

Implementation strategies underreported in studies of suicide prevention interventions

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While recent studies have demonstrated the effectiveness of brief suicide prevention interventions delivered in health care settings, a new *JAMA Psychiatry* analysis shows that the studies drastically underreport

the strategies needed for the successful implementation of the interventions.

The University of Illinois Chicago psychologist who led the study found that researchers used around 26 strategies when implementing their interventions in clinical settings with patients during their studies. However, only four implementation strategies were typically described in the corresponding journal articles.

On average, about 85% of the strategies used for successful implementation—which could include things like training staff, making [physical space](#) available for appointments and updating billing processes—were missing from the published reports.

"Providers in [clinical settings](#) need to know what it takes to implement novel interventions in their settings. When the studies these providers review to inform their work underreport implementation processes, it limits their ability to successfully integrate cutting-edge [scientific discoveries](#) into [clinical care](#)," said Brittany Rudd, UIC clinical instructor of psychiatry at the College of Medicine. "In the case of interventions designed to reduce [suicide attempts](#) and increase treatment initiation, not sharing this information may create a missed opportunity to save lives."

To conduct the study, the researchers used a standard implementation reporting tool that contains more than 70 distinct implementation strategies with standard names, definitions and categories. They reviewed the published studies to identify the strategies reported in the paper. The researchers also contacted the study authors and asked them to use the same reporting tool to indicate the strategies used during study implementation.

The two scores were compared, and the researchers not only saw a large and statistically significant difference in the number of strategies

reported compared with the number used (4 vs. 26), but they also observed large differences for each implementation strategy category. Training and educating stakeholders were the most frequently reported types of implementation strategies in publications, but developing stakeholder relationships was the most frequently used, according to author reports.

"We need journals to require and allow space for researchers to describe their implementation processes so health care systems, clinics and individual providers can use those studies to make informed and realistic decisions about incorporating new interventions in patient care," Rudd said. "Implementation of innovation to improve [public health](#) is the goal of scientific discovery. Basic science and clinical science results, no matter how promising, may not translate to better health for patients if implementation is not considered and shared at every translational step in science.

"I'm hopeful that all scientists will become attuned to the importance of implementation science and practice so we can improve public health," Rudd said.

More information: Catalina Ordorica et al, Implementation strategies used and reported in brief suicide prevention intervention studies, *JAMA Psychiatry* (2022). [DOI: 10.1001/jamapsychiatry.2022.1462](https://doi.org/10.1001/jamapsychiatry.2022.1462)

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