

Families of Young People Who Self-Harm: A Mixed-Methods Systematic Review of Their Experiences and Needs

Beatriz Cação-Dias, Inês Rothes, Cláudia Carmo, Cristina Nunes & Marta Brás

To cite this article: Beatriz Cação-Dias, Inês Rothes, Cláudia Carmo, Cristina Nunes & Marta Brás (08 May 2026): Families of Young People Who Self-Harm: A Mixed-Methods Systematic Review of Their Experiences and Needs, Archives of Suicide Research, DOI: [10.1080/13811118.2026.2666405](https://doi.org/10.1080/13811118.2026.2666405)

To link to this article: <https://doi.org/10.1080/13811118.2026.2666405>



© 2026 The Author(s). Published with license by Taylor & Francis Group, LLC



[View supplementary material](#)



Published online: 08 May 2026.



[Submit your article to this journal](#)



Article views: 413



[View related articles](#)



[View Crossmark data](#)

Families of Young People Who Self-Harm: A Mixed-Methods Systematic Review of Their Experiences and Needs

Beatriz Cação-Dias , Inês Rothes , Cláudia Carmo , Cristina Nunes , and Marta Brás 

ABSTRACT

Background: Self-harm in young people is a pressing public health issue, with family support playing a crucial role in the young person's prognosis. Concurrently, the impact extends to families themselves, who must navigate caregiving responsibilities while also requiring support. Understanding these experiences is key to providing more effective assistance in their caregiving roles.

Aim: With this mixed-methods systematic review we investigated the experiences, barriers, and needs of families of young people who self-harm.

Method: Following PRISMA guidelines, a search was conducted within PsycINFO, PubMed, Web of Science, and Scopus databases in July 2024 and April 2025. Thirty-one studies were included in this review, and quality was assessed with the Mixed Methods Appraisal Tool (MMAT). A narrative synthesis was employed for the quantitative data, while qualitative data were analysed with thematic synthesis.

Results: The quantitative findings revealed two themes: (1) the repercussions of self-harm in the family and (2) family support needs. Qualitative analysis identified four themes: (1) parents' emotional and psychological impact; (2) impact on parenting and the bond with the young person; (3) disruption of family dynamics; and (4) barriers to and pathways for family support.


Conclusion: We discuss the implications of these findings, offering recommendations for future research and improvements in family support services to alleviate caregiver burden and foster supportive environments for recovery.

HIGHLIGHTS

- Siblings' experiences can vary with age, and many of their needs remain unaddressed
- Accessible care, family involvement, trained staff, and follow-up are needed
- Findings call for a systemic, family-centered approach to self-harm recovery

KEYWORDS

Experiences; families; self-harm; systematic review; young people

 Supplemental data for this article can be accessed online at <https://doi.org/10.1080/13811118.2026.2666405>.

© 2026 The Author(s). Published with license by Taylor & Francis Group, LLC

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

INTRODUCTION

Self-harm refers to intentional self-poisoning or injury, irrespective of the type of motive or the extent of suicidal intent (Hawton et al., 2012; NICE, 2022), and it remains a major public health concern. Young people are at heightened risk (Griffin et al., 2018), as self-harm typically emerges around the onset of puberty (Brager-Larsen et al., 2022), with lifetime prevalence estimates of 16%–18% (Landstedt & Gillander Gådin, 2011; Swannell et al., 2014). Given this vulnerability, understanding self-harm requires attention to the broader context in which these behaviours occur, with family-related stressors playing a particularly influential role (Hammond et al., 2025). Stressors such as poor communication, parental alienation, family dysfunction, and severe neglect are well-established risk factors for self-harm (Bifulco et al., 2014; Claes et al., 2015). Young people exposed to high levels of family conflict alongside low levels of family cohesion and support are at increased risk of engaging in self-harm (Klemra et al., 2017).

Families are central in shaping self-harm trajectories (Asare-Doku et al., 2017), with family involvement playing a crucial role in the young person's prognosis (Byrne et al., 2008). As primary caregivers and key support systems, families are often expected to provide emotional and practical support, facilitate access to treatment, and act as protective agents against further self-harm. The impact of self-harm, however, extends beyond the individual. Parents, siblings, and other close relatives are also deeply affected (Hawton et al., 2012), often experiencing what has been described as a “double trauma” (Buus et al., 2014): the distress associated with the self-harm behaviour(s) and the subsequent psychosocial impact on the family's well-being. This cumulative stress can disrupt daily life, strain relationships, and push families into crisis (Waals et al., 2018). Within this context, families occupy a complex position, acting both as caregivers and as individuals in need of support, and thus playing a dual role in risk and recovery (Wadman et al., 2018). Despite this, research on self-harm has predominantly focused on the individual characteristics, intentions, and psychological outcomes of young people, leaving the experiences and needs of families largely unexamined.

Self-harm is a disturbing experience that can endanger health, well-being, and family relationships as individuals struggle to navigate the reality of self-harm (Brás et al., 2020). The nature of self-harm often leaves family members feeling uncertain and ill-equipped to respond effectively. This ongoing strain can lead to emotional exhaustion, hindering a caregiver's ability to maintain connection and supportive communication with their young person (Waals et al., 2018). A lack of understanding about the function and nature of self-harm may further delay families' help-seeking (Townsend et al., 2022). This is concerning, as early intervention can mitigate future risk (Steeg et al., 2014). Such delays are often compounded by a lack of accessible resources and guidance. Many families report feeling isolated due to fear of stigma and a perceived lack of social support (Byrne et al., 2008). While each family's recovery path is unique, members' core needs are transversal, centered on the support required for both the caregivers and their young person. Understanding these experiences and needs is crucial for informing the development of support systems, interventions, and resources that can better assist families in their caregiving roles.

Recent reviews on this topic have revealed limitations, underscoring the need for further research. Mughal et al. (2022) conducted a systematic review that examined the experiences and needs of informal caregivers (i.e., families and friends) with young people who self-

harm. The review identified that self-harm significantly affected informal caregivers' mental health and well-being and contributed to disruptions in their sense of identity, parent-child relationships, and wider family dynamics. Also observed were persistent challenges, including mixed responses from healthcare professionals and limited support for caregivers in their roles. However, this review relied exclusively on qualitative methods and concluded its search in 2021, despite the growing number of relevant studies subsequently published.

Rheinberger et al. (2023) conducted a scoping review which mapped parental experiences across the discovery, management, and aftermath of suicidal phenomena. The review documented that parents often experienced intense emotional reactions upon discovery. During the management phase, they reported significant psychological and physical strain, difficulties accessing support, and disruptions in parent-child and broader family dynamics. After the crisis, parents described both positive and negative shifts in family dynamics, alongside ongoing needs for support. While valuable, this review did not address the experiences of other family members, and as a scoping review, it lacked comprehensive data synthesis and rigorous quality assessment.

To our knowledge, no systematic review had yet examined the experiences and needs of families of young people who self-harm, integrating both qualitative and quantitative literature. With this mixed-methods systematic review we aimed to fill this gap by providing a comprehensive understanding of the experiences and unmet needs of families who support self-harming young people.

This review aimed to:

1. Explore the experiences of families of young people who engage in self-harm.
2. Identify the psychosocial effects of a young person's self-harm on their family.
3. Evaluate the needs and difficulties families face in the aftermath of self-harm.

METHOD

Protocol

The study protocol was registered on PROSPERO in February 2024 (CRD42024497809), following the PRISMA-P guidelines (Shamseer et al., 2015). The systematic review followed the PRISMA 2020 guidelines (Page et al., 2021), the Mixed-Methods Appraisal Tool (MMAT; Hong et al., 2018), and the GRADE-CERQual approach (Lewin et al., 2018). Further methodological details are provided in the [Supplementary Material](#).

Eligibility Criteria

The eligibility criteria were pre-determined with the PICo framework (Population, Phenomenon of Interest, Context) (Aromataris et al., 2024). Studies were eligible if the authors examined the experiences and needs of families of young people (aged 10–24 years) who self-harmed, employing qualitative, quantitative, or mixed-methods designs. Studies were excluded if: (a) self-harm was linked to intellectual disabilities or other behaviours (e.g., eating disorders, substance abuse); (b) studies had more than 50% of young people outside the 10–24 years age range (adapted from

Rheinberger et al., 2023); or if (c) the studies were reviews, study protocols, editorials, or dissertations.

Search Strategy and Information Sources

We searched PsycINFO, PubMed/MEDLINE, Scopus, and Web of Science on 1 July 2024. The search equation was developed by using search terms related to self-harm, family, experiences, and young people and combined with Boolean operators (“OR”, “AND”) and truncation (“*”). The full strategy is provided in the [Supplementary Material](#). Language restrictions were applied to English, Portuguese, Spanish, and French, with the search spanning from 1980 onwards. A follow-up search was conducted on 12 April 2025 to identify newly published studies before finalising the manuscript.

Study Screening and Selection

Records identified through electronic database searches were exported to Mendeley reference manager, and duplicates were removed. Titles and abstracts were initially screened for relevance and compliance with predefined criteria by BCD. Full texts of potentially eligible records were then obtained and reviewed, and study authors were contacted when necessary to access unavailable full texts. Full-text screening was conducted independently by two reviewers (BCD and MB), with discrepancies resolved through discussion. In addition, a backtracking approach was used by manually reviewing the reference lists of included studies to identify any relevant studies that may not have been captured through electronic searches.

Risk of Bias Assessment

The quality of the included studies was assessed with the MMAT (Hong et al., 2018), which allows for the appraisal of quantitative, qualitative, and mixed-methods primary research within mixed-methods systematic reviews. The tool applies five criteria tailored to different study designs: qualitative, quantitative randomized controlled trials, quantitative non-randomized, quantitative descriptive, and mixed-methods studies. Quality scores, ranging from 20% (low) to 100% (high), were calculated by dividing the number of positive criteria met by five (Hong et al., 2018). BCD independently assigned the quality scores with the MMAT checklist (see [Supplementary Material](#)), and MB verified the decisions. Pre-specified criteria were defined such that studies scoring 20% (low) would be considered for exclusion; however, no studies were excluded based on quality, as all included studies exceeded this threshold.

Data Extraction and Synthesis

The data were extracted from each study by using a structured extraction table, including author, year, and country; study design; sample characteristics; self-harm concept; data collection methods; formal resources or setting; study objectives; reported

experiences; needs; and barriers. The small number of quantitative studies and the substantial methodological heterogeneity precluded meta-analysis; therefore, a narrative synthesis of quantitative data was conducted, which followed the Petticrew and Roberts (2006) framework. Studies were grouped according to the types of outcomes assessed and specific aspects of families' experiences and needs. Findings were first synthesized within studies by summarizing key results and relevant methodological features and then synthesized across studies to identify overall patterns, similarities, and differences, while considering variations in study design and measurement approaches. The qualitative analysis followed a thematic synthesis approach (Thomas & Harden, 2008), consisting of three stages: (1) line-by-line coding of text; (2) development of descriptive themes; and (3) generation of analytical themes. NVivo 14 software was used to support the analysis. The authors acted as third-order interpreters, drawing on first-order (participants') quotations and second-order (authors') interpretations (Ludvigsen et al., 2016). An inductive approach generated 70 primary codes and 928 data extracts, derived from similarities and patterns in the data, which informed 30 descriptive themes (see [Supplementary Material](#)). The final analytical themes were reviewed and refined through discussion and consensus among all authors.

Assessment of Confidence in the Evidence

A GRADE assessment of the quantitative evidence was not conducted due to the small number of included studies and the substantial heterogeneity in study designs and outcome measures. Confidence in the findings from the qualitative evidence synthesis was assessed by using the GRADE-CERQual approach. BCD led this assessment, evaluating confidence based on four components: (1) methodological limitations, (2) coherence, (3) adequacy of data, and (4) relevance. MB independently verified the assessment, and discrepancies were resolved through discussion. Confidence was categorized as "high," "moderate," "low," or "very low" (Lewin et al., 2018) (see [Supplementary Material](#)).

RESULTS

Included Studies

Electronic database searching on 1 July 2024 yielded 3,903 records. After removing 2,016 duplicates, 1,887 records were screened by title and abstract, resulting in the exclusion of 1,825 irrelevant records. Full texts of 62 records were reviewed, and 38 were excluded, resulting in 24 studies identified through electronic databases. An additional five studies were included through backtracking reference lists of included studies. A rerun search conducted on 12 April 2025 led to the inclusion of two additional studies. In total, 31 studies were included in this review. A PRISMA flow diagram describing the screening and selection process appears in [Figure 1](#).

Study Characteristics

Of the 31 included studies, 24 were qualitative, four were quantitative, three were mixed-methods, and one used a multi-method design. Most studies were conducted

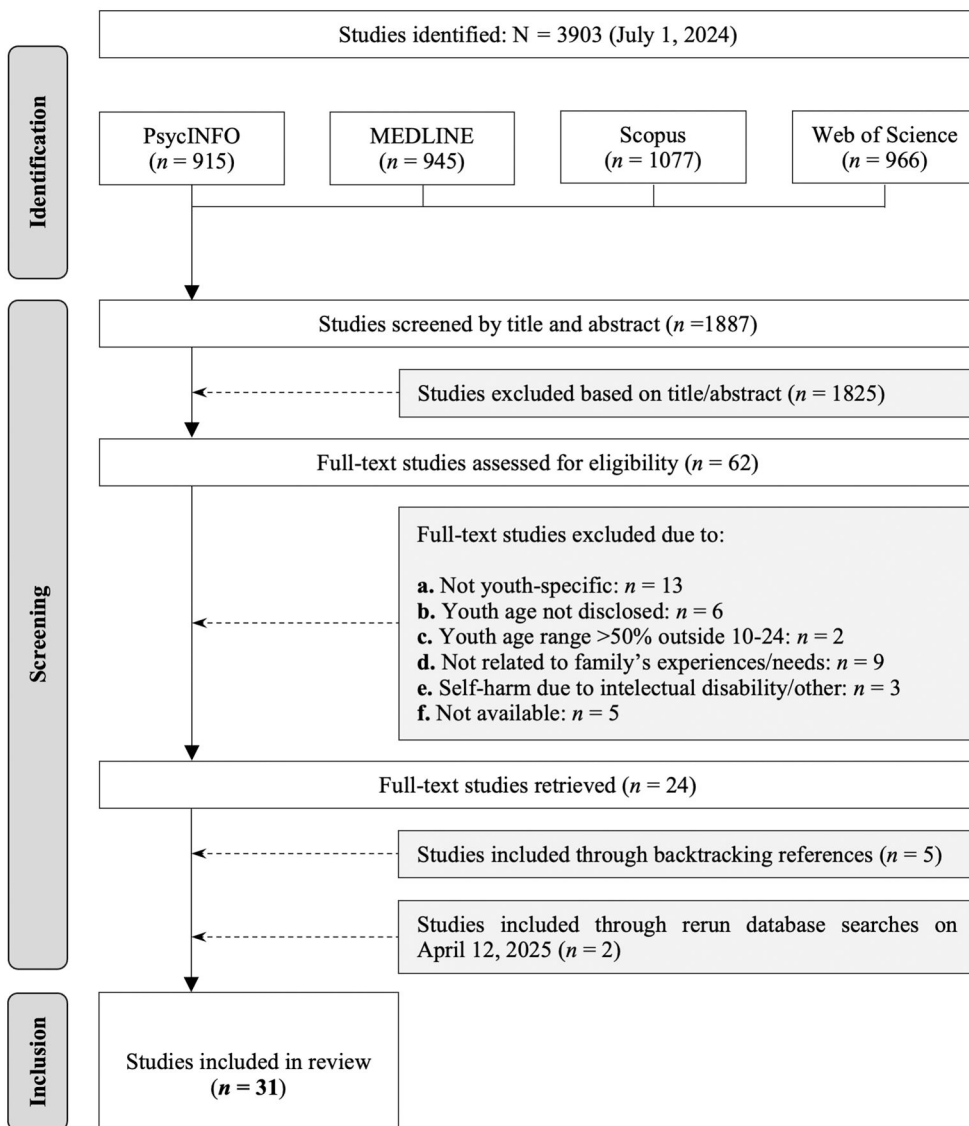


Figure 1. PRISMA flow diagram (adapted from Page et al., 2021).

in community ($n=13$) and psychiatric ($n=12$) settings. Qualitative data were primarily collected through semi-structured interviews ($n=19$), while quantitative data were obtained through self-report measures ($n=6$). Most studies were published between 2020 and 2025 ($n=17$) and were conducted primarily in China ($n=7$), the United Kingdom ($n=6$), and Australia ($n=6$). Participants included mothers ($n=869$), fathers ($n=160$), siblings ($n=76$), grandmothers ($n=7$), and foster parents ($n=3$), with ages ranging from 10 to 65 years. The quality of the included studies was predominantly rated as medium-high ($n=15$; 80%). Study characteristics are detailed in [Table 1](#).

Table 1. Summary of included studies (*n* = 31).

Author, Year & Country	Objective	Family Demographics	Data Collection & Setting	SH Concept	Experiences	Main Results		MMAT Score
						Needs	Barriers	
<i>Quantitative Studies</i>								
Czyz et al. (2018) USA	To investigate parents' perceptions of self-efficacy in engaging in suicide prevention activities. To explore the association between parental self-efficacy and youth suicide-related outcomes.	N = 162 Mothers (<i>n</i> = 129) Fathers (<i>n</i> = 27) Grandmothers (<i>n</i> = 4) Guardians (<i>n</i> = 2)	Data Collection: Self-report measures Setting: Psychiatric Emergency Department Services	SA	Parents endorsed high self-efficacy to engage in most suicide prevention activities. Those whose teens experienced follow-up suicide-related outcomes endorsed lower self-efficacy in recognizing warning signs, obtaining commitment to refrain from suicide, and encouraging their teen to cope, and lower confidence that their teen will not attempt suicide. Parents of high-risk teens endorsed high self-efficacy overall but expressed less confidence in their capacity to influence their teen's suicidal behavior.	<ul style="list-style-type: none"> (*) Parents may benefit from additional education, support and outreach. (*) Guidance on practical suicide prevention actions. (*) Tailored interventions that consider relationship and bidirectional influences. (*) Follow-up care. 	<ul style="list-style-type: none"> (*) Poor parent-child communication and relationship strain. Lack of confidence in their ability to keep their child safe. 	High
Goldston et al. (2025) USA	To examine the impact of adolescent psychiatric hospitalization for suicidal behavior and for other psychiatric reasons on mothers over the year after hospital discharge.	N = 252 mothers	Data Collection: Semi-structured interviews Setting: Adolescent Psychiatric Inpatient Facility	SB	Among mothers with diagnoses of major depression, generalized anxiety, and post-traumatic stress disorders, higher rates and greater impacts were observed closer to the time of hospitalization. Greater severity of youth suicidal thoughts and behaviors over the	<ul style="list-style-type: none"> (*) Mental health support for parents. (*) Mental health professionals should address parents' emotional and psychological strain. 	<ul style="list-style-type: none"> (*) Unmet mental health needs. Financial constraints. 	Medium

(continued)



Table 1. Continued.

Author, Year & Country	Objective	Family Demographics	Data Collection & Setting	SH Concept	Experiences	Main Results		
						Needs	Barriers	
Greene Palmer et al. (2015) USA	To examine parental reactions to adolescents' SA and the association of reactions with future suicidal self-directed violence.	N = 130 Mothers (n = 81) Fathers (n = 49)	Data Collection: Self-report measures Setting: Private Psychiatric Hospitals	SA	<p>follow-up was associated with greater impact upon mothers of suicidal youth.</p> <p>Mothers reported increased sadness, caring, anxiety, guilt, fear, and feeling overwhelmed from pre- to post-attempt, while fathers reported increased sadness, anxiety, and fear.</p> <p>Verbal support and comfort were the most common reactions.</p> <p>Approximately 40–50% of parents reported discussing the event with their child and what were careful about what they said.</p>	<p>(*) Psychoeducation on, communication skills and understanding youth depression and suicidal behaviors.</p> <p>(*) Parental reactions should be addressed in treatment.</p>	<p>(*) Lack of understanding of self-harm.</p>	Medium High
Tschan et al. (2019) Germany	To examine the sibling relationship quality of adolescents (1) with NSSI, (2) with other mental disorders without NSSI, and (3) without current or past experience of mental disorders.	N = 73 Sisters (n = 44) Brothers (n = 29) Age _{range} = 10–28 Age _{mean} = 16.88	Data Collection: Self-report measures Setting: Child and Adolescent Psychiatric Inpatient Clinics	NSSI	<p>Siblings of adolescents with NSSI reported a range of negative emotional and familial consequences, including significantly more coercion in their relationship with their sister compared to clinical controls (d = 1.08) and nonclinical siblings (d = 0.67) among these siblings, higher levels of warmth, conflict, and empathy were significantly associated with internalizing problems.</p>	<p>Psychoeducation and support to better understand the impact of their sibling's self-harm.</p>	<p>Limited sibling agreement. Lack of boundaries between siblings. Lack of interventions.</p>	Medium High

Mixed-Method Studies

Townsend et al. (2021) Australia	To understand how parent stress response styles to their child's self-harm affect their well-being and functioning and the wider family.	N = 37 Mothers (n = 34) Fathers (n = 2) Foster Carer (n = 1) Age _{mean} = 45.70	Data Collection: Self-report survey (w/ open-ended questions) Setting: Community	SH	<p>Quantitative: 66.7% likely mental ill-health; 37% neutral quality of life. Average 1.8 days unable to work/activities and 4.5 days reduced function (two past weeks). Mostly used involuntary engagement coping.</p> <p>Qualitative: Parents experienced distress and functional impairment. They face fear, anticipatory dread, and a decline in mental health. Family dynamics shifted, with members becoming hypersensitive to the child.</p>	<p>(*) Mental health support to parents.</p> <ul style="list-style-type: none"> (*) Functional support (e.g., financial support, support groups with lived experience) 	<p>(*) Barriers to parents' treatment:</p> <ul style="list-style-type: none"> Desire to manage mental health alone Perceived need for intervention Lack of time Prioritization of others' needs Financial strain Fear of stigma 	High
Townsend et al. (2023) Australia	To understand the experiences of parents supporting and seeking help for their child who is self-harming within the family context.	N = 37 Mothers (n = 34) Fathers (n = 2) Foster Carer (n = 1)	Data Collection: Online survey (open-ended questions) Semi-structured interviews Setting: Community	SH	<p>Quantitative: Parents discussed self-harm mainly with partners, mental health professionals, and their GPs (family physician and Headspace). Among the main services accessed, psychiatrists, private psychologists, and friends were seen as most helpful. Mental health professionals and the internet were the main sources used to learn about self-harm.</p> <p>Qualitative: Parents reported initial feelings of distress, shock, anger, and confusion while attempting to remain calm. They continue to feel helpless, misunderstood, and uncertain about where to seek help.</p>	<p>Provision of appropriate referrals, validation of experiences, education, and collaborative engagement from healthcare professionals.</p> <ul style="list-style-type: none"> Family involvement. Practical, evidence-informed resources. Support groups with lived experience. 	<p>Difficulties accessing support for the young person.</p> <ul style="list-style-type: none"> Financial and time burdens. 	Medium High

(continued)

Table 1. Continued.

Author, Year & Country	Objective	Family Demographics	Data Collection & Setting	SH Concept	Main Results			MMAT Score
					Experiences	Needs	Barriers	
Kélada et al. (2016) Australia & USA	To assess the impact SH has on parent health, parent responses, and interactions with professional help.	N _{study 1} : 16 Mothers (n = 15) Father (n = 1) Age _{range} = 36-56 Age _{mean} = 45.44 N _{study 2} : 22 Mothers (n = 18) Father (n = 14)	Data Collection: Self-report survey (w/ open-ended questions) Semi-structured interviews Setting: Community	NSSI	Experiences	Needs	Barriers	Medium
					Multi-methods Study	<ul style="list-style-type: none"> Parents underestimated the frequency of nonsuicidal self-injury, the age of onset, and the likelihood their child would continue to self-injure. Parents reported distress and changes in the parent-adolescent relationship after NSSI, which posed challenges to the family unit. When professional help had been sought, experiences were largely negative. 	<ul style="list-style-type: none"> Professionals who adopt an empathic and nonjudgmental approach. Training for professionals on NSSI. Regular feedback on the child's progress in treatment. Follow-up care. 	
Boussat et al. (2022) France	To analyze the experience of parents after the suicidal attempt of their adolescent.	N = 13 Mothers (n = 8) Fathers (n = 5)	Data Collection: Semi-structured interviews Setting: Adolescent Psychiatry Departments	SA	Experiences	Needs	Barriers	High
					Qualitative Studies	<ul style="list-style-type: none"> Parents felt deep sadness and distress upon discovery, grieving their idealized image as parents. They experienced anger toward their child, family, and healthcare professionals/system. They doubted their parenting and empathetic skills due to the uncertainty. 	<ul style="list-style-type: none"> Support in understanding and managing suicide. Mental health support and groups with lived experience. Practical actions to protect and support the adolescent. School involvement. 	
Daly (2005) Canada	To describe the experiences of mothers living with suicidal adolescents.	N = 6 Mothers (n = 6) Age _{range} = 32-45	Data Collection: Unstructured interviews Setting: Pediatric Health Facility	SB	Experiences	Needs	Barriers	Medium-High
					<ul style="list-style-type: none"> Mothers felt they failed as parents and doubted their parenting skills. They felt rejected and lost trust due to repeated suicidal 	<ul style="list-style-type: none"> Desire for compassionate understanding from healthcare professionals. 	<ul style="list-style-type: none"> Stigma related to suicide. Lack of understanding and knowledge from others. 	

Dempsey et al. (2019) Australia	To explore clinician and caregiver reflections on Youth Mood Clinic service provision for caregivers of young people attending the clinic.	N = 8 Mothers (n = 7) Fathers (n = 1) Age _{range} = 46-56 Age _{mean} = 52.50	Data Collection: Self-report measure Semi-structured interviews Setting: Youth Mental Health Clinic	SH Qualitative: Caregivers experienced emotional turmoil, anxiety, guilt, shame, and isolation. They felt unskilled in managing suicide risk, communicating and setting boundaries. Balancing caregiving with personal life was challenging, with concerns over family relationships.	<ul style="list-style-type: none"> • Information tailored to the young person's safety. • Support and guidance in managing the young person's safety. 	<ul style="list-style-type: none"> • Uncertainty about accessing support. • Service resource limitations. • Complexity of caregiver needs. • Confidentiality concerns. 	Medium High
Ferrely et al. (2016) UK	To explore how the discovery of a child's self-harm affects parenting behavior.	N = 37 Mothers (n = 32) Fathers (n = 5)	Data Collection: In-depth interviews Setting: Community	SH After discovering a child's self-harm, family dynamics and parenting strategies often changed, with adjustments in support, control, and monitoring of the child.	<ul style="list-style-type: none"> • Information on the nature of self-harm and parenting strategies to manage it. • Access to forums or peer support groups. 	<ul style="list-style-type: none"> • Difficulties obtaining referrals to mental health professionals. • Long waiting times for services. 	High
Ferrely et al. (2016) UK	To explore the effects of a young person's self-harm on parents and family, and to generate information to aid them in providing care.	N = 37 Mothers (n = 32) Fathers (n = 5)	Data Collection: Semi-structured narrative interviews Setting: Community	SH Parents felt emotional turmoil and social isolation, while siblings were often upset. Balancing caregiving with work was challenging, but parents remained hopeful for their child's future.	<ul style="list-style-type: none"> • Information on self-harm and what to expect. • Connection with others whose children have also self-harmed. 	<ul style="list-style-type: none"> • Lack of resources for coping with self-harm. • Financial strain from care-related costs. 	High
Fu et al. (2020) China	To investigate the parents' attitudes toward and perceptions of adolescents who have engaged in NSSI behaviors, and the impact of NSSI on their parents.	N = 20 Mothers (n = 16) Fathers (n = 4)	Data Collection: In-depth semi-structured interviews Setting: Child Psychiatric Ward of a Tertiary Hospital	NSSI Parents experienced emotional stress due to lack of understanding about NSSI and its treatment. Upon learning about NSSI,	<ul style="list-style-type: none"> • (*) Increase parents' knowledge about NSSI and its treatment. • (*) Encourage parents to seek 	<ul style="list-style-type: none"> • Fear of negative reactions when seeking help. • Financial constraints. 	Medium High

(continued)

Table 1. Continued.

Author, Year & Country	Objective	Family Demographics	Data Collection & Setting	SH Concept	Main Results			MMAT Score
					Experiences	Needs	Barriers	
Fu et al. (2021) China	To explore parents' and the front-line medical staff's experience of an adolescent with suicide-related behaviors admitted to the psychiatry department of a general hospital in China.	N = 15 Mothers (n = 11) Fathers (n = 4)	Data Collection: In-depth semi-structured interviews Setting: Psychiatric Department	SRB	<p>they changed their parenting and communication styles due to fear of recurrence.</p> <ul style="list-style-type: none"> Parents felt challenges accessing mental health services. They expressed doubt and dissatisfaction with hospitalization treatments, citing perceived inequalities, poor communication from medical staff, and concerns about medication side effects. 	<ul style="list-style-type: none"> Increase in psychotherapy as part of the treatment plan. Improve communication between medical staff and children. 	<ul style="list-style-type: none"> Lack of professional mental healthcare institutions in their area of residence. Lack of social recognition and acceptance of psychiatric patients. 	Medium High
Griffiths et al. (2023) UK	To understand the views of CYP, parents, and staff on how staff should respond to incidents of self-harm carried out by CYP in mental health inpatient settings.	N = 5 Mothers (n = 3) Fathers (n = 2) Age _{range} = 36-65 Age _{mean} = 52.40	Data Collection: Semi-structured interviews Setting: Children and Young People's Mental Health Services	SH	<ul style="list-style-type: none"> Parents expressed distress over their children's self-harm and concerns for immediate safety. They reported frustration over how easily their children could access self-harm implements and were concerned about staff's reluctance to restrict access to such items. 	<ul style="list-style-type: none"> Lower threshold for restrictive interventions to ensure children's immediate safety. Caring and empathetic approach by professionals. 	<ul style="list-style-type: none"> Disagreement on the threshold for restrictive interventions between parents and staff. Inadequate communication between parents and staff. 	Medium
Huang et al. (2025) China	To gain an in-depth understanding of the psychological experiences and emotions of primary caregivers of adolescent and young adult patients who have non-fatal suicidal behavior by poisoning.	N = 11 Mothers (n = 5) Sister (n = 1) Brother (n = 1)	Data Collection: In-depth semi-structured interviews Setting: Emergency Department of a Tertiary Care Hospital	SA	<ul style="list-style-type: none"> Caregivers experienced intense emotional distress, self-blame, anxiety and helplessness during and after the crisis. They experienced adverse emotional encounters resulting from intense pressure and societal disapproval. Over time, 	<ul style="list-style-type: none"> (*) Mental health professionals to provide follow-up care, mobilize local resources, and offer community and home-based support. (*) Implement a tripartite model to communicate 	<ul style="list-style-type: none"> Lack of understanding of young people suicidal behavior. Lack of understanding of psychological health services. Financial constraints. 	High

<p>Juel et al. (2023) Denmark</p>	<p>To explore how parents re-constructed and negotiated their parental identity after realizing that their offspring was suicidal. $Age_{range} = 40-60$</p>	<p>N = 21 Mothers (n = 17) Fathers (n = 4) $Age_{range} = 40-60$</p>	<p>Data Collection: Semi-structured interviews Setting: Suicide Preventing Clinics and Child and Adolescent Psychiatry Centers</p>	<p>SB Offspring's suicidal behavior was found to affect parents' sense of identity. All parents were found to undergo a stage of disrupted parental identity; some were able to rebuild this identity through social interaction with other people, whereas others were not.</p>	<p>caregivers adapted through self-reflection, gaining insight and adjusting parenting beliefs.</p> <ul style="list-style-type: none"> patients' emotions (*) Emergency nurses to educate on suicidal behavior; collaborate to reduce stigma, and psychological recovery programs. (*) Support from healthcare professionals to encourage parents' engagement with their social networks. Access to alternative support sources might mitigate peer support to enhance a sense of parental agency. 	<p>Medium High</p> <p>Delayed treatment due to administrative procedures. Perception that professionals overlook parents' perspectives. Lack of family involvement.</p>
<p>Krynska et al. (2020) Australia</p>	<p>To explore the experiences of parents of a young person who self-harms and their psycho-educational needs.</p>	<p>N = 19 Mothers (n = 16) Fathers (n = 3)</p>	<p>Data Collection: Semi-structured interviews Setting: Community</p>	<p>SH Parents often struggle with distress and feel ill-equipped to support their adolescents when confronted with self-harm. Self-harm can also lead to changes in the adolescent-family relationship.</p>	<p>Information and resources for managing self-harm. Self-care strategies. Peer support. (*) Education and training for professionals.</p>	<p>Medium High</p> <p>Lack of information about self-harm. Stigma Lack of social support.</p>
<p>Lantto et al. (2023) Sweden</p>	<p>To explore parents' lived experiences of their teenagers' use of BAs and elucidate the essential meaning of the BA phenomenon for the parent.</p>	<p>N = 17 Mothers (n = 13) Fathers (n = 3) Foster P. (n = 1) $Age_{range} = 38-60$ $Age_{mean} = 48:00$</p>	<p>Data Collection: Semi-structured interviews Setting: University Hospital, Inpatient Clinic</p>	<p>SH Parents experience heightened vigilance, chronic stress, fear, and constant readiness for crises. Anxiety, despair, and hopelessness are prevalent among parents and siblings. Parents feel a</p>	<p>Clear, collaborative communication from professionals. Validation of family concerns and safety efforts. Family involvement in care.</p>	<p>High</p> <p>Distrust in services. Conflicting roles. Lack of adequate support from professionals.</p>

(continued)



Table 1. Continued.

Author, Year & Country	Objective	Family Demographics	Data Collection & Setting	SH Concept	Main Results			MMAT Score
					Experiences	Needs	Barriers	
McDonald et al. (2007) Australia	To examine the experiences of mothers dealing with self-harming adolescents and how it affects their well-being and of their families.	N = 6 Mothers (n = 6)	Data Collection: Conversational interviews Setting: Community	SH	<ul style="list-style-type: none"> profound distrust in the psychiatric system, perceiving it as inadequate and lacking proper care. Mothers felt intense guilt and shame over their children's self-harm, often attributing it to family events or relationship issues. They became hypervigilant, and experienced embarrassment and isolation. Mothers struggled to balance caregiving with their roles at home and work. 	<ul style="list-style-type: none"> Support balancing boundaries and openness. Normalisation of feelings of guilt and shame by healthcare providers, with attention to caregiver well-being. Psychoeducation on self-harm and support strategies. Support groups with lived experience. 	<ul style="list-style-type: none"> Lack of knowledge and understanding. Lack of support networks. Work and financial strain. 	Medium High
Oldershadow et al. (2008) UK	To explore the perspective of parents related to health service provision, making sense of self-harm, its impact, their skills as carers, and hope for the future.	N = 12 Mothers (n = 9) Fathers (n = 2) Grandmother (n = 1)	Data Collection: Semi-structured interviews Setting: Community Child and Adolescent Mental Health Service	SH	<ul style="list-style-type: none"> Parents struggled to understand and cope with self-harm. Awareness of the behavior led to emotional turmoil, altered parenting styles, and challenges in balancing the caregiving with personal life. Some parents felt that self-harm also brought about positive changes in family life by strengthening the parent-child relationship. 	<ul style="list-style-type: none"> Accessible support services for both the young person and family. Improved communication with schools and healthcare providers. 	<ul style="list-style-type: none"> Lack of knowledge and support. Poor communication about self-harm with their children. 	High
Qin et al. (2023) China	To investigate the perspectives of parents of adolescents with repeated non-suicidal self-injury on sharing their caretaking	N = 18 Mothers (n = 16) Fathers (n = 2)	Data Collection: Semi-structured interviews Setting:	NSSI	<ul style="list-style-type: none"> Parents experienced initial negative emotions, a low sense of self- 	<ul style="list-style-type: none"> Parents feel the need to reflect on NSSI and 	<ul style="list-style-type: none"> Barriers to sharing caregiving experiences with peers: 	High

<p>Raphael et al. (2006) UK</p>	<p>experiences with peers as well as the motivations for and barriers to this behavior</p> <p>Age_{range} = 34-55 Age_{mean} = 44.94</p>	<p>Mental Health Center of a Tertiary Hospital</p>	<ul style="list-style-type: none"> manage negative emotions. Diversify support for the whole family. Share experiences with peers. 	<p>Inadequate knowledge. Low self-identity. Concerns for children.</p>
<p>Raphael et al. (2006) UK</p>	<p>To understand parents' concerns, expectations and experiences following an episode of deliberate self-harm in young people to identify their support needs.</p> <p>N = 9 Mothers (n = 5) Fathers (n = 4)</p>	<p>Data Collection: In-depth unstructured interviews Setting: Emergency Medical Unit</p>	<ul style="list-style-type: none"> identity, viewing themselves as failures. They recognized the importance of understanding their adolescent rather than using punitive measures and aimed to foster a supportive family environment. Sharing experiences with others provided support and alleviated isolation. Parents experienced deep distress and helplessness. They were concerned about coping with their child post-discharge and feared future recurrence. 	<ul style="list-style-type: none"> Support and information to understand, accept and provide appropriately care for self-harm. Barriers to seeking help: Fear of stigma. Lack of guidance and information.
<p>Rose et al. (2011) UK</p>	<p>To explore how parents experience their relationships with services following an episode of their child's self-harm.</p> <p>N = 5 Mothers (n = 5) Age_{range} = 41-52 Age_{mean} = 45.80</p>	<p>Data Collection: Semi-structured interviews Setting: Children and Adolescent Mental Health Services</p>	<ul style="list-style-type: none"> Mothers reported self-blame and shame, questioning their competence and anticipating scrutiny from mental health professionals. Shame and blame led to isolation, exacerbated by professionals withholding knowledge due to confidentiality. 	<ul style="list-style-type: none"> Stigma surrounding self-harm. Withholding information, poor communication, and scrutiny/judgment from professionals.
<p>Spiers et al. (2020) France</p>	<p>To explore the function of self-harm in parent-adolescent relationships.</p> <p>N = 15 Mothers (n = 9) Fathers (n = 6)</p>	<p>Data Collection: Semi-structured interviews Setting: Adolescent Psychiatry Departments</p>	<ul style="list-style-type: none"> Parents described the child's self-harm as "extremely violent" upon discovery. They experienced shock, helplessness, sadness, anxiety, guilt, and anger toward their child and third parties. Additionally, parents described a change in the family 	<ul style="list-style-type: none"> Communication/trust difficulties between parent and adolescent. Inadequate and delayed response from the school.

(continued)

Table 1. Continued.

Author, Year & Country	Objective	Family Demographics	Data Collection & Setting	SH Concept	Experiences	Main Results	
						Needs	Barriers
Stewart et al. (2018) UK	To explore parents' experiences of treatment and support for the young person and themselves.	N = 37 Mothers (n = 32) Fathers (n = 5)	Data Collection: Semi-structured interviews Setting: Community	SH	<p>dynamics induced by DSH. These changes are perceptible through a movement of independence and regaining of the control from the adolescent, and a wish for mutual protection of adolescents and their parents.</p> <ul style="list-style-type: none"> Parents felt ill-prepared to care for a young person after self-harm and reported differing reactions to contact with helping services. 	<ul style="list-style-type: none"> Access to trained, empathic, nonjudgmental professionals. Timely access to intensive care and family involvement. Practical strategies and written information. <p>Delayed access to intensive care. Difficulty scheduling appointments. Parents perceived the professionals as judgmental toward their child.</p>	Medium High
Trinco et al. (2017) Portugal	To identify the experiences and needs of parents of adolescents who self-harmed and were admitted to the emergency department of a pediatric hospital.	N = 38 Mothers (n = 34) Fathers (n = 4)	Data Collection: Semi-structured interviews Setting: Pediatric Hospital	SH	<ul style="list-style-type: none"> Parents expressed ambivalent, sadness, worry, pain, disorientation, despair, and apathy. However, they also saw this as an opportunity to resolve the situation. 	<ul style="list-style-type: none"> Access to nursing guidance on managing the young person's care. Non-judgmental, stigma-free support from healthcare providers. <p>Lack of emotional support for parents. Lack of information and involvement in the child's care and treatment.</p>	Medium High
Wang et al. (2022) China	To explore parents' cognition, behaviors, and adolescent-parent reciprocal interaction during repeated NSSI.	N = 24 Mothers (n = 18) Fathers (n = 6) Age _{mean} = 42.50	Data Collection: Semi-structured interviews Setting: Child and Adolescent Psychiatric Ward	NSSI	<ul style="list-style-type: none"> Initially, parents viewed NSSI as a phase, coping mechanism, or a response to unmet needs, but later recognized the need for psychological support. Parents' coping behaviors were divided into 4 stages: denial, disavowal, reflection 	<ul style="list-style-type: none"> Increasing parents' awareness of NSSI. Overcoming stigma surrounding NSSI. <p>Lack of knowledge about NSSI and how it should be treated.</p>	High

Wang et al. (2024) China	To explore the information needs of family caregivers of adolescents who have attempted suicide.	N = 15 Mothers (n = 8) Fathers (n = 4) Grandmothers (n = 2) Sister (n = 1) Age _{range} = 28-65	Data Collection: Semi-structured interviews Setting: Psychiatric Hospital	SA	and adaptation, and teamwork. Family caregivers experience complex negative emotions upon discovering a teenager's suicide attempt and face numerous challenges throughout the caregiving process, with a significant lack of external support.	(*) Psychoeducation on coping mechanisms and support strategies. (*) Support parents in managing caregiving stress.	High	Difficulties in communicating with young person. Lack of external support.
Wang et al. (2024) China	To gain insights into the internal experiences of parents while caring for their adolescents with NSSI during the social isolation of the COVID-19 pandemic.	N = 21 Mothers (n = 16) Fathers (n = 5) Age _{range} = 35-60 Age _{mean} = 42.60	Data Collection: Semi-structured interviews Setting: Tertiary Psychiatric Specialized Hospital	NSSI	Parents of adolescents dealing with NSSI during the COVID-19 pandemic experienced different internal experiences, which could be classified into four themes: negative experience, high caregiving burden, lack of caregiving capacity, and resilience.	Professional help to better understand, cope with, and prevent NSSI.	High	Stigma surrounding NSSI. Financial strain from care-related costs. Lengthy treatment processes. Insufficient care due to staff shortages.
Weissinger et al. (2023) USA	To understand parents' experience of adolescent suicide crises and its impact on themselves and the family system.	N = 18 Mothers (n = 16) Father (n = 1) Grandmother (n = 1) Age _{mean} = 48.00	Data Collection: Semi-structured interviews Setting: Community	SA	Parents found the experience traumatic, with feelings of helplessness and failure damaging their sense of self, enduring prolonged fear and isolation. Conversely, they also experience healing and the possibility for growth (personal and interpersonal) through reconnection and healing within and outside the family system.	Support groups with lived experience. "Mental Health doula" to assist during the initial weeks.	High	Lack of social support.

Note.

Self-harm concept: DSH – Deliberate Self-harm; NSSI – Non-suicidal Self-injury; SA – Suicide Attempt; SRB – Suicide-related Behaviors; SH – Self-harm. (*) Indicates that the authors of the (individual) studies identified the summarized needs/barriers; the sample did not directly express them.

Quantitative Data Findings

Theme 1. Repercussions of Self-Harm on the Family.

Family Emotional Reactions to Self-Harm. Three studies examined family members' emotional reactions to adolescent self-harm (Greene-Palmer et al., 2015; Kelada et al., 2016; Tschan et al., 2019). Greene-Palmer et al. (2015) found that caring, sadness, and anxiety were the most frequently reported emotions among 130 parents (>65%), while shame and anger were less common (<30%). Kelada et al. (2016) reported that among 16 parents, distress, helplessness, stress, and anxiety were common (81.3%), whereas shame, reduced self-worth, and feelings of failure were less frequent (31.3%). In a study with 73 siblings (21 siblings of adolescents engaging in non-suicidal self-injury [NSSI]), common reactions included sadness (76.2%) and helplessness (57.1%), while anger, fear, and guilt were less frequent (<35%) (Tschan et al. 2019). Across these studies, self-harm consistently affected families' emotional well-being, although parents (Greene-Palmer et al., 2015) and siblings (Griffin et al., 2018) in two studies also expressed sympathy toward the adolescent.

Impact on Mental Health and Psychosocial Functioning. Three studies examined the impact of self-harm on parents' mental health and psychosocial functioning (Goldston et al., 2025; Kelada et al., 2016; Townsend et al., 2021). Townsend et al. (2021) reported that around two-thirds of 37 parents were likely experiencing mental ill-health, and most had sought treatment. Quality of life varied, with 37% reporting it as neither poor nor good, and health satisfaction was mixed (33.3% somewhat dissatisfied; 25.9% somewhat satisfied). Parents reported, on average, 1.8 days completely unable to carry out normal activities and 4.3 days with reduced functioning in the previous 2 weeks. Goldston et al. (2025) found that among 252 mothers of hospitalized adolescents, higher rates of major depression (MDD), generalized anxiety disorder (GAD), and post-traumatic stress disorder (PTSD) were observed closer to the time of hospitalization; with family history of suicidal behaviour being associated with higher rates of MDD and PTSD. In Kelada et al. (2016), parents described the toll on their physical health and emotional/psychological health, with a greater impact on emotional/psychological health than physical health. Across these studies, adolescent self-harm was consistently associated with substantial parental psychological distress, disruptions to daily functioning, and reduced well-being.

Perspectives on Family Dynamics. Two studies explored how self-harm can affect family relationships (Goldston et al., 2025; Tschan et al., 2019). In Goldston et al. (2025), mothers reported that the perceived impact on family relationships decreased over time after a hospitalization; however, relationships were more negatively affected when adolescents exhibited more severe suicidal thoughts and behaviours a year after hospitalization. In Tschan et al. (2019), siblings described the adolescent's self-harm as strongly shaping family life, with 42.9% perceiving the family situation as very distressing. They also reported more coercion in relationships with the adolescent with NSSI compared with siblings of adolescents with other mental disorders without NSSI (clinical controls) or without a mental disorder (nonclinical controls), suggesting an imbalance of

dominance and control. Around a quarter believed their parents managed the situation well (28.6%), while a similar proportion felt neglected and perceived that parents hesitated to set limits on the adolescent who self-harmed (23.8%). Across these studies, adolescent self-harm appeared to strain family relationships, shaping both parental and sibling experiences.

Theme 2. Family Support Needs. Four studies examined families' experiences managing adolescent self-harm (Czyz et al., 2018; Kelada et al., 2016; Townsend et al., 2023; Tschan et al., 2019). Kelada et al. (2016) found parents who often underestimated the frequency and severity of self-harm, with delays in discovery and low help-seeking. Siblings in Tschan et al. (2019) similarly reported limited understanding (38.1%) and feeling left alone with the situation (71.4%). Around a third tried to support their sister by talking about NSSI, perceiving it as helpful for the adolescent but stressful for themselves, and siblings expressed a desire for support (28.6%). In Czyz et al. (2018), parents of 162 adolescents who sought emergency department services reported high self-efficacy for general suicide prevention tasks but lower confidence in keeping their child safe, recognizing warning signs, encouraging coping, and that their child would not attempt suicide – particularly when adolescents experienced follow-up suicide-related outcomes. Townsend et al. (2023) showed that parents can rely primarily on partners and mental health professionals for support, while formal services varied widely in perceived helpfulness. These findings indicate that families often struggle to understand and respond to self-harm and frequently lack adequate support.

Qualitative Data Findings

The descriptive themes informed the development of four overarching analytical themes: (1) *Parents' Emotional and Psychological Impact*; (2) *Impact on Parenting and Bond With the Young Person*; (3) *Disruption of Family Dynamics*; and (4) *Barriers to and Pathways for Family Support*. Confidence in the evidence was rated as high for all analytical subthemes, except for "Impact on Siblings", which was rated as moderate. A visual summary of the analytical themes and qualitative findings is provided in [Figure 2](#).

Theme 1. Parents' Emotional and Psychological Impact. Parents often experience intense emotional distress upon discovering their young person's self-harm, frequently describing the experience as profoundly "traumatic" (Ferrey et al., 2016; Lantto et al., 2023; Raphael et al., 2006; Rose et al., 2011; Townsend et al., 2021; Wang et al., 2022; 2024; Weissinger et al., 2023). One parent explained (Ferrey et al., 2016): "At first, when you see these marks on your child's beautiful skin, you're just filled with every emotion you can possibly think of – fear, anxiety, disbelief, anger and just not knowing what to do." This revelation often prompts a strong desire to understand the reasons behind the self-harm, but many parents struggle to comprehend it, deepening their distress (Boussat et al., 2022; Fu et al., 2021; Huang et al., 2025; Krysinska et al., 2020; Oldershaw et al., 2008; Spiers et al., 2020; Wang et al., 2024; 2024; Weissinger et al., 2023). The impact of self-harm extends to parents' mental health, often leading to mood disorders such as depression and anxiety (Boussat et al., 2022; Ferrey et al., 2016; Kelada et al., 2016; Raphael et al., 2006; Townsend et al., 2021). The accompanying fear often manifests

physiologically, including in sleep disruptions, tension, headaches, and fatigue (Boussat et al., 2022; Ferrey et al., 2016; Fu et al., 2020; Huang et al., 2025; Juel et al., 2023; Kelada et al., 2016; Krynska et al., 2020; Lantto et al., 2023; Raphael et al., 2006; Townsend et al., 2021; Weissinger et al., 2023). In rare cases, a few parents have reported extreme psychological distress, including thoughts of self-harm, relapse (Ferrey et al., 2016; Juel et al., 2023), or fleeting thoughts of wishing their child had never been born (Daly, 2005; Juel et al., 2023). These reactions were described as *egodystonic* – intrusive, distressing, and guilt-laden – reflecting extreme psychological reactions rather than stable or endorsed beliefs about their child. One parent tearfully shared (Daly, 2005): “(...) *if only she had never been born. You’re saying this and thinking what kind of mother am I? I hate my child, so I must be the worst mother.*”

Theme 2. Impact on Parenting and Bond With the Young Person.

Parents’ Biographical Disruption. Affected parents often feel guilt and a sense of failure, internalizing the self-harm as their fault and believing they could have done more to prevent it (Ferrey et al., 2016; Huang et al., 2025; Juel et al., 2023; Krynska et al., 2020; McDonald et al., 2007; Raphael et al., 2006; Wang et al., 2024). One parent shared (Townsend et al., 2021): “*My heart is weak, not physically, but emotionally. I feel like I have failed as a parent for not being able to keep my child safe ... even though my intellect knows I have done everything that I possibly could to care for her.*” This biographical disruption leads many parents to doubt their parenting skills, leaving them unsure how to support their child (Boussat et al., 2022; Daly, 2005; Dempsey et al., 2019; Ferrey et al., 2016; Juel et al., 2023; Kelada et al., 2016; Krynska et al., 2020; Raphael et al., 2006; Rose et al., 2011; Stewart et al., 2018; Townsend et al., 2021; 2023; Wang et al., 2024). Many also experience anticipatory grief, mourning the child they once knew (Daly, 2005; Oldershaw et al., 2008) and the future they had envisioned (Daly, 2005; Dempsey et al., 2019; Fu et al., 2020; Lantto et al., 2023; Townsend et al., 2021; Wang et al., 2024). One parent said (Oldershaw et al., 2008): “*She was the loveliest little girl. It’s like, ah, a bereavement really because that person’s not there anymore.*” These feelings are often compounded by shame, stemming from stigma and fear of judgment due to widespread misunderstanding of self-harm (Ferrey et al., 2016; Fu et al., 2020; Huang et al., 2025; Lantto et al., 2023; McDonald et al., 2007; Spiers et al., 2020; Townsend et al., 2021; Wang et al., 2024; Weissinger et al., 2023). As a result, many parents withdraw socially (Boussat et al., 2022; Daly, 2005; Dempsey et al., 2019; Ferrey et al., 2016; Juel et al., 2023; Kelada et al., 2016; Lantto et al., 2023; McDonald et al., 2007; Oldershaw et al., 2008; Qin et al., 2023; Stewart et al., 2018; Townsend et al., 2021; Wang et al., 2024; Weissinger et al., 2023). One parent explained (Wang et al., 2024): “*I would tell her to hide those scars when we go out; people look at us strangely and point. We rarely go out anymore.*”

Safety Concerns and Parenting Shifts. Many parents live in constant fear for their young person’s safety and feel driven by concerns about recurrence or suicide. This fear leads to hypervigilance and excessive caution, with many parents becoming hesitant

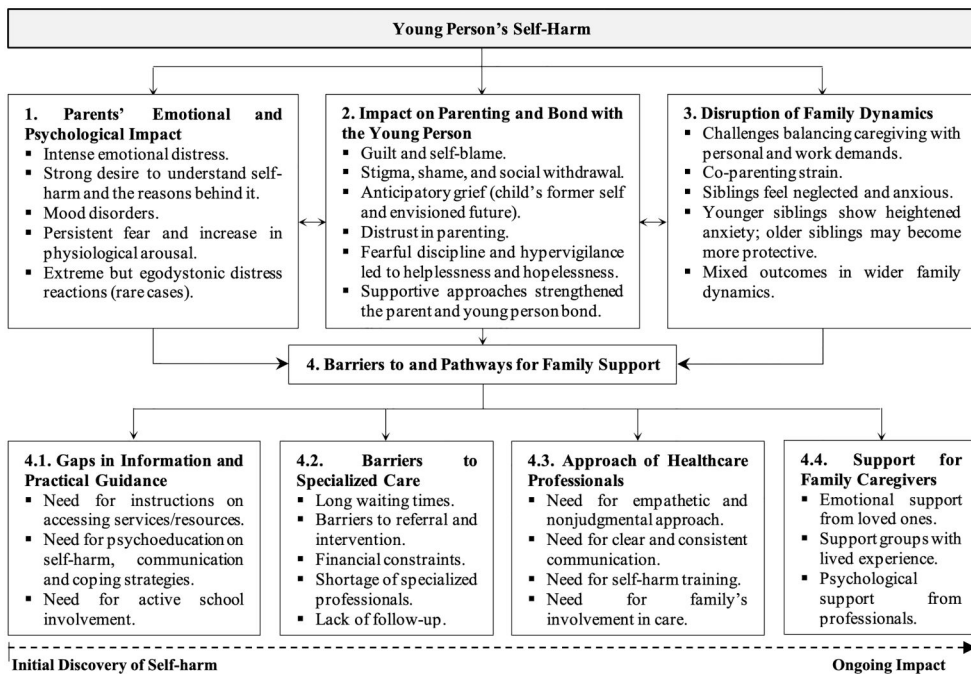


Figure 2. Visual summary of analytical themes and qualitative findings.

to set boundaries or make everyday parenting decisions for fear of triggering self-harm (Boussat et al., 2022; Daly, 2005; Ferrey et al., 2016; Kelada et al., 2016; Krysinska et al., 2020; Oldershaw et al., 2008; Townsend et al., 2021). This shift can alter power dynamics, with the young person gaining control and parents feeling hopeless and powerless as they realize they cannot control the self-harm (Daly, 2005; Huang et al., 2025; Juel et al., 2023; Krysinska et al., 2020; Lantto et al., 2023; McDonald et al., 2007; Oldershaw et al., 2008; Qin et al., 2023; Raphael et al., 2006; Rose et al., 2011; Spiers et al., 2020; Townsend et al., 2021; 2023; Trinco et al., 2017; Wang et al., 2024; 2024; Weissinger et al., 2023). Some parents adopt more supportive strategies (e.g., emotional support, open communication, collaboratively developing coping strategies) which have appeared to strengthen the parent–child bond (Kelada et al., 2016; Oldershaw et al., 2008; Wang et al., 2024). One parent reflected (Kelada et al., 2016): “I think I showed my daughter how understanding and supportive and loving I can be. I saw it as the ultimate test of strength and unconditional love of a mother. I feel it has brought us closer, and she knows she can come to me and talk about anything after this experience.”

Theme 3. Disruption of Family Dynamics.

Balancing Caregiving With Life. Affected parents often struggle to balance caregiving with their personal lives, placing their child's needs above their own. Many reduce social and leisure activities to remain available (Boussat et al., 2022; Dempsey et al., 2019; Ferrey et al., 2016; Fu et al., 2020; Lantto et al., 2023; Oldershaw et al., 2008;

Townsend et al., 2021; Weissinger et al., 2023). One parent noted (Boussat et al., 2022): “So I try to be absent as little as possible. I phone her a lot. Before I played a lot of sport; I do less [now] because we can’t leave her alone; yes, of course, we make ourselves available.” This often extends to the caregivers’ professional lives, with many reducing work hours, relocating, or quitting their jobs to provide care, often leading to financial strain (Boussat et al., 2022; Dempsey et al., 2019; Ferrey et al., 2016; Fu et al., 2020; Huang et al., 2025; Lantto et al., 2023; McDonald et al., 2007; Oldershaw et al., 2008; Raphael et al., 2006; Townsend et al., 2021; Wang et al., 2024; Weissinger et al., 2023).

Impact on Partner Relations. Caring for a young person who self-harms can strain partner relationships, with stress and disagreements about how to respond, often causing conflict (Boussat et al., 2022; Dempsey et al., 2019; Ferrey et al., 2016; 2016; Huang et al., 2025; Juel et al., 2023; Raphael et al., 2006; Townsend et al., 2021; Weissinger et al., 2023). One parent noted (Ferrey et al., 2016): “[her daughter’s father] blamed me because he’s saying that ... I condoned her behaviour.”

Impact on Siblings. Siblings often experience anxiety due to direct exposure to self-harm (Ferrey et al., 2016; Lantto et al., 2023; McDonald et al., 2007; Townsend et al., 2021; Weissinger et al., 2023). One parent shared (Townsend et al., 2021): “One child has had trouble sleeping, so I asked her to write down what she was worried about and to give it a rank out of 10. She gave her brother’s situation a 10/10.” Some siblings have responded by becoming more supportive (Ferrey et al., 2016), while others withdrew from family life (Ferrey et al., 2016; Townsend et al., 2021), to shield themselves from strain. Few studies have addressed age differences: Younger siblings tend to experience heightened anxiety (Ferrey et al., 2016; Lantto et al., 2023; Townsend et al., 2021) and concern about stigma, particularly in school settings (Ferrey et al., 2016), while older siblings can feel a stronger sense of responsibility and protectiveness (Ferrey et al., 2016; Lantto et al., 2023). Parents’ focus on the self-harming child can also leave siblings feeling neglected (Daly, 2005; Ferrey et al., 2016; 2016; Krysinska et al., 2020; Lantto et al., 2023; McDonald et al., 2007; Oldershaw et al., 2008; Weissinger et al., 2023). One parent reflected (Krysinska et al., 2020): “You get all consumed with that one sibling and just leave the others to just get by.” This perceived imbalance can lead to anger and frustration (Ferrey et al., 2016; Lantto et al., 2023; McDonald et al., 2007; Townsend et al., 2021; Weissinger et al., 2023).

Impact on Wider Family. Studies have revealed mixed experiences regarding wider family dynamics. For some, self-harm intensified preexisting tensions, leading to conflict or estrangement (Boussat et al., 2022; Ferrey et al., 2016; Juel et al., 2023; Townsend et al., 2021). One parent shared (Boussat et al., 2022): “I didn’t get along very well with my in-laws, mainly with my mother-in-law. Following [my child’s] first suicide attempt, we no longer see each other; we don’t speak to each other anymore.” For others, the crisis fostered greater closeness and support (Qin et al., 2023; Townsend et al., 2021; Wang et al., 2024; Weissinger et al., 2023). Another parent shared (Wang et al., 2024): “My mother-in-law, who used to be quite firm with me, surprised me this time. To

support her granddaughter's medical treatment, she handed over her bankbook. I found it quite touching.”

Theme 4. Barriers to and Pathways for Family Support.

Gaps in Information and Practical Guidance. Many families initially overlook self-harm due to denial or misunderstanding, delaying help-seeking and leading to regret (Fu et al., 2020; 2021; Juel et al., 2023; Kelada et al., 2016; Oldershaw et al., 2008; Qin et al., 2023; Townsend et al., 2023; Wang et al., 2022). One parent shared (Krysinska et al., 2020): “If I had brought my child to the doctor when she began to hurt herself, it would not have been as serious as it is now.” Families express a strong need for clear information about self-harm to facilitate earlier access to support (Boussat et al., 2022; Dempsey et al., 2019; Ferrey et al., 2016; 2016; Fu et al., 2020; Kelada et al., 2016; Krysinska et al., 2020; McDonald et al., 2007; Oldershaw et al., 2008; Qin et al., 2023; Rose et al., 2011; Stewart et al., 2018; Townsend et al., 2023; Wang et al., 2022). They need guidance on where to seek help and how to navigate and access appropriate services (Dempsey et al., 2019; Stewart et al., 2018; Townsend et al., 2023). One parent stated (Townsend et al., 2023): “There needs to be someone in place for the family to help them find these resources and to help them find the right professionals. Do not leave it to the family, who have no idea or the expertise required to source the correct services/treatments.” Practical support is often lacking, with families requesting advice on how to support their young person's recovery (Daly, 2005; Dempsey et al., 2019; Ferrey et al., 2016; Fu et al., 2021; Kelada et al., 2016; Krysinska et al., 2020; McDonald et al., 2007; Qin et al., 2023; Townsend et al., 2023; Trinco et al., 2017). School involvement has also been seen as crucial (Boussat et al., 2022; Oldershaw et al., 2008; Qin et al., 2023; Spiers et al., 2020).

Barriers to Specialized Care. Accessing specialized care is often difficult, with families reporting long waits (Ferrey et al., 2016; Fu et al., 2021; Kelada et al., 2016; Stewart et al., 2018; Townsend et al., 2023; Wang et al., 2024), referral challenges (Dempsey et al., 2019; Fu et al., 2020; 2021; Kelada et al., 2016; Townsend et al., 2023), high thresholds for intervention (Dempsey et al., 2019; Griffiths et al., 2023), and costly treatments (Ferrey et al., 2016; Fu et al., 2020; Huang et al., 2025; Townsend et al., 2023; Wang et al., 2024). Finding professionals with self-harm expertise is also limited (Fu et al., 2020; 2021; Juel et al., 2023; Kelada et al., 2016; Raphael et al., 2006). One parent noted (Kelada et al., 2016): “Trying to find the right person and, you know, trying to find someone who specializes in this area ... it's not ... there's not much out there.” Families also feel unsupported after discharge due to a lack of follow-up (Kelada et al., 2016; 355; Raphael et al., 2006). One parent stated (Raphael et al., 2006): “The lack of any follow-up appointment left us feeling insecure and uncertain about our ability to cope or prevent future incidents.” Many describe existing resources as insufficient and ineffective, highlighting the need for better accessibility and quality of care (Boussat et al., 2022; Fu et al., 2021; Griffiths et al., 2023; Kelada et al., 2016; Raphael et al., 2006; Stewart et al., 2018; Townsend et al., 2023; Wang et al., 2024).

Healthcare Professionals' Approach. Families have often felt judged and excluded from their young person's care by healthcare professionals (Boussat et al., 2022; Kelada et al., 2016; Raphael et al., 2006; Rose et al., 2011; Townsend et al., 2023), highlighting the need for an empathetic, nonjudgmental approach, as well as clear, consistent communication and active involvement in care (Dempsey et al., 2019; Rose et al., 2011; Stewart et al., 2018; Townsend et al., 2023; Trinco et al., 2017). One parent explained (Townsend et al., 2023): *"We need to feel included in the treatment, education, and support. We need to feel confident that when we leave the safety of your support we have the knowledge and ability to provide our children with the right support so that we don't make things worse."*

Support for Family Caregivers. Families report needing emotional support from loved ones to foster understanding and reduce isolation (Boussat et al., 2022; Dempsey et al., 2019; Ferrey et al., 2016; Juel et al., 2023; Krysinska et al., 2020; McDonald et al., 2007; Trinco et al., 2017) as well as support from groups with lived experience who provide mutual encouragement and practical advice (Boussat et al., 2022; Daly, 2005; Dempsey et al., 2019; Ferrey et al., 2016; 2016; Juel et al., 2023; Krysinska et al., 2020; McDonald et al., 2007; Qin et al., 2023; Stewart et al., 2018; Townsend et al., 2023; Trinco et al., 2017; Weissinger et al., 2023). Professional mental health support for the entire family is also requested to maintain well-being and improve their capacity to support their young person (Boussat et al., 2022; Dempsey et al., 2019; Juel et al., 2023; Kelada et al., 2016; Krysinska et al., 2020; Oldershaw et al., 2008; Townsend et al., 2023; Wang et al., 2024; Weissinger et al., 2023). One parent stated (Weissinger et al., 2023): *"If you aren't taking care of your own therapeutic needs, you cannot begin to parent a kid properly."*

DISCUSSION

In this mixed-methods systematic review we synthesized findings from 31 studies that examined the experiences and needs of families affected by young people who self-harm. Across both quantitative and qualitative evidence, self-harm impacts the long-term well-being, health, and dynamics of entire families. The unpredictable nature of self-harm and fear of recurrence often intensify this over time, leading to *"empathy burnout,"* where caregivers struggle to respond compassionately (Joiner, 2013; Waals et al., 2018). Crises can disrupt family units, especially when members feel they cannot rely on each other for support (Walsh, 2003). These findings underscore the importance of professional support to help families manage the impact of self-harm and relieve caregiving burden. Previous research had suggested that interventions are most effective during transitional periods, when families are reorganizing and adapting to new roles and responsibilities (McGrath et al., 2024). Forums or groups with lived experience can provide additional spaces for guidance and shared understanding.

Parents often find themselves ill-equipped to manage their young person's self-harm, yet their responses shape family dynamics. Parents may become overly cautious in their interactions, fearing that even actions aligned with cultural norms or healthy boundaries

can trigger a reaction from their child that leads to further self-harm. This can leave parents feeling like they are “walking on eggshells,” unsure how to act without causing harm. Consistent with the NSSI Family Distress Cascade framework (Waals et al., 2018), such stress and uncertainty may lead to hypervigilance and increased attempts to control the young person. While these strategies often stem from parents’ fear and desire to protect, such strategies can be perceived by young people as intrusive, which may inadvertently exacerbate risk (Waals et al., 2018). Conversely, parents who described adopting positive parenting strategies reported that these strategies seemed to strengthen the parent–young person bond. From these results, it can be hypothesized that greater parental confidence in open communication, healthy boundary-setting, emotion regulation, and self-care may reduce relational tension and support healthier family interactions.

The role of siblings emerged as a critical yet often overlooked part of the picture. Siblings can be key sources of emotional and practical support (Tschan et al., 2019). However, siblings often become the “forgotten” members after parental attention shifts toward the self-harming sibling. This neglect can foster anger and resentment, particularly among those close in age who are also navigating developmental transitions (Ferrey et al., 2016). Consistent with McGrath et al. (2024), our review highlighted that siblings’ needs often go unrecognized unless they seek help. Early interventions for siblings may help prevent emerging mental health risks and reduce burden on services (Tetkovic et al., 2025).

When families engage in help-seeking behaviours, they often face systemic barriers. Misunderstandings regarding the severity of self-harm and a perceived fragmented and inaccessible care system can delay timely intervention. Families express the need for clearer, accessible information about the causes of self-harm and seek guidance on navigating care pathways and identifying appropriate treatment options (French et al., 2024). Trusted public service organizations can play a key role in developing online psychoeducational resources to assist families. Compounding these informational gaps are structural barriers (e.g., long wait lists, referral delays), which may have been exacerbated by the COVID-19 pandemic, considering that over half of the included studies were conducted 2020–2025. While many barriers exist within lower system levels, meaningful change also requires action at higher levels, including in policy and organizational structures (Cox et al., 2024).

A further concern is the perceived negative experiences with some healthcare professionals, which hindered trust and engagement. Thus, professionals should have expertise in self-harm, adopt a compassionate, non-judgmental approach, and actively involve families during care. A recent meta-review found that care for distressed young people was more successful when family involvement was integrated (Radunz et al., 2025).

Even after receiving care, many families felt unsupported when services ended. Discharge was frequently abrupt, leading to feelings of abandonment and highlighting a gap in structured follow-up care. Clear information on safety planning and novel strategies for ensuring follow-up (Rozova et al., 2022) are essential for maintaining recovery and family stability.

Strengths, Limitations, and Future Directions

To our knowledge, this was the first systematic review that integrated both quantitative and qualitative evidence on the experiences and needs of families of young people who self-harm. The review followed PRISMA guidelines and included rigorous methodological quality assessment. Seventeen of the 31 included studies were published between 2020 and 2025, ensuring findings are current and relevant.

Still, several limitations should be considered. A meta-analysis or statistical synthesis was unfeasible due to the small number and substantial heterogeneity of quantitative studies. Quantitative data also showed substantial variability in how families' experiences and needs are measured. To our knowledge, only one instrument – the Scale of Effects of Suicidal Behaviors in Relatives (SESB-R-26; Brás et al., 2020), validated in Portuguese – had been developed, highlighting the need for standardized tools to enable consistent assessment and cross-study comparisons.

Most studies were cross-sectional, limiting insight into how families' experiences and needs evolve; longitudinal research is needed to capture these changes. Moreover, small sample sizes and a predominance of mothers limit the generalizability of findings to other family members. Future studies should include larger, more diverse samples and explore creative strategies to engage all family members. Emphasizing the value of fathers' and siblings' perspectives may support recruitment by increasing their sense of relevance. Siblings' experiences vary by age and relationship with the young person and warrant further investigation. Additional limitations include the exclusion of grey literature and limited analytical depth in a few studies, which may have omitted relevant insights.

Evidence from family-based interventions for self-harming or suicidal youth demonstrates that families' active involvement improves adolescent outcomes and contributes to family well-being. Studies of Dialectical Behavior Therapy for Adolescents (Flynn et al., 2023; Smith et al., 2023) and Attachment-Based Family Therapy (Diamond et al., 2021) have reported benefits for families' emotional and psychological health (e.g., burden, stress, anxiety) and improvements in family functioning (e.g., communication, adaptability). Future research should evaluate the outcomes of interventions delivered in community settings, examine their effectiveness for underrepresented family members, and assess long-term impacts on family well-being and relational functioning.

CONCLUSION

Recovery from self-harm appears to require the involvement of entire families as interdependent individuals. Family support must be therapeutic rather than merely instructional. A systemic, family-centered approach is essential to address a family's needs, support recovery, and foster resilience. Services must be accessible and responsive during and after discharge. Families would benefit from specialized care pathways for self-harm delivered by trained professionals, alongside psychoeducational resources and lived-experience support networks to offer guidance, promote self-care, and reduce isolation. These findings highlight the urgency of systemic improvements to support families throughout recovery.

AUTHORS' CONTRIBUTIONS

BCD, IR, and MB contributed to the conception and design of the study. BCD and MB were responsible for data analysis and interpretation. BCD and MB drafted the manuscript. CC, CN, and IR critically revised the manuscript for important intellectual content. All authors discussed the results and contributed to the final version of the manuscript. MB supervised the project.

DISCLOSURE STATEMENT

The authors declare no conflicts of interest.

FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

AUTHOR NOTES

Beatriz Cação-Dias, University of Algarve, Faro, Portugal. Inês Rothes, Faculty of Psychology and Educational Sciences; Center for Psychology, University of Porto, Porto, Portugal. Cláudia Carmo, Cristina Nunes, Marta Brás, University Research Center in Psychology, University of Algarve, Faro, Portugal.

Correspondence concerning this article should be addressed to Beatriz Cação-Dias, University of Algarve, Faro, Portugal. Email: bmdias@ualg.pt

ORCID

Beatriz Cação-Dias  <http://orcid.org/0009-0001-2129-957X>
 Inês Rothes  <http://orcid.org/0000-0002-0370-2038>
 Cláudia Carmo  <http://orcid.org/0000-0002-7301-349X>
 Cristina Nunes  <http://orcid.org/0000-0002-1009-0519>
 Marta Brás  <http://orcid.org/0000-0001-7430-1939>

REFERENCES

- Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. (2024). *JBI manual for evidence synthesis [Internet]*. JBI. <https://jbi-global-wiki.refined.site/space/MANUAL>
- Asare-Doku, W., Osafo, J., & Akotia, C. S. (2017). The experiences of attempt survivor families and how they cope after a suicide attempt in Ghana: A qualitative study. *BMC Psychiatry*, 17(1), 178. <https://doi.org/10.1186/s12888-017-1336-9>
- Bifulco, A., Schimmenti, A., Moran, P., Jacobs, C., Bunn, A., & Rusu, A. C. (2014). Problem parental care and teenage deliberate self-harm in young community adults. *Bulletin of the Menninger Clinic*, 78(2), 95–114. <https://doi.org/10.1521/bumc.2014.78.2.95>
- Boussat, M. L., Fourcade, L., Mourouvaye, M., Grandclerc, S., Moro, M. R., & Lachal, J. (2022). [Qualitative study of parents' experience after their teen's suicide attempt]. *L'Encephale*, 48(4), 390–396.
- Brager-Larsen, A., Zeiner, P., Klungsøyr, O., & Mehlum, L. (2022). Is age of self-harm onset associated with increased frequency of non-suicidal self-injury and suicide attempts in adolescent outpatients? *BMC Psychiatry*, 22(1), 58. <https://doi.org/10.1186/s12888-022-03712-w>

- Brás, M., Jardim, T., Henriques, M., & Rothes, I. (2020). Symptomatology and social support of family of young people with nonfatal suicidal behaviours. *Psicologia*, 34(1), 288–295. <https://doi.org/10.17575/psicologia.v34i1.1681>
- Buus, N., Caspersen, J., Hansen, R., Stenager, E., & Fleischer, E. (2014). Experiences of parents whose sons or daughters have (had) attempted suicide. *Journal of Advanced Nursing*, 70(4), 823–832. <https://doi.org/10.1111/jan.12243>
- Byrne, S., Morgan, S., Fitzpatrick, C., Boylan, C., Crowley, S., Gahan, H., Howley, J., Staunton, D., & Guerin, S. (2008). Deliberate self-harm in children and adolescents: A qualitative study exploring the needs of parents and carers. *Clinical Child Psychology and Psychiatry*, 13(4), 493–504. <https://doi.org/10.1177/1359104508096765>
- Claes, L., Luyckx, K., Baetens, I., Van de Ven, M., & Witteman, C. (2015). Bullying and victimization, depressive mood, and non-suicidal self-injury in adolescents: The moderating role of parental support. *Journal of Child and Family Studies*, 24(11), 3363–3371. <https://doi.org/10.1007/s10826-015-0138-2>
- Cox, J. A., Mills, L., Hermens, D. F., Read, G. J. M., & Salmon, P. M. (2024). A systematic review of the facilitators and barriers to help-seeking for self-harm in young people: A systems thinking perspective. *Adolescent Research Review*, 9(3), 411–434. <https://doi.org/10.1007/s40894-024-00241-3>
- Czyz, E. K., Horwitz, A. G., Yeguez, C. E., Ewell Foster, C. J., & King, C. A. (2018). Parental self-efficacy to support teens during a suicidal crisis and future adolescent emergency department visits and suicide attempts. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 47(sup1), S384–S396. <https://doi.org/10.1080/15374416.2017.1342546>
- Daly, P. (2005). Mothers living with suicidal adolescent. A phenomenological study of their experiences. *Journal of Psychosocial Nursing and Mental Health Services*, 43(3), 22–28.
- Dempsey, S-j A., Halperin, S., Smith, K., Davey, C. G., Mckechnie, B., Edwards, J., & Rice, S. M. (2019). Some guidance and somewhere safe?: caregiver and clinician perspectives on service provision for families of young people experiencing serious suicide ideation and attempt. *Clinical Psychologist*, 23(2), 103–111. <https://doi.org/10.1111/cp.12172>
- Diamond, G., Diamond, G. M., & Levy, S. (2021). Attachment-based family therapy: Theory, clinical model, outcomes, and process research. *Journal of Affective Disorders*, 294, 286–295. <https://doi.org/10.1016/j.jad.2021.07.005>
- Ferrey, A. E., Hughes, N. D., Simkin, S., Locock, L., Stewart, A., Kapur, N., Gunnell, D., & Hawton, K. (2016). The impact of self-harm by young people on parents and families: A qualitative study. *BMJ Open*, 6(1), e009631. <https://doi.org/10.1136/bmjopen-2015-009631>
- Ferrey, A. E., Hughes, N. D., Simkin, S., Locock, L., Stewart, A., Kapur, N., Gunnell, D., & Hawton, K. (2016). Changes in parenting strategies after a young person's self-harm: A qualitative study. *Child and Adolescent Psychiatry and Mental Health*, 10(1), 20. <https://doi.org/10.1186/s13034-016-0110-y>
- Flynn, D., Gillespie, C., Joyce, M., & Spillane, A. (2023). An evaluation of the skills group component of DBT-A for parent/guardians: A mixed methods study. *Irish Journal of Psychological Medicine*, 40(2), 143–151. <https://doi.org/10.1017/ipm.2019.62>
- French, Á., Gaynor, K., Nearchou, F., Raftery, S., O'Dwyer, B., & Hennessy, E. (2024). Parents' information needs in relation to adolescent self-harm: Perspectives of parents and professionals. *Archives of Suicide Research: Official Journal of the International Academy for Suicide Research*, 28(4), 1131–1146. <https://doi.org/10.1080/13811118.2023.2279524>
- Fu, X., Yang, J., Liao, X., Lin, J., Peng, Y., Shen, Y., Ou, J., Li, Y., & Chen, R. (2020). Parents' attitudes toward and experience of non-suicidal self-injury in adolescents: A qualitative study. *Frontiers in Psychiatry*, 11, 651. <https://doi.org/10.3389/fpsy.2020.00651>
- Fu, X., Yang, J., Liao, X., Shen, Y., Ou, J., Li, Y., & Chen, R. (2021). Parents' and medical staff's experience of adolescents with suicide-related behaviors admitted to a general hospital in China: Qualitative study. *BMC Psychiatry*, 21(1), 62. <https://doi.org/10.1186/s12888-021-03057-w>

- Goldston, D. B., Daniel, S. S., Curry, J. F., Wells, K. C., Doyle, O., Weller, B. E., Erkanli, A., Breland-Noble, A. M., Heilbron, N. C., & Inscoe, A. B. (2025). Lived experiences of mothers: A longitudinal study of impacts and adjustment following adolescent psychiatric hospitalization for suicide attempts or other reasons. *Suicide & Life-Threatening Behavior*, 55(2), e13145. <https://doi.org/10.1111/sltb.13145>
- Greene-Palmer, F. N., Wagner, B. M., Neely, L. L., Cox, D. W., Kochanski, K. M., Perera, K. U., & Ghahramanlou-Holloway, M. (2015). How parental reactions change in response to adolescent suicide attempt. *Archives of Suicide Research: Official Journal of the International Academy for Suicide Research*, 19(4), 414–421. <https://doi.org/10.1080/13811118.2015.1094367>
- Griffin, E., McMahon, E., McNicholas, F., Corcoran, P., Perry, I. J., & Arensman, E. (2018). Increasing rates of self-harm among children, adolescents and young adults: A 10-year national registry study 2007–2016. *Social Psychiatry and Psychiatric Epidemiology*, 53(7), 663–671. <https://doi.org/10.1007/s00127-018-1522-1>
- Griffiths, R., Page, L., McDougall, T., Devlin, P., Midgley, S., & Baker, J. (2023). Staff responses to self-harm by children and young people in mental health inpatient settings: Experiences and views of children and young people, parents and staff. *International Journal of Mental Health Nursing*, 32(4), 1082–1093. <https://doi.org/10.1111/inm.13143>
- Hammond, N. G., Semchishen, S. N., Geoffroy, M.-C., Sikora, L., Wafy, G., Hsueh, L., Khan, H., Edwards, J., Gravel, C., Ferro, M. A., & Colman, I. (2025). Family dynamics and self-harm and suicidality in children and adolescents: A systematic review and meta-analysis. *The Lancet. Psychiatry*, 12(9), 660–672. [https://doi.org/10.1016/S2215-0366\(25\)00217-2](https://doi.org/10.1016/S2215-0366(25)00217-2)
- Hawton, K., Saunders, K. E., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379(9834), 2373–2382. [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O' Cathain, A., Rousseau, M.-C., Vedel, I., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, 34(4), 285–291. <https://doi.org/10.3233/EFI-180221>
- Huang, Z., Hao, W., Wan, J., Qiao, J., Xie, M., Yu, Y., et al. (2025). Psychological experiences of primary caregivers of adolescent and young adult patients who lived through a suicide attempt by poisoning in the Emergency Department: A qualitative study. *The Journal of Emergency Nursing*, 51(3), 422–432. [https://www.jenonline.org/article/S0099-1767\(24\)00368-4/fulltext](https://www.jenonline.org/article/S0099-1767(24)00368-4/fulltext)
- Joiner, T. (2013). Association of personal distress with burnout, compassion fatigue, and compassion satisfaction among clinical social workers. *Journal of Social Service Research*, 39(3), 365–379. <http://doi.org/10.1080/01488376.2013.771596>
- Juel, A., Erlangsen, A., Berring, L. L., Larsen, E. R., & Buus, N. (2023). Re-constructing parental identity after parents face their offspring's suicidal behaviour: An interview study. *Social Science & Medicine* (1982), 321, 115771. <https://doi.org/10.1016/j.socscimed.2023.115771>
- Kelada, L., Whitlock, J., Hasking, P., & Melvin, G. (2016). Parents' experiences of nonsuicidal self-injury among adolescents and young adults. *Journal of Child and Family Studies*, 25(11), 3403–3416. <https://doi.org/10.1007/s10826-016-0496-4>
- Klemra, E., Brooks, F. M., Chester, K. L., Magnusson, J., & Spencer, N. (2017). Self-harm in adolescence: Protective health assets in the family, school and community. *International Journal of Public Health*, 62(6), 631–638. <https://doi.org/10.1007/s00038-016-0900-2>
- Krysinska, K., Curtis, S., Lamblin, M., Stefanac, N., Gibson, K., Byrne, S., Thorn, P., Rice, S. M., McRoberts, A., Ferrey, A., Perry, Y., Lin, A., Hetrick, S., Hawton, K., & Robinson, J. (2020). Parents' experience and psychoeducation needs when supporting a young person who self-harms. *International Journal of Environmental Research and Public Health*, 17(10), 3662. <https://doi.org/10.3390/ijerph17103662>
- Landstedt, E., & Gillander Gådin, K. (2011). Deliberate self-harm and associated factors in 17-year-old Swedish students. *Scandinavian Journal of Public Health*, 39(1), 17–25. <https://doi.org/10.1177/1403494810382941>
- Lantto, R., Lindkvist, R. M., Jungert, T., Westling, S., & Landgren, K. (2023). Receiving a gift and feeling robbed: A phenomenological study on parents' experiences of Brief Admissions for

- teenagers who self-harm at risk for suicide. *Child and Adolescent Psychiatry and Mental Health*, 17(1), 127. <https://doi.org/10.1186/s13034-023-00675-y>
- Lewin, S., Booth, A., Glenton, C., Munthe-Kaas, H., Rashidian, A., Wainwright, M., et al. (2018). Applying GRADE-CERQual to qualitative evidence synthesis findings: Introduction to the series. *Implement Sci IS*, 13(1), 2. 3 <https://doi.org/10.1186/s13012-017-0688-3>
- Ludvigsen, M. S., Hall, E. O. C., Meyer, G., Fegran, L., Aagaard, H., & Uhrenfeldt, L. (2016). Using Sandelowski and Barroso's meta-synthesis method in advancing qualitative evidence. *Qualitative Health Research*, 26(3), 320–329. <https://doi.org/10.1177/1049732315576493>
- McDonald, G., O'Brien, L., & Jackson, D. (2007). Guilt and shame: Experiences of parents of self-harming adolescents. *Journal of Child Health Care: For Professionals Working with Children in the Hospital and Community*, 11(4), 298–310. <https://doi.org/10.1177/1367493507082759>
- McGrath, L., Wilson, C. E., & Buckmaster, A. (2024). No one else understands', 'I wouldn't want to pity myself over something that's not really my problem': Siblings' experiences of their adolescent brothers and sisters' inpatient treatment for mental health difficulties. *Child Adolescent Ment Health*, 29(1), 4–13. <https://doi.org/10.1111/camh.12645>
- Mughal, F., Troya, M. I., Dikomitis, L., Tierney, S., Corp, N., Evans, N., Townsend, E., & Chew-Graham, C. A. (2022). The experiences and needs of supporting individuals of young people who self-harm: A systematic review and thematic synthesis. *EClinicalMedicine*, 48, 101437. <https://doi.org/10.1016/j.eclinm.2022.101437>
- NICE. (2022). *Self-harm: Assessment, management and preventing recurrence [Internet]*. <https://www.nice.org.uk/guidance/ng225>
- Oldershaw, A., Richards, C., Simic, M., & Schmidt, U. (2008). Parents' perspectives on adolescent self-harm: Qualitative study. *The British Journal of Psychiatry: The Journal of Mental Science*, 193(2), 140–144. <https://doi.org/10.1192/bjp.bp.107.045930>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ (Clinical Research ed.)*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Petticrew, M., & Roberts, H. (2006). *Systematic reviews in the social sciences: A practical guide*. Blackwell Publishing. <https://doi.org/10.1002/9780470754887>
- Qin, Y., Wu, D., Liu, J., Peng, J., & Li, C. (2023). Perspectives of parents of adolescents with repeated non-suicidal self-injury on sharing their caretaking experiences with peers: A qualitative study. *Frontiers in Psychiatry*, 14, 1237436. <https://doi.org/10.3389/fpsy.2023.1237436>
- Radunz, M., Johnson, C., O'Dea, B., & Wade, T. D. (2025). Interventions for self-harm and suicidality in paediatric emergency departments: A meta-review. *European Child & Adolescent Psychiatry*, 34(11), 3695. <https://doi.org/10.1007/s00787-025-02706-9>
- Raphael, H., Clarke, G., & Kumar, S. (2006). Exploring parents' responses to their child's deliberate self-harm. *Health Education*, 106(1), 9–20.
- Rheinberger, D., Shand, F., McGillivray, L., McCallum, S., & Boydell, K. (2023). Parents of adolescents who experience suicidal phenomena: A scoping review of their experience. *International Journal of Environmental Research and Public Health*, 20(13), 6227. <https://doi.org/10.3390/ijerph20136227>
- Rose, H., Cohen, K., & Kinney, C. (2011). Mothers' experiences of mental health services following their children's self-harm. *Family Science*, 2(3), 196–202. <https://doi.org/10.1080/19424620.2012.665379>
- Rozova, V., Witt, K., Robinson, J., Li, Y., & Verspoor, K. (2022). Detection of self-harm and suicidal ideation in emergency department triage notes. *Journal of the American Medical Informatics Association: JAMIA*, 29(3), 472–480. <https://doi.org/10.1093/jamia/ocab261>
- Shamseer, L., Moher, D., Clarke, M., Ghera, D., Liberati, A., Petticrew, M., Shekelle, P., & Stewart, L. A., PRISMA-P Group. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: Elaboration and explanation. *BMJ (Clinical Research ed.)*, 350, g7647. <https://doi.org/10.1136/bmj.g7647>

- Smith, L., Hunt, K., Parker, S., Camp, J., Stewart, C., & Morris, A. (2023). Parent and carer skills groups in dialectical behaviour therapy for high-risk adolescents with severe emotion dysregulation: A mixed-methods evaluation of participants' outcomes and experiences. *International Journal of Environmental Research and Public Health*, 20(14), 6334. <https://doi.org/10.3390/ijerph20146334>
- Spiers, S., Grandclerc, S., Guénolé, F., Moro, M. R., & Lachal, J. (2020). Relations parents-adolescents autour des automutilations: Une étude qualitative. *Neuropsychiatrie de L'enfance et de L'adolescence*, 68(1), 46–54. <https://doi.org/10.1016/j.neurenf.2019.09.003>
- Steeg, S., Cooper, J., & Kapur, N. (2014). *Early intervention for self-harm and suicidality*. In: *Early intervention in psychiatry: EI of nearly everything for better mental health* (p. 255–266). Wiley Blackwell.
- Stewart, A., Hughes, N. D., Simkin, S., Locock, L., Ferrey, A., Kapur, N., Gunnell, D., & Hawton, K. (2018). Navigating an unfamiliar world: How parents of young people who self-harm experience support and treatment. *Child and Adolescent Mental Health*, 23(2), 78–84. <https://doi.org/10.1111/camh.12205>
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of non-suicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide & Life-Threatening Behavior*, 44(3), 273–303. <https://doi.org/10.1111/sltb.12070>
- Tetkovic, I., Anderson, J. K., Brocklebank, D., O'Logbon, J., Burn, A. M., & Ford, T. J. (2025). Interventions for siblings of children and young people with mental health conditions: A systematic review. *JCPP Advances*, 5(2), e12300.
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 45. <https://doi.org/10.1186/1471-2288-8-45>
- Townsend, M. L., Jain, A., Miller, C. E., & Grenyer, B. F. S. (2022). Prevalence, response and management of self-harm in school children under 13 years of age: A qualitative study. *School Mental Health*, 14(3), 685–694. <https://doi.org/10.1007/s12310-021-09494-y>
- Townsend, M. L., Matthews, E. L., Miller, C. E., & Grenyer, B. F. (2023). Adolescent self-harm: Parents' experiences of supporting their child and help-seeking. *Journal of Child Health Care: For Professionals Working with Children in the Hospital and Community*, 27(4), 516–530. <https://doi.org/10.1177/13674935211062334>
- Townsend, M. L., Miller, C. E., Matthews, E. L., & Grenyer, B. F. S. (2021). Parental Response style to adolescent self-harm: Psychological, social and functional impacts. *International Journal of Environmental Research and Public Health*, 18(24), 13407. <https://doi.org/10.3390/ijerph182413407>
- Trinco, M., Santos, J., & Barbosa, A. (2017). Experiences and needs of parents of adolescents with self-harm behaviors during hospitalization. *Revista de Enfermagem Referência, IV Série*(13), 115–124. <https://doi.org/10.12707/RIV17008>
- Tschan, T., Lüdtke, J., Schmid, M., & In-Albon, T. (2019). Sibling relationships of female adolescents with nonsuicidal self-injury disorder in comparison to a clinical and a nonclinical control group. *Child and Adolescent Psychiatry and Mental Health*, 13(1), 15. <https://doi.org/10.1186/s13034-019-0275-2>
- Waal, L., Baetens, I., Rober, P., Lewis, S., Van Parys, H., Goethals, E. R., & Whitlock, J. (2018). The NSSI family distress cascade theory. *Child and Adolescent Psychiatry and Mental Health*, 12(1), 52. <https://doi.org/10.1186/s13034-018-0259-7>
- Wadman, R., Vostanis, P., Sayal, K., Majumder, P., Harroe, C., Clarke, D., Armstrong, M., & Townsend, E. (2018). An interpretative phenomenological analysis of young people's self-harm in the context of interpersonal stressors and supports: Parents, peers, and clinical services. *Social Science & Medicine* (1982), 212, 120–128. <https://doi.org/10.1016/j.socscimed.2018.07.021>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1–18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>
- Wang, X., Huang, X., Huang, X., & Zhao, W. (2022). Parents' lived experience of adolescents' repeated non-suicidal self-injury in China: A qualitative study. *BMC Psychiatry*, 22(1), 70. <https://doi.org/10.1186/s12888-022-03715-7>

- Wang, X., Miu, Q., Wang, J., Huang, X., & Xie, W. (2024). Caregiving information needs of family caregivers of adolescent patients with suicide attempts: A qualitative study in China. *BMC Nursing*, 23(1), 445. <https://doi.org/10.1186/s12912-024-02120-7>
- Wang, Y., Chen, X., Song, C., Wu, Y., Liu, L., Yang, L., & Hao, X. (2024). A qualitative internet-based study of parental experiences of adolescents suffering from affective disorders with non-suicidal self-injury during the COVID-19 pandemic. *Frontiers in Psychiatry*, 15, 1361144. <https://doi.org/10.3389/fpsy.2024.1361144>
- Weissinger, G. M., Evans, L., Van Fossen, C., Winston-Lindeboom, P., Ruan-Iu, L., & Rivers, A. S. (2023). Parent experiences during and after adolescent suicide crisis: A qualitative study. *International Journal of Mental Health Nursing*, 32(3), 917–928. <https://doi.org/10.1111/inm.13137>