



WORLD CONGRESS
Mental Health 2022
LONDON

“Mental health:
a global priority”

June 28th - July 1st, 2022

Central Hall Westminster
Storey's Gate - London - SW1H 9NH

EACCME applied for



SYMPOSIUM SESSION TWO	
Event Code: LEE22-00523 World Mental Health Congress London Mental Health a Global Priority, London, UK 28/06/2022-01/07/2022	
Your details (as you want them listed in the programme)	<p>Claire Brooks The World Dignity Project, Founder member, Volunteer Director of Research & Development President of ModelPeople Global Insights & Strategy</p> <p>As a Founder Member and Volunteer Research Director of The World Dignity Project, Claire has conducted research with mental health service users, carers, families and health professionals around the world, resulting in the development of a Taxonomy of Dignity in mental health and the design of the global Dignity symbol, a model for the operational measures of Dignity in mental health patient experience and understanding of the dignity impacts of mental health impacts of COVID19.</p> <p>As President of ModelPeople, a global insights & strategy consultancy, Claire conducts consumer, patient and healthcare professional research with some of the world's largest corporations. Having graduated from Cambridge University with an MA in Social Sciences and an MBA from Durham University Business School, she has held senior roles in general management, brand management and strategic brand planning, with Fortune 500 corporations and ad agencies in Europe and the US. She was a faculty member at Durham University Business School, designing and teaching MBA Marketing programmes, including core modules for Durham's NHS MBA. She was also a non-executive director with the UK's Northern Region Health Authority and served on the regional ethics committee. Claire is the author of <i>Marketing with Strategic Empathy</i>® (Kogan Page, 2016).</p>
Date and time of your symposium session	Tuesday 28 June 2022 08.30-10.10 hrs Overall Session Theme: Promoting access to well-being and mental health
Duration	20 mins
Proposed title (please complete)	Making Dignity an Integral Component in Mental Health Service Delivery Authors: Claire Brooks, Jiachen Hou, Liz Breen,

	University of Bradford School of Management and School of Pharmacy and Medical Sciences.
Learning Objectives (please complete)	<ol style="list-style-type: none"> 1. Understand the importance of dignity as an integral component of mental health service delivery, based on a comprehensive review of peer-reviewed literature on patient dignity. 2. Evaluate meta-synthesis as an interpretive approach to generating a set of variables to describe the domain 'dignity in mental health patient experience', from the service user perspective. 3. Review and discuss with peers a new conceptual model for dignity in mental health patient experience.
Abstract (max 500 words)	<p>Introduction</p> <p>Dignity is a critical factor for patients in their evaluation of the quality of healthcare and is strongly correlated with patient experience ratings (Valentine et al. 2008; Robert et al. 2011; Valentine et al. 2015). Yet worldwide, mental healthcare services deliver negative dignity experiences and stigmatize service users (Harangozo et al. 2014; Rodríguez-Eguizabal et al. 2021). Irredeemable loss of dignity is proposed as a cause of suicide among psychiatric patients (Hultsjö et al. 2019). A major issue is that dignity is operationally complex (Hadland and Lambert 2014). Patient dignity scales have been proposed in palliative (Chochinov et al. 2008) and surgical care (Lin and Tsai 2019; Ota et al. 2019), but no mental health dignity scale has been found. A new study in collaboration with the World Dignity Project is addressing this research gap by developing the first validated dignity scale. The first phase of the study was to conduct a meta-synthesis of the published research on mental health dignity.</p> <p>Aim</p> <p>The goal of this meta-synthesis is to interpret available evidence from the service user perspective to generate variables which describe the domain '<i>dignity in mental health patient experience</i>'.</p> <p>Method</p>

Meta-synthesis can be defined as an interpretive approach to synthesizing qualitative research with the goal of making a greater contribution to theory than that made in the original study. This meta-synthesis was guided by a focused Research Question: ***‘What are the measures of dignity in mental health patient experience which should inform the design and delivery of mental health services, from both patient and clinical professional perspectives?’***; and a search protocol was established. Searches were conducted on Medline, APA Psych Info, CINAHL, Embase, Web of Science, with the limiters: scholarly or peer-reviewed articles/ journals, English language, terms used in title, abstract and author keywords, no date limit. Search terms were: dignity AND mental health, dignity and respect AND mental health, “mental health dignity”; dignity AND mental health or mental illness or mental disorder or psychiatric illness [MeSH term], dignity AND mental healthcare; dignity AND measures or scales or questionnaires or instruments [MeSH term] AND mental health, mental health services AND dignity. Inclusion criteria were articles which described or synthesized research studies in a mental healthcare setting, and which also identified themes or measures of mental health patient dignity primarily from the patient perspective (i.e. sample was patients or equal weighting of patients and healthcare professionals.)

Results

Seventeen studies were identified. Dignity measures, taken verbatim from patient quotes or inferred from interpretive themes used in the researcher’s narrative, were extracted and tabulated. This process derived 201 measures, including some duplicates or which expressed the same measure differently. Seven dignity themes were identified: Respect, Autonomy,

	<p>Communication, Empathy, Treated as an Individual, Privacy & Confidentiality and Environment & Basic Care. After thematic grouping and comparing measures within each group, duplicates were eliminated, and language refined for clarity. This produced a 76-item scale. This scale was exposed to mental health service users in qualitative research, the results of which will be shared in Plenary Session Four.</p>
<p>Key references or resources</p>	<p>Chochinov, H. M., Hassard, T., McClement, S., Hack, T., Kristjanson, L. J., Harlos, M., Sinclair, S. and Murray, A. (2008) The patient dignity inventory: a novel way of measuring dignity-related distress in palliative care. <i>Journal of pain and symptom management</i> 36 (6), 559-571.</p> <p>Hadland, R. and Lambert, N. (2014) The challenge of dignity in mental health. <i>British Journal of Mental Health Nursing</i> 3 (3), 132-136.</p> <p>Harangozo, J., Reneses, B., Brohan, E., Sebes, J., Csukly, G., López-Ibor, J. J., Sartorius, N., Rose, D. and Thornicroft, G. (2014) Stigma and discrimination against people with schizophrenia related to medical services. <i>International Journal of Social Psychiatry</i> 60 (4), 359-366.</p> <p>Hultsjö, S., Wärdig, R. and Rytterström, P. (2019) The borderline between life and death. <i>Journal of Clinical Nursing</i> 28 (9-10), 1623-1632.</p> <p>Lin, Y.-P. and Tsai, Y.-F. (2019) Development and validation of a Dignity in Care Scale for Nurses. <i>Nursing Ethics</i> 26 (7-8), 2467-2481.</p> <p>Ota, K., Maeda, J., Gallagher, A., Yahiro, M., Niimi, Y., Chan, M. F. and Matsuda, M. (2019) Development of the inpatient dignity scale through studies in Japan, Singapore, and the United Kingdom. <i>Asian nursing research</i> 13 (1), 76-85.</p> <p>Robert, G., Cornwell, J., Brearley, S., Foot, C., Goodrich, J., Joule, N. and Levenson, R. (2011) What matters to patients? Developing the evidence base for measuring and improving patient experience. <i>NHS Inst Innov Improv</i>.</p> <p>Rodríguez-Eguizabal, E., Oliván-Blázquez, B., Coronado-Vázquez, V., Sánchez-Calavera, M. A., Gil-De-Gómez, M. J., Lafita-Mainz, S., Garcia-Roy, Á. and Magallón-Botaya, R. (2021) Perception of the primary health care response capacity by patients with and without mental health problems, and health professionals: qualitative study. <i>BMC Health Services Research</i> 21 (1).</p> <p>Valentine, N., Darby, C. and Bonsel, G. J. (2008) Which aspects of non-clinical quality of care are most important? Results from WHO's general population surveys of "health systems responsiveness" in 41 countries. <i>Soc Sci Med</i> 66 (9), 1939-50.</p> <p>Valentine, N., Verdes-Tennant, E. and Bonsel, G. (2015) Health systems' responsiveness and reporting behaviour: Multilevel analysis of the influence of individual-level factors in 64 countries. <i>Social Science & Medicine</i> 138, 152-160.</p>

