Ethical concerns in suicide research: Results of an international researcher survey

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| Abstract: | Researchers and research ethics committees share a common goal of conducting ethically sound research. However, little is known of researchers’ experiences in obtaining ethics approval for suicide-related studies. This study aimed to investigate what concerns researchers have received on suicide-related ethics applications and how they dealt with it. Thirty-four respondents, recruited through the International Association for Suicide Prevention, filled out an online survey. The study found that researchers have received important concerns regarding potential harm and researchers’ responsibilities to participants. Researchers modified their application and/or consulted their research ethics committee in response to the concerns, which had a positive/neutral impact on their given study. Anticipating concerns and improved collaboration between researchers and research ethics committees should protect the quality of suicide prevention research. |

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Ethical concerns in suicide research: Results of an international researcher survey

Abstract
Researchers and research ethics committees share a common goal of conducting ethically sound research. However, little is known of researchers’ experiences in obtaining ethics approval for suicide-related studies. This study aimed to investigate what concerns researchers have received on suicide-related ethics applications and how they dealt with it.

Thirty-four respondents, recruited through the International Association for Suicide Prevention, filled out an online survey. The study found that researchers have received important concerns regarding potential harm and researchers’ responsibilities to participants. Researchers modified their application and/or consulted their research ethics committee in response to the concerns, which had a positive/neutral impact on their given study.

Anticipating concerns and improved collaboration between researchers and research ethics committees should protect the quality of suicide prevention research.

Key words:
Ethical review, ethics, institutional review board, research, research ethics, suicide, prevention
Introduction

International and national guidelines are in place in various countries, such as the USA (National Institutes of Health, 2019), the UK (NHS Health Research Authority, 2019), and Australia (Commonwealth of Australia, 2018), to provide ethical guidance to researchers, participants, research ethics committees, and governance committees for human research (World Medical Association, 2013). Researchers are required to obtain ethics approval of their studies prior to its commencement. Research ethics committees and institutional review boards must assess the ethical aspects of the applications, and provide guidance to researchers regarding the ethical issues of their studies (Abbott & Grady, 2011). Researchers and research ethics committees subscribe to the same ethical principles and place equal value on ethical issues in research (Mondragón, Guarneros, & Jiménez, 2017). However, despite their common goal (i.e., the conduct of ethically sound research to the benefit of humankind), several tensions between the two parties have been reported. These relate to the procedures, outcomes and roles of the research ethics committees (Guillemin, Gillam, Rosenthal, & Bolitho, 2012). Acknowledging that research ethics committees and institutional review boards play the same role for approving ethics applications, we use ‘research ethics committee’ as a generic term in this paper.

Delays in the start of a research study is a major concern of researchers, and social and behavioral researchers have reported time pressure related to funding and recruitment arrangements, to the extent that some studies modified their research protocol or started data collection while anticipating ethics approval (Ashcraft & Krause, 2007). Research ethics committees have been perceived as being overprotective or ‘paternalistic’ when assessing research applications that involve new research methods (Vitak, Proferes, Shilton, & Ashktorab, 2017), or vulnerable populations such as children (Balen et al., 2006), seriously ill people (Edwards, Kirchin, & Huxtable, 2004), people with dementia (Pachana et al., 2015),
people with intellectual disabilities (Iacono, 2006) or suicidal individuals (Fisher, Pearson, Scott, & Reynolds, 2002; Gibson, Benson, & Brand, 2013). Still, it is deemed unethical to exclude people who meet eligibility criteria and provide informed consent (Edwards et al., 2004; Fisher et al., 2002; Pachana et al., 2015).

There are differences between research ethics committees in the time they take to review applications, and the decisions they make (Abbott & Grady, 2011; Weissman et al., 2018). This could be related to the frequency of the committees’ meetings, their resources, the quality of the applications being reviewed, but also due to a lack of knowledge of the research topic, and variation in training and (lack of) guidelines for ethics committee members (Vitak et al., 2017; Weissman et al., 2018). However, it can be argued that differences are not necessarily detrimental if they do not cause harm to the research, its participants, and if differences are justified and transparent. Researchers value fair and respectful treatment by their research ethics committee (Keith-Spiegel, Koocher, & Tabachnik, 2006), and have reported overall high satisfaction with the ethics processes (Ashcraft & Krause, 2007).

Confusion about the role of research ethics committees is a source of frustration for researchers and ethics committees alike (Guillemin et al., 2012; Vitak et al., 2017). Both researchers and research ethics committee members have perceived ethics committees as working to protect the interests of the institution (e.g., to comply with legal requirements and avoid law suits), rather than those of researchers and participants, which could feed researchers’ distrust in research ethics committees (Guillemin et al., 2012). Conversely, research ethics committees have experienced that researchers attribute power to them to decide about research studies, whereas ethics committees see themselves as primarily following the regulations (Klitzman, 2011). Establishing a working relationship that includes
open communication and a shared commitment to the application process has been called upon to avoid such role confusion (Guillemin et al., 2012; Wassenaar & Slack, 2016).

Tensions between researchers and research ethics committees have been studied in several fields, including older adults and dementia (Pachana et al., 2015), social, health and mental health research (Ashcraft & Krause, 2007; Guillemin et al., 2012; Mondragón et al., 2017), and in the context of the use of large online datasets (Vitak et al., 2017), and patient-centered outcome research (Weissman et al., 2018).

One research field that has received relatively little attention, despite facing particular ethical issues, is that of suicide prevention (Hom, Podlogar, Stanley, & Joiner, 2017). Due to a perceived risk of fatal or non-fatal suicidal behaviour and hospitalization of research participants, concerns arise regarding participant safety (Oquendo et al., 2004). For example, researchers may wish to include potentially suicidal people in an intervention study, a choice deemed essential to establish effectiveness of the intervention for the population in need of it. Conversely, the research ethics committee may object that choice based on concerns that research participation could cause undue distress and increased risk of suicidal behaviour in these individuals (Hom et al., 2017).

Despite the ethically sensitive nature of suicide-related research (such as studies on risk and protective factors, or intervention studies), few studies have investigated the experiences of researchers in obtaining ethics approval for their studies. Respondents in an international survey (N = 28) reported relatively few difficulties in obtaining ethics approval, possibly because they had carefully anticipated potential concerns (Fitzgerald & Lakeman, 2009a). Still, the concerns raised by their research ethics committees included issues related to confidentiality, potential distress of participants, and methodological problems. Some respondents reported resistance from their research ethics committee regarding conducting suicide research, and some had experienced lengthy delays before approval was granted.
(Fitzgerald & Lakeman, 2009a). Unlike the findings of Fitzgerald and Lakeman (2009a) respondents in our survey of Australian researchers (N = 33) reported substantial concerns received from research ethics committees (Andriessen et al., 2019 accepted). Most of these concerns were related to the well-being of participants, including potential harm to participants, researchers’ responsibilities to participants, and participant competency and consent. While most respondents in that survey experienced the impact of the concerns as positive or neutral, most modified their application and/or consulted their research ethics committee to provide an answer to the concerns (Andriessen et al., 2019 accepted).

The scant research studies on this topic have revealed a core tension (Andriessen et al., 2019 accepted; Fitzgerald & Lakeman, 2009a). While the need to conduct suicide-related research is widely acknowledged (World Health Organization, 2014), the thresholds used to balance ethical issues may differ between researchers and research ethics committees. These thresholds can be related to the level of scientific knowledge and/or attitudes towards suicide. For example, research ethics committees may hold the view that asking participants questions about suicidal behaviour or suicide bereavement may increase participants’ risk of suicidal behaviour, despite evidence of the contrary (Andriessen et al., 2018; Blades et al., 2018).

Also, unspoken moral views on suicide, related to the (un-)acceptability of suicide and the moral obligations of an individual to save a life may compound an exercise in balancing safety issues in suicide research (Mishara & Weisstub, 2005).

Since no recent international study has systematically identified the issues faced by suicide-related researchers in obtaining ethical approval, this study aimed to investigate the experiences of researchers in obtaining ethics approval for suicide-related research, and how they have dealt with the concerns raised by research ethics committees. This survey complements our previous survey, which was restricted to Australian researchers and recruited through another (e.g., national) network (Andriessen et al., 2019 accepted). The
Human Research Ethics Committee of the University of Melbourne approved the study on August 23, 2018 (ethics ID 1852648.1). In what follows, ‘respondents’ are the researchers who participated in our survey, and ‘participants’ are those who participated in the respondents’ studies or in research in general.

Methods

Sampling

Eligible respondents had to be active in suicide-related research and able to complete the survey in English. Respondents were recruited through the membership mailing list (N = 502) of the International Association for Suicide Prevention (IASP). Because it was impossible to distinguish researchers from other members (e.g., clinicians), all members received an e-mail invitation, which included a plain language statement about the study and a link to the survey. Respondents had to provide online consent before being able to access the survey. Potential respondents received two reminders after the initial invitation. The survey was online for six weeks in the period September-November 2018, and 34 respondents (7%) completed the survey.

Survey

The online survey was similar to the one we used in our survey of Australian researchers (Andriessen et al., 2019 accepted) and included forced-choice and open-ended questions (Supplementary material). In summary, it inquired about how long respondents had worked in suicide-related research, how many suicide-related ethics applications they had submitted over the last five years, and what the outcomes of these applications were. It also asked respondents to identify the ethics committee which had considered most of their applications. Next, the survey asked respondents to focus on one ethics application, and to answer questions regarding the type of study, the study population, the setting, the concerns raised, how they had dealt with them, and the impact this had on the actual study.
Respondents could provide multiple answers to these questions. At the end of the survey, respondents could formulate advice to other researchers.

Questions regarding type, focus, and setting of the study in the ethics application were based on previous research of our group (Reifels et al., 2018). Questions regarding respondents’ experiences with ethics applications were based on the literature (e.g., Lakeman & Fitzgerald, 2009a) and topics addressed in the Declaration of Helsinki (World Medical Association, 2013) and the National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research 2007 (Updated 2018) (Commonwealth of Australia, 2018). The survey was hosted on Strategic Data’s WebSurvey platform (https://strategicdata.com.au/), and all data were saved directly onto a secure server.

Analyses

All survey data were uploaded in SPSS version 24 (IBM Corp., 2016). The quantitative data were analyzed descriptively with results presented as frequencies and percentages. The qualitative data from the open-ended questions were analyzed using content analysis, which allowed for a quantitative and qualitative report of the findings (Bryman, 2012). The content analysis applied a deductive approach based on the survey questions. Two members of our team (KA and LR) coded the data through an iterative process, and team discussions with a third member (JP) were held to maximize consistency.

Results

Characteristics of the sample

Table 1 presents the sample characteristics. Respondents were located in all continents: 70% was located in high-income-economy countries (Australia, Austria, Canada, Chile, France, Hong-Kong, Italy, Japan, Norway, Portugal, Singapore, Slovenia, UK, and USA), the remaining respondents were located in upper-middle-income (Brazil, China, Malaysia, and Thailand) and lower-middle-income-economy countries (Bangladesh, Ghana,
India, Nigeria, and Pakistan) (World Bank, 2019). There was an equal proportion of female and male respondents. On average, respondents had 11-20 years of experience in suicide-related research. They had submitted an average of four ethics applications for suicide-related studies over the last five years, and on more than half of these applications they were the principal investigator. Most respondents had received a ‘Minor revision’ request, and about one third had received ‘Major revision’ requests. Half of them had ethics applications approved without revisions, and none had ethics applications not approved.

[Insert Table 1 about here]

Characteristics of specific ethics applications

All respondents provided information regarding one ethics application about which the research ethics committee had raised concerns. Most respondents categorized their application as an intervention study (for example, a study designed to test the efficacy of a novel approach to help people who had attempted suicide) or epidemiological study (for example, a study examining the prevalence of suicidal behaviour in specific groups) (Table 2). The category ‘Other’ included studies, such as the development of a registry, evaluation of suicide prevention training, and qualitative/observational studies. Most applications focused on adults (47.1%) or young people (32.4%), followed by applications regarding people who had attempted suicide (26.5%) and those with mental health problems (23.5%). Regarding the setting, one third of the applications concerned studies in the community (41.2%) or in a mental health service (26.5%).

[Insert Table 2 about here]
Concerns raised by research ethics committees

Respondents commonly reported that ethics committees raised concerns regarding potential harm to participants (44.1%) and researchers’ responsibilities to participants (29.4%) (Figure 1). The former related to potential distress or increased risk of suicidal behaviour due to research participation (29.4%) or appropriate distress management (5.9%). The latter concerned management of potential risks (14.7%), availability of resources for participants (5.9%), and data management (5.9%). One fifth of the concerns addressed access to the study population, e.g., concerns that potential participants or their organizations (such as schools) may be deterred by the sensitive nature of the study topic (8.8%), the consent procedure for minors (2.9%), and the researchers’ relationship with the study participants (2.9%). The concerns reported in the category ‘Other’ focused on clarifications of research questions, definitions or theory (17.6%), study design (11.8%), and data management (5.9%).

[Insert Figure 1 about here]

Researchers’ responses to the concerns

Respondents mostly modified their ethics application, consulted their research ethics committee, and/or provided evidence from the literature (Figure 2). Modifications to the applications involved modifications to consent, recruitment and data collection (17.6%), clarifications of definitions and procedures (11.8%), modifications to study design (2.9%), and availability of resources for participants (2.9%). Respondents consulted their research ethics committee to better understand the issues raised and to find a consensus (17.6%). Some respondents reported that this was a time-consuming process (8.8%). Providing evidence from the literature comprised providing literature demonstrating that asking study participants about suicide does not increase suicide risk. Responses in the category ‘Other’ included
providing further information on study design or evidence from the literature (11.8%), risk management (2.9%), development of an additional application (2.9%), and discontinuation of the application (2.9%).

[Insert Figure 2 about here]

**Impact of the concerns**

Dealing with the concerns had a positive impact on the actual study, according to more than half of the respondents (Figure 3). About one in four reported a negative impact, and one in five reported no impact. The reported positive impacts related to increased awareness and confidence in the research team (11.8%), improved viability and resources (5.9%), and helpful experiences for future applications (5.9%). Negative impacts were related to delays in the start of the study (14.7%), limitations to study design, such as restrictions on participant mental health assessment (2.9%), and overall lack of support from the researcher’s institution/university (2.9%). About half of the respondents who reported no impact of the concerns raised, indicated that dealing with the concerns caused undue delays (11.8%). Still, most respondents (91.2%) indicated that they could proceed with the study once they had addressed all concerns and their application was approved.

The survey specifically inquired about the duration of the ethics approval process: 50% of respondents replied that the process took less than 2 months, 32.3% said it took 3-6 months, 5.9% said 7-12 months, and 11.8% of respondents said that it took more than 12 months. Also, 29.4% of respondents indicated that the duration had caused issues, such as delays in the study (20.6%), and/or problems with funding and availability of staff (5.9%).

[Insert Figure 3 about here]
About two-thirds of the respondents (64.7%) formulated advice to other researchers at the end of the survey. Respondents most commonly advised to anticipate possible concerns (44.1%), by being clear about the study aims, design, consent, possible risks and benefits, and risk management strategies. Respondents (17.6%) commented that some research ethics committees might be very sensitive to, and/or lack knowledge of suicide-related research. Hence, they advised to provide evidence from the literature that suicide research can be done safely (11.8%). Further, respondents advised that researchers should understand how research ethics committees work (23.5%), by understanding the rules, consulting other (international) researchers, and by consulting and establishing a collaboration with the ethics committee (11.8%). Lastly, respondents advised that researchers must allow for sufficient time and flexibility to navigate the ethics approval process (8.8%). To illustrate the variety of concerns raised, the researchers’ responses, and the impact on the actual study, we purposefully selected and summarized three ethics applications (Box 1).

Discussion

Tensions between researchers and research ethics committees have been reported in various research fields. As suicide prevention research may face particular challenges (Hom et al., 2017), this study addressed an important gap in the literature by investigating concerns researchers receive from research ethics committees in response to suicide-related ethics applications, and how researchers have dealt with these concerns. Most concerns appear to
relate to the ethical principles of safeguarding the health, well-being, and integrity of participants (principles #4 and #6 of the Declaration of Helsinki, World Medical Association, 2013), the assessment of risks and benefits of research participation (principles #16 and #17), and to providing adequate risk management (principle #18) for a vulnerable population (principle #20). These concerns were commonly reported by respondents across countries. They also align with those reported in research in other content areas (e.g., Gibson et al., 2013; Pachana et al., 2015), and our survey of Australian researchers (Andriessen et al., 2019 accepted) where the same two categories (i.e. potential harm to participants, and researchers’ responsibility to participants), as well as a third category, participant competency and consent, were the most commonly reported concerns. The findings indicate that while researchers and research ethics committees value the same ethical principles (Mondragón, Guarneros, & Jiménez, 2017), they may interpret them differently. For example, while it is commendable that principles #17 and #18 stipulate the need for adequate risk management, the low base rate of suicidal behaviour and the difficulty/impossibility of predicting its occurrence in individuals (Large et al., 2016), may fuel discussions between researchers and research ethics committees about appropriate risk management.

Our findings differ from Lakeman and Fitzgerald (2009a) who reported that researchers had experienced few problems in obtaining ethics approval. The few concerns reported in that study were related to confidentiality, potential distress in participants, and methodological issues. It is; however, unclear why respondents in our study reported substantial concerns compared to Lakeman and Fitzgerald (2009a). Both surveys mostly included studies that actively involved or recruited participants. The literature suggests that ethics applications prepared by senior researchers would receive less concerns from research ethics committees (Andriessen et al., 2019; Lakeman & Fitzgerald, 2009b). However, the level of researchers’ experience is difficult to compare. Ethics applications prepared by senior...
researchers would receive less concerns from ethics committees (Andriessen et al., accepted). However, the level of experience is difficult to compare as Lakeman and Fitzgerald (2009a) inquired about the number of studies their respondents had been involved in, whereas our survey asked how many years of research experience and how many ethics application the respondents had submitted over the last five years. Also, the small sample sizes of both studies might have affected the results, and due to the modest number of respondents in our survey we were unable to check for statistical associations between the level of researchers’ experience and the concerns received from research ethics committees. Still, respondents in both surveys corroborated the importance of anticipating potential concerns, leading to a crucial conclusion that researchers should familiarize themselves with how research ethics committees work. As in other fields of research (Guillemin et al., 2012; Vitak et al., 2017), research ethics committees may be interested in such a collaboration regarding suicide-related studies (Lakeman & Fitzgerald, 2009b).

Similar to findings from our Australian survey (Andriessen et al., 2019 accepted), respondents in this survey modified their ethics application, consulted their research ethics committee, and/or provided evidence from the literature, in response to the concerns raised. Despite this (time-consuming) additional work, the impact of dealing with the concerns was mostly perceived as having a minor or major positive impact, mostly regarding the research team or the resources. Negative experiences were mostly related to delays caused by the duration of the ethics approval process and subsequent problems of additional costs or staffing. Hence, in line with the advice of respondents, it is concluded that researchers should be flexible and include sufficient time in the preparation of their study to navigate the ethics process.

It is noteworthy that most of the reported concerns of research ethics committees were raised regarding ethics applications of intervention studies. Most ethics applications involved
adults or young people from a community or mental health service setting, which is in line with the literature indicating that, intervention studies usually actively involve participants, contrary to, for example, epidemiological studies (Andriessen et al., 2019 accepted; Fisher et al., 2002). In this context it is important to consider that ethics procedures may be organized differently between countries. For example, in the UK interventions studies involving participants under the care of a health authority may go through a lengthy procedure by a research ethics committee within the healthcare system, as opposed to other types of empirical research that may be assessed by university research ethics committees (Stevenson, Gibson, Pelletier, Chrysikou, & Park, 2015). Such distinction not necessarily exists in other countries.

In addition, studies involving cultural minorities or minors may face specific challenges regarding recruitment, consent, and risk management (Balen et al., 2006; Robinson et al., 2017). Also, while intervention studies are paramount to advance our knowledge of suicide prevention (Reifels et al., 2018; Zalsman et al., 2016), these studies may present the most important ethical challenges. Hence, the study findings suggest that researchers and research ethics committees must work together to ensure conduct of safe and high-quality research, embodying the notion of a shared responsibility in the ethical design of research studies (Commonwealth of Australia, 2018; Guillemin et al., 2012).

Notwithstanding the major findings of this study, further research is needed to fully comprehend the potential impact of the concerns suicide-related researchers receive from research ethics committees and what are the best strategies to deal with the concerns. The literature indicates a lack of standardization in how research ethics committees assess ethics applications, suggesting that assessments of applications with similar content may vary across committees (Abbott & Grady, 2011; Hom et al., 2017; Weissman et al., 2018). Also, research ethics committees reported that they do not always possess the knowledge of the specific
topic addressed in an application (Lakeman & Fitzgerald, 2009b; Vitak et al., 2017). These observations confirm a need for further study into the experiences and perspectives of research ethics committees in dealing with suicide-related applications.

The findings underscore the need for a dialogue between researchers and research ethics committees. Such a dialogue may concern issues regarding research design, recruitment, and consent, but could also address differences in moral views regarding the extent to which researchers should intervene to prevent a suicide, versus the autonomy of an individual. Mishara and Weisstub (2005) distinguished between the moralist view (life must be protected and each suicide stopped), the libertarian view (there is no obligation to intervene to prevent a suicide), and the relativist view (the obligation to intervene depends on the situation, culture, and consequences for the person and society). Because such moral stances may influence researchers and members of research ethics committees alike, for example, regarding choice of participants, informed consent, and participant safety procedures, it is paramount to be aware of one’s own moral attitudes (Mishara & Weisstub, 2005). Also, the legal status of suicidal behaviour in a given country should be considered (Mishara & Weisstub, 2016). Clarifying such issues may be necessary for researchers and research ethics committees to reach a consensus about what constitutes ethically sound suicide research.

A few limitations apply to this study. The study recruited respondents through the mailing list of a major international suicide prevention organization (i.e. IASP). Though this is an appropriate recruitment strategy, it is possible that some relevant researchers were not reached. Also, the survey was conducted online only, some respondents may have preferred other modes of participation. On the other hand, it is conceivable that several people on the list did not identify themselves as researchers. While they did not belong to the target group of the survey, they also received the invitation. Still, about seven percent of those on the list
completed the survey. While it is impossible to determine if this comprised a representative sample, it is an acceptable response rate for an online survey (af Wåhlberg & Poom, 2015).

Summarizing the major findings, this survey crystallized the important concerns researchers from across the globe have received on suicide-related ethics applications and how they dealt with those concerns. Most concerns focused on potential harm to participants, and researchers’ responsibilities to participants. Most researchers modified their application and/or consulted their research ethics committee to respond to the concerns. Despite possible delays in the start of the study, most respondents experienced dealing with the concerns as having a positive or neutral impact on the actual study. It is recommended that researchers familiarize themselves with how research ethics committees work, seek collaboration, and anticipate potential concerns on suicide-related applications by providing scientific arguments and references. Further research shedding light on the experiences of research ethics committees will complement the findings of this study. Dialogue and improved collaboration between researchers and research ethics committees should guard the quality of suicide prevention research.

**Best practices**

Suicide-related research is essential to improve the practice of suicide prevention. However, due to the inherent risks of researching participants who are at risk of suicide, rigorous ethical review of study applications is needed. Researchers and research ethics committees may share the same ethical values. These values and knowledge about each other’s work, may serve as a foundation to improve mutual understanding and collaboration to bridge the tensions that exist between the two parties. Also, specialist associations could consider developing research ethics guidelines relevant to their field of research, and constitute a pool
of advisors for research ethics committees when considering applications in highly specialized fields.

Research agenda

To further identify improvements in both the writing and reviewing of suicide-related ethics applications, more research is needed on how researchers and research ethics committees relate to such study applications. Specifically, while we have examined how researchers have experienced obtaining ethics approval of suicide-related studies, further research is needed to examine the experiences of members of research ethics committees. Also, the feedback of those who partake in such studies would constitute important information. Moreover, while in-depth knowledge of suicide-specific research is needed, the extent to which experiences of researchers and research ethics committees with suicide-related applications are similar or different to other social or mental health-related applications, should be studied.

Educational implications

The study findings crystalized the concerns researchers have received from their research ethics committees and how they dealt with these. As such, the study findings are highly useful for researchers and research ethics committees, as well as for individuals who seek to participate in such studies, and governance bodies who oversee research quality. The findings suggest that researchers may benefit from ethics training. Research ethics committees may learn from how researchers approach study design, including the inherent need to research people at risk of suicide. Translation of ethical principles into research design should be promoted.

Declaration of conflicting interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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**Author’s note**

Address correspondence to […]

**References**


[https://doi.org/10.1525/jer.2011.6.1.3](https://doi.org/10.1525/jer.2011.6.1.3)
https://doi.org/10.1080/01973533.2015.1111212

https://doi.org/10.1027/0227-5910/a000515

https://doi.org/10.3390/ijerph16071094

https://doi.org/10.1080/10508420701309614

https://doi.org/10.1177/0907568206059962

https://doi.org/10.1016/j.cpr.2018.07.001


https://doi.org/10.1016/S2215-0366(16)30030-X

**Author biographies**
Figure 1: Concerns raised by ethics committees ($n = 62$)

- Confidentiality: 17.6%
- Researcher responsibilities to participants: 29.4%
- Researcher competency: 5.9%
- Participant competency: 8.8%
- Harm to researchers: 5.9%
- Harm to participants: 44.1%
- Access to population: 20.6%
- Purpose of study: 11.8%
- Other: 38.2%

1 Total is >100% because multiple answers were allowed.

Figure 2: Response to concerns raised ($n = 55$)

- Provided justification from guidelines: 11.8%
- Provided evidence from literature: 35.3%
- Consulted researchers: 8.8%
- Consulted ethics committee: 38.2%
- Modified application: 41.2%
- Other: 26.5%

1 Total is >100% because multiple answers were allowed.
Figure 3: Impact of concerns on the actual study ($n = 34$)
Table 1: Sample characteristics ($N = 34$)

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<td>Minor revision</td>
<td>27 (79.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major revision</td>
<td>13 (38.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not approved</td>
<td>0 (0.0%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$^1$ Total is >100% because respondents could report different outcomes across their ethics applications.
HIC: High-income economy countries, UMIC: Upper-middle-income economy countries, LMIC: Lower-middle-income economy countries, LIC: Low-income economy countries
Table 2: Characteristics of specific ethics applications

<table>
<thead>
<tr>
<th>Variable</th>
<th>Categories</th>
<th>n (% of respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td>Biological</td>
<td></td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td>6 (17.6%)</td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
<td>11 (32.4%)</td>
</tr>
<tr>
<td>Epidemiological</td>
<td></td>
<td>10 (29.4%)</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td>6 (17.6%)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td><strong>Focus of the research</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current or ex-military</td>
<td></td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td>5 (14.7%)</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>6 (17.6%)</td>
</tr>
<tr>
<td>Offenders</td>
<td></td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>People who have attempted suicide</td>
<td></td>
<td>9 (26.5%)</td>
</tr>
<tr>
<td>People with substance use problems</td>
<td></td>
<td>2 (5.9%)</td>
</tr>
<tr>
<td>People with physical health problems</td>
<td></td>
<td>2 (5.9%)</td>
</tr>
<tr>
<td>People with mental health problems</td>
<td></td>
<td>8 (23.5%)</td>
</tr>
<tr>
<td>GLBT+ people</td>
<td></td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>People bereaved by suicide</td>
<td></td>
<td>4 (11.8%)</td>
</tr>
<tr>
<td>People in rural areas</td>
<td></td>
<td>6 (17.6%)</td>
</tr>
<tr>
<td>Culturally and linguistically diverse people</td>
<td></td>
<td>2 (5.9%)</td>
</tr>
<tr>
<td>Indigenous people</td>
<td></td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>Older adults</td>
<td></td>
<td>3 (8.8%)</td>
</tr>
<tr>
<td>Group</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>16 (47.1%)</td>
<td></td>
</tr>
<tr>
<td>Young people</td>
<td>11 (32.4%)</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>2 (5.9%)</td>
<td></td>
</tr>
<tr>
<td>None of these groups</td>
<td>2 (5.9%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4 (11.8%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting of the research</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
<td>3 (8.8%)</td>
</tr>
<tr>
<td>Mental health service</td>
<td>9 (26.5%)</td>
</tr>
<tr>
<td>Emergency department</td>
<td>4 (11.8%)</td>
</tr>
<tr>
<td>Primary care (e.g., general practice)</td>
<td>2 (5.9%)</td>
</tr>
<tr>
<td>Other health service</td>
<td>3 (8.8%)</td>
</tr>
<tr>
<td>Workplace</td>
<td>3 (8.8%)</td>
</tr>
<tr>
<td>Prison</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Tertiary institution</td>
<td>6 (17.6%)</td>
</tr>
<tr>
<td>School</td>
<td>5 (14.7%)</td>
</tr>
<tr>
<td>Community</td>
<td>14 (41.2%)</td>
</tr>
<tr>
<td>No specific type of setting</td>
<td>3 (8.8%)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (14.7%)</td>
</tr>
</tbody>
</table>

1 Totals are >100% because multiple answers were allowed.
Box 1: Summary of sample ethics applications

<table>
<thead>
<tr>
<th>Impact of an educational suicide prevention workshop among secondary school youths</th>
<th>Qualitative psychological autopsy study</th>
<th>Experiences of stigmatization in people who have attempted suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>A one-year pilot study with a pre-post-test design, and data collection at three time points: baseline; post-intervention and at 8-week follow-up. Aimed to examine if the workshop increased knowledge of suicide and help resources, confidence in discussing suicide-related issues, and likelihood of seeking help. Also: Was the program acceptable to participants, and did</td>
<td>To examine the interplay of psychological vulnerability, life events and the social context in the suicidal process, with adults recruited from the community</td>
</tr>
</tbody>
</table>
it cause distress or suicidal ideation in participants?

<table>
<thead>
<tr>
<th>Concerns raised</th>
<th>Access to population: Burden on school staff to collaborate with the study</th>
<th>Access to population: Concerns about the sensitivity of the study in a context where suicide is a taboo</th>
<th>Purpose of the study: Anxiety in the committee about the idea of talking to people who had attempted suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential harm to participants:</td>
<td>Potential risk of talking to young people about suicide</td>
<td>Potential harm to participants: Potential distress by talking to people bereaved by suicide</td>
<td>Access to population: Recruitment through an organization might be perceived as forced or coerced</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Potential harm to participants: Talking about stigma experiences would cause extreme distress</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Confidentiality</td>
</tr>
<tr>
<td>Researchers’ response to concerns</td>
<td>Consulted ethics committee</td>
<td>Modified ethics application: Minor modifications to ensure burden on school staff was minimal</td>
<td>Consulted ethics committee: Lengthy discussions about safety mechanisms built into project to protect participants</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>provided evidence from literature:</td>
<td>Asking about suicide does not increase suicide risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study proceeded after concerns were met</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Impact of concerns</td>
<td>Minor negative impact It delayed the study significantly</td>
<td>Major positive impact Caused some delays in the study, but it improved its viability and seminal character</td>
<td>No impact No modifications to ethics application. Ethics committee had no experience with suicide research and required</td>
</tr>
</tbody>
</table>

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consultations with the researchers to understand potential risks and benefits of the study. However, approval process shortened the study and reduced capacity to complete it on time.

<table>
<thead>
<tr>
<th>Duration of ethics approval process</th>
<th>12+ months</th>
<th>3-4 months</th>
<th>10-12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice to researchers</td>
<td>Always develop a good relationship with the ethics committee and be willing to collaborate</td>
<td>Be clear in the research aims, cultural sensitivity, and flexible in the research</td>
<td>Be very clear about safety protocol up front. Expect and plan for delays, and prepare for lengthy discussions justifying the research. If possible, select an ethics committee with a strong understanding of suicide-related research.</td>
</tr>
</tbody>
</table>
Supplementary material: Online survey

ETHICAL ISSUES IN SUICIDE PREVENTION RESEARCH

We’d like to start by asking you some questions about yourself and about the suicide-related research that you do.

1. Which country do you live in? [Tick one response only]
   [Drop down menu of countries]

2. What is your gender? [Tick one response only]
   a. Female □
   b. Male □
   c. I do not identify with either term □

3. How many years of experience do you have in suicide-related research? [Tick one response only]
   a. Less than 1 year □
   b. 1-2 years □
   c. 3-4 years □
   d. 5-10 years □
   e. 11-20 years □
   f. 20+ years □

4. Are you a member of the International Association for Suicide Prevention [Tick one response only]
   a. Yes □
   b. No □

The next two questions concern your experiences with submitting suicide-related research projects to ethics committees over the last five years. We use the term ethics committee synonymously with institutional review board.

5. How many suicide-related research projects have you submitted to an ethics committee in the last five years? [\textit{b cannot be greater than a}]
   a. In total: \hspace{1cm} (number)
   b. As the principal or chief investigator \hspace{1cm} (number)
6. Which institution’s ethics committee have you submitted the majority of your projects to in the past five years?

_____________________________________________________________________

7. Thinking about all of the suicide-related research projects that you have submitted to an ethics committee as an investigator in the last five years, which of the following outcomes have you experienced? Please indicate the percentage of projects with each outcome. [Percentages must total 100%]

a. Approved with no revisions:  (%)  
b. Approved with minor revisions:  (%)  
c. Approved with major revisions:  (%)  
d. Not approved  (%)

Now we would like you to think about one suicide-related research project where the ethics committee raised a number of ethical concerns about the study design.

8. Please describe the project in brief, lay terms. Mention its aims and describe the methods you used.

_____________________________________________________________________
_____________________________________________________________________

9. What kind of study did the project involve? [Multiple responses permitted]

a. Assessment study (e.g., assessment/classification of suicide risk)  
b. Epidemiological study (e.g., study of suicide rates or risk factors)  
c. Intervention study (e.g., trial of a suicide prevention intervention)  
d. Evaluation (e.g., evaluation of suicide prevention policy, program or service)  
e. Biological study (e.g., study of the neurobiology or genetics of suicide)  
f. Social science study (e.g., study of the history of suicide)  
g. Other  
(Please elaborate) ______________________________________________

10. What approach to data collection/analysis did the project involve? [Tick one response only]

a. Quantitative  
b. Qualitative  
c. Mixed methods  
d. Other  
(Please elaborate) ______________________________________________

11. Did the project involve recruiting participants? [Tick one response only]

a. Yes  
b. No  

12. Which of the following groups were the focus of the project? [Multiple responses permitted]

a. Children
(Please indicate age range) _____________________________

b. Young people
(Please indicate age range ______________________________

c. Adults
(Please indicate age range) _____________________________

d. Older people
(Please indicate age range) _____________________________

e. Indigenous people

f. People from culturally and linguistically diverse backgrounds

g. People in rural and remote areas

h. People bereaved by suicide

i. People who are gay, lesbian, bisexual, transgender or intersex

j. People with mental health problems

k. People with physical health problems

l. People with substance use problems

m. People who have attempted suicide

n. Offenders

o. Men

p. Women

q. Current or ex-serving military personnel

r. Other
(Please elaborate) __________________________________________

s. The project was not concerned with any specific group

13. In which type of setting was the project carried out? [Multiple responses permitted]

a. Community

b. School

c. Tertiary institution

d. Prison

e. Workplace

f. Primary care (e.g., general practice)

g. Emergency department

h. Mental health service

i. Other health service

j. Online

k. Other
(Please elaborate) __________________________________________

l. The project was not carried out in any specific type of setting

14. What concerns were raised by the ethics committee? [Multiple responses permitted]

a. The purpose of the study (e.g., whether its potential benefits outweigh its risks)
(Please elaborate) __________________________________________

b. Access to the population (e.g., whether recruitment strategies might have implications for relationships between providers and suicidal individuals)
(Please elaborate) __________________________________________

c. Potential harm to participants (e.g., whether bringing up the topic of suicide might cause distress or exacerbation of thoughts of suicide in participants)
(Please elaborate) __________________________________________
d. Potential harm to researchers (e.g., whether hearing participants’ stories might cause distress for researchers) (Please elaborate) ____________________________________________________

e. Participant competency and consent (e.g., whether suicidal individuals are competent to consent to participation) (Please elaborate) ____________________________________________________

f. Researcher competency (e.g., whether researchers are sufficiently skilled to handle situations appropriately) (Please elaborate) ____________________________________________________

g. Responsibilities of researchers to participants (e.g., the extent to which researchers have a duty of care to participants to provide or facilitate access to help if needed) (Please elaborate) ____________________________________________________

h. Maintaining confidentiality (e.g., whether confidentiality can be maintained) (Please elaborate) ____________________________________________________

i. Other (Please elaborate) ____________________________________________________

15. When the above concerns were raised, how did you respond to the ethics committee? [Multiple responses permitted]

a. Modified the project in some way (Please elaborate) ____________________________________________________

b. Consulted with the ethics committee (Please elaborate) ____________________________________________________

c. Consulted with researchers not involved in the project (Please elaborate) ____________________________________________________

d. Provided evidence from the scientific literature (Please elaborate) ____________________________________________________

e. Provided a justification from national or international research ethics guidelines (Please elaborate) ____________________________________________________

f. Other (Please elaborate) ____________________________________________________

16. Once you addressed the ethics committee’s concerns, were you able to proceed with the project? [Tick one response only]

a. Yes ☐

b. No ☐

17. How much of an impact did responding to the ethics committee’s concerns have on the project? [Tick one response only]

a. A major positive impact (Please elaborate) ____________________________________________________

b. A minor positive impact (Please elaborate) ____________________________________________________

c. No impact (Please elaborate) ____________________________________________________

d. A minor negative impact (Please elaborate) ____________________________________________________

e. A major negative impact (Please elaborate) ____________________________________________________
18. How long did the ethics approval process take, from submitting the original application to receiving the final outcome (approved or not approved)? [Tick one response only] 

a. Less than 1 month
b. 1-2 months
c. 3-4 months
d. 5-6 months
e. 7-9 months
f. 10-12 months
g. More than 12 months

19. Did the duration of the ethics approval process create any issues for the project? [Tick one response only] 

a. Yes
b. No

And just a few final questions ...

20. Based on your overall experiences with getting ethics approval for suicide-related research projects, do you have any advice for other researchers?

______________________________________________________________
______________________________________________________________

21. We are hoping to gather examples of ethics applications and responses from ethics committees. Would you be willing to provide the relevant documentation about the project you described above? [Tick one response only] 

a. Yes
b. No

22. Would you be happy for us to contact you to follow up on any of the information you have provided? [Tick one response only] 

a. Yes
b. No

c. Yes
d. No

23. If you answered ‘Yes’ to either Question 21 or Question 22, please provide your name and email address below:

Name: ________________________________
Email address: __________________________

Thank you for taking the time to complete the survey