

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Scott Weich

Manuscript Title: How do risk assessments for self harm and suicide in crisis or emergency settings change the clinical encounter and outcomes for children and adolescents?: realist synthesis and mapping review

Manuscript Number (if known): HSDR NIHR135079

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/19/2021

Your Name: Andrew Booth

Manuscript Title: Risk assessment in child and adolescent mental health: for whom and in what circumstances do risk assessments change the clinical encounter for children and adolescents and what effect does this have on their mental health outcomes?.

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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	society, committee or advocacy group, paid or unpaid	Member of the National Institute for Health Research (NIHR) Health Services & Delivery Research Funding Committee Member of the National Institute for Health Research (NIHR) Evidence Synthesis Advisory Group	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None Convenor of Cochrane Qualitative & Implementation Methods Group	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/21/2021

Your Name: Duncan Chambers

Manuscript Title: Risk assessment in child and adolescent mental health: for whom and in what circumstances do risk assessments change the clinical encounter for children and adolescents and what effect does this have on their mental health outcomes?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 12/15/2021

Your Name: Anna Cantrell

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 12/14/2021

Your Name: Katie Sworn

Manuscript Title: For whom and in what circumstances do risk assessments change the clinical encounter for children and adolescents and what effect does this have on their mental health outcomes?

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 1/26/2022

Your Name: Elizabeth Taylor Buck

Manuscript Title: Risk Assessment in Child & Adolescent Mental Health.

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