“Every human interaction represents an opportunity for one person to treat another with dignity” — a dignity encounter.

Introduction

When you think of treatment for people with severe and persistent mental illness, most people could come up with a range of treatments and modalities to help the person recover. These would range from hospitalization, medication, skills building and talk therapy. Even if a person had the best in all these areas, without being treated with respect and dignity these services really become meaningless.

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.

Common practice in working with people with mental illness is to tell them what to do, make decisions for them, and treat them as if they are children. Yet these practices are not respectful nor do they have any dignity for the person with the illness. It is time for the world to start respecting all people in spite of their experiences, in spite of their differences and in spite of whatever label they have been given.

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

Dignity is every individual’s birthright. But too often, those of us with mental health challenges have had their dignity talked away – by stigma and discrimination, forceful or negative treatment, by silencing and shame. At the Center for Dignity, Recovery and Empowerment, we put “Dignity First” because without the ability to hold your head up, without support for your value and potential, the challenges of mental illness are that much worse.

Meaning of Respect & Dignity

Meaning of Respect- ‘Respect’ is a term which is intimately related to ‘dignity’
‘Dignity’ is a term which is used in two major ways.

- Dignity is a quality of the way we treat others as human beings.
- Dignity is quality of an older person’s ‘inner self’. Personal dignity and self image (self-esteem/self-respect)

Types of Dignity

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Threats to dignity in mental health care

Research evidence broadly identifies three areas as threats to dignity in mental health care, although there is considerable overlap between them:

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

Promoting dignity in mental health care

Research suggests a number of ways in which dignity might be promoted or protected in mental health care. These include:

1. Person-centered care - Respecting an individual’s identity and protecting their dignity will help to promote recovery. In adult social care, ‘personalization’ has been the route taken for this approach. Personalized support and services are designed for the purposes of independence, wellbeing and dignity.

2. Improving inpatient experiences for people from BME communities - The education, training and support for staff that is required to ensure that staff can care for patients with the right level of cultural competence and service user involvement, while reducing the risk of violence, ensuring that peer-to-peer and supervisory support provides a safe environment for staff to ‘debrief’

3. Good communication - Person-centred care requires good communication. Communication is raised as an important factor in many areas including ameliorating shame, the opportunity to discuss traumatic experiences and regularly reminding people of their rights. Two important aspects where communication is key are the use of restraint and in relationships between staff and service users.


5. The Mental Health Act - When an individual loses capacity, there is the added danger that they will be treated with less respect and dignity. While the Mental Health Act 1983 can be used to enable and ensure that staff and carers act in service users’ best interests, day-to-day interactions remain vulnerable to violations of dignity.

6. Safeguarding - Research and the views of service users suggest that prevention of abuse in adult safeguarding needs to be broadly defined, to be informed by personalization and include all social care user groups. It encompasses multi-agency working, community safety, community participation and public awareness, as well as awareness-raising and skills development with adults at risk. Services and support must be delivered in ways that are high in quality and safe.

7. Restraint- Using restraint in any setting can be a dramatic indicator of unequal power in relationships. Applied to adults in care settings without adequate therapeutic justification, restraint underlines and increases vulnerability, labels incapacity and humiliates.

The Mental Health First Aid Action Plan gives guidance on how people can do this. This Action Plans are based on extensive research, which established a consensus of the expert opinions of people with mental illness, their family members and mental health professionals. The Action Plan goes by the acronym ALGEE.
• Approach the person, assess and assist with any crisis
• Listen non-judgmentally
• Give support and information
• Encourage the person to get appropriate professional help
• Encourage other supports

Dignity and mental health care in practice

• Treat people with respect
• Provide person-centred care and support
• Promote good practice in safeguarding
• Adopt a recovery approach to mental health
• Promote good communication
• Tackle discrimination
• Engage service users from black and minority ethnic groups
• Adopt a human rights-based approach to mental health care
• Preserve autonomy, choice, control and independence
• Improve the quality of care in inpatient settings
• Promote a positive organisational ethos
• Provide training, clinical supervision and support
• Address environmental risks to dignity

Revised code of practice for the Mental Health Act 1983

The revised code is aimed at solicitors and others involved in a patient's care and treatment, including carers, families, and attorneys executing lasting or enduring powers of attorney. The revised code includes following five new guiding principles that will underpin the Mental Health Act.

• First - patient can be treated ‘safely and lawfully’ without detention
• Second - empowerment and involvement',
• Third- ‘respect and dignity
• Fourth- ‘purpose and effectiveness’
• Fifth- ‘efficiency and equity’

Role of nurse in maintaining dignity

Conclusion

Individuals and families affected by mental illness can often describe what dignity should look like. Sadly, however, most experience something wholly different. The stigmas of mental illness can no longer be tolerated. We can no longer be by standards. We must do something. We need to come together as communities across the country to raise awareness, celebrate wellness and speak out for the rights and dignity of persons in recovery from mental health conditions and psychiatric survivors.

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

References