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A Mini Review: The Impact of Family-Centered Interventions and Peer Support in Improving Mental Health Outcomes for Suicidal Youth

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Abstract

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1. Introduction

Effective long-term treatment following acute crisis intervention is essential to reduce suicidal ideation and prevent future suicide attempts in at-risk youth. Since 2019, research has emphasized the critical role of family involvement during both an acute crisis and recovery phases, as well as the addition of peer support workers in mental health treatment. This review explores specific family-centered interventions and peer support strategies aimed at improving mental health outcomes among suicidal youth.

2. Discussion

strategy that can be used for adolescent patients to address interpersonal problems, communication skills, and problem-solving strategies related to depression. An ultra-brief version, IPT-A SCI, was tested as an emergency outpatient intervention for suicidal adolescents in acute crisis (1). The goal was to provide immediate support to reduce suicide risk and develop a plan for ongoing care. The intervention included five weekly sessions, with parental involvement in sessions 1 and 5 (1).
Session 1 focused on suicide risk assessment, depression evaluation, and creating a safety plan with coping strategies when suicide risk is increased (2). Session 5 reviewed treatment progress and the safety plan to prevent relapse. Patients and parents also received four follow-up emails over 12 weeks to reinforce the safety plan and interpersonal skills developed, as well as additional resources and emergency contact information. IPT-A SCI demonstrated feasibility, safety, and reduced suicidal ideation compared to a waitlist control. It also resulted in lower post-treatment dropout rates compared to standard care, which included inpatient, day treatment, or outpatient treatment combined with follow up therapy (1). This intervention equips parents with tools to manage future crises and connects families with community mental health resources, which can ultimately improve outcomes for suicidal youth.

Research has demonstrated that incorporating family care into outpatient treatment plans leads to improvement in patient depression and anxiety, family conflict, suicide risk, and help-seeking behaviors (3). Intensive outpatient therapy (IOP), designed for patients requiring more support than conventional outpatient care, offers an opportunity to implement family-centered interventions (3). One case report describes a 15-year-old female patient with major depressive disorder who, after discharge from inpatient services following a suicide attempt, received family-centered care throughout her IOP treatment. This approach included medication management, individual case management, measurement-based care, dialectical behavior therapy (DBT), and the *CHATogether* intervention.

Medication management facilitated ongoing communication between the family and psychiatrist regarding diagnosis, medication options, side effects, and treatment goals. Case management assisted the family with logistical challenges, such as coordinating with the patient's school, and provided education on coping strategies specific to their daughter's needs, as well as ways to create a safer home environment during crises. The parents also participated in weekly peer support groups, where they found connection and reassurance that they were not alone in supporting their child through a mental health crisis (3). Measurement-based care involved collecting data from validated questionnaires assessing social stress, locus of control, depression, hyperactivity, and emotional sensitivity, gathered from both patient and family throughout treatment. This information guided clinicians, the patient, and family in monitoring their daughter's progress through IOP, and allowed necessary adjustments to be made to the treatment plan. DBT modules focusing on mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness led to improved family communication and emotional co-regulation. The *CHATogether* intervention provided a safe space to address family-specific conflicts and helped the parents recognize how their own childhood trauma influenced their parenting and communication styles with their daughter. By the end of IOP, the family reported developing new coping skills and a more compassionate understanding of the patient's mental health challenges. They continued with individual and family therapy even after completing the program (3). Family-centered therapy supports the well-being of the patient and empowers caregivers with the skills and resources needed to provide effective support. Overall,

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family engagement is associated with better treatment adherence and higher attendance rates in mental health services and ensuring optimal outcomes (4,5).

In addition to family education and support, peer support can improve outcomes for youth with a history of suicidal ideation or attempts. Over one year, two peer support workers were integrated into the treatment plan of a chronically suicidal 17-year-old female patient. The patient reported that this intervention led to reduced loneliness and increased hope. Through regular meetings, the patient formed “normal” connections with people who treated her with genuine interest and respect, helping her feel valued and less isolated. The peer workers provided a safe space for her to openly discuss suicidality, the loss of peers to suicide, and struggles with family relationships. These were all topics she reported she did not feel comfortable addressing with other mental health staff. Connecting with peer support workers gave her hope, as they encouraged her to look ahead to the future and her goals, such as obtaining further education. Overall, the patient experienced a decrease in suicidal tendencies and a stronger sense of connectedness and community (6).

3. Conclusion

Family-centered care and peer support interventions can reduce suicidal ideation and improve mental health outcomes in youth with a history of suicide attempts or ideation. However, it is important to recognize that not all adolescents have access to supportive family members or peer support resources. Additionally, families may face limitations in time, finances, or availability that prevent full participation in intensive, family-centered care. These disparities highlight the need to continue developing and implementing effective, accessible psychiatric treatment strategies that support at-risk youth of all different socioeconomic backgrounds.

References

1. Haruvi Catalan, L., Levis Frenk, M., Adini Spigelman, E., Engelberg, Y., Barzilay, S., Mufson, L., Apter, A., Benaroya Milshtein, N., Fennig, S., & Brunstein Klomek, A. B. (2020). *Ultra brief crisis IPT A based intervention for suicidal children and adolescents (IPT A SCI) pilot study results.* Front. Psychiatry, **11**, Article 553422.

2. Stanley, B., & Brown, G. K. (2012). *Safety planning intervention: A brief intervention to mitigate suicide risk.* Cogn. Behav. Pract., **19**(2), 256–264.

3. Kietzman, H. W., Styles, W. L., Franklin Zitzkat, L., Del Vecchio Valerian, M., & Yuen, E. Y. (2025). *Family centered care in adolescent intensive outpatient mental health treatment in the United States: A case study.* Healthc., **13**(9), Article 1079.

4. Becker, K. D., Lee, B. R., Daleiden, E. L., Lindsey, M., Brandt, N. E., & Chorpita, B. F. (2015). *The common elements of engagement in children's mental health services: Which elements for which outcomes?* J. Clin. Child Adolesc. Psychol., **44**(1), 30–43.

5. Haine-Schlagel, R., & Walsh, N. E. (2015). *A review of parent participation engagement in child and family mental health treatment.* Clin. Child Fam. Psychol. Rev., **18**(2), 133–150.

6. Kaijadoe, S. P. T., Nijhof, K. S., Klip, H., Popma, A., & Scholte, R. H. J. (2024). *Surviving against the odds: The impact of peer support workers on a chronically suicidal adolescent in secure residential youth care: A single case report from the Netherlands.* Int. J. Qual. Stud. Health Well-being, **19**(1), Article 2409514.

