

A pragmatic randomised controlled trial and economic evaluation of family therapy versus treatment as usual for young people seen after second or subsequent episodes of self-harm: the Self-Harm Intervention – Family Therapy (SHIFT) trial

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†In memoriam

Declared competing interests of authors: Amanda J Farrin is a member of the Health Technology Assessment (HTA) Clinical Evaluation and Trials Board and the HTA Commissioning Strategy Group. Allan O House is a member of the HTA Efficient Study Designs Board. Sarah Fortune worked as a Consultant Clinical Psychologist in the NHS prior to this project. Sandy Tubeuf is a member of the National Institute for Health Research Programme Grants for Applied Research Committee.

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Plain English summary

The Self-Harm Intervention: Family Therapy (SHIFT) trial

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Plain English summary

Young people (aged 11–17 years) who had self-harmed at least twice, and their families, were randomly allocated to receive either family therapy (FT) or treatment as usual (TAU) in their local Child and Adolescent Mental Health Services. Eight hundred and thirty-two young people from Yorkshire, Greater Manchester and London agreed to take part. The participants were recruited from hospital and the community.

Information was collected from the young people and their families at the beginning of the study and then again 3, 6, 12 and 18 months later in order to compare the effects of the two treatments. Information was also collected from health records.

The main focus was whether or not FT would reduce the number of times young people attended hospital with further self-harm. No significant differences were found in further self-harm between the two groups, nor was FT more cost-effective than the type of treatment young people usually get in the NHS (TAU).

Looking more closely at the characteristics of those taking part, there was a suggestion that young people who said that they found it harder to talk about feelings did better (self-harmed less) with TAU. On the other hand, when caregivers reported that the family did not talk about feelings easily, young people did better with FT.

Fewer emotional and behavioural problems were found in the group that had FT. FT was not found to be cost-effective.

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