Mental health research is not just administering rating scales
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INTRODUCTION:
Assessment instruments, especially rating scales have been my passion. I love to work with them. I believe they are robust ‘devices’ if used properly. However, their administration and interpretation needs proper training and expertise. The training comes during post graduation, while expertise comes with practice, when we use them in clinical practice and research. I ‘extensively’ use them, clinically, academically and in research; and hence, I thought I was an ‘expert’ in assessment instruments. I thought, I knew more than others. However, my ‘euphoria’ was short lived! In 2005, me along with a score others attended an investigator meeting for a bipolar disorder clinical trial. I was already a qualified psychiatrist by then. The rater training was for Young’s Mania Rating Scale (YMRS). [1] The trainer was an expert in measurements from a prestigious organization. Item number 9 on YMRS assesses disruptive-aggressive behaviour of a patient with mania within previous 48 hours. The scoring points are:

0 Absent, cooperative
2 Sarcastic; loud at times, guarded
4 Demanding; threats on ward
6 Threatens interviewer; shouting; interview difficult
8 Assaultive; destructive; interview impossible

The actor shown in the video (who was role playing a patient with mania) had hurled a shoe onto his mother the previous night; except for that one isolated incident, there was no other evidence of aggression since the start of the manic episode. He was also cooperative and well behaved during the current interview. Most of the investigators (including me) gave a score of 4-5 out of 8 for this item. The trainer politely replied that we were not correct! The guideline for scoring this item is that within the specified period even if there is one incident of throwing an object onto others, the score automatically reaches 8. Most of us did not know this; though we were trained in mental health! Most of the investigators were holding high academic posts and had decades of clinical practice; even they could not give the correct answer. Such is the state of qualified mental health professionals (MHPs); what about non-MHPs administering assessment instruments? Can we imagine the situation?

DISCUSSION
Being a clinician and also a teacher, I regularly read other journal articles related to mental health. As an editor, I do so mostly to improve the editorial standards of my journal. I read an article recently where the investigators used Hamilton Anxiety Rating Scale (HAM-A), [2] to assess anxiety in cancer patients. None of the authors were MHPs, and also no information was provided as to ‘how’ and ‘who’ did the ratings. Also, I am the peer reviewer for a few national and international journals. Some of these are highly rated peer reviewed Medline indexed journals. While reviewing the manuscripts something unusual struck me, especially when as a reviewer I was aware of authors’ identity (un-blinded peer review process). First, none of the authors were MHPs. Second, some authors were from other fields, such as epidemiology, statistics, pharmacy, etc. Third, these investigators (authors) administered ratings scales at face value, for example, administering...
DEPRESSION RATING SCALE (HAM-D), [7] BECK DEPRESSION (BPRS), [10] YMRS, [1] etc. should be administered only if the individual automatically qualifies for authorship as per ICMJE criteria (if other authorship criteria are also met). [4] As I am interested in assessment instruments, I get frequent requests from non-MHPs to guide them regarding their research. A recent example of such a request from my colleague (a non-MHP) was, “Dr. Rajshekhar, my student wishes to do a research project on the prevalence of behavioural problems in school-aged children. Can you please suggest a scale to assess behaviour problems in children? We tried searching on the internet, but could not find any?” My reply was, “Dr.....I am very happy to know that people want to do mental health research. But, I have a condition; please give me authorship. I will actively participate in the study as an author as per ICMJE criteria. [6] If you do not wish to include me, please consider some other qualified MHP. If you do not know somebody, I will suggest.” Most of the time people obliged. The issue is not of selfishness; my main concern is that mental health research should be done properly.

For clinical trials, as per International Conference on Harmonisation/ Good Clinical Practice (ICH/GCP) E6 (R1) guidelines, [11] the investigator’s qualification is as follows (guideline 4):

4.1.1 The investigator(s) should be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial, should meet all the qualifications specified by the applicable regulatory requirement(s), and should provide evidence of such qualifications......

4.1.5 The investigator should maintain a list of appropriately qualified persons to whom the investigator has delegated significant trial-related duties. ‘I do not understand why such strict guidelines are not in place for academic research. I do not see any difference in clinical trials and academic research. “.....both types of research are inseparable. If we do not have inclination, interest or calibre to do academic research, we cannot even do clinical trials properly, because both type of research involves same kind of work.” [12] In clinical trials related to mental health, generally only those MHPs who have a minimum of two years of formal training in mental health qualify as raters. Then, why such guidelines do not extrapolate to academic research? The reason is simple; nobody truly bothers about mental health; non-MHPs, policy makers, government officials, etc.

**My opinion**

In my view, the term ‘qualified mental health professionals’ (MHPs) means those professionals who are medico legally authorized to evaluate and treat psychiatric patients. This authorization comes when they have experience with such patients during their academic training, clinical practice and research. Such
MHPs include psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, etc. Those individuals who get their qualification through distance education (correspondence courses) are not ‘qualified MHPs’ because they do not have hands-on-experience with patients; hence do not qualify for administering assessment instruments.

I propose that all research related to mental health should take following points into consideration:

- The designation of each author should be clearly stated during submission of research proposal to the concerned authorities (such as grant awardees, ethics committees, etc), and also to the journal editor for publication of the study. Just mentioning, John Smith, department of psychiatry, Medical College and Hospital, is not enough. I observed this in many reputed journals. Apart from psychiatrists, psychologists, psychiatric social workers and mental health nurses, there are many other employees working in a department. These include non-psychiatrist physicians/surgeons, clerical staff, helpers, cleaners, etc. The appropriate sentence could be, for example, John Smith, Assistant professor of psychiatry, department of psychiatry, Medical College and Hospital, As the Editor of AP J Psychol Med, I started asking the primary author (of the submitted manuscript) to explicitly state the designation of each author.

- It is desirable to mention the qualifications of each author. However, I am not very particular about this, because few qualifications are specific to a country, and a reader from other country may not understand. For example, MD is a very well known qualification; my qualifications are MBBS, DPM and DNB in psychiatry. DPM and DNB are Medical Council of India (MCI) recognized qualifications, but a foreign reader may get confused.

- A mandatory statement as to ‘who did the assessments’ should be incorporated, either in the ‘materials and methods’ section or under ‘authors’ contributions’ towards the end of the manuscript.

- Sometimes, professionals with an interest in mental health who are not MHPs would like to conduct a study. I strongly recommend that in such a scenario, at least one investigator/author should be a qualified MHP. It should be explicitly described in the manuscript that assessments were done by this MHP directly, or under his supervision. It is also desirable to mention the training provided, if possible in statistical terms.

- A qualified MHP thus included should take active role in preparing the study protocol, and should take public responsibility for that role. [4]

- Funders (who provide research funds or educational grants), ethics committee members, and editors, editorial board members and reviewers of the journals should make a special note of this. I request the editors to make sure that such statements (as discussed above) should be incorporated into the ‘covering letter and author declaration form’ and in the manuscript.

CONCLUSIONS:

It is imperative that MHPs and all those interested and involved in mental health research should take this issue seriously. This will go long way in making mental health research scientifically and methodologically sound, and will translate into good evidence base, and ultimately towards better patient care. I feel compelled to say, “I cannot imagine sound mental health research without appropriate measurements in place”!

Authors’ information

The author has hands on experience with various assessment schedules and rating scales, and this is one of his major areas of interest. He routinely uses these in his practice.

The phrase ‘rating scales’ and ‘assessments’ in this manuscript is meant to indicate all assessment instruments used in mental health, such as rating scales, diagnostic schedules, inventories, questionnaires, outcome measures, etc.

The views expressed in this article are solely of the author. It does not reflect its endorsement by the journal, the editorial board, the publisher, or the society. We welcome submissions in the category of ‘commentaries’ and ‘letters to the editor’ on this debatable issue.

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References


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