

Family Interventions for Suicide and Self-Harm: A Scoping Review of Definitions, Populations, and Approaches

Bonnie Scarth

`bonnie.scarth@monash.edu`

Monash University <https://orcid.org/0000-0002-5123-3520>

Elizabeth Dudeney

University of London

Joel Thomas

Mineral Resources

Kylie King

Monash University

Vincent Mancini

University of Western Australia

Anne Buist

University of Melbourne

Suzanne Wereta

Hiwa Navigation

Pounamu Aikman

Mana Pounamu Consulting

Sarah Fortune

University of Auckland

Sarah Hetrick

University of Auckland

Systematic Review

Keywords: suicide prevention, self-harm, family interventions, caregivers, co-design, scoping review

Posted Date: October 20th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-10734971/v2>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.
[Read Full License](#)

Additional Declarations: The authors declare no competing interests.

Family Interventions for Suicide and Self-Harm: A Scoping Review of Definitions, Populations, and Approaches

Scarth, B.^{a,*}, Dudeney, E.^b, Thomas, J.^c, King, K.^a, Mancini, V.^{d,e}, Buist, A.^f, Wereta, S.^g, Aikman, P.^h, Fortune, S.^{i,1}, Hetrick, S.^{j,1}

^a The Monash School of Psychological Sciences, Monash University, Melbourne, VIC, Australia

^b School of Health and Medical Sciences, City St George's, University of London, London, UK

^c Mineral Resources, Perth, WA, Australia

^d The Kids Research Institute Australia, Perth, WA, Australia

^e Centre for Child Health Research, UWA Medical School, University of Western Australia, Perth, WA, Australia

^f Department of Psychiatry, University of Melbourne, Melbourne, VIC, Australia

^g Hiwa Navigation, Dunedin, New Zealand

^h Mana Pounamu Consulting, Aotearoa New Zealand

ⁱ Social and Community Health, University of Auckland, Auckland, New Zealand

^j Psychological Medicine, University of Auckland, Auckland, New Zealand

¹ Joint senior authors.

* Corresponding author. Bonnie Scarth, The Monash School of Psychological Sciences, Monash University, Melbourne, VIC, Australia. Bonnie.Scarth@monash.edu.

Abstract

Objective. Suicidal behaviour occurs within families and kinship networks, but prevention remains centred on individuals. This review examined definitions, populations, approaches, and co-design in family-based interventions.

Method. A registered scoping review searched nine databases (October 2025, updated October 2026). Eligible English-language studies developed, delivered or evaluated an intervention involving family, defined in broad, culturally inclusive terms, that targeted suicidal behaviour or self-harm or measured it as an outcome. For the original search, one reviewer screened and extracted, with a second checking 2,000 unscreened records and 20% of full texts and extractions; for the update, a second reviewer screened all records and checked extraction.

Results. We included 164 studies. Apart from other or unspecified approaches (24.4%), family-based therapy (16.5%), means restriction or safe storage (14.0%), and psychoeducation or gatekeeper training and dialectical behaviour therapy (11.0% each) were most common. Four studies (2.4%) explicitly defined family; 89 (54.3%) stated a rationale for family involvement. Parents or caregivers participated in 81.1% of studies. Where caregiver gender was reported (45 of 133 studies), mothers made up most caregivers in 41 of 44. Twelve studies (7.3%) reported full co-design, most often in Indigenous programmes, and 18 (11.0%) consultative engagement. Most interventions focused on children, adolescents, and young people (84.8%); adults and older people were seldom addressed.

Conclusions. Family-based interventions for suicide and self-harm have been widely studied but remain conceptually underdeveloped. Defining family explicitly, engaging more diverse caregivers, and integrating co-design from the outset would allow better assessment of equity and real-world impact.

Highlights

- Only 4 of 164 family-based suicide and self-harm intervention studies defined family.
- Mothers were the majority of caregivers in 41 of 44 studies reporting gender.
- Full co-design was reported in 12 studies, most of them Indigenous programmes.

Keywords: suicide prevention; self-harm; family interventions; caregivers; co-design; scoping review

Note on version 2 (October 2026). This version replaces version 1, posted on 20 August 2026 (<https://doi.org/10.21203/rs.3.rs-10734971/v1>). We updated the database searches on 3 October 2026, and J. Thomas joined the author team to screen the update records and check extraction and coding. On re-review against the eligibility criteria, ten studies included in version 1 were excluded, and the update added 39 studies. The review now includes 164 studies, compared with 135 in version 1. A stated rationale for family involvement is now counted only where both coding passes rated it explicit, and the inferred rationales reported in version 1 have been removed (Section 2.4). The results, tables, Fig. 1 and the Supplementary Material have all been revised to match.

1. Introduction

Suicide is a leading cause of death globally, with significant and lasting effects on families, kinship networks, and wider communities (World Health Organization, 2025). Recent international strategies increasingly advocate whole-of-government and whole-of-society approaches that move beyond exclusively institutionalised mental health care (e.g.,

Australia's National Suicide Prevention Strategy 2025–2035; National Suicide Prevention Office, 2025).

Suicide prevention strategies have historically tended to focus on the individual as the unit of intervention (Fortune et al., 2023). Individual-focused interventions are important, yet they overlook the interpersonal environments that can either exacerbate distress or help to contain it.

For many people, family is a primary source of identity, emotional security, material support, and long-term wellbeing (Frey and Cerel, 2015). People with lived experience of suicidal behaviour often describe their distress, planning, and survival as relational experiences, shaped by their interactions with others (Rheinberger et al., 2021; Scarth et al., 2021; Simes et al., 2025).

Earlier reviews of family-based interventions for suicidal thoughts and behaviours included few studies, almost all with adolescents. Frey and Hunt (2018) identified 16 studies and Frey et al. (2022) 22 articles, and neither found an eligible intervention for adults. Sullivan et al. (2023) included 10 controlled trials in which the family member and the person at risk attended the same sessions. Effectiveness reviews have examined family therapy for adolescents with depression or suicidal ideation (10 trials; Waraan et al., 2023), attachment-based family therapy (seven articles; Schulte-Frankenfeld et al., 2024) and family therapy for self-harm in children and adolescents (two trials; Witt et al., 2021). By centring young people, current approaches frame family involvement largely in terms of guardianship and dependency, overlooking other settings where family-centred models could be valuable, such as parental suicidality in multi-generational households, and relationships involving adult children, spouses, partners, and ageing relatives (Sullivan et al., 2023).

A second, related problem concerns how this literature defines its central construct, *family*. The definition of family varies widely across time, place, and culture (Juozeliūnienė and Budginaitė, 2018), and research evaluating family-based programmes can be restricted by narrow or Eurocentric definitions of kinship (Sharma, 2013). Despite this cross-cultural variability, existing systematic reviews and scoping studies frequently fail to explicitly define what constitutes a family within their inclusion protocols (e.g., Frey and Hunt, 2018; Frey et al., 2022). Nor is it clear from existing syntheses which family members actually participate when families are involved, or what rationale underpins their inclusion.

A third gap concerns how family-based interventions are developed. A rapid review found only 11 studies (2010 to 2019) that used lived experience of suicidality to develop a suicide prevention intervention (Watling et al., 2022b). Researchers using co-design, participatory action research, and community-based participatory research (CBPR) have developed interventions that are more culturally acceptable, contextually safe, and sustainable,

particularly in Indigenous and digital health contexts (Cwik et al., 2019; Prescott et al., 2026; Thabrew et al., 2023; Wexler et al., 2013). Whether, and to what extent, family-based suicide prevention interventions have been co-designed with the families and communities they are intended to serve has not previously been mapped.

The present scoping review addresses these gaps by adopting an explicitly inclusive, culturally open definition of family and systematically mapping the international literature on family-based interventions for suicidal behaviour and self-harm. Four research questions are addressed: (RQ1) What types of family-based interventions have been developed, and in what settings and durations?; (RQ2) How is the construct of family defined and operationalised in these interventions, which family members actually participate, and what rationales are given for their involvement?; (RQ3) To what extent, and how, have these interventions been co-designed with people with lived experience, families, and communities?; and (RQ4) How is the international evidence base distributed across lifespan and cultural populations? As a scoping review, the present synthesis maps the range and distribution of these interventions rather than their comparative effectiveness, which the heterogeneous primary studies do not permit.

2. Methods

This review followed the scoping review frameworks of Arksey and O'Malley (2005) and Levac et al. (2010), together with the JBI guidance for scoping reviews (Peters et al., 2020). It is reported according to the PRISMA extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018; checklist in Supplementary Appendix F). The protocol was registered on the Open Science Framework on 4 October 2025, before the original searches were run (<https://doi.org/10.17605/OSF.IO/5NFU4>).

2.1. Eligibility criteria and operational definitions

Studies were eligible if they reported on an intervention or prevention approach targeting suicidal behaviour or self-harm and explicitly included one or more family members, as defined below. Studies of broader interventions were also eligible where suicidal behaviour or self-harm was measured as an outcome, including as a secondary outcome. Qualitative studies were eligible where they evaluated a specific intervention. Studies that developed or adapted a specific intervention were also eligible before the intervention had been delivered; studies of experiences of usual care, and needs assessments that preceded any specified intervention, were not. No restrictions were placed on publication dates. Studies were excluded if they neither targeted suicidal behaviour or self-harm nor measured it as an outcome, lacked family-level involvement, were secondary literature (reviews or meta-analyses), were not available in English, or were inaccessible in full text.

Suicidal behaviour was used as an umbrella term for suicide death, suicide attempts, suicide planning, and non-suicidal self-harm; studies that targeted or measured suicidal ideation

were also eligible, although De Leo et al. (2021) treat suicidal ideation as a category separate from suicidal behaviour. Following Hawton et al. (2003, 2012), *self-harm* was defined as intentional self-poisoning or self-injury, irrespective of the motivation or degree of suicidal intent involved.

Because suicidal intent is increasingly understood as dimensional, fluctuating, and difficult to ascertain, and non-suicidal self-injury (NSSI) and attempted suicide are strongly associated and commonly co-occur (Hawton et al., 2012; Kapur et al., 2013), studies that operationalised their target behaviour as NSSI were eligible wherever that behaviour met the present definition of self-harm.

Suicide prevention denotes any policy, programme, or service designed to mitigate the risk of suicidal behaviour across universal, selective, or indicated cohorts, whereas *suicide intervention* refers to programmes implemented after an individual or population has begun exhibiting suicidal behaviour. Both prevention and intervention studies were eligible.

Family was operationalised broadly, encompassing biological or nuclear families, extended families, foster families, chosen families, tribe, kin, clan, Elders, and any other self-identified family structures. Studies were eligible regardless of which family members were involved or how family was defined, provided that family was incorporated into the intervention with the intention of reducing suicidal behaviour or self-harm.

Co-design was examined specifically in relation to the development of the intervention itself, rather than the design of the evaluation study as a whole. Studies were classified as full co-design where end-users (people with lived experience, family members, or community partners) directly shaped the intervention framework from inception, including through participatory action research or Community-Based Participatory Research (CBPR) models, and as consultative where stakeholder feedback or community partnership informed the intervention without driving its development.

2.2. Search strategy

The literature search covered nine electronic databases: MEDLINE, Embase, CINAHL, ProQuest, PsycINFO, Web of Science, Emcare, AnthroSource, and Scopus. The original searches of all nine databases were run between 8 and 10 October 2025. The search architecture was structured around three concepts: (1) family and related social structures; (2) suicidal behaviour and self-harm; and (3) intervention or prevention modalities. The strategy combined controlled vocabulary and free-text keywords. Supplementary Appendix D gives the MEDLINE strategy. We also searched the reference lists of previous systematic reviews of family-based interventions.

The searches were updated on 3 October 2026 in the same nine databases, through the same interfaces and with the same strategy. Each update search was limited to publication

years 2025 to 2027, and records already retrieved by the original search were removed as duplicates in Covidence.

2.3. Study selection and screening

Search results were deduplicated in Covidence (Veritas Health Innovation, 2026). Title and abstract screening used a machine-learning-assisted active learning workflow in ASReview LAB (van de Schoot et al., 2021), set up following Song et al. (2025): a primary reviewer (BS) trained the model using 50 team-identified eligible studies, and screening ceased once more than 50% of citations (10,222 of 20,219) had been manually reviewed and the reviewer had labelled a consecutive run of records, equal to 5% of the total, as irrelevant.

To validate this workflow, a second independent reviewer (ED) screened a random sample of 2,000 of the 9,997 citations that had not been manually screened. One of these 2,000 was relevant and was included in the review; extrapolating to the other 7,997 unscreened records, about four (95% CI 0 to 22) may be eligible. Following abstract screening, full-text articles were reviewed by BS, with ED screening a 20% random sample; disagreements were resolved in meetings with co-authors (SH, AB, KK).

The unit of analysis was the individual study or intervention programme rather than the individual publication. Because established interventions are frequently described across multiple outputs, publications were cross-checked for reports of the same trial or programme, drawing on trial registration numbers, grant and funding identifiers, intervention or programme names, and sample characteristics. Publications reporting the same trial or programme were treated as companion reports of a single study and counted once. A report describing an intervention later evaluated in an included trial was counted with that trial (e.g., Kerfoot et al., 1995, with Harrington et al., 1998). Separate evaluations of one programme were usually counted separately (e.g., the three BRAVA studies), except where grant, registry or programme records linked them (e.g., the Qungasvik reports; Allen et al., 2023).

Records from the update search were screened in Covidence. After 633 duplicates were removed automatically and 19 manually, two reviewers (BS and JT) independently screened the titles and abstracts of the remaining 1,137 records and the full texts of the 73 reports that could be retrieved, and uncertain records were resolved by the review team. For each full text, BS and JT drafted a screening decision with supporting quotations and page numbers and compared notes to reach consensus. Four reports from the update search were companion reports of studies from the original search and were counted with those studies (Carrier et al., 2025, with Cottrell et al., 2018; Seidman et al., 2025, with Connell et al., 2016; and Valek et al., 2025, 2026, with Rakshe et al., 2026).

Ten studies included in version 1 of this preprint (Scarth et al., 2026) were excluded on re-review by JT against the criteria in Section 2.1. Five did not evaluate an intervention, and five neither targeted nor measured suicidal behaviour or self-harm.

2.4. Data extraction

A standardised data extraction form, adapted from the TIDieR framework (Hoffmann et al., 2014), captured characteristics across five domains for each eligible study, mapped to the four research questions, as outlined in Table 1. The review team jointly developed all coding categories, including co-design. Extraction was conducted by BS, and ED checked a 20% random sample. For studies from the update search, BS drafted extraction entries with quotations and page numbers, and JT checked the extraction and coding.

Table 1. Data extraction fields and categories, mapped to research questions.

Category	Extracted data fields	RQ
Study demographics	Author(s), year of publication, country of origin, and publication type.	RQ4
Methodological design	Study aims, research design, context, and setting.	RQ1
Intervention characteristics	Type and nature of the intervention, delivery setting, intervention duration, and follow-up duration.	RQ1
Family construct and involvement	The study's definition of family; which family members participated (including caregiver gender where reported); the role family members played in the intervention; the stated rationale for family involvement; and co-design or participatory development status.	RQ2, RQ3
Sample, clinical focus, and metrics	Population and sample size; type of suicidal behaviour or self-harm addressed; outcome measures utilised; primary findings.	RQ4

Stated rationales for family involvement were identified from the authors' own descriptions of why family members were incorporated into the intervention (e.g., in the introduction, treatment model, or procedure sections of the primary reports) and were coded inductively into themes by BS, with coding checked by ED. Stated rationales were additionally re-extracted from the full texts in a second pass by two psychology students. A rationale was counted as stated only if both passes rated it explicit. BS applied the same rule to the 17 original studies the second pass missed (full texts) and to the update studies (extraction quotations). Co-design status was coded against the definitions in Section 2.1; JT checked the code for every original-search study, and BS and JT resolved disagreements by discussion, consulting a co-author where needed. Because intervention duration was inconsistently reported, duration coding was validated against full texts for all studies initially coded as not clearly reported, and recoded where possible (Supplementary Appendix C).

2.5. Changes from the registered protocol

The review departed from the registered protocol in six ways. First, the protocol specified two reviewers who would independently screen every title, abstract and full text, and independently extract data. The second reviewer withdrew from the project, so title and abstract screening used active learning in ASReview LAB, and one reviewer (BS) completed full-text screening and extraction, with a second reviewer (ED) checking a 20% sample at each stage (Section 2.3). For the update search, a second reviewer (JT) screened all records. Second, three of the twelve registered databases (Anthropology Plus, JSTOR and Cultural Sociology) were not searched, because the other nine had already returned 20,219 unique records for screening. Third, the protocol set no exclusion criteria. Given the volume of records, the review team excluded secondary literature and studies not available in English or in full text. Fourth, the protocol described interventions that include the whole family. The team considered this term too restrictive and difficult to define, and replaced it with the definition of family given in Section 2.1, under which any intervention involving at least one family member was eligible. Fifth, co-design (RQ3) was not in the registered protocol; the team added it as a research question during screening. Sixth, the protocol did not plan an update search. The searches were updated on 3 October 2026, after the registered end date of 25 September 2026, and an update note was added to the registration on 10 October 2026.

3. Results

The search and selection process is presented in the PRISMA flow diagram (Fig. 1), which combines the original and update searches. Across both searches, 31,866 records were identified from databases and five through other methods (Fig. 1). After 10,510 duplicates were removed, 21,356 records were screened: 20,219 from the original search and 1,137 from the update. Of 601 full-text reports assessed for eligibility, 187 were included, comprising 164 unique studies after consolidating companion reports. The original search contributed 125 studies (143 reports), and the update added 39 studies (40 reports) and four reports of studies already included.

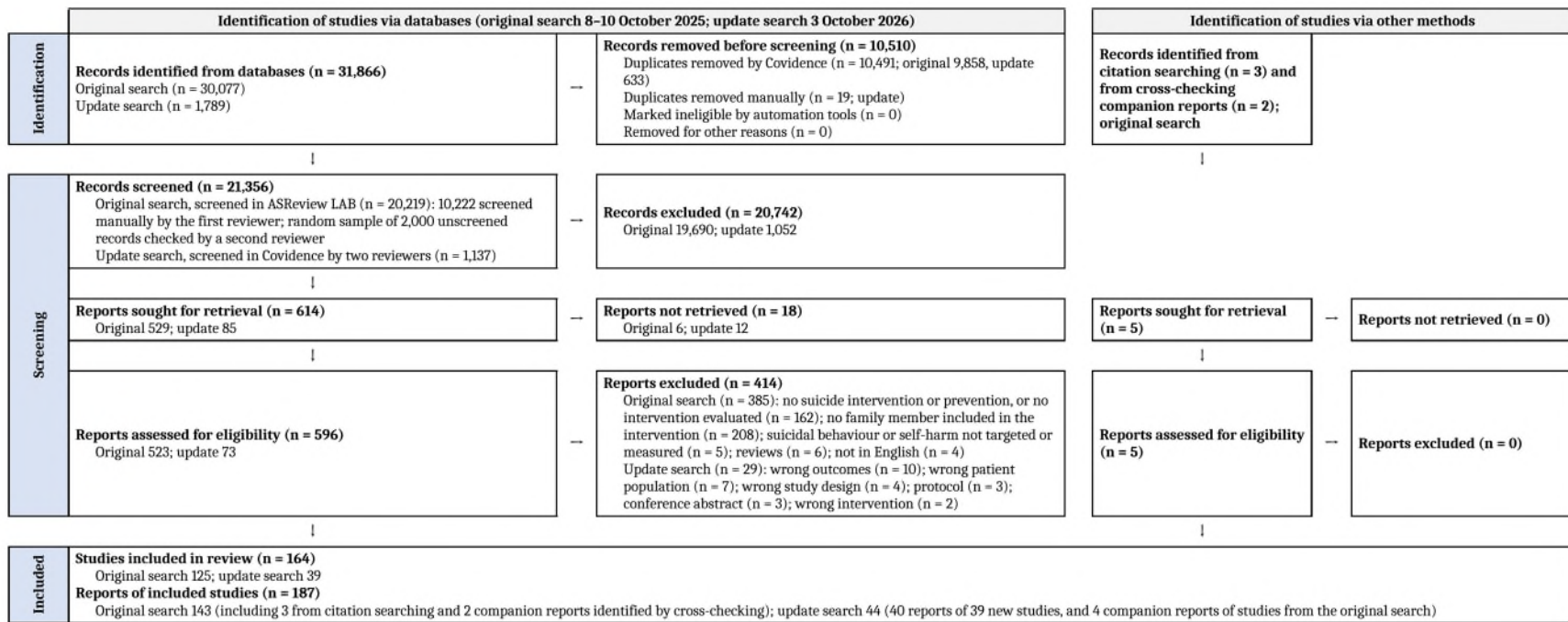


Fig. 1. PRISMA 2020 flow diagram of the study identification, screening, and inclusion process. The diagram combines the original search (8 to 10 October 2025) and the update search (3 October 2026).

Note. Records removed before screening for the update search include records already retrieved by the original search. Original-search records excluded at screening include 9,996 of the 9,997 records left unscreened once the ASReview LAB stopping rule was met (Section 2.3); the remaining record was identified as relevant in the validation sample and assessed in full text. The original-search exclusions include ten reports included in version 1 of this preprint that were excluded on re-review in October 2026 (no intervention evaluated, n = 5; suicidal behaviour or self-harm not targeted or measured, n = 5). Update-search exclusion reasons are given as recorded in Covidence; the 12 update reports recorded there as "full text not available" are counted as not retrieved. Companion reports were combined with their primary study, so 187 reports describe 164 studies.

3.1. Characteristics of included studies

Included studies were published between 1990 and 2026 (by issue year; references for included studies and companion reports not cited in the main text are listed in Supplementary Appendix E), with the volume of eligible literature increasing noticeably from the mid-2010s onward. Studies were conducted in 35 countries. The United States accounted for the majority of the evidence base ($n = 92$), followed by Australia ($n = 13$), the United Kingdom ($n = 8$), China ($n = 8$), and Canada ($n = 6$). The remaining countries contributed four or fewer studies each, and two studies spanned multiple countries (Hode et al., 2024; La Sala et al., 2024). Counting individuals in the analysed or consented sample, sample sizes in the 149 studies with a participant sample ranged from one adolescent (Wan et al., 2026; number of family members not reported) to 9,182 participants (von Spreckelsen et al., 2026). A further seven studies analysed administrative or population-level data, including a cluster randomised trial of household pesticide storage across 180 villages (27,091 households; Pearson et al., 2017), and eight did not clearly report a sample size. Primary intervention settings were predominantly outpatient or clinic services, emergency or acute care, and inpatient units, with additional delivery through schools, digital platforms, community settings, and the home. Forty-one studies did not clearly specify a setting (Supplementary Appendix C).

3.2. Types of included interventions (RQ1)

Each study was assigned a single primary intervention type (Table 2; counts sum to $N = 164$). Study-level coding is given in Supplementary Appendices A to C. Other or unspecified approaches (24.4%), family-based therapy (16.5%), and means restriction or safe storage (14.0%) were the most common, followed by psychoeducation or gatekeeper training and dialectical behaviour therapy (DBT) (11.0% each), with safety planning or crisis intervention, cognitive behavioural therapy (CBT), digital platforms, peer or support-network approaches, and one mindfulness-based intervention forming smaller categories. The largest category, other or not specified ($n = 40$), was heterogeneous, comprising multicomponent community-wide programmes (e.g., Agudelo-Hernández et al., 2025; Allen et al., 2023), integrated service models and aftercare (e.g., Klag et al., 2016; Webb et al., 2025), parenting and family support programmes (e.g., Cao et al., 2026; Power et al., 2009), and intervention-development or qualitative studies of intervention experiences (e.g., Kennard et al., 2020; Richardson et al., 2026).

Table 2. Primary intervention type of included studies.

Intervention type	Studies (n)	% (N = 164)
Other / not specified	40	24.4
Family therapy / family-based	27	16.5

Intervention type	Studies (n)	% (N = 164)
Means restriction / safe storage	23	14.0
Psychoeducation / gatekeeper / training	18	11.0
Dialectical behaviour therapy (DBT)	18	11.0
Safety planning / crisis intervention	15	9.1
Cognitive behavioural therapy (CBT)	13	7.9
Digital platform	6	3.7
Peer / support network	3	1.8
Mindfulness / other	1	0.6

Note. Six named programmes were each evaluated in two or more included studies: SAFETY and its brief acute-care version, SAFETY-A (6 studies); attachment-based family therapy (3); BRAVA (3); the Family Check-Up (2); Familias Unidas (2); and Family Connections (2). Study counts therefore overstate the number of distinct programmes.

3.3. Intervention and follow-up duration (RQ1)

An explicit, separable intervention duration or session structure could be identified for 133 of 164 studies (81.1%). A further 19 studies (11.6%) had no per-participant duration (e.g., standing legislation or static resources). For the remaining 12 studies (7.3%), intervention duration could not be clearly determined (Table 3; Supplementary Appendix C).

Table 3. Summary of intervention and follow-up durations.

Characteristic	Summary of findings
Intervention duration range	Hours to 6 years, with substantial heterogeneity across studies.
Most common intervention lengths	8–24 weeks, concentrated around 12 weeks (approximately 3 months).
Brief interventions	Single-encounter or brief approaches, predominantly single-session ED crisis, safety-planning, and lethal means counselling encounters, plus one-off training sessions, videos, and single means-restriction distributions; mostly lasting hours to 2 weeks, with a small number of brief formats extending to a window of 2 to under 6 weeks (n = 46).
Session-based formats	Reported as session or module counts (3–25 sessions) without a fixed calendar duration (n = 19).
Moderate-length in-	6 weeks to 6 months inclusive, clustering around 8–12 weeks and 16–24 weeks (n =

Characteristic	Summary of findings
interventions	54).
Longer interventions	Over 6 months to 6 years, particularly multi-phase, residential, and community-based programmes (n = 14).
Not applicable	Standing legislation, legal orders, static resources, studies that developed or adapted an intervention not yet delivered, or ongoing open-ended community programmes with no discrete per-participant duration (n = 19).
Follow-up duration range	2 days to more than 20 years, frequently exceeding the active intervention period.
Most common follow-up timepoints	3, 6, and 12 months, often with multiple assessment points.
Long-term follow-up	Present in a minority of studies. Assessment at 18 months to 3 years was least common. One universal childhood programme followed participants to age 39 (Hill et al., 2025).
Reporting variability	Many studies did not distinguish intervention from follow-up duration, or reported inconsistently (sessions vs. months). A small number reported only naturalistic or open-ended engagement ranges rather than a fixed course (e.g., Bergström et al., 2018; Konno et al., 2024; Simes et al., 2025; Tachibana et al., 2020; Werdin et al., 2025). Follow-up refers to post-intervention assessment timepoints rather than continued intervention delivery.

Note. Counts refer to the 133 studies for which an explicit, separable intervention duration or session structure could be identified, and the 19 studies coded as not applicable (Supplementary Appendix C).

3.4. Conceptual definitions of family (RQ2)

Of the 164 studies included, only four (2.4%) provided an explicit operational definition of family (Kral, 2009; Rakshe et al., 2026; Rotheram-Borus et al., 1994; Schuck et al., 2023). As outlined in Table 4, definitions varied considerably based on the study's clinical, legal, or cultural framework.

Table 4. Definitions of family across the four included studies providing a definition of family.

Citation	Sample / cultural context	Main elements of the definition
Rotheram-Borus et al., 1994	Clinical treatment setting (SNAP programme)	Parents or primary caretakers, suicidal youth, and older siblings (excluding siblings under age 8 if disruptive to therapy).
Rakshe et al., 2026	Legal/community context (extreme risk protection order petitions)	Spouse, intimate partner, mother, father, child, or sibling.

Citation	Sample / cultural context	Main elements of the definition
Kral, 2009	Indigenous (Inuit) context	Traditional meanings of family and kinship over time, explicitly highlighting the impact of colonisation.
Schuck et al., 2023	Legal/clinical context	Family members defined explicitly as parents, legal guardians, or caregivers.

Note. Only 4 of the 164 reviewed studies (2.4%) provided an explicit definition of family.

3.5. Family members involved and caregiver demographics (RQ2)

Parents or caregivers were involved in some form in 133 of the 164 studies (81.1%). The full study-level coding is given in Supplementary Appendix B. Broader family systems, kinship structures, and non-biological support networks were not commonly included: siblings were included in 15 studies, partners or spouses in 16, adult children in 8, friends or chosen family in 12, household-level inclusion in 8, extended family (aunts, uncles, cousins) in 3, grandparents in 5, and tribe, Elders, or ancestors in 10 (Table 5).

Table 5. Family configurations and caregiver gender representation.

Family category / caregiver variable	Frequency	Illustrative breakdown
<i>Primary caregivers / core family</i>		
Parents / caregivers	133 studies (81.1%)	N/A
<i>Caregiver gender representation</i>		
Any caregiver gender breakdown reported	45 studies (33.8% of the 133 with caregiver involvement)	Remaining 88 studies (66.2%) omitted caregiver gender entirely
Mother / female-identified caregiver proportion reported	44 studies	90% or more in 11; 70–89% in 20; 50–69% in 12; under 50% in 1
Father / male-identified caregiver proportion reported	36 studies	Under 10% in 8 of 36; range 0–74.5%
Mother-only designs or samples	2 studies	Humensky et al. (2017a, 2017b); Kaufman et al. (2020)
Trans/non-binary caregiver documented	3 studies	6.7% (McManama O’Brien et al., 2021); 1.0% (Stuber et al., 2026); 10.0% (Webb et al., 2025)
<i>Broader social and kinship systems</i>		

Family category / caregiver variable	Frequency	Illustrative breakdown
Partners or spouses	16 studies	N/A
Siblings	15 studies	N/A
Tribe, Elders, or ancestors	10 studies	N/A
Friends / chosen family	12 studies	N/A
Adult children	8 studies	N/A
Household-level inclusion	8 studies	N/A
Extended family (aunts, uncles, cousins)	3 studies	N/A
Grandparents	5 studies	N/A
Unspecified family or Other	28 studies (17.1%)	N/A

Note. Counts are drawn from the family-inclusion coding table (Supplementary Appendix B; N = 164) and are not mutually exclusive, as many studies involved multiple family members. For Gillespie et al. (2019), the 16-week and 24-week programme arms were pooled.

Only 45 of the 133 studies involving parents or caregivers (33.8%) reported caregiver gender. Mothers made up more than half of caregivers in 41 of the 44 studies reporting their proportion, and 70% or more in 31 (Table 5).

Fathers made up under 10% of caregivers in 8 of the 36 studies reporting their proportion. Some studies restricted participation to mothers by design or in practice (Humensky et al., 2017a; Kaufman et al., 2020). Tracking of gender-diverse parents was minimal, with only three studies noting a trans or non-binary caregiver (McManama O'Brien et al., 2021; Stuber et al., 2026; Webb et al., 2025).

3.6. Rationales for family involvement (RQ2)

Across the 164 studies, 89 (54.3%) stated why a family member was incorporated into the intervention (Table 6; coding procedure in Section 2.4). The most common stated rationale framed family functioning or relational dynamics as a treatment target in its own right (37 studies).

Table 6. Explicitly stated rationales for family involvement (89 of 164 studies).

Stated rationale theme	Studies (n)	Studies
Family functioning or relational dy-	37	Asarnow et al. (2017, SAFETY programme); Bai et al. (2025); Berk et al. (2022); Bookman et al. (2024);

Stated rationale theme	Studies (n)	Studies
namics as a treatment target		Brown et al. (2026); Connell et al. (2016); Connell et al. (2019); Cottrell et al. (2018); Darrow et al. (2022); Diamond et al. (2010); Dorman-Ilan et al. (2026); Gil and Kim (2022); Harrington et al. (1998); Kaufman et al. (2020); Kennard et al. (2020); Kennedy et al. (2025); Kerfoot et al. (1997); Liu et al. (2025); Low and Lee (2024); McCauley et al. (2018); Miklowitz et al. (2020); Omer and Dolberger (2015); Perrino et al. (2024); Pineda and Dadds (2013); Richman (2002); Rogers and Schmidt (2016); Seelig et al. (1992); Sheridan et al. (2024); Simes et al. (2025); Spirito et al. (2015); Vergara et al. (2026); Vidot et al. (2016); Weinstein et al. (2018); Wharff et al. (2019); Ye et al. (2026); Zhang et al. (2026); Zullo et al. (2021)
Family as a protective or supportive resource in recovery and access to care	21	Cao et al. (2026); Czyz et al. (2025); DeVlyder et al. (2025); Espenes et al. (2026); Gibson et al. (2024); Karemyr et al. (2025); Kehoe et al. (2025); Kim et al. (2026); King et al. (2009); Liang et al. (2025); May et al. (2026); McCabe et al. (2026); Mishara et al. (2005); O'Keefe et al. (2026); Pinciotti et al. (2026); Power et al. (2009); Richardson et al. (2026); Small et al. (2025); Thazhissery et al. (2026); von Spreckelsen et al. (2026); Webb et al. (2025)
Caregiver education and capacity-building	15	Ali et al. (2026); Caelear et al. (2026); Gewirtz et al. (2016); Hill et al. (2025); La Sala et al. (2024); Luciano et al. (2022); Maine et al. (2001); Marco-Salvador et al. (2026); McMahon et al. (2026); Owens and Charles (2017); Rajalin et al. (2009); Safarzadeh et al. (2024); Sun et al. (2013); Sun et al. (2025); Wan et al. (2026)
Family as agents of environmental safety or means restriction	13	Asarnow et al. (2021b); Blanchard et al. (2026); Cleary et al. (2022); Ketabchi et al. (2024); McManama O'Brien et al. (2021); Miller et al. (2020); Roberts et al. (2018); Runyan et al. (2016); Sayers et al. (2026); Stegall et al. (2025); Stockton et al. (2026); Sullivant et al. (2022); Sullivant et al. (2026)
Improving treatment engagement or adherence	3	Hode et al. (2024); Kietzman et al. (2025); Rotheram-Borus et al. (1994)

Note. Stated rationales were identified from authors' own descriptions of the intervention and its development, and coded as described in Section 2.4. A rationale is listed only where both coding passes rated it explicit (Section 2.4); one agreed code (Frattaroli et al., 2020)

was later re-coded as not stated for consistency with similar extreme risk protection order studies. Each study was assigned a single primary theme. Many studies articulated additional secondary strands.

3.7. Prevalence and nature of co-design frameworks (RQ3)

Most included studies (134 of 164, 81.7%) did not report co-design or other stakeholder engagement during intervention development (e.g., Wharff et al., 2019). Thirty studies (18.3%) reported engagement ranging from consultation to full co-design (Table 7).

Full co-design was the exception (12 studies, 7.3% of 164) and most often involved Indigenous communities (8 of the 12 studies). Within digital development, a support app for young people experiencing low mood, self-harm, or suicidal ideation was co-designed with young people, family members, and clinicians (Thabrew et al., 2023). Within Indigenous contexts, researchers consistently applied CBPR models to co-develop culturally tailored resilience curricula alongside tribal partnerships, including the White Mountain Apache Tribe (Cwik et al., 2019; O'Keefe et al., 2026), and to develop a community-based youth suicide intervention with Carrier Sekani communities in northern British Columbia (Harder et al., 2015). Co-designed programmes were also reported with Aboriginal and Torres Strait Islander young people in Australia (Gibson et al., 2024), with an Embera Dobidá community in Colombia (Agudelo-Hernández et al., 2025), with Yup'ik and Iñupiaq communities in Alaska (Allen et al., 2023; Wexler et al., 2019), and with Inuit communities in Nunavut (Kral, 2009). Twelve of the 39 studies from the update search were coded as consultative, compared with 6 of the 125 studies from the original search (Section 4.5).

Table 7. Characteristics of co-design and stakeholder engagement across included studies.

Author (year)	Co-design status	Engagement approach and context
Agudelo-Hernández et al., 2025	Full co-design	Community-led strategy to restore spiritual harmony, co-designed by the local health directorate and an Embera Dobidá Indigenous community in Colombia.
Ali et al., 2026	Consultative	School management consulted at the formative stage on feasibility and past responses to suicide in a contextually adapted Zero Suicide programme in Pakistan.
Allen et al., 2023	Full co-design	Qungasvik intervention grew from a Yup'ik model of protection and was developed through community-based participatory research with Elders, tribal leaders, parents, and youth.
Azizi et al., 2021	Consultative	Semi-structured interviews with family members to identify sociocultural determinants. Questionnaire revised via expert panels.
Blanchard et al., 2026	Consultative	Lethal means decision aid developed with user-centred design methods drawing on input from caregivers, adolescents, and clinicians.

Author (year)	Co-design status	Engagement approach and context
Calear et al., 2026	Consultative	Web-based gatekeeper resource developed iteratively with parents and caregivers through a survey, interviews, and prototype testing (McCallum et al., 2026).
Cao et al., 2026	Consultative	Digital parenting programme adapted using interviews with parents, young people, and experts and co-design workshops with stakeholders.
Chapman et al., 2025	Consultative	Regional collaborative in which communities and youth-serving agencies reviewed the evidence and assessed the fit of interventions.
Cwik et al., 2019	Full co-design	Long-term CBPR framework with the White Mountain Apache Tribe to develop a resilience curriculum.
Czyz et al., 2025	Consultative	Text messages for parents developed with input from suicide prevention experts and parents with lived experience.
DeVylder et al., 2025	Consultative	Existing support team intervention adapted using key-informant input from clients, family members, and clinicians.
Ewell Foster et al., 2024	Full co-design	CBPR approach to co-design and culturally tailor a multi-component safe-storage intervention with rural families.
Gibson et al., 2024	Full co-design	School-based cultural connection programme developed with community members, Elders, Indigenous community services, and local health partners.
Harder et al., 2015	Full co-design	Collaborative community-based participatory framework to build a localised youth crisis intervention model.
Humensky et al., 2017a	Full co-design	Programme developed with active community-led participation from inception to address suicide risk in minority youth.
Kehoe et al., 2025	Full co-design	Youth aftercare service co-designed with young people, families and carers, and mental health service staff.
Kennard et al., 2020	Consultative	Qualitative inquiry with Latinx families and clinicians informed the adaptation of a group-based suicide intervention.
Kral, 2009	Full co-design	Youth-led grassroots suicide prevention in Inuit communities in Nunavut, examined through participatory action research.
La Sala et al., 2024	Consultative	Parents, carers, and stakeholders in 15 countries informed the adaptation of the #chatsafe guide for parents and carers.
McCabe et al., 2026	Consultative	Emergency department intervention developed with input from young people and carers with lived experience and clinicians; a young person advisory group shaped the safety plan.
O'Keefe et al.,	Full co-design	Curriculum developed by the White Mountain Apache Tribe's Elders' Council; theoretical model co-created through Indigenous CBPR with

Author (year)	Co-design status	Engagement approach and context
2026		a Community Advisory Board.
Owens and Charles, 2017	Consultative	Iterative feedback using a 12-member virtual stakeholder panel of bereaved families to refine material tone and layout.
Richardson et al., 2026	Consultative	Community Collaborative Board and three rounds of focus groups informed the cultural adaptation of an existing intervention for Black youth.
Small et al., 2025	Consultative	Culturally centred Good Road of Life suicide prevention training delivered in partnership with American Indian communities and organisations.
Stockton et al., 2026	Consultative	Package adapted through interviews and focus groups with adolescents, caregivers, and community stakeholders, and workshops with counsellors and peer supporters.
Thabrew et al., 2023	Full co-design	Smartphone app ('Village') developed via user co-design framework with youth, family members, and mental health clinicians.
von Spreckelsen et al., 2026	Consultative	Online gatekeeper training developed with input from researchers, clinicians, and people with lived experience.
Watling et al., 2022a	Consultative	Post-discharge intervention developed from focus groups with young people, carers, and emergency department clinicians; the authors state they did not use a strict co-design approach.
Wexler et al., 2019	Full co-design	PC CARES community learning model developed in collaboration with Indigenous leaders and educational experts; curriculum content developed with community leaders in Northwest Alaska.
Zhang et al., 2026	Consultative	Parental support programme developed from a survey of parents' preferences and refined through Delphi expert consultation.

Note. CBPR = community-based participatory research. Co-design status was coded against the definitions in Section 2.1 and refers to the development of the intervention itself rather than the evaluation study as a whole. Of the 30 studies reporting any engagement, 12 were coded as full co-design (7.3% of 164) and 18 as consultative (11.0%). The remaining 134 studies (81.7%) reported none.

3.8. Target population coverage (RQ4)

Most studies focused on youth populations (Table 8).

Table 8. Target population coverage across included studies.

Target population	n	% (N = 164)	Example citations
-------------------	---	-------------	-------------------

Target population	n	% (N = 164)	Example citations
<i>Youth-focused populations</i>			
Children, adolescents, youth: suicide prevention/intervention	126	76.8	Abbott-Smith et al., 2024; Adrian et al., 2024; Diamond et al., 2019
Children, adolescents, youth: self-harm intervention/prevention	44	26.8	Cottrell et al., 2018; Liu et al., 2025; Zhang et al., 2026
Indigenous youth	9	5.5	Cwik et al., 2019; Gibson et al., 2024; O'Keefe et al., 2026
Young people in out-of-home care	2	1.2	Espenes et al., 2026; Klag et al., 2016
LGBTQIA+ youth	1	0.6	Estrada et al., 2024
Any youth-focused population	139	84.8	
<i>Adult and specific-risk populations</i>			
Adults: indicated risk	18	11.0	Anastasia et al., 2015; Brovelli et al., 2017
Military families/personnel	4	2.4	Crasta et al., 2023; Gewirtz et al., 2016; May et al., 2026; Sayers et al., 2026
Adult males	2	1.2	Hofmann and Wagner, 2024; Mishara et al., 2005
Older adults	1	0.6	Richman, 2002
<i>Culturally specific and community interventions</i>			
Hispanic/Latinx families	6	3.7	Bernal et al., 2019; Estrada et al., 2024; Perrino et al., 2024
Whole community: all ages	6	3.7	Azizi et al., 2021; Konradsen et al., 2007; Rakshe et al., 2026
Whole community: Indigenous, all ages	2	1.2	Allen et al., 2023; Wexler et al., 2019

Note. Percentages do not sum to 100% because several studies targeted multiple overlapping populations simultaneously.

4. Discussion

Across 164 studies, family-based approaches are increasingly used in suicide and self-harm prevention. Alongside clinician-led manualised therapies, included studies evaluated digital, peer-led, and hybrid models (RQ1). The conceptual base, however, remains limited.

Family was almost never defined, and caregiver participation was overwhelmingly maternal where gender was reported (RQ2). Co-design was rare (RQ3), and the evidence base concentrated on children and young people (RQ4). The literature showed three recurring gaps: conceptual ambiguity about family, demographic narrowness in both populations and caregivers, and the near-absence of co-design.

4.1. The conceptual ambiguity of family

Few studies defined family explicitly, with only 2.4% ($n = 4$) offering a formal definition, and all others relying on implicit kinship assumptions. Family sociologists have long argued that family is a dynamic, subjectively defined set of relationships varying over time and across cultures (Levin, 1993; Trost, 1990). This relational understanding aligns with Indigenous conceptualisations of family such as *whānau* in Aotearoa New Zealand. *Whānau* retains a genealogical dimension but extends well beyond the Western nuclear family, encompassing a wider lateral kinship network, which often comprises the very relationships people draw on in a suicidal crisis (Emery et al., 2015).

Without an explicit definition, readers cannot tell which relatives a protocol targets, making replication or adaptation across communities harder (Hoffmann et al., 2014). In practice, studies involved parents or caregivers far more often than any other relative (Table 5). Sexual and gender minority youth face some of the highest risk trajectories and often derive primary protective support from chosen families rather than families of origin, yet traditional intake models frequently exclude these networks (Fish et al., 2024). A narrow reliance on Westernised definitions of the nuclear family can overlook the protective, distributed caregiving found in extended kinship networks, tribal systems, and chosen families, which may lower engagement and weaken real-world impact.

4.2. Systemic imbalances in population coverage, caregiver gender, and the role given to families

The evidence base is skewed toward children and young people (RQ4). In total, 84.8% of the reviewed literature (139 of 164 studies) targeted children, adolescents, or young people transitioning to adulthood, and parents or guardians were the family members most often involved. Few studies addressed adults, older people, or specialised groups such as youth in out-of-home care. This pattern overlooks the potential of partner-led, sibling-led, or multi-generational household interventions across adult and later-life populations.

Family involvement most often defaulted to maternal involvement. Mothers were the majority of caregivers in 41 of the 44 studies that reported caregiver gender, and in some studies almost all caregivers were mothers. The adult who accompanies an adolescent to the emergency department after self-harm, coordinates follow-up, and attends treatment is usually a woman (Rheinberger et al., 2025). This places much of the emotional labour of

keeping a young person safe on women, and may reinforce expectations that women manage emotional health in the home (Valiquette-Tessier et al., 2019).

Fathers, by contrast, were consistently underrepresented, making up under 10% of caregivers in 8 of 36 studies. In some trials, paternal data were left out entirely because attendance was considered too low for meaningful analysis (Aitken et al., 2025). Some fathers may view vulnerability or seeking mental health support as a weakness (Valiquette-Tessier et al., 2019), clinics often default to communicating with the mother who presents, and weekday scheduling creates ongoing barriers (Piotrowska et al., 2017; Tully et al., 2018). Research practices compound these dynamics, with mothers routinely the primary contact for parent interviews and surveys (Panter-Brick et al., 2014; Phares et al., 2005). Excluding fathers may also matter for lethal means safety in US firearm-owning households. The only study in which fathers made up most caregivers distributed firearm cable locks (Ketabchi et al., 2024), and in another, the community advisory board identified fathers as bearing most responsibility for firearm storage decisions (Ewell Foster et al., 2024). Where one caregiver controls access to firearms or medications, counselling only the other may limit what changes at home. Engaging only mothers also reinforces kinkeeping, the implicit tasking of women with maintaining a family's emotional wellbeing (Rosenthal, 1985), making father involvement a matter of equity between co-parents as well as of the young person's safety and recovery (Panter-Brick et al., 2014).

A related pattern concerns the role families are given when they are included. Explicit rationales for family involvement were stated in 54.3% of studies, and the most common stated rationale framed family functioning or relational dynamics as a treatment target in its own right (37 of 89 studies). Despite the relational framing, instrumental roles persisted, whereby almost one in five rationales cast families as responsible for means restriction, environmental safety, or treatment adherence (16 of 89 studies). Where this more perfunctory framing of family as those who must "keep the person safe" prevails, it narrows the therapeutic potential of family involvement and risks compounding caregiver burden without corresponding support. It may also help explain why the range of family members engaged remains constricted. Plausibly, though untested here, when family involvement is framed as supervision and logistics, clinicians enlist the caregiver who is already present, usually the mother, rather than mapping the wider relational network (Cação-Dias et al., 2026; Owens et al., 2011; Prabhu et al., 2010).

4.3. Intervention heterogeneity and digital evolution

Almost all CBT and DBT programmes were delivered across multiple sessions, whereas 14 of the 23 means restriction interventions were single encounters (Supplementary Appendix C). This review did not extract attrition or engagement data, so it cannot compare how well clinician-led and digital formats kept families involved.

Digital tools supported family involvement through caregiver-facing modules for lethal means counselling, shared safety-planning applications, and platforms connecting users to family members (Asarnow et al., 2021b; McManama O'Brien et al., 2017; Thabrew et al., 2023). Hybrid models that pair the reach of digital tools with clinician or peer support may therefore offer one route to involving family members, including fathers and non-resident kin.

4.4. Co-design as the exception

Few studies used co-design or CBPR frameworks in intervention development (RQ3; Section 3.7). Watling et al. (2022b) similarly found few suicide prevention interventions developed with lived experience input.

The rare exceptions offer a useful model for future work, however. Within Indigenous contexts, long-term CBPR partnerships with tribal communities integrated Elders, structural community strengths, and land-based resilience models, including the Apache resilience work (Cwik et al., 2019; O'Keefe et al., 2026), the Qungasvik intervention in Alaska Native communities (Allen et al., 2023), Inuit reclamation programmes in Nunavut (Kral, 2009), and a cultural connection programme co-facilitated by Elders for Aboriginal and Torres Strait Islander young people (Gibson et al., 2024). In the Nges Siy project, an Elder and a youth representative from each Carrier Sekani community guided the project from design to dissemination (Harder et al., 2015). This review did not assess whether community-led development made these programmes more acceptable or easier to sustain, and that question needs direct evaluation.

4.5. Limitations

First, reporting and methodological gaps in the primary literature constrain this synthesis. Intervention duration was unclear in 12 of 164 studies (7.3%), and caregiver gender and other demographic details were often missing.

Second, our methods had limitations. Machine-learning-assisted title and abstract screening of the original search, although validated against a 20% sample of unscreened records, may have missed a small number of eligible studies. For the original search, full-text screening and data extraction were conducted by a single reviewer, with independent verification limited to a 20% sample. The update search was limited by publication year, so records published before 2025 but indexed after the original search would not have been retrieved. The 2025 to 2027 update searches of Scopus and Emcare returned more records than the original full searches, so the original searches of these two databases may have under-retrieved. Screening and extraction were also more intensive for the update than for the original search, which may explain why 12 of the 18 consultative co-design codes came from the update. The single-primary-category coding of intervention type and setting simplifies genuinely hybrid interventions. Counting a rationale only when both coding

passes rated it explicit may understate how often authors gave a reason. Consistent with scoping review methodology, no critical appraisal of study quality was undertaken. Finally, the restriction to English-language publications may underrepresent the culturally diverse family configurations this review sought to capture.

4.6. Implications for research and clinical practice

The narrow definition of family and the underrepresentation of male caregivers are interconnected issues. Both may reflect nuclear-family assumptions and culturally specific ideas, grounded in white, westernised contexts, about who performs a family's emotional labour (Piotrowska et al., 2017; Valiquette-Tessier et al., 2019).

First, trial protocols and reports could state how they define the family system, including whether non-biological caretakers, chosen family members, foster parents, and extended kin are eligible (Fish et al., 2024; Wulleman et al., 2023). Second, future trials could test active engagement strategies for fathers and male caregivers, such as flexible scheduling, direct invitation by name, and framing lethal means counselling as a shared safety responsibility (Ewell Foster et al., 2024; Runyan et al., 2016; Tully et al., 2018). Third, future research should incorporate co-design principles from the outset, working as equal partners with youth and diverse caregivers, and should articulate explicitly why family members are being involved and in what role. Fourth, following Indigenous and community-based programmes, clinical interventions could connect family therapy with wider informal networks to share the demands of crisis management and reduce the strain on primary caregivers (Cwik et al., 2019; Kral, 2009). Whether more inclusively defined and co-designed family interventions improve outcomes is itself a priority for future research.

5. Conclusions

Family-based interventions for suicide and self-harm prevention are important, yet the international evidence base remains conceptually underdeveloped and demographically restricted. First, family is rarely defined, and in practice family involvement usually means a parent or caregiver, limiting translation across cultural and relational contexts and excluding what Indigenous conceptualisations of family might contribute. Second, family involvement is concentrated on young people and operationalised largely as maternal involvement, leaving fathers, partners, siblings, and adult and older populations underrepresented. Third, only 54% of studies stated a reason for involving family, and about one in five of those rationales cast families as agents of safety and compliance. Fourth, full co-design is rare, despite promising examples from Indigenous communities. Researchers, funders, and services can address these gaps by defining family explicitly and inclusively, engaging a broader range of caregivers, stating families' roles openly, and building in community co-design from the outset. Establishing their impact on outcomes remains a priority for future research.

Funding

This scoping review was funded by a Suicide Prevention Australia PhD scholarship awarded to the first author (BS). The funder had no role in the scoping review methodology or findings.

CRedit authorship contribution statement

Conceptualization (BS, SH); Methodology (BS, SH, SW, PA); Formal analysis (BS, SH); Investigation (BS, SH, SW, PA, ED, JT); Data curation (BS, ED, JT); Validation (ED, JT); Writing – original draft (BS); Writing – review and editing (BS, ED, AB, SH, SF, KK, VM, SW, PA, JT)

Disclosure of interest

The authors report there are no competing interests to declare.

Acknowledgements

The authors gratefully acknowledge Bonnie Bentley and Kim Bunney for their assistance with data extraction of the included studies' stated rationales for adopting a family-based approach.

Declaration of generative AI use

During the preparation of this work, the lead author used voice-to-text for drafting followed by Microsoft Copilot to support editing and formatting, which is part of her Disability Support plan. The authors reviewed and edited the output as needed and take full responsibility for the content of the published article.

Data availability

All data analysed in this scoping review are derived from previously published studies, which are listed in the references and Supplementary Material.

Ethics statement

This scoping review synthesised data from previously published studies and did not involve human participants. Institutional review board approval and informed consent were therefore not required.

References

Abbott-Smith, S., Dougall, N., Ring, N., 2024. Suicide prevention: introducing the Lothian Safekeeping Plan© for parents as a clinical innovation for use alongside safety plans for children and young people. *J. Child Adolesc. Psychiatr. Nurs.* 37, e12455.
<https://doi.org/10.1111/jcap.12455>

- Adrian, M., Twohy, E., Babeva, K., Jenness, J., Gurtovenko, K., Blossom, J.B., King, S., McCartney, L., McCauley, E., 2024. A unique model of care for youth in crisis: a pilot open trial. *Psychol. Serv.* 21, 388–397. <https://doi.org/10.1037/ser0000778>
- Agudelo-Hernández, F., Mecha-Chamorro, J., Marulanda-López, E., 2025. ‘We feel better here now’: traditional practices, sanitation, and dialog with the biomedical system to restore spiritual harmony in an Indigenous community in Colombia. *Rural Remote Health* 25, 9126. <https://doi.org/10.22605/RRH9126>
- Aitken, M., Perquier, F., Park, B., Carvalho, D., Wright-Hughes, A., Cottrell, D., Szatmari, P., 2025. Trajectories of parent criticism across treatment for youth self-harm. *J. Child Psychol. Psychiatry* 66, 1449–1460. <https://doi.org/10.1111/jcpp.14144>
- Ali, B., Ghur, A., Syed, R., Iqbal, M., Sharif, J., Fatima, M., Siraj, S., Ali, N., Turab, A., Ahmedani, B.K., Kaljee, L., Khan, M.I., 2026. Case studies from Dareecha program: a contextually adapted Zero Suicide implementation process for identification and mitigation of suicide risk among youth in schools of Ghizer District, Pakistan. *Sch. Ment. Health* 18, 543–554. <https://doi.org/10.1007/s12310-025-09822-6>
- Allen, J., Charles, B., Fok, C.C.T., Lee, K., Grogan-Kaylor, A., Qungasvik Team, Rasmus, S., 2023. Culturally grounded strategies for suicide and alcohol risk prevention delivered by rural Alaska Native communities: a dynamic wait-listed design evaluation of the Qungasvik intervention. *Am. J. Community Psychol.* 71, 184–197. <https://doi.org/10.1002/ajcp.12621>
- Anastasia, T.T., Humphries-Wadsworth, T., Pepper, C.M., Pearson, T.M., 2015. Family centered brief intensive treatment: a pilot study of an outpatient treatment for acute suicidal ideation. *Suicide Life Threat. Behav.* 45, 78–83. <https://doi.org/10.1111/sltb.12114>
- Arksey, H., O’Malley, L., 2005. Scoping studies: towards a methodological framework. *Int. J. Soc. Res. Methodol.* 8, 19–32. <https://doi.org/10.1080/1364557032000119616>
- Asarnow, J.R., Hughes, J.L., Babeva, K.N., Sugar, C.A., 2017. Cognitive-behavioral family treatment for suicide attempt prevention: a randomized controlled trial. *J. Am. Acad. Child Adolesc. Psychiatry* 56, 506–514. <https://doi.org/10.1016/j.jaac.2017.03.015>
- Asarnow, J.R., Zullo, L., Ernestus, S.M., Venables, C.W., Goldston, D.B., Tunno, A.M., Betz, M.E., 2021b. “Lock and protect”: development of a digital decision aid to support lethal means counseling in parents of suicidal youth. *Front. Psychiatry* 12, 736236. <https://doi.org/10.3389/fpsyt.2021.736236>
- Azizi, H., Fakhari, A., Farahbakhsh, M., Esmaeili, E.D., Mirzapour, M., 2021. Outcomes of community-based suicide prevention program in primary health care of Iran. *Int. J. Ment. Health Syst.* 15, 67. <https://doi.org/10.1186/s13033-021-00492-w>

- Bai, S., Fosco, G.M., Feinberg, M.E., Spoth, R.L., 2025. Crossover effects of PROSPER on young adult suicide risk: the role of adolescent belongingness to family and school. *Prev. Sci.* 26, 1–11. <https://doi.org/10.1007/s11121-024-01759-7>
- Bergström, T., Seikkula, J., Alakare, B., Mäki, P., Köngäs-Saviaro, P., Taskila, J.J., Tolvanen, A., Aaltonen, J., 2018. The family-oriented open dialogue approach in the treatment of first-episode psychosis: nineteen-year outcomes. *Psychiatry Res.* 270, 168–175. <https://doi.org/10.1016/j.psychres.2018.09.039>
- Berk, M.S., Rathus, J., Kessler, M., Clarke, S., Chick, C., Shen, H., Llewellyn, T., 2022. Pilot test of a DBT-based parenting intervention for parents of youth with recent self-harm. *Cogn. Behav. Pract.* 29, 348–366. <https://doi.org/10.1016/j.cbpra.2020.10.001>
- Bernal, G., Rivera-Medina, C.L., Cumba-Avilés, E., Reyes-Rodríguez, M.L., Sáez-Santiago, E., Duarté-Vélez, Y., Nazario, L., Rosselló, J., 2019. Can cognitive-behavioral therapy be optimized with parent psychoeducation for depressed and suicidal Latino adolescents? *Fam. Process* 58, 602–618. <https://doi.org/10.1111/famp.12455>
- Blanchard, A.M., Tejada, J., Pettway, S., Cornell, E., Hoffmann, J.A., Patel, S.R., Chernick, L.S., Betz, M.E., Auerbach, R.P., Asarnow, J., Dayan, P.S., 2026. Lock and Protect, reducing access to adolescent means of suicide: a pilot feasibility study. *Acad. Emerg. Med.* 33, e70313. <https://doi.org/10.1111/acem.70313>
- Bookman, C.J., Nunes, J.C., Ngo, N.T., Kunstler Twickler, N., Smith, T.S., Lekwauwa, R., Yuen, E.Y., 2024. Novel CHATogether family-centered mental health care in the post-pandemic era: a pilot case and evaluation. *Child Adolesc. Psychiatry Ment. Health* 18, 57. <https://doi.org/10.1186/s13034-024-00750-y>
- Brovelli, S., Dorogi, Y., Feiner, A.S., Golay, P., Stiefel, F., Bonsack, C., Michaud, L., 2017. Multicomponent intervention for patients admitted to an emergency unit for suicide attempt: an exploratory study. *Front. Psychiatry* 8, 188. <https://doi.org/10.3389/fpsy.2017.00188>
- Brown, K.J., Tung, E.S., Vergara, G.A., Fruzzetti, A.E., Worden, P.M., Batejan, K.L., 2026. The impact of perceived parental invalidation and self-invalidation on suicidality in an adolescent DBT partial hospitalization program. *Clin. Child Psychol. Psychiatry* 31, 513–529. <https://doi.org/10.1177/13591045261418189>
- Cação-Dias, B., Rothes, I., Carmo, C., Nunes, C., Brás, M., 2026. Families of young people who self-harm: a mixed-methods systematic review of their experiences and needs. *Arch. Suicide Res.* 1–32. <https://doi.org/10.1080/13811118.2026.2666405>
- Calear, A.L., McCallum, S.M., Kazan, D., Torok, M., Werner-Seidler, A., O’Dea, B., Morse, A., Farrer, L.M., Shand, F., Batterham, P.J., 2026. Randomised controlled trial of a web-based

mental health, self-harm and suicide gatekeeper resource for parents and caregivers. *J. Child Psychol. Psychiatry* 67, 1844–1854. <https://doi.org/10.1111/jcpp.70189>

Cao, A., Melvin, G.A., Cardamone-Breen, M., Salvaris, C., Olivier, P., Wu, L., Seguin, J., Xie, J., Basur, D., Thompson, A., Leicester, S., Hasking, P., Jorm, A.F., Yap, M.B.H., 2026. A coach-supported, digital parenting programme for parents of adolescents at risk of suicide: pilot trial of acceptability, feasibility, validity and short-term effects. *BJPsych Open* 12, e138. <https://doi.org/10.1192/bjo.2026.11046>

Carrier, C., Herbert, M., Cottrell, D., Wright-Hughes, A., Aitken, M., 2025. Patterns of self-harm functions among clinic-referred youth: associations with treatment outcomes. *Behav. Res. Ther.* 193, 104843. <https://doi.org/10.1016/j.brat.2025.104843>

Chapman, M.R., Ackerman, J., Thomas, G., 2025. Decreasing pediatric suicide through collaboration. *Pediatrics* 155, e2024069159E. <https://doi.org/10.1542/peds.2024-069159E>

Cleary, A., Kaczor, F., Finnegan, M., Schimek, J., Egen-Schimek, A., O'Donnell, E., Melzer-Lange, M., 2022. An intervention to improve safe firearm storage for adolescents presenting with suicide ideation or attempt in a pediatric emergency department. *Inj. Epidemiol.* 9, 37. <https://doi.org/10.1186/s40621-022-00399-1>

Connell, A.M., McKillop, H.N., Dishion, T.J., 2016. Long-term effects of the family check-up in early adolescence on risk of suicide in early adulthood. *Suicide Life Threat. Behav.* 46, S15–S22. <https://doi.org/10.1111/slbt.12254>

Connell, A.M., Shaw, D., Wilson, M., Danzo, S., Weaver-Krug, C., Lemery-Chalfant, K., Dishion, T.J., 2019. Indirect effects of the early childhood Family Check-Up on adolescent suicide risk: the mediating role of inhibitory control. *Dev. Psychopathol.* 31, 1901–1910. <https://doi.org/10.1017/S0954579419000877>

Cottrell, D.J., Wright-Hughes, A., Collinson, M., Boston, P., Eisler, I., Fortune, S., Graham, E.H., Green, J., House, A.O., Kerfoot, M., Owens, D.W., Saloniki, E.-C., Simic, M., Lambert, F., Rothwell, J., Tubeuf, S., Farrin, A.J., 2018. Effectiveness of systemic family therapy versus treatment as usual for young people after self-harm: a pragmatic, phase 3, multicentre, randomised controlled trial (SHIFT). *Lancet Psychiatry* 5, 203–216. [https://doi.org/10.1016/S2215-0366\(18\)30058-0](https://doi.org/10.1016/S2215-0366(18)30058-0)

Crasta, D., Funderburk, J.S., Gray, T.D., Cordova, J.V., Britton, P.C., 2023. Brief relationship support as a selective suicide prevention intervention: piloting the Relationship Checkup in veteran couples with relationship and mental health concerns. *Suicide Life Threat. Behav.* 53, 787–801. <https://doi.org/10.1111/slbt.12983>

- Cwik, M., Goklish, N., Masten, K., Lee, A., Suttle, R., Alchesay, M., Barlow, A., 2019. "Let our Apache heritage and culture live on forever and teach the young ones": development of the Elders' Resilience Curriculum, an upstream suicide prevention approach for American Indian youth. *Am. J. Community Psychol.* 64, 137–145. <https://doi.org/10.1002/ajcp.12351>
- Czyz, E.K., Nahum-Shani, I., Ewell Foster, C., Micol, V.J., Jiang, A., Al-Dajani, N., Arango, A., Walton, M., Hong, V., Ahamed, S.I., King, C.A., 2025. Building toward a text-based intervention for parents of suicidal adolescents seeking emergency department care: a pilot randomized controlled trial. *J. Consult. Clin. Psychol.* 93, 382–389. <https://doi.org/10.1037/ccp0000950>
- Darrow, S.M., Maliken, A.C., Piatigorsky, A., Stuart, B.K., Todd, N., Yaeger, A.M., Londahl-Shaller, E.A., 2022. Effectiveness of the family-based model of dialectical behavior therapy for both suicidal adolescents and young adults in an academic medical center. *J. Clin. Psychol.* 78, 1422–1435. <https://doi.org/10.1002/jclp.23317>
- De Leo, D., Goodfellow, B., Silverman, M., Berman, A., Mann, J., Arensman, E., Hawton, K., Phillips, M.R., Vijayakumar, L., Andriessen, K., Chavez-Hernandez, A.M., Heisel, M., Kölves, K., 2021. International study of definitions of English-language terms for suicidal behaviours: a survey exploring preferred terminology. *BMJ Open* 11, e043409. <https://doi.org/10.1136/bmjopen-2020-043409>
- DeVylder, J., Ryu, Y., Title, S.J., Amos, B., Smith, M.E., Montague, E., Boos, A.K., King, C.A., Schiffman, J., 2025. Youth-Nominated Support Teams for youth at clinical high risk for psychosis (YST-CHR): a novel approach to suicide prevention in early psychosis. *Early Interv. Psychiatry* 19, e70097. <https://doi.org/10.1111/eip.70097>
- Diamond, G.S., Kobak, R.R., Krauthamer Ewing, E.S., Levy, S.A., Herres, J.L., Russon, J.M., Gallop, R.J., 2019. A randomized controlled trial: attachment-based family and nondirective supportive treatments for youth who are suicidal. *J. Am. Acad. Child Adolesc. Psychiatry* 58, 721–731. <https://doi.org/10.1016/j.jaac.2018.10.006>
- Diamond, G.S., Wintersteen, M.B., Brown, G.K., Diamond, G.M., Gallop, R., Shelef, K., Levy, S., 2010. Attachment-based family therapy for adolescents with suicidal ideation: a randomized controlled trial. *J. Am. Acad. Child Adolesc. Psychiatry* 49, 122–131. <https://doi.org/10.1016/j.jaac.2009.11.002>
- Dorman-Ilan, S., Salomon, A., Rubin, N., de la Fontaine, N., Marom, R., Meilik, R., Yona, S., Aharon, G., Lifshitz, M., Gothelf, D., Hertz-Palmor, N., 2026. Feasibility of a parent-only DBT skills group in public mental health services: a pilot implementation study. *Front. Psychiatry* 17, 1888780. <https://doi.org/10.3389/fpsyt.2026.1888780>

- Emery, T., Cookson-Cox, C., Raerino, N., 2015. Te Waiata a Hinetitama-Hearing the Heart song: Whakamate i roto i a Te Arawa-A Māori suicide research project. *AlterNative* 11, 225–239. <https://doi.org/10.1177/117718011501100302>
- Espenes, K., Keles, S., Waaler, P.M., Kjøbli, J., Tørmoen, A.J., 2026. Improving adolescent outcomes in residential care: preliminary outcomes of a dialectical behavior therapy-informed treatment model. *Child. Youth Serv. Rev.* 180, 108703. <https://doi.org/10.1016/j.chilyouth.2025.108703>
- Estrada, Y., Lozano, A., Tapia, M.I., Fernández, A., Harkness, A., Scott, D., Lee, T.K., Rahman, A., Prado, G., 2024. Familias con Orgullo: pilot study of a family intervention for Latinx sexual minority youth to prevent drug use, sexual risk behavior, and depressive symptoms. *Prev. Sci.* 25, 1079–1090. <https://doi.org/10.1007/s11121-024-01724-4>
- Ewell Foster, C., Magness, C.S., Derwin, S., Kahsay, E., Smith, T., Rivara, F.P., Massey, L., King, C.A., 2024. Store safely: a firearm injury prevention strategy for rural families. *J. Rural Ment. Health* 48, 247. <https://doi.org/10.1037/rmh0000276>
- Fish, J.N., Reczek, R., Ezra, P., 2024. Defining and measuring family: lessons learned from LGBTQ+ people and families. *J. Marriage Fam.* 86, 1450–1467. <https://doi.org/10.1111/jomf.12987>
- Fortune, S., Sharma, V., Papalii, T., 2023. Evidence Synthesis of the Research on Suicide Prevention and Postvention: Aotearoa New Zealand and International Perspectives. Ministry of Health, Wellington.
- Frattaroli, S., Omaki, E., Moloczniak, A., Allchin, A., Hopkins, R., Shanahan, S., Levinson, A., 2020. Extreme risk protection orders in King County, Washington: the epidemiology of dangerous behaviors and an intervention response. *Inj. Epidemiol.* 7, 44. <https://doi.org/10.1186/s40621-020-00270-1>
- Frey, L.M., Cerel, J., 2015. Risk for suicide and the role of family: a narrative review. *J. Fam. Issues* 36, 716–736. <https://doi.org/10.1177/0192513X13515885>
- Frey, L.M., Hunt, Q.A., 2018. Treatment for suicidal thoughts and behavior: a review of family-based interventions. *J. Marital Fam. Ther.* 44, 107–124. <https://doi.org/10.1111/jmft.12234>
- Frey, L.M., Hunt, Q.A., Russon, J.M., Diamond, G., 2022. Review of family-based treatments from 2010 to 2019 for suicidal ideation and behavior. *J. Marital Fam. Ther.* 48, 154–177. <https://doi.org/10.1111/jmft.12568>
- Gewirtz, A.H., DeGarmo, D.S., Zamir, O., 2016. Effects of a military parenting program on parental distress and suicidal ideation: after Deployment Adaptive Parenting Tools. *Suicide Life Threat. Behav.* 46, S23–S31. <https://doi.org/10.1111/slbt.12255>

- Gibson, M., Rolls, C., Robson, M., Ward, R., Stuart, J., Lambden, D., 2024. Project Yarn Circle: development and pilot evaluation of a cultural connection suicide prevention program for Aboriginal and Torres Strait Islander young people. *Aust. Psychol.* 59, 508–522. <https://doi.org/10.1080/00050067.2024.2404977>
- Gil, M., Kim, S.-S., 2022. Feasibility and preliminary efficacy of a new online self-help intervention for depression among Korean college students' families. *Int. J. Environ. Res. Public Health* 19, 2142. <https://doi.org/10.3390/ijerph19042142>
- Gillespie, C., Joyce, M., Flynn, D., Corcoran, P., 2019. Dialectical behaviour therapy for adolescents: a comparison of 16-week and 24-week programmes delivered in a public community setting. *Child Adolesc. Ment. Health* 24, 266–273. <https://doi.org/10.1111/camh.12325>
- Harder, H.G., Holyk, T., Russel, V.L., Klassen-Ross, T., 2015. Nges Siy (I love you): a community-based youth suicide intervention in northern British Columbia. *Int. J. Indig. Health* 10, 21–32. <https://doi.org/10.18357/ijih.102201514309>
- Harrington, R., Kerfoot, M., Dyer, E., McNiven, F., Gill, J., Harrington, V., Woodham, A., Byford, S., 1998. Randomized trial of a home-based family intervention for children who have deliberately poisoned themselves. *J. Am. Acad. Child Adolesc. Psychiatry* 37, 512–518. [https://doi.org/10.1016/S0890-8567\(14\)60001-0](https://doi.org/10.1016/S0890-8567(14)60001-0)
- Hawton, K., Harriss, L., Hall, S., Simkin, S., Bale, E., Bond, A., 2003. Deliberate self-harm in Oxford, 1990–2000: a time of change in patient characteristics. *Psychol. Med.* 33, 987–995. <https://doi.org/10.1017/S0033291703007943>
- Hawton, K., Saunders, K.E.A., O'Connor, R.C., 2012. Self-harm and suicide in adolescents. *Lancet* 379, 2373–2382. [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Hill, K.G., Steeger, C.M., Epstein, M., Bailey, J.A., Hawkins, J.D., 2025. Addressing suicide and mental health through universal childhood intervention: results from the Seattle Social Development Project. *Prev. Sci.* 26, 1033–1044. <https://doi.org/10.1007/s11121-025-01834-7>
- Hode, Y., Padovani, R., Hikmat, W., Guillard-Bouhet, N., Attal, J., Bralet, M.-C., Biotteau, M., Chereau Boudet, I., Canceil, O., Montagne Larmurier, A., Roussel, C., Lemestré, S., Willard, D., 2024. Family psychoeducation in schizophrenia and schizophrenia related disorder, treatment compliance, and suicidal risk reduction: questions about their relationship from a naturalistic observation. *Front. Psychiatry* 15, 1370566. <https://doi.org/10.3389/fpsy.2024.1370566>
- Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D.G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S.E., Dixon-Woods, M., McCulloch, P., Wyatt,

- J.C., Chan, A.-W., Michie, S., 2014. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ* 348, g1687. <https://doi.org/10.1136/bmj.g1687>
- Hofmann, L., Wagner, B., 2024. Efficacy of an online gatekeeper program for relatives of men at risk of suicide - a randomized controlled trial. *BMC Public Health* 24, 2693. <https://doi.org/10.1186/s12889-024-20193-6>
- Humensky, J.L., Coronel, B., Gil, R., Mazzula, S., Lewis-Fernández, R., 2017a. Life is precious: a community-based program to reduce suicidal behavior in Latina adolescents. *Arch. Suicide Res.* 21, 659–671. <https://doi.org/10.1080/13811118.2016.1242442>
- Humensky, J.L., Gil, R.M., Mazzula, S., Diaz, S., Lewis-Fernández, R., 2017b. Life is precious: views of adolescents and their mothers on methods to reduce suicidal behavior in Latinas. *J. Sch. Nurs.* 33, 426–433. <https://doi.org/10.1177/1059840517722590>
- Juozeliūnienė, I., Budginaitė, I., 2018. How transnational mothering is seen to be “troubling”: contesting and reframing mothering. *Sociol. Res. Online* 23, 262–281. <https://doi.org/10.1177/1360780417749464>
- Kapur, N., Cooper, J., O’Connor, R.C., Hawton, K., 2013. Non-suicidal self-injury v. attempted suicide: new diagnosis or false dichotomy? *Br. J. Psychiatry* 202, 326–328. <https://doi.org/10.1192/bjp.bp.112.116111>
- Karemyr, M., Bellander, M., Pontén, M., Ohlss, A., Flygare, O., Walldén, Y., Kuja-Halkola, R., Hadlaczký, G., Mataix-Cols, D., Asarnow, J.R., Hellner, C., Hughes, J.L., Bjureberg, J., 2025. Preventing suicide with Safe Alternatives for Teens and Youths (SAFETY): a randomised feasibility trial. *BMJ Ment. Health* 28, 1–12. <https://doi.org/10.1136/bmjment-2025-301575>
- Kaufman, E.A., Puzia, M.E., Godfrey, D.A., Crowell, S.E., 2020. Physiological and behavioral effects of interpersonal validation: a multilevel approach to examining a core intervention strategy among self-injuring adolescents and their mothers. *J. Clin. Psychol.* 76, 559–580. <https://doi.org/10.1002/jclp.22902>
- Kehoe, M., Hopkins, L., Whitehead, R., Meyer, D., Nedeljkovic, M., 2025. Integrated aftercare support for parents and carers following a child’s suicide attempt: a qualitative study. *J. Child Adolesc. Psychiatr. Nurs.* 38, e70021. <https://doi.org/10.1111/jcap.70021>
- Kennard, B., Moorehead, A., Stewart, S., El-Behadli, A., Mbroh, H., Goga, K., Wildman, R., Michaels, M., Higashi, R.T., 2020. Adaptation of group-based suicide intervention for Latinx youth in a community mental health center. *J. Child Fam. Stud.* 29, 2058–2069. <https://doi.org/10.1007/s10826-020-01718-0>

- Kennedy, A., Gray, C., Sheridan, N., Dunn, L., Stewart, J., Drouin, S., Elliott, H., Adeponle, A., Barrowman, N., Sucha, E., Cappelli, M., Norris, M.L., Jabbour, M., Cloutier, P., 2025. BRAVA: a randomized controlled trial of a brief group intervention for youth with suicidal ideation and their caregivers. *Child Adolesc. Psychiatry Ment. Health* 19, 78. <https://doi.org/10.1186/s13034-025-00941-1>
- Kerfoot, M., Harrington, R., Dyer, E., 1995. Brief home-based intervention with young suicide attempters and their families. *J. Adolesc.* 18, 557–568. <https://doi.org/10.1006/jado.1995.1038>
- Kerfoot, M., McNiven, F., Gill, J., 1997. Brief family intervention in adolescents who deliberately self-harm. *J. R. Soc. Med.* 90, 484–487. <https://doi.org/10.1177/014107689709000905>
- Ketabchi, B., Gittelman, M.A., Zhang, Y., Pomerantz, W.J., 2024. Impact of cable lock distribution on firearm securement after emergent mental health evaluation: a randomized controlled trial. *Inj. Epidemiol.* 11, 63. <https://doi.org/10.1186/s40621-024-00541-1>
- Kietzman, H.W., Styles, W.L., Franklin-Zitzkat, L., Del Vecchio Valerian, M., Yuen, E.Y., 2025. Family-centered care in adolescent intensive outpatient mental health treatment in the United States: a case study. *Healthcare (Basel)* 13, 1079. <https://doi.org/10.3390/healthcare13091079>
- Kim, S., Berg, A., Walker, D.M., Teuschler, L., Sinclair, A., Hughes, J.L., 2026. Clinicians' experiences with a family-centered crisis intervention in a youth crisis stabilization unit. *Evid. Based Pract. Child Adolesc. Ment. Health*. <https://doi.org/10.1080/23794925.2026.2673505>
- King, C.A., Klaus, N., Kramer, A., Venkataraman, S., Quinlan, P., Gillespie, B., 2009. The Youth-Nominated Support Team-Version II for suicidal adolescents: a randomized controlled intervention trial. *J. Consult. Clin. Psychol.* 77, 880–893. <https://doi.org/10.1037/a0016552>
- Klag, S., Fox, T., Martin, G., Eadie, K., Bergh, W., Keegan, F., Turner, D., Raeburn, N., 2016. Evolve therapeutic services: a 5-year outcome study of children and young people in out-of-home care with complex and extreme behavioural and mental health problems. *Child. Youth Serv. Rev.* 69, 268–274. <https://doi.org/10.1016/j.childyouth.2016.08.017>
- Konno, Y.T., Araújo Filho, G.M., Almeida Jr, J.R.S., Santos, N.B., Marques Filho, A.B., Fernandes, B.B., Parreira, G.S., Carvalho, P.H., Cenedesi, L.M., 2024. Recurrence of adolescent suicide attempt and self-harm (RASS study): effectiveness of single therapeutic project. *Clin. Child Psychol. Psychiatry* 29, 1248–1260. <https://doi.org/10.1177/13591045231213029>

- Konradsen, F., Pieris, R., Weerasinghe, M., van der Hoek, W., Eddleston, M., Dawson, A.H., 2007. Community uptake of safe storage boxes to reduce self-poisoning from pesticides in rural Sri Lanka. *BMC Public Health* 7, 13. <https://doi.org/10.1186/1471-2458-7-13>
- Kral, M., 2009. Transforming communities: suicide, relatedness, and reclamation among Inuit of Nunavut (Doctoral dissertation). McGill University.
- La Sala, L., Sabo, A.V., Lamblin, M., Robinson, J., 2024. Can #chatsafe support parents and carers beyond Australia? A qualitative study. *BMC Public Health* 24, 1571. <https://doi.org/10.1186/s12889-024-19040-5>
- Levac, D., Colquhoun, H., O'Brien, K.K., 2010. Scoping studies: advancing the methodology. *Implement. Sci.* 5, 69. <https://doi.org/10.1186/1748-5908-5-69>
- Levin, I., 1993. Family as mapped realities. *J. Fam. Issues* 14, 82–91. <https://doi.org/10.1177/0192513X93014001007>
- Liang, Q., Xie, G., Xu, C., Li, C., Liang, J., 2025. The effectiveness of a multi-dimensional intervention model combining cognitive behavioral therapy and social support in hospitalized depressed patients. *BMC Psychiatry* 25, 1115. <https://doi.org/10.1186/s12888-025-07582-w>
- Liu, P., Yang Li, B., Liu, J., Yang, X., Li, Y., Li, Y., Lu, J., 2025. Implementing twelve-weeks of loving-kindness meditation and mindfulness of breathing for adolescents with nonsuicidal self-injury and their parents: a mixed method pilot study. *BMC Psychol.* 13, 822. <https://doi.org/10.1186/s40359-025-03151-8>
- Low, Y.T., Lee, K.W., 2024. Comparative outcomes of three school-based cognitive-behavioral interventions for adolescent suicide prevention in Hong Kong. *Healthcare (Basel)* 12, 2056. <https://doi.org/10.3390/healthcare12202056>
- Luciano, M., Sampogna, G., Del Vecchio, V., Giallonardo, V., Di Cerbo, A., Palummo, C., Malangone, C., Lampis, D., Veltro, F., Bardicchia, F., Ciampini, G., Orlandi, E., Moroni, A., Biondi, S., Piselli, M., Menculini, G., Nicolò, G., Pompili, E., Carrà, G., Fiorillo, A., 2022. Medium and long-term efficacy of psychoeducational family intervention for bipolar I disorder: results from a real-world, multicentric study. *Bipolar Disord.* 24, 647–657. <https://doi.org/10.1111/bdi.13182>
- Maine, S., Shute, R., Graham, M., 2001. Educating parents about youth suicide: knowledge, response to suicidal statements, attitudes, and intention to help. *Suicide Life Threat. Behav.* 31, 320–332. <https://doi.org/10.1521/suli.31.3.320.24248>
- Marco-Salvador, J.H., Perez-Rodriguez, S., Diaz-Sanahuja, L., Grau, A., Paredes-Mealla, M., Guillen, V., 2026. Dialectical behavioral therapy-based skills training program for family

members of suicide attempters: a randomized controlled trial. *Borderline Personal. Disord. Emot. Dysregul.* 13, 29. <https://doi.org/10.1186/s40479-026-00353-3>

May, A.M., Bryan, C.J., Baucom, B.R.W., 2026. Feasibility, acceptability, and impact of the Couples Crisis Response Plan (CCRP) to reduce post-discharge suicide risk: a randomized controlled trial. *Suicide Life Threat. Behav.* 56, e70107. <https://doi.org/10.1111/sltb.70107>

McCabe, R., O'Keeffe, S., Long, M., 2026. The "Supporting Adolescents with Self Harm" (SASH) intervention supporting young people (and carers) presenting to the emergency department with self-harm: therapeutic assessment, safety planning, and solution-focused brief therapy. *Healthcare (Basel)* 14, 168. <https://doi.org/10.3390/healthcare14020168>

McCallum, S.M., Kazan, D., Morse, A.R., Batterham, P.J., Werner-Seidler, A., Torok, M., March, S., Chapman, C., Reardon, T., Perry, Y., O'Dea, B., Farrer, L.M., Shand, F., Calear, A.L., 2026. Development of a web-based resource for parents to support youth mental health: an exploratory sequential mixed methods approach. *Internet Interv.* 45, 100961. <https://doi.org/10.1016/j.invent.2026.100961>

McCauley, E., Berk, M.S., Asarnow, J.R., Adrian, M., Cohen, J., Korslund, K., Avina, C., Hughes, J., Harned, M., Gallop, R., Linehan, M.M., 2018. Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: a randomized clinical trial. *JAMA Psychiatry* 75, 777–785. <https://doi.org/10.1001/jamapsychiatry.2018.1109>

McMahon, M.X.H., Scheithauer, M.C., Herrod, J.L., Lomas Mevers, J.E., Nuhu, N.N., Pavlov, A., Layman, L.N., Call, N.A., Mauzy, C.R., IV, Hannula, C., Sharp, W.G., Muething, C.S., 2026. Intensive outpatient treatment for patients with severe externalizing behavior and intellectual and developmental disability: an electronic health record review. *J. Dev. Behav. Pediatr.* 47, e467–e473. <https://doi.org/10.1097/DBP.0000000000001498>

McManama O'Brien, K.H., Almeida, J., View, L., Schofield, M., Hall, W., Aguinaldo, L., Ryan, C.A., Maneta, E., 2021. A safety and coping planning intervention for suicidal adolescents in acute psychiatric care. *Cogn. Behav. Pract.* 28, 22–39. <https://doi.org/10.1016/j.cbpra.2019.08.003>

McManama O'Brien, K.H., LeCloux, M., Ross, A., Gironde, C., Wharff, E.A., 2017. A pilot study of the acceptability and usability of a smartphone application intervention for suicidal adolescents and their parents. *Arch. Suicide Res.* 21, 254–264. <https://doi.org/10.1080/13811118.2016.1182094>

Miklowitz, D.J., Merranko, J.A., Weintraub, M.J., Walshaw, P.D., Singh, M.K., Chang, K.D., Schneck, C.D., 2020. Effects of family-focused therapy on suicidal ideation and behavior in youth at high risk for bipolar disorder. *J. Affect. Disord.* 275, 14–22. <https://doi.org/10.1016/j.jad.2020.06.015>

- Miller, M., Salhi, C., Barber, C., Azrael, D., Beatriz, E., Berrigan, J., Brandspigel, S., Betz, M.E., Runyan, C., 2020. Changes in firearm and medication storage practices in homes of youths at risk for suicide: results of the SAFETY study, a clustered, emergency department-based, multisite, stepped-wedge trial. *Ann. Emerg. Med.* 76, 194–205. <https://doi.org/10.1016/j.annemergmed.2020.02.007>
- Mishara, B.L., Houle, J., Lavoie, B., 2005. Comparison of the effects of four suicide prevention programs for family and friends of high-risk suicidal men. *Suicide Life Threat. Behav.* 35, 329–342. <https://doi.org/10.1521/suli.2005.35.3.329>
- National Suicide Prevention Office, 2025. The National Suicide Prevention Strategy 2025–2035. Australian Government, Department of Health and Aged Care, Canberra.
- O’Keefe, V.M., Goklish, N., Larzelere Siquah, F., Grubin, F., Haroz, E.E., Sierra, V., Cwik, M., Suttle, R., Cosen, E., Velasquez-Brawley, V., Garcia, M., Rock, H., Pablo, E., Cosen, R., Whitesell, N., Gallo, J.J., Keshen, R., Barlow, A., 2026. The Elders’ Resilience Curriculum: co-developing a theoretical model of an Indigenous culturally grounded preventive intervention. *SSM Ment. Health* 10, 100701. <https://doi.org/10.1016/j.ssmmh.2026.100701>
- Omer, H., Dolberger, D.I., 2015. Helping parents cope with suicide threats: an approach based on nonviolent resistance. *Fam. Process* 54, 559–575. <https://doi.org/10.1111/famp.12129>
- Owens, C., Charles, N., 2017. Development and evaluation of a leaflet for concerned family members and friends: “It’s safe to talk about suicide.” *Health Educ. J.* 76, 582–594. <https://doi.org/10.1177/0017896917706601>
- Owens, C., Owen, G., Belam, J., Lloyd, K., Rapport, F., Donovan, J., Lambert, H., 2011. Recognising and responding to suicidal crisis within family and social networks: qualitative study. *BMJ* 343, d5801. <https://doi.org/10.1136/bmj.d5801>
- Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., Leckman, J.F., 2014. Practitioner review: engaging fathers-recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *J. Child Psychol. Psychiatry* 55, 1187–1212. <https://doi.org/10.1111/jcpp.12280>
- Pearson, M., Metcalfe, C., Jayamanne, S., Gunnell, D., Weerasinghe, M., Pieris, R., Priyadarshana, C., Knipe, D.W., Hawton, K., Dawson, A.H., Bandara, P., deSilva, D., Gawarammana, I., Eddleston, M., Konradsen, F., 2017. Effectiveness of household lockable pesticide storage to reduce pesticide self-poisoning in rural Asia: a community-based, cluster-randomised controlled trial. *Lancet* 390, 1863–1872. [https://doi.org/10.1016/S0140-6736\(17\)31961-X](https://doi.org/10.1016/S0140-6736(17)31961-X)

- Perrino, T., Lozano, A., Estrada, Y., Tapia, M.I., Brown, C.H., Horigian, V.E., Beardslee, W.R., Prado, G., 2024. Adaptation of an evidence-based, preventive intervention to promote mental health in Hispanic adolescents: eHealth Familias Unidas Mental Health. *Transl. Behav. Med.* 14, 713–721. <https://doi.org/10.1093/tbm/ibae056>
- Peters, M.D.J., Marnie, C., Tricco, A.C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C.M., Khalil, H., 2020. Updated methodological guidance for the conduct of scoping reviews. *JB I Evid. Synth.* 18, 2119–2126. <https://doi.org/10.11124/JBIES-20-00167>
- Phares, V., Fields, S., Kamboukos, D., Lopez, E., 2005. Still looking for Poppa. *Am. Psychol.* 60, 735–736. <https://doi.org/10.1037/0003-066X.60.7.735>
- Pinciotti, C.M., Buckland, E., Mayes, T.L., Cooley, J.L., Mitchell, S.M., Zullo, L., Hughes, J.L., Patel, P.G., Neal, C., DeFilippis, M., Babatope, T.T., Cruz, C., Trivedi, M.H., Storch, E.A., Goodman, W.K., Williams, L.L., Asarnow, J.R., 2026. Feasibility and acceptability of a brief intervention for youth suicidal thoughts and behaviors among pediatric primary care providers. *Evid. Based Pract. Child Adolesc. Ment. Health* 11, 460–473. <https://doi.org/10.1080/23794925.2025.2522068>
- Pineda, J., Dadds, M.R., 2013. Family intervention for adolescents with suicidal behavior: a randomized controlled trial and mediation analysis. *J. Am. Acad. Child Adolesc. Psychiatry* 52, 851–862. <https://doi.org/10.1016/j.jaac.2013.05.015>
- Piotrowska, P.J., Tully, L.A., Lenroot, R., Kimonis, E., Hawes, D., Moul, C., Frick, P.J., Anderson, V., Dadds, M.R., 2017. Mothers, fathers, and parental systems: a conceptual model of parental engagement in programmes for child mental health. *Clin. Child Fam. Psychol. Rev.* 20, 146–161. <https://doi.org/10.1007/s10567-016-0219-9>
- Power, L., Morgan, S., Byrne, S., Boylan, C., Carthy, A., Crowley, S., Fitzpatrick, C., Guerin, S., 2009. A pilot study evaluating a support programme for parents of young people with suicidal behaviour. *Child Adolesc. Psychiatry Ment. Health* 3, 20. <https://doi.org/10.1186/1753-2000-3-20>
- Prabhu, S.L., Molinari, V., Bowers, T., Lomax, J., 2010. Role of the family in suicide prevention: an attachment and family systems perspective. *Bull. Menninger Clin.* 74, 301–327. <https://doi.org/10.1521/bumc.2010.74.4.301>
- Prescott, A.E., Wereta, S., Newnham-Scarth, F., Hetrick, S.E., Holt-Quick, C., Ludin, N.M., Fortune, S., Cargo, T., Scarth, B., 2026. Tautoko bro: redesigning Māori youth safety planning for suicide prevention through a chatbot-enhanced approach. *Ment. Health Prev.* 41, 200482. <https://doi.org/10.1016/j.mhp.2026.200482>

- Rajalin, M., Wickholm-Pethrus, L., Hursti, T., Jokinen, J., 2009. Dialectical behavior therapy-based skills training for family members of suicide attempters. *Arch. Suicide Res.* 13, 257–263. <https://doi.org/10.1080/13811110903044401>
- Rakshe, S., Valek, R., Teichman, R., Freeman, K., DeFrancesco, S., Carlson, K.F., 2026. Five years of extreme risk protection orders in Oregon: a descriptive analysis. *Psychol. Rep.* 129, 715–734. <https://doi.org/10.1177/00332941241248599>
- Rheinberger, D., Macdonald, D., McGillivray, L., Maple, M., Torok, M., Nicolopoulos, A., Shand, F., 2021. “A sustained, productive, constructive relationship with someone who can help”: a qualitative exploration of the experiences of help seekers and support persons using the emergency department during a suicide crisis. *Int. J. Environ. Res. Public Health* 18, 10262. <https://doi.org/10.3390/ijerph181910262>
- Rheinberger, D., Shand, F., Briggs, N.E., Boydell, K., McGillivray, L., 2025. Enhancing parent support during emergency department visits for suicidal adolescents. *Int. J. Ment. Health Nurs.* 34, e70131. <https://doi.org/10.1111/inm.70131>
- Richardson, S.C., Phipps-Bennett, M., Gryglewicz, K., Vance, M., Williams, J.A., III, Bey, I., Herbert, R., Dennis, S., Karver, M.S., 2026. Making deep-structure adaptations: a community-engaged qualitative study for culturally adapting suicide prevention interventions for Black youth. *Cultur. Divers. Ethnic Minor. Psychol.* 32, 628–638. <https://doi.org/10.1037/cdp0000770>
- Richman, J., 2002. Family therapy with elderly suicidal patients: communication and crisis aspects. *Omega (Westport)* 44, 361–370. <https://doi.org/10.2190/FL1M-H92Y-XHXE-H889>
- Roberts, D.C., Taylor, M.E., Pyle, A.D.A., 2018. Suicide prevention for school communities: an educational initiative for student safety. *NASN Sch. Nurse* 33, 168–176. <https://doi.org/10.1177/1942602X18766499>
- Rogers, A., Schmidt, P., 2016. Emotion talk in the context of young people self-harming: facing the feelings in family therapy. *J. Fam. Ther.* 38, 206–225. <https://doi.org/10.1111/1467-6427.12115>
- Rosenthal, C.J., 1985. Kinkeeping in the familial division of labor. *J. Marriage Fam.* 47, 965–974. <https://doi.org/10.2307/352340>
- Rotheram-Borus, M.J., Piacentini, J., Miller, S., Graae, F., Castro-Blanco, D., 1994. Brief cognitive-behavioral treatment for adolescent suicide attempters and their families. *J. Am. Acad. Child Adolesc. Psychiatry* 33, 508–517. <https://doi.org/10.1097/00004583-199405000-00009>

- Runyan, C.W., Becker, A., Brandspigel, S., Barber, C., Trudeau, A., Novins, D., 2016. Lethal means counseling for parents of youth seeking emergency care for suicidality. *West. J. Emerg. Med.* 17, 8–14. <https://doi.org/10.5811/westjem.2015.11.28590>
- Safarzadeh, A., Bakhtiari, M., Shaeiri, M.R., Ahmadvand, Z., Kheradmand, A., Saberihaaji, M., Bozorg, B., 2024. Comparing dialectical-behavioral skills training based on the Soler model vs family education for borderline personality disorder. *Iran. Rehabil. J.* 22, 255–264. <https://doi.org/10.32598/irj.22.2.1990.1>
- Sayers, S., Brown, L.A., Swinkels, C., May, A., Daniel, S.S., Crasta, D., Hill, M., Richards, J., Goodman, M., 2026. A family member-focused lethal means safety intervention for the prevention of veteran suicide: a clinical pilot study. *Cogn. Behav. Pract.* 33, 330–341. <https://doi.org/10.1016/j.cbpra.2025.06.006>
- Scarth, B., Bering, J.M., Marsh, I., Santiago-Irizarry, V., Andriessen, K., 2021. Strategies to stay alive: adaptive toolboxes for living well with suicidal behavior. *Int. J. Environ. Res. Public Health* 18, 8013. <https://doi.org/10.3390/ijerph18158013>
- Scarth, B., Dudeney, E., King, K., Mancini, V., Buist, A., Wereta, S., Aikman, P., Fortune, S., Hetrick, S., 2026. Family interventions for suicide and self-harm: a scoping review of definitions, populations, and approaches [Preprint, version 1]. Research Square. <https://doi.org/10.21203/rs.3.rs-10734971/v1>
- Schuck, A., Gryglewicz, K., Bender, A., Nam, E., McNeil, M., Cosare, M., Rosler, M., Karver, M., 2023. Examining the effectiveness of a family-focused training to prevent youth suicide. *Fam. Relat.* 72, 325–346. <https://doi.org/10.1111/fare.12700>
- Schulte-Frankenfeld, P.M., van der Spek, N., Breedvelt, J.J.F., Bosmans, G., Brouwer, M.E., Bockting, C.L., 2024. Effectiveness of attachment-based family therapy for suicidal adolescents and young adults: a systematic review and meta-analysis. *Clin. Psychol. Eur.* 6, e13717. <https://doi.org/10.32872/cpe.13717>
- Seelig, W.R., Goldman-Hall, B.J., Jerrell, J.M., 1992. In-home treatment of families with seriously disturbed adolescents in crisis. *Fam. Process* 31, 135–149. <https://doi.org/10.1111/j.1545-5300.1992.00135.x>
- Seidman, S., Danzo, S., Connell, A., Stormshak, B., 2025. The Family Check-Up and youth suicide: assessing indirect effects of improving self-regulation and reducing depression in promoting long-term resilience. *Suicide Life Threat. Behav.* 55, e70029. <https://doi.org/10.1111/sltb.70029>
- Sharma, R., 2013. The family and family structure classification redefined for the current times. *J. Family Med. Prim. Care* 2, 306–310. <https://doi.org/10.4103/2249-4863.123774>

Sheridan, N., Kennedy, A., Gray, C., Dunn, L., Stewart, J., Elliott, H., Carnrite, K., Adeponle, A., Cloutier, P., 2024. Building resilience and attachment in vulnerable adolescents: the feasibility of a virtually delivered group intervention for adolescents with suicidal ideation and their caregivers. *Telemed. Rep.* 5, 36–45. <https://doi.org/10.1089/tmr.2023.0056>

Simes, D., Shochet, I., Murray, K., Sands, I.G., 2025. Adolescent, caregivers, and therapists' experiences of youth and family suicide intervention: a qualitative study. *Psychother. Res.* 35, 1396–1414. <https://doi.org/10.1080/10503307.2024.2415991>

Small, C., Horn, E.B., Small, G., Webb, K., Bull, E.B., Small, M.C., Face, R.C., Pourier, W., Montileaux, H., Christiansen, L., Bradley, B., Trottier, W., Trottier, P., Geboe, M., Beamon, E.R., Fatupaito, B., Crawford-Martin, B., Ikazoboh, Y., Abeke, K., Posey, S., Milligan, K., Kelley, A., 2025. Walking the good road of life: a longitudinal evaluation of American Indian youth suicide prevention training. *Front. Public Health* 13, 1616464. <https://doi.org/10.3389/fpubh.2025.1616464>

Song, W., Birk, N., Matsuzaki, M., Lieber, J., Yamanashi, H., Rogers, E., Aramrat, C., Wiwatkunupakarn, N., Angkurawaranon, C., Lewin, A., Kinra, S., Mallinson, P.A.C., 2025. Analytical approaches to evaluate risk factors of multimorbidity: a systematic scoping review protocol. *BMJ Open* 15, e083278. <https://doi.org/10.1136/bmjopen-2023-083278>

Spirito, A., Wolff, J.C., Seaboyer, L.M., Hunt, J., Esposito-Smythers, C., Nugent, N., Zlotnick, C., Miller, I., 2015. Concurrent treatment for adolescent and parent depressed mood and suicidality. *J. Child Adolesc. Psychopharmacol.* 25, 131–139. <https://doi.org/10.1089/cap.2013.0130>

Stegall, C.L., Carnell, B., Golden, J.M., Kapoor, R., Fanton, J.H., Mullan, P.C., Leader, A.P., 2025. Multidisciplinary lethal means safety counseling design and implementation: training and identifying barriers in a children's hospital. *Inj. Epidemiol.* 12, 52. <https://doi.org/10.1186/s40621-025-00599-5>

Stockton, M.A., Waddell, K., Bhushan, N.L., Mphonda, S., Constantine, V., Masulani-Mwale, C., January, J., Brown, G., Udedi, M., Nyirenda, J., Mahuka, E., Pence, B., Gaynes, B., Owusu, M.T.K., Verhey, R., Kulisewa, K., 2026. Integrating safety planning, problem-solving therapy and peer support for suicide prevention among adolescents living with HIV in Malawi: an application of the ADAPT-ITT adaptation framework. *Camb. Prism. Glob. Ment. Health* 13, e118. <https://doi.org/10.1017/gmh.2026.10181>

Stuber, J., Hullenaar, K., Chandler, C., Robbins, T., Bunnage, T., Bruns, E.J., 2026. Asking is caring: integrating families into school-based suicide prevention efforts. *Sch. Ment. Health* 18, 404–414. <https://doi.org/10.1007/s12310-025-09796-5>

- Sullivan, S.R., Spears, A.P., Mitchell, E.L., Walsh, S., Love, C., Goodman, M., 2023. Family treatments for individuals at risk for suicide: a PRISMA scoping review. *Crisis* 44, 49–60. <https://doi.org/10.1027/0227-5910/a000828>
- Sullivant, S., Yeh, H.-W., Hartwig, A., Connelly, M., 2022. Motivating behavior change in parents for suicide prevention in the Midwest, USA. *J. Community Health* 47, 495–503. <https://doi.org/10.1007/s10900-022-01077-5>
- Sullivant, S.A., Yeh, H.-W., Scafe, M., Akhouri, R., Connelly, M., 2026. Prepped and Ready: a digital intervention for caregivers to reduce suicide risk in youth. *Clin. Child Psychol. Psychiatry* 31, 530–542. <https://doi.org/10.1177/13591045251407400>
- Sun, F.K., Chiang, C.Y., Yu, P.J., Lin, C.H., 2013. A suicide education programme for nurses to educate the family caregivers of suicidal individuals: a longitudinal study. *Nurse Educ. Today* 33, 1192–1200. <https://doi.org/10.1016/j.nedt.2012.06.017>
- Sun, Y., Zhang, Q., Wu, W., Lin, J., Sun, S., An, J., Qu, D., Chen, R., 2025. Efficacy of a localized caregiver gatekeeper training program for suicide prevention among Chinese adolescents: a pilot study. *Asian J. Psychiatry* 109, 104555. <https://doi.org/10.1016/j.ajp.2025.104555>
- Tachibana, Y., Koizumi, N., Mikami, M., Shikada, K., Yamashita, J., Shimizu, M., Ito, H., 2020. An integrated community mental healthcare program to reduce suicidal ideation and improve maternal mental health during the postnatal period: the findings from the Nagano trial. *BMC Psychiatry* 20, 389. <https://doi.org/10.1186/s12888-020-02765-z>
- Thabrew, H., Kumar, H., Steadman, E., 2023. Acceptability and feasibility of “Village,” a digital communication app for young people experiencing low mood, thoughts of self-harm, and suicidal ideation to obtain support from family and friends: mixed methods pilot open trial. *JMIR Form. Res.* 7, e41273. <https://doi.org/10.2196/41273>
- Thazhissery, A., Huda, M.N., Mendoza Diaz, A., Bartrop, I., Cabrera, N., Eapen, V., Jairam, R., 2026. Innovation in acute adolescent mental healthcare: evaluating a responsive and sustainable mental healthcare model. *Healthcare (Basel)* 14, 2837. <https://doi.org/10.3390/healthcare14172837>
- Tricco, A.C., Lillie, E., Zarin, W., O’Brien, K.K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D.J., Horsley, T., Weeks, L., Hempel, S., Akl, E.A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M.G., Garritty, C., Lewin, S., Godfrey, C.M., Macdonald, M.T., Langlois, E.V., Soares-Weiser, K., Moriarty, J., Clifford, T., Tunçalp, Ö., Straus, S.E., 2018. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann. Intern. Med.* 169, 467–473. <https://doi.org/10.7326/M18-0850>
- Trost, J., 1990. Do we mean the same by the concept of family? *Communic. Res.* 17, 431–443. <https://doi.org/10.1177/009365090017004002>

- Tully, L.A., Collins, D.A.J., Piotrowska, P.J., Mairet, K.S., Hawes, D.J., Moul, C., Lenroot, R.K., Frick, P.J., Anderson, V.A., Kimonis, E.R., Dadds, M.R., 2018. Examining practitioner competencies, organizational support and barriers to engaging fathers in parenting interventions. *Child Psychiatry Hum. Dev.* 49, 109–122. <https://doi.org/10.1007/s10578-017-0733-0>
- Valek, R., Teichman, R., Rakshe, S., Stahla, G., DeFrancesco, S., Carlson, K.F., 2025. Professional training and public education can support extreme risk protection order utilization: a qualitative study of professionals in Oregon. *Inquiry* 62, 1–9. <https://doi.org/10.1177/00469580251371379>
- Valek, R., Teichman, R., Rakshe, S., DeFrancesco, S., Carlson, K.F., 2026. Use of Oregon’s extreme risk protection order law to address risk of firearm suicide. *Inj. Prev.* 32, 485–489. <https://doi.org/10.1136/ip-2024-045581>
- Valiquette-Tessier, S.-C., Gosselin, J., Young, M., Thomassin, K., 2019. A literature review of cultural stereotypes associated with motherhood and fatherhood. *Marriage Fam. Rev.* 55, 299–329. <https://doi.org/10.1080/01494929.2018.1469567>
- van de Schoot, R., de Bruin, J., Schram, R., Zahedi, P., de Boer, J., Weijdemans, F., Kramer, B., Huijts, M., Hoogerwerf, M., Ferdinands, G., Harkema, A., Willemsen, J., Ma, Y., Fang, Q., Hindriks, S., Tummers, L., Oberski, D.L., 2021. An open source machine learning framework for efficient and transparent systematic reviews. *Nat. Mach. Intell.* 3, 125–133. <https://doi.org/10.1038/s42256-020-00287-7>
- Vergara, G.A., Adler Mandel, A., Adrian, M.C., Jobes, D.A., 2026. CAMS-4Teens, Suicide Index Score typologies, and family factors. *J. Affect. Disord.* 394, 120540. <https://doi.org/10.1016/j.jad.2025.120540>
- Vidot, D.C., Huang, S., Poma, S., Estrada, Y., Lee, T.K., Prado, G., 2016. Familias Unidas’ crossover effects on suicidal behaviors among Hispanic adolescents: results from an effectiveness trial. *Suicide Life Threat. Behav.* 46, S8–S14. <https://doi.org/10.1111/sltb.12253>
- Veritas Health Innovation, 2026. Covidence systematic review software.
- von Spreckelsen, P., Waslam, N., Merkus, M., Rasing, S., Jaken, S., Steenmeijer, J., Gilissen, R., Mérelle, S., 2026. A mixed-methods evaluation of a large-scale online gatekeeper training to prevent youth suicides in the Netherlands. *BMC Pediatr.* 26, 657. <https://doi.org/10.1186/s12887-026-07005-z>
- Wan, H., Zheng, L., Wu, X., Xiong, J., Zhou, C., 2026. Management of suicidal crisis in an adolescent with Becker muscular dystrophy: a case report. *BMC Psychiatry* 26, 476. <https://doi.org/10.1186/s12888-026-08139-1>

- Waraan, L., Siqveland, J., Hanssen-Bauer, K., Czjakowski, N.O., Axelsdóttir, B., Mehlum, L., Aalberg, M., 2023. Family therapy for adolescents with depression and suicidal ideation: a systematic review and meta-analysis. *Clin. Child Psychol. Psychiatry* 28, 831–849. <https://doi.org/10.1177/13591045221125005>
- Watling, D.P., Preece, M.H.W., Hawgood, J., Bloomfield, S., Kőlves, K., 2022a. Developing a post-discharge suicide prevention intervention for children and young people: a qualitative study of integrating the lived-experience of young people, their carers, and mental health clinicians. *Child Adolesc. Psychiatry Ment. Health* 16, 24. <https://doi.org/10.1186/s13034-022-00460-3>
- Watling, D., Preece, M., Hawgood, J., Bloomfield, S., Kőlves, K., 2022b. Developing an intervention for suicide prevention: a rapid review of lived experience involvement. *Arch. Suicide Res.* 26, 465–480. <https://doi.org/10.1080/13811118.2020.1833799>
- Webb, M., Richards, H., Lamblin, M., Kartal, D., Davies, P., Swingler, N., Robinson, J., 2025. Investigating family members' experiences of the implementation and effectiveness of a youth-focused suicide aftercare service: a qualitative study. *BMC Health Serv. Res.* 25, 951. <https://doi.org/10.1186/s12913-025-13102-z>
- Weinstein, S.M., Cruz, R.A., Isaia, A.R., Peters, A.T., West, A.E., 2018. Child- and family-focused cognitive behavioral therapy for pediatric bipolar disorder: applications for suicide prevention. *Suicide Life Threat. Behav.* 48, 797–811. <https://doi.org/10.1111/sltb.12416>
- Werdin, S., Fink, G., Rajkumar, S., Durrer, M., Gurtner, C., Harbauer, G., Warnke, I., Wyss, K., SERO Study Group, 2025. Impact of four integrated self-management interventions on psychiatric readmissions in patients at suicide risk: an interrupted time series analysis in Switzerland. *J. Affect. Disord.* 388, 119604. <https://doi.org/10.1016/j.jad.2025.119604>
- Wexler, L., Gubrium, A., Griffin, M., DiFulvio, G., 2013. Promoting positive youth development and highlighting reasons for living in Northwest Alaska through digital storytelling. *Health Promot. Pract.* 14, 617–623. <https://doi.org/10.1177/1524839912462390>
- Wexler, L., Rataj, S., Ivanich, J., Plavin, J., Mullany, A., Moto, R., Dombrowski, K., 2019. Community mobilization for rural suicide prevention: process, learning and behavioral outcomes from Promoting Community Conversations About Research to End Suicide (PC CARES) in Northwest Alaska. *Soc. Sci. Med.* 232, 398–407. <https://doi.org/10.1016/j.socscimed.2019.05.028>
- Wharff, E.A., Ginnis, K.B., Ross, A.M., White, E.M., White, M.T., Forbes, P.W., 2019. Family-based crisis intervention with suicidal adolescents: a randomized clinical trial. *Pediatr. Emerg. Care* 35, 170–175. <https://doi.org/10.1097/PEC.0000000000001076>

Witt, K.G., Hetrick, S.E., Rajaram, G., Hazell, P., Taylor Salisbury, T.L., Townsend, E., Hawton, K., 2021. Interventions for self-harm in children and adolescents. *Cochrane Database Syst. Rev.* 3, CD013667. <https://doi.org/10.1002/14651858.CD013667.pub2>

World Health Organization, 2025. Suicide worldwide in 2021: global health estimates. World Health Organization, Geneva.

Wulleman, L., Grietens, H., Noens, I., Vliegen, N., 2023. (Re)defining family: a systematic review and meta-synthesis of foster children's views of family in non-kinship foster care. *Child. Youth Serv. Rev.* 155, 107184. <https://doi.org/10.1016/j.childyouth.2023.107184>

Ye, S., Wei, X., Deng, C., Chen, P., Yang, C., Zhou, Y., Dong, J., 2026. Effect of parallel adolescent and parent dialectical behavior therapy skills training vs. adolescent-only skills training on nonsuicidal self-injury: a pilot randomized trial. *BMC Psychiatry* 26, 655. <https://doi.org/10.1186/s12888-026-08199-3>

Zhang, Y., Zhou, Y., Du, B., Hou, J., Hou, R., Zhang, B., He, S., Wang, C., Yan, F., 2026. Dialectical behavior therapy combined with parental support in adolescents with non-suicidal self-injury: a randomized controlled trial. *Child Adolesc. Psychiatry Ment. Health* 20, 29. <https://doi.org/10.1186/s13034-026-01036-1>

Zullo, L., King, J., Nakonezny, P.A., Kennard, B.D., Emslie, G., Stewart, S.M., 2021. Implementing the interpersonal theory of suicide to improve outcomes in suicidal adolescents: a pilot trial. *Suicide Life Threat. Behav.* 51, 633–640. <https://doi.org/10.1111/sltb.12745>

Figures

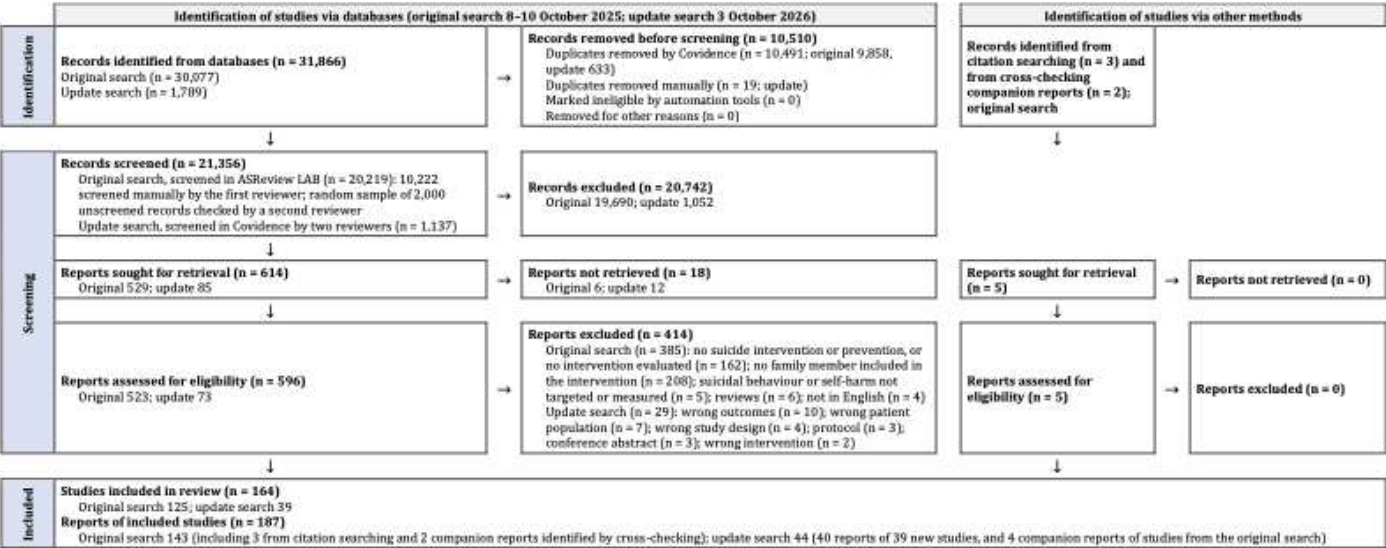


Fig. 1. PRISMA 2020 flow diagram of the study identification, screening, and inclusion process. The diagram combines the original search (8 to 10 October 2025) and the update search (3 October 2026).
Note. Records removed before screening for the update search include records already retrieved by the original search. Original-search records excluded at screening include 9,996 of the 9,997 records left unscreened once the ASReview LAB stopping rule was met (Section 2.3); the remaining record was identified as relevant in the validation sample and assessed in full text. The original-search exclusions include ten reports included in version 1 of this preprint that were excluded on re-review in October 2026 (no intervention evaluated, n = 5; suicidal behaviour or self-harm not targeted or measured, n = 5). Update-search exclusion reasons are given as recorded in Covidence; the 12 update reports recorded there as “full text not available” are counted as not retrieved. Companion reports were combined with their primary study, so 187 reports describe 164 studies.

Figure 1

Fig. 1. PRISMA 2020 flow diagram of the study identification, screening, and inclusion process. The diagram combines the original search (8 to 10 October 2025) and the update search (3 October 2026).

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [SupplementaryMaterial.docx](#)