

DESCRIPTIVE TITLE:

Conflicting priorities in evidenced-based practice: between conducting mental health research and expanding mental health services.

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All feedback on this case study is welcome; please contact me using the e-mail address provided 😊

KEYWORDS:

- Mental health
- Research
- Human rights
- Resource constraints

LEARNING OUTCOMES:

At the end of the session the participants will be able to:

1. Identify and evaluate ethical issues to decide on a course of action.
2. Understand the moral distinction between an act in itself and the reasons for acting.
3. Articulate and evaluate arguments for justifying a course of action.
4. Understand the ways ethical responsibilities are prioritised and weighed when deciding on a course of action.
5. Recognise that in resource constrained environments ethical dilemmas around resource allocation often arise.

EQUIPMENT REQUIRED FOR THE SESSION:

- One small blank strip of paper for everyone in the group
- One copy of each reason for each course of action printed on a small strip of paper
- Pens
- Brown envelopes (minimum of 5)
- Flip chart and pens

TIPS ON GROUP FACILITATION:

- Outline general rules for the session: that everything said in the room is confidential to the group; to respect the views of others; that all contributions are valuable.
- Encourage a focus upon the ethical issues, avoiding being side tracked by discussions that focus solely on clinical care, research methodology, or how credible or not the actions reported in the case may be.
- Where there are requests for more information in order to make a decision a good response is to identify a number of potential options, and ask if for each option the ethical issues raised would be different.

IMPORTANT:

- This session is designed to be run with a group of 12-20 people and to last approximately one hour. At the end of the session instruction there is an additional activity that could extend the session by 20 minutes.

- Please note this case has a number of parts and follow-up activities. Ensure that you only provide one set of information at a time. This is so that each aspect of ethical decision making can be explored one at a time.

SESSION INSTRUCTIONS:

Instruction: Provide all participants a copy of the case study and a small sheet of paper. Request that the case be read by each participant individually.

CASE STUDY:

A natural disaster generates large numbers of internally displaced persons (IDPs). IDP camps managed by the national government are quickly established. You are leading the mission for an International NGO (INGO) with a longstanding presence in the country. You are the only organisation providing mental health care, and have an established reputation of providing clinical care concurrent to conducting mental health research. Your INGO advocate for evidence-based practice, and seek to embody this principle by conducting research embedded within the services they provide.

Recognising this reputation, you are commissioned by the national government to conduct a mental health needs assessment. This assessment will be used to determine mental health services and resources, including medicines and staff, and must be delivered within 4 weeks. You will only be paid upon completion. The funds for completing the needs assessment will be used to employ an additional 5 mental health clinical staff.

Nationally there is a low level of awareness of mental health conditions as treatable. Symptoms of severe mental health difficulties are commonly managed using coercive practices that violate human rights, such as chaining or caging. The national government do not provide specialist mental health services, and you are the only INGOs working in the country with this specialist expertise and capacity. Previous experience in this country has identified trust between clinicians and communities as critical to changing attitudes and practice towards mental health. When trust was broken in a previous emergency your INGO experienced community rejection and refusal to receive any mental or physical health services you were providing, leading to your INGO exiting the setting.

To conduct the needs assessment you allocate 5 clinical staff to data collection, whilst the remaining 5 clinical staff manage patients with high levels of mental health needs. Three weeks into data collection you are making good progress, and will be able to complete the needs assessment within the four week timeframe. Your clinical team are currently managing 25 cases, and have reported the community are beginning to trust them and attitudes towards mental health are shifting.

During week three of data collection there is a second natural disaster in the south of the country which destroys the international airport. It is going to be another 2 weeks until flights can bring further relief workers into the country. Other organisations decide to send half their current staff to establish services to meet physical health, shelter, nutrition, and sanitation needs in the South. You are being put under pressure by your headquarters to send half of your staff to set up mental health services in the South. By not sending these staff there will be no trained mental health specialists in the South, with consequences for human rights and to life due to suicide risks. It is impossible to complete the needs assessment on time without the full team of 5 staff collecting data, and there are no funds to employ additional staff.

ISSUES RAISED BY THE CASE:

1. Ethical dilemmas raised by limited resources, in this case limited human resources to complete a number of tasks.
2. Conflicting immediate vs. future priorities and duties: providing care to meet immediate clinical needs; or conducting a needs assessment to inform future needs. Also potentially different moral obligations towards those with whom you are already engaged, and those whom you have yet to engage, weighing the needs of known persons vs. unknown future persons.
3. Moral responsibility to provide specialist mental health services to the population in the South that will be unavailable without your INGO's presence, leaving mental health needs unmet.
4. Reputational tensions in your representation of the INGO: what element of the INGO / your personal ethos do you prioritise: delivering services or conducting research? Potential long-term implications of the decision you make, as well as raising questions of personal and organisational integrity.

ACTIVITIES FOR DISCUSSION:

Instruction: Ask the group to identify the ethical dilemma being faced. Write the 3 overarching categories (a), (b) and (c) below as they are identified by the group.

- Answer: resource constraints producing dilemma between which group should continue to have their needs prioritised:
 - a) Continue mental health services for current IDPs in camp;
 - b) Continue mental health needs assessment for future IDPs in camp;
 - c) Unknown emergency affected persons with unmet mental health needs in South.

Instruction: On the small blank strip of paper ask the group to write (1) which course of action they would choose, and (2) their reasons for this action. Instruct everyone to immediately fold their response and keep what they have written private.

IMPORTANT: try to ensure participants do not discuss their decisions; stress that in cases where their motivation for a course of action is multifaceted they must choose the single most important reason to them.

Ways participants may describe the reasons for their choices:

- a) Continue current mental health services:
 - To ensure the human rights of those with mental health needs are not violated
 - To meet duty of providing mental health care to those currently being provided services
 - To honour the trusting relationship built between clinical staff and patients / their families
 - (Contractual) Responsibility to INGO staff / auxiliary staff employed on the current mission who depend upon the salary
- b) Continue mental health needs assessment:
 - Duty to ensure respect for participants / uphold trusting relationship with those who have contributed their time and views to inform future services
 - Right of community to have a say in matters that affect them which is achieved through the needs assessment

- *Responsibility of the organisation to maximise funding so services can be provided to more people*
 - *To ensure staff who have been engaged in data collection are not disrespected by devaluing their efforts to collect data to date*
 - *Responsibility to ensure continued service provision are informed by reliable evidence*
 - *To not violate the contract established through consent processes that participants information will be used to plan services*
 - *(Contractual) Responsibility to INGO staff / auxiliary staff employed on the current mission who depend upon the salary*
- c) *Establish mental health services to the south:*
- *Moral responsibility to ensure mental healthcare is provided in the same way as physical healthcare to all populations, ensuring the right of populations to access services that meet their needs is achieved*
 - *Overriding priority to meet immediate mental healthcare needs meaning the INGO should go and establish services*
 - *We are the only organisation able to provide specialist mental healthcare, and therefore to prevent potential human rights violations of those with mental health problems*

Ethical tensions it can be beneficial to highlight when they arise in conversation:

- *Conflicting loyalties: Immediate needs vs future needs:*
 - *immediate needs of*
 - *25 patients with mental health needs*
 - *those in south with mental health needs*
 - *future needs:*
 - *of all camp IDPs through needs assessment*
 - *to unknown people in South with mental health needs*
- *Trust: to participants involved in the commissioned needs assessment vs. to those for whom you are providing clinical care vs. with INGO staff*
- *Role conflict / responsibilities / fulfilling obligations: contractual obligations to government vs. contractual obligations to INGO staff vs. duty of care obligation to those with mental health needs (especially when no other organisation can provide mental health care)*
- *Duty to respond to provide for mental health needs in all emergencies vs. organisational capacity*

Instruction: *Using 3 pre-prepared envelopes representing the 3 groups (a)-(c) above, ask participants to put their piece of paper with their course of action and reasons for this action into the relevant envelope. Collect the envelopes together.*

Instruction: *Randomly divide all participants into 3 groups:*

1. ***Representing those who want to stay to continue to provide mental health services to patients in the IDP camp.***
2. ***Representing those who want to stay to conduct the mental health needs assessment.***
3. ***Representing those who want to provide mental health services in the south.***

Give each group the brown envelope corresponding to their group with all the collected actions and reasons for the action inside. Ask each group to read aloud each reason for choosing the

course of action to discuss if these are justifiable or not. (Note: in the case of all having the same reasons for a given course of action the facilitator adds other reasons provided below).

1. Reasons to retain staff conducting the mental health needs assessment:
 - a. For financial incentive and expansion of mental health services resulting from payment;
 - b. To fulfil commissioned contract with the government;
 - c. To fulfil promise (implicit contract) with participants that mental health services are based upon populations assessment of their needs, “no service about me without me”;
 - d. To uphold the human rights principle that communities have a right to have a say in matters that effect them, “no service about me without me”;
 - e. To uphold the reputation of the organisation as prioritising evidence-based mental healthcare in practice;
 - f. Obligation to continue mental health needs assessment now is started.
2. Reasons to retain staff providing mental health care:
 - a. Because of a duty to continue treatment of those with mental health needs under your care;
 - b. To ensure trust of the community is not disturbed and the INGO’s presence not rejected leading to withdrawal of all mental and physical healthcare;
 - c. To protect those with mental health needs who would otherwise have their human rights violated;
 - d. Because the duty to provide clinical mental health services is a higher priority than the duty of communities to have a right to have a say in matters that affect them.
3. Reasons to refuse to send any of your staff:
 - a. Responsibility to those with whom the organisation is currently engaged (both research participants and mental health patients) is greater than the responsibility to populations in the South with whom the organisation is not yet engaged;
 - b. The situation in the South is unknown, including unknown levels of infrastructure support for the INGO staff who would be sent, raising potential safety concerns;
 - c. The reputational cost of one or another decision (i.e. to stop providing mental health services or to halt the mental health needs assessment) perceived as to high to be justifiable?

Instruction: Each group are given a flip chart sheet of paper and pens. They are asked to list all of the reasons for choosing the course of action onto this sheet. Once all of the identified reasons have been listed participants then must rank these in order of prioritisation. Allow 10-15 minutes for this activity.

Ask each group to feedback a summary of the reasons, prioritisation and wider discussions in a plenary session. Once all groups have shared their summary, in the plenary ask participants to identify if the reasons for arriving at different actions have any commonalities (i.e. duty to continue in a course of action that you are committed to). Discuss:

- ***If it is problematic that the same moral reasoning allows different conclusions to be drawn?***
- ***If the reasons for undertaking an action are important; or if all that matters is that the action achieves the desired end result?***

CONCLUDING:

At the end of the session the facilitator should summarise what has been covered in the session, identifying the core ethical dilemma (resource allocation, in particular in relation to an under-resourced area of care: mental health), and the three potential responses. Then highlight key elements of the discussion of justifications for deciding on a course of action, and how the same reasons may lead to conflicting actions. End by reinforcing that there is a longstanding debate within philosophy concerning if moral priority should be given to what an action achieves (its end) or if the moral worth of an action is found in the action itself (the means). This is an unresolved and ongoing debate to which there are no clear-cut answers, and the aim of today has been to raise these underlying tensions and provide participants with an opportunity to consider the issues at stake.

OPTIONAL ADDITIONAL ACTIVITY:

If the group complete the above activities you may provide the additional information below to stimulate further discussion:

Instruction: Tell the group: Before you make a final decision you decide to consult your INGO for their reasons for prioritising establishing services in the South. They tell you that they are concerned that previously when trust around meeting the mental health needs of the community was broken and the INGO was rejected by the community this had a significant potential public relations impact. They cite the sharp decrease in donations which resulted in reduced organisational capacity to respond to all global emergencies for 6 months and has only recently been fully overcome. Therefore, they argue that in this setting delivery of mental and physical health services should be prioritised as it is public perceptions of meeting immediate needs that affect the acceptance of and support for the INGO.

Instruction: In a plenary discussion debate whether this is an ethically justifiable reason for taking this course of action?

Follow the instruction above on concluding the session.