

Participatory Research Ethics Surgery

discussion summary

14 March 2025

Overview

We held the third session of the Inspiring Ethics Support Group on the 14th of March! Our session discussed two quandaries: 1) Using ethnography and participatory methods to understand the phenomena of aggression in forensic mental health wards and, 2) The use of incentives for participants involved in mixed-methods study about self-harm behaviours in prison. We invited [Dr Kate Polling](#), a clinical lead and consultant liaison Psychiatrist at the South London and Maudsley NHS Foundation Trust, to share her expertise in conducting mental health research in acute settings.

Main discussion

Ethnography and Photovoice methods in a forensic mental health wards

- 1. The ethics of conducting ethnography in settings where people are not there by choice**
 - Utilising ethnographic methods in this setting produces a unique ethical challenge as patients are not there by choice. Whether they consent to the research or not, they cannot leave the ward. People cannot step out of the research space, including staff.
 - It is difficult to ascertain and obtain ongoing consent particularly in the context of observing aggression. These are difficult experiences for patients and staff alike.
 - Further to this, researchers may be observing crimes (e.g. violent attacks) and/or responses from staff that may result in disciplinary action.
 - Clear thinking, protocols and agreement around what can be observed, what notes (or photographs) are taken, and what they will be used for is vital and will require negotiation with staff.
- 2. Using photovoice as a participatory method to help design a collaborative tool to support conversations between patients and staff**

- Using photovoice is inherently challenging in this setting because it is difficult to obtain informed consent and protect confidentiality in visual images (e.g. the location may be easily identifiable by visual markers).
- The primary consideration is how researchers can assess capacity and enable on-going renegotiation of informed consent through the research process. Develop a clear protocol to assess capacity. This should be done with a clinician and in line with the Mental Health Act.
- Informed consent and engagement require on-going renegotiation before, during and after images are taken.
- The added challenge is how you obtain consent from everyone in these images. If this isn't obtained, you may either be unable to use a photograph at all or in the case of only obtaining consent from some people, must pixelate or blur out people or identifiers, that may render the image (and its context) meaningless.
- It is worth considering whether participatory methods, especially photovoice, are suitable in this setting or with this group. For example, does the research need to happen on the ward? Could it be undertaken with former patients instead?
- Using another participatory method to support the co-design of the collaborative tool may be more appropriate. For example, participatory theatre or drama can be accessible and collaborative, whilst avoiding some of the issues around consent or anonymity/confidentiality that are associated with photovoice.

Using focus groups in a prison-based study on self-harm

1. Incentives and rewards

- In a context where incentives (particularly by ethics committees) may be seen as coercion, financial reimbursement may be challenging. Typically, community organisations for example bench mark the level of financial reward against wages and travel. But in a prison, incarcerated individuals are paid low wages.
- On the other hand, without sufficient rewards or recognition, people may be reluctant to participate. For example, they may miss out on paid work to take part.
- Other forms of recognition may be suitable: snacks or food, named acknowledgements, wanting to keep in touch as the study and findings are developed.
- It is worth exploring what forms of reimbursement have been used in [other studies](#) with incarcerated individuals.

2. Safeguarding

- Whilst the focus group topic guide may be focused on reflecting on the existing cohort study findings and how to implement them, individuals still may divulge personal experiences or acute mental health needs.
- Safeguarding for personal safety and vulnerability in a group discussion is essential. As participants cannot leave the prison (and therefore have to live with others who take part in the research) or have a choice about who they share their experiences with in this closed setting, additional safeguarding considerations need to be made when using focus groups.
- Further to this, access to mental health services in prisons is really challenging. Will participants need to access support after taking-part? Do they want to participate because they think this may be a route into care?
- Individual interviews may be a better method to ensure safety and protect against further risk or harm from others.

Useful resources

- [Reimbursing incarcerated individuals for participation in research: A scoping review](#)

Next session

Our next session is on **25 April, 2-3pm**. If you're interested in attending, [you can sign up using this form](#).

Additionally, if you have experience in participatory research and would like to be one of our “experienced researchers” offering guidance at this or other future sessions (paid £50!), please use our [experienced research sign-up form](#).