Date:		9/9/2022	9/9/2022		
Your Name:		David Cottrell	David Cottrell		
Manuscript Title:		· ·	Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias		
Mar	nuscript Number (if k	known): N/A			
content of your manuscript. "Rela affected by the content of the ma		rency, we ask you to disclose all relationships/activit ipt. "Related" means any relation with for-profit or r of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activit	not-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epic	lemiology of hyperte	os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manuentioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript one past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution Click the tab key to add additional rows.		
		Time frame: past 36 mont	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution		
3	Royalties or licenses	[□] None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Co-chair of NIHR Advanced Fellowship Committee Chair of BeST TSC & IVY DMEC	Honorarium paid to me

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	None None		
r 1	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.			

Date:		8/11/2021	8/11/2021		
Your Name:		Emma Diggins	Emma Diggins		
Manuscript Title:		Reducing Self-harm in Adolescents: An Ind Systematic Review: Methods, Studies and	Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD).		
Mar	nuscript Number (if k				
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma		ipt. "Related" means any relation with for-profit or rof the manuscript. Disclosure represents a commitment	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily tabout whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	lemiology of hyperte	os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu entioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript ne past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	g of the work		
1	All support for the	□ None			
•	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:		8/23/2022	8/23/2022		
Your Name:		Amanda J Farrin	Amanda J Farrin		
Manuscript Title:			Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias		
Mar	nuscript Number (if k	known): N/A			
con affe indi	tent of your manuscr cted by the content o cate a bias. If you are	arency, we ask you to disclose all relationships/activicipt. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activic	not-for-profit third parties whose interests may be nent to transparency and does not necessarily ty/interest, it is preferable that you do so.		
epic	lemiology of hyperte	os/activities/interests should be defined broadly. Fo insion, you should declare all relationships with man entioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript ne past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plannir	g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution Click the tab key to add additional rows.		
		Time frame: past 36 mon	ths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution		
3	Royalties or licenses	None ■			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Member of NIHR funding committee (HTA Clinical Trials & Evaluation until Nov 2018) NIHR CTU Standing Advisory Committee NIHR Senior Investigator Received grants from NIHR (HTA, EME, PGfAR, HS&DR, NIHR/MRC)	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

ICIVIJE DISCLOSURE FORIVI					
Date:		Click or tap to enter a date.	Click or tap to enter a date.		
Your Name:		Click or tap here to enter text.	Click or tap here to enter text.		
Manuscript Title:		Reducing Self-harm in Adolescent Systematic Review: Methods, Stud	ts: An Individual Patient Data Meta-analysis (RISA-IPD). Idies and Risk of Bias		
Ма	nuscript Number (if l	nown): N/A			
con affe	tent of your manuscrected by the content	ipt. "Related" means any relation with for-pof the manuscript. Disclosure represents a co	ps/activities/interests listed below that are related to the profit or not-for-profit third parties whose interests may be commitment to transparency and does not necessarily hip/activity/interest, it is preferable that you do so.		
epi	demiology of hyperte		adly. For example, if your manuscript pertains to the vith manufacturers of antihypertensive medication, even if		
	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.				
		Name all entities with whom you have this relationship or indicate none (add rows as			
		Time frame: Since the initial	l planning of the work		
1	All support for the present	$[\Box]$ None			
	manuscript (e.g., funding, provision of study materials, medical writing,	National Institute for Health and Ca Research (NIHR) Health Technolog Assessment (HTA) programme (pro number 17/117/11).	gy		
	article processing charges, etc.) No time limit for	Anna Freud National Centre for Children ar Families (CEO)	nd Provides training in the treatment of self-harm and while I am not paid for training I provide the organisation benefits		
	this item.	Applied Research Collaboration North Than Mental Health Lead	mes – Paid to Institution ey to add additional rows.		
		Time frame: past	: 36 months		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	National Institute for Health and Ca Research (NIHR) Health Technolog Assessment (HTA) programme (pro number 17/117/11).	gy		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the square o	
10	Leadership or fiduciary role in other board,	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		8/5/2022	8/5/2022		
Your Name:		Donna Irving	Donna Irving		
Manuscript Title:		i contract of the contract of	Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias		
Mar	nuscript Number (if k	known): N/A			
content of your manuscript. "Rela affected by the content of the man		ript. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitr	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	lemiology of hyperte	os/activities/interests should be defined broadly. For onsion, you should declare all relationships with mar entioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscrip ne past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planni	ng of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution Click the tab key to add additional rows.		
		Time frame: past 36 mor	ths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution		
3	Royalties or licenses	None Non			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:		_8_	/11/2021		
Your Name:			Dr Faraz Mughal		
Maı	nuscript Title:	L	educing Self-harm in Adolescents: An Ind ystematic Review: Methods, Studies and	ividual Patient Data Meta-analysis (RISA-IPD). Risk of Bias	
Mai	nuscript Number (if k	nown): N	I/A		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	•	nsion, you s	hould declare all relationships with manu	example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time	
			ntities with whom you have this p or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments wer made to you or to your institution)	e
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□] Non	2		
	manuscript (e.g.,	NIHR Doc	toral Fellowship NIHR300957	Paid to Institution]
	funding, provision of study materials,			Click the tab key to add additional rows.	
medical writing, article processing charges, etc.) No time limit for this item.					
			Time frame: past 36 montl	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	was supp	toral Fellowship NIHR300957. This work orted by the National Institute for Health (NIHR) Greater Manchester Patient	Paid to Institution	

Safety Translational Research Centre (award

number: PSTRC-2016-003)

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	NIHR Academy Forum Meeting NICE self-harm GC meetings	Reimbursement of travel to self Reimbursement to self for travel
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of DMEC, NIHR ASSURED programme RP-PG-0617-20004. Member SSC, CASCADE study, NIHR RfPB NIHR203506	Unpaid Unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Co-lead of NIHR School for Public Health Research PHRESH consortium Public Mental Health Theme	Unpaid	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:		9/14/2021
Your Name:		Dennis Ougrin
Manuscript Title:		Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias
Mai	nuscript Number (if I	nown): N/A
con affe	tent of your manusci cted by the content	irency, we ask you to disclose all relationships/activities/interests listed below that are related to the ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily e in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epic	demiology of hyperte	os/activities/interests should be defined broadly. For example, if your manuscript pertains to the nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time le past 36 months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR National Institute For Health & Care Research Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pain perception in looked after young people with self-harm, Medical Research Council
3	Royalties or licenses	None None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:		9/14/2021	9/14/2021		
Your Name: Manuscript Title:		Daniel Stahl	Daniel Stahl Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias		
Mar	nuscript Number (if k	nown): N/A			
content of your manuscript. "Rela affected by the content of the man		irency, we ask you to disclose all relationships/activiti ipt. "Related" means any relation with for-profit or n of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epic	lemiology of hyperte	os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manu entioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript velocities past 36 months.	vithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution Click the tab key to add additional rows.		
		Time frame: past 36 montl	าร		
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution		
3	Royalties or licenses	None Non			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	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:	8/12/2022			
Your Name:	Alex Truscott			
Manuscript Title:		Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias		
Manuscript Number (if kn	own): N/A			
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.				
	Name all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	Time frame: Since the initial planning of the work			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	8/10/2022
Your Name:	Rebecca EA Walwyn
Manuscript Title:	Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias
Manuscript Number (if known):	N/A

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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	this item.		
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11). RW has received grants from NIHR (PGfAR, HS&DR, Advanced Fellowship)	Paid to Institution Paid to Institution
		and EPSRC (small grant) and MRC	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	■ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

		ICIVISE DISCLOSURE I	Jikivi		
Date:		6/19/2023	6/19/2023		
You	ur Name:	Judy M Wright			
Manuscript Title:		Reducing Self-harm in Adolescents: An In Systematic Review: Methods, Studies and	dividual Patient Data Meta-analysis (RISA-IPD). I Risk of Bias		
Ma	anuscript Number (if k	nown): N/A			
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.			not-for-profit third parties whose interests may be nent to transparency and does not necessarily ty/interest, it is preferable that you do so. r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plannir	g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution		

charges, etc.) Click the tab key to add additional row No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not National Institute for Health and Care Research (NIHR) Health Paid to indicated in item Technology Assessment (HTA) programme (project number Institution #1 above). 17/117/11). JW has received grants and income from NIHR (PGfAR, EME, HTA, i4i, HS&DR, NHSX Paid to AI, GHRG, RIGHT) Institution NHSX AI. DOLCE: Determining the impact of Optellum's Lung Cancer Prediction (LCP) artificial intelligence solution for lung nodule risk stratification on service utilisation, health Economics and patient outcomes. AI AWARD02266 NIHR GHRG. Improving Outcomes in Mental and Physical Multimorbidity and Developing Research Capacity (IMPACT) in South Asia at the University

of York. Award ID: 17/63/130

Name all entities with whom you have this
relationship or indicate none (add rows as needed)

Specifications/Comments (e.g., if payments were made to you or to your institution)

NIHR EME ARIEL: A biomarker enrichment trial of anti-EGFR agents in patients with advanced colorectal cancer with wild-type RAS and right primary tumour location. NIHR129268

NIHR HTA Biologics in refractory vasculitis (BIOVAS): A pragmatic, randomised, double-blind, placebo-controlled, modified-crossover trial of biologic therapy for refractory primary non-ANCA associated vasculitis in adults and children. 17/83/01

NIHR i4i CanSense-CRC: Development and optimisation of a blood test for the early detection of bowel cancer in primary care. NIHR202909
NIHR HS&DR Caring Optimally: promoting effective Mouth MInuTes in care homes (COMMIT Study). NIHR131506

NIHR HTA DANTE - A randomised phase III trial to evaluate the duration of anti-PD1 monoclonal antibody treatment in patients with metastatic melanoma. 15/57/66

NIHR PGfAR Developing and evaluating a diabetes self-management intervention for people with severe mental illness: The DIAMONDS programme (Diabetes and Mental Illness, Improving Outcomes and Selfmanagement). RP-PG-1016-20003

NIHR i4i Using digital health to transform the management of longterm conditions in the NHS: Assessing real-world patient experience and empowerment and improvements to productivity and capacity.

NIHR202164

NIHR HS&DR An evaluation of quality improvement collaboratives aligned to a national audit to improve the uptake of insulin pumps for people with diabetes. NIHR151848

NIHR PGfAR Function REplacement in repeated Self-Harm: Standardising Therapeutic Assessment and the Related Therapy: FReSH START. RP-PG-1016-20005

NIHR PHR Evaluation of a sustainable obesity prevention programme delivered at scale 'HENRY': Effectiveness, cost-effectiveness and its role in obesity prevention within the wider complex system. NIHR135081

NIHR HTA A multicentre, randomised controlled trial of Laparoscopic versus Open Colorectal Surgery in the Acute Setting. NIHR128815

NIHR HTA Mammographic surveillance in breast cancer patients aged 50 years or older. 11/25/03

NIHR HS&DR Evidence synthesis REcruiting and RetAining nurses, and carers in Care Homes: what works, for which staff, under what circumstances, and at what cost? The REACH Realist Review. NIHR131016

NIHR HS&DR Developing Realist Economic Evaluation Methods (REEM) and Guidance to Evaluate the Effectiveness, Costs, and Benefits of Complex Interventions. NIHR135102

NIHR RIGHT Developing and evaluating an adapted behavioural activation intervention for people with depression and diabetes in South Asia. NIHR200806

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	■ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the property o	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/8/2022	
Your Name:	Alexandra Wright-Hughes	
Manuscript Title:	Reducing Self-harm in Adolescents: An Individual Patient Data Meta-analysis (RISA-IPD). Systematic Review: Methods, Studies and Risk of Bias	
Manuscript Number (if known): N/A		
content of your manuscript. "Rela	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily	

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work					
1	All support for the present	□ None				
	manuscript (e.g., funding, provision of study materials, medical writing,	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution			
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.			
	Time frame: past 36 months					
contraction any entire indicate	Grants or contracts from	□ None				
	any entity (if not indicated in item #1 above).	National Institute for Health and Care Research (NIHR) Health Technology Assessment (HTA) programme (project number 17/117/11).	Paid to Institution			
		AWH has received grants from NIHR (HTA, PGfAR).	Paid to Institution			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	⊠ None		
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.				