RESEARCH ARTICLE

Pharmaceutical industry, academia and people with experience of mental illness as partners in research: a need for ethical guidance [version 1; peer review: awaiting peer review]

Sapfo Lignou\textsuperscript{1,2}, Ilina Singh\textsuperscript{1,2}

\textsuperscript{1}Wellcome Centre for Ethics and Humanities, University of Oxford, Oxford, UK
\textsuperscript{2}Department of Psychiatry, University of Oxford, Oxford, UK

Abstract

Background: Several social and policy developments have led to research partnerships in mental health research, which depart from traditional research models. One form of such partnerships is among research institutions, industry (pharmaceutical and biotech) and people with lived experience of mental illness (RIPs). There are several benefits but also ethical challenges in RIPs. An ethics-based approach to anticipating and addressing such ethical issues in mental health research is lacking. Given the expansion of RIPs in treatment development for mental health illness, guidance to support ethical and trustworthy collaborative mental health research projects is essential.

Methods: To develop a moral framework for evaluating the ethics of RIPs, we systematically searched PubMed for peer-reviewed literature discussing good practices in research partnerships. Searches were also conducted in websites of known organizations supporting patient engagement with industry in mental health research and in the references of short-listed articles. Following application of exclusion criteria, remaining articles were critically examined and summarised to synthesise principles for ethically acceptable RIPs and inform clear guidance and practices.

Results: Critical analysis and synthesis of the short-listed articles highlighted the need for two sets of principles to guide ethical RIPs: principles for (a) RIPs as a trustworthy enterprise (e.g. public accountability, transparency) and (b) fair RIPs (e.g. effective governance, respect). We discuss the application of these principles in problem-solving strategies that can support best practice in establishing fair and successful mental health research partnerships among research institutions, industry and people with lived experience of mental illness.

Conclusions: Ethical guidance is needed to prevent and address...
challenges in RIPs and to promote the scientific and social benefits of these new research partnership models in mental health research. We show how the proposed moral framework can guide research partners in designing, sustaining and assessing ethical and trustworthy collaborative mental health research projects.

Keywords
Research partnerships, mental health, moral framework, academia, industry, patient groups, conflicts of interest, collaboration
### Introduction: Industry, academia and people with experience of mental illness as partners in research and the rise of new ethical challenges

Several social and policy developments have led to research partnerships in mental health research which depart from traditional research models. One form of such research partnerships is among research institutions, industry (pharmaceutical and biotech) and people with lived experience of mental health challenges (RIPs). There are different types of RIP partnerships (e.g. EU Innovative Medicines Initiative; UK Clinical Research Collaboration; Clinical Trials Transformation Initiative) and various kinds of collaboration strategies. RIPs are promoted by government, industry and academia as advantageous due to their potential for scientific progress and benefits to society (https://www.nihr.ac.uk/blog/its-simple-mental-health-research-collaboration-will-improve-lives/11036). Yet, despite current enthusiasm about their value, RIPs present new challenges to mental health research, which could affect the potential of long-term collaborations and the research itself. These challenges include: the aim to combine competing interests and priorities of diverse research partners; the existence of systemic power imbalances among mental health stakeholders; and a lack of transparency in the structure of roles and mutual obligations of the three partnering entities.

Progress is being made in developing ethical guidance for research partnerships in mental health research in two areas: managing conflicts of interest in academia-industry partnerships; identifying ethical and practical challenges presented in PPI in research. However, an ethics-based approach to anticipating and addressing ethical issues that arise when academia, industry and PPI stakeholders are partnering in mental health research is lacking. Existing guidance documents directed at the pharmaceutical industry, patient groups, clinicians/researchers and other stakeholders (e.g. Consensus Framework for Ethical Collaboration; EUPATI Ethical Framework) aim to provide ethical guidance for health research in general and thus do not grasp the complexities of RIPs in mental health research.

Given the expansion of RIPs in the development of treatments for mental health illness, it is important that practical and ethical guidance is provided on potential conflicts and barriers to research when these partnerships are formed. It is also important that such guidance not only recognises the intrinsic social purpose of conducting research but also takes into account the wider social and political context in which such partnerships are formed. Here we propose a moral framework to guide research partners in designing, sustaining and assessing an ethical and trustworthy collaborative mental health research project. We then briefly discuss problem-solving strategies to stimulate future research in this area.

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1. In the IMI model, public-private partnership between the European Union and the European pharmaceutical industry is well-valued while PPI is strongly encouraged; in the NIHR services PPI is a requirement at the very start of academic research but with a less clear role in industry-sponsored studies.

### Methods

To acquire a comprehensive overview of ethical principles that should guide research partnerships among industry, academia and psychiatric users, we first conducted a scoping literature review.

#### Eligibility criteria and information sources

To be included in the review, papers needed to focus on ethical principles or practices for partnerships in health research. To identify potentially relevant documents, the MEDLINE database was searched for peer-reviewed literature from January 2015 to May 2020. The search strategy was developed and conducted twice by the authors (the second time for validation) and can be found in Table 1. The search was conducted in PubMed. Peer-reviewed journal papers were included only if they were written in English.

The electronic database was supplemented by scanning websites of known organizations supporting patient engagement with industry in mental health research (e.g. the United Kingdom’s National Institute for Health Research (NIHR) the European Patients Academy (EUPATI)) and international standards guidelines and ethics codes, such as the World Medical Association’s Declaration of Helsinki, the European Federation of Pharmaceutical Industries and Associations (EFPIA), and others. Finally, the reference lists of these sources were examined to identify any additional publications. No filters regarding country of origin were used.

#### Selection of sources, data charting and synthesis

We evaluated the titles and abstracts of all publications for potential relevance. A data-charting form was used by the authors to determine the criteria for inclusion. Sources were classified based on the types of entities in collaboration and the associated proposed best practices. Articles and codes of practice were excluded if they (a) were not related to ethics (b) were focusing only on resource-limited settings or (c) did not concern partnerships/networks/collaborations with at least two of the three entities in RIPs. The remaining sources were full-texted assessed for eligibility by excluding those that did not describe specifically best practices in research partnerships/networks/collaborations with at least two of the three entities in RIPs. Finally, the proposed principles and strategies in the resulting set of sources were critically examined, summarised and synthesised. For a visual representation of the search strategy and the results, please see the flow diagram in Figure 1.

### Results

#### Selection of sources

The PubMed search resulted in 279 papers. 12 extra records were identified through manual scan of reference lists of key papers and 7 extra records were identified through manual scan of websites of established organisations. Evaluation of paper titles and abstracts resulted in 74 shortlisted papers. These either (a) described the ethics of patient stakeholder engagement/involvement in industry-sponsored clinical research or medicines research and development or (b) described the ethics of academia-industry partnerships or (c) discussed
**Table 1. PubMed query.** Keywords restricted to Title/Abstract in bold.

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<td>OR</td>
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**Figure 1.** Methodology (PRISMA) flow diagram.
conflicts of interest in research partnerships and health care practice. The full-text assessment brought the number down to 37 included articles.

Synthesis of individual sources
We reviewed the contents of all 37 included articles/reports to determine their usefulness for creating the principles of ethically acceptable RIPs. We then quantified the number of times each foundational principle and best practice was reported. Yet, we identified several important limitations with this approach: A) Not all reported principles guiding research partnerships between two of the three partnering entities of RIPs might be applicable or appropriate to guide ethical RIPs. B) The fact that an ethical principle or value is not frequently reported does not imply that it is less relevant or important for RIPs.

To address these problems, we drew on the principles of hermeneutic review to critically examine, summarise and synthesise existing principles and strategies for ethically acceptable RIPs. We thematically grouped the foundational principles and best practices identified from the scoping review based on how they captured the unique features and challenges presented in RIPs. This approach enabled us to both identify weaknesses in the dominant ethical approaches for addressing the complexity of RIPs and to develop a theoretically informed framework based on a range of resources and adapted to be useful in practice. We ended up with two distinct but inter-related set of principles that should guide ethical RIPs in mental health research: ‘Ethical principles that should guide trustworthy RIPs’ and ‘Ethical principles that should guide fair and effective RIPs’.

In the following paragraphs we present the results of this analysis and propose a framework for ethically evaluating RIPs in mental health research. We have two objectives: one is to enhance clarity about the ethical acceptability of RIPs; the second is to help RIP partners in taking actual steps to ensure that best practices are followed when planning and forming such partnerships and conducting research.

A moral framework for evaluating the ethics of RIPs

**RIPs as a trustworthy research enterprise.** Academic researchers, pharmaceutical companies and lay partners have interests (e.g. scientific recognition, financial gain, political agenda) that can conflict with the primary goal and the ethical conduct of health research. Conflicts of interests, if not effectively managed, may introduce unreliability into the research process and undermine the social value of the study and public trust. These problems are intensely prevalent in mental health research and add further complications in RIPs. In particular, challenges regarding patient representation and diversity raise important issues of impartiality and accountability for RIPs at both partnership and public level. Recent studies suggest that researchers may favour PPI groups that are likely to share their views and legitimise their scientific endeavours. Additionally, concerns are often expressed of industry’s undue influence on other partners and the ways by which pharmaceutical companies can mask their role in selecting and even managing mental health projects (e.g. by discouraging contrary viewpoints, offering incentives, and delaying the release of research results). Recent accusations against some patient groups for failure to reveal the scale of drug company investment and for encouraging therapies with problematic clinical profiles and cost effectiveness add further concerns for the ethical credibility of RIPs in mental health research. Given, the ethically problematic history of relations between the professions of psychiatry and psychiatric ‘users’ and the accusations of unethical practices regarding the role of industry in this already fragile enterprise (e.g. data fabrication, violation of academic freedom, suppression of negative results, etc), clarity and guidance is important for the ethical acceptability of RIPs.

For RIPs to have the same legitimacy and credibility as traditional models in mental health research, the following ethical criteria must be fulfilled:

**Scientific integrity**
For a mental health study to be ethically justified it must have scientific and social value. A necessary condition then for RIPs to be trustworthy is to ensure that their studies are scientifically sound (e.g. follow the core scientific principles of objectivity, transparency, and quality assurance) and likely to generate valuable information. RIPs must avoid scientific misconduct (data falsification, plagiarism, etc.), address any methodology or bias concerns and ensure that highest standards are followed when their studies are designed, conducted, and reported.

**Commitment to research ethics principles**
Research partnerships can constitute mutual beneficial collaborations but to be ethically acceptable the potential for each partner to pursue their own interests needs to be constrained by the ethical imperatives of research ethics. This means that the ethical acceptability of RIPs rests on a shared commitment to maximise the potential benefit to society by the production of new knowledge while abstaining from any mistreatment or injustice to research participants and their communities (e.g. studies resulting in serious harms for participants must be terminated despite financial consequences or professional or personal disappointments). For RIPs to be ethically credible all partners should jointly comply with relevant legal and ethical requirements for the conduct of mental health research as they apply in each case (biomedical research, psychological

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\[1\] For instance, ‘equality’ may be a fundamental ethical principle for certain partnership models between psychiatric users and academic researchers but lead to exploitation in partnership models where responsibilities among partners cannot/should not be equally distributed.
research, etc).

RIPs should ensure that all partners involved are appropriately educated and trained to fulfil their ethical responsibilities according to their role.

Professional autonomy and independence

For RIPs to be a trustworthy and ethical research enterprise, all partners should demonstrate common commitment to professional integrity and autonomy. Partners’ interactions, arrangements, and relationships should be appropriate over all stages of research. When academic researchers are engaging with funders and patient groups, they should adhere to the ethical codes of their own organisation and the existing legislations (e.g. not compromise their academic freedom, independent inquiry, the right to publish etc.). Pharmaceutical industry should operate according to their rights (or lack thereof) as a partner with regard to all aspects of research (e.g. ownership and access to research data). The independence of patients/patient organizations and other provisions set out in existing codes of conduct should be respected by all partners. No financial or other benefits should be sought, provided or accepted that may compromise their ethical obligations to their research participants and society.

Transparency

Transparency is important to restore public’s trust in science and research collaborations as it helps partners to identify (and potentially address) ethical issues that could undermine the trustworthiness of research. RIPs should establish clear disclosure processes (e.g. formal written conflict of interest management plans), so that partners’ (present and past) commitments and affiliations with other parties or companies, their political and financial interests and the partnership’s objective, scope and policies are visible and known to the public.

Public accountability

To maintain public trust RIPs have ethical obligation to ensure public accountability of research and its results. RIPs should ensure that all research partners adhere to the underlying principles for the potential social benefits of research, prospectively register their studies, comply with recognised publication ethics guidelines, and disclose both positive and negative results. RIPs should also develop transparent and clear communication strategies for the public to be aware about their aims, policies and the results of their work and promote public discussion.

RIPs as an effective and fair research enterprise

Competing interests and priorities among partners may cause internal ethical problems in RIPs and present barriers to the conduct of research. Disagreements may arise in setting research agendas, research methodologies, recruitment strategies, the analysis or communication of research. Disagreements may also arise because of partners’ different expectations about their roles and contribution or about how partnership should work in practice. Such conflicts are common in research partnerships and subject to negotiation. However, managing tensions in RIPs may be challenging for both ethical and practical reasons. First, due to substantial heterogeneity within both mental health researcher communities and patient/carers communities, tensions arising from differing perspectives may occur among partners and within each partner group. In these cases, weighting diverse interests and views cannot be a straightforward process. Second, in RIP models, the third partner is not explicitly in relationship with the other two primary partners. Lack of transparency regarding RIP structures may further complicate transparent articulation of processes to address irreconcilable differences. Third, systemic power and control inequalities imbedded in the mental health context may affect partnership dynamics and partners negotiations (i.e. the extent to which they will be involved in decisions and research processes). According to evidence, negotiations among unequal partners often result in unfair practices regarding authorship, ownership, and remuneration in research collaborations. To ensure that internal problems in RIPs do not cause barriers to knowledge production, consume resources or exacerbate existing inequalities among mental health stakeholders, partners should rely on concrete ethical principles and follow fair practices.

In the following paragraphs we suggest ethical principles that would support successful partnerships, worthwhile health projects and promote fair and ethical relationships among partners in mental health research; these are principles that should guide RIPs at the organisational level.

Respect

For the contribution of all partners to be acknowledged, all research partners (irrespective of their role or the degree of their involvement) should be considered as valued members of the project and treat each other with respect. RIP members should avoid any act that may cause physical, social or sociological harm to those involved in the project and ensure that the rights and reputation of their partners are respected by adhering to highest possible ethical standards.

Fairness

To avoid exploitative practices, RIPs should rely on policies and processes that can be shared by all partners involved. RIPs must ensure that their policies recognise the capacities and commitments of all partners, acknowledge everyone’s contribution and achievements (e.g. in research publications) and provide compensation when appropriate (e.g. to cover costs for researchers and lay partners training). Commitment to fairness also suggests that research partners must consider the moral responsibilities that each of them has in promoting fair partnerships in the studies they are involved in and the commitments they need to make such partnerships work. For instance, a useful and structured training for research partners on how to...
address conflicts or improve communication could be considered a necessary condition to meaningful working relations rather than a costly and time-consuming practice for those involved.\textsuperscript{26,27}

**Effective governance**

Effective governance suggests that RIPs are structured in a way that would facilitate productive research by developing clear management plans regarding roles and responsibilities of each partner (degree and stages of their involvement), expectations of reciprocal benefit and risk sharing. RIPs should also ensure that suitable mechanisms and clear processes exist to foster effective communication among partners\textsuperscript{4,25} and fair decision-making processes to control potential conflicts and competing commitments of partners\textsuperscript{19,30} and to address problems arising at the beginning and throughout the course of research projects\textsuperscript{37}.

**Transparency and accountability within RIPs**

RIPs should rely on clear, transparent procedures that ensure mutual understanding and promote fairness. Although openness and disclosure are not a panacea\textsuperscript{31} for addressing all disagreements and conflicts of interests in research partnerships, they allow research partners to evaluate such conflicts, to determine their likely impact\textsuperscript{9,32} and to consider possible solutions. Transparency within RIPs is also important to hold partners accountable to each other in their collaborative activities and ensure that their interactions with each other do not compromise their professional integrity or their obligations towards their research participants and society\textsuperscript{5,6,17}.

**Summary**

The critical analysis and synthesis of the 37 included articles highlights the need for two sets of principles that should guide ethical RIPs: (a) Principles for RIPs as a trustworthy enterprise (e.g. public accountability, transparency) (b) Principles for RIPs as a fair and effective enterprise (e.g. effective governance, respect).

**Discussion: Developing strategies for ethical RIPs in mental health research**

To establish ethical and productive RIPs, it is important that the ethical principles discussed above inform clear guidance and practices. To ensure that RIPs are publicly committed to rigorous standards of practice, systems which could prevent and address risks that might undermine meaningful research need to be developed without however putting unnecessary burdens to productive and meaningful partnerships. Below we propose strategies that focus on minimising potential or actual conflicts; and we provide actions that can support best practice in establishing fair and successful mental health research partnerships.

**RIPs as a trustworthy enterprise**

**Updating existing guidelines.** For RIPs to have the same credibility and legitimacy as traditional models in mental health research, existing research ethics guidelines need to be tailored appropriately. We recommend updating conflict of interest policies to take into account partners’ political, social and commercial interests, prior and existing commitments and affiliations with other organisations and/or businesses. Such disclosure is an important means of minimising risk of bias and undue influence in the conduct and report of research. Existing guidelines should also describe what an appropriate form of accountability may be for different RIP models and types of research.

**Enhancing ethics reviews.** Current institutional oversight paradigms based on traditional research partnership models do not accommodate RIPs, are thus insufficient to address the unique ethical challenges they present in their research (e.g. conflicts regarding data sharing and intellectual property). As partnership models evolve in mental health research, ethics committees’ standard operating procedures should be adapted to ensure that all elements of the framework set out in this paper are adequately addressed. In certain cases (e.g. high-risk studies) monitoring systems may also be appropriate to ensure that steps to properly address conflicts are taken throughout the course of scientific investigation and to ensure that research ethics principles are not breached (e.g. regarding participants protection from harm) after permission of the study has been granted.

**RIPs as an effective and fair research enterprise**

RIPs differ in terms of structure, processes, objectives and outcomes. This suggests that there may be different but legitimate ways of addressing ethical disagreements among partners and supporting transparent and fair partnerships. Some of the strategies we list below may be appropriate for some RIPs or help them consider how they might be applied with some modification to support good practice in their own collaborative projects.

**Addressing disagreements by relying on transparent processes and impartiality**

a. Consensus-based approaches to decision-making:

To ensure transparency and impartiality in partners’ negotiations, RIPs may adopt one of the consensus-based approaches to decision-making listed below:

Nominal group technique\textsuperscript{39} is based on structured small group decisions followed by a shared voting or ranking exercise. This technique is useful when decisions need to be made quickly and everyone’s opinion should be taken into account.

Delphi technique\textsuperscript{40} is undertaken predominantly by a questionnaire followed by a group discussion. This approach takes into account diverging values and viewpoints among partners. It is especially useful in contexts where participants are not equal and are knowledgeable in different areas\textsuperscript{33,34}.

Consensus development conference combines consensus with some form of metrics. Summary statements are debated in a meeting and then participants seek consensus on the most important of these statements\textsuperscript{46,33}.
b. Neutral facilitators

Another strategy to ensure that all partners have equally contributed to decision-making processes is by using a neutral facilitator to undertake the coordination and administration of partnership negotiations. Neutral facilitators are individuals who are able to listen to, respect and incorporate into the process different perspectives. In other cases, this role may be taken by an executive committee, an advisory group\(^3\),\(^3\), a steering committee\(^1\) or an independent board of trustees. Neutral facilitators aim to ensure impartiality, and that potential conflicts are avoided, and partners’ independence is not compromised\(^8\).

**Supporting effective governance**

a. Partners’ governance documents

An important step to ensure the ethical integrity of research partnerships is to inform and develop RIPs’ governance documents based on the ethical considerations discussed earlier. Self-regulatory codes of conduct and principles are essential for RIPs’ effective governance and accountability\(^5\),\(^1\). Governance documents should specify appropriate interactions among partners, who should be held accountable when misconduct occurs (e.g. all partners, the project manager, etc) and outline agreed procedures regarding decision-making, resolution of disputes, dissemination of research findings, data sharing, intellectual property, and others.

b. Legal binding contracts

Developing governance documents into binding contracts among research partners can be another way to address potential and actual issues related to fairness, accountability and transparency. Relying on legal binding arrangements could be a practical step to formalise the roles and responsibilities of each partner as well as their expected contribution and remuneration\(^9\). A binding contract among research partners could help partners avoid confusion and misunderstandings, recognise each other’s professional role and broader commitments and ensure that partners’ obligations are met and harms that could potentially result from exploitative processes are prevented. Regulatory protections are also important to ensure that for each partner professional independence is maintained and that all partners are protected from coercion or other kinds of harm (e.g. reputational harm, compromise of academic freedom; involvement of people with first-hand experience of mental illness in processes they may be uncomfortable with, etc).

c. Consultants

Another strategy by which RIPs can improve the quality of their governance is by involving Individuals with relevant technical, ethical, administrative experience as consultants to provide organisational content expertise\(^1\). Consultants can help with coordination of the meetings, facilitate negotiations or provide training and supervision according to partnership needs\(^9\).

d. Shared management

In some cases, research collaborations are perceived as ‘successful’ when all partners take a role in managing the relationship\(^9\). A shared management model will be appropriate for RIPs relying on the equal contribution of all partners. In shared-management models each partner entity selects an individual to become a ‘relationship manager’, ‘champion’ or ‘facilitator’. Relationship managers are dedicated to making the partnership a successful collaboration\(^9\) and in some cases to maintain partners relationship following completion of a project.

**Improving research processes and establishing good relationships among partners**

a. Sharing good practices within partnerships

The relationship of research partners is an essential part of ethical collaborative mental health projects. To form the foundation for trustworthy and ethical RIPs, sharing good practices and lessons learnt within RIPs is important. Opportunities for shared learning can facilitate transparent decision-making and relationship building within partnerships\(^4\),\(^3\) and address bias and presumptions that partners may hold for each other.

b. Partnership evaluations

Assessing the quality of partners’ relationships in different RIP models and types of research is important to identify and address the unique challenges they present. Understanding how partners share information with each other and how they value each other’s contribution in various types of RIPs may help partners identify possible insufficiencies in adopted strategies and potential and actual barriers in establishing meaningful partnerships in different contexts. Such evaluations can also help partners to appreciate the importance of creating the right platforms where they can meaningfully work together\(^4\),\(^3\) (and share good practices and lessons learned as mentioned earlier).

Evaluations are also important to increase the quality and acceptability of the decision-making processes\(^1\),\(^4\) and reflect on the progress made towards planned research goals\(^3\). This can take the form of formal evaluations\(^9\), regular reviews, compliance and ethics follow up tools\(^1\) or reflecting spaces (specific times and places) where partners have an opportunity to revisit their initial motivations and agendas and critically reflect on the research itself\(^5\).

c. Partnership relationship managers

Frequent internal communication among partners are also considered important for successful partnerships\(^6\),\(^6\) to which facilitators play a key part. In such cases, ‘facilitators’ or ‘brokers’ are usually individuals with a highly developed social skill sets and understanding and knowledge of different partners cultures (e.g. with academic and industrial experience) recruited to manage partners’ relationships. Their role is to split time in different institutions/partner groups and to act as interpreters to facilitate conversations\(^2\), and good relationships among partners. Facilitators can help partners understand institutional

\(^1\) This type of agreements indicates a common line of action and does not imply legally enforceable commitment.
and individual priorities of other partners and discuss alternative approaches in their collaboration and research. Steering groups may also play that role and help RIPs operate at a practical level by identifying capacity and preferred methods of communication with partners and by ensuring that partners are informed and committed to the aims of the Partnership.

Conclusion

There are several benefits but also ethical challenges in RIPs. Ethical guidance is needed to prevent and address these challenges but also to promote the scientific and social benefits of these new research partnership models. The aim of this paper was to provide a platform for further articulation of ethical practices in RIPs rather than to provide an exhaustive action list for those involved in such partnerships. We claimed that to establish ethical and productive RIPs, robust ethical principles should inform clear guidance and practices. These principles were identified through a scoping review and critical analysis. We need however to note that a broader and more thorough review of the literature is needed to confirm or challenge our results. Based on our findings we proposed strategies that can support best practice in establishing fair and successful mental health research partnerships among academia, industry and people with experience of mental illness. We hope that this work will stimulate further discussion and encourage empirical work to assess whether and how a prospective ethical tool may promote ethical partnerships and support socially valuable mental health research.

Data availability

Underlying data

All data underlying the results are available as part of the article and no additional source data are required.

Reporting guidelines

Figshare: PRISMA-ScR Checklist and flow diagram for ‘Pharmaceutical industry, academia and people with experience of mental illness as partners in research: a need for ethical guidance’. https://doi.org/10.6084/m9.figshare.12719810.v3

Data are available under the terms of the Creative Commons Attribution 4.0 International license (CC-BY 4.0).

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