

Ethical Concerns or Medical Dominance? Ethical Responsibility Conflicts Between Mental Health Authorities and Social Researchers

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Abstract

The objective of this paper is to examine the ethical responsibility conflicts between mental health authorities and social researchers. This issue is examined with reference to the social research protocols imposed by the authorities of mental health institutions based on ethical grounds. It also explores how such ethical conflicts affect social research, which provides convincing evidence for the enhancement of mental health services. This paper analyzes ethical reasoning conflicts between social researchers and mental health authorities in terms of the psychiatric and social approaches to mental health and distress.

The study is based on eight research projects to be conducted at mental health institutions in Sri Lanka during the period 2014–2016 that were designed by two academic staff members, two postgraduates, and four undergraduates in the Department of Sociology at the University of Colombo. Data was collected from the eight researchers who designed the research projects and from four administrative officers, one officer from each of the concerned institutions where the projects were to be conducted. A structured interview method was used to collect the data.

According to the findings, the protocols recommended by mental health authorities based on ethical grounds divest social researchers of their ethical responsibility to conduct research that could advance mental health services and assist mental health service users. The study reveals that such protocols deprive mental health service users of their right and autonomy to make decisions about divulging information, expressing views, and accessing meaningful social relationships and activities.

Keywords: Ethical responsibility; social approach; mental health; psychiatric approach; social research; mental health service users

Introduction

Many social researchers conduct research on health services in medical institutions using medical staff and service users as informants in their projects. These encounters may create conflicts and dilemmas around ethical issues (Hoeyer, Dahlager & Lynoe, 2005). Medical professionals may have moral precepts that guide their work quite differently from those that social researchers feel are important. Moral or ethical judgment is universal and human, but the systematic treatment of ethical principles varies across schools of philosophical thought (Webster, Lewis & Brown, 2014). Different philosophical or theoretical perspectives propose different priorities and modes of analysis for determining the morally right course of action in a given situation (Webster, Lewis & Brown, 2014).

The objective of this paper is to examine the ethical responsibility conflicts between mental health authorities and social researchers. This issue is examined in terms of the protocols imposed on social research by the authorities of mental health institutions based on ethical grounds. The paper also explores how such ethical conflicts affect social research, which provides convincing evidence for the enhancement of mental health services.

In this article, the term “social research” denotes sociological academic research on the study of human groups and societies, as well as academic research on social work that focuses on issues relating to improving the quality of life and wellbeing of an individual, group, or community afflicted with social injustice or human rights violations.

I.

Methodology

The study encountered practical limitations in identifying social researchers who were in the process of conducting research in mental health institutions and were using service users as informants in their projects. Even though all the research proposals focusing on service users in mental health institutions have to be referred to the Ethics Review Committee of the National Institute of Mental Health in Sri Lanka, identifying researchers through the committee was not successful. Researchers are required to obtain prior approval of the authorities of the concerned mental health institutions before their research proposal is referred to the Ethics Committee. Some researchers abandon their projects without referring their research proposals to the Ethics Committee due to the protocols prescribed by the authorities of mental health institutions that are necessary to obtain approval. Researchers who abandoned their research were also included in this study. Therefore, an attempt was made to identify social researchers from within a community that tends to conduct research. Accordingly, the Department of Sociology of the University of Colombo was selected as the setting for this study, as the

practical constraints encountered by some academic staff members and students in conducting research in mental health institutions were personally known by this author and indeed prompted this study.

The process of data collection for this study commenced in 2014. Those who were planning to conduct research in the field of mental health were identified through the records of the Department of Sociology. The research themes that undergraduate and postgraduate students, as well as members of department's academic staff, planned to conduct each year from 2014–2015 and informal discussions with members of the academic staff were useful in this regard. During the above period, 13 planned research themes in the field of mental health were identified. Among these, 10 studies were planned to be conducted in mental health institutions in Sri Lanka. This study focused only on these planned social research projects, comprising six undergraduate research projects, two postgraduate research projects, and two research projects by academic staff members. Of these, it was not possible to contact two undergraduate researchers; thus, their projects were excluded. The significance of each of these eight research projects was analyzed by focusing on its objectives.

A structured interview method was used to collect information from the social researchers. The information collected included the objectives and the methodology of the proposed research projects, the protocols recommended by the authorities of the mental health institutions where they planned to conduct their research, and their responses to the recommended protocols. To ascertain the veracity of the information provided by the researchers regarding the protocols, data was collected from four administrative officers, one officer from each of the mental health institutions where the proposed research projects were to be conducted. Psychiatrists held all main administrative positions at those institutions.

The data collected from the mental health authorities focused on information related to the research protocols and the authorities' explanation for recommending them. A structured interview method was also used to collect this information. Two interviews were conducted in February and October 2014, and two others took place in August 2015. The present author did not gather information from mental health service users.

This paper analyzes ethical reasoning conflicts between social researchers and mental health authorities in terms of the psychiatric and social approaches to mental health and distress.

Results and Discussion

The Objectives of the Proposed Research Projects

The importance of using research procedures to enhance human service delivery has been well illustrated (Monette, Sullivan, De Jong &

Hilton, 2014). According to Monette et al. (2014), human service programs should demonstrate the need for their services, document the quality of the services they deliver, explicate a theoretical knowledge basis for those services, and show evidence of the effectiveness of those services. In this regard, the contribution of social research is critical because it provides convincing evidence of the need for, quality of, and effectiveness of those services, as well as elucidates a theoretical knowledge base for them. Engaging in research that generates the knowledge necessary to enhance human services is a moral responsibility with which social researchers are entrusted. This responsibility has been emphasized in many social research and social work codes of ethics (National Association of Social Workers [NASW], 2008; Social Research Association [SRA], 2003).

All social researchers who were the subjects of this study designed their research projects to focus on different aspects of the social approach to mental health and distress. Table 1 lists the main objectives of the proposed projects.

Table 1. The objectives of the proposed research projects

Objective	Proposed research project code
To examine social circumstances and life events that expose individuals to mental distress	I
To explore the socio-economic backgrounds of individuals who have been identified as having severe mental health problems	II
To explore how stigma attached to mental illness impacts social exclusion	III
To explore how individuals with mental distress experience social discrimination	IV V
To examine the impact of discrimination experiences on people's self-conceptions and explore how performing arts could help them regain self-confidence and self-esteem	VI
To assess the accommodation needs of people who have been discharged by mental health institutions and design a plan for alternative community-based living arrangements	VII
To examine the problems encountered by families in caring for relatives with mental distress and make suggestions to develop a supportive service system for family mental health care	VIII
To explore the factors that help individuals who have been identified as having severe mental illness to recover, from their own perspectives	

Many researchers (Markowitz, 2005; Tew, 2011) have provided evidence of how adverse social circumstances and life events can contribute to an increased likelihood of suffering from mental distress. During the last three decades, Sri Lanka recorded some of the highest suicide rates in the world (Department of Census and Statistics, 2016). According to the health authorities of Sri Lanka, the number of people seeking treatment for mental

health problems is increasing (Wipulasena, 2012). In such a context, conducting research that focuses on the social roots of mental distress is extremely important because the findings of such studies may point to different understandings of where responsibility lies for the problem and may offer different recommendations for action.

Proposed research projects I and II focused on themes exploring the social roots that lead to mental distress from the viewpoint of people with mental health problems. Two undergraduates in the Special Degree in Sociology Program for academic year 2015-2016 planned to conduct both projects.

A recent study (Abeyasinghe, 2013) showed that in Sri Lanka, as in many other societies (Drapalski & Dixon, 2011), not only the person with mental distress but also his or her family members experience discrimination based on the person's psychiatric history or current mental health problems. This stigma, which results from the application of the label "mentally ill," adversely impacts the self-conception of those with mental health problems, as well as their access to better mental health care and a better quality of life (Thornicroft & Metha, 2011). Therefore, combating stigma is a high mental health policy priority in many countries (Thornicroft & Metha, 2011).

The main objectives of proposed research projects III and IV were to study various aspects of stigma and discrimination attached to mental illness through information elicited from people with mental distress and their family members. Research evidence of subjective experiences of stigma provides a basis to develop policies, programs, and practice interventions to combat stigma and discrimination (Funk, Morris & Saxena, 2011; Thornicroft & Metha, 2011). Two undergraduates in the Special Degree in Sociology Program for academic year 2015-2016 planned to conduct these studies.

In 2014, two academic staff members designed proposed research project V, which focused on discrimination. The project objectives were to examine the effects of experiences related to discrimination on the self-conception of people with severe mental health problems and to explore how the performing arts could help such people regain self-confidence and self-esteem. The study was planned with the objective of identifying individuals' performing arts skills and providing them with the opportunity to display those skills. Successful engagement in the performing arts could positively affect mental health service users' feelings of achievement, confidence, and inclusion, as well as reduce stigma attached to mental illness by making the general public aware that people with mental illness have the ability to perform (Twardzicki, 2008).

A postgraduate student designed proposed research project VI to be conducted from a social work perspective. The objective of that study was to

assess the housing needs of service users who have been discharged by mental health institutions yet remain in order to lead a community-based life. A majority of service users who live in large psychiatric institutions in Sri Lanka have the potential to live in the community and actively participate in socioeconomic activities (Wipulasena, 2012). Even though many years have lapsed since their discharge, they remain at the institutions because their family members are not willing to accept them. This shows that society has neglected its social responsibility to provide alternative living arrangements to help them lead a community-based life. Research project VI was a response to this problem. The project aimed to design a housing plan from a needs-based approach – one that provides accommodation facilities according to an assessment of the needs of the person concerned rather than directing them towards a fixed and limited range of accommodation facilities. A needs-based approach upholds values such as the uniqueness of individuals, the diversity of needs, and personal choice, which in turn, help improve quality of life (Slade, Thornicroft, Glover & Tansella, 2011). The proposed research project planned to make needs assessments from various standpoints, including the views of individuals who have been in long-term care at mental health institutions.

The objective of proposed research project VII was to examine the problems encountered by family caregivers and present suggestions for developing a supportive service system for family care in Sri Lanka. A member of the academic staff of the Department of Sociology designed this study to be conducted in 2014. A family's ability to cope with mental illness depends largely on the adequacy and availability of community support. The family may attempt to shirk such responsibilities if community support is not available (Abeyasinghe, 2013). Therefore, it is important to respond to the needs of caregivers by facilitating their access to services addressing a wide variety of potential situations (Drapalski & Dixon, 2011). The proposed project planned to present suggestions for developing a supportive service system for family caregivers based on the views of people who have experienced mental distress and their family members.

The objective of proposed research project VIII was to explore the factors that help individuals who have been identified by psychiatrists as having severe mental illness to recover on their own terms. Several theories and models of the social approach to recovery from mental illness have been derived from the perspective of those who experience it (Cohen, 2008; Ralph & Corrigan, 2005). In these models, recovery is described as a highly individualized process – a way of living a satisfying, hopeful, and enriching life rather than being symptom free and without disabilities (Cohen, 2008; Ralph & Corrigan, 2005). An important construct in the process of recovery is empowerment aimed at giving these individuals the ability to act on their

identification and definitions of factors that will help them recover (Cohen, 2008; Deegan, 1997; Ralph & Corrigan, 2005). This project thus had the objective of providing individuals with the opportunity to express their own views on illness and recovery. A postgraduate student designed the research from a social work perspective in 2014.

It is obvious that the findings of the above research projects would inform mental health reformists, policy makers, professionals, and those who are generally interested in resolving mental health issues. Some of the proposed research projects had the objective of improving the social conditions of individuals with mental distress.

The “Ethical Protocols” of Mental Health Authorities

Many researchers struggle to plan research projects that simultaneously satisfy their intellectual curiosity, ethical standards of professional practice, and ethical standards prescribed by institutional research ethics boards. These struggles are particularly evident among novice researchers including those in graduate studies (McGinn & Bosacki, 2004).

The four undergraduate-proposed research projects were designed under the supervision of senior academics in the Department of Sociology. The research designs of all undergraduate and postgraduate projects are evaluated by two examiners before field research is conducted. The supervisors share responsibility for any research ethics problems their students encounter. This includes clarifying issues related to research ethics. Four social researchers involved in this study were not novice researchers. The two academic staff members and the two postgraduate researchers had previous research experience. However, the mental health institution authorities did not consider the researchers’ experience when applying protocols. According to the mental health authorities, the rules applied to all researchers conducting research at each institution. They also stated that these are independent sets of rules developed by each institution and have been in place for many years.

All proposed research projects focused on people with severe mental health problems. Accordingly, large psychiatric institutions, psychiatric wards of general hospitals, and mental health centers under the administration of psychiatrists were selected for conducting the research due to their easy accessibility to individuals with severe mental health problems. Five researchers planned to conduct their research projects (I, II, III, VI, & VIII) in two psychiatric institutions in Sri Lanka that provide long-term residential treatment; two projects (V & VII) planned to conduct their research at a private sector day center under the administration of psychiatrists; and one project (IV) was planned for the psychiatric ward of a

general hospital. All projects were subject to review by the Ethics Review Committee of the National Institute of Mental Health [NIMH] in Sri Lanka.

In the initial stages of planning a research project, a researcher typically submits a comprehensive research proposal to the Ethics Review Committee (NIMH, 2016) comprised of the following: a document containing information on the research participants, a document containing the participants' written consent, a copy of the questionnaire to be used to collect research data, and a letter of assent from the authorities of the mental health institution, center, or hospital of the psychiatric ward where the research will be conducted. Thus, every researcher must prepare the above documents and obtain approval from the authorities of the concerned mental health institution, center, or general hospital prior to submission to the Ethics Review Committee.

Three of the social researcher participants met with the authorities of the relevant institutions and presented their research proposals along with written requests seeking approval to conduct the research. The other five researchers met with the authorities and discussed the feasibility of conducting the research in the respective institutions prior to submitting a written request for approval. All authorities verbally informed the researchers that they could conduct their research projects at the relevant institutions after receiving approval from the Ethics Review Committee. Further, each institution presented a set of protocols based on ethical grounds and verbally informed the social researchers that their research must be conducted subject to those protocols. The following protocols were prescribed by the mental health authorities:

- No questions could be asked about the service user's mental health illness;
- No personal information could be obtained from the service user;
- Information from the service user should be obtained in the presence of a mental health professional from the institution; and
- A copy of the research questionnaire to be used must be provided to the authorities of the institution and approval must be obtained.

The codes of ethics for professional practice and research do not provide a set of rules that prescribe how researchers or professionals should act in every situation (NASW, 2008; SRA, 2003; Webster, Lewis & Brown, 2014). Specific applications of the code and the possibility of conflicts among the code's values and standards must take into account the context in which they are being considered (NASW, 2008). Ethical principles can identify what is ethically desirable and what is clearly unacceptable, but there is significant room for researchers to make their own decisions (Webster, Lewis & Brown, 2014). However, by specifying such protocols, the mental health authorities impose rigid conditions on the researchers.

In the above-referenced list, the first, second, and fourth protocols applied to all the social researchers, while the third protocol was applied to six of the researchers. The relevant authorities also provided clarifications to the researchers justifying the protocols prescribed.

As specified by the authorities, the main objective of the first two protocols was to protect service users' privacy and prevent any mental harm or suffering as a result of providing personal information and discussing their illnesses in detail. According to the mental health authorities, patients are highly sensitive to personal information and information related to their illnesses, which can even negatively impact their mental health conditions.

The present author asked the mental health authorities whether "psychiatrists are permitted to inquire into personal information and information related to the illnesses of service users if this information is so sensitive to them." The main thrust of their replies was that psychiatrists are properly trained to handle people with mental illness, including how best to interrogate them.

The mental health authorities considered it their assigned ethical responsibility to protect service users from situations and circumstances that are detrimental to them. The protocol requiring that "information from the service user should be obtained in the presence of a mental health professional from the institution" is intended to satisfy that responsibility.

The mental health authorities also wanted to obtain the precise information being sought from service users through the structured questionnaires. In their view, this facilitates prior assessment of the potential impacts on the service users to safeguard them from any harm or suffering that might occur as a result of their participation in the research project.

Ethical reasoning requires considerable interpretation and empathy (National Committee for Research Ethics in the Social Sciences and the Humanities [NESH], 2006). This can open the door to different yet reasonable interpretations of ethical reasoning and reduce arbitrary views.

Ethical Responsibility Conflicts: Psychiatric and Social Approaches to Mental Distress

The psychiatric and social approaches to mental distress vary in their assumptions about the causes of illness and paths to recovery. Psychiatry conceptualizes mental illness as a disorder or disease and focuses on the course of the illness (prognosis), speculates about its cause (etiology), and prescribes a response to cure its symptoms (treatment) (Bruce & Raue, 2013). The illness framework of psychiatry mainly addresses symptoms. According to the major diagnostic system of modern psychiatry, illnesses are classified into major categories and defined, in large part, through clinically meaningful clusters of signs of personal distress, associated loss of

functioning, or risk of negative outcomes such as death, disability, or loss of independence (Bruce & Raue, 2013). Psychiatry assumes that predominantly genetic and bio-chemical factors predispose people to mental illness, and biological causes are favored along with biological treatments.

Although the social approach acknowledges the role of genetic and bio-chemical factors (Markowitz, 2005; Tew, 2011), it asserts that social circumstances and positions are fundamental causes of mental distress, while at the same time, it recognizes that symptoms of illness have consequences for people's self-conceptions and social wellbeing, which in turn, affect the course of illness (Markowitz, 2005). Fundamental to the social approach is the idea of being alongside people as they reclaim a life they find meaningful and satisfying – one that involves participating in mainstream society and taking on roles that are valued within social, familial, employment, and other domains (Tew, 2011). To this end, the social approach focuses on partnership and emancipation, recognizes the expertise of service users and caregivers, and sees people in relation to their broader social context (Tew, 2011). The social approach understands mental health and distress as being grounded in people's experiences rather than in diagnostic categories (Ralph & Corrigan, 2005; Tew, 2011). Therefore, in social research, information related to individuals' subjective experiences with mental distress cannot be disregarded. The social approach assumes that individuals with mental distress are competent enough to express their experiences, needs, and views (Tew, 2011). The objectives of all the proposed research projects were based on the assumptions of the social approach to mental health and distress.

Mental health authorities think that service users are sensitive to personal information, including family details and information on their experiences with their illness and that the discussion of such details with them can even have a negative impact on their mental health conditions. In contrast, the recovery-oriented perspective of the social approach takes the view that providing individuals with mental distress the opportunity to express their personal views and experiences on their illness can help put them on a path towards recovery (Cohen, 2008; Ralph & Corrigan, 2005). People who have experienced severe mental health problems subscribe to this view (Chamberlin, 1990; Cohen, 2008; Deegan, 1997). The social researcher of proposed research project VIII stated that she has engaged in voluntary services at mental health institutions and has experienced how willing service users are to share their personal illness experiences. "This experience prompted me to study the factors that lead to recovery from a user perspective," she emphasized.

People with mental health problems reserve the right to reveal their personal experiences or information with a researcher. Some research findings (Drake & Deegan, 2009) show that an incapacity to make such

decisions is rare even among persons who have experienced severe mental health problems. The protocols imposed by the mental health authorities on social researchers regarding discussions about service users' personal details and details pertaining to their illnesses deprive the service users of the autonomy to decide whether or not to reveal information about their own experiences; the service users are thus deprived of an opportunity to express their views. In such a restricted setting, it is not possible to empower service users. One of the objectives of proposed research project VIII was to empower people with severe mental health problems by providing them an opportunity to express their views on illness and recovery. According to Chamberlin (1990), empowerment means that a user has a voice in mental health matters instead of being a passive service recipient.

Some research projects were designed with the objectives of empowering service users and providing them an opportunity to access meaningful social relationships and achieve socially valued roles. User-led research and user-involved research are conducted with the above intentions (Videmsek, 2009). In these studies, service users are given the opportunity to actively engage in the following research processes (Videmsek, 2009):

- Research where users are members of the research team and are in the position of consultant;
- Research where users conduct research with the support of professionals; and
- Research that is user-controlled and user-led.

User-involved and user-led research can be effectively conducted in an environment where a rapport between the social researcher and the research subject is encouraged. Such research cannot be practically implemented in a context where the relationship between the social researcher and the service user is controlled by rules imposed by mental health authorities. The above facts show that the social research protocols imposed by the mental health authorities based on ethical grounds may result in service users losing access to meaningful social relationships and taking on roles that are valued within social domains.

The social approach, which prioritizes the views and experiences of service users, provides users with an opportunity to critically express their views on mental health services. Service users' personal narratives, which provide accounts of their experiences living with mental health problems, describe how psychiatric clinical practice instills a sense of hopelessness and pessimism about their future due to the lack of appropriate support skills and inspirational opportunities and the use of programs that devalue and disempower (Chamberlin, 1990; Deegan, 1997). The self-narratives of individuals who have experience with mental health problems challenge

psychiatrists' expertise in facilitating their recovery process (Chamberlin, 1990; Cohen, 2008; Deegan, 1997).

All the proposed research projects focused on the subjective experiences of people with mental health problems. The structured questionnaire is not an effective method to collect detailed information on subjective experiences. Therefore, it is prudent to move beyond a structured questionnaire. The proposed projects planned to collect information using either a semi-structured or unstructured interview method. In unstructured interviews, respondents are directed with general guidelines such as, "Tell me what you think about...", "What happened when ...?" and "What was your experience with...?" Answers to these guideline questions give respondents more room to answer in terms of what is important to them (Strauss and Corbin, 1998).

Scholarly work (Cohen, 2008; Ralph & Corrigan, 2005) on the social approach to mental distress and recovery has demonstrated the possibility of taking a narrative approach in research methodology and analysis. The details furnished through narratives are based on the views, needs, and aims of the individual. Therefore, in social research, it is not always practical to produce a copy of a questionnaire to the authorities of mental health institutions that covers the information expected from the service user.

Mental health authorities expect to make a prior assessment of the possible impact that the questionnaire information could have on the patient. However, the authorities cannot always determine the impact that the provision of such information could have on the service user because it might be related to the user's subjective experiences.

A decision made by the social researcher on the method of data collection should be ethically transparent. Because the unstructured method of data collection gives respondents the opportunity to express views that are important to them, this method can be used in a manner that is inconsistent with the needs and aspirations of research subjects. However, with the health authorities specifying that the collection of data must be conducted through a questionnaire, social researchers lose their moral right to adopt a method of data collection based on ethical concerns.

In user-involved research, the service user can be actively engaged in the process of designing the methodology (Videmsek, 2009). However, due to the mental health institutions' protocol that the research questionnaire be produced as a prerequisite for obtaining approval to conduct the research, the service users lose the opportunity to constructively engage in designing the methodology.

As mentioned above, mental health authorities prescribe protocols for social research with ethical objectives in mind and with good intentions. However, responsibility for the service user is not vested only in the mental

health authorities. Social researchers are entrusted with certain responsibilities related to their research subjects, such as obtaining informed consent, ensuring voluntary participation, preserving the confidentiality of information, and avoiding psychological or physical harm and deception (NASW, 2008; NESH, 2006; Webster, Lewis & Brown, 2014).

Researchers should submit a document containing the subjects' written consent to the proposed research when seeking approval from the Ethics Review Committee (NIMH, 2016). However, researchers are required to obtain approval from the authorities of the concerned mental health institution before obtaining written consent from the service users. Therefore, the decision of the mental health authorities is critical for the participation of the service users in a research project.

The code of ethics of the NASW (2008) clearly mentions that written consent from an appropriate proxy should be obtained in instances when participants are incapable of providing informed consent, but only after providing an appropriate explanation to the participants and obtaining their consent to the extent they are able. In all instances, when individuals can make decisions for themselves, they should be permitted and encouraged to do so. Those who have lived with experiences of mental distress have criticized others for making decisions on their behalf after labeling them "mentally ill" (Chamberlin, 1990; Drake & Deegan, 2009). The social approach attempts to empower individuals by providing them the opportunity to be involved in their own decision-making so they can retain as much control over their lives as they are able (Tew, 2011). In user-led and user-involved research, by actively engaging those who have no social power in the research process, professionals place them at the center of decision-making (Videmsek, 2009).

The psychiatric approach perceives "mental patients" as persons who should be placed under medical care and emphasizes professional expertise and control (Foucault, 1988). Psychiatry conceptualizes mental illness and identifies the symptoms based on deficiencies (Bruce & Raue, 2013). In this context, mental health professionals make decisions on behalf of the service user. In contrast, the social approach to mental health and distress not only focuses on people's weaknesses, but also emphasizes their strengths. As mentioned above, this approach demands a different way of seeing people with mental distress. The social approach recognizes them as experts based on their mental distress experience (Tew, 2011). This challenges the notion that professionals "know best" and that their theories are inherently superior to any insights that those directly involved may have about their own situation (Cohen, 2008; Tew, 2011). The social approach assumes that, if not for prejudice and social exclusion, people who have been diagnosed through psychiatry as having incurable and chronic mental illnesses have the ability

to perform actively in various roles as full citizens (Tew, 2011). Therefore, the social approach assists in overcoming social barriers that restrict people with mental distress from engaging in social domains in constructive ways.

The Impact of the Protocols on Social Research

It is important to explore how protocols based on ethical grounds specified by the authorities of mental health institutions affect social research because social research contributions are critical in providing convincing evidence for the enhancement of human services (Monette et al., 2014). This understanding is useful for creating an environment that promotes good research. Table 2 provides information on the responses of social researchers to the protocols imposed on them by mental health authorities.

Table 2. Responses of social researchers to protocols

Response	Proposed research project
Abandoned the proposed research project and conducted research on a theme within a field unrelated to mental health	II, IV, V, VI, VII and VIII
Abandoned the proposed research project and conducted research on a different theme related to mental health	III
Conducted the proposed research on the planned theme in a different setting and with a different sample population	I

It is a researcher's responsibility to defend his or her research in terms of its ethical validity and its contribution to representing the concerns of a vulnerable and disadvantaged group and to provide substantial evidence of the needs, quality, and effectiveness of mental health services (NESH, 2006; Webster, Lewis & Brown, 2014). Thus, the above table demonstrates that most of the researchers decided to abandon their proposed research projects. These decisions may lead to a lack of inclusion or under-inclusion of individuals with mental distress and their concerns in social research and may prevent society from gaining insight into processes that lead to discrimination and vulnerability (NESH, 2006).

The main reason cited by researchers for abandoning their projects was the "rules" related to discussing personal details and details pertaining to the service users' mental distress experiences. According to the researchers, in such a restricted setting, it would not be possible to conduct their research because their projects focused on individuals' subjective experiences.

The researcher of project VIII commented on the protocol for obtaining information from service users in the presence of a mental health professional from the institution. She explained how this protocol clashed with the objectives of her proposed research and emphasized the significance of conducting the research in an environment where views on the psychiatric approach could be critically expressed if factors leading to recovery were to be examined from a user perspective. "Users are not prompted to critically

express views on the psychiatric approach in the presence of mental health authorities. So there's no point in conducting the research," she added.

Four researchers who abandoned their proposed research and moved to a field unrelated to mental health had planned their research projects to fulfill postgraduate/undergraduate degree requirements. Therefore, the researchers were bound by a responsibility to their university/employer in relation to the duration within which to complete the research. All researchers stated that, due to time constraints, it was practically difficult for them to defend their research through clarifications to the mental health authorities on the ethical validity and significance of the research.

The other two researchers who abandoned their projects were academic staff members from the Department of Sociology. Both stated that it was not possible to conduct their research in a setting where the authorities did not understand the nature and significance of social research. One of them stated, "Authorities should encourage us, but they breach a moral responsibility by discouraging us and not helping us to carry out projects that could be used for the betterment of a group of people who have been neglected in our society." All disciplines are characterized by competing schools of thought and even by disagreements over fundamental questions of scientific enquiry (NESH, 2006; Webster, Lewis & Brown, 2014). Those professionals who are responsible for assessing others' work must therefore be willing to seriously consider arguments and ways of thinking asserted in approaches other than their own. This ethical obligation of professional assessment has been emphasized in some ethics codes in the humanities and social sciences (NESH, 2006). This value is illustrated in the codes of ethics of psychiatry, highlighting the responsibility of working collaboratively with other professionals who are competent enough to work in other aspects of mental health and illness (American Psychiatric Association, 2013).

Proposed research project III, the objective of which was to explore how stigma related to mental illness impacts social exclusion, had to be amended due to the protocol, as information regarding user illnesses could not be discussed. The objective of the amended research was to historically analyze the development of mental health services during the British colonial period through documents. The researcher stated that she decided to move to documentary research and abandon her initially planned field research on mental health service users due to the rigid conditions imposed by the mental health authorities. The objective of the previous research focused on a serious issue that has become a priority concern for current mental health policy in Sri Lanka (Abeyasinghe, 2013). Therefore, the guidance it could have offered mental health workers and professionals within the context of existing Sri Lankan mental health policies was more critical than the objectives of the amended research.

The objective of proposed research project I was not amended, but the researcher decided to conduct the project in a different setting and with a different population for practical convenience. In that study, instead of focusing on institutionalized people with severe mental health problems, service users of a private counseling center were selected for the sample. The researcher explained how changing the setting and the sample population altered the objective of the entire study, though the theme was unchanged:

During the period of field research, no person with severe mental health problems consulted the counseling center. I conducted interviews with all the clients [$N=13$] that arrived at the counseling center within a month to collect the preliminary data required to select a suitable sample for the study. All clients came for family counseling. Only three had sought psychiatric treatment for minor health problems. All others had not sought psychiatric treatment. So, I was not able to study the diverse social roots that lead to severe mental health problems.

People with severe mental health problems receive care primarily in large psychiatric institutions, in psychiatric wards of general hospitals, and in residential or day centers. When such institutions impose rigid rules on conducting research, social researchers resort to alternative settings such as counseling centers where people with mental distress are clients. When prejudicial attitudes attached to mental illness result in detrimental effects not only on the person with the problem, but also on other family members, relatives often tend to conceal the health condition of their family member (Abeyasinghe, 2013). Therefore, it is practically difficult for a researcher to ascertain individuals with mental distress who are receiving home care.

There is a lack of representation regarding individuals with mental distress and their concerns in social research in Sri Lanka. Social researchers are not motivated to undertake research when mental health authorities impose rigid conditions. This, in turn, limits the contributions of social research that could advance mental health services.

Conclusion

The psychiatric approach demands a different way of seeing people with mental distress compared to the theoretical approaches underpinning social research. Psychiatry conceptualizes mental illness as a disorder or disease and identifies symptoms based on deficiencies of the person. Therefore, the psychiatric approach perceives “mental patients” as persons who should be placed under medical care and emphasizes professional expertise and control. In this context, mental health authorities consider it their assigned ethical responsibility to protect service users, make decisions on their behalf, and set protocols for social research to safeguard service

users from any harm or suffering that might result from their participation in research. Mental health authorities believe that the protocols they enforce ensure the rights of service users, protect their privacy, and safeguard them against mental harm and suffering.

In contrast to the psychiatric approach, the social approach underpinning social research understands mental health and distress as being grounded in people's experiences rather than in diagnostic categories. It focuses on partnership and emancipation, recognizes the expertise of mental health service users, and sees individuals in relation to their broader social context. Based on the above views, social researchers design studies with diverse objectives such as exploring the social roots that lead to mental distress; identifying social barriers that restrict individuals with mental distress from engaging in social domains and improving their social conditions; and empowering mental health service users and giving them an opportunity to actively engage in the social research process in various ways. The protocols that mental health authorities believe ensure the rights of service users and protect their privacy present rigid conditions on conducting social research and do not encourage authorities to take into account the arguments and ways of thinking asserted by the service users and the social approaches to mental health. This deprives mental health service users of their right and autonomy to make decisions about divulging information regarding their own experiences, to express their views, and to access meaningful social relationships and activities. The protocols limit the representation of individuals with mental distress and their concerns in social research and divest the moral rights of social researchers to conduct research projects that could advance mental health services and assist mental health service users. The mental health authorities use the protocols to exercise control over the scope of the work of social researchers within the research process and the views and interests of mental health service users.

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