



WORLD CONGRESS  
**Mental Health 2022**  
LONDON

“Mental health:  
a global priority”

June 28<sup>th</sup> - July 1<sup>st</sup>, 2022

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

EACCME applied for



PLENARY SESSION FOUR	
Event Code: LEE22-00523 World Mental Health Congress London Mental Health a Global Priority, London, UK 28/06/2022-01/07/2022	
<b>Your details</b> (as you want them listed in the programme)	<p><b>Claire Brooks</b> <b>The World Dignity Project, Founder member, Volunteer Director of Research &amp; Development</b> <b>President of ModelPeople Global Insights &amp; Strategy</b></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 &amp; 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>
<b>Date and time of your plenary session</b>	Wednesday 29 June 2022 08.30-10.10 hrs Overall Session Theme: Citizenship
<b>Duration</b>	20 mins
<b>Proposed title</b> (please complete)	<b>Co-creating Dignity Experiences in Mental Health Service Delivery</b> Authors: Claire Brooks, Jiachen Hou, Liz Breen, University of Bradford School of Management and School of Pharmacy and Medical Sciences.

<p><b>Learning Objectives</b> (please complete)</p>	<ol style="list-style-type: none"> <li>1. Gain a deeper understanding of the operational measures of dignity in mental health service user experience from new global research with service users and healthcare professionals.</li> <li>2. Learn from peer discussion about their experiences.</li> <li>3. Lend your own experiences towards validating the first evidence-based mental health dignity scale co-created with both healthcare professionals and service users.</li> </ol>
<p><b>Abstract</b> (max 500 words)</p>	<p><b>Introduction</b></p> <p>Dignity and respect from others are fundamental to full citizenship, no less for vulnerable individuals using mental health services. Service user dignity is protected in health system policy and medical ethics. Evidence suggests that a dignity experience improves health outcomes (Beach et al. 2005), yet the dignity of psychiatric patients remains ‘understudied’ (Plunkett and Kelly 2021) and there is little quality evidence of what experience patients themselves want (Staniszewska et al. 2019). This study, done in collaboration with the World Dignity Project, addresses this research gap by co-creating, with service users and healthcare professionals and experts worldwide, the first mental health dignity scale. There are three research phases: 1. Service user qualitative; 2. Healthcare expert Delphi panel; 3. Quantitative validation with service users and healthcare professionals. This abstract presents the results of the first phase of qualitative research.</p> <p><b>Aim</b></p> <p>The aim of the research is to increase understanding of how dignity can be operationalised in patient experiences of mental health services, to inform best practice in service design and delivery. Specifically, to propose a validated dignity item scale.</p> <p><b>Method</b></p> <p>A diverse purposeful sample of 16 mental health service users was recruited: male and female, age 19-60+; ICD-11 diagnosis of a SMI; receiving/have received primary or secondary care; from 13 countries, mix</p>

of high and low-mid income. Three participants had been detained. Participants were recruited by public invitation from the World Dignity Project (via newsletter and social media). 127 respondents to the invitation were invited to link to an online screener, and informed consent was obtained from qualified recruits. Participants wrote two narratives, describing a positive and a negative healthcare dignity experience, and then reviewed a draft 76-item scale of dignity measures developed from a literature meta-synthesis. The study had ethical approval from the University of Bradford.

### **Results**

Narratives were coded according to seven themes identified in the literature meta-synthesis: Communication, Autonomy, Treat me as an Individual, Environment & Basic care, Empathy, Respect, Privacy/Confidentiality. Positive experience narratives emphasized primarily: Communication with Empathy (listening without interrupting, giving information about treatment, comforting, offering hope, building self-confidence, reducing shame/guilt, including loved ones in care) and Autonomy in the sense of empowerment (discussing options other than medication, shared decision-making). Also important was Treating as an Individual (being accepted for who I am), especially for younger participants, and Environment (welcoming safe space, attractive facilities). Negative experience narratives emphasized poor Communication (not acknowledging concerns, talking not listening), lack of Respect (judging, demeaning) and Environment (prison-like facilities, restricted activities or food/drinks). Also important in negative narratives were: Treating me as an Individual (rushing to diagnose/treat, not customizing treatment, labelling and judging), and Autonomy (not discussing options, imposing petty rules). Privacy was not mentioned in narratives but was rated important in the item scale. Patient narrative language was thick in description and enabled the draft dignity scale to be refined with richer language and less important measures eliminated. This resulted in a 57-item scale which was subsequently presented to the healthcare professional Delphi panel for feedback.

<b>Key references or resources</b>	<p>Beach, M. C., Sugarman, J., Johnson, R. L., Arbelaez, J. J., Duggan, P. S. and Cooper, L. A. (2005) Do patients treated with dignity report higher satisfaction, adherence, and receipt of preventive care? <i>The Annals of Family Medicine</i> 3 (4), 331-338.</p> <p>Plunkett, R. and Kelly, B. D. (2021) Dignity: The elephant in the room in psychiatric inpatient care? A systematic review and thematic synthesis. <i>International Journal of Law and Psychiatry</i> 75, 101672.</p> <p>Staniszewska, S., Mockford, C., Chadburn, G., Fenton, S.-J., Bhui, K., Larkin, M., Newton, E., Crepaz-Keay, D., Griffiths, F. and Weich, S. (2019) Experiences of in-patient mental health services: systematic review. <i>The British Journal of Psychiatry</i> 214 (6), 329-338.</p>
------------------------------------	---