

Identifying Common and Unique Barriers and Facilitators to Implementing Evidence-based Practices for Suicide Prevention across Primary Care and Specialty Mental Health Settings

Date:

Oct 2021

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We identified common and unique barriers and facilitators of evidence-based suicide prevention practices across primary care practices with integrated behavioral health services and specialty mental health settings to identify generalizable strategies for enhancing future implementation efforts. Twenty-six clinicians and practice leaders from behavioral health ($n = 2$ programs) and primary care ($n = 4$ clinics) settings participated. Participation included a semi-structured qualitative interview on barriers and facilitators to implementing evidence-based suicide prevention practices. Within that interview, clinicians participated in a chart-stimulated recall exercise to gather additional information about decision making regarding suicide screening. Interview guides and qualitative coding were informed by leading frameworks in implementation science and behavioral science, and an integrated approach to interpreting qualitative results was used. There were a number of similar themes associated with implementation of suicide prevention practices across settings and clinician types, such as the benefits of inter-professional collaboration and uncertainties about managing suicidality once risk was disclosed. Clinicians also highlighted barriers unique to their settings. For primary care settings, time constraints and competing demands were consistently described as barriers. For specialty mental health settings, difficulties coordinating care with schools and other providers in the community made implementation of suicide prevention practices challenging. Findings can inform the development and testing of implementation strategies that are generalizable across primary care and specialty mental health settings, as well as those tailored for unique site needs, to enhance use of evidence-based suicide prevention practices in settings where individuals at risk for suicide are especially likely to present.

HIGHLIGHTS We examined barriers and facilitators to suicide prevention across health settings. Common and unique barriers and facilitators across health-care settings emerged. Findings can enhance suicide prevention implementation across health-care settings.

Journal:

[Archives of Suicide Research](#)

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