

WITS HREC (Non-Medical) Distress Protocols

Updated Nov 2023

A distress protocol should be submitted to the HREC (Non-Medical) with the ethics application if the risk includes psychological/emotional harm or distress to participants and/or the researcher. A distress protocol is a step-by-step document which details how the researcher will deal with any distress to participants and/or the researcher during and/or after the data collection process. Research studies categorised as **Low, Medium or High Risk** may require a distress protocol that should be submitted along with the ethics application to the HREC (Non-Medical). **Please carefully consider the specific counselling/ support/ informational needs of the community and/or participant groups involved in your research project, in relation to the risk level, topic and research process of your study.**

Information about applicable counselling/support/informational services should be given in full on the participant information sheet. These services must be free and accessible to participants. For **Medium/High Risk studies**, the name and contact details of a particular person (at an organisation) who has agreed to provide support/counselling services to participants should be given on the Information Sheet. The researcher must supply a letter from this counsellor in which they agree to counsel participants in this study, including whether this a free service or who is going to pay for it if not. (NB: participants should not have to pay – if payment is involved, the researcher should be responsible.) Ensure that the nominated counsellor is located in close proximity and/or accessible to the participants. Where possible, avoid making referrals to a generic support hotline like Lifeline or SADAG. For **Low Risk studies**, it may be appropriate to refer participants to more general community-based or NGO support structures.

When negative emotions are expressed during data collection, verbally and/or non-verbally, the researcher will need to consider carefully whether these emotions constitute distress and may cause harm or not. When data collection is taking place remotely (e.g. online or telephonically), the researcher will need to be much more sensitive and attentive to participant responses indicating psychological/emotional distress, because body language may not be easily observable. In addition the researcher cannot immediately intervene physically should distress arise. Therefore, some remote data collection activities may need to be considered very carefully in this regard and in-person data collection may be preferable for some studies - e.g. interviews with persons who may be suicidal, or with persons who have just lost a family member to COVID-19.

The sequential steps to designing a distress protocol (Adapted from guidelines available at <https://i.unisa.edu.au/staff/research/research-ethics/human-research-ethics/distress-protocol-guidance2/>):

1. Consider and identify the likelihood that risks or distress of different types (physical, psychological / emotional distress) will arise during the data collection process;
2. Identify any key stages during the project when participants could be more likely to experience distress (e.g., during recruitment, during data collection, following data collection);
3. Identify what occurrences/signs will trigger action, including what the researcher will actively monitor / look for during data collection (e.g., the participant breathing abnormally, their facial expressions changing, starting to cry, turning pale or feeling faint);
4. Specify what initial actions will be taken at this point by the researcher;
5. Specify what follow-up actions, if any, can be done by the researcher should a participant suffer adverse events;
6. Identify any support resources that might be referred to / made available by the researcher to the participant, and at what points during the project this information will be provided / reiterated. Contact details for sources of support should ideally be tailored to participant groups – e.g., migrant services for migrant participants, child resources for children, etc. Consider if there are any local services that might be suitable / accessible for the relevant participant group, rather than using a national helpline;
7. Identify how participants may be able to disclose reportable events to the researcher or the Ethics Committee during or after the study, or any mandatory reporting requirements for the researcher and, if applicable, clarify how this will be managed and whether (and under what circumstances) information may be reported to relevant authorities. Please familiarise yourself with relevant Acts that mandate reporting of certain illegal activities and/or abuse. Participants may need to be alerted to the researcher's obligation to report these to relevant authorities.
8. The final distress protocol should be a written document or guide that the researcher should follow if or when an adverse event takes place. This needs to be submitted with your application where applicable.

