systematic reviewers utilizing meta-aggregation. *Int J Evid Based Healthc.* 2015;13:179-87.
- 26 477 50. Hannes K, Lockwood C. Pragmatism as the philosophical foundation for the Joanna Briggs meta-
27 478 aggregative approach to qualitative evidence synthesis. *J Adv Nurs.* 2011;67:1632-42.
- 28 479 51. Lockwood C, Pearson A. A comparison of meta-aggregation and meta-ethnography as qualitative
29 480 review methods. Pearson A, editor. New York: Lippincott, Williams and Wilkins; 2013.
- 30 481 52. Munn Z, Porritt K, Lockwood C, *et al.* Establishing confidence in the output of qualitative research
31 482 synthesis: the ConQual approach. *BMC Med Res Methodol.* 2014;14:108.

483

484

PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist: recommended items to address in a systematic review protocol*

Section and topic	Item No	Checklist item	Signpost
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	P1 The lived experiences of parents providing care to young people who self-harm: A protocol for a meta-aggregative synthesis of qualitative studies
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	Not applicable
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	P1 PROSPERO: CRD42021265525
Authors:			
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author	<p>P1 Yanli Zhao Zhengzhou University School of Nursing and Health, Science Avenue No.101, High-Tech District, Zhengzhou City, Henan Province, China E-mail: zhaoyanli86@126.com</p> <p>Ronnell D Dela Rosa Philippine Women's University, School of Nursing E-mail: rddelarosa@pwu.edu.ph</p> <p>Qiushi Zhang E-mail: qiutiandeguozhi@126.com</p> <p>Wei Zhao School of Nursing and Health, Zhengzhou University E-mail: zhaowei2783@zzu.edu.cn</p> <p>Hui Xu E-mail: xuhui896@126.com</p> <p>Rui Wang E-mail: tanguohuli@163.com</p> <p>Ling Ma E-mail: hlml@zzu.edu.cn</p>
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	P9 YLZ conceived the idea for this review, wrote the first draft of the protocol and will act as the first reviewer of this synthesis. QSZ

			will act as the second reviewer. WZ will be the third reviewer. All authors (YLZ, RDDR, CSZ, WZ, HX, RW, LM) had read, offered feedback, and agreed on the final manuscript of this protocol and will be responsible for the refinement of the search strategy, studies screening, quality appraisal, data extraction and synthesis process. This systematic review is being conducted as part of YLZ's part-time PhD and she will serve as the guarantor of the review.
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	Not applicable.
Support:			
Sources	5a	Indicate sources of financial or other support for the review	P9 This review is supported by the 2023 Humanity and Social Sciences Research Program (2023-ZDJH-207) of Education Department of Henan Province, China.
Sponsor	5b	Provide name for the review funder and/or sponsor	P9.
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	P9.
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	P2-4 Introduction (Paragraph2-4)
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	P4 Introduction (Paragraph5) The mnemonics PICO, an alternative to PICO in qualitative studies, is used here as it is more appropriate to qualitative synthesis.
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	P4-5 Study eligibility criteria (Participant, Phenomena of Interest, Context, Study types) & study exclusion criteria
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	P5-6 Information sources
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	P6 Search strategy (box Search strategy for PubMed)
Study records:			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	P7 Data management

	Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	P7 Screening and selection of studies
	Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	P7-8 Data extraction
	Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	P7-8 Data extraction (Paragraph1-2), There are no pre-planned data assumptions or simplifications.
	Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	P8 Data extraction (Paragraph2)
	Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	P7 Evaluation of methodological quality of included studies
	Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	Not applicable.
		15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2 , Kendall's τ)	Not applicable.
		15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	No assessment of meta-biases is planned.
		15d	If quantitative synthesis is not appropriate, describe the type of summary planned	P8-9 Data synthesis (Qualitative aggregative meta-synthesis will be undertaken.)
	Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	Not applicable.
	Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	P8-9 Data synthesis (Paragraph3) (ConQual method will be used to assess the strength of the synthesized evidence.)

*** It is strongly recommended that this checklist be read in conjunction with the PRISMA-P Explanation and Elaboration (if available) for important clarification on the items. Amendments to a review protocol should be tracked and dated. The copyright for PRISMA-P (including checklist) is held by the PRISMA-P Group and is distributed under a Creative Commons Attribution Licence 4.0.**

From: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.

Search date (Jan 14th, 2022)**Appendix 1. Cochrane Library search strategy** (<https://www.cochranelibrary.com/>)

- #1. ("suicidal ideation" OR "suicide ideation" OR "suicidal attempt" OR "suicide attempt" OR "attempted suicide" OR parasuicide OR "self harm" OR "self injury" OR "self injuries" OR "self mutilation" OR "self hurt" OR "self cut" OR "self poisoning" OR "self hitting" OR non-suicidal OR nonsuicidal OR "self-injurious" OR "self-destructive" OR "self directed violence" OR "self inflicted"):ti,ab,kw
- #2. MeSH descriptor: [Self-Injurious Behavior] explode all trees
- #3. #1 OR #2
- #4 Limit to Cochrane Reviews

Appendix 2. JBI (Joanna Briggs Institute) EBP (Evidence-based Practice) Database(Evidence Synthesis) search strategy (<https://jbi.global/products#database>)

- #1. ("suicidal ideation" OR "suicide ideation" OR "suicidal attempt" OR "suicide attempt" OR "attempted suicide" OR parasuicide OR "self harm" OR "self injury" OR "self injuries" OR "self mutilation" OR "self hurt" OR "self cut" OR "self poisoning" OR "self hitting" OR non-suicidal OR nonsuicidal OR "self-injurious" OR "self-destructive" OR "self directed violence" OR "self inflicted"). All Fields
- #2. (parents OR father OR mother OR carers OR caregivers OR "care givers" OR grandparents OR grand-parents OR guardians OR family OR familial OR families OR home OR household OR house-hold).All Fields
- #3. #1 AND #2

Appendix 3. PROSPERO(International prospective register of systematic reviews) search strategy (<https://www.crd.york.ac.uk/prospero/>)

- #1. MeSH DESCRIPTOR Self-Injurious Behavior EXPLODE ALL TREES AND (Systematic Review OR Qualitative synthesis): RT

Appendix 4. PubMed search strategy

- #1. parent*[tiab] OR father*[tiab] OR mother*[tiab] OR carer*[tiab] OR caregiver*[tiab] OR "care giver"*[tiab] OR grandparent*[tiab] OR grand-parent*[tiab] OR grandfather*[tiab] OR grandmother*[tiab] OR guardian*[tiab] OR family[tiab] OR familial[tiab] OR families[tiab] OR home*[tiab] OR household*[tiab] OR house-hold*[tiab]
- #2. Parents[mh] OR Fathers[mh] OR Mothers[mh] OR Family[mh] OR Caregivers[mh] OR legal guardians[mh] OR Family Relations[mh] OR Parent-Child Relations[mh] OR Father-Child Relations[mh] OR Mother-Child Relations[mh] OR Parenting[mh]
- #3. #1 OR #2
- #4. "young adult"*[tiab] OR "young people"[tiab] OR "young person"*[tiab] OR youngster*[tiab] OR youth*[tiab] OR juvenile*[tiab] OR teen*[tiab] OR preteen*[tiab] OR child*[tiab] OR minor*[tiab] OR adolescen* [tiab] OR pubescen*[tiab] OR student*[tiab] OR underage*[tiab] OR "under age"*[tiab]
- #5. Child[mh] OR Adolescent[mh] OR Young Adult[mh] OR Psychology, Child[mh] OR Adolescent Development[mh] OR Psychology, Adolescent[mh] OR Adolescent Psychiatry[mh] OR Adolescent Behavior[mh]

1
2
3 #6. #4 OR #5

4 #7. "suicide ideation"[tiab] OR "suicidal ideation"[tiab] OR "suicide attempt"[tiab] OR
5 "suicidal attempt"[tiab] OR parasuicid*[tiab] OR para-suicid*[tiab] OR nonsuicid*[tiab]
6 OR non-suicid*[tiab] OR overdos*[tiab] OR "over dose*"[tiab] OR "self harm*"[tiab] OR
7 "self hurt*"[tiab] OR "self mutilat*"[tiab] OR "self injur*"[tiab] OR "self damag*"[tiab] OR
8 "self inflict*"[tiab] OR "self destruct*"[tiab] OR "self violen*"[tiab] OR "self directed
9 violen*"[tiab] OR "self immolat*"[tiab] OR "self poison*"[tiab] OR "auto mutilat*"[tiab]
10 OR automutilat*[tiab] OR "self cut*"[tiab] OR "self burn*"[tiab] OR "self bit*"[tiab] OR
11 "self abus*"[tiab] OR "self hit*"[tiab] OR "head bang*"[tiab] OR headbang*[tiab] OR
12 "self wound*"[tiab]

13 #8. Self-Injurious Behavior[mh] OR Drug Overdose[mh]

14 #9. #7 OR #8

15 #10. qualitative[tiab] OR interview[tiab] OR interviews[tiab] OR experience[tw] OR
16 experiences[tw]

17 #11. Qualitative Research[mh] OR interviews[mh] OR interviews[mh:noexp]

18 #12. #10 OR #11

19 #13. #3 AND #6 AND #9 AND #12

20 #14. Limit to English and Chinese

21 2328 records retrieved

22
23
24
25
26
27
28
29 **Appendix 5. EMBASE search strategy**

30 #1. 'parent':ti,ab OR 'parents':ti,ab OR 'father*':ti,ab OR 'mother*':ti,ab OR 'carer*':ti,ab OR
31 'caregiver*':ti,ab OR 'care giver*':ti,ab OR 'grandparent*':ti,ab OR 'grand-parent*':ti,ab
32 OR 'grandfather*':ti,ab OR 'grandmother*':ti,ab OR 'guardian*':ti,ab OR 'family':ti,ab
33 OR 'familial':ti,ab OR 'families':ti,ab OR 'home':ti,ab OR 'household':ti,ab OR 'house-
34 hold':ti,ab

35 #2. 'parent'/exp OR 'caregiver'/exp OR 'grandparent'/exp OR 'guardian'/exp OR 'home'/exp
36 OR 'family'/exp OR 'household'/exp OR 'family relation'/exp

37 #3. #1 OR #2

38 #4. 'prime adult':ti,ab OR 'prime adults':ti,ab OR 'young adult*':ti,ab OR 'young people':ti,ab
39 OR 'young person*':ti,ab OR youngster*':ti,ab OR 'youth*':ti,ab OR 'juvenile*':ti,ab OR
40 teen*':ti,ab OR preteen*':ti,ab OR 'child':ti,ab OR 'children':ti,ab OR 'minor':ti,ab OR
41 'minors':ti,ab OR 'adolescent*':ti,ab OR 'pubescen*':ti,ab OR 'student*':ti,ab OR 'under
42 age*' OR underage*':ti,ab OR 'dependants':ti,ab OR 'dependents':ti,ab

43 #5. 'young adult'/exp OR 'juvenile'/exp OR 'child'/exp OR 'minor (person)'/exp OR
44 'adolescent'/exp OR 'student'/exp OR 'child psychology'/exp

45 #6. #4 OR #5

46 #7. 'suicid* ideation':ti,ab OR 'suicid* attempt':ti,ab OR 'parasuicide*':ti,ab OR 'para-
47 suicide*':ti,ab OR 'nonsuicid*':ti,ab OR 'non-suicid*':ti,ab OR 'overdos*':ti,ab OR 'over
48 dos*':ti,ab OR 'artificial skin lesion':ti,ab OR 'self harm*':ti,ab OR 'self hurt*':ti,ab OR
49 'self mutilat*':ti,ab OR 'self injur*':ti,ab OR 'self damag*':ti,ab OR 'self inflicted':ti,ab OR
50 'self-destruct*':ti,ab OR 'self violen*':ti,ab OR 'self directed violence':ti,ab OR 'self
51 immolat*':ti,ab OR 'self poison*':ti,ab OR 'auto mutilation':ti,ab OR 'automutilation':ti,ab
52 OR 'self cut*':ti,ab OR 'self burn*':ti,ab OR 'self bit*':ti,ab OR 'self abus*':ti,ab OR 'self

hit*:ti,ab OR 'head bang*:ti,ab OR 'headbang*:ti,ab OR 'self wound*:ti,ab OR 'selfharm*:ti,ab OR 'selfinflicted injury*:ti,ab OR 'selfinflicted wounds*:ti,ab OR 'selfinjuring behavio\$r*:ti,ab OR 'selfinjurious behavio\$r*:ti,ab OR 'selfinjury*:ti,ab OR 'selfmutilation*:ti,ab

#8. 'self immolation'/exp OR 'self poisoning'/exp OR 'suicidal ideation'/exp OR 'suicide attempt'/exp OR 'drug overdose'/exp OR 'nonsuicidal self injury'/exp OR 'automutilation'/exp

#9. #7 OR #8

#10. interview:ti,ab,kw OR interviews:ti,ab,kw OR qualitative:ti,ab,kw OR experience OR experiences

#11. 'interview'/exp OR 'qualitative'/exp OR 'qualitative research'/exp OR 'experience'/exp

#12. #10 OR #11

#13. #3 AND #6 AND #9 AND #12

#14. Limit Publication types to article, review, and article in press, excluding conference abstract, conference paper, note, conference review, letter, short survey, editorial, and book chapter.

1910 records retrieved

Appendix 6. CINAHL search strategy (EBSCO host)

S1. AB ("parent*" OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*) OR TI ("parent*" OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)

S2. (MH "Parents+") OR (MH "Parental Attitudes+") OR (MH "Family+") OR (MH "Adult-Child Relations") OR (MH "Guardianship, Legal+") OR (MH "Caregivers")

S3. S1 OR S2

S4. AB ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*") OR TI ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")

S5. (MH "Child") OR (MH "Adolescence+") OR (MH "Minors (Legal)") OR (MH "Young Adult") OR (MH "Adult Children") OR (MH "Students+") OR (MH "Adolescent Development") OR (MH "Adolescent Psychology") OR (MH "Child Psychology") OR (MH "Adolescent Psychiatry") OR (MH "Adolescent Behavior")

S6. S4 OR S5

S7. AB (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*")

- OR headbang* OR "self wound*") OR TI (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR headbang* OR "self wound*")
- S8. (MH "Suicide, Attempted") OR (MH "Suicidal Ideation") OR (MH "Overdose+") OR (MH "Injuries, Self-Inflicted") OR (MH "Self-Injurious Behavior")
- S9. S7 OR S8
- S10. AB ("qualitative" OR "interview" OR "interviews") OR TI ("qualitative" OR "interview" OR "interviews") OR (TX "experience" TX "experiences")
- S11. (MH "Qualitative Studies+") OR (MH "Interviews+") OR (MH "Structured Interview") OR (MH "Semi-Structured Interview")
- S12. S10 OR S11
- S13. S3 AND S6 AND S9 AND S12
- S14. Limit to English and Chinese
- 679 records retrieved

Appendix 7. PsycINFO search strategy (EBSCO host)

- S1. TI (parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)
- S2. AB (parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver*" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR guardian* OR family OR familial OR families OR home* OR household* OR house-hold*)
- S3. DE "Family" OR DE "Family Members" OR DE "Parents" OR DE "Mothers" OR DE "Fathers" OR DE "Adolescent Fathers" OR DE "Adolescent Mothers" OR DE "Grandparents" OR DE "Family Relations" OR DE "Parent Child Relations" OR DE "Father Child Relations" OR DE "Mother Child Relations" OR DE "Parenting" OR DE "Parenting Skills" OR DE "Parenting Style" OR DE "Parental Attitudes" OR DE "Parental Involvement" OR DE "Parent Child Communication" OR DE "Father Child Communication" OR DE "Mother Child Communication" OR DE "Caregivers"
- S4. S1 OR S2 OR S3
- S5. TI ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")
- S6. AB ("young adult*" OR "young people" OR "young person*" OR youngster* OR youth* OR juvenile* OR teen* OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR underage* OR "under age*")
- S7. DE "Adult Offspring" OR DE "Offspring" OR DE "Adolescent Behavior" OR DE "Adolescent Development" OR DE "Adolescent Psychology" OR DE "Adolescent Psychiatry" OR DE "Child Psychiatry" OR DE "Child Psychology"
- S8. S5 OR S6 OR S7
- S9. TI (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over

dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self
 damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed
 violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR
 "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*"
 OR headbang* OR "self wound*")

S10. AB (parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR
 "over dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self
 damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self-directed
 violen*" OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR
 "self cut*" OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*"
 OR headbang* OR "self wound*")

S11. DE "Attempted Suicide" OR DE "Suicidal Ideation" OR DE "Self-Destructive Behavior"
 OR DE "Self-Injurious Behavior" OR DE "Suicidal Behavior" OR DE "Head Banging"
 OR DE "Self-Inflicted Wounds" OR DE "Self-Mutilation" OR DE "Self-Poisoning" OR
 DE "Suicidal Behavior" OR DE "Youth Suicide" OR DE "Self-Injurious Behavior" OR
 DE "Suicidality"

S12. S9 OR S10 OR S11

S13. TI (interview OR interviews) OR AB (interview OR interviews) OR TI qualitative OR
 AB qualitative OR TX experience OR TX experiences

S14. DE "Qualitative Methods" OR DE "Qualitative Measures" OR DE "Grounded Theory"
 OR DE "Phenomenology" OR DE "Interpretative Phenomenological Analysis" OR DE
 "Narrative Analysis" OR DE "Thematic Analysis" OR DE "Interviews" OR DE "Semi-
 Structured Interview" OR DE "Focus Group Interview" OR DE "Focus Group" OR DE
 "Cognitive Interview" OR DE "Intake Interview" OR DE "Mixed Methods Research" OR
 DE "Group Discussion" OR DE "Observation Methods"

S15. S13 OR S14

S16. S4 AND S8 AND S12 AND S15

S17. Limit to English

873 records retrieved

Appendix 8. ProQuest search strategy (5 selected databases: APA PsycArticles, ERIC, PTSDpubs, Publicly Available Content Database, SIRS Issues Researcher)

1. ti,ab(parent* OR father* OR mother* OR carer* OR caregiver* OR "care giver" OR "care
 givers" OR grandparent* OR grand-parent* OR grandfather* OR grandmother* OR
 guardian* OR family OR familial OR families OR home* OR household* OR house-
 hold*)

2. MESH(Parents OR Fathers OR Mothers OR Family OR Caregivers OR legal guardians
 OR Family Relations OR Parent-Child Relations OR Father-Child Relations OR
 Mother-Child Relations OR Parenting)

3. 1 OR 2

4. ti,ab("young adult" OR "young adulthood" OR "young adults" OR "young people" OR
 "young person" OR "young persons" OR youngster* OR youth* OR juvenile* OR teen*
 OR preteen* OR child* OR minor* OR adolescen* OR pubescen* OR student* OR
 underage* OR "under age*")

- 1
2
3 5. MESH(Child OR Adolescent OR Young Adult OR Psychology, Child OR
4 Adolescent Development OR Psychology, Adolescent OR Adolescent Psychiatry
5 OR Adolescent Behavior)
6
7 6. 4 OR 5
8
9 7. ti,ab("suicide ideation" OR "suicidal ideation" OR "suicide attempt" OR "suicidal attempt"
10 OR parasuicid* OR para-suicid* OR nonsuicid* OR non-suicid* OR overdos* OR "over
11 dose*" OR "self harm*" OR "self hurt*" OR "self mutilat*" OR "self injur*" OR "self
12 damag*" OR "self inflict*" OR "self destruct*" OR "self violen*" OR "self directed violen*"
13 OR "self immolat*" OR "self poison*" OR "auto mutilat*" OR automutilat* OR "self cut*"
14 OR "self burn*" OR "self bit*" OR "self abus*" OR "self hit*" OR "head bang*" OR
15 headbang* OR "self wound*")
16
17 8. MESH(Self-Injurious Behavior OR Drug Overdose)
18
19 9. 7 OR 8
20
21 10. ti,ab(qualitative OR interview OR interviews) OR experience OR experiences
22
23 11. MESH(Qualitative Research OR interviews)
24
25 12. 10 OR 11
26
27 13. 3 AND 6 AND 9 AND 12
28
29 14. Limit to English
30
31 931 records retrieved

Appendix 9. Google Scholar strategy

32 Intitle: ((parents OR caregivers OR guardians) + ("young people" OR children OR
33 adolescents) + ("self harm" OR "self mutilation" OR "self injury" OR "self injurious" OR "self
34 immolation") + (qualitative OR experiences OR interview))
35
36 53 records retrieved

Appendix 10. Opengrey search strategy (<http://www.greynet.org/>)

37 "self harm" OR "self mutilation" OR "self injury" OR "self injurious" OR "self immolation",
38 any field
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60