Managing suicide risk in research study participants

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What should researchers do if they encounter a study participant who reports suicidal thoughts?

UIC College of Nursing associate professor Susan Dunn explores this question as lead author of "Suicide Risk Management Protocol for a Randomized Controlled Trial of Cardiac Patients Reporting Hopelessness," a paper published in the January/February edition of *Nursing Research*.

Suicide is ranked as the 10th leading cause of death for all ages in the U.S. and can be identified through clinical research, according to the paper.

Although suicide screening tools are widely available for patients in emergency, hospital and primary care settings and have been used in research, there is a "significant gap" in the availability of published suicide risk management protocols for use in research studies, the authors wrote.

Because of this, Dunn, who is conducting an NIH-funded study on hopelessness in cardiac patients, says she developed a protocol "from the ground up" to identify, measure and act on suicidal ideation expressed by study participants.

The safety of participants is essential in research, and staff administering studies must be prepared to evaluate and act on suicidal signals from patients, the paper's authors wrote.

"For those research studies when we know patients are at higher risk —and definitely hopelessness does put a patient at higher risk for suicide—a suicide risk management protocol should absolutely be in place," Dunn says in an interview. "It gives me, as the [principal investigator], peace of mind to know the data collectors—the nurses doing the intervention—are all trained to be able to recognize if there is a potential for suicidal ideation."

Dunn's protocol uses the Columbia-Suicide Severity Rating Scale to score whether a patient is at low, moderate or high risk for suicide. Those scores then trigger next steps. For high or moderate risk levels, that would mean stopping data collection, immediately contacting both a mental health resource and the patient's provider, and making sure the patient is supervised. For low risk, it means providing a list of mental health resources. The protocol also requires that those staffing the study take a free online training to use the Columbia scale, participate in role-playing training to be able to identify and act on various suicidal risk levels, and participate in booster trainings (annually or when the protocol changes).

"The reason I wanted to publish the protocol is so that others can use it as a model for their own research," she says.

Age-adjusted suicide rates increased 30% from 2000 to 2016, according to the paper, and Dunn says they're even higher now due to the COVID-19 pandemic.

"Especially when you think about the current

situation we find ourselves in with the pandemic, we know that suicide rates are higher," Dunn says. "How many studies are assessing for suicidal ideation? I think that's a significant issue. It's not always being assessed in high-risk patients."

Dunn's paper was highlighted on the American College of Cardiology's website among notable journal articles.

More information: Susan L. Dunn et al, Suicide Risk Management Protocol for a Randomized Controlled Trial of Cardiac Patients Reporting Hopelessness, *Nursing Research* (2020). DOI: 10.1097/NNR.0000000000000474