

Restoring Hope with Dignity through Empowering Mental Health Team: A Time for Action

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Abstract

Dignity is any individual's birth right. However people with mental illness are denied this basic right through stigmatizing beliefs and discrimination put forth by the societal folks. Dignity has become a great rallying cry for change in the public perception and mental health services, at national and international levels. Dignity in mental health should be brought to the forefront of not only mental health care but also general health care. Nurses should support the independence of individuals in need of support due to disability, illness or frailty. They should provide a range of services including practical assistance, personal care, and emotional support. They can provide these services in residential or nursing care settings, in the person's own home or in the community. For dignity in mental health to become universal we need to promote dignity and ethical values including social justice throughout our whole society, and create a shared understanding of what dignity in mental health looks and feels like. Making dignity happen requires delivering good care and supporting recovery for people with mental health problems and their families requires a workforce that can work in a collaborative way with patients and care.

Keywords: Dignity; Stigma; Discrimination; Autonomy.

Introduction

There is a huge disparity in physical and mental

health care even today. The workforce in health care offer services that are sub-standard. Lack of effective communication and follow up due to lack of knowledge and expertise on the part of health providers and decrepit facilities deteriorate existing health. Infinite people with mental illness are marginalized, discriminated and isolated in the societies. Consequently they become victims of physical and mental abuse.

People suffering from mental health problems, their significant care givers, and all the professionalbodies need to treat people with respect, tackle discrimination, and preserve autonomy, choice, control and independence. Every member of the society needs to work together to make dignity in Mental health a reality [1].

The Indian scenario holds a different picture altogether. Medical conditions like diabetes and hypertension are given immediate attention and provided supervision. There is a great difference in the ways of treating the patient with mental illness. In some parts of India mentally ill people are considered 'special', 'blessed', 'chosen ones' and as God's creations. Altruism pours out from people and it is believed to be virtuous to help them [1]. On the contrary, in some parts of rural places they are treated badly, perceived as being under an 'ill omen', having a curse, bringing bad luck and misery, and having a negative influence on society. They are despised, discarded and neglected. In mental health institutes, there is a wide disparity concerning dignity issues in comparison to physical illnesses. Patients are not cared for very well in some situations, not given decent clothes or food, and not allowed liberty. Labeling of people because of their diagnosis, which mirrors a loss of respect, is common. Providing safety for persons with mental illness is still not a priority. Medications

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are administered to non-compliant patients, concealed in food and drinks, by family members to maintain peace at home. Autonomy is compromised at times. Persons with mental illness are not given a choice regarding their medications and interventions. Many institutes and centers do not have adequate rehabilitation services [1].

Definition of Dignity

Dignity refers to an individual's inherent value and worth and is strongly linked to respect, recognition, self-worth and the possibility to make choices. Being able to live a life with dignity stems from the respect of basic human rights including the following aspects of giving dignity [2]:



Fig. 1: Dignity required areas

Types of Dignity

As per the World Dignity Project [3], there are three main forms of dignity

1. Human Dignity-It involves physical care and respect for the individual. For instance, provision of basic amenities to sustain life like food, water and shelter and supplying bed linen and blanket should be provided in the hospital.
2. Self dignity-Feeling empowered in the treatment process. The client should participate in the decisions pertaining of his illness, treatment and prognosis.
3. Universal Dignity- It involves the perspectives of the society towards mental illness. Stigma related to mental illness can be curbed only through public awareness.

Threats to Dignity

Research evidence broadly identifies three areas as

threats to dignity in mental health care, although there is considerable overlap between them [4]:

- Stigma and discrimination
- Cute inpatient care
- Human rights violations

Stigma and Discrimination

More recently, the Stigma Shout survey, confirmed that stigma and discrimination is pervasive – 87 per cent of people with mental health problems reported that stigma had a negative impact on their lives. Two-thirds had stopped doing things because of the fear of stigma and discrimination [4]. The four categories of dignity identified by Horton are [5]:

1. being ignored or insufficiently ignored
2. being seen but only as a member of a group
3. having one's personal space transgressed involuntarily
4. Humiliation.

Acute Inpatient Care

A qualitative study findings on revealed that former patients' experiences of hospitalization, refer to the experience of inpatient care as 'a struggle for dignity in the face of discrimination and rejection [6].

Human Rights Violations

As long as professionals have the power to detain and treat someone compulsorily, practices that devalue the client's 'self-insight' and threaten their dignity will continue [4]. Furthermore, there is a view that mental health legislation in itself is discriminatory because it singles out one group of people for particular scrutiny [7]. The 'Human Rights Insight Project showed that vulnerable groups saw being treated with dignity and respect as the single most relevant factor when dealing with workers in the NHS or social services, compared with other principles of human rights. The study investigated public understanding of human rights, after a number of independent reports concluded that the potential of the Human Rights Act to improve the lives of people in the UK was yet to be realized [4].

Dignity Denied Situations-at a Glance

Frequently they are locked up in institutions where they are isolated from society and subject to inhuman and degrading treatment. Many are subjected to physical, sexual and emotional abuse and neglect not

just in hospitals and prisons, but also in the communities.

They are very often deprived of the right to make decisions for themselves. Many are systematically denied the right to make decisions about their mental health care and treatment, where they want to live, and their personal and financial affairs. They are denied access to general and mental health care. As a consequence they are more likely to die prematurely, compared with the general population. They are often deprived of access to education and employment opportunities. Stigma and misconceptions about mental health conditions means that people also face discrimination in employment and are denied opportunities to work and make a living [2].

Around one in ten children experience mental health problems. Mentally ill children are usually excluded socially and from educational opportunities. This causes discrimination and exclusion from employment opportunities in later life. These displays of discrimination can become internalized, leading to the development of self-stigma: Self-stigma can also lead to the development of the “why try” effect, whereby people believe that they are unable to recover and live normally so “why try?” They are prevented from participating fully in society. They are denied the possibility to take part in public affairs, to vote or stand for public office [8]. They are prevented from participating fully in society. They are denied the possibility to take part in public affairs, to vote or stand for public office. They are not given the opportunity to

participate in decision-making processes on issues affecting them, such as mental health policy and legislative or service reform. In addition, access to recreational and cultural activities is often denied to people with mental health conditions [2].

What the Common Man can do?

To make dignity in mental health a reality, every member of society needs to work with each other to make mental health visible and not something to be ashamed of. People need to know that mental illnesses are illnesses just like other illnesses. They need to know how to recognize mental health problems in a person and how to give them help. They do not need to be mental health practitioners to have these first aid skills. Citizens can create a more supportive and caring community for those people with mental health problems by intervening early so that the person can get good support and hasten recovery. This will contribute to advancing the cause of ‘Dignity in Mental Health’ globally [9].

In Australia, the Mental Health First Aid (MHFA) program was developed to teach people, members of the public, how to recognize and assist other people who are developing mental health problems or are in a mental health crisis situation [11]. Mental Health First Aid teaches a five-step action plan, ALGEE, for individuals to provide help to someone who may be in crisis.

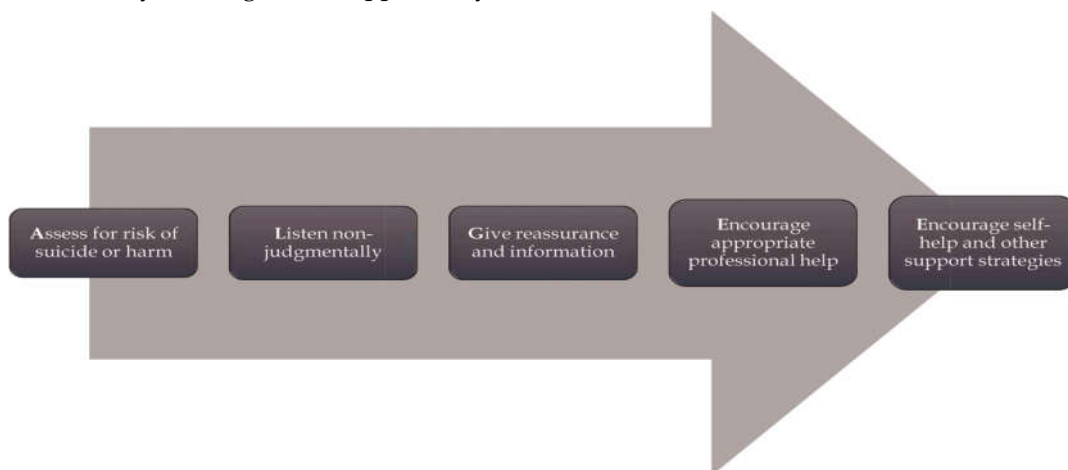


Fig. 2: Five step action plan-ALGEE developed by Mental Health First Aid Program (MHFA)

Role of Nurses in Facilitating Dignity to Populations

- Creating awareness through information, education and communication. We need to talk about mental illness on everyday basis in the media and government. We need to be open minded and welcome new ideas. In the

community and hospital settings the nurse should advocate on behalf of the patients to eliminate prejudices and discrimination pertaining to these illness. Furthermore, equity and fairness to access, accept and approach health services should be made available with any discrimination. The

nurses should see that adequate human and material resources are allocated to reduce the discrimination of disparities and inequalities [12].

- Follow up of patients should be done on a periodic basis through home visits. This will reduce stigma to a great extent. Additionally it helps to overcome non-compliance to the drug and will help to monitor the condition of the patient this can be done by community mental health nurse working at the district health programs [10].
- Strengthening of the workforce-One of the ways to improve the access to care is by using skill mix and task sharing means that new roles are developed and existing roles are redefined. Skill mix describes the range of roles and skills that people working together in a mental health team can offer each patient they see. Task sharing is when activities previously provided by a certain professional group are transferred to other people. These may include non specialists such as lay workers and family members who can use community platforms and assets such as schools and other public facilities to support the extended primary care role ,while supporting self care and working as partners in mental health care and with mental health specialists. The right mix of right workers with the right skills and attitude will understand and promote the dignity of people using mental health services [1].
- Nurses should reflect on ethical issues and be conscious of their actions, rather than blindly following ward routines like not taking the patient seriously, ignoring patients, exposing patients, physical violation of patients, asymmetrical relationships, betraying patients, and predefining patients [12].
- On giving patient centered approach good communication becomes mandatory. In some instances lack of communication skills can create a barrier in giving respect and dignity. Individual attention from healthcare staff is most valued and expected by users, and there was a significant relationship between a member of staff's ability to listen and service users feeling respected [1].
- Care should be given to prevent abuse and neglect of patients during hospital stay [1].
- The nurse should use the alternative of seclusion and restraint as last resort. Using restraint in any setting can be a dramatic indicator of unequal power in relationships. Strategies like talking down the patients, use of minor tranquilizers and sedation to deescalate anger should be practiced more.

- v Adopt a recovery approach to mental health to help people sustain their personal identity and self-respect, which are both closely associated with the concept of dignity [10].

Conclusion

Understanding the link between mental and physical illness and the importance of measures to encourage good mental health will help to reduce prejudice and fear. This understanding should extend from public policy to individual decency. Additionally, public education is necessary to eliminate the stereotypes, myths and misconceptions about mental illness. Even early education in schools can play a very useful role. Such schools cultivate social and emotional learning and tolerance, contributing to mental health promotion and even mental disorder prevention.

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