



this backdrop, suicidology research needs to focus on adopting qualitative approaches in order to achieve a richer understanding of suicidal behaviour. However, the sensitive nature of suicide and the invasive approaches of qualitative research poses significant ethical challenges when conducting suicide research.

## **2. Tips for conducting ethical suicide research**

- **Balance the potential harm with anticipated benefits** – suicidal individuals are considered a vulnerable group, and asking these individuals about suicidal behaviour or suicide bereavement may increase their risk of non-fatal and/or fatal suicidal behaviour.
- **Researcher responsibilities** – researchers with minimal experience in conducting suicide research should consult with more experienced researchers. The continuation of successful support services should be considered and discussed in the research protocol. The research should not lead to participants receiving a reduced amount of mental healthcare services than they received prior to the commencement of the research study. Researchers need to be aware of the impact of the study on their participants' mental and/or physical health and to seek appropriate support when necessary.
- **Negative stigmas** – the negative stigmas attached to suicide and seeking mental health assistance can hinder participation in suicide research. Multi-cultural and religious factors to consider within South African communities when conducting suicide research include: competing values or worldviews, culturally embedded attitudes around life and death, religious or spiritual position versus libertarian secularism, individualism versus communitarianism, and the Biomedical position.
- **Participant competency and informed consent** – researchers must consider an individual's mental capacity to provide informed consent to participate in the research study. Individuals of particular concern include: individuals with mental disabilities, mental illness, diminished mental health literacy, minors (under the age of 18 years), and other vulnerable populations (such as prisoners and university students). Informed consent involves participants being informed about the purpose of the research, the benefits and anticipated harms, what their participation will entail, their right to withdraw without being penalised as participation is voluntary, limits to confidentiality, how long they can expect

their participation to last, and the details of the researcher and the ethics committee for any additional questions or concerns.

- **Right to privacy and confidentiality** – stating who will have access to the participants' personal information and ensuring that appropriate measures are implemented and discussed in the research protocol to prevent disclosure of information that might identify the participant during or after the research study.
- **After the study** – it is absolutely imperative that any researcher conducting a study related to suicide makes provisions for negative emotional and/or physical reactions to the research by providing immediate and free support services.
- **Institutional review board approval** – ethical approval is considered based on the above considerations and other concerns that arise during the decision-making process by the research ethics committee. If unanticipated negative consequences arise during the course of the study, the research team must stop the study immediately and revert back to the ethics committee with the new concerns where it will be decided whether the study will continue with recommended changes or be terminated.

### **3. Personal experience when conducting my Master's study on suicidal ideation**

My mini-dissertation topic for my Master's in Research Psychology included exploring an individual's experience of psychosocial support services offered for suicidal ideation at a South African university's student support centre. During the ethics process, I encountered resistance at multiple stages resulting in a year-long battle to have my research approved. The main concern involved the potential harm to participants and the possibility of re-traumatisation and the risk of non-fatal and/or fatal suicidal behaviour as a result of the study. Additional concerns arose with the recruitment of participants. Initially, the plan was to approach the student support centre and request that they distribute a letter of invitation to individuals who received psychosocial support services for suicidal ideation within the last 12 months. The student support centre indicated that they are not permitted to share the contact details of their clients as this would go against the ethical requirements for confidentiality and privacy. As a result, I had to resort to volunteer sampling through the use of a flyer that was distributed via the university's Facebook page and around campus. The initial target sample size was six participants; however, I only managed to sample

one participant which resulted in my research turning into a case study. The negative stigma attached to suicide and the internal conflicts (for example, hopelessness and not wanting to reveal the presence and/or extent of one's suicidal thoughts) associated with suicidal behaviour may have deterred more individuals from agreeing to participate in my study.

### **Conceptual and Methodological Recommendations for Future Research on Suicide – Nabeelah Bemath**

The increasing prevalence of suicide and the implications thereof highlight the need for future research on suicide. To enable researchers to conduct relevant and methodologically-sound suicide research, recommendations for future research may be useful. Some of these are highlighted below:

- South African literature indicates the lack of reporting of demographics of suicide in this context, highlighting the need for a more systematic approach to collecting data on suicide in South Africa (Bantjes & Kagee, 2013).
- The need for longitudinal, prospective research on suicidal behaviour amongst South African youth has been discussed, given the developmental and socioeconomic vulnerabilities these youth are likely to face (Cluver, Orkin, Boyes, & Sherr, 2015).
- Research conducted in South Africa and Guyana highlight the need for suicide prevention research in these contexts (Thornton, Asanbe, & Denton, 2019). Schlebusch (2012) provides some direction regarding this which may assist in the development and evaluation of such prevention interventions.
- According to data obtained on suicide through the WHO World Mental Health Survey Initiative (WMH), future suicide research should include (Bromet 2012):
  - Interrelated risk-factors and a broad range of risk factors
  - Vulnerable populations
  - Populations of varying developmental periods and geographic areas
  - Suicidal behaviour over time i.e., longitudinal research
  - Suicidal behaviour as opposed to thoughts
  - The impact of mental health issues on suicidal behaviour

- Researchers should also consider collecting data from sources other than self-report instruments on suicidal thoughts etc. (Bromet, 2012) or mortuary records (Bantjes & Kagee, 2013):
  - Use of such instruments can lead to narrow or biased recall reporting etc. (Bromet, 2012)
  - Real-time and computerised assessment (Bromet, 2012) or “qualitative psychological autopsy studies” (Bantjes & Kagee, 2013, p. 248) may be considered as alternatives or as additional methods of data collection

## References

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