

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

Peer Support Programs for Youth at Risk for Suicide and Self-Harm: Clinical Evidence

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Research Questions

1. What is the clinical evidence regarding peer support programs offered as part of a continuum of care to youth (10 to 25 years of age) who are at risk of suicide and self-harm?
2. What are the evidence-based guidelines regarding the implementation of peer support programs offered as part of a continuum of care to youth (10 to 25 years of age) who are at risk for suicide and self-harm?

Key Findings

One randomized controlled trial was identified regarding the clinical evidence for peer support programs offered as part of a continuum of care to youth who are at risk of suicide and self-harm. No evidence-based guidelines were identified regarding the implementation of peer support programs for youth who are at risk of suicide and self-harm.

Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were peer support for youth and suicide or self-harm. Filters were applied to limit the retrieval to systematic reviews, health technology assessments, and meta analyses, randomized controlled trials, non-randomised studies and guidelines. The search was also limited to English language documents published between January 1, 2015 and April 6, 2020. Internet links are provided where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	<p>Youth (between 10 to 25 years of age)</p> <p>Sub-populations of interest:</p> <ul style="list-style-type: none"> • Suicide bereaved • Individuals who self-harm • Individuals with severe depression • Individuals with a previous attempt at suicide
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Intervention	Peer support programs conducted online or in person
Comparator	Q1: No peer support or other mental health interventions Q2: Not applicable
Outcomes	Q1: Clinical evidence: <ul style="list-style-type: none"> Completed suicide An individual's improved ability to cope, plan, seek help, and self- Improved ability to detect suicidality in others Increased likelihood to intervene Q2: Recommendations regarding the implementation of peer support programs offered as part of a continuum of care to youth.
Study Designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports and systematic reviews are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One randomized controlled trial¹ was identified regarding the clinical evidence for peer support programs offered as part of a continuum of care to youth who are at risk of suicide and self-harm. No evidence-based guidelines were identified regarding the implementation of peer support programs for youth who are at risk of suicide and self-harm. No relevant health technology assessments, systematic reviews, or non-randomized studies were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

1. Petrova M, Wyman PA, Schmeelk-Cone K, Pisani AR. Positive-themed suicide prevention messages delivered by adolescent peer leaders: proximal impact on classmates' coping attitudes and perceptions of adult support. *Suicide Life Threat Behav.* 2015 Dec;45(6):651-663.
[PubMed: PM25692382](#)

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Randomized Controlled Trials

Alternative Population

2. Pfeiffer PN, King C, Ilgen M, et al. Development and pilot study of a suicide prevention intervention delivered by peer support specialists. *Psychol Serv*. 2019 Aug;16(3):360-371.

[PubMed: PM30382743](#)

Alternative Outcome

3. Thiha P, Pisani AR, Gurditta K, et al. Efficacy of web-based collection of strength-based testimonials for text message extension of youth suicide prevention program: randomized controlled experiment. *JMIR Public Health Surveill*. 2016 Nov 09;2(2):e164.

[PubMed: PM27829575](#)

Non-Randomized Studies

No Comparator

4. Nasution RA, Keliat BA, Wardani IY. Effect of cognitive behavioral therapy and peer leadership on suicidal ideation of adolescents in Bengkulu. *Compr*. 2019;42(sup1):90-96.

[PubMed: PM31192709](#)

5. Wulandari NPD, Keliat BA, Mustikasari. The Effect of peer leadership on suicidal ideation in senior high school teenagers. *Compr*. 2019;42(sup1):166-172.

[PubMed: PM31192743](#)

Additional References

6. Murphy K, LaChance L. Youth led suicide prevention strategies [draft]. Halifax (NS): Wisdom2Action; 2018 Jan: <https://www.wisdom2action.org/wp-content/uploads/2018/07/Draft-Youth-Led-Suicide-Prevention-Strategies.pdf> Accessed 2020 Apr 08.

See: *The Value of Peer-Led And/Or Co-Created Initiatives*, page 4.