

# Knowledge and Attitudes of Mental Health Professionals Regarding Informed Consent and Patient Confidentiality in Clinical Practice and Research in Udupi District

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## Abstract

The control of patient information regarding mental illness is a challenging issue in mental health care. Patients have the right to control and know all information concerning their health. In India, an individual's identity is intimately connected to his or her family's; family is integral to one's self. This study was conducted to increase awareness among mental health professionals regarding informed consent and patient's confidentiality protection in clinical practice and research. The findings of this study can help hospitals frame policies. The objectives of the study were to assess the knowledge (K) and attitudes (A) of mental health professionals regarding 'informed consent' and confidentiality protection in clinical practice and research. The study was conducted in three different phases. In phase one, a questionnaire was formulated, validated and distributed among the mental health professionals to analyze K&A regarding informed consent and confidentiality protection in clinical practice and research. In phase two, an education module was developed and distributed among healthcare professionals. In phase three, the participants were reassessed on their K&A using the same questionnaire. The results show no significant difference in the mean values (mean=7.46, SD =1.22) in both confidentiality and consent during phase one. However, after administering the education module, the mean score of knowledge and attitude towards consent and confidentiality has increased (mean=9.86, SD=0.40) compared to the pretest. It was concluded that the delivery of the education module incorporating the updated information on acts and amendments related to the mental health profession has been effective.

**Keywords:** Knowledge; Attitude; Awareness; Consent; Confidentiality; Educational module

## Introduction

Trust is an important factor in a doctor-patient relationship. In the process of treatment, informed consent seeks to protect the patients' self respect, autonomy

and wellbeing. The paternalistic approach has been revised to the patients' right to self-determination. This is officially authorized and protected in law. Control of patient information regarding mental ailments is a challenging issue in mental health care. Patients have the right to control and know all information regarding their health. In India, an individual's identity is intimately connected to his or her family<sup>[1]</sup>; family is integral to one's self. The matter of protecting personal privacy and confidentiality of personal information is thus convoluted when another individual is so important to oneself. The Indian contract act 1872 defines free consent as follows: Consent is free when it is not generated by

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compulsion, influence, cheating, misinterpretation and/or error.<sup>[2]</sup>

The Medical Council of India's Code of Ethics Regulations protects patient confidentiality by stating that the physician shall not disclose the secrets of a patient that have been learnt in the exercise of his/her profession except in a court of law under orders of the Presiding Judge in circumstances where there is a serious and identified risk to a specific person and/or community; [or in case of] notifiable diseases."<sup>[3]</sup> With respect to patient confidentiality, health care providers should not disclose patients' personal information without their explicit consent. Doctors, administrators and public information officers of a healthcare institution are also ethically required not to reveal the health information of patients. Likewise, researchers must also maintain the confidentiality of their research participants. Confidentiality is an important part of the informed consent agreement.<sup>[3]</sup>

The Right to Information (RTI) Act 2005 is widely seen as a watershed development in Indian democracy. It provides citizens the right to secure access to information which is under the control of public authorities, in order to promote transparency and accountability<sup>[4]</sup>. It is often held to be an effective tool to control corruption, make governments accountable, and curb the arbitrary use of power. The question here is whether it can be used to justify the breach of a patient's or research subject's confidentiality. Confidentiality is the basic foundation for psychotherapy. Breach of public trust that the information of treatment sessions is confidential could have a terrible outcome in psychotherapeutic practice. Confidentiality should be maintained whenever possible with the exception of situations where there is a risk of harm to others. 84.3% of respondents think that patients' consent should always be obtained before diagnostic and therapeutic procedures, whereas 47% reported that they always obtain consent in their clinical practice<sup>[4]</sup>. Privacy rights are important, especially when it comes to mental health care. Unfortunately, the practice of consent and patient confidentiality protection for adults, minors, family members and even treatment providers can be unclear. The "Medical Council of India's Code of Ethics Regulations" protects patient confidentiality by stating that the physician "Shall not disclose the secrets of a patient, that have been learnt in the exercise of his/her profession except in a court of law under orders of the Presiding Judge; in circumstances where there is

a serious and identified risk to a specific person and/or community. The first is the famous Tarasoff v. Regents of the University of California (1976) case, in which the court held that therapists might need to breach confidentiality to protect third parties who may be in danger from a client being seen in therapy.<sup>[4]</sup>

There is a rapid growth of computerization of medical record keeping. With the internet there is an increased risk of breach of confidentiality and release of patient information<sup>[5]</sup>. The American psychiatric association says that a mental health professional can reveal the confidential information only with the endorsement of the patient.<sup>[6]</sup>

## Material and Method

**Study design:** Interventional study

**Study setting:** Udupi district

**Study population:** 11,77,908

**Statistical method:** Paired-t-test

**Tool:** A Questionnaire-based study

**Sample size:** 50

**Inclusion and exclusion criteria:** All mental health professionals in Udupi district.

This study is aimed to assess the knowledge and attitudes of mental health professionals regarding informed consent and patient confidentiality protection in clinical practice and research. The assessment will be conducted as a pretest and a post-test. The same questionnaire will be used for both the pre test and the post test. The questionnaire will assess knowledge and attitudes regarding consent and confidentiality. After the initial assessment, a knowledge module will be delivered to the healthcare professionals, after which a test will be conducted again to see any changes in their knowledge and attitude regarding consent and patient confidentiality in clinical practice and research. This study is conducted in three phases. In the first phase, questionnaires are distributed among the mental health professionals, to assess their knowledge and attitudes regarding informed consent and confidentiality protection in clinical practice and research. The knowledge module was developed by referring to legislation like the Mental health act, the Right to information act, the Indian contract act 1872, the Indian medical Council act and the Health Information

Portability and Accountability Act of 1997(HIPAA). In phase two,an education module is developed and distributed among the healthcare professionals. These modules can be used for training the professionals.In phase three,the participants were reassessed based on their K & A using the same questionnaire.

### Results

#### Objective:

Assessing the knowledge and attitudes of mental health professionals regarding confidentiality protection

in clinical practice and research.

**Answer:** A Paired Sample T-test was conducted to compare the knowledge and attitudes of mental health professionals regarding confidentiality protection in clinical practice and research pre and post-intervention. There was a significant difference in the knowledge and attitude of mental health professionals regarding confidentiality protection in clinical practice and research pre(mean=7.46,SD = 1.22) and post-intervention(mean=9.86,SD= 0.40) intervention;t(49) = -12.81,p<0.001.

**Table 1. Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	K_pre_tot	7.46	50	1.21571	0.17193
	K_post_tot	9.86	50	0.40457	0.05721

**Table 2. Paired Samples Correlations**

		N	Correlation	Sig.
Pair 1	K_pre_tot & K_post_tot	50	-0.115	0.425

**Table 3. Paired t Test**

Pair 1 K_pre_tot - K_post_tot	Paired Differences							Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	Std. Error Mean	95% Confidence Interval of the Difference (Upper & lower)	t	df	
	-2.4	1.3248	1.3248	0.18736	-2.0235 -2.7765	-12.81	49	

Assessing the knowledge and attitudes of mental health professionals regarding patient informed consent in clinical practice and research.

**Answer:**A Paired Sample T-test was conducted to compare the knowledge and attitude of mental health professionals regarding patient informed

consent in clinical practice and research pre and post-intervention. There was a significant difference in the knowledge and attitudes of mental health professionals regarding patient confidentiality protection in clinical practice and research pre(mean=7.02,SD=1.78) and post intervention(mean=9.90,SD=0.36); t(49) =-11.09,p<0.001.

**Table 4. Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	C_pre_tot	7.02	50	1.78988	0.25313
	C_post_tot	9.9	50	0.36422	0.05151

**Table 5. Paired Samples Correlations**

		N	Correlation	Sig.
Pair 1	C_pre_tot & C_post_tot	50	-0.028	0.846

**Table 6. Paired Samples Test**

Pair 1 C_pre_tot - C_post_tot	Paired Differences							
	Mean	Std. Deviation	Std. Error Mean	Std. Error Mean	95% Confidence Interval of the Difference	t	Df	Sig. (2-tailed)
					(Upper & lower)			
	-2.88	1.83659	1.3248	0.25973	-2.35805 -3.40195	-11.088	49	<0.001

**Discussion**

This study has increased awareness among the mental health professionals regarding ethical practices like informed consent and confidentiality. Before administering the educational module, the awareness was low. With respect to knowledge and attitudes towards consent, informed consent must be a mandatory document for every patient and accurate information has to be provided. Only 56% of respondents said that a patient with mental illness could make a decision about their treatment. If s/he is not able to do so, then the legal representative can make the decision. The Indian contract act 1872 says that informed consent must be free. Grossman and Summer observed that a severely mentally ill patient was also capable of giving informed consent for the treatment procedure<sup>[7]</sup>. Anderson and Mukherjee observed that a person with severe mental illness was capable of providing meaningfully informed consent<sup>[8]</sup>. In the current study, 28% of respondents said that a mentally ill person is not competent to consent.

If a medical practitioner attempts to treat a person without valid consent, then s/he will be liable under both tort and criminal law.<sup>[9],[10]</sup> Tort is a civil wrong for

which the aggrieved party may seek compensation from the wrongdoer. The consequences would be payment of compensation (in civil cases) and imprisonment (in criminal cases). 68% of respondents said that informed consent was a guard against medical malpractice cases. The professionals must safeguard the patient records confidentiality. 30% of respondents were not participating in this process.

**Conclusion**

We can conclude from this study that there could currently be an unmet critical need in knowledge and awareness among mental health professionals regarding consent and confidentiality. Bridging this gap would require the conduct of knowledge-based educational sessions among mental health professionals to increase awareness among them.

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**Source of Funding-** Self

**Conflict of Interest -** None

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