Author’s response to reviews

Title: An evaluation of the implementation of cascade training for suicide prevention during the ‘Choose Life’ initiative in Scotland - utilizing Normalization Process Theory.

Authors:

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Version: 1 Date: 18 Jun 2019

Author’s response to reviews:

Dear Editor

Thank you very much for these helpful comments. Our responses are below, and changed parts of the manuscript are highlighted in yellow.

Regards

Linda Gask

General comments

Reviewer 1

There are quite a few acronyms and specialist terms used throughout the manuscript, e.g. "TIDIER checklist" (p8). Please make sure these are spelled out in full where possible, at least for the first mention, and that they are adequately explained/defined.

Response: TIDieR has been spelled out in full. Other acronyms are spelled out at first mention in the text. The footnotes have been removed.

Reviewer 1: In several places throughout the manuscript, there are sentences that are rather too long, making the writing difficult to follow, e.g. p4, paragraph 1. There are also places where words have been missed out or extra words left in (perhaps through tracked changes), e.g. "Attention should be clearly paid in the initial planning stages to the situation in which the training trainers will take place…” (p5, paragraph 1), "…cascade training needs to be more akin
to a series of superimposed 'whirlpools' rather than an expectation than a one-way torrent…" (p18, paragraph 2).

Response: These 2 examples have been addressed. The text has been edited to shorten sentences where they were overly long and correct where words were missing.

Reviewer2: The identified factors included some components specific to suicide prevention rather than other healthcare topics. Revisions would be recommended to increase the relevance of results to suicide prevention, especially in Background and Discussion section.

Response: This has been improved in the introduction with specific reference to the WHO report and guidance as suggested.

Title:
Reviewer2: The term 'evaluation' may be misleading, otherwise this study well described the facilitators and barriers of implementation of cascade training. 'An evaluation of implementation of'?

Response: The title has been amended as suggested

Abstract
Reviewer2: Results emphasized multi-layered activity of constructing coherence of the intervention. I agree with that, however, its relevance to cascade training approach may be lacked in current version. Some descriptions, such as 'dilution of the quality of the training', would be inserted into Results.

Response: Words have been added to indicate the importance of this activity to preventing dilution of the intervention.

Background

Editor: please provide a more detailed explanation about why Normalization Process Theory was used as opposed to other approaches

Response: The rationale for using Normalization Process Theory has now been explicitly addressed.

Reviewer1: The introduction could benefit from further strengthening, as currently this does not feel sufficiently developed. Not all readers may be familiar with Normalization Process Theory
(this is my first time hearing about it), so some more substantive explanation of this within the text would be of great benefit to readers. At the moment, the paragraph on Normalization Process Theory comes somewhat out of the blue and many of the key details are only provided in a table. As a result of this, for me, the paper currently does not give a strong rationale for why this theory is especially relevant or provides particular advantages for approaching the research questions.

Response: We recognise this was a major omission and Normalization Process Theory has now been more clearly explained in the background section.

Reviewer1: The research question itself could also be more clearly and accessibly explained, as it now feels somewhat jargonistic

Response: This has been spelled out more clearly, we hope.

Reviewer1: The introduction overall could benefit from some tightening up to improve the flow and coherence of the narrative.

Response: Subheadings have been introduced and the text revised to improve the flow and make a more coherent argument for using Normalization Process Theory

Reviewer1: Also, I think that key terms used throughout the manuscript could be better explained and defined in the introduction. For example, one major focus of the manuscript is on the idea of evaluating trainers/trainees constructions of coherence regarding STORM, but this is only explicitly defined in the discussion on p18. This would be better in the introduction.

Response: We recognise that this was an important omission from the paper and the constructs of Normalization Process Theory have now been introduced and more clearly explained in the background section.

Reviewer2: The section starts with cascade training (page 4 line 2- ) which is followed by suicide prevention (page 6 line 20- ). This order may be uncommon, but suitable for the manuscript. The rationales of cascade training approach for suicide prevention would be added to the latter. WHO report on suicide prevention (2014) may be reference supporting the view of public health and primary care rather than specialist care for suicidality.

Response: This is a very helpful point and has been addressed in the manuscript – linking back to cascade training as a methodology for wider implementation of suicide prevention training across the community.

Results
Reviewer 2: Categories (sub-headings) are a bit difficult for understanding the contents, though narratives are well allocated and interpreted. Would these be renamed?

Response: Some renaming of the categories (sub-headings) has been carried out using similar terminology to that now employed to describe the core components of NPT. We hope this will improve the flow and understandability.

Discussion

Reviewer 1: In the discussion, the authors highlight dissemination and implementation of training as "potentially wasteful" (p17, paragraph 2). Then go on to say: "Not only is there a problem with retention of trained staff in health and social care settings, in this study, a quarter of those trained as facilitators actually completed training. Our findings suggest that the complex nature of implementation within the sites may contribute to this." Whilst the authors' findings certainly speak to the complexity of implementing and dissemination the STORM intervention, I am not sure that conclusions of wastefulness or the role of implementation/dissemination complexity in staff retention or training completion can be drawn from the data reported in the paper.

Response: This paragraph has been edited and text relating to this point has been removed.

Reviewer 1: Given that the authors have declared some competing interests, it would be good to highlight in the discussion that there is a need for further independent evaluations of STORM.

Response: Thank you for this point. It has been added to the discussion.

Reviewer 2: The multi-layered activity of constructing coherence of the intervention is identified as crucial to the implementation (page 17 line 44-). Does it come from characteristics of 'cascade training approach' or 'suicide prevention'? The multi-layered activity seems to be indicated as key of implementation process of psychosocial interventions in several healthcare areas.

Response: This is a very helpful point - we have included words to this effect in the discussion. We have also emphasised the importance of this work in the conclusions.

Reviewer 2: Little systematic evidence of reflexive monitoring may be core difficulty in suicide prevention and further discussed (page 18 line 17-). Evaluation/outcome monitoring is important for motivating healthcare professionals to implement the intervention. However, the effectiveness of suicide prevention activities is usually hard to capture; i.e. change in suicide rates or attempts.

Response: This point has now been added to the discussion of reflexive monitoring which has been clarified and expanded.