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Recruitment of Adolescents with Suicidalideation in the Emergency Department:lessons from a Randomized Controlled Pilottrial of Youth Suicide Prevention Intervention

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ABSTRACT

Randomized controlled trials (RCTs) may benefit from EDs' role as the first point of contact for many young people with mental health and suicidal issues (RCTs). Acute care facilities, on the other hand, have a difficult time filling open positions. This Teenagers aged 12 to 17 who were admitted to a mental health centre for evaluation were eligible to participate in the research. In a children's hospital emergency department with suicidal thoughts (ED).

Methods: *During the earliest stages of the inquiry, recruitment barriers such as the time of day were found.*

Day of ED Presentations and Challenges for Acute Diabetic Diagnosis Participation inFamilies with suicidal loved ones, difficulties in enticing them to come to the ER, and environmental issuesSeveral parents and children have expressed worry about the research. We estimated the average number of new hires each month for each organisation.Using the emergency room as a recruiting ground has been studied as a method of preventing suicide among children. Check out our ability to bring in fresh employees.

INTRODUCTION

Children and teenagers are more prone to suffer from mental health issues than adults. Approximately one in every ten Canadians [1] between the ages of 5 and 24 suffers from mental illness. Adults who have experienced mental health challenges may be more likely to need acute health care services than those who have not [2]. Suicide-related behaviors (SRBs) such suicidal thoughts, intentional self-harm, and suicidal behaviour are more common among children and adolescents who have mental health problems. Suicidal and non-suicidal self-injury are both included in this classification.To reduce SRBs, we need evidence-based solutions that have been carefully validated in RCTs and can be implemented. The Emergency Department is a common destination for children and adolescents with acute mental health issues, such as SRBs (ED). Children and adolescents with major mental health issues, such as SRB, are more likely to attend emergency departments (EDs) than the general population [7].In children and adolescents who show up to EDs with SRBs, there is an elevated risk of recurrent suicide behaviour.To aid those who have taken their own lives because of depression or other mental health difficulties. High-quality products are thus necessary.Patients in the emergency department (ED) could benefit from randomised controlled trials of programmes focused at suicide prevention. [13,14]It is critical for clinical research studies to be able to recruit and randomly assign participant

When conducting a clinical study, it is hard to avoid difficulties in recruiting participants.60 to 70 percent of the medical research assessed in two UK examinations were found to be flawed, as well.In the first recruiting phase, more than six in ten (69 percent) employees failed to reach their targets.Due to the inclusion of paediatric research, it was unable to make conclusions regarding children or adolescents from the study data.15 and 16 It is possible to determine.RCTs in both acute and non-acute care settings have revealed that trials in the former are more likely to be stopped early owing to low recruitment than trials in the latter. In other cases, being employed may be more challenging.In the emergency room, [18–20] are more prevalent than in other settings.For the benefit of future studies, some researchers have proposed that enrollment figures be made public as an indicator of recruiting productivity.ED-based RCT recruiting has never been addressed in prior research.Randomized controlled trials in emergency departments (ED) of child mental health treatmentinterventions in the health care system However, it's hard to determine for sure whether these studies have the same challenges in recruiting volunteers as those in other medical specialties.It may be difficult to find young individuals who require immediate mental health treatment. We describe the outcomes of a randomised controlled trial

(RCT) conducted in a paediatric emergency department (ED).Patients with SRBs in this research were between the ages of 12 and 17 years old. Participants may also get YSP or CNS, a kind of case navigation aid for children and their families, in addition to normal therapy. We kept a journal of the issues we ran upon while doing research.

OBJECTIVES

For two reasons, this paper was created. Researchers analyzed the screening-to-randomization ratios of the two groups in the ED's suicide prevention pilot project (the YSP pilot trial) to see whether a more active recruitment method improved the initial screening-to-randomization ratio (the YSP pilot trial).removing obstacles that have previously been identified and removed. Another goal was to develop a way to quantify how effective our recruiting efforts were. Involved in the study of teenage suicide prevention strategies from the emergency department, patients with SRBs

METHODS

Certain barriers may make it more difficult to recruit volunteers for the ED. Participants will be recruited for a pilot RCT preventative approach to identify any possible impediments as the study's primary priority.

Location of a small-scale YSP experiment According to the YSP study's ED, it has been described in depth elsewhere [22]. Youth and family-centered suicide prevention methods are utilized for at least six weeks to evaluate adolescents between the ages of 12 and 17 who demonstrate signs of suicidal ideation or behavior in the ED (SPS). For both the SPS condition and the control comparator, case navigation (NAV) is supplied on a 1:1 basis and is stratified by age and sex. At 6-month follow-up, the main outcome was a decrease in the Suicidal Ideation Questionnaire-Jar score (23). Since this writing, we're still in the middle of the recruiting process. In Ontario, Canada, the RCT is housed in a renowned children's hospital. After a doctor's appointment

If the ED team determines that an SRB patient should be released, they will do so.A team of psychiatrists, residents in psychiatry, and nurse practitioners is available around the clock in the case of an emergency.

Young people whose mental health providers think they are unfit to return to their homes must be admitted to an inpatient mental health facility.After leaving the emergency room, patients are given instructions on how to take care of themselves at home.If you're looking for local resources to help with your mental health, go no further than this website. Referrals are one kind of follow-up recommendation. In the hospital's Psychiatry Urgent Care Clinic, one-time mental health assessments are offered (UCC).Those in need of crisis support may also get help finding local resources. Where the YSP pilot project got its start ED's method for attracting new employees Researchers began by using an established network of research nurses to find, evaluate, and approve potential Patients(Fig.1).

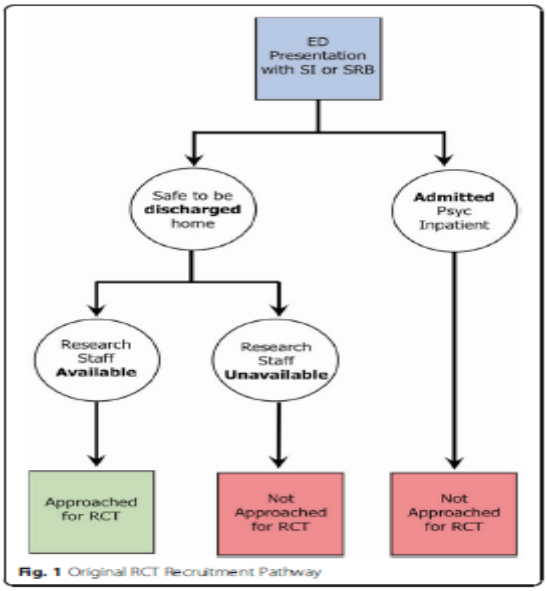

Fig. 1 Original RCT Recruitment Pathway

The emergency room is a popular location for clinical trials. At 6 or 8 a.m. each day, one research nurse was assigned to complete a 12-hour shift in order to cover the study's working hours. Patients between the ages of 18 and 65 were monitored by the research nurse using the hospital's computerized patient monitoring system.

Who were between the ages of 12 and 17People who had been pre-screened and found to be eligible for SRB were the ones who brought them to the ED in the first place. Patient and caregiver interest in participating in a research study for pre-screening eligible patients was asked by a clinical member of the patient's care team. An eligibility check was performed if the kid and/or parents expressed an interest. The Suicidal Ideation Questionnaire-Jar [23] and the ages of 12 and 17 were initial inclusion criteria. The (SIQ-Jar) must be below 31 for all three of these requirements: having an English-speaking parent or caregiver, residing within the hospital's service area, and having access to a phone (mobile or land line). Individuals were excluded from the trial if they had a mood elevation score of three on the KSADS screening test or if they had been admitted to a hospital for self-harm or suicidal behaviour. Patients in hospitals were not included in the pilot research since they already had access to the treatment under investigation.Degree programmes in psychiatry. Any patient who was found to be eligible for the study promptly accepted to join without any hesitancy or second thoughts. A research nurse informed us as a follow-up. The next day, a call will be made to the participant's family by the research coordinator to set up the baseline assessment.I'll be there if you need me for research purposes.

YSP Trial Baseline Recruitment Barriers

Only three of the 15 patients treated in the emergency department during the first two months of recruitment and randomization could be included in the research. Only four individuals were initially expected to volunteer each month, which shows that recruiting new team members may be challenging.

There's a possibility.

At the outset of the research and during the recruiting procedure, a number of roadblocks were discovered. The study's researchers gathered and summarized input from clinical and research workers on the recruiting procedure (including research nurses and the study coordinator). In the wake of the probe, they also examined the recruiting process and the connections it had. 'Youth and family issues have been cited as hurdles to the recruitment of different causes by various organizations. Because their hours were so long, the clinical research nurses caring for SI and SRB patients were forced to keep them waiting for long periods of time. An exceptionally high percentage of SRB patients were seen in the ED late at night or in the evening. Due to the conclusion of the research nurse's shift, a large number of eligible participants were unable to participate in the study. During the study nurse's shifts, several SRB patients came to the ER late in the day. Researchers were unable to engage with teens that had been triaged, put in a room, and made ready for study eligibility screening. Secondly, working night shifts in emergency medicine is rather commonplace. They did not have to deal with the same ED staff for long periods of time throughout the trial. Weeks. It was found that reiterating the study's goals was an effective way to keep ED doctors on board In order to meet the study's objectives, the researchers prioritized contact with participants.staff. Doctors in emergency departments were often too busy or had forgotten about the project, researchers found.The research nurse must be notified before a patient who may be eligible for study is discharged. Incentives are a great way to get people to sign up for a study. Other healthcare staff, such as clinical nurses gathering vital signs or a social worker doing an evaluation, May also interrupt patients in the ER, making dialogue difficult. Some people may have chosen not to participate in the screening or consent process as a result of this. Patients with SRB and their families often come to the ER in a condition of anxiety. Several family members couldn't understand their suicidal child's acts, according to the researchers, or believed that their child's anguish was just temporary and would go away on its own. If you participate in a research study. Patients and their loved ones will be discharged from the emergency department (ED) after their care has been completed.Referrals to outpatient and social service organizations were made available to the participants. The medical team in charge of the case set up mental health clinics. It was observed that some families were so overwhelmed by the quantity of information they received that they refused to consider alternative options. Many patients and their loved ones were eager to join the trial. After reviewing all of the ED's documentation, they asked to be contacted at a later date. There's a chance you're missing out on potential study participants.

YSP Pilot Trial Recruitment Productivity

In the second place, we wanted to examine how successfully the YSP pilot study attracted participants compared to previous studies on approaches to minimize juvenile suicide. Adolescent and young adult suicide prevention interventions were sought after in a recent systematic review and meta-analysis [25]. In the end, the study team was able to get the data they needed from the original publications in which the studies were published.. Several factors influenced the study's outcome, including the number of people tested, the number of people eligible, and the number of people randomly assigned to get treatment. As a way to gauge the wide range of recruitment productivity, we devised a randomization-to-screening ratio. Countless studies have compared the number of applicants screened to the number of people who are enrolled to determine how successful recruiting is[21]. In any case, asprior to baseline screening and randomization, patients may be enrolled, but this does not guarantee that they will participate.a reliable method of gauging the value of new hires. Before randomization, participants have the option of withdrawing from the study. It was thus decided to adopt a screening to randomization proportion.To find out more about this. Adolescent suicide prevention randomised control studies have only reported the total number of screenings and randomizations. The findings of each trial were compared using a single overall ratio. If a ratio couldn't be determined, published reports were omitted. So, for example, we don't know how many screens were used. One option was to recruit patients solely from outpatient settings, whereas the second option included those recruited from any location (e.g., an inpatient environment). The number of patients who have been screened is used as a metric of YSP trial recruitment productivity. A random number generator was utilized to distribute the available patients once the eligibility applications were completed. The incident was noted in the log. For the YSP, the whole YSP ratio was calculated. For a more in-depth look at how the original strategy affected recruitment productivity, we may look at the ratio for the first four months of the recruiting season, from March to June of 2018. Researchers looked at SRB and SI year after year to rule out seasonal differences in pediatric emergency department presentations [26]. All statistical analyses were performed using the R statistical programming language.

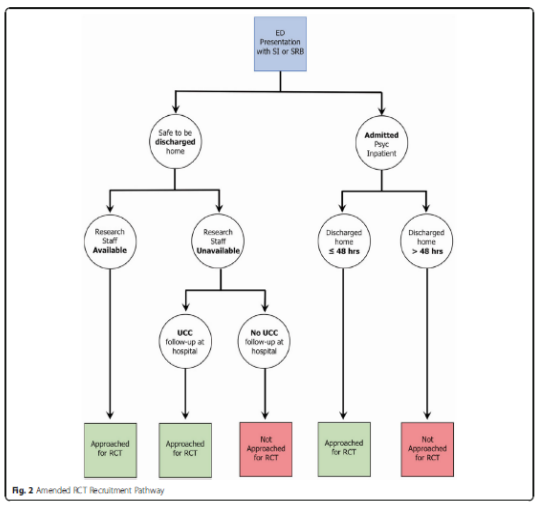

Fig. 2 Amended RCT Recruitment Pathway

RESULTS

Recruiting issues with the YSP experimentduring the first two months of the trial; researchers examined the recruiting process and determined that it was effective. Time was the most important factor in attracting new staff.

Barrier. Many eligible patients were missed as a result of this.They had been released from the ED by the time they called us.is responsible for evaluating the research team's findings.eligibility.Results of the inquiry were discussed by the study's researchers and coordinators.

It is necessary to improve the recruiting process in order to reduce the restriction.the manner in which things are done (see Fig. 2). Although a research was planned, it was never carried out.

The ED gave the go-ahead for the study. Following release, a review of one's eligibilityhome. Scientists were able to fine-tune their strategy as their study advanced.This must be done within two days of each other: baseline and randomization while indexing in the emergency department without spending any money Changes to the study's time period of focus. The researchers also discovered the following interesting data: more or less each and every single eligible teen by the medical personnel of the emergency room to the mental ward an urgent care centre is a place where patients are seen outside of a hospital environment (UCC). This is the approach. Subsequently revised the document to address these issues when they arrive at the hospital or the ER There is a vacancy at the UCC clinic. UCF faculty and employees participate in this projectpost-hospitalization contact with teens and their families Meetings were attended for the first time in quite some time by the research coordinator. ED-referred patients were the focus of the UCC's morning rounds. Individuals may now be temporarily hospitalized in a mental inpatient facility for up to 48 hours in order to achieve this aim. Currently, there are no more patients to care for Persons were omitted from consideration as a precautionary measure. Inferences to be derived from the usage of co-interventions the conclusions of research participants are based on their involvement in the study. However, the in-patient staff at the hospital verified thisfew hospitalizations and little therapy were required. Inpatient treatment may be a viable choice because of this. While performing the research, be taken into consideration. As a consequence of these changes, adjustments may now be made. Sent to UCF by the local hospital's emergency room the outpatient clinics that treat UCCfor just a brief period of time at a hospitaland the date of expulsion numerous significant concerns were addressed by the modifications.

Obstacles to Being Employed Include

There's a strong correlation between this and the company's new employment strategy. Access to instructional material during non-business hours all patients received the same level of care and consideration. An ER weekend and a nightly custom. When you initially get in touch with the UCC, there are a variety of approaches you may use. It was after the recruitment phase that the study's analytic phase got underway.

It was only the ED research nurses that worked in the hospital. Additionally, ED-related investigations were being conducted at the same time as these other ones. As' involvement in the process (study researchers) (study researchers).recruiting individuals to participate in research on suicide prevention this study includes participants from UCC and ED. Everything you see is worth seeing. Full-time staff members of a treatment team may be identified Central Florida University and the university's executive director may identify individuals who meet the study's eligibility standards and who may advocate for additional medical staff members. Knowing whether any of the study's authors have any biases Candidates was on hand to answer any queries that may have arisen. The RCT team presented their study at various ED clinical staff meetings and monthly ED research council meetings as part of their efforts to raise awareness of their research. At meetings for emergency department psychiatrists, social workers and psychiatry residents on call to the ED, presentations of the research raised further awareness of the findings. Reminders about study inclusion and exclusion criteria were sent to the psychiatry on-call team in a handover letter. In addition, the study's researchers prepared and distributed an educational brochure to all members of the organization. Researchers and principal investigators selected members of the ED staff who were enthusiastic about recruiting study participants as a final step. Another benefit of having outpatient UCC visits is that clinicians can conduct eligibility checks and consent processes without interfering with the patient. Thus, the family was able to continue with the screening process without interruption as a result of the more predictable test duration. Screenings that had been postponed due to disruptions were completed by the research RAs.

A second opportunity to administer the test to the patient after they have been discharged. They began to include information about the research in the conclusion of the meeting as the outpatient clinic's staff psychiatrists and trainees became more familiar with the study's findings. As a result of the study being integrated into the UCC clinic session, patients and their families may have been more willing to participate in research. Students and their families who attended the UCC visit, the study found, had a better understanding of the severity of their illness and the resources that may be available to them.. Achieving high recruitment rates in published RCTs and the YSP pilot trial Research on youth suicide prevention efforts that utilized the ED as recruitment venue calculated the screening-to-randomization ratio. There was adequate information on recruitment from 21 trials included in the published systematic review for

A study's screening-to-randomization rate (Table 1). (Table 1). (Table 1). The overall percentage of RCTs that involved ED recruitment

Table 1 Recruitment data for published suicide prevention RCTs for youth [25]

Study (Year)	Recruitment Includes ED (Y/N)	Screened	Eligible	Randomized	Screen/Randomized
Asarnow et al. (2017) [28]	Y	140	60	42	3.3
Bertolote et al. (2010) [29]	Y	2973	2896	1867	1.6
Diamond et al. (2010) [30]	Y	341	129	66	5.2
Husain et al. (2014) [31]	Y	250	236	221	1.1
King et al. (2006) [32]	Y	1316	986	289	4.6
King et al. (2009) [33]	Y	2493	1050	448	5.7
King et al. (2015) [34]	Y	526	49	49	10.7
Mehlum (2016) [35]	Y	294	189	77	3.8
Ougrin et al. (2011) [36]	Y	96	78	70	1.4
Pineda & Dadds (2013) [37]	Y	64	64	48	1.3
Rossouw & Fonagy (2012) [38]	Y	120	110	80	1.5
Rudd et al. (1996) [39]	Y	303	302	302	1.0
Spirito et al. (2002) [40]	Y	82	82	76	1.0
Wharff et al. (2019) [41]	Y	330	287	142	2.3
Mean screening-to-randomization ratio for ED- recruitment RCTs:					**3.2**
Carter et al. (2010) [42]	N	112	96	76	1.0
Cooney et al. (2010) [43]	N	35	33	29	1.2
Green et al. (2011) [44]	N	402	394	366	1.1
Harrington et al. (1998) [45]	N	435	288	162	2.7
Hazell et al. (2009) [46]	N	138	133	72	1.9
Slee et al. (2008) [47]	N	100	92	90	1.1
Wood et al. (2001) [48]	N	83	79	63	1.3
Mean screening-to-randomization ratio for outpatient-recruitment RCTs					**1.5**

Many patients who were tested were found to be eligible. 85.4 percent of patients were eligible for outpatient-only studies, which had a total recruitment ratio of 1.5:1 (ranging from 1–2.7:1). More than 150 ED patients were pre-screened for the YSP Pilot project in the first 18 months of recruiting. Of the 128 people screened, 75% (73.8%) were found to be eligible, 50% (50.7%) accepted, and the other 50% (51.1%) were randomly assigned, resulting in a screening to randomization ratio of approximately two to one.%.%.%.. According to this study, the screening-to-randomization ratio of 2:1 is lower than in prior RCTs including teens with an SD of 1.3 and a range of 0.70-5. For the first four months of study enrollment, the screening-to-randomization ratio was set at 3:1. Due to a more active approach to recruiting, the screening-to-randomization ratio decreased from 1.8:1 to 1.8:1 this year.

DISCUSSION

Adolescent mental health therapy, for example, might benefit from high recruitment productivity in randomized controlled trials (RCTs). This research demonstrated a drop in the screening-to-randomization ratio, which indicates a more efficient method of recruiting participants. There will be a smaller number of youths checked for each participant randomlyFor the YSP pilot RCT; the baseline recruitment method was drastically different. According to the current research, this ratio is one of the greatest methods to attract physicians to ERs."[25] The range of possible values is from 1 to 10, 7.Prior research has indicated that RCT enrollment rates in emergency rooms are lower than those in non-emergency facilities [15–20].Because of this; researchers need to keep an eye on the number of people they're able to bring in for a study. Make sure to check out other studies that employed the same participants and conditions to determine whether these findings remain true. A thorough investigation's findingsit has been noted that emergency room consenting patients' views on medical research make them more troublesome (ED).

To cope with various time-sensitive circumstances, [19] the emergency department new research may be less appealing to patients who are in a life or death scenario because of their increased feeling of vigilance and fear. The processes for discovering and screening patients, the timetable for consenting and enrolling patients, and study retention post ED discharge[20] have all been cited as major recruiting challenges for ED-based RCTs. At the beginning of this study's enrollment, a staffing mismatch and unfavourable ED ambient circumstances correlated with patients' arrival times (e.g., lack of privacy or quiet environment for study screening and consent). Patients who had been overlooked in the emergency department but had been booked for outpatient consultations instead of in-patient care were re-adjusted to include them in the target group's therapeutic route. Creating and distributing educational materials for emergency department and outpatient clinic personnel allowed us to spread the information about the research. As a result of the time and effort necessary to recruit study champions in all healthcare settings throughout America, recruitment rates significantly increased." [49] In clinical trials, patients and their loved ones must be included in the design and execution of the study. The input of young people and their families has been very helpful in helping us get a deeper understanding of the difficulties and possibilities experienced by young people in need.. Patients and their families may have a bigger say in the study's result before it even begins. As a final step, we analyzed our applicant tracking data to see if our new strategy to hiring was effective, taking into account our teams own first-hand knowledge and the lessons we learnt along the route. Accordingly, we propose that trial investigators first thoroughly examine the study recruiting environment, and then use relationships with doctors who may aid in recruitment... Our research has a number of drawbacks. Other variables, such as an increase in the familiarity of clinical personnel with the study, may be to blame for this decline in participation. There are various techniques to gauge recruiting productivity, and this one is only one of them (e.g., the screening-to-enrollment ratio). Study recruitment would not be complete without screening and randomization, since these are the participants' initial contacts with the study methodology (i.e., exposure to one of the research arms).

CONCLUSIONS

In an acute ED context, recruitment boosting methods may have a significant impact on RCT participation. Recruiting productivity measures may be helpful for evaluating the effectiveness of pilot RCTs. It's possible that these metrics point to the need for recruiting improvement efforts or identify problems that need to be addressed. In order to maintain track of your study, you may use these measures. Researcher could consider supplying meta-data, such as monthly screening to random allocation ratio, in order for researchers to aid them with the process of recruiting participants.

It is Possible to Get Access to Important Data

The key data utilized in this study are not accessible to the general public in order to preserve potentially identifiable and sensitive information. The data used in this research was derived from previously published secondary sources. It is often referred to by this term throughout the book. Ethics Committee approval and written consent from the subject are required. The Sick Kids Research Ethics Board has given its blessing to the YSP pilot experiment (December 2017; REB number 1000056892). It is essential to get the consent of both parents and minors. You must submit a written application in order to be evaluated. This study only included children who were judged to be competent to provide their informed permission both ethically and physically [50, 51]. The parents of this kid are in accord with one another. The opportunity to participate in the investigation. Individuals were required to get the permission of both their parents and their minor children in order to take part in the research. If either the child or the parent refused to participate, then no one could. obtaining permission to publish a piece This is not the case. This, however, is not the case. Contradictory objectives

REFERENCES

1. Canadian Institute for Health Information. Child and youth mental health inCanada — Info graphic [Internet]. 2019. Available from: https://www.cihi.ca/en/child-and-youth-mental-health-in-canada-infographic [cited 2019 4 Jun].
2. Canadian Institute for Health Information. Care for Children and Youth WithMental Disorders. 2015. Available from: https://secure.cihi.ca/free_products/CIHI CYMH Final for pubs_EN_web.pdf[cited 2019 3 Sept].
3. Georgiades K, Boylan K, Duncan L, Wang L, Colman I, Rhodes AE, et al.Prevalence and correlates of youth suicidal ideation and attempts: evidencefrom the 2014 Ontario child health study. Can J Psychiatry. 2019;64(4):265–74.
4. Newton AS, Rosychuk RJ, Carlisle CE, Zhang X, Bethell J, Rhodes AE. TimeTrends in emergency department visits for suicide-related Behaviours byGirls and boys in Alberta. Can J Psychiatry. 2016; 61(7):422–7.
5. Rhodes AE, Bethel J, Carlisle C, Rosychuk RJ, Lu H, Newton A. Time trendsin suicide-related Behaviours in girls and boys. Can J Psychiatry. 2014;59(3):152–9.
6. Rhodes AE, Lu H, Skinner R. Time trends in medically serious suicide-relatedbehaviours in boys and girls. Can J Psychiatry. 2015. 2014; 59(10):556–560.
7. Gandhi S, Chiu M, Lam K, Cairney JC, Guttmann A, Kurdyak P. Mental healthService use among children and youth in Ontario: population-based trendsOver time. Can J Psychiatry. 2016;61(2):119–24.
8. Liu S, Ali S, Mdcm A, Rosychuk RJ, Newton AS. Characteristics of Childrenand Youth Who Visit the Emergency Department for a Behavioural Disorder.Can Acad Child Adolesc Psychiatry. 2014;23(2):111–7.
9. Finkelstein Y, Macdonald EM, Hollands S, Hutson JR, Sivilotti ML, MamdaniMM, et al. Long-term outcomes following self-poisoning in adolescents: apopulation-based cohort study. Lancet Psychiatry. 2015;2(6):532–9.
10. Gardner W, Pajer K, Cloutier P, Currie L, Colman I, Seek R, et al. HealthOutcomes associated with emergency department visits by adolescents forSelf-harm: a propensity-matched cohort study. CMAJ. 2019;191(44):E1207–16.
11. Finkelstein Y, Macdonald EM, Holland's S, Sivilotti MLA, Huston JR, MadmanMM, et al. Repetition of intentional drug overdose: a population-basedstudy. Clin Toxicol. 2016;54(7):585–9.
12. Gilley M, Sivilotti MLA, Juurlink DN, Macdonald E, Yao Z, Finkelstein Y.Trends of intentional drug overdose among youth: a population-basedcohort study. Clin Toxicol. 2019:1–5.
13. Robinson J, Hetrick SE, Martin C. Preventing suicide in young people:systematic review. Aust N Z J Psychiatry. 2011;45(1):3–26.
14. Bennett K, Rhodes AE, Duda S, Cheung AH, Manassis K, Links P, et al. AYouth suicide prevention plan for Canada: a systematic review of reviews.Can J Psychiatry. 2015; 60(6):245–57.
15. McDonald AM, Knight RC, Campbell MK, Entwisted VA, Grant AM, Cook JA,et al. What influences recruitment to randomised controlled trials? A reviewOf trials funded by two UK funding agencies. Trials. 2006;7:9.

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