Recruiting and Engaging with Suicidal Individuals in Real World Research

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Background

• Recent increase in volume suicide research
• Ethically and practically challenging
• Contextual difficulties
• Little discussion in literature around challenges (Gibbons et al., 2010)
• Few studies examined solutions (e.g., Gibbons et al., 2010; Lakeman & Fitzgerald, 2009a)

Study 1

• Qualitative Grounded Theory Methodology (Gordon, 2009)
• Process of overcoming suicidality among young Irish men
• Face-to-face interviews with men aged 18-34 (n = 17)
• Led to development of substantive theory
  • Re-vitalising worthiness in overcoming suicidality
  • Describes how men regained sense of value as individuals who are deserving of life (Gordon, Cutcliffe, & Stevenson, 2010)
Study 2

• Pilot Randomised Control Trial (RCT)

• Explore effectiveness, acceptability and individual response to Psychosocial/psychoeducational Intervention for people with recurrent Suicide Attempts (PISA)

• Participants over 18, 2+ suicide attempts, mental health services

• Participants are randomly assigned to TAU or TAU plus PISA
Ethical Challenges: Concerns of Others

- Potential to cause distress to a vulnerable group and generate crises
- Amount of contact participants and researcher
- Appropriate supports for participants?

Addressing Concerns around Research

- Highlighted by other researchers (e.g., Cutcliffe & Ramcharan, 2002; Lakeman & Fitzgerald, 2009a, 2009b)
- Demonstrate awareness of vulnerability and potential positive impact of research
- Study 1: Opportunity to “tell their story”, to influence practice, and importance of reciprocity in men highlighted (e.g., Gordon, 2009)
- Study 2: Participants might perceive themselves as contributing to valuable research, helping others
- Research indicates that regular contact in the context of care and respect does not increase risk, and talking about suicide and DSH is helpful (e.g., Massie, Gagnon, & Holland, 1994; Scottish Association for Mental Health, 2005)

Ethical Challenges: Participant Safety

- Participants disclosed self-harm or attempted suicide
  - Arrived to interviews distressed/suicidal
  - Contact research team telephone in distress
Managing Participant Safety

- Anticipated such events, as highlighted in previous studies (e.g., Lakeman & Fitzgerald, 2009b; Pearson et al., 2002)

- Protocol: Clear protocol to manage risk in consultation with clinicians (multidisciplinary team)

- Boundaries: Encouraged to contact clinical team, reminded of researcher role, also informed clinical team (voicemail, on-site interviews)

- Collaboration: Contact details of keyworkers and/or clinical team collected at outset

- Informed Consent: Agreed protocol with participants

Ethical Challenges: Researcher Safety

- Researchers can experience psychological overload
  - Emotionally, physically affected
  - Burnout

- Researchers can experience responsibility anxiety

- Physical safety – location and time of interviews
Managing Researcher Safety

- **Self-care**: Remind self of professional boundaries, time out
- **Support**: Encouraged to avail of support
- **Support**: Regular meetings with senior research team member
- **Contextual**: Provide a colleague with details of appointments; time to settle at safe location

Key: ETHICAL AWARENESS

Practical Challenges: Access, Recruitment and Retention

- Increasing demands on clinicians, changes in services, high staff turnover (e.g., Brown, 2006)
- Incorrect or changing contact details
- Admitted to hospital or entered treatment centres
- “Transient, difficult-to-follow” (Gibbons et al., 2010)
- Drop-out

Overcoming Challenges: Access, Recruitment and Retention

- Regular presentations at clinical sites; posters
- Information about participants sent to research team ASAP (Gibbons et al., 2010)
- Research team informed about changes
- Contact participants in treatment centres via clinical team, or when discharged
Practical Challenges: Access, Recruitment, Retention

- Participants failed to attend interviews
- Text message reminders sent to participants in advance (e.g., Chen, 2007; Cohen, 2008).
- Asked to inform researcher if could not attend interview
- Rescheduled interview as soon as possible in event of non-attendance

Key: CAREFUL PLANNING

Practical Challenges: Conducting Assessment Interviews

- Participants unable to complete assessments due to use of substances (e.g., Gibbons et al., 2010; Pearson et al., 2002)
- Explained demanding nature of interview
- Invited to reschedule interview
- Reminded of this in advance
Practical Challenges: Conducting Assessment Interviews

- Participants unable to complete assessments due to use of substances (e.g., Gibbons et al., 2010; Pearson et al., 2002)
- Difficulties keeping concentration, staying focused due to mood, prescribed medications etc.
- Explained demanding nature of interview
- Invited to reschedule interview
- Reminded of this in advance
- Scheduled breaks and/or separate meetings (Gibbons et al., 2010)

Key: FLEXIBILITY
Contextual Challenges

- Time-limited nature of funding research – area of suicide

- Funding bodies kept updated on progress of projects, notified of delays, informed of management strategies

  **Key: COLLABORATION**

Conclusion

- There are many and varied challenges in suicide research BUT also many creative strategies can be used

- Challenges can be overcome by ethical awareness, careful planning, flexibility and collaboration

- Important to highlight so researchers can maximise participant access, recruitment and retention and attest to rigour of research (DeVaus, 2002; Neuringer, 1962)

- Can also help novice researchers in planning research and encouraging new researchers to conduct studies in the area

References
