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## COMMENTARY

# Ethical Considerations in Conducting Clinical Research among Patients with Mental Health Problems in Arab Countries

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In developing countries, like Arab countries, mental health care is an overlooked area in the health care system and mental health needs are unmet due to the lack of strategic integration of mental and physical services with primary care as a result of deficiency in mental health infrastructure and work force. Furthermore, the allocation of funds for mental health services as a percentage of the total health budget falls significantly below the threshold required to effectively support these services. The mental health workforce is inadequately staffed, and the data collection systems maintained by official agencies are not in accord with the economic capacity of Arab nations. There is a pressing need to advocate for the integration of mental health into primary care, a policy that is already outlined in many Arab countries. Additionally, it is imperative to prioritize mental health on the agendas of political leaders without delay.

It has been reported in the literature that Arab populations tend to underutilize mental health services if they encountered any mental health issues (Khatib et al., 2023). Such phenomenon has been attributed to the culturally sensitive beliefs detained by Arab persons toward mental health issues; such beliefs resulted in limited knowledge of the causes, symptoms and treatment of mental illnesses (Aguire et al., 2020; Ferrari et al., 2022). Such limitation may lead to misunderstanding by people (and some health care providers) about the nature of these conditions and how to treat and deal with them.

Cultural beliefs, particularly intertwined with religious convictions, exert a substantial influence on how mental health is perceived and the behaviors associated with it in Arab countries (Daher-Nashif et al., 2021). Patients and their families frequently fall victims to exclusion and discrimination (Heath et al., 2016). In many instances, individuals with mental health issues and their families believe that such problems may stem from the evil eye or supernatural causes, leading them to seek assistance from religious or spiritual healers (Fekih-Romdhane et al., 2021). Moreover, within Arab culture, there tends to be a negative perception of individuals who express mental health concerns that may result in delay of seeking professional help, causing further complications in their condition, making the problem chronic and challenging to treat (Khatib et al., 2023). Moreover, the somatization of psychiatric disorders is prevalent in Arabic countries, a phenomenon that can be directly linked to cultural beliefs about mental illness (Zolezzi et al., 2018).

Similar to Western nations, the Arab world grapples with a high level of stigma and discrimination concerning individuals with mental health issues. Those suffering from mental illnesses are frequently viewed as potentially dangerous and aggressive, leading to increased social isolation. Supernatural, religious, and magical explanations for mental illness remain prevalent. Skepticism toward mental health services and their treatment often shapes the path to care. Stigmatization by family members is a widespread

experience. Furthermore, there are significant social disapproval and devaluation of families with members who have mental illnesses, particularly in the context of marriage, marital separation and divorce. Psychic symptoms, as opposed to somatic symptoms, are seen as socially disadvantageous. Regrettably, mental health professionals themselves often hold stigmatizing attitudes toward individuals with mental health conditions (Fekih-Romdhane et al., 2023).

Further, traditional and religious healers play significant roles in primary psychiatric care in Arab countries. It has been reported that the majority of individuals with mental health issues in Arab culture tend to seek help from traditional healers before, and sometimes instead of, seeking professional assistance (Khatib et al., 2023).

**Ethical Issues in Conducting Clinical Research in the Field of Mental Health**

When conducting research on mental health issues in Arab countries, researchers encounter several challenges, including ethical concerns related to the consent process and study design, among others. One fundamental safeguard and a crucial requirement for ethically and legally sound clinical research involving individuals with mental health conditions is obtaining informed consent. However, researchers grapple with the delicate task of striking a balance between meeting the demands of their research and safeguarding the rights and well-being of participants with mental health illnesses, who are considered a vulnerable group.

Informed consent comprises three key components: capacity, information disclosure, and voluntarism. There has been a mistaken assumption among policymakers and research ethics boards that individuals with mental health illnesses lack the capacity to comprehend and make decisions about their participation, rendering their informed consent invalid (Bracken-Roche et al., 2016). Consequently, they were often excluded from research as they were classified as a vulnerable population due to their perceived inability to fulfill a crucial requirement of informed consent capacity. Furthermore, it has been demonstrated that the majority of participants with psychiatric illnesses possess decisional capacity (Bracken-Roche et al., 2016). It is essential to recognize the heterogeneity among participants, leading to a potential solution for addressing the issue of decisional capacity by evaluating

each patient on a case-by-case basis. This approach involves customizing information disclosure techniques according to the emotional state of the participant (Bracken-Roche et al., 2016).

Additionally, after gaining a comprehensive understanding of the potential benefits and risks, patients have the right to know that their participation in the research is voluntary and free of coercion. Studies have indicated that having an advocate present at all stages of the consenting process enhances the participation of mentally ill patients and reduces the risk of exploitation and coercion (Dalal, 2020; Morán-Sánchez et al., 2016).

**Conclusions and Recommendations**

Arab individuals often view mental health problems as stigmatizing, which can have negative repercussions on their reputation and status within the community. Therefore, it is imperative to integrate mental health into the Arab world's health care system, with a concerted effort to raise awareness of mental health issues by enhancing the service delivery model for affected individuals and their families. There exists a robust foundation of research upon which we can build to enhance outcomes through studies, workshops, community initiatives, and national screening programs. Researchers should dedicate greater efforts to conduct high-quality studies that yield substantial evidence and gather essential information regarding mental health problems. These studies should inform healthcare planning, service delivery, and awareness campaigns. Furthermore, it is crucial to establish programs and workshops aimed at combating the stigma associated with mental health issues and enhancing awareness of these problems. Developing culturally sensitive approaches to care for affected individuals is of utmost importance.

Additionally, a key strategy to address the issue of impaired consent capacity and ensure ethically and scientifically sound research is to employ an optimal study design. This optimal design should be informed by a comprehensive understanding of participants' perspectives, particularly concerning potential risks, such as privacy breaches, legal liabilities, and social harms. A thorough grasp of Institutional Review Board (IRB) policies is also essential. Identifying the overall risk level of the study is crucial for study design, especially when vulnerable populations, such as mentally ill patients, are involved.

**Conflict of Interest**

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