Language/guidance for protocols that study and/or could potentially evoke suicidal thoughts and/or behavior

IF your protocol:

Has a research purpose to study suicide, suicidal ideation, depression or trauma;

Has a research purpose to study traumatic life events that may evoke powerful emotion or induce mood changes in participants;

Includes assessments (e.g. surveys, exams, questionnaires, etc) that can be used to identify suicidal ideation (thoughts of suicide, either active or passive), plan (the means or mechanism) or intent (the expressed desire and willingness to act on the plan);

THEN your protocol:

Should include research staff who are qualified to assess suicidality, when possible;

Must describe a plan to link participants with psychological help if needed, and include written materials listing those resources as an attachment to the protocol;

Must describe a plan to address the situation if a participant is assessed to be a danger to themselves, but refuses treatment.

PLANS might say (for example):

If a protocol uses WVU students as participants, plan might describe providing contact information for or an escort provided to the Carruth Center/WellWVU.

If a protocol is in the local community, the PI might provide a list of local psychiatry/psychotherapy providers.

If a participant is assessed to be actively suicidal, but refuses assistance, the plan might include steps to contact the Mental Hygiene Commissioner and/or call 911.