# Introduction to the Suicide Prevention Research Prioritization Task Force Special Supplement

## The Topic Experts

Jane L. Pearson, PhD, Cynthia A. Claassen, PhD, Chelsea L. Booth, PhD, on behalf of the Research Prioritization Task Force of the National Action Alliance for Suicide Prevention

Despite continued public and private research investments in suicide prevention over the past several decades, there is no evidence of an overall decrease in suicide deaths or attempts. The Research Prioritization Task Force (RPTF) has developed the first U.S. research prioritization plan aimed at producing the knowledge necessary to substantially reduce the national suicide burden using multiple inputs and work products. A critical step in the process was engaging several types of expert research groups to consider how the diverse field of suicide prevention could accomplish this task. In 2012, two of these groups were asked to consider the state of the science associated with 12 potentially burden-reducing research goals selected by the RPTF from a national stakeholder survey. These groups identified research challenges and roadblocks and proposed research pathways for these 12 goals. This special supplement includes summaries of that work as well as specific background activities that prepared key information (e.g., surveillance resources, literature review quality, models of interventions) developed by RPTF staff and supplied to these expert groups. The NIH and CDC, as federal supporters of this supplement, are pleased to share these resources with the field.

## Introduction

There is no real evidence that public and private research investments in suicide prevention over the past several decades have resulted in an overall decrease in suicide deaths or attempts. The National Action Alliance for Suicide Prevention was established in 2010 as a public–private partnership to explore barriers to progress and garner support for broad-based, multi-level strategic suicide prevention initiatives. One of the Action Alliance's first efforts was to assemble the RPTF in order to develop national priorities for U.S. suicide prevention science.[1]

## The Expert Panels and Their Functions

The process and rationale the RPTF used in prioritizing suicide research has been described elsewhere.[2] Briefly, the RPTF process utilized input from a series of diverse suicide prevention expert groups working in tandem with the RPTF and its staff to delineate promising research pathways toward a set of 12 previously defined "Aspirational Goals" (AGs).[3] The RPTF AGs were derived from a national stakeholder survey via a modified Delphi process and are believed to be areas of focus necessary to the prevention of substantial numbers of suicide deaths and attempts.[4]

After the goals were set, diverse expert panels were recruited to help compile various types of information required during the decision-making processes associated with the final research agenda. A panel of highly cited researchers with diverse expertise and capabilities (called the "Overview Experts") was responsible for development of the agenda as a whole. A second panel (composed of "Topic Experts" and "Discussants") included researchers with specialized, well-recognized expertise relevant to one of the 12 AGs. This group volunteered time in 2012–2013 to present their views on research challenges and approaches to a particular AG (Table 1). Finally, a handful of individuals with highly specialized expertise within the aforementioned areas[5] were recruited by the RPTF and its support staff to address key information needs that were otherwise still unmet.

## Forging Research Objectives and Pathways for Each AG

The process of forging detailed research objectives for each AG included several steps. RPTF staff first

From the Division of Services and Intervention Research, National Institute of Mental Health (Pearson); Suicide Prevention Branch; Division of Prevention, Traumatic Stress, and Special Programs, Substance Abuse and Mental Health Services Administration (Booth), Rockville, Maryland; and the University of North Texas Health Science Center (Claassen), Fort Worth, Texas

Address correspondence to: Jane L. Pearson, PhD, National Institute of Mental Health, 6001 Executive Blvd, Room 7133, Rockville MD 20892. E-mail: jpearson@mail.nih.gov.

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**Table 1.** Twelve aspirational goals of the research prioritization process of the National Action Alliance for Suicide Prevention

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| **Aspirational Goal 1**—Know what leads to, or protects against, suicidal behavior, and learn how to change those things to prevent suicide. |
| **Aspirational Goal 2**—Determine the degree of suicide risk (e.g., imminent, near-term, long-term) among individuals in diverse populations and in diverse settings through feasible and effective screening and assessment approaches. |
| **Aspirational Goal 3**—Find ways to assess[a] who is at risk for attempting suicide in the immediate future. |
| **Aspirational Goal 4**—Ensure that people who are thinking about suicide but have not yet attempted receive interventions to prevent suicidal behavior. |
| **Aspirational Goal 5**—Find new biological treatments and better ways to use existing treatments to prevent suicidal behavior. |
| **Aspirational Goal 6**—Ensure that people who have attempted suicide can get effective interventions to prevent further attempts. |
| **Aspirational Goal 7**—Ensure that health care providers and others in the community are well trained in how to find and treat those at risk. |
| **Aspirational Goal 8**—Ensure that people at risk for suicidal behavior can access affordable care that works, no matter where they are. |
| **Aspirational Goal 9**—Ensure that people getting care for suicidal thoughts and behaviors are followed throughout their treatment so they don't fall through the cracks. |
| **Aspirational Goal 10**—Increase help seeking and referrals for at-risk individuals by decreasing stigma. |
| **Aspirational Goal 11**—Prevent the emergence of suicidal behavior by developing and delivering the most effective prevention programs to build resilience and reduce risk in broad-based populations. |
| **Aspirational Goal 12**—Reduce access to lethal means that people use to attempt suicide. |

[a]Although stakeholders indicated that predicting who is at imminent risk was an aspirational research goal, expert consultants recommended that assessments focused on finding treatable conditions or symptoms were more actionable than prediction per se. Therefore, this goal has been reworded.

developed and posted supporting background materials online along with Topic Experts' narrated PowerPoint presentations. The website containing this material permitted review and discussion by Topic Experts/Discussants, Overview Experts, and RPTF members. A structured, real-time conversation between Topic Experts/Discussants and Overview Experts on each AG took place a few weeks after materials were posted via telephone conference call. During these calls, Topic Experts provided a brief summary of their narrated presentations, Discussants provided a critique of Topic Expert presentations, and proposed research pathways were reviewed with Overview Experts.

## Background Materials for the RPTF's Final Priorized Agenda

Four types of background material were required in the discussions that preceded assemblage of the final agenda. Specifically, these AG-specific information streams each included (1) a summary of the current status of research in the area encompassed by that AG; (2) a description of the research breakthroughs or barriers needed to facilitate progress toward realization of the AG; (3) conceptualization of one or more AG-specific research pathway (e.g., sequenced research activities needed to realize that goal); and (4) estimates of the degree of suicide burden (attempts or deaths) that will be eliminated when the goal is realized.

First, RPTF staff provided the expert working groups with a brief summary describing the state of the science in each AG research area. Efforts were made to identify existing theories (e.g., Joiner's interpersonal theory) or highlight the absence of relevant theory (e.g., how or why individuals select a suicide method). These summaries also reviewed important methodologic issues and relevant research strategies (e.g., reaction time to verbal stimuli in detecting near-term risk of suicidal behavior).

Topic Experts were offered the opportunity to enhance these staff-prepared reviews and were invited to provide key reviews or references they believed would be essential to expert deliberations. Abstracts of these references along with key points suggested by Topic Experts were included in background materials prior to posting on the shared website. A systematic review of the quality of suicide literature was ongoing at the time of the Topic Expert presentations and, where possible, conclusions from that review were also included in these background materials.[6]

Second, information derived from qualitative analysis of the stakeholder survey that led to the 12 AGs was provided as part of this process.[7] In some cases, verbatim suggestions from survey respondents were reported to experts to illustrate how stakeholders viewed particular areas of research or as a way to define parameters for the AG. Third, logic models developed by RPTF staff were provided. These models were intended to illustrate underlying constructs and moderators relevant to scientific work in the research area addressed by a given AG.

Finally, RPTF staff worked to identify suicide burden information relevant to each AG, such as national surveillance or large community estimates that can serve as the basis for credible estimates of the potential impact of particular lines of research on numbers of U.S. attempts or deaths). For instance, identifying data sources that can provide information on the number of suicide-attempting individuals who access health care prior to a suicidal act but then are not adequately identified or treated suggests the potential impact of a significant breakthrough in both risk detection and screening research (Table 1, AG 2 and 3).

Manuscripts describing the experience and results of preparing these four types of background information are found in Section One of this supplement. These papers include a review of literature quality,[6] a qualitative analysis of the stakeholder survey,[7] a description of efforts to evaluate the quality and ease of use of existing surveillance data systems,[8] a discussion of approaches to defining the burden of suicide attempts and deaths within particular contexts where high numbers of individuals at risk might be found,[9] and an approach to modeling potential various proposed interventions to prevent attempts and save lives.[10]

Section Two in this supplement is composed of work by Topic Expert panel members who share their goal-specific research ideas in brief papers. When Topic Experts were unable to develop a manuscript for this supplement, other experts on that topic were invited to submit succinct manuscripts and were provided with RPTF background materials. For these manuscripts, Topic Expert authors were asked to first summarize the state of the science for their particular AGs and identify any definitional issues for particular variables or constructs. Next, experts were asked to take a long view and propose scientific approaches that would accomplish that AG, noting that goals vary in the degree to which there is existing research to support links among constructs.

Experts were then asked to identify research barriers, challenges, or roadblocks, which might permit research progress, if addressed. Many of these barriers are methodologic or infrastructural in nature; some address the lack of U.S. surveillance data to inform the scope and trajectory of suicidal behaviors (e.g., changes in selection of attempt methods) or the absence of research on a particular technology required to study a problem (e.g., contagion of a suicide means through social media networking). After studying their assigned research challenge, some experts used an AG logic model prepared by RPTF staff[1]; others preferred to suggest alternative model(s). Finally—and most importantly—authors were asked to identify the most pressing research questions and objectives that would need to be addressed in order for scientific advancement to occur within their research area.

Although these papers do not fully reflect the extensive discussions and debates among the experts, the manuscripts in this special supplement provide a glimpse of both the scope and diversity of input that has characterized the development process for this first-ever U.S. prioritized research agenda for suicide prevention. The input of Topic Experts was particularly critical to final agenda development in that they provided the vision necessary to delineate the research activities with potential to substantially reduce the numbers of suicide deaths and attempts in the U.S. We are grateful for the contributions of the hundreds of individuals who volunteered to participate in the research prioritization process, and now its dissemination. The nature of scientific dialogue around suicide prevention activities has changed to a plan of action to save lives.

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