Supplementary information on pre and post covariate balance

Imbalance between individuals admitted to a medical bed and not admitted was observed for 13/34 variables. Stratification by propensity fifth balanced all variables except admitted individuals were less likely to have used cutting and more likely to have used other self-injury as methods of harm (the magnitude of the difference was reduced, though imbalance remained) (Table S2).

For referral to outpatient mental health services, imbalance in 31/34 covariates was balanced in all but four following propensity score adjustment; higher proportions in the group receiving referral were currently receiving some psychiatric treatment or had received treatment in the past year and slightly higher proportions were registered sick or reported their self-harm to be a response to symptoms of a mental disorder (Table S3).

There were differences in 33/34 variables at baseline for individuals admitted as a psychiatric inpatient following self-harm. Following propensity score adjustment, imbalance remained in nine variables. Individuals who were unemployed, aged over 65, using a method other than cutting to injure themselves, and currently receiving psychiatric treatment were over represented in the treated group. These individuals were also more likely to have avoided discovery, planned the self-harm, report feeling hopeless, experienced hallucinations and to have current suicidal plans.