

APA Official Actions

Position Statement on Research with Involuntarily Hospitalized Psychiatric Patients

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

There is an ongoing and urgent need for clinical research on serious mental disorders, including the treatment of acute episodes. Psychiatric patients who are involuntarily committed to treatment, including both hospitalized patients and those subject to outpatient commitment, are an important population for such research, since they are particularly likely to benefit from advances in treatment. It is important to safeguard the rights of these patients, including the integrity of the informed consent process, but in general, the law presumes that all patients have adequate capacity to consent and can do so voluntarily, unless there is evidence to the contrary. Recently, however, some jurisdictions have placed restrictions on research participation for involuntarily committed patients as a whole; for example, alleging that such patients are unable to give adequate consent to research and should be excluded from participation.

APA Position:

It is the position of the APA that:

- 1. The existing guidelines and regulatory frameworks for research oversight offer appropriate protections for involuntarily committed psychiatric patients.**
- 2. Barring involuntarily committed patients from participation in research unnecessarily impedes the progress of scientific and clinical research, promotes stigma by attributing an inappropriate degree of impairment to persons living with severe mental illness, and deprives this population of the opportunity to contribute to research and any benefits that participation may afford.**
- 3. Institutional review boards are best situated to make case-by-case determinations about each proposed study’s risks and benefits, including the potential vulnerability of participants due to impaired consent capacity or voluntariness, and consider the need for additional safeguards.**

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