Treatment of Patients with Mental Illnesses: An Ethical Issue

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Abstract

Mental health disorders account for a large number of undertreated diseases. Annually, approximately 30% of people will be diagnosed with a mental illness. In the United States, there is a negative stigma associated with mental illness. This stigma pervades the healthcare system. The stigma includes misconceptions of people with mental illnesses such as: they are violent, they brought their illness on themselves and they have no self-control. Several surveys and observations of nursing and physician practices, have shown this negative stigma alters the treatment and medical interventions offered patients with mental disorders. Although there have been several initiatives from the United States government and researchers to improve the quality of care for patients with mental illnesses. The healthcare system is in violation of the ethical principles of respect, beneficence, and justice, in the care delivered to those patients with mental illness.

Ethical Principles

Respect

• Respect is defined as treating patients as a person worthy of care.
• Patients experience “diagnostic overshadowing” are being denied care and blatantly disrespected during one’s doctor’s visit.
• A survey of 303 psychiatric patients further showed consistent disrespect. When asked, 66% of those surveyed decided against seeing their doctors because of a disrespectful attitude from the healthcare provider.

Beneficence

• Beneficence is the duty to do good for all patients.
• Those with mental illness have high morbidity rates due to refusal of or limited treatment, as evidenced by the high incidences of cardiovascular, respiratory and infectious diseases more than any other population.
• See the “U.S. Report card on optimal level treatment of Patients with Mental Illness”
• Only eleven states out of the fifty within the United States have programs to help psychiatric patients, in an effort to decrease the high morbidity rate

Justice

• Justice is fairness and equality in all patient relationships.
• Patients receive substandard treatment from physicians and nurses.
• Priority treatment is placed on individuals with no mental illness.
• In 2012, in a qualitative study, a group of 1,500 people with mental disorders met with the Human Rights Commissioner. The general theme was: they had been treated poorly, labeled, ridiculed, and judged for their mental illness. One stated that her surgeon said to her, “if I had known you were crazy, I would not have operated on you.”

U.S. Report card on optimal level treatment of Patients with Mental Illness

A national report card of the United States, observing each state’s service to psychiatric patients, revealed that treatment for psychiatric patients is not at an optimal level. One category observed how each state promotes healthy living. Based on the ‘A’-'F' letter grade system, ‘A’ being the best and ‘F’ being the worse, 70% of the states in America scored an ‘F’ or a ‘D.’ reflecting inadequate services for the wellness and survival for people with mental illness

Nurses caring for the mentally ill

• Nurses are at the frontline of patient care.
• It is important for nurses to provide patient centered care, education, and support.
• Nurses lack the skills to manage behaviors and symptoms of psychiatric patients, which creates fear of this population.
• Education in nursing schools and orientations in health care facilities is the solution to decreasing nurses’ fear, so that patients can begin to receive the benefits of patient-centered and ethically sound care.

What is Currently Being Done?

• Policy changes will address: creating an inclusive environment for all patients who come to seek care mental health services to all patients eliminating inaccessible or unavailable services.
• Bringing awareness and knowledge of patient-centered mental health treatment.
• Healthcare provider education:
  • To increase knowledge about mental illness and promote inclusive care for all patients.
  • To decrease fear of this patient population.
• Using person-first language, which is identifying the patient by his/her disability. This resolution aims to focus on who the patient is. For example, saying the "person with schizophrenia" rather than "a schizophrenic."

Alternative Actions and Their Outcomes

• Integrating mental health care into primary health care services would bridge the gap between mental health and physical health.
  • For example, research of patients with diabetes, coronary heart disease, or both and depression disorder was done to learn if coordinating the treatment of all of the above conditions would improve disease control, and it did prove to be helpful.

Recommendations/Discussion

• Incorporating education of the pathophysiology of psychiatric disorders, and how to communicate with these types of patients into medical and nursing schools can:
  • Prevent inadequate treatment.
  • Alleviate fears of this population.
  • Refocus care to include the whole person, and not just the physical needs of the person.
• Including prevention services and how to treat those patients with a mental illness, as part of the Joint Commissions accreditation process can help improve interventions for psychiatric patients.
• Increase inpatient facilities