

Challenges for the non-clinical researcher working in mental health services

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Abstract

Mental health research aims to improve our understanding of illnesses, provide better preventative approaches, enhance diagnosis and treatment strategies, increase our understanding of biological markers of disorders, and progress our knowledge of co-morbidities between physical and mental health. A need exists to engage researchers in undertaking work in this field, however we rarely consider the barriers in place for a non-clinical researcher working in the mental health environment. This article aims to reflect on barriers to conducting research as a non-clinical researcher in a clinical mental health setting and to consider approaches to overcoming these barriers.

Barriers to conducting research in the mental health environment

Several barriers exist for non-clinical researchers working in the mental health sector. Many of these hurdles occur in the relationship between research staff and mental health teams and can result in significant difficulties and disruptions to studies.

Working with non-clinical personnel

There are a long list of clinical professionals working in the field of mental health, including psychiatrists, psychologists, nurses, occupational therapists, social workers, pharmacists, and counsellors. Some members of the mental health team in any given service may have little understanding of the researcher role and how it fits into the mental health landscape and the multi-disciplinary team. Many staff will also have no capacity to spend time learning about and implementing new research, depending instead on practicing guidance to inform them of evidence-based change. Other teams may be used to having researchers around but feel uncertain on how to interact with them. If the role of the researcher is unclear in terms of what access to patients they have, there is a potential for ambiguity over information-sharing and confidentiality practices, and this can result in a closed-off atmosphere. Additionally, researchers need to consider the turnover of staff in mental health teams, and that they may have to regularly update new members on their studies or job role in order to create an ongoing rapport with the team.

Bombarding staff

When visiting mental health services to advertise research to a clinical team, the researcher may feel they are giving staff an opportunity to invest their time in a new, exciting study, and leave confused when no-one asks questions or approaches them after the presentation.

However, the chances are that staff have seen multiple research studies come and go over the last few weeks, even potentially trying to recruit for very similar studies. This overlap in research being conducted in services can be problematic. Not only will staff feel like they are being constantly bombarded to recruit for the next big study, but they may become confused and overwhelmed when similar studies require vastly different inclusion criteria for their recruitment.

Time

Mental health services in the UK are regularly understaffed and underfunded. It is common to see community caseloads for psychiatrists and care-coordinators over capacity, and inpatient ward beds full. Alongside this, jobs in mental health are demanding, with staff reporting feeling overburdened, undervalued, and demotivated. Therefore, not only does the researcher approach a tired and dispirited workforce with their optimistic research idea, but they also come pleading for assistance, putting more work on the staff to help with screening or recruitment. The researcher needs to navigate this sensitively, understanding that staff may not see the benefit of the study, that they are overburdened already and cannot undertake more duties, and that they may need more time than expected to fit in the required work.

Staff opinions

Researchers will have a list of criteria a patient must meet to be included in the study that they are recruiting for. However, staff may have a perception of a service user and an opinion on who they wish to include in a research study, aside from these set criteria. This can cause issues of bias in recruitment, where studies are only receiving the 'most well' or 'unlikely to relapse' participants, instead of a random sample of eligible patients. In addition, some service users may be referred to studies irrelevant to them, or because staff feel like they can pass them on from their care to the research.

Resistance to research

Some staff will have been working in mental health services a long time, and resist any change to their practice, denying the usefulness of research. Some staff may not agree with planned research or perceive flaws in the approach of a study. This may inhibit researchers in their recruitment for a study. At its worst, a member of staff disagreeing with a study may put the researcher off recruiting from an entire service or region because of the influence of the staff member's opinion.

Overcoming barriers

Creating a healthy relationship between mental health teams and non-clinical researchers will support studies through all stages of the research process including planning studies, recruiting service users, and retaining participants in studies. Several systematic barriers exist in the space of mental health services for researchers that make this difficult. A few

existing approaches should be utilised in research practice throughout the national health services (NHS). One such measure, is the embedding of research personnel in the mental health services. Having a consistent member of research staff attending a mental health team over a long-term period allows their presence to be familiar, but also permits them to build relationships within the team, get to know what other studies are being conducted, and better consider the time commitments and availability of each member of the team.

Another important consideration for the researcher is the burden of research of the mental health team. It is integral that the researcher is pragmatic, taking a flexible approach to their recruitment processes, finding ways to adapt to ever-changing scenarios, and that they show patience with the staff in the team. This requires a lot of skill from researchers and can also become emotionally burdensome and de-motivating for them. Therefore, it is integral that senior staff consider the qualities required for researchers to flourish in this environment and recruit accordingly.

Lastly, one of the most integral parts of research in mental health is the involvement of service users in all aspects of projects, from design, to data collection, analysis, and dissemination. The clinical team involved with service user care can provide an opportunity to build these relationships between researchers and service users. Therefore, it is an important consideration for researchers to start building rapport with mental health teams prior to the commencement of their research to aid the entire study process from start to end.

Conclusion

There are existing barriers between non-clinical researchers and clinical mental health teams which can cause issues with all parts of the research study, from trial design, to recruitment, to attrition. It is important that both the clinical team and the researcher are aware of these barriers in order to overcome them. The most important thing is to find a way to build a relationship between the researcher and the clinical team, with both sides having responsibility for adapting to the others' needs, in order to pave the way for future research and improvements in the mental health care system.