Knowledge and Attitudes of Postgraduate Students on Ethics in Mental Health Research

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ABSTRACT

Introduction: Mental disorders are among the leading causes of non-fatal disease burden in India, but a systematic understanding of their prevalence, disease burden. Research and research capacity improvement are an avenue that can optimize management of mental illness. Due to vulnerability exhibited by persons with mental illness, additional or special protection is necessary, especially for those who may have impaired decision-making capacity to give voluntary informed consent. Hence, this study was warranted to know the extent of knowledge and attitudes of postgraduate students on ethics in mental health research. Methodology: A cross-sectional descriptive study involving consenting postgraduate students pursuing Master of Science (M.Sc.) – clinical psychology in colleges offering the course in Mysuru, Karnataka. Of the total 104 students enrolled in various institutes, only 78 consented to participate. A predesigned and pretested self-administered questionnaire was used to collect information on participants’ age, gender, and year of study. Knowledge and attitude information on ethics was captured using adapted standard knowledge and attitude tools. Descriptive statistics were represented using percentages, frequencies, graphically, and in the form of tables. Pearson’s Chi-square test was used to check the associations. “P” < 0.05 was considered statistically significant for a 95% confidence interval. Results: Mean age of study participants was found to be 21.5 years. Out of 69 students, 36.2% through other means such as internet, court reports, and newspapers and 63.8% felt that knowledge about health-care ethics was very important. Among the study participants, 18.8% had high knowledge. Likert-type scaling method was employed as the attitude assessment tool on 20 statements on ethics. The levels of knowledge about ethics in mental health research were significantly associated with having an ethical committee in college and with having received some form of training ever in bioethics. Majority of subjects (77%) felt that informed consent form should be a mandatory document in every research project and 55% opined that confidentiality should be maintained whenever possible.

Key words: Mental health, Research ethics, Mental health research, Informed consent, Psychology, Ethics committee, bioethics

INTRODUCTION

Around 450 million people currently suffer from mental health conditions, placing these disorders among the leading causes of ill-health and disability worldwide. One in four people in the world will be affected by mental or neurological disorders at some point in their lives.[1] Mental disorders are among the leading causes of non-fatal disease burden in India, but a systematic understanding of their prevalence, disease burden. In 2017, 19.73 crores of people had mental disorders in India, including 4.57 crores with depressive disorders and 4.49 crores with anxiety disorders.[2]

Research and research capacity improvement are an avenue that can optimize management of mental illness. However, stigma, discrimination, lack of respect, and provision of adequate emotional support as well as human rights violations against those with mental illness are challenges that undermine efforts to address unmet needs. Due to vulnerability exhibited by persons with mental illness, additional or special protection is necessary, especially for those who may have impaired decision-making capacity to give voluntary informed consent.[3]

In the area of mental health, some psychiatrists and psychologists believe that the mentally ill cannot provide informed consent; hence, they are sometimes more opposed to the research participation of individuals with mental illness than patients themselves or their family members. However, even

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patients with severe mental illnesses are frequently capable of providing meaningful informed consent. Hence, this study was warranted to know the extent of knowledge and attitudes of postgraduate students on ethics in mental health research.

METHODOLOGY

A cross-sectional descriptive study involving consenting postgraduate students pursuing Master of Science (M.Sc.) – clinical psychology in colleges offering the course in Mysuru, Karnataka, with an interest in carrying out mental health research was carried out during October–November 2017. Of the total 104 students enrolled in various institutes, only 78 consented to participate.

A predesigned and pretested self-administered questionnaire was used to collect information on participants’ age, gender, and year of study. Knowledge and attitude information on ethics was captured using adapted standard knowledge and attitude tools. The knowledge tool consisted of eight statements and three levels (agree, disagree, or do not know). To assess the overall adequacy of knowledge, for every participant, the total correct response on eight statements was converted to a percentage score. The calculated score was categorized into one of three knowledge levels: Low (0–50% score), medium (51–74% score), or high (>75% score). Among the study participants, 18.8% had high knowledge, 18.8% had moderate, and 62.3% had low knowledge levels about the ethics in mental health research. For the ease of analysis, moderate and low levels of knowledge were combined.

Likert-type scaling method was employed as the attitude assessment tool on 20 statements on ethics. Ethical approval was taken by institutional ethics committee.

The questionnaire was filled anonymously. Data were entered into Microsoft Excel 2010 spreadsheet. Statistical analysis was done using R software. Descriptive statistics were represented using percentages, frequencies, graphically, and in the form of tables. Pearson’s Chi-square test was used to check the associations. “P” < 0.05 was considered statistically significant for a 95% confidence interval.

RESULTS

Demographic Data

Out of the total of 78 M.Sc., clinical psychology students, only 69 submitted the completed questionnaires. Mean age of study participants was found to be 21.5 years [Table 1].

KNOWLEDGE REGARDING HEALTH-CARE ETHICS AND ETHICS COMMITTEE

Out of 69 students, 14.5% acquired knowledge about ethics during the training period (n = 10), 11.6% during work experience (n = 8), 15.9% through seminars (n = 11), 21.7% through self-reading (n = 15), and 36.2% through other means such as internet, court reports, and newspapers (n = 25) [Figure 1]. Among the participants, 63.8% felt that knowledge about health-care ethics was very important (n = 44) and only 1.4% felt that it was not at all important (n = 1).

When asked about the training in bioethics, only 13% of the participants (n = 9) had taken some form of formal training in ethics related to mental health research. About 71% of respondents knew that the ethics committee dealt with standard ethical practices, whereas 7% of them did not acknowledge this role. About 49% of them expressed that the ethics committee had a role in encountering ethical/legal problems, but 19% of them did not know this role. About 64% of respondents opined that the committee had a role in approving and guiding the research whereas 14% of them had no knowledge of this role [Figure 2].

To assess the overall adequacy of knowledge, for every participant, the total correct response on eight statements was converted to a percentage score. The calculated score was categorized into one of three knowledge levels: Low (0–50% score), medium (51–74% score), or high (>75% score). Among the study participants, 18.8% had high knowledge, 18.8% had moderate, and 62.3% had low knowledge levels about the ethics in mental health research. For the ease of analysis, moderate and low levels of knowledge were combined.

Table 1: Demographic distribution of participants

<table>
<thead>
<tr>
<th>Year of study</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year M. Sc</td>
<td>39</td>
<td>57</td>
</tr>
<tr>
<td>Second year M. Sc</td>
<td>30</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>75</td>
</tr>
</tbody>
</table>

## Figure 1: Knowledge of bioethics through various media

## Figure 2: Knowledge about roles of ethical committee
converted to a percentage score. The calculated score was
categorized into one of three knowledge levels: Low (0–50% 
score), medium (51–74% score), or high (>75% score).
Among the study participants, 18.8% had high knowledge,
18.8% had moderate, and 62.3% had low knowledge about
the ethics in mental health research. For the ease of analysis,
among moderate and low levels of knowledge were combined.

The levels of knowledge about ethics in mental health
research were significantly associated with having an ethical
committee in college and with having received some form of
training ever in bioethics. It was not associated with the year
of postgraduation they were studying [Table 2].

ATTITUDES

Majority of subjects (77%) felt that informed consent form
should be a mandatory document in every research project
while 53% felt that there should be a witness during the
informed consent process for persons with mental illness.
Only 49% felt that withdrawal from the study was a right
of the participant while 55% thought that advances in
genetic understanding of mental illnesses would lead to
decreased discrimination toward these illnesses. About 59%
felt that researchers must always get a person’s consent to
use identifiable health information and 55% opined that
confidentiality should be maintained whenever possible with
the exception of situations where there is a risk of harm to
others [Table 3].

DISCUSSION

One in seven Indians was affected by mental disorders of
varying severity in 2017. The proportional contribution of
mental disorders to the total disease burden in India has
almost doubled since 1990. Around 4.57 crores of people
had depressive disorders in India. Substantial variations exist
between states in the burden from different mental disorders
and in their trends overtime. Mental health is being recognized
as one of the priority areas in health policies around the world
and has also been included in the Sustainable Development
Goals. The crude prevalence and disability-adjusted life year
rate of depressive disorders, anxiety disorders, bipolar disorder,
and schizophrenia increased in India from 1990 to 2017.[3]

Maintaining the highest ethical standards in the conduct
of all biomedical research is what is expected of every
researcher. In psychiatric research, it is no different. The
ethical principles are the same though the challenges and
dilemmas may be slightly different and may be more complex
as compared with other areas of biomedical research. In all
the international ethical guidelines for biomedical research,
three key principles are emphasized: Respect for person;
beneficence, to do no harm, and contribute to the welfare of
the individual; and justice to the individual and a fairness of
distribution of benefit.[3]

This study demonstrated that participating students knew
something about informed consent and issues in research and
had positive attitudes toward fulfilling these important ethical
requirements. Many students claimed to have learnt about the
ethics in research during the training period (14%) or through
self-learning (22%). Others seemed to have attended some
lectures/seminars which have imparted knowledge about
research ethics.

<table>
<thead>
<tr>
<th>Attitude responses of participants toward ethical issues</th>
<th>Yes %</th>
<th>No %</th>
<th>Not sure %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed consent form should be a mandatory document in every research project</td>
<td>77</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>There should be a witness during the informed consent process for persons with mental illness</td>
<td>53</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td>Withdrawal from the study is a right of the participant</td>
<td>49</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Informed consent is a guard against harm for the participant</td>
<td>39</td>
<td>23</td>
<td>38</td>
</tr>
<tr>
<td>Family members should not be asked to force the participant to document the informed consent</td>
<td>51</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Advances in genetic understanding of mental illnesses would lead to decreased discrimination toward these illnesses</td>
<td>55</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Researchers must always get a person’s consent to use identifiable health information</td>
<td>59</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>People should be informed that their health information is being used. They do not have to give consent</td>
<td>41</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>Confidentiality should be maintained whenever possible with the exception of situations where there is a risk of harm to others</td>
<td>55</td>
<td>19</td>
<td>26</td>
</tr>
</tbody>
</table>
The study reported about 18.8% of participants having high knowledge level. On average, a low knowledge of ethics is reported here, with a score lower than recorded elsewhere using a similar tool. Mishra et al.,\(^4\) in an assessment of 32 participants, obtained a score of over 80% (high knowledge level). A study conducted among various postgraduate students in Kenya reported 20% of participants having high knowledge.\(^5\)

Knowledge level was significantly associated with housing an ethical committee in the institution, attending some form of training about ethics. Knowledge about confidentiality and consent process in vulnerable groups, such as those with mental illness, require attention, as well as updates in international ethics guidelines. This assessment of knowledge and interrelationship can help in coming up with awareness and inclusion in the curriculum.\(^7\) Instead of teaching the students in lectures and seminars, interactive and inclusive platforms like workshops about ethics might be helpful.

In our study, majority of subjects (77%) felt that informed consent (IC) form should be a mandatory document in every research project. Informed consent is now accepted as the cornerstone of medical practice. A study by Yousuf et al. conveyed that almost all doctors from both Malaysia (100%) and Kashmir (98%) regarded IC as important with reasonable physician standard model as the predominant choice. However, only 85% of respondents from SMHS regularly obtained consent in practice. Physicians practiced medical paternalism in clinical decision-making by ignoring their patient’s autonomy.\(^8\) In general, there might be an information bias as the study participants tend to deliver a response favorable to the researcher. Hence, the practice part needs to be assessed thoroughly.

Only 49% felt that withdrawal from the study was a right of the participant, whereas Article 22 of the Declaration of Helsinki states: “The subject should be informed of the right to withdraw consent to participate at any time without reprisal.” Most ethics committees which review research protocols thus insist that this seemingly unconditional or absolute “right” of withdrawal is made explicit in patient information sheets, apparently to reassure potential participants that their consent now does not mean any commitment later. The reference to such rights is now included almost mechanically by researchers and research ethics committees alike.\(^9\)

**CONCLUSION**

Overall, majority have a positive attitude toward mental health research ethics but lack the knowledge toward it. More than half (71%) are aware of the role of ethics committee.

About two-third thought that informed consent was mandatory, whereas only 40% thought that it was for the safe guard of the participant. Majority opined that doctor should inform the patient before revealing the information. The participants were willing to learn research ethics for future use.

**Limitations**

A small sample size is one of the drawbacks of the study and also only psychology students intending for mental health research were taken as participants. Other domains of students and researchers working in mental health field such as psychiatrists, public health experts, and psychiatry students were not included. Knowledge and attitudes were interviewed for whereas in reality, practices account for the rights and welfare of the research patients.

**REFERENCES**