

ORIGINAL ARTICLE

PSYCHIATRIC RESEARCH AND ETHICS: ATTITUDES OF MENTAL HEALTHCARE PROFESSIONALS IN SINGAPORE

Janhavi Vaingankar Rathi Mahendran** Elaine Pek**

* Research Unit, Institute of Mental Health, 10, Buangkok View, Singapore
539747

** Chairman, Medical Board, Institute of Mental Health, 10, Buangkok
View, Singapore 539747

ABSTRACT

Objective: This study assessed the opinion of mental healthcare professionals on ethical issues in psychiatric research and investigated whether previous research experience had an impact. **Methods:** Healthcare professionals at a psychiatric institution were invited to participate in this survey. Using a self-administered questionnaire, attitudes on statements covering ethical concerns and consent process in psychiatric research were assessed and responses of participants with and without research experience were compared. **Results:** Mental health professionals, irrespective of their research backgrounds, acknowledged the importance of training in research ethics and accepted placebo use in psychiatric research. More respondents with research experience felt that patients with mental illnesses are capable of making a decision about research participation, could provide written informed consent and even if involuntarily admitted, had the ability to participate in research. They also considered randomization of treatment to be justified in psychiatric research. **Conclusion:** Training and update on ethical regulations and requirements for research involving psychiatric subjects could bring about a change in the perspective towards ethical concerns in psychiatric research. *ASEAN Journal of Psychiatry, Vol.10, No.1 Jan - June 2009: XX*

Keywords: Consent, vulnerable subjects, psychiatric research

Introduction

Increased focus on evidence-based practice in psychiatry has enhanced the need for psychiatric research and awareness of the complex ethical issues involved. While there is general consensus about the ethical

norms in psychiatric research, there still exists conflict between research aims and ethical requirements [1,2]. The concepts of surrogate decision-making and issues related to cognitively impaired research

subjects have been studied and discussed in available literature [3,4].

This challenge of ethically acceptable psychiatric research emphasizes a need to understand potential researchers' attitude towards ethical issues. A study that investigated psychiatrists' and patients' perspective towards ethical concerns in research, found that though both groups valued autonomous decision making in research participation, psychiatrists agreed more strongly than patients that vulnerable populations should be included in research [5].

In this paper we examine the opinions of mental healthcare professionals in an Asian hospital setting on select ethical issues in psychiatric research and examine whether these opinions differed with prior research experience.

The work presented here constitutes a component of a larger survey that was undertaken at the psychiatric institution to assess healthcare professionals' attitude to research related issues.

Methods

The study was approved by the Clinical Research Committee and Ethics Board, and conducted over a 4-month period (September to December 2005). Four hundred and sixty healthcare professionals at a psychiatric institution were invited; they included all physicians, allied health staff, nurses and administrators. Allied health professionals included counsellors, case managers, medical social workers, psychologists, pharmacists, occupational therapists, physiotherapists and research assistants. However, only nurses of designation staff nurse and above and

administrators who were executive level and above were selected. Some of the administrators were also physicians. Participants had no age restrictions.

A self-administered questionnaire was used to collect information and its return was accepted as implied consent. Sociodemographic profile of the respondents was captured. Participants were asked their opinion on six statements that covered select ethical concerns and issues in psychiatric research (Table 1). The participants could choose their response to the statements from 5 point Likert style answers ranging from 'strongly disagree' to 'strongly agree'. Information on respondents' past research experience was collected. Those with research participation experience as a subject or control were excluded. Anonymity was maintained to elicit open feedback.

For comparing opinions of participants with and without prior research experience, the responses to 'strongly disagree'/'disagree' and 'strongly agree'/'agree' were grouped together. Chi Square and t-tests were applied to the data using SPSS. Two tailed tests of significance were used with statistical significance set at $P < 0.05$.

Results

Of the 460 healthcare professionals invited to participate, 339 responded (73.7%). Excluding 10 survey questionnaires because of incomplete data, the overall response was 71.5% (n=329).

The mean age of the respondents was 38.9 (SD 12.4) years with 145 men (44.1%) and 183 women (55.6%). The

survey was completed by 22 (6.7%) physicians, 56 (17%) allied health workers, 19 (5.8%) administrators and 232 (70.5%) nurses. 208 (63.6%) of the survey participants were Chinese, 49 (15%) were Malays, 41 (12.5%) Indians and the remaining 29 (8.9%) belonged to other ethnic groups.

The proportions of participants stating opinions to ethical issues are shown in Table 1. Among the respondents, 271 (82.6%) participants agreed that training in research ethics is crucial for psychiatric investigators (Table 1) and this was irrespective of whether they had research experience (Table 2).

Table I: Respondents' opinions to ethical issues in psychiatric research

	Strongly Disagree %	Disagree %	Neither / nor %	Agree %	Strongly Agree %
1. Training in research ethics is crucial for psychiatric investigators	1.2	1.8	14.3	50.3	32.3
2. Patients with mental illnesses are capable of making a decision about research participation	4.6	22.5	28.3	38.3	6.4
3. Patients with mental illness can understand the process of written informed consent	2.7	18.6	39.3	37.2	2.1
4. Patients who are involuntarily admitted to psychiatric hospitals can take part in research	6.4	29.0	29.3	30.8	4.6
5. Use of placebo can be allowed in psychiatric research	2.1	8.9	40.4	41.6	7.0
6. Randomization of treatment is justified in psychiatric research	9.5	32.5	36.2	19.0	2.8

Table II: Proportion of respondents agreeing to perceptions on ethical concerns

	Respondents with no research experience		Respondents with research experience		P value
	%	95% CI	%	95% CI	
1. Training in research ethics is crucial for psychiatric investigators	80.2	75.4 – 85.9	89.5	82.5 – 96.5	0.129
2. Patients with mental illnesses are capable of making a decision about research participation	37.9	27.8 – 48.0	64.0	51.1 – 76.9	<0.001*
3. Patients with mental illness can understand the process of written informed consent	33.5	23.3 – 44.0	55.8	41.5 – 70.5	<0.001*
4. Patients who are involuntarily admitted to psychiatric hospitals can take part in research	30.6	19.9 – 41.3	48.8	33.4 – 64.2	0.009*
5. Use of placebo can be allowed in psychiatric research	48.1	38.8 – 57.4	50.0	34.8 – 64.2	0.471
6. Randomization of treatment is justified in psychiatric research	17.1	5.3 – 28.9	34.9	17.5 – 52.3	0.002*

* Chi-square test

Eighty six (26.1%) of the respondents indicated that they had previous experience in research, which ranged from conducting academic research projects to undertaking multi-centre studies. Two hundred forty three (73.9%) respondents had no research experience. Socio-demographic profile of the two groups was similar. Mental health professionals irrespective of their research experience agreed to the use of placebo in psychiatric research. However, more respondents with research experience agreed that psychiatric patients are capable of making a decision about research participation, could provide written informed consent and even if involuntarily admitted, had the ability to participate in research. They also felt that randomization of treatment is justified in psychiatric research (Table 2).

Discussion

There is a paucity of literature on psychiatric researchers' views on ethics of research participation and to our knowledge none involving Asian researchers. While our findings are significant, the study has several limitations. Only about a quarter (26.1%) of the respondents had research experience. The participants are from a service delivery setting and had limited research involvement. Another limitation is the skewed distribution of respondents from different professional backgrounds. As most of the respondents (70.5%) were nurses, their views have contributed predominantly to the findings. In terms of socio-demography there were no differences between those with or without research experience but

we did not include level of education in the current analysis. Singhal et al have shown that gender and level of education are important mediating variables but these could be confounded by professional discipline [6].

Nonetheless, the findings provide an insight into mental healthcare professionals' ethical concerns and documents their views on select issues in psychiatric research ethics. Almost all the respondents realize the need for training in research ethics.

The findings are consistent with other studies that recognized the mentally ill subjects' autonomy and decision-making capacity in research participation [5]. A third (35.4%) were of the view that patients on involuntary admission can take part in research. In a study that investigated involuntary psychiatric patients' research participation, psychiatrists opposed the idea more strongly than patients⁵. Despite varying outlooks on the use of placebo in research, there are no reports on healthcare professionals' personal opinion on its use in psychiatric research. Our study found that though half the respondents endorsed placebo use, around 40% were undecided about it. However, our study did not investigate the opinion on placebo use in instances where an effective treatment was available.

Though there was a consensus on the importance of training in ethics and use of placebo, participants with prior research experience demonstrated a more tolerant attitude towards other ethical issues under study (Table 2). There are no documented reports that

deal with association between research experience and attitude towards ethical issues in research. A previous study that investigated differences in research utilization among research active and non-research active clinical nurses inferred that research active nurses were up to date with research findings in international publications and largely used evidence based knowledge, and hence, more successful in overcoming research barriers and dilemmas [7]. We could explain our observations similarly, that exposure to existing research and ethics framework ensured that the research active respondents were more aware of the available safeguards for the addressed ethical issues and hence more resilient towards accepting and overcoming ethical dilemmas and barriers.

Ethics and regulation are crucial in psychiatric research. Provision of training and updates on ethical regulations and requirements by the institution and ethics regulators are necessary. It would safeguard subjects' interests and enhance ethically conducted research.

Acknowledgement

We would like to thank the National Medical Research Council of Singapore for the financial support for this study.

Correspondence Author: *Janhavi Vaingankar, Senior Clinical Research Coordinator, Research Unit, Institute of Mental Health, 10, Buangkok View Singapore 539747.*

Email: Janhavi_VAINGANKAR@imh.com.sg

Received: 17 November 2008

Accepted: 03 December 2008

References

1. Michels, R. Are research ethics bad for our mental health? *N England Journal of Medicine* 1999; 340: 1427-30.
2. Apelbaum, P.S. Rethinking the conduct of psychiatric research. *Archives of General Psychiatry* 1997; 54: 117-20.
3. DuVal, G. Ethics in psychiatric research: study design issues. *Canadian Journal of Psychiatry* 2004; 49: 55-9.
4. Tee, S.R., Lathlean, J.A. The ethics of conducting a co-operative inquiry with vulnerable people. *Journal of Advanced Nursing* 2004; 47: 536-43.
5. Roberts, L.W., Warner, T.D., Brody, J.L. Perspectives of patients with schizophrenia and psychiatrists regarding ethically important aspects of research participation. *American Journal of Psychiatry* 2000; 157: 67-74.
6. Singhal, N., Oberle, K., Darwish, A., Burges, E. Patient's perceptions of research with newborns. *Journal of Perinatology* 2002; 22: 57-63.
7. Adamsen, L., Larsen, K., Bjerregaard, L., Madsen, J.K. Danish research-active clinical nurses overcome barriers in research utilization. *Scandinavian Journal of Caring Science* 2003; 17: 57-65.