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RESEARCH ARTICLE

A QUALITATIVE STUDY ON HUMAN RIGHTS AND MENTALLY ILL PEOPLE

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ABSTRACT

Objective: To determine the level of Human rights violation among the Mentally Ill Patients.
Subjects and Methods: A descriptive and Exploratory Quantitative study was conducted in a Mental Health Institute. Purposive sampling was adopted to select the respondents. The data was collected through participant observation and In-depth Interviews. Further field notes were used for data analysis. The method of presenting the data was case study and observations.
Results: The case studies revealed human rights violation of mentally Ill Persons within the family and community and in fact Human rights were taken good care in the Mental Health Institution. As the respondents have expressed human rights violations in the family and expressed good care from the mental health Institution
Conclusion: The low socio economic status and most living in rural areas with superstitious belief waste time and money violating the mental needs of a person. According to the observation and in-depth interviews it was revealed that there was no human rights violation taking place in the mental health institution. Government should come up with more easily accessible mental health care and all educational institutions must do more research and awareness programs to eradicate the stigma of this issue.

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INTRODUCTION

It is the fact that every person with good mental health thinks that the future is mapped out, but in reality when the person finds it difficult to cope with the pitch of the crisis situations in his life, it can blow him out of water leading to mental illness. People with mental health problem are vulnerable to any form of human rights violation. In India we have more relief resources for mentally ill persons than human resources for mitigation of this issue. As per WHO, about 20 per cent of India's population would suffer from some form of mental illness by 2020. The country has only about 3,500 psychiatrists to cater to the needs of this growing population. India has a huge burden of mental illness which is increasing. In 2005, the National Commission on Macroeconomics and Health, reported 10-20 million persons (one to two per cent of the population) suffered from severe mental disorders such as schizophrenia and bipolar disorder and nearly 50 million or five per cent of the population suffer from common mental disorders such as depression and anxiety. These estimates are now nearer to 3 and 10 per cent respectively (Aarti Dhar).

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Harsh Vardhan pointed out that earlier laws governing the mentally ill—the Indian Lunatic Asylum Act of 1858 and Indian Lunacy Act of 1912 ignored the human rights aspect and were concerned only with custodial issues. After Independence it took 31 years for India to attempt to frame the first legislation, which led to the drafting of the Mental Health Act of 1987. But this legislation was not implemented because of its many defects (Kundan Pandey, 2014)

The family environment plays a vital role for a person's self fulfillment. Positively visualizing the daily negative events is one of the healthy doses for a person's self determination. When a person's determination of basic needs is humiliated it leads him/her to spectrum of negative emotions like insecurity, inferiority, finally into the destination of mental illness. When the family finds it hard to uphold responsibilities to bring the mentally ill person to normal wellbeing they become the most unexpected burden. It is very evident that if the caregivers understand thoroughly about human rights, human rights violation can be well prevented. Enjoyment of the human right to health is vital to all aspects of a person's life and well being, and crucial to the realization of many other fundamental human rights and freedoms.

Mental illness is not a single mans issues it is every single mans negligence to know the issue. Like any other diseases or disability, even mental illness can be controlled with good constructive quality support and security. This study also tries to throw some light on human rights violation and mentally ill patients.

MATERIALS AND METHODS

The study adopted qualitative research method and explorative research design was used to explore the different areas of the study. Purposive sampling was adopted to select the respondents. The data was collected through participant observation and In-depth Interviews. Further field notes were used and data was analyzed.

Results (Name of the Institute and patients name have not been mentioned to protect Identity)

Discussion of Observations

It was an astonishing experience for the researcher to see the Mental Health institution grounded with significant welfare for the well being of the mentally ill persons. Here to the researcher's observation, paramedical and medical staffs were willing to work for the mentally ill persons around the clock. All had professional and friendly rapport with the patients. In this mental institute "Mental illness" was not inside the inverted commas, but rather the mentally ill persons enjoyed their rights to live in dignity. This Mental Health Institution rehabilitates their patents in the form of interventions like activities of daily living, teaching them social skills, vocational training, sheltered workshops are conducted where ill individuals do fruitful work under support and supervision and some of the patients are even paid for their work. Many studies state that socio-economic status is a major cause of poor mental health in India and the same thing was experienced during the observation and interview with the staff, patents and families. A father of 21 years old boy who is a farmer and come from a rural area says

"It's since three years my son is having this illness and in these three years I have sold my land and spent nearly around one and half lakh on my son's treatment. Now I have completely drained my money and very tired with all this, I am just praying he should get cured soon"

"Major phases and revolutions have been described in relation to the history of psychiatry. The initial phases were predominated by the belief that sin and witchcraft were responsible for mental illness; mentally ill people were restricted to jails and asylums. Later, specific theoretical schools explaining the pathogenesis of psychiatric disorders from their respective perspectives created an impact in psychiatry. Further developments were related to the initiation and consolidation of community psychiatry that led to the integration of mental health care in the community. Venkatasubramanian (2008)". It was believed that Initial phase of psychiatry was dominant by witchcraft and sin but to our surprise this study reviled that majority of the families interviewed in the OPD had gone to perform witchcraft and black magic on the mentally ill person before coming to the mental Health Institute. It was observed that Illiteracy and superstitious belief among the rural people made the families of the mentally ill persons to spend much of their money and time on "black Magic" (seivinai) during the early stages of the mental health problem.

A mother of a teenage mentally ill male in the OPD says *"My son was brought to the hospital four years back he was asked to continue with the medicines, later we took him to a priest and he said someone has done black magic on him so we spent nearly around 30,000 on seivanai, and after that he became normal. Now he has developed the symptoms again so we brought him to the hospital.* When the lady asked about medication replied *"because of the pooja he became normal so we discontinued the medicines".*

Later when the problem overrides or goes out of control, the families of the mentally ill person give up their responsibility to take care. Due to this diminishing concern, at the end they walk in the direction of the mental health institution and they are admitted in the mental health institutions. Human rights violations start as soon as the problem goes out of hand. Though there are a number of reports of human rights violations of the mentally ill in psychiatric institutional settings this institution is an exception where the mentally ill person's rights are respected. Through the in-depth interview and observation it was observed that most of the human rights violations are taking place within the family and community, but they are hidden, unreported and overlooked. The following observations and case report would explain the phenomenon - "human rights and mentally ill"

Human Rights of Mentally Ill Persons – Areas Where Violations Occur

Chapter II: Rights of Persons with Mental Illness

Section 8: Right to Community Living

The right to community living is guaranteed by international law, in Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD). CRPD Article 19 establishes that people with disabilities have a right to live in the community and to participate in society as equal citizens.
To the researcher's observation, the mental health institution made all efforts to rehabilitate the cured patients back to the family and community. But the pathetic situation is families are not ready to take them back. The clinical Psychologist who was a very friendly and skilled person, who had a very good rapport with all the patients, said

"*We don't want to keep them here; we also want them to get cured and go back to their community and lead a happy life. But this doesn't happen, families don't want to take them back so they give false address and one day without any information they desert these patients and escape. Now we have adopted new techniques to stop this issue so now days it's not happening. If you see, most of the inpatients are with us for more than 10 years and no one comes to see them also."*

Even thought CRPD guarantees the mentally ill patents the right to community living, mostly this right is violated in families and in the community. Below are some of the experiences shared by the patients and relations on the violations of rights to community living. A young boy who had brought his brother to the OPD ward expressed how his brother was discriminated in his community

"When my brothers illness increased he started breaking the windows and cut the cable wire of the village people, the village called for an panchayat meeting and all people decided that my brother should be sent out of the village. Later the panchayat leader decided that with his expenses my brother will be admitted to the mental health institution and not to be brought back into the village. My sister- in –law also left my brother with his two kids. I am helpless and I don't know what to do"

A 35 years old patient who was working as a professor said *"Since my mental illness started increasing my wife left me with my daughters. They never come to visit me"* A warden said showing a very old patent who was around 80 years old wearing a blue pajama *"He was a very famous heart surgeon long back he was brought to this institute by his mother. She used to visit him, but she also died few years back and now no one comes to visit him. He will stay with us till his end"*

Section 9: Right to Protection from Cruel Inhuman and Degrading Treatment

Having regard to article 5 of the Universal Declaration of Human Rights and article 7 of the International Covenant on Civil and Political Rights, both of which provide that no one may be subjected to torture or to cruel, inhuman or degrading treatment or punishment. This right was well practiced in the mental institution where the observation was conducted. The mental ill person who were not wanted by their families and neighbors , to live with or live next door were seen leading a safe and secured life under the health care providers in this institution. The patients were conditioned at their initial stage in a constructive way to do their own personal work and were left free according to their problems intensity. The mentally ill people were conditioned to learn to master their thoughts with care and concern by the nurses in the institution. *"We don't isolate them"* one of the wardens said. Every patient was called by their names and not with their illness. This shows the respect towards human and awareness of safe guarding their rights.

In this institution they were not chained and not treated with Electroconvulsive Therapy (ECT) rather they are rehabilitated. Clause 104 of the 2012 Indian Mental Health Bill, already cleared by the Parliamentary Standing Committee, sets out a legal prohibition on the use of ECT without anesthesia and muscle relaxants. If a doctor performs unmodified ECT when the new law enters into force he or she will be committing a criminal assault.

The warden said *"long time back our patients were given ECT as a treatment but now as the constitution has banned ECT, so the institution also has stopped giving ECT to our patients"*

The patients were given healthy and hygiene food. The patients were trained to do their personal daily routines. The warden said *"we don't shave their head nor we isolate them; they are left free inside the ward"*.

Section: 10 Right to Equality and Non-Discrimination

There were patients who were from high socio economic background like cardio surgeon, professor, businessmen, but all are treated equally. They were put in wards according to their severity of illness rather than their economic status. Everybody is given the same food without discrimination. Even in the rehabilitation unit the bread loaf prepared by the patients are bought by the staffs working there and also sent outside to different hospitals. The warden said *"they do it in a very clean and hygienic manner like any other normal person does and since the bread prepared here does not contain any artificial sugar, our staffs and even doctors buy them"*. This shows non-discrimination

Section 11 Right to Information

The patients were informed about their illness was very much apparent from the conversations. When few of the patients were asked about their illness;

A young patient aged 27 said *"I have bipolar disorder"*. When he was asked what is bipolar disorder within seconds he replied *"depression and mania and I have both the symptoms". Next question was what schizophrenia is and he replied "Hallucination and delusions"*. In the OPD unit as well as in the wards when family members and the patients were asked about their illness they were easily able to define it. One of the patient said *"I have catatonia and in the assessment test I got 75%. I scored 3% for self care and 3% for interpersonal relationship, and in communication and understanding I scored 6% and in willingness I scored10% and doctors said to me that I will get well soon"* from the above right to information is clearly followed by the institution.

A study conducted by Mills MS et al (2008) gave an opposite findings where, the researchers investigated 52 recently admitted patients about formally receiving information regarding patients' rights and about their knowledge of that information. Of the 13 day hospital patients, 12 recalled being given the information, but only 20 of 39 inpatients recalled receiving the information. Most patients, disregard of their diagnosis or legal status, knew their rights.

Section 12: Right to Confidentiality

Section 12 of The Mental Health Care Bill, 2011 deals with Right to Confidentiality. The same was tabled in the Parliament in 2013. Confidentiality about the identity and details of the patient with some exceptions is the obligation of the treating mental health institution. Patients and family members expect the clinician to maintain secrecy about them. To safe guard the right to confidentiality the mental health institution takes every step to keep the case study and medical records secret. The medical records room is locked and legal case files are kept very confidential.

The warden said *"Records of the patients are kept very confidential specially the legal files. Records are produced only to the people who are treating the patients. If any students who come for their studies need to access the records for learning then they have to get proper permission from the authority."*

Section 14: Right Personal Contacts and Communication

A mentally ill person was undergoing counseling when a warden came and informed that his wife has come. The patent with a broad smile on his face said "*I'm very much happy to see my wife*". The clinical psychologist understanding his emotions discontinued his counseling session and asked the patient to go meet the wife and to come for the session the next day. In this institution the patients were allowed to talk to their family members and friends. Their personal space as fellow human being was very much respected. They were given news papers and TV for recreations. Even games were conducted among them to develop interpersonal relationship. The warden showed a big ground and said every year mega sports are conducted in the institute and patients actively participate in it. Patients were all found in groups; interacting with each other. There were patients who even introduced few patients and said they are my friends. Even though they are left alone they themselves create their own relationships and live each day.

Case Study – Human Rights Violations

Case Study Report

A bold voice in view was stable and honest enough to share his rough time. Mr. Kumar (name changed) 27 years old is in the mental health Institution for the past 10 years. He studied till 10^{th} and was living in a city. He was with his mother and was living a harmonious life. In the year 2006 he lost his mother. After his mother's death, no one from his relatives supported him. He went through a crisis situation, where he was withdrawn from the normal life and no one really turned up to know what's bothering him about. He with self initiation got a job in a car showroom. Due to his temperament he lost his job. Later, for the next few years he was working as an agent in an insurance company, again where he was crushed out due to his bizarre behavior. His lives shake to the sense of doom and gloom. Despite the best effort to work due to his anger he was struck inside four walls. His illness started becoming worst due to grief and loneliness.

He says "I *was left in such a condition where I even begged to people to buy me some snacks and tea. My relatives all turned their backs. When my illness became severe I was locked inside my house without food and water for several days. One fine day with the help of assertive outreach team I was rescued by the police and I was shifted to the mental Health Institute"*. When he was brought to the institute he was found emotionally flat and diagnosed with the history of bipolar disorder. He says he is happy and the institution is taking good care of him. He has a desire to get married and have his own children

Case Study Report 2

It was traumatic to see a person with full of hope and longing that one day or the other he will be taken home by his family members.

But the truth behind is that he has spent 10 years travelling with this false hope. The man says *"I am here for the past 10 years, I am married, I have two daughters, my wife left me since became very much addicted with ganja, my parents died and I have only one sister"*. The family once upon a time cared for him and dependent on him to run the family, due to his bad he became mentally disturbed and he was admitted to the mental health institution for treatment.

The pathetic situation is that even after 10 years today when he is cured his family is not willing to take him back home. Whenever his sister and brother-In-law visited him they gave him a false hope that they will take him soon. The man said *"Now my wife divorced me but my daughter says, she will take me home when she goes for work and will take care of me"*. He even said that his sister will take him home, but his brother in law is frightened to come to this institution. Finally it was observed that no one is willing to take his responsibilities even though he is now been recovered.

DISCUSSION

From both the above case study reports it's crystal clear that human rights violations are taking place in the family and community. The family must take the responsibility at least to take care of his own family member who is mentally ill. It is every mentally ill person's birth right to live with his own family members when his conditions are under control. After the treatment the family must feel happy to bring them back home and provide them their basic needs than highlighting the past.

Conclusion

From this study it was revealed that human right violations of mentally ill persons are taking place in the family and community. Mental health institutions are safe guarding the human rights of these mental health persons with humanitarian approach. Hence the researcher suggests the family members who are the main care takers should take up responsibilities of the patient in the initial stage, than believing in black magic and witchcraft. These mentally ill people when not cared; the street becomes their dwelling place. These innocent mentally ill people not only get infected with diseases, women are been sexually abused. It is each and every individual's responsibility to inform police to put them into safe mental institutions.

Prevention of some mental health problems can also be achieved like, mental retardation by extensive variety of public health measures. These measures include antenatal care, maintain good nutrition to pregnant mothers, administer skilled delivery, postnatal care, immunization, sufficient nutrition for infants, prevention of accidents, treatment of mild mental health issues like stress depression on time. Government should facilitate more psychiatric clinics in PHCs even in remote villages which are easily accessible with good infrastructure. Looking healthy has difference in being healthy. It is very important to eradicate the attitude and stigma of the people towards the mental ill persons. It can be changed only through awareness programmes.

All the educational institutions should come forward to understand the issue than restricting the knowledge of this issue only to the medical, Para medical and to the science students. Man power is the most needed for to safe guard this increasing population. Increasing human resources is the only source to decrease this issue. So many research works in this area has to be implemented and interventions must be done to control this growing issue.

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