



Research Ethics Board

REB Guidance and Information Document

Document Number	REB.INFO.411
Title	Suicidal Risk and Ideation
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1) Purpose

This guidance document concerns researching high-risk populations or asking direct questions about suicidal risk and/or ideation.

2) Definitions

See the MSVU **REB Glossary of Terms (REB.INFO.001)**

3) Notice to Researchers

The information in this document is for information and guidance purposes only. Each research study poses unique properties and/or situations that may require additional or different guidance than what is presented in this document. The information in this document is meant to provide general situational advice and does not constitute research ethics compliance in absolute form. If you have any questions, please contact ethics@msvu.ca.

4) Guidance/Information/Procedures

4.1) Considerations

Although researchers are not clinicians and are not required to provide direct intervention, the Tri-Council Policy Statement (TCPS) highlights both *respect for persons* and *concern for welfare*. As such, it is important to ensure risk management protocols are in place, especially when dealing with high-risk populations, or asking direct questions on suicidal risk, ideation, intent, plans, and/or means. Researchers and research personnel should follow the R rules:

- *Recognize* and identify signs of suicidal ideation,
- *Respond* to the needs of the participant in a caring, non-judgmental manner,
- *Refer* participants to appropriate services, and
- *Report* the incident.

There are two common types of suicidal ideation that researchers should be aware of: **passive** and **active**. Passive suicidal ideation is the thought of self-harm or death without intention, means, or plans of attempting suicide. Active suicidal ideation is not only the thought of self-harm or death but also having the intent to perform suicide; this can include having a plan and a means of attempting suicide ([May et al., 2015](#)).

Suicidal ideation exists on a spectrum, with many individuals having passive suicidal ideation throughout their lives. It is important to watch for the warning signs and to take both kinds of suicidal ideation seriously over the course of the research process.

4.2) Training Expectations

Clinical researchers are expected to have professional training or include mental health professionals when dealing with high-risk populations. Non-clinical researchers are expected to have consulted with mental health professionals when asking about suicide risk and/or ideation or dealing with high-risk populations.

Non-clinical researchers who directly ask about suicidal ideation or elicit emotional responses where participants may disclose suicidal tendencies or ideation should have an experienced team member, such as a clinical psychologist, physician, or principal investigator (PI) with relevant experience on hand during the research process to provide advice.

A course offered by the Canadian Mental Health Association, developed by LivingWorks, “[safeTALK](#)” may be of interest to researchers who intend to, or have been, working in this area.

4.3) Risk Management Plan

A risk management plan should be developed if dealing with high-risk populations, and/or asking directly about suicidal risk or ideation. The plan should include means for assessing the risk, procedures for checking responses to suicidal ideation questions, agreement on timeline for assessing risk from identified question, and procedures to follow up with participants who revealed suicidal ideation tendencies.

If a research participant discloses suicidal ideation, select questions can be asked at an appropriate time to assess their level of suicidality:

1. Do you currently have thoughts of suicide? How long have they been present for?
2. Do you currently have a plan to kill yourself or anyone else?
3. Do you have any means to act on this plan?
4. Do you have a date or time to act on this plan?
5. What are your social supports at home? Do you live alone?
6. Are you seeing a therapist currently? Have you told anyone about these thoughts?
7. Have you had prior suicidal thoughts?
8. Have you previously tried to kill yourself or anyone else?
9. Do you have any new or on-going stressors (e.g., death of loved one, financial)?

Generally, the risk for suicide is considered urgent if the research participant has means and a plan to kill themselves or anyone else. However, current suicidal thoughts without a plan and/or means should still be taken seriously and may be cause for urgency. Ultimately, the judgement call is grounded in training and/or consultation with the appropriate team member, supervisor, or PI.

The information and questions provided above were adapted from [Carleton University](#).

Every research study is different and the risk assessment and/or management plan may require different or additional information. If you have questions or are seeking additional guidance, please email ethics@msvu.ca.

4.4) Resources for Participants

A resource referral sheet should be provided to participants, whether when discussing suicidal ideation, or when researching high-risk populations. Depending on the study, this should be formatted to fit the needs of the population, with emergency contact numbers, hospital emergency addresses and phone numbers, crisis centre/mental health hotlines, and community organization helplines.

**Please note that this will need to be attached to your research ethics application.

5) Additional Resources

- Suicide Awareness Voices of Education: [Warning Signs of Suicide](#), Accessed July 28, 2022
- Stevens, K. et al. (2021). Core components and strategies for suicide and risk management protocols in mental health research: A scoping review. *BMC Psychiatry*, 21(13), 1-14. <https://doi.org/10.1186/s12888-020-03005-0>.
- Sadek, J. (2019). *A Clinician's Guide to Suicide Risk Assessment and Management*. Switzerland: Springer. Retrieved from <https://novascotia.cmha.ca/wp-content/uploads/2019/01/AClinician%E2%80%99sGuidetoSuicideRiskAsse.pdf>

6) Acknowledgements

The development of this document has benefited directly from similar documents made public by the Tri-Council, as well as several Canadian universities. In some instances, specific formulations drawn from these sources have been incorporated into this document. Specific iterations were drawn from the following:

- The University of British Columbia, [Suicidal Risk Guidance](#), Accessed July 28, 2022
- Carleton University, [Suicidal Thoughts Protocol for use in Research Settings](#), Accessed July 28, 2022

7) Modification History

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REB.INFO.411	New	November 24, 2022

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