Check for updates

Received: 31 October 2022 | Revised: 9 March 2023 | Accepted: 13 March 2023

DOI: 10.1111/jpm.12928

REVIEW ARTICLE

WILEY

Suicide prevention: What does the evidence show for the effectiveness of safety planning for children and young people? – A systematic scoping review

Susan Abbott-Smith[1,2] | Nicola Ring[2] | Nadine Dougall[2] | Jill Davey[2]

[1]NHS Lothian–CAMHS, Royal Hospital Children and Young People 50 Little France, Edinburgh, UK

[2]Edinburgh Napier University-Health and Social Care, Edinburgh, UK

Correspondence
Susan Abbott-Smith, NHS Lothian–CAMHS, Royal Hospital Children and Young People 50 Little France, Edinburgh EH16 4TJ, UK.
Email: susan.abbott-smith@nhslothian.scot.nhs.uk

Accessible Summary

What is known on the subject?

- Suicide prevention is an international healthcare priority.
- There is an urgent need to use approaches that are helpful and follow research evidence.
- Safety planning is now widely used in suicide prevention; however, it was developed for use with adults, and little is known about its effectiveness for children/young people.

What the paper adds to existing knowledge?

- This systematic scoping review brings together all research evidence since 2008 that reported how effective safety planning is for children/young people.
- Findings highlight that when healthcare professionals help children/young people who are suicidal, they need to ensure that the safety plan is completed collaboratively with healthcare professionals and children/young people and that it is appropriate for their age and development.
- There is also need for healthcare professionals to better recognize and respond to the needs of parents/carers who are caring for a child/young person with suicidal ideations/behaviours.

What are the implications for practice?

- There is some research indicating that safety planning is effective for use with children/young people, but such evidence has primarily been obtained from females and there is need for more evidence from male study populations. Further research on its use is needed for certain groups of children/young people including those who are care experienced, or identify as lesbian, gay, bisexual and transgender.
- This review highlighted that healthcare professionals need specific training before they deliver safety planning for children/young people.

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.
© 2023 The Authors. *Journal of Psychiatric and Mental Health Nursing* published by John Wiley & Sons Ltd.

- It was identified that parents/carers have additional needs and should be involved in safety planning. An additional resource specifically for parents/carers should be developed.

Abstract

Introduction: Suicide is a leading cause of death for children and young people and its prevention is a global priority. Many Mental Health Services employ safety planning as a brief intervention. There is some evidence of safety planning effectiveness for adults, but little is known about its effectiveness with young people.

Aim: To synthesize research reporting safety planning effectiveness for children/young people with suicidal ideation and identify good practice recommendations.

Inclusion criteria: The review relates to safety planning around suicide prevention for children/young people aged less than 18 years, even if it was within a wider intervention. The review was inclusive of all clinical areas (including mental health, primary care, etc), any geographical location or social economic status and inclusivity around the method of delivery.

Methods: A systematic scoping review of literature reporting effectiveness data for the use of safety planning with children/young people with suicidal ideation. The systematic scoping review protocol (pre-registered with Open Science Framework) followed Joanna Briggs Institute conduct guidance and PRISMA-ScR checklist.

Data analysis and presentation: Fifteen studies were reported during 2008–2021. Overall, there is promising, but limited, evidence of effectiveness for safety planning for children/young people but with complete evidence gaps for some demographic sub-groups. Evidence determined that healthcare professionals should deliver a safety planning intervention that is completed collaboratively, developmentally appropriate, and recognizes parental/carer involvement.

Discussion and implications for practice: Further research is needed but current evidence suggests safety planning should be a routine part of care packages for children/young people with suicidal ideation proportionate to their needs. Developing/implementing these plans needs bespoke health professional training and additional support and resources for parents/carers should be developed.

KEYWORDS
children and young people, safety planning, suicide prevention

1 | INTRODUCTION

During the last decade, there has been a changing landscape for suicide prevention with much more emphasis on multidisciplinary staff including nurses, psychiatrists, psychologists and allied health professionals following prevention rather than prediction approach (Pisani et al., 2016). This has been due to increasing concerns over the impact of suicide globally (World Health Organization, 2014), with consensus that after decades of research on risk factors for suicide, it is impossible to predict suicidal behaviours, and standardized suicidal risk assessments have very poor utility in the absence of clinical judgement (Clarke et al., 2019).

To date, there has not been a systematic scoping review of the effectiveness of safety planning specifically for children and young people (CYP). There have, however, been five systematic reviews for suicide prevention for CYP completed. These reviews examined psychosocial interventions or therapeutic inventions such as cognitive behaviour therapy (CBT), rather than safety planning, and highlighted that although there are promising psychological interventions for suicide prevention, there is insufficient evidence around treatment effectiveness as yet (Calear et al., 2016; Corcoran et al., 2011; Iyengar et al., 2018; Ougrin et al., 2015; Robinson et al., 2018). Recent research studies have explored safety planning with CYP and have shown promising results, finding that crisis interventions for adolescents that included a component of CBT and safety planning demonstrated a significant reduction in suicidal ideation at 3 months follow-up (Drapeau, 2019; McBee-Strayer et al., 2019). A review of brief psychological interventions

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

for suicidal presentations that included some studies with young people found that they were effective in reducing suicide and suicide attempts (McCabe et al., 2018). However, evidence-based interventions for suicide prevention for CYP require an urgent research expansion, especially around distinct youth sub-groups (Busby et al., 2020).

For CYP, there is an emerging evidence base for best practice for interventions for suicide prevention, but these approaches may require to be quite different for adult populations (Drapeau, 2019). Safety planning is a routine approach used by many services for suicide prevention for CYP. Safety planning was first described by Stanley and Brown for the Veteran military population (Stanley et al., 2008), and since then the development of literature around the topic has grown to include other adult populations and more recently, CYP populations. Over 10 years ago, the Treatment of Adolescent Suicide Attempters study identified that safety planning, although devised for an adult population, could be a promising intervention for adolescents (Brent et al., 2009). This study reported that early therapeutic contact and completing a safety plan may be warranted for CYP (Brent et al., 2009). More recently safety planning for CYP has been identified as a promising new approach (Rufino & Patriquin, 2019), but more research is required about this specific intervention and its impact on CYP (Drapeau, 2019). There is also a particular need for a systematic scoping review of the effectiveness of safety planning for CYP to better identify the complexities and/or challenges involved in the use of this intervention. Such a review would also inform the development, support and/or training required in safety planning for Health Care Practitioners (HCPs) involved in delivering this implementation. Findings from such a review could also enhance HCP training, improve delivery of this brief intervention and support better outcomes for CYP.

1.1 | Review question

This study aimed to undertake a systematic scoping review of effectiveness of safety planning for CYP around suicide prevention. Effectiveness has many definitions and generally can be seen as the benefits within healthcare that can be measured by improvements in health, although these benefits may not always be immediate. Within this systematic scoping review 'effectiveness' in the context of safety planning was defined as the intervention having the ability to do more good than harm for the target population in a real-world setting (Schillinger, 2010). The aim of conducting a review is to identify gaps in the existing research literature, make good practice recommendations and identify areas for future research (Arksey & O'Malley, 2005).

Review objectives were to explore the extent of existing research, identify the evidence of what is currently known about suicide prevention safety planning effectiveness with relevance to CYP and make recommendations for practice.

The overall research question 'what does the evidence show for the effectiveness of safety planning for CYP?' assisted in the conceptualisation of the research question focus. The mnemonic of Population, Concept, Context (PCC) was also adopted, in line with Joanna Briggs Institute (JBI) recommendation for standardization and best practice (Peters, Godfrey, et al., 2020).

1.2 | Eligibility criteria

The PCC framework identifies the main concepts and breaks down the question to ensure that all required aspects are covered (Peters, Godfrey, et al., 2020), as follows:

Population (P): Studies relating to children/young people aged less than 18 years with suicide ideation/behaviour were eligible, as this is the age range for the United Kingdom–based Child Adolescent Mental Health Service, and most CYP mental health services where they exist internationally. Studies that included participants with ages outside this range were included if there was a subgroup analysis that contained CYP aged between 12 and 18 years.

Concept Intervention (C): Treatment interventions around safety planning for suicide prevention were included, even if they were part of wider interventions. All outcomes were eligible, meaning all outcomes specified in the published studies were collected for comparison. There were no restrictions on when the outcomes were measured or the duration of follow-up after the initiation of the intervention.

Context (C): The setting of the study was inclusive of all clinical areas (e.g., mental health, unscheduled care, etc), any geographical location or social economic status and inclusivity around the method of delivery.

1.3 | Inclusion criteria

Studies were eligible for inclusion if published within the last 12 years (2008–2020 inclusive) to capture literature produced since the safety plan was first introduced in 2008 (Stanley et al., 2008).

Studies were eligible from any country or setting; however, only studies published in English were included because there was no resource to translate articles published in other languages.

Studies that specifically looked at safety planning for CYP and its effectiveness. This was seen in a wider context of how it was implemented, that is, via paper/mobile phones or as part of a wider model, but the safety plan needed to be a core component.

1.4 | Exclusion criteria

Studies conducted within our time period, which did not report data specifically relating to a CYP population and/or were not in English.

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Studies that discussed the implementation of the safety plan without looking at effectiveness, for example, study protocols or papers that did not report primary research such as editorials.

1.5 | Types of sources

To be included within the systematic scoping review, research papers needed to focus on safety planning for use in CYP and meet the conceptual framework as outlined within the PCC. This scoping review considered random controlled trials, non-randomized trials, qualitative, quantitative, mixed-method studies, cross-analysis studies, feasibility and case studies. All were included to cover a wide range of primary studies reporting knowledge and evidence around this subject. The review also considered descriptive observational studies including case studies for inclusion. Grey literature sources were also included in the search (Appendix S1).

1.6 | Ethical issues

As this was a systematic scoping review of published literature ethical approval was not required.

2 | METHODS

2.1 | Protocol and registration

Our protocol for this systematic scoping review is based on recommendations for scoping reviews provided by the JBI (Peters, Pollock, et al., 2020) and follows the Preferred Reporting Items for Systematic reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) Checklist (Tricco et al., 2018). This is in line with the guidelines for good practice from the Equator (Enhancing the Quality and Transparency Of Health Research) Network, which defines reporting guidelines to guide the reporting of scoping reviews using an explicit methodology (Altman et al., 2008). Due to the paucity of research evidence around this subject, a systematic scoping review was deemed the most appropriate approach for addressing the study's aim. Scoping reviews propose to map the extent, range and nature of relevant literature in the area of study (Arksey & O'Malley, 2005).

Protocol and registration: The protocol preprint was made available on the Open Science Framework (Abbott-Smith et al., 2021). At the time of registration in 2021, there was no known previous systematic scoping review of this intervention for effectiveness with CYP.

2.2 | Search strategy

The review located and included studies using a search strategy applied to MEDLINE (Medical Literature Analysis and Retrieval System), PsycINFO, Education Index, the Cochrane Central Register of Controlled Trials, CINAHL, ASSIA, Psy and Beh Science, and a grey literature search was completed from 2008 to 2021. The electronic search strings are set out below. The full search strategy is shown in Appendix S1, and the search outcomes are reported in Figure S1.

juven* OR youth OR young person OR young adul* OR teen* OR adolesc* OR child* OR young people

and

'suicid* intervention' OR 'suicid* prevent*' OR 'suicid* reduction' OR 'safety plan' OR 'safety planning' OR 'safety plans' or 'crisis plan*' or 'coping plan*'.

2.3 | Critical appraisal of individual sources of evidence

For the review to facilitate critical understanding of the included studies and assess the validity of included studies, Critical Appraisal Skill Programme (CASP) checklists were completed, where appropriate (Appendix S2). CASP structured checklists allow researchers to determine the methodological quality of a research study against a set of criteria depending on the research design. As seen in Appendix S2, the review was able to critically appraise nine studies – six randomized control trials and three qualitative studies. It was not possible to appraise the feasibility studies, case study and cross-analysis study within the framework of CASP. For the three qualitative studies, most of the CASP requirements had not been reported on so, the quality of these studies could not be determined. For the randomized control trials, the six studies were also not fully reported on with one of the major issues being that cost analysis was not present in any of these. All six trials did assign participants to intervention randomized, receive the same level of care and all participants who entered the study were accounted for at its end. This critical appraisal in a scoping review of an emerging topic area indicates that safety planning for CYP is still in its infancy and is an area that requires more high-quality research in future.

2.4 | Data analysis and presentation

The 15 papers included in this scoping review reported 14 studies containing a safety plan as a core component of that research. (Babeva et al., 2020, was a cross-analysis of Asarnow et al., 2015 and Asarnow et al., 2017). Studies were conducted only in the United States of America between 2008 and 2020. Most of the participants were female and between the ages of 12–18 years old. There was also a very limited representation of CYP subgroups such as lesbian, gay, bisexual, transgender plus community. Further details of the characteristics of included studies are shown in Appendix S3.

The 14 studies reported the use of four approaches using safety plans. These were as follows: (1) the *Stanley and Brown approach* (Czyz et al., 2020, 2019; Hill et al., 2020; Kennard et al., 2015, 2018; McManama O'Brien et al., 2020; Stanley et al., 2009); (2)

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

The SAFETY Program (developed from the Family Intervention for Suicide Prevention – FISP) (Asarnow et al., 2011, 2015, 2017; Babeva et al., 2020; Hughes & Asarnow, 2013); (3) *The Family-Based Crisis Intervention* (Ginnis et al., 2015; Wharff et al., 2019); and (4) *the COping, Problem solving, Enhancing life and Safety Planning* (*COPES*) (Wolff et al., 2018).

- *The Stanley and Brown approach* (Stanley et al., 2009) is a list of prioritized coping strategies and resources for the individual. It has six components: recognizing warning signs of an impending suicidal crisis; using internal coping strategies; using social contacts and social settings as a means of distraction from suicidal thoughts; using family members or friends to help resolve the crisis; contacting mental health professionals or agencies and means safety (i.e. removing access to methods of dying from suicide) (Stanley et al., 2009). This model was originally developed for the veteran military population (Stanley et al., 2008) but further incorporated within a cognitive behaviour therapy for suicide prevention (CBT-SP) for adolescents who had recently attempted suicide (Stanley et al., 2009).
- *The SAFETY program* (Asarnow et al., 2015) has been developed from the 'Family Intervention for Suicide Prevention' (FISP) (Asarnow et al., 2011), which in itself was a second-generation adaptation of the specialized emergency room intervention for suicidal adolescent females (Rotheram-Borus et al., 2000). The SAFETY program uses a cognitive behavioural fit analysis, which identifies the chain of triggering events, cognitive, behavioural, emotional and environmental processes and reactions, which lead to the suicidal ideation/behaviour. The five elements of the SAFETY program consist of safe settings, safe people, safe activities and actions, safe thoughts and safe stress reactions.
- The *Family-Based Crisis Intervention* (FBCI) (Ginnis et al., 2015) has safety planning as an integral component and is comprised of teaching parents about means safety and how to help maintain safety at home. It also focuses on developing practical coping skills and building support systems. The family safety plan addressed issues such as means safety, monitoring any changes, increasing supervision and reasons for accessing crisis services (Ginnis et al., 2015; Wharff et al., 2019).
- *The* COPES model (Wolff et al., 2018) was based on a CBT model, which was then adapted for psychiatric inpatient settings. The four treatment modules include coping plan, problem-solving, enhancing life and safety plan. The safety plan module centred on a way that CYP can keep themselves safe and gain support once they have left the hospital. The CYP made a list of dangerous items to be removed from their environment, identified their own vulnerabilities and warning signs, generated helpful coping strategies and identified people that could help them manage their negative feelings (Wolff et al., 2018).

This systematic scoping review was concerned with ascertaining the effectiveness of the use of safety plans for CYP within these approaches. Of the 15 papers, six were aimed at the individual CYP and nine used a family approach (see Appendix S3). The individual approach was delivered to the CYP although there may have been some parental involvement too, whereas the family interventions targeted the CYP and their family. Overall, within the identified studies, the elements of safety planning which were effective were difficult to specifically determine. This was due to the range of interventions that included the safety plan and the context(s) in which it was used. There was also a lack of comparator conditions to enable replication of the studies reported within this research. As effectiveness within this scoping review was deemed to be 'doing good in the real world', the clinical application of safety planning and how it fitted within the overall need and treatment intervention of CYP was explored. To try and understand the effectiveness of safety planning in greater depth, key elements used within the effectiveness of the safety plan from each model were broken down and mapped as core elements from each approach (see Appendix S4). Mapping identified that the individual safety planning approaches all had similar elements, except reasons for living. Reasons for living could be a key element that needs to be included for CYP Safe Plans, as instilling hope is a key factor for suicide prevention (Li et al., 2020). Results are now discussed further below within the concept of PCC, due to the heterogeneity of included studies.

2.4.1 | Population

The target population was CYP under the age of 18 years, but it became apparent on reviewing the included papers that the family/carer also needed to be considered within a secondary population context. The number of participants included within the studies ranged from 10 to 463, but of the six studies that were aimed at the individual context, only one of them had a population size greater than 110 CYP (see Appendix S3). Of the nine studies that included a family or a carer, only three had a population greater than 100 CYP. Nine of the studies excluded CYP with psychosis or those living in a residential unit. Only one study reported that a diagnosis of the CYP involved in the study was of psychosis. None identified that the CYP had been looked after or accommodated but this does not mean that they were not included, just not identified as such. Ten of the studies were conducted among children aged 12–18, with three studies pertaining to 10–18 years, and one study to 12–16 years. No study involved children under the age of 10 years old. The gender and ethnicity of the studies were quite limited, with 12 of the studies containing more than two-thirds female participants. The predominant ethnicity was reported as white, with over 60% of the population denoted as white within nine studies and diversity of ethnicity was only reported in three studies. This scoping review highlighted that the included studies featured research undertaken mainly with white, affluent female population. However, internationally males have a higher rate of suicide (World Health Organization, 2014). Males often show behavioural characteristics such as aggression and alcohol use, which are more prevalent within suicidal males but are much less likely to seek help than females (Busby et al., 2020). Greater

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

inclusion of males within future research is required to gain a representational overview. Another issue to highlight is that the age range included was 12–18 in most of the studies and, therefore, there was no evidence reported on the younger groups of pre-adolescents, whose needs remain unaddressed. The fit of the developmental appropriateness of the safety plan needs to be taken into consideration for pre-adolescence, and this group needs further research on suicide prevention (Busby et al., 2020).

2.4.2 | Concept intervention

Safety planning within the context of suicide prevention is a term that is regularly used to ensure that the CYP is safe from dying from suicide. It is important to differentiate safety planning from a 'no suicide contract', which although also in written form has been shown to be ineffective (Clarke et al., 2019). Safety planning is a structured intervention between the healthcare professional and the CYP (Stanley & Brown, 2012), and sometimes the family, to keep the CYP safe. The definition of a safety plan from the Centre for Suicide Prevention (2021) is that it is a written document that supports and guides an adult with suicidal ideation or behaviour to help them avoid a state of intense suicidal crisis. Within the studies included in this review, there were commonalities in their format that is, all these safety plans followed a framework with foundations in a CBT model and had overlapping areas within the key components such as means safety. (See Appendix S4 for all the key elements of safety plans).

The Stanley and Brown approach (Stanley et al., 2009) looked at 110 CYP with diagnosed depression and recent suicide attempts, who received the CBT-SP programme, with 72% completing 12 or more sessions. Of these 110, 98% received the safety plan session and 95% were assessed for risk and hopelessness. To gain a greater depth of understanding of CBT-SP, a subset of 42 CYP were asked about the treatment using an exit interview of 20 open and closed questions. A qualitative data coding framework was then created, and major themes were identified. All CYP reported that they felt the CBT-SP was helpful, and none reported that it increased their suicidality. Some of the CYP recommended changes for CBT-SP delivery, which included making it more developmentally appropriate and finding ways to increase their motivation to engage in the intervention. Overall, the study reported that CBT-SP showed promise as an intervention and was feasible to deliver and acceptable to CYP but that further testing for effectiveness was required (Stanley et al., 2009). One study using the Stanley and Brown approach explored Motivational interview enhanced safety planning (*MI-SafeCope*) (Czyz et al., 2019). It highlighted that the approach led to greater coping with suicidal thoughts but it was not designed to measure effectiveness, rather it assessed feasibility and acceptability of the intervention. However, the preliminary findings suggest that motivational interviewing techniques may help with maintaining adherence to the safety plan and increasing self-efficacy and coping in CYP. This study had limitations around small sample size and included mostly females but indicated that parents played a crucial role in the motivation of use of the safety plan. This study also hypothesized that parent's readiness to encourage and engage within the safety plans, may then explain at least in part the higher rate of safety plan use within the CYP (Czyz et al., 2019).

The *Adolescent Safety and Coping Plan* (ASCP) (McManama O'Brien et al., 2020) used qualitative feedback, to develop the Stanley and Brown model (Stanley et al., 2009). The ASCP was enhanced and adapted to be more developmentally appropriate for CYP and have a greater involvement of the parent/carer. Within the ASCP, the first five sections are completed with CYP alone, followed by two sections completed with the parent/carer on 'means safety' and 'people who can help them'. The remaining sections are completed together by the CYP and their parent(s)/carer(s) that is, the 'safety scale', 'what adolescents can do' and 'what can parents do'. Although the ASCP took longer to complete, study authors reported it was a promising new safety plan for CYP and parents/carers, with flexibility to be implemented in a variety of settings, and with potential to facilitate the transition to a lower level of care (McManama O'Brien et al., 2020). Within this study, parents identified that more direct involvement and two separate, but related, safety and coping plans would be helpful. These could be specifically designed for parents/carers to address the different needs of CYP and their own. The ASCP study (McManama O'Brien et al., 2020) recognized that some CYP may not wish to engage in safety planning and identified areas that HCP could use to improve the chances of a young person engaging with it. In particular, by personalizing the ASCP such as by including specific interests or pets within it. Good communication is, therefore, essential between the professional and CYP to ensure safety plans are effectively personalized and to ensure the purpose of the safety plan is fully understood because when there is little understanding around the safety plan then it is less likely to be used (Pettit et al., 2018).

The SAFETY Programme (Asarnow et al., 2015, 2017) has been demonstrated to be effective (Jobes et al., 2019), in relation to emotional regulation and distress tolerance strategies promoting internal protective factors and external protections of safe people when emotional reactions reach a point when the CYP cannot manage on their own (Berk, 2019). In the SAFETY programme, two therapists work simultaneously, one with the family and the other with the CYP. The SAFETY programme for CYP identifies people from whom to seek support, recognizing and sharing strengths, describing emotional states using an 'emotional thermometer', identifying high-risk situations/urges/behaviours, developing a safety plan with steps for safe coping of activities/thoughts/behaviours and a safety card to prompt and guide safe responses. Psychoeducation around means safety was provided to both CYP and parent/carer. Parents were also counselled regarding protective support, connectedness, monitoring and promoting the CYP to use the safety plan. To reduce barriers in accessing support, the first session was held within CYP homes; time was spent with the CYP alone, parent alone and then CYP and parent(s) together. The cognitive behaviour fit analysis is then formulated and developed using a collaborative approach.

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

There is some support for the efficacy of SAFETY for preventing suicide attempts (Asarnow et al., 2017); however, the small sample size, limited statistical power and lack of male participation were limitations in these studies. One of these studies (Asarnow et al., 2017) recognized that cost-effectiveness needs to be considered, as SAFETY participants received a mean of 9.9 sessions, while the 'enhanced treatment as usual' comparator participants only received one in-person parent sessions and three follow-up phone calls which followed the American Academy of Child and Adolescent Psychiatry Practice Parameters (Shaffer and Pfeffer, 2001). The SAFETY programme identified its aim was to strengthen the parents/carers ability to protect and support the CYP when going through a suicidal crisis (Asarnow et al., 2015). This model follows a strong family-centred approach, which is rooted in a family-based social-ecological cognitive-behavioural model of behaviour change, and the primary purpose is to understand the 'fit' between suicidality and systemic factors (Berk, 2019). The family element of the SAFETY programme follows a similar conceptual model to the elements used for CYP. This family element not only includes increasing time in safe settings, means safety, support-seeking strategies, promoting SAFE social connections, but also has listening and validation and communication skills. The SAFETY programme uses a cognitive-behavioural fit analysis to help develop a treatment plan as it recognizes the heterogeneous nature of suicidal behaviour (Berk, 2019). The elements of means safety, increased monitoring/supervision, seeking further help and strengthening the parent CYP relationship have all been identified as areas of work to be taken forward with the parent/carer (Clarke et al., 2019).

The Family-Based Crisis Intervention (*FBCI*) (Ginnis et al., 2015) requires HCP within emergency department settings to extend the time they spend with the parent/carer and CYP to create a joint crisis narrative and allow the family to develop empathy and mutual understanding and in turn, reduce symptoms and improve family functioning (Ginnis et al., 2015). The results showed little difference at one-month follow-up for reasons for living yet did indicate from the parent/carer perspective, higher levels of empowerment and capacity for the CYP, as well as CYP being more satisfied with the care they received (Wharff et al., 2019).

The COPES (Wolff et al., 2018) showed decreased use of hospital services if used (Wolff et al., 2018). The COPES modules were complemented in other sessions such as family therapy, and results demonstrated that completing the safety plan and enhancing life modules predicted in particular, a longer time to subsequent intensive service contact (Wolff et al., 2018). It was reported that there were no significant barriers to completing the treatment based on CYP characteristics and suggested that it is feasible to implement within an inpatient setting and reduced risk for subsequent use of emergency services (Wolff et al., 2018).

2.5 | Context

All the studies were based within the United States although the location or setting of the delivery varied across the studies (see Characteristics of included studies in Appendix S3). Study settings included inpatient and outpatient mental health services and generic Accident and Emergency services.

Eight of the studies in the 15 papers reported on the experience of HCP, and all these studies highlighted that the HCP either was experienced or had received dedicated training on delivery of the safety plan. Thirteen studies reported using a collaborative approach between the HCP and the CYP and parent/carer when delivering the intervention. The use of modern technology was also explored in three studies (Czyz et al., 2020; Hill et al., 2020; Kennard et al., 2015). These studies targeted CYP and their families. The development of a safety plan mobile phone application (app) was deemed to be potentially helpful as more than half of parents did not know the whereabouts of the children/young person's safety plan, but in an app, it would be convenient, easily accessible and potentially improve safety if it could be shared with the young person and their parent/carer (Kennard et al., 2015). As Safe as Possible (ASAP) explored the use of safety planning within a mobile phone app but reported no effect from the intervention on reducing suicidal ideation (Kennard et al., 2015). However, in this study there was little parental involvement, and results showed that these participants were less likely to be involved in outpatient care (Kennard et al., 2015). In another study, a web-based programme (The 'Safety Planning Assistant'), assisted by HCP, was delivered in online modules. This provided an individualized safety plan and psychoeducation (Hill et al., 2020). At the 1-month follow-up, 73.3% of CYP said they had used their safety plan and 53.3% said their safety plan prevented a suicide attempt. It was deemed that it was feasible and acceptable to implement the 'Safety Planning Assistant', but there were acknowledged limitations to the study including small sample size (Hill et al., 2020). One study looked at augmenting safety planning with text messaging support (Czyz et al., 2020). This study reported that the three most common reasons why text support may be helpful are providing encouragement, reminding to engage in the coping behaviour and providing mood-improving messages (Czyz et al., 2020). However, it did not specifically explore the safety plan and some CYP reported that the text messages were limited due to their automated nature and lack of personalisation (Czyz et al., 2020). These three studies indicated that CYP and parent/carers were of the view that using such information technology was helpful in the support of safety planning but that there was a need for further investigation to evaluate its effectiveness in safety planning (Czyz et al., 2020; Hill et al., 2020; Kennard et al., 2015).

3 | DISCUSSION AND IMPLICATIONS FOR PRACTICE

Safety planning is a routine part of adult suicide prevention and is increasingly being used with CYP, although it was initially developed for use with adults. This scoping review highlights that the safety plan is not a panacea for all CYP suicide prevention but a practical asset for HCP to use and implement when appropriate. There is a crucial difference between the implementation of the safety plan

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

with adults and CYP. That is, the safety plan should be adapted for CYP, as there is there no perfect, one-size-fits-all approach (Pettit et al., 2018). As shown within this review, the safety plan can also be easily modified to incorporate new technology and the evidence for this mode of delivery, such as using mobile phones, continues to grow (Hill et al., 2020).

The HCP needs to understand the developmental context of the CYP and how the safety plan is delivered to meet their needs. Also, there needs to be a compassionate and collaborative approach when completing the safety plan with the CYP. The effectiveness model used in this review was that of 'doing good in the real world.' As such, having a safety plan can be considered effective for CYP as these are being widely used by HCP as a structured framework to aid discussion on a difficult and emotive subject. However, as reported in a previous systematic review on what works in youth suicide prevention, if a generic rather than youth-specific intervention is used then crucial requirements are likely to be missed (Robinson et al., 2011). This is because the dynamic nature of needs of CYP indicates that safety planning requires considerations around developmental appropriateness, being culturally and ethnically aware, gender-specific and use of appropriate language. These are all features that have been increasingly recognized as important for CYP interventions. The need for a collaborative approach between the HCP and the CYP and parent/carer was also highlighted among many of the reviewed studies, and this is consistent with a core CBT approach (Peter et al., 2012). The collaborative nature of developing the safety plan between the HCP, CYP and parent/carer is essential as it adds strength to assessing the likelihood that each of the strategies within it will be implemented and the HCP can address any barriers to this (Pettit et al., 2018).

This systematic scoping review identified there are seven key elements within all the approaches in the included studies that should be included within a CYP safety plan, see Table 1, (and see Appendix S4 for full details). For individual CYP these elements are similar to those in plans used with adults.

These elements produce the framework for HCP to use and, in part, are at the centre of the effectiveness of safety planning in CYP. The need for HCP to deliver within safety planning a motivational interview which includes reasons for living and instilling hope are developing themes within the research (Roswarski & Dunn, 2009) and may become core parts of CYP safety planning in future.

Involving parents and carers is a key component of safety planning in CYP as low family support and lack of parental involvement may increase the risk of suicidal behaviour in CYP (Klaus et al., 2009). Parents/carers can have a protective role by, for example, knowing where the CYP is and supporting them in using the safety plan (Ati et al., 2020). Evidence shows that the involvement of parents/carers within safety planning interventions can improve clinical outcomes (Anastasia et al., 2015; Asarnow et al., 2015; Diamond et al., 2010; Pineda & Dadds, 2013; Rotheram-Borus et al., 2000; Wharff et al., 2012). Yet, parents have identified that they often feel left out of the safety planning intervention process for CYP (Kennard et al., 2015). One challenge for HCP is that there can often be little agreement of suicidal ideation between parents and young people and parents often do not know of their young person's suicidal ideation (Klaus et al., 2009).

This systematic scoping review identified a further seven elements required for effective safety planning that include parents/carers, see Table 2.

Means safety is a key suicide prevention strategy but discussion with parents/carers about this aspect is often overlooked (McManama OBrien et al., 2020). Additionally, the psychoeducation of parents/carers so that they can identify and respond to the warning signs and triggers for a CYP has long been recognized as a key parental need (Barnes et al., 2014). This scoping review has, therefore, identified how HCP can better support parents/carers within the safety planning process to better enable them to be responsible for means safety, promoting connections to their CYP and listening to them as well as by offering psychoeducation around warning signs/triggers and helping them know what to do in a crisis.

A safety plan can offer a pragmatic approach to intervening in suicide prevention (Pettit et al., 2018), whether as a brief intervention or part of a wider intervention, there is evidence of benefit. Although a safety plan is seen as a key component of mental health practice (Drapeau, 2019), HCP reported that 17% did not complete one, and another 44% reported only sometimes completing one (Higgins et al., 2016). The skills required by HCP to deliver and adapt safety plans to suit the needs of the CYP and family are often overlooked but research in the adult population has shown that considerable investment in clinical training around these plans is required (Kayman et al., 2016). The need for education about skills and strategies for effective safety planning has been identified

TABLE 1 Key elements identified in this scoping review of included studies that are common approaches that should be included in a CYP safety plan.

Seven key elements that should be used in safety planning for the young person	
1.	Warning signs that indicate a suicidal crisis may be developing.
2.	The coping strategies that can be used to divert thoughts, including suicidal thoughts.
3.	The places and people that can be used as a distraction from thoughts of suicide.
4.	The people that can be contacted in a crisis, along with their contact information.
5.	Mental health providers and the hours they can be reached, as well as emergency contact numbers that can be accessed in a crisis.
6.	The steps to be taken to remove access to means of suicide from the environment.
7.	Important reasons to live or how/why that person is still alive.

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

TABLE 2 Key elements identified in this scoping review of included studies to consider when involving parents/carers in CYP safety planning.

Seven key elements to involve parents/carers in CYP safety planning	
1.	Sharing of safety plan and encouraging use.
2.	Means safety.
3.	Promoting connections.
4.	Psychoeducation around warning signs/triggers.
5.	Listening and validating.
6.	Developing own support network or people to contact in emergency.
7.	Supervision and monitoring by parents/carers.

(Higgins et al., 2016). Safety plans have to incorporate and reflect the needs of the CYP including their developmental level and stage and personality traits, this requires HCP skilled in devising these plans. Implementing safety plans for CYP requires HCP to be specifically trained within safety planning and able to be able to consider all the difficulties around their implementation with this population. This can include time factors, motivation, situation of delivery, emotional state of the CYP and/or their parent/carer. All these require the HCP to formulate and then in collaboration with the CYP and parent/carer, to produce and implement an appropriate safety plan. The Centre for Suicide Prevention (2021) considers that anyone in a trusting relationship with the person at risk can help draft the safety plan and that they do not need to be an HCP, yet nine of the studies in this review identified that the HCP was either highly skilled or received additional training in safety planning. Safety planning is a comprehensive and holistic process involving critical analysis and complex decision-making throughout, from the initial assessment of risk to developing of the safety plan itself. This requires an understanding of many factors which can contribute to ongoing issues around the individual factors for the CYP, the wider social context, and the family/carers. This reinforces the need for HCP (and others involved in safety planning) to be trained to a level that enables them to recognize and respond to these many factors as they work with CYP and their parents/carers to collaboratively develop safety plans.

All the studies identified some components that involved parents/carers, even if the intervention was primarily aimed at the individual CYP. In the United Kingdom, the National Institute for Health and Care Excellence Suicide Prevention Quality Statement 4, identifies that when working with adults who are suicidal there needs to be consideration given to involving family, carers or friends (NICE, 2019). However, there is no equivalent statement for CYP given. The family and other social systems can act as a protective factor for CYP but they may also act as stressors that affect the risk of suicidality (Berk, 2019). Family/carer involvement in supporting and acting on the safety plan cannot be understated in terms of the importance of their role in keeping CYP safe from suicidal behaviours. Within all the reviewed studies there was a family/carer element, and without exception, this was deemed to be a protective element. The goal of any enhanced safety plan is that the CYP communicates with the parent/carer when they are in a suicidal crisis so that the parent/carer can support them through it (Clarke et al., 2019). The main difference around safety plans for CYP is the importance of the role of the parent/carer and examining specific elements that are required and/or should be the remit of the family/carer involved. The context in which the safety plan is delivered and the need, dependent on the risk and protective factors, is key to thinking about whether further intervention is required. It is crucial that the CYP and their parents/carers understand the rationale for the safety plan and how it can keep a young person safe. As the parents within the ASCP (McManama O'Brien et al., 2020) findings highlighted there is a need for an additional resource for parents/carers to support them in the difficult and emotional role of looking after the CYP with suicidal ideations/behaviours. The need for the safety plan to be part of a package of care, which is proportionate to the CYP needs is essential, yet so is the importance of working collaboratively with the CYP and parent/carer to achieve the best outcomes.

The most widely implemented safety planning approach appears to be the one devised by Stanley and Brown (Stanley et al., 2008). This safety plan framework is recommended as best practice for adults by the Suicide Prevention Resource Centre/American Foundation for Suicide Prevention, across a range of settings and population (Berk, 2019). *The Stanley and Brown approach* is a structured, easy-to-deliver safety plan, but is not developmentally specific to the young person's age and stage and may not use or involve parent/carers to best advantage. The advancement of this approach and incorporation of the parent/carer element within *ASCP* was shown to have flexibility in use in a variety of settings but can also be implemented with CYP in a range of settings (McManama O'Brien et al., 2020). *The SAFETY programme* is tailored to the individual but is much more of a therapeutic intervention rather than a stand-alone brief intervention. It could be argued that the *SAFETY programme*, which is based within Emergency Department settings, would be of benefit, especially as many males will present within emergency settings and as such this could help address the disparity in underserved CYP populations which includes young men (Busby et al., 2020). However, as highlighted in this review, to date, this model has been trialled mainly with females (Asarnow et al., 2015; Hughes & Asarnow, 2013); therefore, the evidence for its effectiveness within the male population remains unclear. The need for further research into the effectiveness of safety plan for CYP has previously been identified (Drapeau, 2019). This scoping review provides further evidence of the need for more research in this field. In particular, by identifying that all the existing research is from one country (the United States) where the model of healthcare provision may differ from other countries, including the United Kingdom, who need to implement safety planning in practice. Future research needs to explore the use of safety planning in different health service settings and countries, and with a wider range of CYP including those who

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

have greater needs or are from more diverse backgrounds such as the care experienced or those from different ethnic groups. Further research is urgently needed on the specific elements of the safety plan that are of benefit around suicide prevention for CYP and the extended required the involvement of the parent/carer.

Overall, the included studies highlighted that safety planning is an embedded part of suicide prevention for CYP and is deemed to be good practice. Included studies identified that safety planning can be implemented within many different approaches and contexts but needs to be adapted from the existing adult model, to better meet the needs of the CYP and parents/carers. A review of the included studies highlights that safety plans for CYP are evolving and have been modified and enhanced to meet the requirements of the CYP and parent/carers. In this review, while there was some uncertainty and ambiguity around what a safety plan should achieve for CYP, there was some clarity around what these interventions should contain and what could be used by HCP. The requirement to develop a specific CYP safety plan which incorporates all the aspects discussed, particularly involving parents/carers is essential in the developing field of suicide prevention for CYP. This review recognizes that there is a need for safety planning for CYP. However, there is an assumption that for it to be effective then HCP would need training, it would need to be completed in collaboration with CYP, be developmentally appropriate and the safety plan would need to contain all the elements identified for CYP and continue the work which has already commenced for enhancing the safety plan to include the needs of parents/carers (Berk, 2019).

RELEVANCE STATEMENT

This research is highly relevant to mental health nursing practice as it concerns a key aspect of suicide prevention: – safety planning. Mental health nurses are at the forefront of identifying, analysing and managing the risk of suicidal young people. Frequently this is done through intervention/approaches such as safety planning and the importance of the nurse's role in ensuring safety cannot be underestimated. Safety planning is widely used within mental health nursing practice. It is, therefore, vital that all mental health nurses who work with young people who present as suicidal, not only ensure that they follow evidence-based care but also increase their own professional understanding of how to keep young people safe. This systematic scoping review adds to the existing limited knowledge on the application of safety planning when working with children and young people and highlights significant recommended enhancements.

FUNDING INFORMATION

This systematic scoping review was undertaken as part of Sue Abbott-Smith's PhD, and although no specific funding for this scoping review was received, the authors wish to acknowledgement the funding for the PhD. The funding for the PhD has been gained from Florence Nightingale Trust, Royal College Nursing, General Nursing Council for Scotland, UK (Education) Fund 1983 and Margaret Callum Rodger Midwifery Award and NHS Lothian.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ORCID

Susan Abbott-Smith https://orcid.org/0000-0002-3516-3390
Nicola Ring https://orcid.org/0000-0001-6367-7316
Nadine Dougall https://orcid.org/0000-0003-3462-6960
Jill Davey https://orcid.org/0000-0002-9226-7161

REFERENCES

Abbott-Smith, S., Ring, N., Dougall, N., & Davy, J. (2021). OSF | Suicide prevention: Safety Plans Intervention for children and young people – a scoping review of effectiveness/A Priori. https://osf.io/scnhg/

Altman, D. G., Simera, I., Hoey, J., Moher, D., & Schulz, K. (2008). EQUATOR: Reporting guidelines for health research. *The Lancet*, *371*(9619), 1149–1150. https://doi.org/10.1016/S0140-6736(08)60505-X

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 and Life-Threatening Behavior*, *45*(1), 78–83.

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology: Theory and Practice*, *8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Asarnow, J. R., Baraff, L. J., Berk, M., Grob, C. S., Devich-Navarro, M., Suddath, R., Piacentini, J. C., Rotheram-Borus, M. J., Cohen, D., & Tang, L. (2011). An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment. *Psychiatric Services*, *62*(11), 1303–1309. https://doi.org/10.1176/ps.62.11.pss6211_1303

Asarnow, J. R., Berk, M., Hughes, J. L., & Anderson, N. L. (2015). The SAFETY program: A treatment-development trial of a cognitive-behavioral family treatment for adolescent suicide attempters. *Journal of Clinical Child & Adolescent Psychology*, *44*(1), 194–203. https://doi.org/10.1080/15374416.2014.940624

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. *Journal of the American Academy of Child and Adolescent Psychiatry*, *56*(6), 506–514. https://doi.org/10.1016/j.jaac.2017.03.015

Ati, N. A. L., Paraswati, M. D., & Windarwati, H. D. (2020). What are the risk factors and protective factors of suicidal behavior in adolescents? A systematic review. *Journal of Child and Adolescent Psychiatric Nursing*, *34*, 7–18. https://doi.org/10.1111/jcap.12295

Babeva, K. N., Klomhaus, A. M., Sugar, C. A., Fitzpatrick, O., & Asarnow, J. R. (2020). Adolescent suicide attempt prevention: Predictors of response to a cognitive-behavioral family and youth centered intervention. *Suicide and Life-threatening Behavior*, *50*(1), 56–71. https://doi.org/10.1111/sltb.12573

Barnes, D. H., Pazur, D., & Lester, D. (2014). Parents' views of their child's death by suicide. *Illness, Crisis & Loss*, *22*(3), 181–193. https://doi.org/10.2190/IL.22.3.b

Berk, M. (2019). *Evidence-based treatment approaches for suicidal adolescents: translating science into practice*. American Psychiatric Association Publishing. https://books.google.co.uk/books?hl=en&lr=&id=Nl6NDwAAQBAJ&oi=fnd&pg=PP1&dq=Berk

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Brent, D. A., Greenhill, L. L., Compton, S., Emslie, G., Wells, K., Walkup, J. T., Vitiello, B., Bukstein, O., Stanley, B., Posner, K., Kennard, B. D., Cwik, M. F., Wagner, A., Coffey, B., March, J. S., Riddle, M., Goldstein, T., Curry, J., Barnett, S., … Turner, J. B. (2009). The treatment of adolescent suicide attempters study (TASA): Predictors of suicidal events in an open treatment trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, *48*(10), 987–996. https://doi.org/10.1097/CHI.0b013e3181b5dbe4

Busby, D. R., Hatkevich, C., McGuire, T. C., & King, C. A. (2020). Evidence-based interventions for youth suicide risk. *Current Psychiatry Reports*, *22*(2), 5. https://doi.org/10.1007/s11920-020-1129-6

Calear, A., Christensen, H., Freeman, A., Fenton, K., Busby Grant, J., van Spijker, B., & Donker, T. (2016). A systematic review of psychosocial suicide prevention interventions for youth. *European Child & Adolescent Psychiatry*, *25*(5), 467–482. https://doi.org/10.1007/s00787-015-0783-4

Centre for Suicide Prevention. (2021). Safety plans to prevent suicide – Centre for Suicide Prevention. https://www.suicideinfo.ca/resource/safety-plans/

Clarke, S., Allerhand, L. A., & Berk, M. S. (2019). Recent advances in understanding and managing self-harm in adolescents [version 1; peer review: 2 approved]. *F1000 Research Ltd*, *8*, 1794. https://doi.org/10.12688/f1000research.19868.1

Corcoran, J., Dattalo, P., Crowley, M., Brown, E., & Grindle, L. (2011). A systematic review of psychosocial interventions for suicidal adolescents. *Children and Youth Services Review*, *33*(11), 2112–2118. https://doi.org/10.1016/j.childyouth.2011.06.017

Czyz, E. K., Arango, A., Healy, N., King, C. A., & Walton, M. (2020). Augmenting safety planning with text messaging support for adolescents at elevated suicide risk: Development and acceptability study. *JMIR Mental Health*, *7*(5), e17345. https://doi.org/10.2196/17345

Czyz, E. K., King, C. A., & Biermann, B. J. (2019). Motivational interviewing-enhanced safety planning for adolescents at high suicide risk: A pilot randomized controlled trial. *Journal of Clinical Child & Adolescent Psychology*, *48*(2), 250–262. https://doi.org/10.1080/15374416.2018.1496442

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. *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(2), 122–131. https://doi.org/10.1097/00004583-201002000-00006

Drapeau, C. W. (2019). Establishing a research agenda for child and adolescent safety planning. *Children's Health Care*, *48*(4), 428–443. https://doi.org/10.1080/02739615.2019.1630281

Ginnis, K., White, E., Ross, A., & Wharff, E. (2015). Family-based crisis intervention in the emergency department: A new model of care. *Journal of Child and Family Studies*, *24*(1), 172–179. https://doi.org/10.1007/s10826-013-9823-1

Higgins, A., Doyle, L., Downes, C., Morrissey, J., Costello, P., Brennan, M., & Nash, M. (2016). There is more to risk and safety planning than dramatic risks: Mental health nurses' risk assessment and safety-management practice. *International Journal of Mental Health Nursing*, *25*(2), 159–170. https://doi.org/10.1111/inm.12180

Hill, R. M., Dodd, C. G., Gomez, M., Do, C., & Kaplow, J. B. (2020). The safety planning assistant: Feasibility and acceptability of a web-based suicide safety planning tool for At-risk adolescents and their parents. *Evidence-Based Practice in Child and Adolescent Mental Health*, *5*(2), 164–172. https://doi.org/10.1080/23794925.2020.1759469

Hughes, J. L., & Asarnow, J. R. (2013). Enhanced mental health interventions in the emergency department: Suicide and suicide attempt prevention. *Clinical Pediatric Emergency Medicine*, *14*(1), 28–34. https://doi.org/10.1016/j.cpem.2013.01.002

Iyengar, U., Snowden, N., Asarnow, J. R., Moran, P., Tranah, T., & Ougrin, D. (2018). A further look at therapeutic interventions for suicide attempts and self-harm in adolescents: An updated systematic review of randomized controlled trials. *Frontiers in Psychiatry*, *9*, 583.

Jobes, D. A., Vergara, G. A., Lanzillo, E. C., & Ridge-Anderson, A. (2019). The potential use of CAMS for suicidal youth: Building on epidemiology and clinical interventions. *Children's Health Care*, *48*(4), 444–468. https://doi.org/10.1080/02739615.2019.1630279

Kayman, D. J., Goldstein, M. F., Wilsnack, J., & Goodman, M. (2016). Safety planning for suicide prevention. *Current treatment options in psychiatry*, *3*(4), 411–420. https://doi.org/10.1007/s40501-016-0099-0

Kennard, B. D., Biernesser, C., Wolfe, K. L., Foxwell, A. A., Craddock Lee, S. J., Rial, K. v., Patel, S., Cheng, C., Goldstein, T., McMakin, D., Blastos, B., Douaihy, A., Zelazny, J., & Brent, D. A. (2015). Developing a brief suicide prevention intervention and Mobile phone application: A qualitative report. *Journal of Technology in Human Services*, *33*(4), 345–357. https://doi.org/10.1080/15228835.2015.1106384

Kennard, B. D., Goldstein, T., Foxwell, A. A., McMakin, D. L., Wolfe, K., Biernesser, C., Moorehead, A., Douaihy, A., Zullo, L., Wentroble, E., Owen, V., Zelazny, J., Iyengar, S., Porta, G., & Brent, D. (2018). As safe as possible (ASAP): A brief app-supported inpatient intervention to prevent Postdischarge suicidal behavior in hospitalized, suicidal adolescents. *American Journal of Psychiatry*, *175*(9), 864–872. https://doi.org/10.1176/appi.ajp.2018.17101151

Klaus, N. M., Mobilio, A., & King, C. A. (2009). Parent–adolescent agreement concerning adolescents' suicidal thoughts and behaviors. *Journal of Clinical Child & Adolescent Psychology*, *38*(2), 245–255.

Li, W., Dorstyn, D. S., & Jarmon, E. (2020). Identifying suicide risk among college students: A systematic review. *Death Studies*, *44*(7), 450–458. https://doi.org/10.1080/07481187.2019.1578305

McBee-Strayer, S. M., Thomas, G. v., Bruns, E. M., Heck, K. M., Alexy, E. R., & Bridge, J. A. (2019). Innovations in practice: Intensive crisis intervention for adolescent suicidal ideation and behavior–an open trial. *Child and Adolescent Mental Health*, *24*(4), 345–349.

McCabe, R., Garside, R., Backhouse, A., & Xanthopoulou, P. (2018). Effectiveness of brief psychological interventions for suicidal presentations: A systematic review. *BMC Psychiatry*, *18*, 120.

McManama O'Brien, K. H., Almeida, J., View, L., Schofield, M., Hall, W., Aguinaldo, L., Ryan, C. A., & Maneta, E. (2020). A safety and coping planning intervention for suicidal adolescents in acute psychiatric care. *Cognitive and Behavioral Practice*, *28*, 22–39. https://doi.org/10.1016/j.cbpra.2019.08.003

National Institute for Health and Care Excellence. (2019). Suicide prevention. *British Journal of Healthcare Assistants*, *13*(10), 502–506.

Ougrin, D., Tranah, T., Stahl, D., Moran, P., & Asarnow, J. R. (2015). Therapeutic interventions for suicide attempts and self-harm in adolescents: Systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, *54*(2), 97–107 e2.

Peter, F., Sandra, D., & Vicki, C. (2012). *CBT with children, young people and families*. Sage.

Peters, M., Godfrey, C., McInerney, P., Munn, Z., Trico, A., & Khalil, H. (2020). Chapter 11: Scoping reviews. In *JBI manual for evidence synthesis*. JBI. https://doi.org/10.46658/jbimes-20-12

Peters, M., Pollock, D., Munn, Z., Peters, M. D., Marnie, C., Tricco, A. C., Alexander, L., McInerney, P., Godfrey, C. M., Khalil, H., Johannesburg, G., & Africa, S. (2020). *Updated methodological guidance for the conduct of scoping reviews updated methodological guidance for the conduct of scoping reviews the Wits-JBI Centre for Evidence-Based Practice: A JBI affiliated*. Journals. Lww.Com. https://doi.org/10.11124/JBIES-20-00167

Pettit, J. W., Buitron, V., & Green, K. L. (2018). Assessment and Management of Suicide Risk in children and adolescents. *Cognitive and Behavioral Practice*, *25*(4), 460–472. https://doi.org/10.1016/j.cbpra.2018.04.001

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Pineda, J., & Dadds, M. R. (2013). Family intervention for adolescents with suicidal behavior: a randomized controlled trial and mediation analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, *52*(8), 851–862.

Pisani, A. R., Murrie, D. C., & Silverman, M. M. (2016). Reformulating suicide risk formulation: From prediction to prevention. *Academic Psychiatry*, *40*(4), 623–629. https://doi.org/10.1007/s40596-015-0434-6

Robinson, J., Bailey, E., Witt, K., Stefanac, N., Milner, A., Currier, D., Pirkis, J., Condron, P., & Hetrick, S. (2018). What works in youth suicide prevention? A systematic review and meta-analysis. *EClinicalMedicine*, *4*, 52–91.

Robinson, J., Hetrick, S. E., & Martin, C. (2011). Preventing suicide in young people: Systematic review. *The Australian and New Zealand Journal of Psychiatry*, *45*(1), 3–26. https://doi.org/10.3109/00048674.2010.511147

Roswarski, T., & Dunn, J. (2009). The role of help and Hope in prevention and early intervention with suicidal adolescents: Implications for mental health counselors. *Journal of Mental Health Counseling*, *31*(1), 34–46. https://doi.org/10.17744/mehc.31.1.u150745762627518

Rotheram-Borus, M. J., Piacentini, J., Cantwell, C., Belin, T. R., & Song, J. (2000). The 18-month impact of an emergency room intervention for adolescent female suicide attempters. *Journal of Consulting and Clinical Psychology*, *68*(6), 1081–1093. https://doi.org/10.1037//0022-006x.68.6.1081

Rufino, K. A., & Patriquin, M. A. (2019). Child and adolescent suicide: Contributing risk factors and new evidence-based interventions. *Children's Health Care: Suicide in Children and Adolescents*, *48*(4), 345–350. https://doi.org/10.1080/02739615.2019.1666009

Schillinger, D. (2010). An introduction to effectiveness, dissemination and implementation research. UCSF Clinical and Translational Science Institute (CTSI) Resource Manuals and Guides to Community-Engaged Research.

Shaffer, D., & Pfeffer, C. R. (2001). Practice parameter for the assessment and treatment of children and adolescents with suicidal behavior. *Journal of the American Academy of Child & Adolescent Psychiatry*, *40*(7), 24S–51S.

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: a brief intervention to mitigate suicide risk. *Cognitive and behavioral practice*, *19*(2), 256–264.

Stanley, B., Brown, G., Brent, D. A., Wells, K., Poling, K., Curry, J., Kennard, B. D., Wagner, A., Cwik, M. F., Klomek, A. B., Goldstein, T., Vitiello, B., Barnett, S., Daniel, S., & Hughes, J. (2009). Cognitive-behavioral therapy for suicide prevention (CBT-SP): Treatment model, feasibility, and acceptability. *Journal of the American Academy of Child and Adolescent Psychiatry*, *48*(10), 1005–1013. https://doi.org/10.1097/CHI.0b013e3181b5dbfe

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). *Safety plan treatment manual to reduce suicide risk: Veteran version* (p. 12). United States Department of Veterans Affairs.

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., … Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, *169*(7), 467–473. https://doi.org/10.7326/M18-0850

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. *Pediatric Emergency Care*, *35*(3), 170–175. https://doi.org/10.1097/PEC.0000000000001076

Wharff, E. A., Ginnis, K. M., & Ross, A. M. (2012). Family-based crisis intervention with suicidal adolescents in the emergency room: a pilot study. *Social work*, *57*(2), 133–143.

Wolff, J. C., Frazier, E. A., Weatherall, S. L., Thompson, A. D., Liu, R. T., & Hunt, J. I. (2018). Piloting of COPES: An empirically informed psychosocial intervention on an adolescent psychiatric inpatient unit. *Journal of Child and Adolescent Psychopharmacology*, *28*(6), 409–414. https://doi.org/10.1089/cap.2017.0135

World Health Organization. (2014). Preventing suicide: A global imperative. https://www.who.int/publications/i/item/preventing-suicide-a-global-imperative

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Abbott-Smith, S., Ring, N., Dougall, N., & Davey, J. (2023). Suicide prevention: What does the evidence show for the effectiveness of safety planning for children and young people? – A systematic scoping review. *Journal of Psychiatric and Mental Health Nursing*, *00*, 1–12. https://doi.org/10.1111/jpm.12928

13652850, 0, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jpm.12928 by Karin Lavoie - Cochrane Canada Provision , Wiley Online Library on [18/04/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License