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Synopsis

Reducing self-harm in adolescents: the RISA-IPD comprehensive synopsis

David Cottrell,[1*] Rebecca Walwyn,[2] Amanda Farrin,[2] Donna Irving,[3] Peter Fonagy,[4] Dennis Ougrin,[5] Daniel Stahl,[6] Judy Wright[7] and Alex Wright-Hughes[2] on behalf of the RISA-IPD Collaborative Group

[1]Division of Psychological & Social Medicine, Leeds Institute of Health Sciences, School of Medicine, University of Leeds, Leeds, UK
[2]Complex Interventions Division, Clinical Trial Research Unit, Leeds Institute of Clinical Trials Research, School of Medicine, University of Leeds, Leeds, UK
[3]Medical Library, Leeds Trinity University, Leeds, UK
[4]Research Department of Clinical, Educational and Health Psychology, University College, London, UK
[5]Youth Resilience Unit, WHO Collaborating Centre for Mental Health Services Development, Queen Mary University of London, London, UK
[6]Institute of Psychiatry Psychology & Neuroscience, King's College London, London, UK
[7]Academic Unit of Health Economics, Leeds Institute of Health Sciences, School of Medicine, University of Leeds, Leeds, UK

[*]**Corresponding author** d.j.cottrell@leeds.ac.uk

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Plain language summary

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Plain language summary

Self-harm is common in young people, and many of those who self-harm do so again. It leads to many unpleasant outcomes for the young person and their family. Research so far has found no clear evidence about how to prevent repetition when young people present to health services having self-harmed. One way to understand what might help is to combine the results from many different research studies to create an 'average' result. This is known as a meta-analysis. Doing this, using the data in published research articles has not led to clear conclusions, perhaps because the information available is patchy and inconsistent, which makes combining the information and analysing it difficult.

Another approach is to ask other researchers for their original 'raw' data, not just the data they have summarised in publications, and then combine and analyse all these data – this is known as an individual participant data meta-analysis. We did this, and were able to identify many more study participants, and obtain their data, than in earlier meta-analyses. This was because a number of studies included participants aged 14–65 years, and we were only interested in under 18s. In the published papers, it was not possible to tell who was under 18, but once we had the original data, we could separate out and add to our analysis all those under 18 in these 'wide age range' studies. The authors of some studies could not share their data, but we were able to include the results from their published research to add to our findings.

We found 39 relevant studies and were able to obtain data from 26 of them, involving 3448 study participants.

We grouped the interventions in these studies into nine broad groups: cognitive–behavioural therapy; dialectical behaviour therapy; family therapy; group therapy; mentalisation based, psychodynamic, cognitive analytic therapy; multisystemic therapy; problem-solving, psychoeducation, support; postcards, tokens and documents; and other single session, brief interventions.

Control interventions were all the treatment as usual offered in clinics participating in the study, sometimes with some specific additional elements included. There was often little detail about what 'treatment as usual' actually was. There were no 'no treatment' controls except in the studies of postcards, tokens and documents.

We found no evidence that intervention was more or less effective than control interventions at reducing repeat self-harm 12 months after the start of the studies. We found some hints that those who had self-harmed many times already responded better to treatment.

We discuss why we still have no clear recommendation about what therapeutic interventions to use and make recommendations about how future research could be done better.

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This article

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