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IntroductionThis work will comparethe qualitative and quantitative approach on suicide research screening carriedout in America which identified suicide risk for psychiatric outpatients. Including will be a literature review to argue around suicide topics to show ifthere are other approaches in carrying out a suicide screening research otherthan using qualitative or quantitative (Finch, 1986). The qualitative andquantitative research papers were produced by the same writers; Lang, Uttaro, et al. Both papers had similar outcomes as ' low risk of suicide in the chosendemographic and geographic area'.

The subject for the key word was the public mental health system, risk screeningsuicide prevention by: (Lang, M. Uttaro, T et al, 2009). Qualitativepaper: The qualitative papershows that a screening method was used to collect data, based on an incidentreporting system, to monitor patients and establish if there is an increase in attemptingsuicide to a complete suicide. The focus was based on dynamic risk factors suchas " Change in mood and thoughts or recentstressors based of family history, suicidal childhood emotional, physical andsexual abuse" (Lang, M. Uttaro, Tet al, 2009). Part of this method was to send an invitation email to collectdata through a secure intranet system.

Some ethical issues were identified; theassessment of the site to whether it was going to cause issue, location was nota problem as this was the aim of the researcher to target this particular area, the risk development of screening and duration of the pilot period was alsoconsidered. This was considered as low risk as information was collectedanonymously, the effectiveness of staff showing that patients were low risk insuicidal behaviours in chosen geographical areas (Lang, M. Uttaro, T et al, 2009). The

ethical barrier was overcomethrough the assessment and also consent was granted by mental healthauthorities prior to starting the screening that made it easy for the materialto be published.

(Lang, M. Uttaro, T et al, 2009). Quantitativepaper: Quantitative papershows that 153 clinicians were provided with a list of randomly selectedpatients for a 6 month pilot period. 719 clients were randomly selected forscreening but only 471 were actually screened. Thepercentage breakdown of the ethnicities of the participants is as follows: 56% female 44% male 78% White17% Black 5% Asian 18% Other Each clinician screened5 of their clients monthly, for a 6 month period (Lang, Uttaro, et al, 2009). There are advantages and disadvantages of using qualitative andquantitative.

It has been recognised that research is formed to study humanbehaviours and understand the world. Regardless of what approach is used itwill always strive to use the appropriate research method to utilise theirstrengths and minimise weaknesses. (Bryman, 1988). In the United Kingdom manyprofessionals believe that the official statistics on suicide are not alwaysaccurate, this is not limited to just the United Kingdom, but also in other countries(Samaritan, 2017).

For many different reasons the under reporting of suicide isprevalent especially in ethnic and minority groups because ofmisclassification. The explanation for this is due to cultural and religious beliefs, and how reports are presented to the coroners (Journal of medical ethics andhistory of medicine, 2014). This cancause associated stigma for families and can be

additionally attached tocultural or religious taboo. Therefore when carrying out quantitative research, considerations should be made to find an appropriate approach to include peopleof varying cultures and religious beliefs as such mixed methods can improvedata. (Leo 2002; 2009). According to the Suicidein the UK report there were 23. 9 deaths per 100, 000 males aged 45 to 59.

However men between the ages of 30 to 45 were not included from 2000 to 2001even though the age 45 to 59 was still increasing in numbers. Reports showsthat 6, 122 suicides of people aged 10 and above were reported in the UK in2014, 120 lower than, 2013 which makes a 2% decrease (National Statistics, 2016).. The UK average suicide rate over all demographics was 10. 8 deaths per100, 000 people in 2014.

The male suicide was 3 times more than the female rate, with 16. 8 male deaths per 100, 000 in comparison to 5. 2 female deaths. (NationalStatistics, 2016). Suicide among patients with serious mentaldisorders like schizophrenia is a significant clinical problem (Shields et al. 2007, Haukka et al. 2008) and a major cause of injury and mortality in the world(Limosin et al. 2007), ranking as the14th most common cause of death by the World Health Organisation(WHO), (WHO, 2014).

Studies in China show that suicide is the fifth most commoncause of death (Phillips MR, Li X, Zhang Y. 2002) in contrast to the UnitedStates, where suicide is the tenth most common cause of death (Agarwal et al. 2016).

Psychiatric disorders are awell-established risk factor for suicidality (Whittier et al. 2016). Evidence suggests that suicide has been stronglyassociated

with suicide attempts (Carlborg etal. 2010). Results: It was good to use qualitative as it wasspecialised in the screening, which was the process of sending anonymous emailsand collected data from the intranet. The enquiries were broad which allowedopen ended investigations and included the values of behaviours and assumptions(Bryman, 1988). There are also downsides with using qualitative researchmethods on suicide screening; it was not easy to demonstrate the research to beaccurate even though it was justified in the conclusion as a low risk forclients who went through screening.

They did not evaluate the type ofinterviews that clinicians who provided the screening did. The data wasselected from an intranet which may suggest to have known how this informationwas obtained and risk assessed before creating the file to store on clientinformation. It has shown that there was no time recorded to how long theinterview process took individually, even although the screening period took 6months period. (Carr, 1994). The quantitativeproves that selection of the sampling was generalized to study its populationbecause the researcher mixed gender, and other demographics which means thatthey had mixed religion and sexual orientations (Western MichiganUniversity, (2017). The paper of the screening was easy to understandand it looks precise and reliable. Disadvantages included somecontext which was difficult to understand on the table of data. (Carr, 1994).

Research which has been undertaken with humans has acertain level of complexity involved, which is unique with such studies due toethical issues, beliefs and bias (Mason, J, 1994). Preventingthese issues and preventing

them from impacting the results negatively is vital (Stanley, 1990). Thereis evidence to show some clinicians declined to be involved in the researchitself. Clinician's response was positive in theory but in practice there wasconcern for triggering more negative responses in patients and reluctant to getinvolved (Neuman, 2000). A number of people and patients stated this is a goodthing to do to minimise the risk of suicide. Others did not feel stronglytowards the questionnaire either way, but some people did feel it may triggerthe risk of suicide. Both qualitative and quantitative show that the results arelow risk (Everitt, and Hay, 1992). To evaluate thequalitative and quantitative papers there is no right or wrong way of carryingout the research depending on the target, geographical area, location and thesubject (Mcdowell and Maclean, 1998).

The topic as complex as suicide may suggestthe use of a different method such as a mixed method. This is becausequalitative and quantitative would join together from different angles and usetriangulation for an effective outcome, aiming for the bigger picture (Casselland Symon, 1994). Literature Review: Carrying out thescreening of suicide as a subject, is already anticipated to be difficult toengage the public because of ethical issues such as social engagements, environmental, political matters and also legal aspect of things. (Rocha, 2004).

DSM V andICD10 state that suicide is not classed as anillness however it has some serious consequences of mental disorder which can bemanaged and treated. Some mentaldisorders linked to suicide include; depression, personality disorder, bipolar, substance misuse, eating disorder and more. People who are suicidal normallyexperience, hopelessness, withdraw, change

in appearance, self-harming behaviors, life crisis and many others (Mann, et al 1999).

Research shows 50% to 75% ofpeople who are suicidal provide a warning sign to a sibling or close friend. There is no evidence indicating that families and friends are included inresearch although this may influence data as bias but this can contribute inthe fact of preventing suicide. (Mann, et al, 1999). It may suggest that aresearcher should have used the focus groups to cover the missing gaps whichdisadvantaged both qualitative and quantitative. This can use both questionersand interviews depending on the clients (Graham, 1984). Interviews wouldrequire a very competent researcher and a significant amount of time tocomplete but it can also affect the research as some people do not like to beinterviewed or speaking to a stranger. It also requires building of a goodrelationship with a client to enable the client engagement.

Ochieng ,(2009). Questioners are easyand fast to distribute however clients may not have time to complete and returnthem, they may have difficulty questions to understand as well as may targetwrong populations and influence the research. Graham, H (1984). Focus group willinclude 1, 2 and 3 as follow.

Group one of the populations, which is never attempted or thought about any suicidal ideation using bothinterviews and questioners asking why these people have never been affected bywhat affect others to become suicidal. Graham, H (1984). Group two of apopulation of people who have attempted suicide and not succeed with it orthought about it.

According to (Graham, 1984) Some people do think about suicidebut because of religious beliefs, cultural belief and other protective factors ofleaving family members straggling, pets, close friends and many more facts.(Leo 2002; 2009). Finally third groupof a population of people who are at higher risk and actively suicidal and haveattempted before. These groups research shows that because of severe mentalhealth issues, diagnosis of other medical conditions, victims of abuse, familyhistory of suicidal, social issues, environmental issues and possibly fed upwith life. (Samaritan, 2017). Current state research; History of suicide has come a very long way from the timeit was classed as a criminal offence in all countries (Mcdowell, I.

andMaclean, L, 1998). Some countries still see it as a criminal offence, thereforea stigma is still attached and this should be considered as part of the ethicalissue to identify when carrying out a research looking at geographical area, religious belief, cultural background, gender age and many other factors inrecent years most of the mentioned ethical issues have been identified by manyresearchers especially when population is involved in some particular researchsuch as quantitative. (Neuman, 2000). Now suicide is being recognised that itcan be linked to many other issues; including, family history, social issuesand mental health problems and many more contributing factors (Western Michigan University, 2017). Existing knowledge: Social scienceresearchers like Lincoln and Guba, and Schwandtaccept qualitative and quantitative approaches as incompatible with each other (Lincolnand Guba, 1994). Whereas Patton and Reichardt and Cook believe that approachescan be combined if the researcher is competent and skilled (Patton, 1990), (Reichardtand Cook, 2003).

These arguments arebased on different philosophical nature of different paradigm as othersconcentrate on the compatibility of each research these arguments can bemuddled between parties. Qualitative data can be scrutinised becausestatistical tests can allow for comparing between the data gathered for thefinal conclusion (Atieno, 2009). It may be argued thata disproportionate number females were involved in the screening program in thequantitative study despite in the United Kingdom and Ireland research showsthat white males of the middle age are at higher risk of suicide than females. To prove thisit would have been good to balance the genders to test thisstatistic (Cantor, Leenaars & Lester, 1997). To determine if there isdefinitely suicide attempt or ideation requires a lot of evidence for a solidconclusion.

Even Coroners judge if there is suicide involved in deaths or not requires more work to come out with aneffective way approach which will surely lightened clarity to statistics(Stanley, 1990). Future study; For the product development research will require mixed method especiallyfor a wider topic like suicide screening research (Journalof medical ethics and history of medicine, 2014). Each of the approaches has strengths and limitations assuch they both can benefit from combining together forming a mixed method toenable findings from a different perspective (Blaxter, Hughes, and Tight, 1996). Conclusion There are many debates about qualitative and quantitativeapproach, however they both have been chosen for research purposes (Difference betweenQualitative and Quantitative Research, 2016). Critics and comments will alwaysappear regardless of what methodology is used because they all have advantagesand disadvantages.

The effectiveness of each approach depends on the competenceof the researcher and the purpose of the research. For a subject such assuicide and its nature, it may suggest that using a mixed method to come upwith a solid outcome would benefit the researcher.