Reviewer’s report

Title: Ethical issues and practical barriers in internet-based suicide prevention research: A review and investigator survey.

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Reviewer: Douglas Wassenaar

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Review of METH-D-19-00184

Ethical issues and practical barriers in internet-based suicide prevention research: An integrated review and investigator survey.

This paper sets out to accomplish two main objectives: 1) to report on a systematic search of studies of internet-based interventions for people at risk of suicide, and 2) a survey of suicide prevention investigators' experiences and perceptions of ethical 'barriers' associated with online suicide prevention research.

In this reviewer's opinion this is a generally well-conceptualised and well-written paper on a topic of current and emerging interest that is suitable to eventual publication. The paper is generally well-supported by relevant recent literature.

This review will present some major concerns followed by some minor concerns.

Major concerns

In the opening paragraph, rates per 100,000 pop are generally more meaningful than the relatively random suicide statistics cited here.

On p. 4 (lines 2-7) the ethical challenges associated with internet mental health service delivery have been well studied and many jurisdictions have developed specific ethics guidance for such online service delivery. Although such guidance is primarily clinical service orientated, rather than for internet research, it is relevant and none of this work is cited here. Also relevant to p. 16 lines 1-2.

The literature review and discussion would benefit from a more recent Andriessen et al paper (2019) DOI: 10.1177/1556264619859734

There is no "Aims" section between the literature review and the Method section, although Aims are mentioned in the final parag of the Intro. (Editor to decide).

It is not clear whether Phase 1 of the study (document review) informed the design of the survey in phase 2. Ideally, this should have been the case…
The wording of parag 2 p. 6 lines 8-9 implies bias by the researchers in assuming that ethics review would necessarily impose "barriers" rather than helpful assistance to researchers in this area. Such bias is absent in related statements of purpose (p. 4 lines 22-24).

Section 3.2.2 would benefit from specification of some of the elicited differences between face-to-face and online interventional and prevention research. Note also that, in general, prevention research in general is a specific subset of interventional research.

Some of the survey results reported in section 3 could be argued to be non-specific to online suicide prevention research and common to many forms of health-related research - e.g. concerns about adequate understanding of the risks, provision of false or understated clinical information, biased sampling because of exclusion criteria etc. These generic research ethics concerns could be referenced and mentioned as such.

The finding related to conflict between researchers and RECs again contains some points that could be argued to be generic (p. 10 lines 4-9) and not unique to this type of inline prevention research. This warrants comment by the authors. The same applied to findings reported on p. 12 lines 13-17.

It is not specified whether the exclusion criteria specified on p. 12 lines 17-18) were determined by the researchers themselves or by their RECs. It should be mentioned, here or in related discussion of this finding, that in general almost all studies have inclusion and exclusion criteria - this is not unique to online suicide prevention research - and such criteria impact on generalisability.

Similarly, issues regarding measuring experimental treatment effects in relation to standard of care (p. 13 lines 1-7) (where placebo would be unethical) are generic to all intervention research, including clinical trials. This should be mentioned in the related discussion to provide perspective, as these issues enjoy considerable and ongoing debate in the current research ethics literature, in relation to research costs, impact on sample size, efficacy measurements etc.

The mentions of well-being of research assistants (p 14 line 17) is underdeveloped and is only expanded upon briefly later in the paper (p. 17 line 1).

The Discussion section seems to start with comments on phase 2 while comments on phase 1 only seem to appear on p. 16 line 17. Consider sequencing more consistently.

The closing section of the discussion makes much of the fact that most of their researchers/respondents reported 'problems obtaining ethics approval' must also be compared with the literature on common (or local) outcomes of ethics review in general - this reviewer is not persuaded that these are in any way unique to internet-based research proposals. It is the business of RECs to raise careful questions - are these necessarily 'problems' or could they also be useful research enablers or support referred to by 20% of your sample? Instead, what is missing and what could be proposed in section 4.1 for future research is a closer study of how REC comments on internet based suicide research proposals differ qualitatively from comments
on other types of prevention or intervention protocols. Stating that respondents "experienced problems" (p. 16 line 6-7) is very vague and suggests an underlying anti-REC bias alluded to elsewhere. This point also suggests that some of the findings of the study are not 'unique' (p. 18 line 1) to this specific type of study, but are common to this and other research topics and designs.

Minor concerns

The paper should refer to 'research ethics committees' or RECs throughout, rather than "ethics committees" as there are many forms of ethics committee that are not research ethics committees.

"Ethical approval" (p. 8 line 22) should be 'ethics approval.'

The statement (p. 3 line 25) that the field has a "lack of evidence" regarding effective interventions may be overstated and could be replaced with 'relatively little empirical evidence regarding…'

Some useful generic comments on ethical issues in online/social media based research may be relevant and found at https://doi.org/10.1177/1556264619901215

Insert a comma after "were identified" (p. 10 line 23) otherwise it reads as if only 3 themes were found.

The general recommendation that there be better bilateral pre-submission conversations between researchers and RECs has been made in general and for mental health professionals has been made before and could be referenced (e.g. DOI: 10.1177/0081246316654348)

Provide a reference for the assertion on p. 15 lines 18-20 regarding the "commonly-cited" benefits of internet interventions.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
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Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

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