

*Ethical Viewpoint***Dignity and Mental Health: Critical Perspective**Afzal Javed¹, Delnaz Palsetia², E. Mohandas³, Avinash De Sousa⁴¹Consultant Psychiatrist, Immediate Past President World Psychiatric Association and Chairman Pakistan Psychiatric Research Centre, Fountain House, Lahore, Pakistan.²Assistant Professor, Department of Psychiatry, BYL Nair Charitable Hospital and Topiwala Nair Medical College, Mumbai.³Senior Consultant Psychiatrist, Sun Medical Centre, Trichur, Kerala.⁴Consultant Psychiatrist and Founder Trustee, Desousa Foundation, Mumbai.**Corresponding author:** Avinash Desousa**Email** – avinashdes888@gmail.com**ABSTRACT**

Dignity is a fundamental aspect of mental health, influencing how individuals view themselves and how they are treated by society. People struggling with mental health challenges often face stigma, discrimination, and a lack of understanding, which can erode their self-worth and discourage them from seeking help. Upholding dignity means treating every individual with respect, empathy, and fairness, regardless of their mental health status. The current paper looks at dignity with respect to mental health in some facets. The definition of dignity is discussed and factors that influence dignity in mental healthcare are elucidated. One must foster a culture of acceptance and respect where we empower individuals to seek help without fear of shame. Protecting dignity in mental health not only enhances individual recovery but also strengthens the community as whole.

Keywords: Dignity, Mental Health, Recovery, Stigma.*(Paper received – 10th June 2025, Peer review completed – 20th July 2025, Accepted – 22nd July 2025)***Introduction**

Desire for respect and dignity are among the most important human needs. Dignity is a complicated concept which is very difficult to be defined. When a person becomes ill or disabled that need doesn't change, in fact it may grow even stronger [1]. Dignity can mean different things to different people. However, respecting dignity ultimately entails respecting peoples' status, value or honour and treating others well [2]. In many parts of the world people with mental disorders are denied the right to be treated as valued individuals. They are often marginalized in their communities and are also subjected to multiple forms of human rights violations in treatment facilities [3]. Cultural colouring and changing socio-political and legal scenario necessitate a revisiting of the concept of dignity in mental health [4]. Therefore, the healthcare providers and policy makers can make the environment more supportive and empowering which in turn promotes their recovery and well-being [5].

Definition of Dignity

Dignity is derived from Dignitas [3] which is a construct that has been debated in philosophy and bioethics for many centuries. It has been used with varied connotations in social, political, ethical, moral and legal contexts [6]. "Dignity includes how people feel, think and behave about their worth or value of themselves and others. It is described as having both 'self-regarding' and 'other regarding' components, also known as 'intrinsic' and 'extrinsic' dignity. Thus, definition consists

of two aspects: first is the self-worth as perceived by the individual and the second is the worth of the individual which is reflected in the respectful attitudes and practices of others [3].

Respect and dignity go hand in hand. If a person gets respect, person feels dignified and if a person is respected it means we are respecting their rights [1]. Patient dignity comprises of person's individuality and their feelings, and having control, particularly over their decisions and behaviour. Dignity also includes the presenting oneself to others in terms of physical appearance and personal behaviour [4]. This way of thinking highlights the intrapersonal, interpersonal and relational aspects of dignity, as well as the innate issues of status and power. Hence, human dignity is a holistic concept and consists of three basics: the essential worth of all human beings, to respect each other's worth, and to protect and fulfil everyone's worth [1].

Policies and Laws on Dignity

The term 'Dignity' can be traced to more than 2,500 years back. 'Dignitas hominis' in classical Roman thought usually meant 'status of honour and respect' which was provided to someone only who was worthy of that honour and respect because of a particular status that he or she had (e.g. because of a specific public position) [3]. Afterwards, the concept has been influenced by religions and philosophical thoughts across hundreds of years until, it was introduced into legal frameworks in twentieth century through the Universal Declaration of Human Rights (UDHR) which states that "All human beings are born free and equal in dignity and rights". Article 25 of UDHR has stated that, "Everyone has the right to a standard of living adequate for the health and well-being, including medical care and necessary social services". The concept of 'universality of dignity' has also been emphasized in several other international treaties and conventions including, most recently, the Convention on Rights of People with Disabilities [3].

In May 2013, for the first time, 194 WHO Member States endorsed the Mental Health Action Plan (MHAP). MHAP at the 66th World Health Assembly highlighted the importance of promoting social justice, equality and dignity for people affected by mental disorders on an equal basis with others so as to avoid their marginalization and disenfranchisement in society. The vision of the action plan is a world in which persons affected by these disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery, in order to attain the highest possible level of health and participate fully in society and at work, free from stigmatization and discrimination" [3]. Creating policies, plans, and laws for mental health are essential for good governance and service development [3].

The Convention on the Rights of Persons with Disabilities (CRPD) in its very first article stated the purpose of the CRPD is to protect the rights and dignity of persons with disabilities (Article 1, CRPD). The CRPD is a unique treaty among other international human rights instruments in that it has an objective that clearly focuses on 'dignity' of a vulnerable population group of the humanity. The Convention promotes a shifting of views of persons with disabilities from objects of medical treatment, towards viewing them as full members of society, with equal dignity and equal rights [3].

The UN Decade of Healthy Ageing (2021–2030) is a global collaboration aligned with the Sustainable Developmental Goals (SDG) of the last decade. A shift of psychosocial care towards a human rights-based approach, adequate sensitivity, knowledge and training of the Mental health professionals will set the future path for dignified mental health interventions in older persons [6].

Dignity In Healthcare Settings

The issue of dignity is a key aspect of healthcare [5]. Patients' dignity is related to their respect, autonomy, and satisfaction with the quality of care. In healthcare settings, maintaining patients' dignity is essential for their well-being and satisfaction with the healthcare system [4]. It is the professional and ethical duty of all staff to respect the dignity of patients [4]. Research links dignity to personal experiences of care and relationships among patients and professionals.

A person's dignity is at risk in two main ways. First, due to illness itself, a person may have decreased control over their body, emotions or mental abilities. Also, illness and the requirements of healthcare delivery place number of restrictions on people's freedom [5].

Dignity in Mental Health

Dignity and humane treatment in psychiatric facilities not only has moral relevance but also is a basic human right especially in the case of an involuntarily admitted psychiatric inpatient [7]. The psychiatric hospital environment can restrict freedom with which people typically express their dignity and the ways in which respect can be shown to the person by others [5]. This can lead to exacerbation of diseases and come in the way of their recovery. Dignity in mental health means adequate steps taken to safeguard the well-being of people with mental health conditions to liberate them from the shackles of self-stigma, social isolation and to boost their confidence and self-esteem.

Studies show that health care professionals can hold negative attitudes and behaviour towards mentally ill patients. Words also play a key role in the mental health settings which may largely affect patient's dignity. 'Using respectful language and gestures' promotes dignity [1]. Not all patients experience the same risk of problems in interpersonal interaction [4]. There was a significant correlation between age and a sense of dignity. Patients with a higher educational level had a poorer sense of dignity than those with a lower educational level. Patients who were aware of their diagnosis had a lower sense of dignity than those who were not aware [5].

Also, patients who feel powerless are particularly vulnerable to disregard and there are some patients who elicit particularly poor responses from staff. Patients with more complex needs, social problems, those who remained unwell or presented repeatedly as well as those who were somehow considered responsible for their own illness, were seen as less deserving of care. They were perceived in a negative light and were more likely to experience loss of dignity. Words like 'manipulative', 'dependent', 'attention seeking', 'difficult', 'ungrateful' and 'timewasters and other stigmatising language is offensive leading to disregard for the dignity of patients [4].

Factors That Influenced Patients' Experience Of Care Were Studied

Coercion: Sense of the proportionality and the timing of the coercive interventions, along with understanding why they were being used, are considered as important factors influencing the impact of coercion [8].

Powerlessness: Sense of powerlessness experienced by patients can be seen as a threat to their subjective dignity, as dignity violations are more likely when the subject is in a position of vulnerability. Patients valued their freedom such as leave from the ward. A sense of powerlessness - both in terms of day-to-day rules' and in their lack of involvement over treatment decisions was expressed by many patients [9].

The care environment, relationships to staff and the lasting impact of involuntary treatment: The relationship between mental health professionals and patients significantly influenced experience of inpatient care, with patients desiring a personal relationship and to be treated as an ordinary human beings and desired contact and conversation. Negative attitudes of the mental health staff were often seen by patients as a source of a negative experience of care. Long term involuntary care had an impact on both the patients' trust in mental health services and on their social circumstances. Patients experience of stigma or discrimination, or internalised self-stigma is commonly seen following admission in psychiatric facilities [10].

The **paradoxes**, show how patients often expressed varying and even contradictory views about their treatment. Paradoxical views include both protest and feelings of being cared for [11].

Dignity in Older Adults

Physical illness, dependence, social isolation and frailty can lead to decreased self-esteem and discriminative social perceptions towards them in older persons [6]. The three aspects of basic human dignity in elderly are: the dignity of merit, moral stature, and dignity of identity. Older persons value privacy, respect, communication as important part of dignified healthcare. Maintenance of basic daily activities of living such as nutrition, eating, personal hygiene and toileting, has been considered as vital components of dignity. Essential components of dignified care for the older adults include valuing their contribution to society and addressing their needs [6]. Ageism is a social construct consisting of three aspects that are interconnected: stereotyping and discriminatory practices as well as institutional/social policies, which further these practices. It exists both, overtly and covertly and is a makes access to healthcare difficult in older persons [6].

The Coronavirus disease 2019 (COVID-19) has also revealed several of such challenges and marginalization for the older people. The WHO has recently incorporated anti-ageism strategies in psychosocial services. The role of mental health professionals is also of importance for advocating human rights and dignity and involvement in various policies. This leads to lesser discrimination, better coping, and optimal stress management in older persons. Older persons need to be involved in decision-making concerning their individual needs. It is especially important to ensure that older persons are cared for by persons who understand their perspective and whom they know and trust [6].

Challenge of Dignity in Mental Health

There are huge inequalities in access to mental health services, and social benefits for people worldwide. On an average there is less than one mental health worker per 10,000 people globally [4]. A discussion around dignity is particularly important for people using mental health services due to a stigma around diagnosis and symptoms that may be interpreted as undermining their judgement; and by being part of a system that may not regard their individuality.

Mental distress can compel people to think of existential questions. The creation of personal meaning from often bizarre and frightening circumstances is difficult and painful and people in recovery are at particular risk of feeling a sense of self damage by offences against their dignity. There are inherent systemic inequalities which remain a challenge for mental health services. The nature of the biomedical model, the vulnerability of those who need services and fears among the public result in stigma which lead to questions on themes of power, control, choice and autonomy [4].

Role Of Mental Health Professionals

Mental health professionals are in a unique position of addressing persons with psychiatric disorders in a humane and holistic way, from the 'biopsychosocial perspective' [6]. There is a need to think of our own mental health services to develop self-awareness and act in a way that supports dignity. It is also essential to revisit regularly, our understanding of dignity as mental health professionals because it is continuously being shaped and reshaped by culture and our own experience. We also belong to a time of political and financial challenges that constantly have an impact on values-based working and on our commitment to person-centred practice.

The attitude and skills of staff are also an important factor. Mental health professionals who upheld dignity for others also protected their own sense of personal and professional worth. Those who allowed themselves to deeply understand patients' stories and meet their needs, were found to promote dignity in general [4]. Also, many of us struggle to hear difficult feedback about our own practice and services. It is hard to hear what is being said without responding defensively.

Fear, anger and disgust need to be processed, understood and managed as they do not form a sound basis for clinical decision. It is possible to experience difficult feelings around situations that evoke these emotions, but if these emotions remain unprocessed, they can stop us seeing people as deserving of our respect. Maladaptive strategies like emotional distancing to cope can unintentionally result in eroding dignity through indifference, dismissive and condescending attitude and behaviour. These behaviours are perceived by patients as harsh and against their dignity, and this leads to undermining the therapeutic relationship and professional values. The expression of distress onto the vulnerable person should be avoided, but understanding it as a 'symptom' may help us to see a way forward. Developing mechanisms of individual and group supervision within clinical settings remains essential to a safe practice [4]. Linking dignity to everyday practice and reflection may help us to recognise our own responses and the impact it has on our professional practice. Along with personal responses to dignity being addressed it is important to consider the collective and environmental approaches that can support individual efforts in maintaining dignity. Care needs to be delivered from within a framework of human rights law. It is important to emphasize aspects of healthcare like person-centred care, recovery, eliminating stigma and discrimination [11].

Provision of privacy in personal care, clean facilities, adequate space and appropriate staffing levels is essential. They emphasize the importance of avoiding unnecessary hierarchies, encouraging questions, protecting and insisting on transparency [12].

Conclusions

To conclude, healthcare providers and policy makers should pay attention to these factors when providing care to improve the psychiatric patient's sense of dignity. It is important to address the specific needs of patients and support them in understanding their diagnosis. Thus, improving their recovery process and well-being and result in positive outcomes for patients. Increasing our awareness of stress, burnout and the impact it has on our ability to provide quality care as well as encouraging self-reflection, may reduce the frequency of labelling of patients and upholding the dignity of ourselves and others.

REFERENCES

1. Umbreen G, Jabeen C. Respect and Dignity Basic Right of a Mental Ill Patient. *Biomed J Sci Tech Res* 2019;15(4).
2. Michael L. Defining dignity and its place in human rights. *The New Bioethics* 2014;20:12–34.
3. Saxena S, Hanna F. Dignity-a fundamental principle of mental health care. *Indian J Med Res* 2015;142(4):355-8.
4. Hadland R, Lambert N. The challenge of dignity in mental health. *Br J Ment Health Nurs* 2014;3(3):132-6.
5. Loghmani L, Mardom MA, Fatemi M, Kalantari S, Shafiei Kisomi Z, Ghasemnegad SM, Ranjbar H. Factors Affecting the Sense of Dignity in Patients With Psychiatric Disorders During Hospitalization in a Psychiatric Hospital in Tehran, Iran. *Iran J Psychiatr Clin Psychol* 2023;29(1):66-77.
6. Banerjee D, Rabheru K, de Mendonca Lima CA, Ivbijaro G. Role of dignity in mental healthcare: impact on ageism and human rights of older persons. *Am J Geriatr Psychiatry* 2021;29(10):1000-8.
7. Gostin LO. Beyond moral claims: a human rights approach in mental health. *Cambridge Quart Healthcare Ethics* 2001;10:264-74.
8. De Sousa A. Coercion and admission in psychiatric facilities. *J Neurosci Rural Pract* 2017;8(1):1-2.
9. Chambers M, Gallagher A, Borschmann R, Gillard S, Turner K, Kantaris X. The experiences of detained mental health service users: issues of dignity in care. *BMC Med Ethics* 2014;15:1-8.
10. Lindwall L, Boussaid L, Kulzer S, Wigerblad Å. Patient dignity in psychiatric nursing practice. *J Psychiatr Ment Health Nurs* 2012;19(7):569-76.
11. Plunkett R, Kelly BD. Dignity: The elephant in the room in psychiatric inpatient care? A systematic review and thematic synthesis; *Int J Law Psychiatry* 2021;75:101672.
12. Ziedonis D, Larkin C, Appasani R. Dignity in mental health practice & research: Time to unite on innovation, outreach & education. *Indian J Med Res* 2016;144(4):491-5.

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