

Promotion of Human Rights in Mental Health – Youth’s Perspective

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ABSTRACT

There exists a global human rights emergency in mental health. The stigma, myths and misconceptions associated with mental disorders negatively affect the lives of people with mental disorders leading to denial of even the most basic human rights. Worldwide, people with mental disabilities experience an ambit of human rights violations. They are denied access to basic mental health care and treatment. They are not only discriminated against and stigmatized but are also subjected to abuse in both mental health facilities and the community. Several violations in community-based mental health care go unreported. Victims of discrimination are particularly vulnerable to restrictions in economic, social and cultural rights that make it difficult to be integrated into mainstream society. A sense of alienation can affect a person’s dignity and self-esteem, which is detrimental to one’s well-being. A qualitative approach was employed to understand the role of youth in promoting and protecting human rights in mental health. A Focus Group Discussion was done on a sample of 10 respondents who willing first BA students of Psychology – 2 males and 8 females aged 18–20 years. Results were analyzed using narratives. The objectives were to understand the threats to dignity in mental health care and ways to promote it. It was expressed that mental health inequalities lie even outside the health sector and thus inter-sectoral action is required to redress the issue. It was advocated to raise mental health issues on the agenda of political, religious and community arenas. Health facilities ought to be person-centred, privacy maintained, equitable and equal. The study has implications for mental health professionals to be more humane and ethical in practice and improve quality health care. Besides, mental health literacy should be imparted at various levels of education.

Keywords: *Stigma, focus group discussion, mental health literacy*

The right to physical and mental health enunciated in the Constitution of the World Health Organization in 1946 states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”. The United Nations International

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Received: September 30, 2017; Revision Received: October 28, 2017; Accepted: November 22, 2017

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Covenant on Economic, Social and Cultural Rights (1966) in Article 12, articulates the same when it recognizes “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. People with mental illness encountering human rights violations in meeting their basic needs are a reality to be found in every corner of the globe (Gostin & Gostin, 2000). There exists a global human rights emergency in mental health. The stigma, myths and misconceptions associated with mental disorders negatively affect the lives of people with mental disorders leading to denial of even the most basic human rights. Worldwide, people with mental disabilities experience an ambit of human rights violations (Drew et al., 2005). They are denied access to basic mental health care and treatment. They are not only discriminated against and stigmatized but are also subjected to abuse in both mental health facilities and the community. Several violations in community-based mental health care go unreported. Victims of discrimination are particularly vulnerable to restrictions in economic, social and cultural rights that make it difficult to be integrated into mainstream society. A sense of alienation can affect a person’s dignity and self-esteem, which is detrimental to one’s well-being.

REVIEW OF LITERATURE

Mann et al. (2016) conducted a study on “Human Rights-Based Approaches to Mental Health”, which investigated cases and reported that human rights-based approaches should be utilized for legal and moral reasons because human rights are fundamental pillars of justice and civilization.

Gostin and Gostin (2000) conducted a study emphasizing that all persons are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the international human rights instruments without discrimination, such as the rights to life, liberty, security, privacy, health, education, work and social security.

According to Thornicroft et al. (2007), there is a paucity of research about cultural factors affecting stigma associated with mental illness.

Sartorius & Schulze (2005) hypothesized that stigmatization could vary in different cultures. It could be possible that there exist different socio-cultural variants of stigmatization in developing countries that could differently influence the course and outcome of schizophrenia.

Poreddiet al. (2013) conducted a descriptive study on patients and care givers, and suggested an urgent need to take necessary steps to protect, promote and fulfill human rights of people with mental illness by providing care, educating the community and strengthening the legislations.

Objectives

1. To understand the threats to dignity in mental health care.
2. To promote human rights in mental health.

METHODOLOGY

A qualitative approach was employed in understanding threats to dignity in mental health care and ways to promote dignity. A group of 10 adolescents (2 males and 8 females) aged 18–20 years currently pursuing their first year BA degree course in an autonomous college in Mangaluru city formed the sample. A Focused Group Discussion was conducted which was an innovative approach to study youth’s perspective.

RESULTS AND DISCUSSION

Note: Male (M); Female (F)

Q1. What is meant by dignity?

Knowing that one is of worth. (Participant 5, M)

It is giving a status of an honour and all respect to a particular person. (Participant 4, F)

The way you treat others. (Participant 6, M)

When you feel belonged. (Participant 8, F)

Listening to people, giving a person choices and to make decisions. (Participant 4, F)

Personal space. (Participant 4, F)

Not being under constant supervision. (Participant 1, F)

Having a right to privacy, right to live by themselves. (Participant 4, F)

The right to be acknowledged for what you do. (Participant 9, F)

By dignity, the participants mentioned right to live and have privacy, to be accepted, self-esteem, to be well-informed and given justice.

Q2. What are the threats to dignity in mental health?

People with mental illness are not given much importance, they are not treated equally, they are insulted. (Participant 5, M)

We do not accept people with mental disorders. They are stigmatized, the ones with mental illness are marginalized. (Participant 10, F)

When we do not recognize the existence of mental disorders. (Participant 9, F)

We ignore them, neglect the person, you won’t even listen to that person. (Participant 4, F)

We are conditioned that the mentally ill are violent and a threat to our life and safety, so we keep away. People with psychiatric history are barred to serve on a jury, frequently encounter barriers to employment and differential treatment by the financial and insurance industry.

They experience identity issues. (Participant 1, F)

They are usually subjected to verbal abuse. (Participant 7, F)

Also physical abuse. (Participant 6, M)

Many mental health institutions are itself neglecting their patients. (Participant 9, F)

The threats to dignity are stigmatization, discrimination and victimization. Inequalities and inequity in health are a consequence of social injustice.

Q3. What is the link between human rights and mental illness?

They have a right to privacy under right to life and liberty. (Participant 4, F)

They are not kept clean, overcrowded. (Participant 1, F)

Funding is required. Mental health centres should be linked to HR networks and continuously monitored. (Participant 8, F)

Just like Lokayuktha, as an independent body, there needs to be an independent judiciary – a decision-making body. (Participant 6, M)

The participants expressed the right of the ill to be informed, willingness to participate in treatment procedures and access to medical facilities. Restrictions of civil liberties impede one’s ability to participate fully and actively in the community. Victims of discrimination have limited political, economic and social rights that make it difficult for them to be reintegrated into society. This can affect a person’s dignity and self-esteem which is detrimental to mental health and well-being (Gostin, 2001). Mental Health Impact Assessment (MHIA) needs to be effectively monitored and evaluated such that recommended changes are processed to public policies and effectively monitored.

Q4. What is meant by right to mental health?

Confidentiality of diagnosis should be maintained. (Participant 9, F)

They are often taken to psychiatric treatments — they give high dosage which give side effects. (Participant 7, F)

Right to be given any form of treatment. Contraindications of certain drugs to be informed. Lot of finance is required for treatment. Insurance claims for people with illness is greater for physical illnesses. (Participant 4, F)

The youth also expressed that rights for safe environments in hospitals, informed consent regarding medical tests done, cost-effective medication and hygiene should be enforced. Besides, mental health professionals are required to be more humane and ethical in practice and thereby improve quality in health care. Secure and long-term funding for health promotion is the need of the hour.

Q5. What is a human rights based approach to health?

Acceptance by people around. (Participant 2, F)

It lies in education. (Participant 8, F)

Social education. (Participant 4, F)

Society discriminates people based on sex, creed, education, caste, status... difficulty to make a social right to respect the mentally ill. (Participant 9, F)

Q6. How can the youth promote human rights in mental health?

Media plays an important role, whether they are normal citizens or with people with mental deficits. Youth are highly influenced by media. Awareness programmes, posters, videos and documentaries play an important role. (Participant 7, F)

Youth could enact street plays related to mental health issues. (Participant 10, F)

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They could be role models, become members of clubs which have tie up with mental health institutes, make documentaries and make teachers’ training compulsory regarding this issue. We could give radio programmes, make monthly visits to an orphanage, old age home, psychiatric wards, special schools. (Participant 4, F)

A large majority are illiterate. How could we create a change in them? (Participant 9, F)

Teachers need to understand children. They torture children and inflict mental abuse. Thus teachers require intensive training to manage primary mental health issues. Moral education and life skills are to be given more importance. (Participant 5, M)

FINDINGS

1. The threats to dignity identified were stigmatization, discrimination and victimization.
2. Inter-sectoral action needs to address mental health inequalities and it could be an agenda at political, religious and community arenas.
3. Health facilities ought to be person-centred, privacy maintained, equitable and equal.

Implications

1. The study has implications for mental health professionals to be more humane and ethical in practice and improve quality health care.
2. Mental health literacy should be imparted at various levels of education.

Limitation

1. The results cannot be generalized as it is a very small portion of population and does not fully represent youth in general.

Scope for Further Research

1. An in-depth study can be done using a more representative sample.
2. Large surveys and quantitative analysis with more relevant variables like gender, educational qualifications, age etc. would give precise results.
3. A collaborative research with mental health professionals, judiciary, human rights experts and educationists could be undertaken.
4. Prospective research could be undertaken to examine human rights violations among those with mental illness.
5. Collaborations with family members and caretakers of people with mental health issues help in effective policy evaluation.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Gowda Y, & Lobo S S (2017). Promotion of Human Rights in Mental Health – Youth’s Perspective. *International Journal of Indian Psychology*, Vol. 5, (1), DIP: 18.01.040/20170501, DOI: 10.25215/0501.040