

Short Communication

Knowledge about Human Rights of Persons with Mental Illness in India: A Pilot Cross-Sectional Study

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Introduction

The World Health Day in 2001 proclaimed the theme of Mental Health and gave the slogan: Stop Exclusion, Dare to Care. In this endeavor to ensure that those who suffer from mental illness no longer suffer in silence, governments, NGOs and international organizations like the United Nations and World Health Organization joined hands along with the media in disseminating information to the masses.

In spite of the UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (General Assembly Resolution 46/119 of 17th December; 1991) [1]- set forth to promote and defend the rights, dignity and autonomy of persons with mental illness or at a risk of such illness and to improve their mental health care; and the World Health Organization (WHO) Resource Book on Mental Health, Human Rights and Legislation [2] presenting a detailed statement of human rights issues which need to be addressed in national legislation relating to mental health; human rights violations, weak state level legislations to fight systemic discrimination and societal stigma is still prevalent in most countries [3-7] A survey conducted by Wilk (1994) [8] on attitude of clinical social workers towards the rights of psychiatric patients who are involuntarily committed to institutions showed that though majority of respondents supported patient's rights, a minority demonstrated restrictive attitudes and unawareness of existing laws regarding patient's rights and towards enhancing the rights of patient's to dignity, privacy and choice. Researchers at George Mason University in Virginia conducted a study of 300 articles containing references to mental illness that were taken from six different U.S. newspapers and concluded that the public, based on what they see in the news media, are likely to presume that people with mental illnesses are primarily burdens to society and incapable of contributing in positive ways to their communities [9].

The mental health professionals and the mass media are thus two important systems that help in dissemination of information of the rights of the mentally ill. Ill-informed mental health professionals and

Abstract

The misconceptions about mental illness and resultant discrimination of people suffering from mental disorders can affect all aspects of their lives, denying them their civil, political, economic, social and cultural rights. The mental health professionals and the mass media are two important systems that help in dissemination of information of the rights of the mentally ill. Ill-informed mental health professionals and the mass media can perpetuate misconceptions about the mentally ill and their rights, impacting negatively on their access to care and integration into society. In this background, the present study was conducted to assess the knowledge about human rights of the mentally ill among the mental health professionals and the mass media in Bangalore, India.

Keywords: Human rights; Mental illness; India

the mass media can perpetuate misconceptions about the mentally ill and their rights; impacting negatively on their access to care and integration into society. In this background, the present research is planned to focus on the assessment of knowledge about human rights of the mentally ill among the mental health professionals and the mass media in Bangalore (known as the mental health capital of India).

Methodology

The study was approved by the Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. Mental health centers and English newspaper offices in the city of Bangalore were randomly selected and a total sample of 62 subjects, consisting of 32 mental health professionals (psychiatrists, social workers, psychologists and psychiatric nurse; n=8 in each group) and 30 health journalists working in English newspaper offices was drawn from the universe.

An exploratory research design was used in the study and the study was conducted in three phases.

Phase I: Development of a questionnaire

A questionnaire to assess the knowledge of mental health professionals and health journalists regarding the human rights of the mentally ill was developed based on the UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991) [1] and The Mental Health Act, 1987 [10]. The initial part of the questionnaire tested the knowledge about mental illness (ie names of mental illness, causes, treatment). The latter part has three sections – Section I consisted of 15 true/false statements that focused on the fundamental freedom and basic rights of persons with mental illness; Section II consisted of nine multiple choice statements that focused on the implementation and violation of rights of persons with mental illness in the society; Section III consisted of 5 case vignettes- each followed by 5-7 multiple choice questions, based on the rights and the safeguards of patients' admitted in a mental health facility. 7 experts helped in the face and content

Table 1: Socio-demographic Data sheet of participants.

Variable	Mental Health Professional (n = 30) n (%)	Health Journalist (n = 32) n (%)
Age		
25-35 years	21 (71.9)	23 (73.3)
>35 years	9 (28.1)	9 (26.7)
Gender (Female)	19 (62.5)	22 (70.0)
Education		
Graduate	9 (28.1)	11 (33.3)
Post Graduate	14 (46.9)	20 (63.4)
Pre Doctoral/Doctoral	7 (25.0)	1 (3.3)
Family Income (<1 lakh INR)	23 (78.1)	24 (76.7)
Family History of mental illness		
Nil	27 (90.6)	28 (86.7)
In immediate family (Yes)	3 (9.4)	3 (10.0)
In relatives (Yes)	0 (0.0)	1 (3.3)
Years of experience in health		
<1 year	0 (0.0)	2 (6.7)
1 – 20 years	24 (81.3)	27 (83.3)
>20 years	6 (19.0)	3 (10.0)

validation of this questionnaire (Psychiatrist, Clinical psychologist, Psychiatric Nurse, Psychiatric Social Worker, Journalist, Statistician and a Rights activist/Lawyer). The suggestions given by each of the experts was incorporated and the questionnaire was modified for the pilot study.

Phase II: Pilot study

8 mental health professionals (two each of psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses) and 5 health journalists working in English newspaper offices in Bangalore were administered the questionnaire. A number of respondents were unable to understand certain statements and resorted to close-ended responses without explanation for the responses. For this purpose, the questionnaire was re-modified to discard ambiguous questions and add more relevant questions for the main study.

Phase III: Main study

Permission to collect data from the mental health institutions and English newspaper offices was procured. Written informed consent of the mental health professionals and health journalists was taken and a socio-demographic sheet was filled up by the researcher (Table 1). The questionnaire was then distributed among the respondents (mental health professionals and the health journalists). The researcher collected the questionnaire from the respondents after a few days.

The total number of questions answered by the respondents was 51 and every correct response was given a score of 1 and every wrong response was given a score of 0. The data was coded, entered

and analyzed (descriptive and inferential statistics) with the help of statistical software package.

Results

The initial part of the questionnaire elicited information based on the respondent’s basic knowledge about mental illness. Of the 32 Mental Health Professionals, 50% had knowledge about 1 to 5 mental illnesses. 31.1% knew around 6 – 10 names of mental illness, however, only 18.8% of the Professionals could report the names of more than 10 mental illnesses. Among Health Journalists, 83.3% were able to name 1 to 5 mental illnesses. 10% of the journalists were able to report the names of 6 to 10 mental illnesses, whereas 6.7% of the respondents were not able to name any mental illnesses.

On asking the possible causes of mental illnesses, majority of the respondents reported multi-factorial causes. Biological and social causes were reported by 93.8% of the mental health professionals. 59.4% felt that even psychological causes had a part to play. 31.3% of the mental health professionals also added other causes such as chemical imbalances, diet etc to the list of causes of mental illnesses. In the category of health journalists, 80% felt that mental illness had a social cause. 66.7% felt that biological cause was important. 30% of the journalists listed psychological causes of mental illness along with other causes and 20% reported that other causes like chemical imbalances and diet had an equal effect on mental illness.

The respondents reported multiple treatment options for persons with mentally illness. 90.6% of the mental health professionals believed that pharmacological treatment was one option. 87.5% added counseling /therapy as another treatment modality. 59.4% reported other treatment options such as traditional medicine, alternative health care systems and rehabilitation, for the management of the persons with mental illness. Among the Health Journalists, 76.7% reported psychological/therapy as the main course of treatment. 70% felt that pharmacological treatment was also equally important. 50% of the respondents added other treatment options such as rehabilitation, alternative health care to the above-mentioned list. 13.3% of the journalists reported that they were not aware of any treatment options.

A look at (Table 2) shows that both mental health professionals (MHP) and health journals (HJ) have performed well on Section I on the fundamental freedom and basic rights of persons with mental illness [Mean score in both groups is approximately 13 out of 15 (86.7% right responses)]. There is marginal though not significant difference in the knowledge scores in Section II on the implementation and violation of rights of persons with mental illness in the society [Mean (SD) score in MHP is 7.0 (1.3), i.e, 77.7% right responses; Mean (SD) score in HJ is 6.6 (1.0); i e 73.3% right responses] and

Table 2: Independent sample t test of knowledge scores (on human rights of persons with mental illness) of mental health Professionals and Health Journalists.

Human Rights knowledge score	Mental Health Professionals (n = 32)	Health journalists (n = 30)	t value	p value
	Mean (SD)	Mean (SD)		
Section I:	13.7 (1.3)	13.5 (1.3)	0.39	0.70
Section II:	7.0 (1.3)	6.6 (1.0)	1.47	0.43
Section III:	23.9 (2.7)	22.9 (1.8)	1.60	0.12
Total score (Section I + II + III)	44.6 (3.7)	43.0 (2.8)	1.79	0.08

Section III on the rights and the safeguards of patients' admitted in a mental health facility [Mean (SD) score in MHP is 23.9 (2.7), i.e., 88.5% right responses; Mean (SD) score in HJ is 22.9 (1.8); i.e. 84.4% right responses]. The total knowledge scores (summing up the scores of the three sections) shows that though both the groups have good knowledge about the human right of persons with mental illness (approximately 86.3% right responses); there was a trend towards MHP having better knowledge compared to HJ especially in Section II and Section III. An analysis of the socio-demographic variables and the knowledge scores among MHP and HJ was not statistically significant.

Discussion

The above results depict that though both mental health professionals and health journalists have obtained good scores, it cannot be concluded that they have comprehensive knowledge about the rights of the mentally ill to disseminate the information to others. The MHP's seemed to have better knowledge compared to HJ on the total knowledge scores, possibly due to their academic and professional experience in the field of mental health as compared to the HJ who had experience in the field of health not necessarily in mental health (Table 1).

The above results need to be understood in the context of the mental health scenario prevailing in India. India spends less than 1% of its total health budget on mental health. Mental health care is available in certain designated project areas and not all over the country. In addition, various non-governmental organizations provide different types of services. Different pilot projects have been undertaken to look at the feasibility of extending mental health services to the community and primary health care levels (WHO, 2001) [11]. The National Mental Health Programme (NMHP), 1982; the District Mental Health Programme (DMHP), 1985; Mental Health Act, 1987, and Persons with Disability Act, 1992 are significant landmark legislations and programmes which have been implemented only in the last few decades. During the past two decades, many mental hospitals have been reformed through the intervention of the judiciary (courts). The pattern of care and provision of other services in these mental hospitals are slowly changing from custodial care to therapeutic care, keeping in mind the right of the patients to have healthy living conditions (WHO, 2001); [12] this changing scenario in the last few decades could be one of the major reasons for improved sensitivity towards rights of persons with mental illness.

The Quality Assurance in Mental Health Project (1999) [13] and Mental Health Care and Human Rights Report, 2008 [3] - both by the National Human Rights Commission India, on the basis of its observation recommended that sensitization of professionals and other staff is essential for improving quality of care of the mentally ill. It opined that the sensitization should include facets like the right to treatment with respect and dignity, right against exploitation and abuse and right to proper treatment and family life. The same study also recommended that newspapers and periodicals (print media) Radio, Doordarshan Kendras, Cinema Theatres, Folk Media's have to be educated and involved in mental health education as they can help

in the removal of fears, stigma about mental disorders and increase awareness of the community regarding the needs of the mentally ill, thus protecting their rights. Murthy (2004) [14] has reiterated similar recommendations in a discussion of the revised goals of the National Mental Health Programme. Thus mere presence of knowledge about human rights among the key stakeholders (mental health professionals and health journalists) is redundant if they are unable to translate this knowledge into active dissemination and advocacy channels in the society to help sensitize about the rights of persons with mental illness.

Conclusion

Though the knowledge about human rights of persons with mental illness is good among the mental health professionals and health journalists in Bangalore, India; the continuing lack of sensitivity in the society towards the rights of mentally ill requires both MHP and HJ need to be trained to consciously help create awareness through their profession. A training programme was thus developed and validated as an outcome of this study (training programme is available from the authors on request).

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