

Dignity in Mental Health : Theme of World Mental Health Day (10th October) 2015

Dr Ranjan Bhattacharyya

Assistant Professor & H.O.D

*“Symptoms are not a barrier to recovery,
but attitude is”*

Stigma and discrimination are significant barriers to obtaining good mental health care and to accessing the everyday social activities that keep us mentally well. Stigma interferes with people's full participation in society and deprives them of their dignity. People with mental health difficulties, their families, caregivers, governments, NGO's (non-governmental organizations), professionals of all kinds and the associations that represent them would like all encounters to result in a positive dignity experience. To make dignity in mental health a reality requires every member of society to work together and make mental health visible, not something to be ashamed of.

World Mental Health Day is observed on 10 October every year, with the overall objective of raising awareness of mental health issues around the world and mobilizing efforts in support of mental health. The Day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide.¹ One in four adults will experience mental health difficulties. Over 450 million people globally experience mental disorders each year. Despite the commonly repeated mantra of 'no health without

mental health,' people with mental health difficulties continue to face challenges in obtaining the help that they require. According to *Prof. George Christodoulou*, President, World Federation for Mental Health “Dignity is a word that has a number of meanings, none of them precise—but we all recognize dignity when we see it, and more importantly, we recognize the lack of it when it's absent.” Joining organisations all over the world including the World Federation of Mental Health and the World Health Organisation is a way to raise awareness of what can be done to ensure that people with mental health problems can live with dignity.² World Mental Health Day is the annual global celebration of mental health education, awareness and advocacy.³

WORLD MENTAL HEALTH DAY 2015

DIGNITY IN MENTAL HEALTH

Thousands of people with mental health conditions around the world are deprived of their human rights. They are not only discriminated against, stigmatized and marginalized but are also subject to emotional and physical abuse in both mental health facilities and the community. Poor quality care due to a lack of qualified health professionals and dilapidated facilities leads to further violations. The theme for this year's World Mental Health Day, observed on 10 October, is “Dignity in mental health”. This year, WHO will be raising awareness of what can be done to ensure that people with mental health conditions can continue to live with dignity, through human rights oriented policy

Corresponding Author :

Dr Ranjan Bhattacharyya

Assistant Professor & H.O.D

Deptt of Psychiatry, Murshidabad Medical College & Hospital.

Email : drrbcal@gmail.com

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and law, training of health professionals, respect for informed consent to treatment, inclusion in decision-making processes, and public information campaigns.⁵

In terms of mental disorders, we think about dignity in treatment and care, and consumers of mental health services can provide valuable insight about that. Person-centered care is of major importance.

For example, starting early to teach young children and teenagers about social and emotional learning

know themselves to be." When we can see all people in this manner, we can truly have a culture of respect and dignity. Through respect and dignity, people can start really putting those other treatments to work. Often, we read that life with mental illness is not a straight line, but goes in circles. At the beginning, with the onset of the illness, things can be very difficult and demanding. In addition, the event of a forced hospitalization is also a very sensitive turning point. Hospitalization may result in: (1) Patients having the medical treatment they need. (2) The family being able to think constructively about the situation.

Table 1 : themes of world mental health day over last ten years (2006-2015).⁴

World Mental Health Day 2015	Dignity in Mental Health
World Mental Health Day 2014	Living with schizophrenia.
World Mental Health Day 2013	Focused on mental health and older adults.
World Mental Health Day 2012	Depression: A Global Crisis,
World Mental Health Day 2011	The Great Push: Investing in mental health.
World Mental Health Day 2010	Awareness of the benefits of being mindful.
World Mental Health Day 2009	The first ever Tea and Talk fund raising event
World Mental Health Day 2008	To think about how you look after your mental health.
World Mental Health Day 2007	The worry and anxiety caused by global issues such as terrorism and immigration.
World Mental Health Day 2006	The Campaign raising awareness about the connection between meals, mealtimes and mental health.

strategies lays a foundation for enlightened future approaches. According to *Dr. Patt Franciosi*, Chairperson, World Mental Health Day, "Dignity is a topic that is fundamental to the provision of good mental health care." It provides the kind of topic that is relevant everywhere, and can be defined according to local circumstances and needs.⁶

As before, the campaign will encourage local organizers to use traditional media to expand local coverage through radio, television, newspapers and magazines and more importantly the social medias which are more popular these days among young generations.

As Victor Frankl said, "See people greater than they

"My name is Nobody." - Homer, The Odyssey .

We speak of "odysseys" when referring to journeys undertaken in extreme, terrible conditions. Told first by the Greek bard Homer around 700 BC, the Odyssey is the epic of Odysseus' ten-year struggle to return home after the Trojan War. People from Iraq, Syria, Iran, Burma, Somalia, Afghanistan, Vietnam etc have faced civil wars, social, gender, and religious persecution, nutritional deprivation, loss of home, loss of family, loss of professional and social-economic status, and loss of country. The post-resettlement stressors worsen these pre-migration traumas. Many refugees feel isolated, anxious and depressed, which can have a profound impact on their physical and

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mental health. This makes it more difficult for them to practice healthful behaviors to stay healthy and vigorous enough to become self-sufficient.⁷

Dr. Joseba Achotegui, Secretary of the Transcultural Section, World Psychiatric Association, has coined the term Ulysses Syndrome - The Syndrome of the Immigrant with Extreme Migratory Grief. The

the divide between the refugee and the host society. Biases and prejudices or even outright xenophobia and racism (truth be told, from both sides) damage both the refugees and the host society.⁸

In the very first article of the Universal Declaration of Human Rights states that “All human beings are born free and equal in dignity and rights” Protection

Table 2 : Key points from policy and research.

Social Exclusion Unit, 2004.	Adults with mental health problems are one of the most socially excluded groups in society.
Warner, 2011.	Self-respect and self-esteem is central to maintaining mental health and wellbeing.
UK Department of Health, 2011.	Current government policy on mental health enshrines the concept of dignity within a strategy based on outcomes.
UK, Ministry of Justice, 2008.	The Human Rights Insight Project showed that vulnerable groups see 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.
Jacobson 2009; Kogstad 2009; Warner 2011.	Respecting an individual’s identity and protecting their dignity will help to promote recovery, whereas acts that violate dignity and fail to respect an individual and their story can lead to further damage.
Ipsos MORI, 2005/6	People in mental health units are less likely to report that staff treats them with dignity and respect than those in primary and secondary care.
Curtice and Exworthy, 2010.	Environmental issues that can threaten dignity in acute wards include overcrowding, poor staffing (levels and quality), the use of mixed sex wards and impoverished or unclean environments.

refugees grieve for their losses: family and loved ones, country, land, language, culture, social support system, professional personal identity and social status. The intense mourning will restructure the personality and the reality of the refugee, a worldview marred by the cascading multiplicity and chronicity of losses. In the process of role reversal and intergenerational gap and conflict, refugee parents feel they have lost the respect of their own children. Refugees from countries with cultural and religious values very different from those of the host country fight alienation by isolating themselves in ethnic enclaves; this further deepens

and respect of human rights are the necessary prerequisites to ensure that people are not stripped of their dignity. Mental health legislation is an important means of addressing this situation and ensuring that the dignity of people with mental and psychosocial disability is preserved. Such legislation must be in line with international human rights instruments and in particular the UN Convention on the Rights of Persons with Disabilities (CRPD) that recognises that “discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person”.⁹

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Law should also promote the rights of service users to make care and treatment decisions for them and, in line with Article 12 of the CRPD, provide for supported decision-making options to ensure that people remain at the centre of all decisions affecting them.¹⁰

In ten short years, Canada has progressed from the sole country in the G-8 without a mental health strategy, to a respected international mental health leader. This sea-change can be attributed, in no small part, to Changing Directions, Changing Lives.¹¹

The proposed approaches to ensure dignity in mental health are as follows.¹²

1. **Treat people with respect** – as individuals and fellow human beings. Avoid labelling people because of their diagnosis or their association with any other group.
2. **Provide person-centred care and support** – place the individual and their needs, preferences and aspirations at the centre of care. An ethos of person-centred care upholds the dignity both of people using services and of staff.
3. **Promote good practice in safeguarding** – focus on prevention and make proportionate, person centred responses to abuse.
4. **Adopt a recovery approach to mental health** – in particular, help people sustain their personal identity and self-respect, which are both closely associated with the concept of dignity.
5. **Promote good communication** – this demonstrates respect and maintains an individual's dignity. Good communication means enabling both professionals and service users to communicate. Professionals may be trained in the relevant attitudes and communication skills, but services users may need support with communication, particularly if they lack capacity.
6. **Tackle discrimination** – through individual and local community initiatives, national programmes, policy and legislative measures.
7. **Engage service users from black and minority ethnic groups** – take active steps to engage people and ensure their views are recorded in their care plan.
8. **Adopt a human rights-based approach to mental health care** – ensure that people's human rights are protected at a time when their capacity, autonomy, choice and control may be compromised under mental health legislation. Where someone has been deprived of their liberty under the Mental Health Act, offer them support to deal with any related trauma.
9. **Preserve autonomy, choice, control and independence** – provide person-centred care and enable people to state their needs and preferences in advance of loss of capacity. Methods you can use include advance statements, crisis cards and life story resources for people with dementia.
10. **Improve the quality of care in inpatient settings** – provide patient-centred care that is individualised, comprehensive and continuous; a range of therapeutic resources; a relaxed and secure atmosphere. See for example the Sainsbury Centre for Mental Health (2006).
11. **Promote a positive organisational ethos** – from the top, encourage an ethos of respect and dignity (Carter, 2009). Include taking a person-centred approach to care and a zero tolerance of abuse.
12. **Provide training, clinical supervision and support** – adopt measures to enable staff to examine their own attitudes and to feel supported in their role. This will encourage them to treat others with respect.
13. **Address environmental risks to dignity** – provide single sex wards, privacy in personal care and use of bathroom facilities, clean facilities, adequate space and appropriate staffing levels.

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Table 3 : Role of various stakeholders and policy makers.

Role for people who live with mental health issues	They can learn that their story has power, the power to create change. By learning to use their voices they and others will understand dignity in life, in opportunities, in treatment, and in their communities.
Role for families	Caregivers of persons with a mental illness bear a tremendous burden. Societal resources are often meagre or absent. They are indeed the unsung heroes in the fight against mental illness and should be accorded the highest praise and respect.
Role for colleges and other institutions	All the schools and colleges and other academic institutions should be requested to mark World Mental Health Day 2015 by fighting for mental and physical health parity to provide dignity and by actively promoting mental health visibility in their day-to-day business.
Role for government	The government should take leadership role to make a public statement to mark World Mental Health Day 2015 and declare their intention to ensure mental and physical health parity and to rise up to the 1948 United Nations Declaration of Human Rights to ensure that their legislation is consistent with these values.
Role for non-governmental organizations (NGOs)	NGOs should collaborate, to amplify the effectiveness of their advocacy efforts. All NGOs should try to contact their Government Health Departments at least once a year to advocate for more spending on mental health care.
Role for society	People with a mental illness are an integral part of our global family. They deserve the respect and compassion as they cope with their disease. The research and services should be guided to combat the stigma that has been associated with mental illness for centuries.

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