ORIGINAL RESEARCH PAPER

Safety, privacy and dignity perceived by admitted persons with mental illness in a tertiary psychiatric hospital

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ABSTRACT

Background: Mentally ill persons are more vulnerable than others to violation of rights related individual's safety, privacy and dignity. Imperatively, perceived threats to safety, privacy and dignity may interfere with seeking hospital-based intervention. In this regard, the present study aims to explore the perceived safety, privacy, and dignity of persons with mental illnesses in a tertiary mental health facility. **Materials and Methods:** This study cross-sectional, descriptive research design was adopted and recruited 70 psychiatric inpatients using the purposive sampling technique. Quantitative data were collected through the semi-structured interview scheduled and the severity of the mental illness was measured with the General Health Questionnaire (GHQ-12). **Results:** Majority (92.9%) did not report any perceived threats to safety, privacy and dignity. However, 70.0% did not know where to complaints if they had any concerns about admission procedure, treatment and care, attitude of the support team; 52.9% did not know about the informed consent before getting the admission; 82.9% reported that they did not received legal advice from the treating team. **Conclusion:** In a well-established tertiary mental health facility, perceived threats to safety, privacy and dignity may not be prominent. However, patients may still have some additional concerns that are related to the quality of care.

Keyword: Human rights, mental illness, hospitalization, quality of care

INTRODUCTION

As per the WHO Constitution (1946) guideline, mental hospitals are expected to adhere to the prescribed standards to uphold the safety, privacy, and dignity of individuals with mental illness and ensure appropriate support to them in the environment in which services are delivered. Such practices will minimize the incidence of risk and maximize recovery and quality of life.[1] Despite the merits of such acceptable practices, there were instances where the safety, privacy, and dignity of people seeking mental health services have been compromised.[2] Very few incidents of such violations are reported in the media.[3]

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Previous studies have provided ample data to suggest a need to look at system-related issues to ensure the safety, privacy, and dignity of people with mental illnesses. For instance, it is reported that the attitude of mental health professionals,[4] power hierarchy,[5] and general courtesy of the support staff [4,6] can affect the self-respect, dignity, self-esteem, and worthiness of people with mental illness.

Violation of human rights can have serious mental health consequences. Implicit discrimination in delivering mental health services within and between the health workforce and service users can contribute to the barrier to health services and poor-quality care. The mental hospital still has uneven access to buildings, narrow doorways,

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inadequate bathroom facilities inaccessible parking areas create a barrier to health care facilities. Ensuring safety, providing privacy, and promoting dignity can foster autonomy, reduce discrimination, and embarrassment among mentally ill people.[7,8,9]

Article 21 of the constitution of India recognized the right to live in human dignity. All people should avail these kinds of rights equally irrespective of gender, age, disability, caste, and religion. The Government of India has passed the persons with disability Act 2016 and enacted it to ensure the right to an individual with a disability and empower them in social, physical, psychological, and occupationally.

Identify the gaps in the existing literature. The current study has been taken up to explore the perceived safety, privacy, and dignity of inpatients in a tertiary psychiatric hospital at NIMHANS.

MATERIALS AND METHODS

The study adopted cross-sectional descriptive design using a purposive sampling technique. It was conducted from January to December 2019. Seventy inpatients were recruited from NIMHANS, a tertiary care hospital in Bengaluru. The inclusion criteria made for the present study were as following: 1). participants who can speak any one of the following languages-English, Kannada, or Hindi, 2). an International Classification of Diseases -10 (ICD-10) Diagnosis, currently in remission 3). patients age between 18-50 years, and 4). any gender and socio-economic status. Tools used for the study were:

1. Socio-demographic and clinical datasheet: The researcher prepared the socio-demographic and clinical data sheet to collect personal information from the caregivers and the patients' clinical profile, including treatment compliance.
2. Semi-structured Interview Schedule: It was assessed on the subjects to understand the safety, privacy, and dignity perceived by the mentally ill patient during the hospitalization.

Procedure: The semi-structured interview scheduled was prepared and submitted to experts from NIMHANS, Departments of Psychiatry, Psychiatric Social Work, and Clinical Psychology for content validation. The tool was revised based on the expert's inputs before the process of data collection initiated. Further, informed consent was taken from those patients who meet the inclusion criteria made for the study. Demographic detail and clinical data were collected from the respondent, then a semi-structured interview scheduled assessing safety, privacy, and dignity perceived by the mentally ill patient during the hospitalization was administered. Ethical clearance was obtained from the NIMHANS Ethics Committee to carry out this study.

Statistical analysis: The data analysis was done using the Statistical Package for Social Sciences (SPSS 20.0 IBM) version. The demographic characteristic of the data was analyzed with a descriptive statistic such as frequency and percentage. Shapiro-Wilk test for normality was performed to see the normality of the data. To see the difference in demographic factors and safety, privacy, and dignity, a non-parametric test Kruskal-Wallis Test and Mann Whitney U Test were performed. As the responses are in ordinal scale with yes /no answers with the lower range in global score hence such test was considered.

RESULTS

Socio-demographic and clinical Profile

The socio-demographic and clinical characteristics of the patients are given in table 1. The sex distribution shows the majority of the participants were males (51.4%), belonged to economically backward classes (40%), rural area (60.0 %), Hindu religion (87.1%), nuclear family (65.7%), studied up to primary school (51.4 %), married (61.4%), and either not employed or working in unorganized sector (57.1%). The participants' median age was 34.00 years (Interquartile Range 15.25). The majority of the participants had a family income of less than 50,000 per year, and 38.6% had to travel from more than 100 kilometers to the hospital. The participants' clinical characteristic shows that majority 50.0% were bipolar affective disorder patients, 40.0% belongs to 21-30 age group and having long-standing illness 6 > history; 78.6% of respondents had a history of frequent admission in the psychiatric hospital.

Table 1 Socio-demographic Profile

Variables		**n (%)**
Sex	Male	36(51.4)
	Female	34(48.6)
Caste	General	20 (28.6)
	OBC	28(40.0)
	SC	21(30.0)
	ST	1(1.4)
Occupation	Daily wager	17(24.3)
	Government	4(5.7)
	Self-employment	9(12.9)
	Any other specify	40(57.1)
Marital Status	Married	43(61.4)
	Unmarried	20(28.4)
	Other specify	7(10.0)
Religion	Hindu	61(87.1)
	Islam	7(10.0)
	Christian	2(2.9)
Family Type	Nuclear	46(65.7)
	Joint	24(34.3)
Education	Illiterate	5(7.1)
	Primary	36(51.4)
	Higher secondary	29(41.4)
Age in Years	Median (IQR)	34 (15.25)
Habitat	Rural	42(60.0)
	Urban	28(40.0)
Annual income	0-50000	57(81.4)
	51000-10000	7(10.0)
	10000>	6(8.6)
Distance from NIMHANS	1km-50km	28(40.0)
	51km-100km	15(21.4)
	101km->	27(38.6)
Clinical Characteristic		
Diagnosis	Schizophrenia	23(32.9)
	BPAD	35(50.0)
	OCD	4(5.7)
	Depression	7(10.0)
	Other	1(1.4)
Age of onset	10-20	27(38.6)
	21-30	28(40.0)
	31->	15(21.4)
Duration of the illness	1-12months	6(8.6)
	1-5 year	24(34.3)
	6>	40(57.1)
Frequency of admission	1-3	55(78.6)
	4-10	15(21.4)

Safety Perceived the Respondents

Table 2 shows the majority (92.9%) of the respondents responded that they were allowed to move freely in the ward and the hospital, received prompt help from night-duty doctors (72.9%), had a caregiver while physical examinations were carried out (78.6%). The majority could see their prescriptions (65.7%) and explained the side effects of the consultant (71.4%). Despite this, many (70.0%) did not know where to complain if they were not satisfied with the admission procedure or about the treating team; 52.9% said they did not know about the informed consent before getting the admission. The majority (87.1%) felt safe and proper treatment from the hospital staff (90.0%) during hospitalization.

Privacy Perceived by the Respondents

Table 2 shows the privacy perceived by the participants in the hospital setting. The majority (97.1) were satisfied with their privacy for taking a bath, toilet, and changing clothes; .and locker for keeping their belongings (84.3%).

Dignity Perceived by the Respondents

Table 2 shows the dignity perceived by the respondents. The majority (95.7%) reported treating teams treat them respectfully; 68.6% mentioned that doctors and counselors maintaining confidentiality; 90.0% of respondents said that hospital staff, fellow patients are not listening to patient's conversation while talking over the phone.

However, 52.9% reported that there was no separate visiting room; 64.3% said that there is a need for a separate dining room in the hospital. The majority (94.3%) reported that they were permitted to wear their own clothes, keep their personal possessions (90.0), allowed to engage in religious activity (85.7%), or not forced to practice other religious activity (91.4%).

The majority (68.6%) has reported that from the hospital, they got respectful care, cut their hair with their consent (90.0%), or had any legal advice (82.9%) or any information regarding human rights (72.9%). However, the majority responded that the treating team allowed them informed decisions about treatment (55.7%). The majority (92.9%) of the respondents did not have any

Table 2 Safety, Privacy & Dignity Perceived by the Respondents

Variable	Response	
Safety perceived by the respondents	**No (%)**	**Yes (%)**
While you are in the hospital ward. Do you feel free to walk outside the ward?	5 (7.1)	65 (92.9)
In the night, if you have had any serious physical or mental problem, was immediate help provided to you? (example breathing difficulty, stomach pain, restless)	19 (27.1)	51 (72.9)
Have you been explained by the treating team why you are being given the medicine and what are the side effects that may occur?	19 (27.1)	51 (72.9)
When you are being physically examined by a male doctor, (has/ does) a female nurse/attendant has present always?	15 (21.4)	55 (78.6)
Were you well informed about the medical consequences of acceptance or refusal of the treatment?	20 (28.6)	50 (71.4)
Are you allowed to see/ access your medication prescription?	24 (34.3)	46 (65.7)
Do you know where to complain if you are not satisfied with the (i) admission procedure (ii) treatment and (iii) care attitude of the treatment team?	49 (70.0)	21 (30.0)
Is informed consent taken for treatment procedures?	37 (52.9)	33 (47.1)
Were you threatened /fearful because of hospital staff or atmosphere?	61 (87.1)	9 (12.9)
Does the hospital staff hurt you by using derogatory remarks?	64 (91.4)	6 (8.6)
Privacy perceived by the respondents		
Do you have some privacy (while bathing, using the toilet, changing clothes?)	2 (2.9)	68 (97.1)
Is there a locker facility to keep your personal belongings?	11 (15.7)	59 (84.3)

Variable	Response	
Privacy perceived ... Continued		
Do the members of the treating team address you properly? (are they respectful)	3 (4.3)	67 (95.7)
When any of the doctor/counsellors/ nurses speaks to you, do they maintain confidentiality?	22 (31.4)	48 (68.6)
Does the staff listen to your phone conversation?	63 (90.0)	7 (10.0)
or conversation with other fellow patients		
Have you ever felt that confidentiality is not maintained by the treating team during hospitalization?	63 (90.0)	7 (10.0)
Dignity perceived by the respondents		
Is there a separate dining area?	25 (35.7)	45 (64.3)
Are you permitted wear your own clothes if you have them?	4 (5.7)	66 (94.3)
Are you permitted to have your personal possessions along with you? (ex. Diary, family photo, books, religious articles)	7 (10.0)	63 (90.0)
Are you allowed to engage in religious activities	10 (14.3)	60 (85.7)
Are you forced to practice other religious activities which you do not like?	64 (91.4)	6 (8.6)
As a patient, in the hospital, were you offered respectful care?	6 (8.6)	64 (91.4)
Were you treated against your wish by the hospital?	48 (68.6)	22 (31.4)
Are you allowed to make health care decisions?	31 (44.3)	39 (55.7)
Was your hair cut without your consent?	63 (90.0)	7 (10.0)
were you advised appropriately about legal matters by the treating team?	58 (82.9)	12 (17.1)
Have you felt any kind of discrimination by treating the team because of your religion or culture?	65 (92.9)	5 (7.1)
Were you ever beaten up by hospital personnel?	66 (94.3)	4 (5.7)

Table 3 Comparison of demographic factors and safety, privacy and dignity perceived

Variables	N=70	Safety		Privacy		Dignity	
Descriptive statistics		Median (Q1, Q3)	U/t p.value	Median (Q1,Q3)	U/t p.value	Median (Q1,Q3)	U/t p.value
Gender	Male (36)	6.00(4.25,6.00)	.895	4.0(4.0,5.0)	.880	6.00 (4.25,7.00)	.632
	Female (34)	5.0(4.0,7.0)		4.0(3.75,5.0)		4.00(4.00,7.00)	
Types of family	Nuclear (n=46)	6.0 (5.0,7.0)	.037	4 (4, 5)	(.031)	6 (5,7)	.214
	Joint (n=24)	4.5 (4, 6.75)		4 (4,4)		6 (4.25,7)	
Habitant of the respondents	Rural (n=42)	6.00(4.00,7.00)	.937	4 (4,5)	(.672)	6(5,7)	.217
	Urban (n=28)	5.00(4.00,7.00)		6 (5,7)		5.5 (4,7)	
Distance from NIMHANS	1-50km (28)	5.00(4.00,7.00)	.145	4.0 (3.0, 4.75)	.099	5.5 (4.0,4.7)	.332
	51-100km (15)	5.00(4.00,6.00)		4.0 (5.0,7.0)		6.0 (5.0,7.0)	

experiences of discrimination during the hospital stay or physical violence (94.3%), or sexual harassment from the hospital staff (98.6%).

Table 3 presents the results of the perceived safety, privacy, and dignity by the respondents, in reference to their socio-demographic variables (gender, type of family, habitation, and distance from the hospital). Findings of the current study did not show any significant differences.

DISCUSSION

Aim of the present study was to explore the perceived safety, privacy and dignity perceived by the persons with mental illness admitted to a psychiatric hospital. The majority of the respondents are male, belong to the Hindu religion, in contrast with the previous study conducted by.[10]The predominant religious group is Hindu by religion in India. The research finding also suggest that majority of respondents are married (61.4%), belong to the nuclear family, completed their primary education, the occupation was homemaker or unemployed, coming from rural area and age of onset was 21-30 years. At this age, life transition happens, and most people search for a job or getting married; hence, they undergo anxiety, distress, and breakdown severely and affected with mental illness.[11]

In our study, the majority of the respondents had the freedom to move around the ward and in the hospital. Instead, permission to go out of the hospital in a systematic manner was a part of and process of reintegrating the patients into the community. At the same time, they had adequate privacy in their personal-care activities, consultations, and securing their belongings. The majority felt safe as they had help, especially during the night (72.9%), and had their caregivers present while doctors were conducting physical examinations (78.6%). They had a sense of participating in the decision-making process as they were allowed to see the prescriptions (65.7%) and given to understand the side-effects of prescribed medication (71.4%). These findings suggest that hospital staff were aware of patients' right and pay attention to the ethical issues in the hospital and owing the accountability in the patients care. These findings are in agreement with previous studies that patients' needs must be addressed to ensure better recovery. [12,13,14,15,16,17,18] And there has to be a good balance between autonomy and privacy as noted in the current study. Privacy is a fundamental right and essential need for an individual. It is a principal component of the right to autonomy. Privacy and confidentiality of patients with regard to physical, psychological, and social information should be strictly protected while they are receiving treatment.[19]

Though the respondents felt safe (87.1%) and respected (90.0%), the majority (70.0%) did not know where to complain if they were not got satisfaction in admission procedure, treatment, and care attitude of the treatment team or about the informed consent (52.9%). Persons with mental illness should not feel fear that their privacy is not protected while receiving treatment in a hospital setting. Such an instinct would influence the patient's recovery. They should have a strong belief that

health care professionals are not sharing information and maintain confidentiality, which they obtain as part of the treatment process. These are the fundamental human right should be protected in all sphere of treatment.[19] Treating team may be well aware of the rights, liberty, and dignity of persons with mental illness. But patients have the right to get sufficient information related to their health condition, diagnosis, prognosis and treatment. They should not be suppressed upon their judgment and decision with regard to treatment. [20,21]

Despite the satisfaction with facilities and services, the majority had additional needs, such as a separate dining room in the hospital (64.3%). The participants were free to engage in their religious activities without affecting others'. Practicing religious activities is a fundamental right of individuals in India, and it has a positive correlation in improving stress and mental health.[22,23]

This study has some limitations as study was conducted in a small sample size and single site. However, measures are necessary to maintain the quality of care provided to people with mental illnesses in inpatient settings. Human rights violations may lead to many problems in society. Therefore, every civil society should ensure the basic fundamental rights of its citizen. Many a time person with mental illness have been deprived of their fundamental rights while receiving treatment. Among them, safety, privacy, and dignity are significant concerns. We cannot imagine the quality of care unless we protect their fundamental rights during a hospital stay. All the professionals involved in treatment service should ensure patients' safety, dignity, and privacy while receiving treatment. Insecurity feeling, breaching privacy and dignity while receiving treatment has clinical implications. The suggestive measure advice by the treating team may less effective in such a situation also it may influence the patient's recovery. The current study findings do not suggest significant human rights violations of persons with mental illness. Because in the hospital, they are getting adequate infrastructure facilities and staff attitudes towards the patient are positive. It may make them feel secure in the hospital protected environment. There are many laws existing in India. These should be implemented effectively for the benefit of the patient. So that their fundamental right can be safeguarded and the quality of care can be improved.

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Conflict of Interest: None

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