Scottish Journal of Residential Child Care: An international journal of group and family care experience

Volume 24.2

Received: 24/06/2025

Accepted: 20/08/2025

Keywords:
Residential childcare, self-harm, suicide, risk assessments, Scotland.

DOI:
https://doi.org/10.17868/strath.0094523

Original Research Article

Self-harm and suicide in residential childcare

Ellie O'Donnell
Kibble Education and Care Centre

Abstract:

Self-harm and suicide behaviours in residential childcare require effective interventions, practices, and policies that ensure the safety and wellbeing of young people. This literature review examines current research on prevalence, risk factors and interventions, identifying inconsistencies in definitions and risk management. Trauma-informed care, dialectical behaviour therapy, staff training, supporting relationships, and adaptive coping strategies are highlighted as key approaches. The review highlights the need for developmentally appropriate and individualised care and safety planning, particularly for younger children and autistic children. Research gaps are noted, and policy recommendations include improved risk assessment, safety and care planning, and enhanced staff support.

Introduction

Understanding self-harm and suicide behaviours in residential childcare is essential to developing appropriate interventions, practices and policies to ensure young people are safely cared for (Evans, 2018). This ensures those working within residential organisations have consistent training, understanding, and responses to self-harm and suicide behaviours (Paul & Hill, 2013). Research places importance on factors such as increased feelings of hope for the future and positive outcomes, and on reduced engagement in self-harm and suicide behaviours (Burnand & Johnson, 2022; Ngune et al., 2021). Therefore, this literature review aims to explore existing research on self-harm and suicide behaviours in residential childcare, including current interventions and supports. The review makes recommendations for policy, including risk assessment and management, safety and care planning, and staff training and support.

Language and definitions

The language used to describe topics such as suicide and self-harm, and looked-after young people's experiences, are complex. To ensure a consistent

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

understanding of topics, the following section will provide an overview of 'residential childcare', 'suicide', and 'self-harm' within the context of this review.

Residential childcare

In Scotland, residential childcare encompasses various settings, such as children's homes, residential schools, and secure care (Scottish Government, n.d.). Children may reside in residential care for a number of reasons, such as behavioural and emotional difficulties, exposure to violence in the family home, abuse or neglect (Pinheiro et al., 2024). As a result, children may be placed under a Compulsory Supervision Order through the Children's Hearing (Scotland) Act 2011, Section 25 of the Children (Scotland) Act 1995, or through permanence orders under Section 80 of the Adoption and Children Act 2007 (Scottish Government, n.d.).

Suicide

Although suicide has never been an offence in Scotland, until 1961 it was regarded as a crime in England and Wales (Suicide Act 1962; UK Government, n.d.). The act of suicide is often referred to as 'committing suicide', implying an offence has occurred, with phrases such as 'completed suicide' or 'died by suicide' being more compassionate (Padmanathan, 2019).

Self-harm

The definition of self-harm is often inconsistent due to differing understandings of the behaviour and motivations behind it (National Collaborating Centre for Mental Health, 2011). Descriptions such as 'parasuicidal behaviour', 'non-suicidal self-injury' and 'self-mutilation' have all been used to describe self-harm (Furnivall, 2023). For the purpose of this review, self-harm will be defined in line with the NICE guidelines (published in 2022): 'Self-harm is defined as intentional self-poisoning or injury, irrespective of the apparent purpose'. Common behaviours include cutting, burning, biting, scratching skin, and poisoning (Cipriano et al., 2017) However, '[t]he guideline does not cover repetitive, stereotypical self-injurious behaviour (such as head banging)'. Headbanging has been viewed as the most frequent form of self-injury among those with autism spectrum disorder (ASD)or those in a secure setting, due to it being a more 'accessible means of harm' (Mournet et al., 2024; Steenfeldt-Kristensen et al., 2020; Summers et al., 2017;). Research has uncovered that most individuals who engage in self-harm behaviours use more than one method, for example, cutting and ligature use (Cipriano et al., 2017). Frequent engagement is associated with mental health difficulties and increased risk of suicide attempts (Castellvi et al., 2017).

Method

To explore self-harm and suicide in residential childcare, a narrative literature review methodology was adopted. A systematic search was conducted across

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

peer-reviewed databases for articles between 2008 and 2025, with inclusion criteria focusing on self-harm and suicide in residential childcare. Studies from similar systems, for example, youth justice, kinship, foster care, and inpatient mental health, were also included where relevant to draw transferable insights. Analysis involved thematic synthesis of risk factors, intervention models, and policy frameworks. This review is not an exhaustive exploration of self-harm and suicide behaviours in residential childcare.

Key findings

Measuring and recording risk of self-harm and suicide

Behaviour is described as having a temporal component, meaning it unfolds and develops over time. Therefore, tools have been developed to focus on risk factors, such as mental health and adverse childhood experiences (Stewart et al., 2020). An exploration of the Child and Youth Mental Health Screener (ChYMH-S; Stewart et al., 2017) found that the tool assesses varying factors, including mental state indicators, substance use, behaviours of concern, harm to self and others, communication, development, stress, trauma, relationships, and education. Stewart et al. (2017) found the ChYMH to be a strong predictor of self-harm and suicide behaviours within mental health organisations.

Additional tools, such as the Strengths and Difficulties Questionnaire (SDQ; Hall et al., 2019), the Revised Children's Anxiety and Depression Scale (RCADS; Baron et al., 2021), the Massachusetts Youth Screening Instrument – version 2 (MAYSI-2; Grisso & Barnum, 2006), and the Children Revised Impact of Event Scale (CRIES; Ossa et al., 2019), have also been validated for the assessment of mental health concerns. Such measures and tools should be repeated at regular intervals to continue to assess the risk and effectiveness of intervention (where appropriate) (Law, 2012). Qualitative designs, such as the 'ABC' model, propose that activating events or triggers, resulting in self-harm and suicide behaviour, which creates an emotional or behavioural response are also effective in monitoring risk (Fowler et al., 2021).

Self-harm and suicide behaviours require various measures to further understand them (Bateson & Martin, 2021; Madge et al., 2011). Residential organisations adopt their own data entry system for how self-harm and suicide incidents are monitored and assessed (Wadman, 2017). UK guidelines for young people who present with self-harm and suicide behaviours recommend comprehensive psychological assessments should be completed (National Collaborating Centre for Mental Health, 2011). Various scales, tools and measures are a key part of this assessment for predicting future risk. Available tools include: the Suicide Risk Monitoring Tool (SMT), Ask Suicide Screening Questions (ASQ), Self Harm Questionnaire (SHQ), Suicide Ideation Questionnaire (SIQ), Beck Hopelessness Scale (BHS) and Children's Depression Rating Scale-Revised (CDRS-R) (Erbacher & Singer, 2017; Harris et al., 2019).

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Safety planning

NICE guidelines state that young people who have engaged in self-harming behaviours should be supported through a 'safety plan'. This includes key coping strategies and sources of support for the young person during crisis, whilst highlighting warning signs for professionals to monitor (NICE, 2022). The guidelines further encourage a 'designated lead', to support staff and young people in implementing safety plans and ensuring these are adhered to. Research has placed further emphasis on the importance of safety plans using a Multi-Disciplinary Team (MDT) approach (Abbott-Smith et al., 2023).

The Centre for Suicide Prevention (2021) describes a safety plan as 'a written document that supports and guides an adult with suicidal ideation or behaviour to help them avoid a state of intense suicidal crisis'. Research has further described safety planning as a structured primary intervention between young people and professionals (Stanley & Brown, 2012). Safety plans are often developed in line with key aspects of the Cognitive Behavioural Therapy (CBT) model and have been found to lessen the risk of self-harm and suicide (Stanley & Brown, 2012; Mann et al., 2021). Research has identified that safety plans should include warning signs, coping strategies, social support, professional contacts, and environmental support (Bryan & Rudd, 2018; Mann et al., 2021).

Various approaches have been identified for creating safety plans with young people. The Stanley and Brown model (2009) utilises a CBT-informed safety plan. This approach was found to be positive in reducing suicide ideation, however, motivation to engage in the plan was low (Stanley et al., 2009). Therefore, motivational interviewing informed safety plans were developed (Czyz et al., 2019). Such studies found increased coping and engagement in safety planning but did identify a need for plans to be developmentally appropriate to young people (Abbott-Smith et al., 2023). OverCome (Muela et al., 2021) is a new intervention that focuses on self-harm and suicide behaviours. This intervention places foregrounds the development and implementation of safety plans that the young person can utilise during periods of crisis. Muela et al. (2021) also suggest professionals and care staff working with young people should have safety plans to reduce the stigma around self-harm and suicide and to normalise the need for support.

Further approaches, such as the SAFETY Programme (Asarnow et al., 2017), Family-Based Crisis Intervention (FBCI; Ginnis et al., 2015), the COPES model (Wolff et al., 2018), and the Adolescent Safety and Coping Plan (ASCP; McManama O'Brien et al., 2020), have been developed to explore family involvement for young people who continue to reside in the family home and for those who are transitioning out of highly-supervised environments.

Gaps within the literature have identified a need to develop safety plans suitable for autistic children, due to social barriers and differences in communication

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

styles (Camm-Crosbie et al., 2019; Crane et al., 2019). As a result, Rodgers et al. (2023) developed a safety plan to support autistic individuals, the 'Autism Adapted Safety Plan'. This encompasses key elements required for a safety plan, however, with attention paid to communication styles. Strategies to support autistic young people in completing safety plans include visual aids, clear instructions, and recognition of sensory needs (Schwartzman et al., 2021).

Prevalence and risk factors of self-harm and suicide in residential childcare

Young people who reside in residential care have an increased likelihood of experiencing childhood adversity and trauma in comparison to those living in the family home (National Audit Office, 2015; Rosa, 2019; Rouski et al., 2021). Such experiences increase the prevalence of psychological difficulties and engagement in risk-taking behaviours, such as self-harm (Calvo et al., 2024; Cleare et al., 2018; Martin et al., 2016; Yates, 2009). Mental health difficulties, such as depression, anxiety, and post-traumatic stress disorder, are correlated with self-harm behaviours, particularly for those residing in residential childcare (Varley et al., 2022). Carter et al. (2025) reported the use of self-harm to cope with distress and negative emotions related to the young person's life experiences. Young people living in care can also experience social isolation, loneliness and victimisation due to the stigma of residential care, further perpetuating the risk of self-harm (Emmerich et al., 2024).

Research has identified that 35 to 40% of young people living in residential care engage in self-harm, in comparison to 15% of those living with family (Geoffroy et al., 2022). This is further evidenced by Hawton et al. (2022), who identified that those living in residential childcare are at greater risk of self-harm, thus emphasising the need for tailored prevention and intervention. Young people may be exposed to the distress of other's behaviours, contributing to what is often described as a 'contagion effect' (Chandler, 2016; Hawton et al., 2020; Papadima, 2019). For staff, frequent incidents can contribute to emotional fatigue, reduced tolerance, and reactive care practices, which in turn affect how well trauma-informed principles are applied (Brown et al., 2019; Clark et al., 2022; Friis et al., 2024; Grybush, 2020).

Research has highlighted the significance of adverse childhood experiences (ACEs) and mental health difficulties with respect to the prevalence of suicide (Stinson et al., 2021). An American study found experience of childhood trauma to be a predictor of suicide ideation and self-harm (Stinson et al., 2021). Further research identified each additional ACE increases an individual's risk of suicide by 123% (Dudeck et al., 2014). Muela et al. (2024) found that, of 185 young people in residential care in Spain, 26.5% had previously attempted suicide and 36.2% had ongoing suicidal thoughts. Only one-third of young people who had thoughts of suicide had sought professional support. Limited care staff knowledge and training impacted young people's confidence in seeking support

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

from them (Muela et al., 2024). Burnand and Johnson (2022) identified the importance of relationships, talking interventions, practical support, and professional support for young people who engage in self-harm and suicide behaviours in residential care.

Deaths of care experienced children in Scotland

The Care Inspectorate (2020) conducted an overview of the deaths of care experienced children in Scotland between 2012 and 2018. They found that of the 42 children and young people who died, 14 died as a result of substance use, self-harm, and suicide. Half of these young people previously resided in secure care or settings with high levels of supervision. The review recommended the need for earlier identification of distress, effective multi-disciplinary team working, and available interventions.

Additional risk factors

It should be noted that trauma and adversity are not exclusive factors for engaging in self-harm and suicide behaviours, however, these are the most significant factors for young people residing in residential childcare (Calvo et al., 2024). Additional risk factors include interpersonal difficulties, grief and bereavement, financial difficulties, mental health difficulties, and sensory needs (Blanchard et al., 2021; Darol & Mishara, 2021; Elbogen et al., 2021; Ford, et al., 2021; Rasmussen et al., 2016; Reichl & Kaess, 2021). Research further states that young people with a learning disability (LD) or neurodevelopmental diagnosis (NDD) are at greater risk of engaging in self-harm and suicide behaviours (Blanchard et al., 2021). Such diagnoses can impact the individual's understanding, management, regulation, and communication of their emotions (Cibralic et al., 2019; Reyes et al., 2019; Sari et al., 2024).

There is limited research on the relationship between those who identify as transgender or gender diverse (TGD), or lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI), living in residential childcare and their engagement in self-harm and suicide (Cawley et al., 2019). Findings from the Life in Scotland report (LGBT Youth Scotland, 2022) indicated that 69% of LGBTQI young people had experienced suicide ideation and 43% engaged in self-harming behaviours. Those living in residential care, or who had unstable living environments, reported high levels of distress. Research has explored TGD individuals and their engagement with Child and Adolescent Mental Health Services (CAMHS), finding that those who identify as TGD had increased vulnerabilities to experiencing mental health concerns and engagement in self-harm and suicide behaviours (Whittle et al., 2024).

Criminal justice context: Young offenders

It is important to recognise that young people involved in the criminal justice system may be young prisoners. Since 2011, ten young people have died by suicide in HMPYOI Polmont (Judiciary of Scotland, 2025). Following the deaths of

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

two young people, Katie Allan and William Lindsay, in custody, a Fatal Accident Inquiry (FAI) was conducted. The inquiry identified multiple systemic failings, including limitations in multi-disciplinary communication; inadequate mental health and suicide risk assessments; lack of trauma-informed practice; and misattunement to signs of distress and risk (FAI, 2025). Recommendations included in the FAI focused on the need for proactive risk assessments and management, including ligature prevention and suicide prevention technology, as well as the appropriate recording and communication of information (FAI, 2025; Judiciary of Scotland, 2025).

Although these deaths occurred in a custodial context, they highlight wider concerns about the safety and care of vulnerable young people across Scotland's systems, including residential and secure care. These concerns formed part of the broader policy and public discourse that contributed to legislative reform, including the Children (Care and Justice) (Scotland) Act 2024 (Scottish Government, 2024). While this is not a direct result of the FAI or the Children's Hearing System review, the Act introduces significant changes, including raising the age of referral to the Children's Hearing System to 18 years and ending the use of Young Offender's Institutions (YOIs) for children (Scottish Government, 2024; Scottish Prison Service, 2025). As a result, children are no longer placed in YOIs, and those requiring a custodial sentence are now accommodated in secure settings up to the age of 18, after which they may transition to HMPYOI Polmont if required.

Approaches to intervention and support

There are various interventions and supports which have been developed to support young people who engage in self-harm and suicide behaviours in residential childcare. These focus on trauma-informed care, relational factors, and evidence-based therapies. A key approach to supporting young people in residential care is the adoption of trauma-informed care (TIC) (Goddard, 2021). TIC promotes safety, connection, and trust within a caregiving environment, assisting young people to manage their emotions and behaviours safely (Bath, 2008). Research identifies that staff training in TIC improves emotion regulation in young people and reduces self-harm behaviours (Hodgdon, 2023; Nikopaschos et al., 2023). Burnand and Johnson's (2022) research found that giving young people the opportunity to discuss their engagement in self-harm and suicide behaviours is beneficial in the management of such behaviours. This discussion can take place with professionals or care staff.

Research emphasises the importance of stable and supportive relationships between care staff and young people in reducing self-harm and suicide behaviours (Burnand & Johnson, 2022; Epstein & Ougrin, 2020). Holland et al. (2020) found that young people in residential care were more likely to seek support from CAMHS, peers, and pets, rather than care staff. Research has identified positive outcomes for those who access online peer support groups

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

related to engaging in self-harm (Joens et al., 2011; Rowe et al., 2014). This was reported to be due to the informal aspect of online forums, however, mitigations for potential risks were required, for example, professional facilitators, trigger warnings, and training (Abou et al., 2022). Peer-led support groups were also found to reduce self-harming behaviours by empowering individuals and providing them with access to information and support (Abou et al., 2022). Although there is limited research as to the effectiveness of family interventions in reducing self-harm behaviours, there is evidence of a positive impact on therapy attendance (Witt et al., 2021).

Therapeutic interventions, such as Dialectical Behaviour Therapy (DBT), have been shown to support a reduction in self-harm behaviours and suicide ideation (Asarnow et al., 2021; Kothgassner et al., 2021). DBT is a variant of cognitive behaviour therapy that can consist of individual psychotherapy sessions, group skills training, telephone consultation, and a therapist consultation team (Linehan, 2014). Research on the implementation of DBT within residential settings is limited, however, studies have found that where used young people have engaged in fewer incidents of self-harm and suicide behaviour (McIntyre, 2020). Witt et al. (2021) completed a study to assess the effectiveness of psychosocial interventions on incidents of self-harm behaviours. Interventions such as DBT, Cognitive Behavioural Therapy (CBT), Mentalisation-based Therapy (MBT), and family interventions were explored. This study found that DBT was most effective in reducing self-harm incidents post-incident in comparison with CBT, MDT, and alternate psychotherapies (Witt et al., 2021).

CBT allows young people to evaluate their thoughts, feelings and behaviours whilst supporting them to develop coping skills (NICE, 2024). Knowles et al. (2022) found that young people favoured developing coping skills supported by staff, and safe and accepting environments, over therapy as a way of reducing self-harm. They felt this risk would reduce once the young person had appropriate coping strategies and felt safe within their environment (Knowles et al., 2022).

Organisational considerations

Research has identified key factors to further reduce the risk of harm for those working with self-harm and suicide behaviours. These include the environment, training, observations, and technology (Care Quality Commission, n.d.; Slaatto et al., 2022). Healthcare Improvement Scotland (2019) developed guidance for those working within the National Health Service (NHS), especially when working with individuals who present with complex mental health difficulties. The guidance, ‘Observation to Intervention’, focuses on factors such as patient history, safe environment, safety and care planning, trauma-informed approaches, risk assessment and management, observations, and tailored training and supervision. Although this is not focused on residential childcare,

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

the guidance provides key elements that can be adapted and implemented into residential organisation practice and policy.

Further consideration should be given to individuals' observations and how these are implemented. The National Confidential Inquiry into Suicide and Safety (2021) published data reporting that 40% of patients in hospital settings who died by suicide were subject to enhanced observation levels. As such, research has highlighted the importance of observations being carried out using therapeutic conversations (Barnicot et al., 2017; Insua-Summerhays et al., 2018). The 'Observation to Intervention' document (Healthcare Improvement Scotland, 2019) highlights the importance of using communication during observations. This has been found to reduce social isolation and immediate risk of harm. It is deemed a key factor for the individual's recovery as it provides an opportunity to communicate thoughts and feelings that may be related to their risk (Insua-Summerhays et al., 2018). Technology/artificial intelligence has been developed to monitor patients' physical wellbeing without the requirement for visual observations (Barrera et al., 2020). The technology monitors movement and heat changes, allowing for staff to observe any alterations in the patient's breathing that may indicate distress (Barrera et al., 2020). This is mostly used within hospital settings and is yet to be explored within residential childcare homes.

Additional factors related to risk include access to items. Research has highlighted that individuals who present at greater risk of harm to self often require certain belongings/items within their living space to be removed to create a safe environment (Bailey et al., 2024; Healthcare Improvement Scotland, 2019). However, research has highlighted the need for such risk management strategies to be proactive, due to the often-impulsive nature of self-harm and suicide behaviours (Asarnow & Mehlum, 2019; Wadman et al., 2019).

Staff training is a crucial component in understanding and supporting young people who engage in self-harm and suicide behaviours (Ervine, 2022a). Applied Suicide Intervention Skills Training (ASIST), SafeTALK, and Assessing Suicide in Kids (ASK) have been adopted by many residential childcare organisations (Shannonhouse et al., 2017). ASIST provides training to staff on how to connect, understand, and assist a person who is at risk of suicide (Rodgers, 2010). Although there is limited research on the effectiveness of ASIST in residential childcare, according to data from the National Suicide Prevention Lifeline, callers were significantly less likely to feel depressed, suicidal, and overwhelmed when an ASIST interview was completed (Gould et al., 2013). Due to training often focussing on adolescents, the 'ASK' workshop has been developed to support young people and children under the age of 14 (Mental Health Learning, n.d). This ensures developmentally appropriate resources and support are available for younger children.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Definitions of self-harm and risk are often subjective due to being based on staff experiences and perceptions (Ervine, 2022a). Ervine (2022a) found that staff were more likely to support young people who did not voice suicide ideation over those who did, as this was perceived as 'care seeking' (Klineberg et al., 2013). Burnout and secondary traumatic stress additionally impacted staff's ability to understand and manage self-harm and suicide (Pintar Babic et al., 2020). To support staff with this, research has identified the need for appropriate guidance and policy (Burnand & Johson, 2022). This works to increase awareness and knowledge of how to safely manage and record incidents of self-harm and suicide, thereby limiting feelings of uncertainty and fear (Brown et al., 2019; Burnand & Johson, 2022).

As discussed previously, safety plans have been developed to suit individuals with LD and NDD (Camm-Crosbie et al., 2019; Rodgers et al., 2023), however, these focus on NDD-specific facilities, rather than generic children's homes or secure care (Bagshawe, 2023; Heady et al., 2022). Further consideration and research are required to assess the population of young people with LD and NDD who engage in self-harm and suicide behaviours in residential childcare.

There is limited research on preadolescents (under 12 years of age) who engage in self-harm and suicide behaviours (Bolger et al., 1989; Peyre et al., 2017). However, pre-adolescent suicide has increased in recent years, resulting in it being the fifth-highest cause of death for this age group (Peyre et al., 2017). A systemic review completed in 2022 found that approximately 17% of preadolescents who experience thoughts of suicide proceed to attempt suicide (Liu et al., 2022). Factors such as childhood trauma, limited parental support (Hostinar et al., 2015), mental health issues (May & Klonsky, 2016), and diagnoses including Attention Deficit Hyperactivity Disorder (Beh-Yehuda et al., 2012), showed a higher risk of suicide behaviours.

Policy implications

This review emphasises the complexity of self-harm and suicide behaviours of young people in residential childcare and highlights several key areas for policy development and organisational practice. In summary, there is a need for clear and concise guidance and policy when working with young people who engage in self-harm and suicide behaviours. Not only is this to protect the wellbeing and psychological safety of the young people, but also that of the staff caring for them. From areas identified within this review, self-harm and suicide policy should include the aspects outlined below.

Risk Management and Assessment

Accurate assessment and ongoing monitoring of self-harm and suicide risk is critical (FAI, 2025). Organisations should implement validated screening and assessment tools, as reported in this review; these should be repeated at regular intervals to monitor risk trajectories and evaluate interventions (Harris et

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

al., 2019). Documents for recording self-harm and suicide behaviours should be accessible and clear to avoid missed information and assessment; this will likely reduce staff fears of wrong practice (Brown et al., 2019).

Policies should recognise the impulsivity of self-harm and suicide behaviours, whilst appropriately assessing and monitoring risk (Asarnow & Mehlum, 2019; Wadman et al., 2019). Consideration should be given to appropriate risk management, such as observation levels, safe environment, technology-assisted support, and safety and care planning (Bailey et al., 2024; Barrera et al., 2020; Healthcare Improvement Scotland, 2019).

Safety planning

Individualised safety planning should be central to organisational policy and practice, with it being recognised as a primary intervention to reduce incidents of self-harm and suicide behaviours (Mann et al., 2021). NICE (2022) guidance emphasises the co-development of these with young people, multidisciplinary teams, and families where appropriate (Abbott-Smith et al., 2023). Safety plans should be appropriately adapted to the young person's needs, including learning disabilities or neurodiversity (ND and LDD). Staff training could incorporate motivational interviewing and collaborative safety planning approaches to enhance engagement (Czyz et al., 2019).

Research has evidenced the need for trauma-informed and developmentally appropriate adaptations of safety and risk management for those with learning disabilities, neurodevelopmental disorders, and pre-adolescents. For example, communication aids, visual supports, and support with sensory needs (Peyre et al., 2017; Rodgers et al., 2023).

Psychological therapies

Policies should promote trauma-informed care, therapeutic relationships, and access to evidence-based psychological treatments such as DBT and CBT (Asarnow et al., 2021; Hodgdon, 2023; Witt et al., 2021).

Staff training

Tailored training, such as trauma-informed care, allows staff to understand how to safely assess and manage incidents of self-harm (Bath, 2008; Ervine, 2022b). Staff should complete specialist training in suicide prevention models such as ASIST, SafeTALK, and ASK (Rodgers 2010; Shannonhouse et al., 2017). To ensure appropriateness within residential childcare, continued use of such models should be coupled with evaluations and developmental adaptations. Consideration should be given to involving young people in the development of staff training due to their lived experienced. However, this must be approached ethically, safely, and through co-development, to avoid triggering distress (Knowles et al., 2022). Young people's involvement may include the

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

development of key messages, staff responses, and support strategies. Those involved should be offered appropriate debriefing and support.

Staff wellbeing

Organisations should acknowledge the emotional demands on staff with respect to supporting young people with complex needs. Staff should have access to supervision, reflective practice, and psychological support (Brown et al., 2019; Burnand & Johnson, 2022; Ervine, 2022b; Pintar Babic et al., 2020). Staff should attend frequent supervision to complement training, thereby ensuring they meet the competencies required to work with such complex behaviours (Health Improvement Scotland, 2019).

Definitions

The subjective nature of self-harm and suicide definitions, and staff perceptions, may affect the consistency and accuracy of reporting incidents. Therefore, the definitions and language used should be that of guidelines, such as NICE, to ensure a universal understanding of the terms (NICE, 2022).

Addressing the gaps

Organisations should consider and address the gaps in current literature and guidance, particularly in relation to those who identify as TGD and LGBTQI, pre-adolescents, and young people with LD and NDD (Whittle et al., 2024).

Conclusion

This literature review examined self-harm and suicide among young people in residential childcare, exploring key definitions, prevalence, risk factors, and interventions. It highlights the challenges of inconsistent language and definitions, noting the influence of staff perceptions on the management of self-harm and suicide risk. Studies highlight the need for tailored interventions, such as trauma-informed care, therapeutic interventions like Dialectical Behaviour Therapy, and staff training in suicide prevention techniques. Additionally, it emphasises the importance of building supportive relationships and offering coping strategies to reduce self-harm. While safety planning and risk assessment tools are crucial for managing risks, there is a need for developmentally appropriate and individualised approaches, especially for younger children and autistic children. The review notes gaps in the literature, particularly regarding the need for more research on younger children in care and less intrusive monitoring of young people in crisis. It also explores the implications of organisational policy on supporting and managing self-harm and suicide behaviours in young people.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

References

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*, *30*(5), 899-910. https://doi.org/10.1111/jpm.12928

Abou Seif, N., John-Baptiste Bastien, R., Wang, B., Davies, J., Isaken, M., Ball, E., Pitman, A., & Rowe, S. (2022). Effectiveness, acceptability and potential harms of peer support for self-harm in non-clinical settings: systematic review. *BJPsych Open*, *8*(1), e28. https://doi.org/10.1192/bjo.2021.1081

Asarnow, J. R., & Mehlum, L. (2019). Practitioner review: Treatment of suicidal and nonsuicidal self-injurious behavior in adolescents. *Journal of Child Psychology and Psychiatry, 60*(10), 1046–1054. https://doi.org/10.1111/jcpp.13166

Asarnow, J. R., Berk, M. S., Bedics, J., Adrian, M., Gallop, R., Cohen, J., & McCauley, E. (2021). Dialectical behavior therapy for suicidal self-harming youth: Emotion regulation, mechanisms, and mediators. *Journal of the American Academy of Child & Adolescent Psychiatry*, *60*(9), 1105-1115. https://doi.org/10.1016/j.jaac.2021.01.016

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

Bagshawe, M. J. (2023). *Comparing suicidal thoughts and behaviours of youth with fetal alcohol spectrum disorder and autistic youth: Caregivers-reported suicidality, access to services and barriers in seeking support.* University of Calgary. https://ucalgary.scholaris.ca/server/api/core/bitstreams/7252edd5-afdf-4c71-8d93-fa9fcaf7b566/content

Bailey, E., Bellairs-Walsh, I., Reavley, N., Gooding, P., Hetrick, S., Rice, S., & Robinson, J. (2024). Best practice for integrating digital interventions into clinical care for young people at risk of suicide: a Delphi study. *BMC Psychiatry, 24*(1), 71. https://doi.org/10.1186/s12888-023-05448-7

Barnicot, K., Insua-Summerhayes, B., Plummer, E., Hart, A., Barker, C., & Priebe, S. (2017). Staff and patient experiences of decision-making about

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

continuous observation in psychiatric hospitals. *Social psychiatry and psychiatric epidemiology*, *52*(4), 473–483. https://doi.org/10.1007/s00127-017-1338-4

Baron, I., Hurn, R., Adlington, R., Maguire, E., & Shapiro, L. (2021). Revised Children's Anxiety and Depression Scale (RCADS): Psychometric properties in a clinical sample in the United Kingdom. *Clinical Pediatrics: Open Access*. https://uhra.herts.ac.uk/id/eprint/10044/1/revised_childrens_anxiety_and_depression_scale_rcads_psychometric_properties_in_a_clinical_sample_in_the_united_kingdom.pdf

Barrera, A., Gee, C., Wood, A., Gibson, O., Bayley, D., & Geddes, J. (2020). Introducing artificial intelligence in acute psychiatric inpatient care: qualitative study of its use to conduct nursing observations. *Evidence-based mental health*, *23*(1), 34–38. https://doi.org/10.1136/ebmental-2019-300136

Bateson, M., & Martin, P. (2021). *Measuring behaviour: An introductory guide*. Cambridge: Cambridge University Press.

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth, 17*(3), 17–21. https://www.researchgate.net/publication/234706984_The_Three_Pillars_of_Trauma-Informed_Care

Bennett, D. (2015). Understanding suicide in children and adolescents. *Clinical Child Psychology and Psychiatry, 20*(2), 135–148. https://doi.org/10.15190/d.2024.2

Ben-Yehuda, A., Aviram, S., Govezensky, J., Nitzan, U., Levkovitz, Y., & Bloch, Y. (2012). Suicidal behavior in minors–diagnostic differences between children and adolescents. *Journal of Developmental & Behavioral Pediatrics*, *33*(7), 542-547. https://doi.org/10.1097/01.DBP.0000415830.85996.e6

Blanchard, A., Chihuri, S., DiGuiseppi, C. G., & Li, G. (2021). Risk of self-harm in children and adults with autism spectrum disorder: A systematic review and meta-analysis. *JAMA network open*, *4*(10), e2130272-e2130272. https://doi.org/10.1001/jamanetworkopen.2021.30272

Brown, A., Raymond, C., Caygill, L., & Powell, J. (2019). One moment you are covered in blood and next it's what's for tea? An interpretive phenomenological analysis of residential care staff's experiences of managing self-harm with looked after children. *Scottish Journal of Residential Child Care*, *18*(3), 1-28. https://doi.org/10.17868/strath.00084481

Bryan, C. J., & Rudd, M. D. (2018). *Brief cognitive-behavioral therapy for suicide prevention*. New York, N.Y.: Guilford Publications.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Burnand, L., & Johnson, D. (2022). Self-Harm in Residential Care: A consideration of the evidence and the implications for practice. *Scottish Journal of Residential Child Care*, *21*(2). https://doi.org/10.17868/strath.00084162

Burton, M. (2019). Suicide and self-harm: Vulnerable children and young people. *Practice Nursing*, *30*(5), 218-223. https://doi.org/10.12968/pnur.2019.30.5.218

Calvo, N., Lugo-Marín, J., Oriol, M., Pérez-Galbarro, C., Restoy, D., Ramos-Quiroga, J. A., & Ferrer, M. (2024). Childhood maltreatment and non-suicidal self-injury in adolescent population: A systematic review and meta-analysis. *Child Abuse & Neglect*, *157*. https://doi.org/10.1016/j.chiabu.2024.107048

Camm-Crosbie, L., Bradley, L., Shaw, R., Baron-Cohen, S., & Cassidy, S. (2019). 'People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury and suicidality. *Autism*, *23*(6), 1431-1441. https://doi.org/10.1177/1362361318816053

Care Inspectorate. (2020). *Deaths of Looked After Children in Scotland 2012–2018: A thematic review*. https://hub.careinspectorate.com/media/3948/report-on-the-deaths-of-looked-after-children-in-scotland-2012-18.pdf

Carter, B., Shelton, K. H., Holmes, L. J., Sprecher, E. A., Javed, M., Macleod, J., & Hiller, R. M. (2025). The mental health and wellbeing of care-experienced young people during early and later adolescence. *Clinical Child Psychology and Psychiatry*. https://doi.org/10.1177/13591045251333028

Centre for Mental Health and Safety (2021). *Annual Report: England, Northern Ireland, Scotland and Wales.* National Confidential Inquiry into Suicide and Safety in Mental Health. www.hqip.org.uk/wp-content/uploads/2021/05/NCISH-Annual-Report-2021.pdf

Castellví, P., Lucas-Romero, E., Miranda-Mendizábal, A., Parés-Badell, O., Almenara, J., Alonso, I. Alonso, J. (2017). Longitudinal association between self-injurious thoughts and behaviors and suicidal behavior in adolescents and young adults: A systematic review with meta-analysis. *Journal of Affective Disorders*, *215*, 37–48. https://doi.org/10.1016/j.jad.2017.03.035

Cawley, R., Pontin, E., Touhey, J., Sheehy, K., James Taylor, P. (2019) What is the relationship between rejection and self-harm or suicidality in adulthood? *Journal of Affective Disorders*, 242, 123-134. https://doi.org/10.1016/j.jad.2018.08.082

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

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Chandler, A. (2016). *Self-injury, medicine and society: Authentic bodies*. London: Palgrave Macmillan.

Children (Care and Justice) (Scotland) Act 2024. https://www.legislation.gov.uk/asp/2024/5/enacted

Cipriano, A., Cella, S., & Cotrufo, P. (2017). Nonsuicidal self-injury: A systematic review. *Frontiers in Psychology*, *8*, 1946. https://doi.org/10.3389/fpsyg.2017.01946

Clark, P., Holden, C., Russell, M., & Downs, H. (2022). The impostor phenomenon in mental health professionals: Relationships among compassion fatigue, burnout, and compassion satisfaction. *Contemporary family therapy*, *44*(2), 185-197. https://doi.org/10.1007/s10591-021-09580-y.

Cleare S, Wetherall K, Clark A, Ryan C, Kirtley O. Adverse childhood experiences and hospital-treated self-harm. *Int J Environmental Res Public Health*. 2018;15(6):1235. https://doi.org/10.3390/ijerph15061235

Crane, L., Adams, F., Harper, G., Welch, J., & Pellicano, E. (2019). 'Something needs to change': Mental health experiences of young autistic adults in England. *Autism*, *23*(2), 477-493. https://doi.org/10.1177/1362361318757048

Czyz, E. K., King, C. A., Prouty, D., Micol, V. J., Walton, M., & Nahum-Shani, I. (2021). Adaptive intervention for prevention of adolescent suicidal behavior after hospitalization: A pilot sequential multiple assignment randomized trial. *Journal of child psychology and psychiatry, and allied disciplines*, *62*(8), 1019–1031. https://doi.org/10.1111/jcpp.13383

DeVille, D. C., Whalen, D., Breslin, F. J., Morris, A. S., Khalsa, S. S., Paulus, M. P., & Barch, D. M. (2020). Prevalence and family-related factors associated with suicidal ideation, suicide attempts, and self-injury in children aged 9 to 10 years. *JAMA network open*, *3*(2). https://doi.org/10.1001/jamanetworkopen.2019.20956

Dorol, O., & Mishara, B. L. (2021). Systematic review of risk and protective factors for suicidal and self-harm behaviors among children and adolescents involved with cyberbullying. *Preventive medicine*, *152*. https://doi.org/10.1016/j.ypmed.2021.106684

Dudeck, M., Sosic-Vasic, Z., Otte, S., Rasche, K., Leichauer, K., Tippelt, S., & Streb, J. (2016). The association of adverse childhood experiences and appetitive aggression with suicide attempts and violent crimes in male forensic psychiatry inpatients. *Psychiatry Research*, *240*, 352-357. https://doi.org/10.1016/j.psychres.2016.04.073

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Elbogen, E. B., Lanier, M., Blakey, S. M., Wagner, H. R., & Tsai, J. (2021). Suicidal ideation and thoughts of self-harm during the COVID-19 pandemic: The role of COVID-19-related stress, social isolation, and financial strain. *Depression and anxiety*, *38*(7), 739-748. https://doi.org/10.1002/da.23162

Emmerich, O. L. M., Wagner, B., Heinrichs, N., & van Noort, B. M. (2024). Lifetime victimization experiences, depressiveness, suicidality, and feelings of loneliness in youth in care. *Child Abuse & Neglect*, *154*, 106870. https://doi.org/10.1016/j.chiabu.2024.106870

Erbacher, T. A., & Singer, J. B. (2018). Suicide risk monitoring: The missing piece in suicide risk assessment. *Contemporary School Psychology*, *22*, 186-194. https://doi.org/10.1007/s40688-017-0164-8

Ervine, K. (2022a). Investigating the understanding and management of self-harm in a children's residential therapeutic community. *Scottish Journal of Residential Child Care*, *21*(2). https://doi.org/10.17868/strath.00084158

Ervine, K. (2022b). Trauma-informed care in youth residential services. *Residential Treatment for Children & Youth, 39*(3), 233–248. https://doi.org/10.1007/978-3-031-77215-3_24

Evans, R. E. (2018). Survival, signalling, and security: Foster carers' and residential carers' accounts of self-harming practices among children and young people in care. *Qualitative health research*, *28*(6), 939-949. https://doi.org/10.1177/1049732318759935

Falkirk Sheriff Court. (2025). *FAI into the death of Katie Allan and William Brown, Case Number (FAL-B118-23).* Scottish Courts. www.scotcourts.gov.uk/media/1olg15np/2025fai006-fai-katie-allan-william-brown.pdf

Ford, T., John, A., & Gunnell, D. (2021). Mental health of children and young people during pandemic. *Bmj*, *372*. https://doi.org/10.1136/bmj.n614

Fowler, J. C., Orme, W. H., & Hart, J. M. (2021). Cognitive-Behavioral Therapy. In A.E. Skodol, & J.M. Oldham (Eds.), *The American Psychiatric Association Publishing Textbook of Personality Disorders* (3rd ed, Chapter 14). Washington D.C.: American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9781615379699.lg14

Friis, C. B., Henriksen, A. K. E., & Liebst, L. S. (2024). Staff victimization at residential youth care institutions: An incident-based study. *Nordic Journal of Criminology*, *26*(1), 1-19. https://doi.org/10.18261/njc.26.1.2.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Furnivall, J. (2023). Exploring the meaning and impact of the studies of young residential care-leavers, from the perspectives of those who worked and lived alongside them in residential child care. http://hdl.handle.net/1893/36031

Geoffroy, M. C., Bouchard, S., Per, M., Khoury, B., Chartrand, E., Renaud, J., & Orri, M. (2022). Prevalence of suicidal ideation and self-harm behaviours in children aged 12 years and younger: a systematic review and meta-analysis. *The Lancet Psychiatry*, *9*(9), 703-714. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(22)00193-6/abstract

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

Gould, M. S., Cross, W., Pisani, A. R., Munfakh, J. L., & Kleinman, M. (2013). Impact of applied suicide intervention skills training on the national suicide prevention lifeline. *Suicide and Life-Threatening Behavior*, *43*(6), 676-691. https://doi.org/10.1111/sltb.12049

Grisso, T. & Barnum, R. (2006). *Massachusetts Youth Screening Instrument-Version 2: User's Manual and Technical Report*. Sarasota, FL: Professional Resource Press.

Groves, S., Lascelles, K., & Hawton, K. (2024). Experiences of clinical staff who work with patients who self-harm by ligature: An exploratory survey of inpatient mental health service staff. *Journal of Psychiatric and Mental Health Nursing*, *31*(3), 376-390. https://doi.org/10.1111/jpm.12995

Grybush, A. L. (2020). *Exploring attitudes related to Trauma-Informed Care among teachers in rural Title I elementary schools: Implications for counsellors and counsellor educators.* [Doctoral dissertation, The University of North Carolina at Charlotte].

Grybush, T. (2020). Understanding contagion in adolescent self-harm within care settings. *Journal of Adolescent Health, 67*(5), 789–796. https://doi.org/10.1097/00004583-199802000-00014

Hall, C. L., Guo, B., Valentine, A. Z., Groom, M. J., Daley, D., Sayal, K., & Hollis, C. (2019). The validity of the Strengths and Difficulties Questionnaire (SDQ) for children with ADHD symptoms. *PloS one*, *14*(6) https://doi.org/10.1371/journal.pone.0218518

Harris, I. M., Beese, S., & Moore, D. (2019). Predicting future self-harm or suicide in adolescents: a systematic review of risk assessment scales/tools. *BMJ open*, *9*(9), e029311. https://doi.org/10.1136/bmjopen-2019-029311

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Hawton, K., Hill, N. T., Gould, M., John, A., Lascelles, K., & Robinson, J. (2020). Clustering of suicides in children and adolescents. *The Lancet Child & Adolescent Health*, *4*(1), 58-67. https://doi.org/10.1016/s2352-4642(19)30335-9

Heady, N., Watkins, A., John, A., & Hutchings, H. (2022). Prevalence of neurodevelopmental disorders and their impact on the health and social well-being among looked after children (LAC): A systematic review protocol. *Systematic Reviews*, *11*(1), 49. https://doi.org/10.1186/s13643-022-01923-6

Healthcare Improvement Scotland. (2019). *Suicide prevention action plan: Every life matters*. HIS. https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

Hodgdon, H. B., Lord, K. A., Suvak, M. K., Martin, L., Briggs, E. C., & Beserra, K. (2023). Predictors of symptom severity and change among youth in trauma-informed residential care. *Child Abuse & Neglect*, *137*. https://doi.org/10.1016/j.chiabu.2023.106056

Holland, J., Sayal, K., Berry, A., Sawyer, C., Majumder, P., Vostanis, P., Armstrong, M., Harroe, C., ke, D., & Townsend, E. (2020). What do young people who self-harm find helpful? A comparative study of young people with and without experience of being looked after in care. *Child and Adolescent Mental Health, 25(3),* 157–164. https://doi.org/10.1111/camh.12384

Hostinar, C. E., Johnson, A. E., & Gunnar, M. R. (2015). Parent support is less effective in buffering cortisol stress reactivity for adolescents compared to children. *Developmental Science*, *18*(2), 281-297. https://doi.org/10.1111/desc.12195

Insua-Summerhays, B., Hart, A., Plummer, E., Priebe, S., & Barnicot, K. (2018). Staff and patient perspectives on therapeutic engagement during one-to-one observation. *Journal of Psychiatric and Mental Health Nursing*, *25*(9-10), 546–557. https://doi.org/10.1111/jpm.12497

Judiciary of Scotland. (2025). *FAI determination summaries: Katie Allan and William Brown.* https://judiciary.scot/home/sentences-judgments/fai-determination-summaries/2025/01/17/katie-allan-and-william-brown

Klineberg, E., Kelly, M., Stansfeld, S., & Bhui, K. (2013). How do adolescents talk about self-harm? A qualitative study of disclosure in an ethnically diverse urban population in England. BMC Public Health, 13, 572. https://doi.org/10.1186/1471-2458-13-572

Knowles, S., Sharma, V., Fortune, S., Wadman, R., Churchill, R., & Hetrick, S. (2022). Adapting a codesign process with young people to prioritize outcomes for a systematic review of interventions to prevent self-harm and suicide. *Health*

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Expectations: An International Journal of Public Participation in Health Care and Health Policy, *25*(4), 1393–1404. https://doi.org/10.1111/hex.13479

Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis. *Psychological Medicine*, *51*(7), 1057-1067. https://doi.org/10.1017/s0033291721001355

Law, D. (2012). *A practical guide to using service user feedback & outcome tools to inform clinical practice in child & adolescent mental health some initial guidance from the children and young people's improving access to psychological therapies outcomes-oriented practice.* https://www.researchgate.net/publication/272824486_A_Practical_Guide_to_Using_Service_User_Feedback_Outcome_Tools_to_Inform_Clinical_Practice_in_Child_Adolescent_Mental_Health_Some_initial_guidance_from_the_Children_and_Young_Peoples'_Improving_Access

LGBT Youth Scotland. (2022). *Life in Scotland for LGBT Young People: Education Report 2022*. https://lgbtyouth.org.uk/wp-content/uploads/2023/12/life-in-scotland-for-lgbt-young-people-2022-e-use.pdf

Linehan, M. (2014). *DBT Skills training manual.* New York, N.Y.: Guilford Press.

Madge N., Hawton K., McMahon E.M., et al. (2011). Psychological characteristics, stressful life events and deliberate self-harm: Findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *European Child Adolescent Psychiatry 20,* 499–508. https://doi.org/10.1007/s00787-011-0210-4

Mann, J. J., Michel, C. A., & Auerbach, R. P. (2021). Improving suicide prevention through evidence-based strategies: a systematic review. *American Journal of Psychiatry*, *178*(7), 611-624. https://doi.org/10.1176/appi.ajp.2020.20060864

Martin J., Bureau J.-F., Yurkowski K., Fournier T. R., Lafontaine M.-F., Cloutier P. (2016). Family-based risk factors for non-suicidal self-injury: Considering influences of maltreatment, adverse family-life experiences, and parent–child relational risk. *Journal of Adolescence, 49*, 170-180. https://doi.org/10.1016/j.adolescence.2016.03.015

May. A.M., & Klonksky, E.D. (2016). What distinguishes suicide attempters from suicide ideators? A meta-analysis of potential factors. *Clinical Psychology Science and Practice*. https://doi.org/10.1111/cpsp.12136

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

McIntyre, K. (2020). Evaluation of a DBT group within Adolescent Residential Care. *Scottish Journal of Residential Child Care*, *19*(1). https://doi.org/10.17868/strath.00084232

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

Moseley, R. L., Gregory, N. J., Smith, P., Allison, C., & Baron-Cohen, S. (2020). Links between self-injury and suicidality in autism. *Molecular Autism*, *11*, 1-15. https://doi.org/10.1186/s13229-020-0319-8

Mournet, A. M., Millner, A. J., & Kleiman, E. M. (2024). Characteristics of self-harm on an adolescent psychiatric inpatient unit based on neurodevelopmental diagnoses. *Journal of Affective Disorders Reports*, *17*, 100796. https://doi.org/10.1016/j.jadr.2024.100796

Muela, A., Balluerka, N., Sansinenea, E., Machimbarrena, J. M., García-Ormaza, J., Ibarretxe, N., & Baigorri, P. (2021). A social-emotional learning program for suicide prevention through animal-assisted intervention. *Animals*, *11*(12), 3375. https://doi.org/10.3390/ani11123375

Muela, A., García-Ormaza, J., & Sansinenea, E. (2024). Suicidal behavior and deliberate self-harm: A major challenge for youth residential care in Spain. *Children and Youth Services Review*, *158*, 107465. https://doi.org/10.3390/ani11123375

National Audit Office. (2015). *Children in care*. UK Government. www.nao.org.uk/wp-content/uploads/2015/07/The-NAOs-work-on-children-in-care-leaving-care.pdf

National Collaborating Centre for Mental Health. (2011). *Self-harm: Longer-term management*. British Psychological Society. https://pubmed.ncbi.nlm.nih.gov/23534084/

National Institute for Health and Care Excellence. (2022). Self-harm: Assessment, management and preventing recurrence. NICE Guideline NG225. *https://www.nice.org.uk/guidance/ng225*

Ngune, I., Hasking, P., McGough, S., Wynaden, D., Janerka, C., & Rees, C. (2021). Perceptions of knowledge, attitude and skills about non-suicidal self-injury: A survey of emergency and mental health nurses. *International Journal of Mental Health Nursing*, *30*(3), 635-642. https://doi.org/10.1111/inm.12825

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Nikopaschos, F., Burrell, G., Clark, J., & Salgueiro, A. (2023). Trauma-Informed Care on mental health wards: The impact of Power Threat Meaning Framework Team Formulation and Psychological Stabilisation on self-harm and restrictive interventions. *Frontiers in Psychology*, *14*, 1145100. https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1145100/full

Ossa, F. C., Pietrowsky, R., Bering, R., & Kaess, M. (2019). Symptoms of posttraumatic stress disorder among targets of school bullying. *Child and Adolescent Psychiatry and Mental Health*, *13*, 1-11. https://doi.org/10.1186/s13034-019-0304-1

Padmanathan P, Biddle L, Hall K. et al. (2019) Language use and suicide: An online cross-sectional survey. *PLOS One 2019 14*(6) https://doi.org/10.1371/journal.pone.0217473

Papadima, M. (2019). Rethinking self-harm: a psychoanalytic consideration of hysteria and social contagion. *Journal of Child Psychotherapy*, *45*(3), 291–307. https://doi.org/10.1080/0075417X.2019.1700297

Paul, S., & Hill, M. (2013). Responding to self-harm: A documentary analysis of agency policy and procedure. *Children & society*, *27*(3), 184-196. https://doi.org/10.1111/j.1099-0860.2011.00399.x

Peyre, H., Hoertel, N., Stordeur, C., Lebeau, G., Blanco, C., McMahon, K., & Delorme, R. (2017). Contributing factors and mental health outcomes of first suicide attempt during childhood and adolescence: Results from a nationally representative study. *The Journal of clinical psychiatry*, *78*(6), 20396. https://doi.org/10.4088/jcp.16m10876

Pinheiro, M., Magalhães, E., Calheiros, M. M., & Macdonald, D. (2024). Quality of relationships between residential staff and youth: A systematic review. *Child and Adolescent Social Work Journal*, *41*(4), 561-576. https://doi.org/10.1007/s10560-022-00909-6

Pintar Babič, M., Bregar, B., & Drobnič Radobuljac, M. (2020). The attitudes and feelings of mental health nurses towards adolescents and young adults with nonsuicidal self-injuring behaviors. *Child and Adolescent Psychiatry and Mental Health*, *14*, 1-10. https://doi.org/10.1186/s13034-020-00343-5

Preston, L. (2023). Residential Childcare Workers' Experiences of Behaviours that Challenge. https://uhra.herts.ac.uk/id/eprint/15927/

Rasmussen, S., Hawton, K., Philpott-Morgan, S., & O'Connor, R. C. (2016). Why do adolescents self-harm?. *Crisis*. https://doi.org/10.1027/0227-5910/a000369

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Reichl, C., & Kaess, M. (2021). Self-harm in the context of borderline personality disorder. *Current Opinion in Psychology*, *37*, 139-144. https://doi.org/10.1016/j.copsyc.2020.12.007

Rodgers, J., Goodwin, J., Nielsen, E., Bhattarai, N., Heslop, P., Kharatikoopaei, E., & Cassidy, S. (2023). Adapted suicide safety plans to address self-harm, suicidal ideation, and suicide behaviours in autistic adults: protocol for a pilot randomised controlled trial. *Pilot and Feasibility Studies*, *9*(1), 31. https://doi.org/10.1186/s40814-023-01264-8

Rodgers, P. (2010). Review of the applied suicide intervention skills training program (ASIST). *Living Works Education*. https://livingworks.net/wp-content/uploads/2023/09/Review-of-ASIST.pdf

Rouski C, Knowles SF, Sellwood W, Hodge S. (2021). The quest for genuine care: A qualitative study of the experiences of young people who self-harm in residential care. *Clinical Child Psychology and Psychiatry*, 418-429. https://doi.org/10.1177/1359104520980037

Rowe SL, French RS, Henderson C, Ougrin D, Slade M, Moran P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review*. N Z J Psychiatry, 48*(12): 1083–95. https://doi.org/10.1177/0004867414555718

Schwartzman, J. M., Smith, J. R., & Bettis, A. H. (2021). Safety planning for suicidality in autism: Obstacles, potential solutions, and future directions. *Pediatrics*, *148*(6). https://doi.org/10.1542/peds.2021-052958

Scottish Government. (2024). Children (Care and Justice) Bill passed. https://www.gov.scot/news/children-care-and-justice-bill-passed/

Scottish Government. (n.d.). Looked after children: *Residential care*. https://www.gov.scot/policies/looked-after-children/residential-care/

Scottish Prison Service. (2025). *SPS response to FAI recommendations.* https://www.gov.scot/news/children-care-and-justice-bill-passed/

Shannonhouse, L., Lin, Y. W. D., Shaw, K., & Porter, M. (2017). Suicide intervention training for K–12 schools: A quasi-experimental study on ASIST. *Journal of Counseling & Development*, *95*(1), 3-13. https://doi.org/10.1002/jcad.12112

Slaatto, A., Mellblom, A. V., Kleppe, L. C., & Baugerud, G. A. (2022). Safety in residential youth facilities: Staff perceptions of safety and experiences of the 'basic training program in safety and security'. *Residential Treatment for Children & Youth*, *39*(2), 212-237. https://doi.org/10.1080/0886571X.2021.1978035

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

Sparks, R. (2024). *Examining factors which impact the emotional and behavioural outcomes of care experienced children and young people* [Doctoral dissertation, University of Glasgow]. https://theses.gla.ac.uk/84604/

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, *19*(2), 256–264. https://doi.org/10.1016/j.cbpra.2011.01.001

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

Stewart, S. L., & Babcock, S. E. (2020). interRAI child and youth mental health-screener (ChYMH-S): A psychometric evaluation and validation study. *Child Psychiatry & Human Development*, *51*, 769-780. https://doi.org/10.1007/s10578-020-01003-7

Stinson, J. D., Gretak, A. P., Carpenter, R. K., & Quinn, M. A. (2021). Adverse childhood experiences and suicidality and self-harm in persons in secure forensic care. *The Journal of the American Academy of Psychiatry and the Law*, *49*(4), 553-564. https://doi.org/10.29158/jaapl.210007-21

Summers, J., Shahrami, A., Cali, S., D'Mello, C., Kako, M., Palikucin-Reljin, A., & Lunsky, Y. (2017). Self-injury in autism spectrum disorder and intellectual disability: Exploring the role of reactivity to pain and sensory input. *Brain Sciences*, *7*(11), 140. https://doi.org/10.3390/brainsci7110140

UK Government. (n.d.). *Suicide Act 1961*. https://www.legislation.gov.uk/ukpga/Eliz2/9-10/60

Varley, D., Fenton, C., Gargan, G., Taylor, O., Taylor, A., Kirby, N., ... & Wright, B. (2022). A systematic review of systematic reviews exploring the factors related to child and adolescent self-harm. *Adolescent Psychiatry*, *12*(2), 79-114. https://psycnet.apa.org/doi/10.2174/2210676612666220721101210

Wadman, R., Williams, A. J., Brown, K., & Nielsen, E. (2019). Supported and valued? A survey of early career researchers' experiences and perceptions of youth and adult involvement in mental health, self-harm and suicide research. *Research Involvement and Engagement*, *5*(1), 16. https://doi.org/10.1186/s40900-019-0149-z

Whittle, K., Moore, E., & Stallard, P. (2024). Self-harm, suicidal ideation, depression and peer relationships in transgender and gender diverse adolescents

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org

accessing specialist mental health services. *Child and Adolescent Mental Health*, *29*(4), 363-370. https://doi.org/10.1111/camh.12738

Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Salisbury, T. L. T., Townsend, E., & Hawton, K. (2021). Interventions for self-harm in children and adolescents. *Cochrane Database of Systematic Reviews*, (3). https://doi.org/10.1002/14651858.cd013667.pub2

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

Yates T. M. (2009). Developmental pathways from child maltreatment to non-suicidal self-injury. In M. K. Nock (Ed.), *Understanding non-suicidal self-injury: Origins, assessment, and treatment*. (pp. 117–137). American Psychological Association. https://psycnet.apa.org/doi/10.1037/11875-007

Zetterqvist, M. (2025). The DSM-5 diagnosis of non-suicidal self-injury disorder: a review of the empirical literature. *Child Adolescent Psychiatry Ment Health 9,* 31. https://doi.org/10.1186/s13034-015-0062-7

About the author

Ellie O'Donnell is a Forensic Psychologist in Training at Kibble Education and Care Centre.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.
ISSN 2976-9353 (Online)
celcis.org