Bilaga till rapport

Riktade interventioner för att förebygga suicidförsök och självskadebeteende hos barn och ungdomar/Prevention of self-harm and suicide attempts in children and adolescents at risk, rapport 378 (2024)

Bilaga 5 Tabell över inkluderade studier/Appendix 5 Summary of characteristics of included randomized studies

Innehåll

Table 1 Relapse prevention. Summary of characteristics of included randomized studies.

Reference **Year** **Country** **Reference**	**Inclusion criteria SH** **Recruitment**	**Participants**	**Intervention,** **Therapy type** **Extent**	**Comparator**	**Follow up time**
Asarnow 2017 USA [1]	1 episode SH last 3 mo Lifetime SH ≥3 ED following SH	n=42 Mean age: 14.6 years 88% female 55% MD	SAFETY, family centred CBT, DBT, safety planning, crisis card 12 w	EUC psychoeducation, therapy session for parents, telephone counselling + TAU (not specified)	12 mo
Bjureberg 2023 Sweden [2]	Meeting diagnostic criteria for NSSID (≥1 episode NSSI the last mo) No history of SA Self-referral or referred by health professionals	n=166 Mean age: 15 years 93% female	Internet-delivered emotion regulation therapy (IERITA) + TAU Therapist-guided, 11 modules for the adolescent and 6 for the parents 12 w	TAU Supportive therapy sessions every 2nd week + weekly self-rated assessments and as needed follow-ups by the research team	Up to 3 mo posttest
Cotgrove 1995 UK [3]	NR ED following SH	n=105 Mean age: 14.9 years 85% female 6% with psychiatric disorder	Emergency green card 12 mo	TAU (not specified)	12 mo
Cottrell 2018 USA [4-6]	≥2 SH prior to index episode and referral to CAMHS	n=832 Mean age: 14.3 years 89% female 89% history of multiple episodes of SH	SHIFT Based on systemic family therapy 6–8 sessions; 6 mo	TAU consistent with NICE guidelines	Up to 18 mo
Dobias 2021 USA [7]	Recent engagement in NSSI Advertisement, especially to reach LGBTQ+ groups	n=565 Mean age: 15 years 66% female 37.5% gender differs from sex	BI Based on CBT Single session web-based; 30 minutes	Active, attention-matched control program, supportive therapy, 30 min online	Posttest and 3 mo later
Donaldson 2005 USA [8]	ED following SA	n=39 Mean age: 15 years 82% female 48% multiple lifetime SH	Individual SBT, problem solving and affect management skills Based on CBT	Supportive relationship therapy designed to analogue TAU	3 and 6 mo (after acute phase and posttest)

		50% SUD and 29% MD	Acute phase (3 mo): 6 bimonthly sessions and 1 family session Booster: 3 monthly sessions, 2 family sessions, two crisis sessions		
Duarte Velez 2022 USA [9]	Latinx/Hispanic Active SI during the past mo or a SA during the two last mo Inpatient psychiatric hospital	n=46 and one caretaker Age: 15 years 80% female 89% mood disorders 70% AD 30% ODD 26% CD	SCBT-SB, home based for child and caretaker Based on CBT 1.5–3 h/week during 6–14 w Crisis module (9 sessions) and 2 coping skills modules	TAU, home based Eclectic individual therapy for the child and the caretaker	3, 6 and 12 mo post baseline
Esposito Smythers 2019 USA [10]	Hospitalized for SA or SI Met criteria for mood disorders One SA prior to index admission OR NSSI OR SUD	n=147 Mean age: 15 years 76% female	F-CBT, family-focused CBT (individual, family or parent sessions); 4 core skills sessions and menu of supplemental skills; average 27 adolescent sessions and 20 parent sessions. 12 mo (weekly first 6 mo, biweekly 6–9 mo and moly 9–12 mo)	EUC outpatient care Enhanced = opportunities for contact	6, 12, 18 mo post randomization
Green 2011 UK [11]	≥2 lifetime SH episodes in 12 mo preceding trial entry CAMHS	n=366 Mean age: NR, range 12 to 17 years 89% female 62% MD, 33% ”behavioral disorder”	Developmental psychotherapy, group based CBT, DBT, group psychotherapy Up to 32 sessions (mean 10.1) 6 w + weekly boosters as needed	TAU, according to clinical judgement. Group-based interventions were excluded	6 and 12 mo
Griffiths 2019 UK (Scotland) [12]	SH in 6 mo preceding trial entry Local CAMHS	n=53 Mean age: 15.6 years 79% female 33% BPD	MBT-A, 12 sessions, group based Mentalisation, emotion regulation, attachment therapy 12 w	TAU according to protocols and guidelines	36 w
Harrington 1998 UK [13, 14]	Engaged in an episode of self-poisoning Consecutive series visiting CAMHS	n=162 Mean age: 14.5 years 89% female 100% multiple episodes 67% MD	Family therapy, home based 5 sessions targeting communication and problem solving	TAU, not specified	6 mo 6 years

Hazell 2009 Australia [15]	≥2 episodes SH in the year preceding entry (1 last 3 mo) CAMHS	n=72 Mean age: 14.4 years 90% female 57% MD CD/ODD 7% SUD 4%	Group based therapy + TAU CBT, social skills training, IPT, group psychotherapy Six weekly sessions plus optional sessions as needed	TAU Individual counselling, family sessions, medication assessment etc	12 mo
Kaess 2020 Switzerland [16]	≥5 episodes NSSI in six mo; one during last mo Recruited by referral or self-referral	n=74 Mean age: 14.9 years 96% female 69% depression and dysthymia ODD 4% SUD 1%	Cutting Down Programme based on CBT and DBT 8–12 sessions, once weekly for 2–4 mo	CBT or psychodynamic therapies	4 and 10 mo past baseline
Kennard 2018 USA [17]	Hospitalized for SI with plan or intent, or SA	n=66 Mean age:15.1 year 89% female 86% MD 58% AD	BI, As Safe as Possible 1 session, 3 hours, delivered on the inpatient unit, MI framework. Smartphone app BRITE: Daily texts with assessment and strategies for emotion regulation and safety planning	Pharmacotherapy, psychoeducation, referrals for outpatient treatment, development of safety plan	4, 13 and 24 w post baseline
McCauley 2018 USA [18]	≥1 lifetime SA ≥3 lifetime SH (1 in the 12 w preceding trial entry) ≥3 criteria for BPD High risk for suicide (SIQ-JR ≥24)	n=173 Mean age: 15 years 94% female 84% MD 54 % AD 53% BPD	DBT Weekly individual psychotherapy, multifamily group skills training, telephone coaching, weekly therapist team consultation 6 mo	Alternative psychotherapy Individual and group supportive therapy, parent sessions + weekly team consultation, crisis card	1 year
Mehlum 2014, 2016, 2019 Norway [19-21]	≥2 episodes SH lifetime (≥1 within 16 w preceding trial entry ≥2 criteria BPD diagnosis OR ≥1 criterion for diagnosis and ≥2 subthreshold criteria	n=77 Mean age: 15.6 years 88% female 60% MD 43% AD 26% BPD 20% eating disorder 2.6% SUD	DBT Weekly individual psychotherapy sessions Multifamily group skills training and telephone coaching as needed 19 w	EUC Weekly sessions individual CBT or psychodynamic therapy and pharmocotherapy if needed	16 w post test 1 year, 3 years

Morthorst 2022 Denmark [22]	≥5 episodes NSSI during the last year; ≥1 episode the last mo Recruitment via CAMHS	n=30 Mean age: 15 years 97% female 27% affective disorders 37% AD 23% personality disorders 17% lifetime SA	ERITA (see Bjureberg 2023)	Clinical assessment, treatment for primary psychiatric condition. Pharmacological treatment, family-based treatment, CBT, DBT etc	12 w posttest
Ougrin 2011, 2013 UK [23, 24]	Admitted to ED following SH	n=70 Mean age: 15.6 years 80% female 58.6% multiple SH 60% mood disorder	Manualised enhanced therapeutic assessment 1 hour assessment and 30 min BI	TAU following NICE guidelines	2 years
Rossouw 2012 UK [25]	≥1 episode SH within the month preceding study entry Community health services or EDs following SH	n=80 Mean age: 15 years 85% female 96% MD 72% BPD 71% SUD	MBT-A weekly individual and monthly family therapy sessions 12 mo	TAU following NICE guidelines	3, 6, 9, 12 mo
Santamarina Peres 2020 Spain [26]	Repetitive SH in the year before study entry and at current high risk for suicide At treatment CAMHS	n=35 Mean age: 15.2 years 89% female 83% MD 54% AD 14% BIP	DBT-A ≥ one biweekly 1-hour individual session, one weekly group based skills training for adolescents and families separately, one weekly consultation team meeting 16 w	EUC Individual CBT (1 hour) ≥ biweekly, psychoeducation plus one weekly (?) session of group-based skills training (1 hour) for adolescent and family separately	16 w (posttest)
Wood 2001 UK [27]	≥2 episodes SH during last year (one is the index episode) CAMHS	n=63 Mean age: 14 years 78% female 82.5% MD	Developmental psychotherapy, group based PST, CBT, DBT and psychodynamic group therapy Six mo; ≥8 weekly sessions	TAU Variety of interventions, e.g. family sessions and nonspecific counselling	7 mo

BPD = Borderline Personality Disorder; **CAMHS** = Child and Adolescent Mental Health Service; **ED** = Emergency Department; **ERITA** = Emotion Regulation Individual Therapy for Adolescents; **NSSI** = Non-Suicidal Self-Injury; **MD** = Mean Difference; **SA** = Suicide Attempts; **SH** = Self Harm; **SIQ** = Suicidal Ideation Questionnaire; **SIQ-JR** = Suicidal Ideation Questionnaire, Junior Version; **TAU** = Treatment as Usual

Table 2 Interventions targeted at risk groups for SH. Summary of characteristics for included randomized studies.

Reference **Year** **Country** **Reference**	**Risk group** **Inclusion criteria** **Recruitment**	**Participants**	**Intervention** **Therapy type** **Extent**	**Comparator**	**Outcome and follow up time**
Esposito-Smythers 2011 USA [28]	Substance abuse 13–17 years SA last 3 months or SI ≥41 on SIQ Alcohol or cannabis use disorder Psychiatric inpatient unit	n=40 66.7% female Mean age: 15.7 years 75% previous SA	Integrated CBT for families, to remediate maladaptive cognitions and behaviors found in both AOD and suicidality. Three phases: Acute 6 mo + continuation 3 mo + maintenance 3 mo 24 sessions for adolescents and 12 sessions for parents considered as completers.	E-TAU, community treatment enhanced with a diagnostic evaluation report and medication management provided by the study psychiatrist	SI (SIQ-Sn) SA: K-SADS-PL Up to 18 months
Goldbach [29]	LBTQ+ Students at high school	n=44 73% female 52% aged 15–16 years	Proud & Empowered Small group, 1 session weekly for 10 weeks, app 45 min each Mix of psychoeducation, didactic discussion and interactive activities (e.g. role plays) Led by a study team member and facilitated by selected school staff members	School as usual	Suicidality measured with 5 items from C-SSRS At end of intervention
Goldston [30]	Substance abuse 13–19 years SA or suicide plan last 4 weeks (CSSR) or >30 on SIQ and past suicidal behavior or plan Alcohol or cannabis dependence disorder (DSM-/IV)	n=13 8 F and 5 M Mean age 16.5 years	Integrated therapy, RP-CBT + TAU Grounded in the relapse prevention model Sessions for adolescents and their parents 20 w, ≥1 session/w the first 12 weeks Two first sessions 75–90 min; thereafter 60 min Additional phone coaching	E-TAU, outpatient treatment in the community + monthly contacts with a case manager	SI (SIQ), suicidal behavior (C-SSRS), suicide 10 w, 20 w, 3 months

	Depressive disorder (DSM-IV) Referral from various sites				
Kaminer 2006 USA [31]	Substance abuse 14-18 years Alcohol abuse or dependence disorder (DSM-IV) SI och suicidal behavior last 30 days were excluded. Consecutive recruitment at intake psychiatric care	n=144 33% F Mean age 15.9 years (SD 1.2)	CBT, for 9 weeks, addressed alcohol use. After care for 3 months: relapse prevention sessions composed of CBT and MI. Participants randomized to face-to face or telephone after care. Four sessions, 50 min (face to face) or 15 min (telephone) each.	CBT and No aftercare	SI (SIQ-JR) After treatment and at end of intervention
Kirchner 2022 Austria [32]	LBTQ+ 14–22 years Self-referral from web sites targeting LBTQ+ youth	n=483 Cisgender male 26% Cisgender female 52% Nonbinary/transgender: 21% Mean age: 19 years 15% previous SA App 20% current mental health treatment	2 videos featuring a cisgender woman and man, 3 and 7 minutes respectively. Based on the Papageno effect theory (personal narratives of hope). On-line or at site	2 videos with the same woman and man but dealing with a healthy lifestyle	SI (Reasons for Living Inventory-Adolescents, 32 items) After the video and after 4 weeks
McManama O'Brien USA [33]	Substance abuse 14–17 years Psychiatrically hospitalized following SA or plan Endorsed alcohol use past month (ADQ)	n=50 80% F Mean age: 15.8 years (SD 0.95) 62% marijuana use 70% ≥1 SA	ASIST + TAU Based on motivational enhancement and addressing alcohol and suicide in an integrated manner. 60–90 min individual session + 20-30 min family session.	TAU	SI (SIQ) SA (single item C-SSRS) 3 months

Pachankis 2023 USA [34]	LBTQ+ Age 16-25 years Identification as a sexual minority Past 90 days symptoms of depression or anxiety (≥2,5 on 2 item Brief Symptom Inventory-4) Active suicidality excluded Recruited from social media, mobile dating apps, LGBTQ community organizations	n=120 Mean age: 20.4 years Bisexual: 34% Non-binary or transgender: 45%	LGBTQ+ affirmative ICBT face to face Transdiagnostic CBT adapted to address sexual minority stress 10 sessions during up to 16 weeks	Assessment only, once weekly for 10 weeks. Assessed minority stress and behavior	SI (Suicidal Ideation Attributes Scale, SIDAS) 4- and 8-months post baseline

CAP = Child and Adolescent Psychiatry; **SA** = Suicide Attempts; **SIQ** = Suicidal Ideation Questionnaire; **TAU** = Treatment as Usual

Table 3 Summary of characteristics for included studies using qualitative methodology.

Reference Year Country Reference	Inclusion criteria Recruitment	Participants	Researchers	Intervention	Data collection Analysis	Outcome
Ataie 2022 Iran [35]	14–18 years Meeting diagnostic criteria for NSSID; SA or severe SI last 4 months were excluded After-trial mixed-methods intervention design Convenience sampling	6 adolescent girls	3 researchers, experience in qualitative methods not described Member checks by experienced therapist and the participants	Emotion regulation therapy	In-depth interviews Directed qualitative content analysis	Experience regarding effects
Bailey 2020 [36]	Lead and last authors of studies on internet-based interventions to prevent suicide. Invitation by e-mail to 30 respondents.	15 authors participated in the survey	9 researchers	Internet-based interventions	On-line survey with open-ended and forced-response questions. Thematic analysis	Ethical issues with internet-based interventions to prevent suicide
Briggs 2017 UK [37]	Purposeful sampling from one CAMHS	10 mental health practitioners working with adolescent suicidal groups	Two university-based and one mental health nurse practitioner. Diverse views about the topic	Group therapies	Semi-structured interviews, 40–50 min Thematic analysis (latent and manifest)	Experiences
Lantto 2023 Sweden [38]	One CAP unit at a university hospital All parents of adolescents with a BA contract were invited	26 parents were interviewed. 17 parents to adolescents who had used Brief	5 researchers with various backgrounds. Limited experience phenomenological research	Brief admission by self-referral	Semi-structured individual video-interviews (38 to 93 min, median 55 min) Phenomenology	Lived experiences

		Admissions were selected				
Lindkvist 2022 Sweden [39]	One CAP unit at a university hospital Adolescents 13–17 years, with at least 3/9 criteria of BPD, including recurrent self-harming and /or suicidal behavior, and at least 2 emergency consultations or emergency care at least once for 5–7 days during the last 6 months Invitation to all (n=54) with a current or prior BA	19 adolescents	6 researchers with various background,	Brief admission by self-referral	Semi-structured interviews by phone performed by (15–69 min, median 24 min) Qualitative content analysis on a latent level	Experiences
Ohlis 2023 Sweden [40]	≥40 visits at the DBT-A unit at one CAMHS between 2006 and 2025. Invitation to all	75 young adults with SH and traits of BPD as adolescents	7 researchers with various background	DBT-A	Semi-structured interviews (23 to 75 min) Purposive sampling with maximum variation; 19 interviews needed for saturation (18 F) Reflexive thematic analysis	Retrospective (mean 6 years later), experiences of DBT-A
Popovich 2020 Canada [41]	Had received comprehensive training in standard DBT within last 15 years: n=42	31 clinicians	5 researchers with various background	DBT-A	Semi-structured interviews. 17 individual (20–50 min) and 5 group (app 1 hour) Inductive thematic analysis	Barriers and facilitators

	Purposeful sampling with snowballing at primary mental health organizations in a midsized city					
Ratnaweera 2021 UK [42]	Referred to CAMHS and DBT-A Between 13 and 17 years At least 2 episodes SH past 6 months 5/9 criteria for BPD Invitation to all	18 adolescents who consented to an exit-interview. 7 legal guardians	3 researchers with various background	DBT-A	Semi-structured interviews in-person or via Teams conducted by a psychologist working for the CAMHS. Thematic analysis	Experience of DBT-A
Schiffler 2022 Austria [43]	Age: 1–25 years Diagnosed BPD NSSI or suicidal behavior past 12 months Former patients at the ward. Selected according to the diagnosis and invited. Additional snowball sampling and chain sampling	26 young persons were included and interviewed before the trial. 13 of these (12 F, 1 M) aged 18 to 23 years were interviewed after the trial period.	6 researchers with various background	DBT-A with cell phone app	Two semi-structured, in-depth interviews, before and after a 30-day trial period of the app. Saturation was achieved after interviewing 13 persons twice. Thematic qualitative text analysis (constant process of comparing and contrasting)	Experiences of the intervention
Simonsson 2021 Sweden [44]	Part of a pilot trial 13–17 years Fulfilling NSSI criteria Having engaged in ≥1 episode during the past month Severe SI excluded	16 eligible families. Adolescent median age: 16 years 6 F and 3 non-binary	7 researchers with various background	IERITA	Individual semi-structured interviews (13–41 min). 9 pairs of adolescent/legal guardians were sufficient to reach saturation Thematic analysis by two researchers	Experiences of IERITA

	Maximum variation sampling					
Smith 2023 UK [45]	One CAMHS Parents to adolescents with SH and symptoms of BPD, attending the parent skills group of DBT-A	8 parents who completed the parent skills group and consented	6 researchers with various backgrounds	Parent skills group component of DBT-A run concurrently to the young people's skills group	Individual semi-structured interviews conducted by an external clinical nurse (45–60 min). Inductive thematic analysis with reflexive process.	Experiences of the parent skills group

BA = Brief Admission by self-referral; **BPD** = Borderline Personality Disorder; **CAMHS** = Child and Adolescent Mental Health Service; **CAP** = Child and Adolescent Psychiatry; **DBT-A** = Dialectical Behavior Therapy adjusted for Adolescents; **ERITA** = Emotion Regulation Individual Therapy for Adolescents; **NSSI** = Nonsuicidal self-injury; **SH** = Self Harm; **SA** = Suicide Attempts

Table 4 Health economic studies.

Author	Cottrell et al
Year	2018
Reference	[5]
Country	United Kingdom
Study design	RCT-based CEA. 18-month trial period and a decision-analytic model extrapolating the trail results to a 5-years' time horizon.
Population	Adolescents aged 11–17 years (n=782).
Setting	Child and Adolescent Mental Health Services (CAMHS)
Perspective	UK Health service
Intervention **vs** **control**	Family therapy (FT) sessions were offered to the families, over a 6-month period, with approximately monthly intervals, but with more frequent initial appointments, which equated to approximately eight sessions. The sessions were about 1.25 hours´ duration each. The family therapy was delivered by family therapists who forked in teams of three or four. (n=394) vs Treatment as usual (TAU) (n=388)
Incremental cost	Primary analysis Incremental costs (95% CI): 1266 GBP (736 to 1796) Secondary analysis Incremental costs (95% CI): 1253 GBP (725 to 1780) Decision model analysis (5-year time horizon) Incremental costs (95% CI): 1262 GBP (1107 to 1418) Cost reported in GBP year 2014
Incremental effect	Primary analysis Incremental QALYs (95% CI): 0.034 (–0.004 to 0.065) Secondary analysis Incremental number of self-harm events (95% CI): 0.033 (–0.130 to 0.197)

	Decision model analysis (5-year time horizon) Incremental QALYs (95% CI): 0.065 (0.053 to 0.075) The EQ-5D was used (ref) and converted to utility weights with Dolan et al [46].
ICER	Primary analysis: £36812 per QALY Secondary analysis: FT dominated Decision model analysis: £19 487 per QALY
Study quality and transferability*	Moderate quality Moderate transferability
Further information Comments	• The main trial results are reported in the same publication Cotrell et al [5]. • The costs are different in the primary and secondary analysis because the sample size in the secondary analysis was different.

CEA = cost-effectiveness analysis; **CI** = Confidence interval; **FT** = Family therapy; **GBP** = Great British Pound; **HRQoL** = Health-related quality of life; **ICER** = Incremental cost-effectiveness ratio; **QALY** = Quality adjusted life years; **RCT** = Randomized Controlled Trial; **TAU** = Treatment as Usual

*Assessed using SBU's checklist for trial-based health economic studies (Appedix 3).

Author	Haga et al
Year	2018
Reference	[47]
Country	Norway
Study design	RCT-based CEA
Population	Adolescents aged 12–18 years (n=77).
Setting	Child and adolescent psychiatric outpatient clinics
Perspective	Health care
Intervention	DBT-A, treatment according to the adolescent version of DBT. Consisted of weekly session of individual therapy (60 min) and weekly sessions of skills training in a multifamily format (120 min) for 19 weeks. After 19 weeks, if further treatment was needed, patients were referred to standard outpatient treatment (non-DBT). (n=39)
Vs	Vs
control	Enhanced usual care (EUC). EUC was a non-manualized treatment mainly consisted of

	psychodynamical or cognitive behaviour-orientated therapy. Weekly treatment over a period of minimum 19 weeks. After 19 weeks, as for the intervention group, patients received standard outpatient treatment (n=38)
Incremental cost	Incremental total costs (95% CI): –7805 EUR (–21 622 to 6012) Incremental outpatient costs (95% CI): 1713 (–4046 to 7457)
Incremental effect	Incremental CGAS score (95% CI): 4.1 (–2.3 to 10.6) Incremental number of self-harm episodes (95% CI): -22.5 (-40.6 to –4.3)
ICER	Self-harm: Total cost: 346 EUR per reduction of one self-harm episode Outpatient cost: –76 EUR per reduction of one self-harm episode CGAS: Total cost: –1904 EUR per one point improvement in CGAS score (global functioning)
Study quality and transferability*	Moderate quality Moderate transferability
Further information Comments	• The main trial results are reported in Mehlum et al [19].

CEA = cost-effectiveness analysis; **CI** = Confidence interval; **CGAS** = Children's Global Assessment Scale; **DBT-A** = dialectical behaviour therapy for adolescents; **EUC** = Enhanced usual care; **EUR** = Euro; **ICER** = Incremental cost-effectiveness ratio; **RCT** = Randomized controlled trial

*Assessed using SBU's checklist for trial-based health economic studies (Appendix 3)

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