

Redefining Mental Health Care: A Human-Centred, Ethical Approach to Reducing Stigma

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Abstract: The article explores the importance of adopting a human-centred, bioethical approach to mental health care to combat the pervasive stigma surrounding mental illness. Despite increasing awareness, societal prejudices and systemic inequities continue to hinder access to care, often exacerbating isolation and impeding recovery. The paper advocates for a trauma-informed, culturally responsive, and inclusive mental health framework, emphasizing autonomy, respect, and justice as bioethical principles essential for reducing stigma. It discusses various forms of stigma: self-stigma, public stigma, and institutional stigma—and their impact on individuals' well-being and healthcare outcomes. By incorporating trauma-informed care, cultural competency, and peer support programs, mental health systems can foster a more compassionate and inclusive environment.

Keywords: Mental health stigma, bioethics, trauma-informed care, cultural responsiveness, autonomy.

In recent years, mental healthcare has come under scrutiny for its need to address not only the conditions it treats but also the pervasive stigma that surrounds them. Despite increased awareness, individuals seeking mental health support often encounter barriers rooted in social prejudice and systemic inequities. These barriers can deter treatment and exacerbate isolation, ultimately hindering recovery. To combat this, mental health treatment must embrace a trauma-informed care approach, foster cultural responsiveness, and ensure inclusive support systems, allowing mental healthcare to become a natural part of overall wellness. Advocating for mental health as a fundamental human right is essential to drive systemic change, ensuring equitable treatment and reducing stigma within healthcare institutions and the broader society.

Through this lens, mental health care can be reimagined as a shared responsibility, demanding a compassionate and ethically robust approach to care. The integration of bioethical principles, such as autonomy, respect, and justice, into mental health practices is crucial in reducing stigma and improving treatment outcomes.

Mental health stigma is a multifaceted issue, encompassing societal attitudes, institutional practices, and individual perceptions. Stigma often manifests as overt discrimination or more subtle biases that influence the treatment of individuals with mental health conditions within both society and healthcare systems. Effectively addressing stigma requires a comprehensive understanding of its origins, consequences, and the ethical frameworks that can guide meaningful change.

Goffman defines stigma as an “attribute that is deeply discrediting and as something that reduces its bearer from a whole and usual person to a tainted, discounted one” (22). This understanding is central to the concept of mental health stigma, which can lead to psychological distress, social isolation, and reluctance to seek necessary care. It is important to recognise the distinct forms of stigma: self-stigma, public stigma, and institutional stigma—each with unique implications for individuals and the healthcare system. Self-stigma occurs when individuals internalise negative stereotypes, leading to feelings of shame and a diminished sense of self-worth. These internalised beliefs often prevent people from seeking treatment, as they may feel undeserving of help or fear judgment from others. “We are all just actors trying to control and manage our public image, we act based on how others might see us” (Goffman 22). Public stigma, on the other hand, is rooted in societal attitudes and beliefs that marginalise those with mental health conditions. Reinforced by media portrayals and cultural narratives, public stigma can have profound effects on individuals’ mental health, social relationships, and opportunities for recovery. Institutional stigma refers to discriminatory practices within organisations and healthcare systems, such as inadequate funding, a lack of trained professionals, or systemic biases that prioritise physical health over mental health. Mental health stigma can be exacerbated by other intersecting forms of stigma based on race, gender, sexuality, or socioeconomic status. Recognising and addressing these intersectional layers of stigma is crucial for ensuring equitable mental health care. Tailored approaches that account for diverse lived experiences help make care more inclusive and responsive to varying cultural or socioeconomic challenges. Addressing these forms of stigma is essential for equitable mental healthcare, which is where bioethics can play a key role in fostering more human-centred practices that reduce stigma and improve treatment outcomes.

A transition toward a human-centred and ethically grounded approach to mental health care is imperative. Such a paradigm shift necessitates a concerted effort among healthcare professionals, policymakers, and community organisations to establish a healthcare framework that foregrounds principles of dignity, respect, and inclusivity. Central to this model is the implementation of trauma-informed care, which prioritises safety and empowerment, fostering an environment where patients are both secure and respected throughout their treatment. This approach not only acknowledges the profound impact of trauma on mental health but also seeks to mitigate the reactivation of traumatic experiences within the healthcare setting, promoting holistic recovery and sustained well-being. Technology can play a positive role in making mental health care more accessible and less stigmatised. Online platforms for therapy and mental health apps allow individuals to seek support privately, minimising fears of judgment. Additionally, digital education campaigns can be powerful tools for combating public stigma, promoting awareness, and normalising mental health conversations on a broader scale.

Incorporating cultural responsiveness is another crucial aspect of this shift. Healthcare providers can meet the diverse needs of individuals by receiving targeted training that enables them to engage with patients in a culturally sensitive manner. Additionally, integrated care models that connect mental and physical health services promote a holistic approach to wellness, normalising mental health treatment as part of overall healthcare. This can reduce the stigma that often surrounds mental health care. There have been several attempts at creating instruments to measure and understand stigma as a psychological construct in the context of mental health. In this vein, the Internalized Stigma of Mental Illness (ISMI) scale and the Perceived Devaluation-Discrimination Scale, among others, seek to quantify stigma more objectively.

The ISMI scale, as defined by Ritsher et al. (2003), measures the subjective experience of stigma, including the internalization of negative stereotypes and beliefs about mental illness. It includes five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal, and Stigma Resistance. These subscales were further defined as follows: (i) Alienation: The feeling of being less than a full member of society due to one's mental illness, (ii) Stereotype Endorsement: The extent to which the individual agrees with common negative stereotypes about people with mental illness, (iii) Discrimination Experience: Personal experiences of rejection or exclusion due to mental illness, (iv) Social Withdrawal: The extent to which the individual avoids

social situations for fear of being stigmatized, and (v) Stigma Resistance: The individual's ability to resist or counteract stigma. (Ahad et al)

Promoting autonomy and dignity in mental healthcare involves actively addressing stigma by involving patients in treatment decisions. Collaborative decision-making respects patients' preferences, builds trust, and helps them feel more engaged and in control of their recovery. This process allows individuals to voice their preferences without fear of judgment, encouraging greater engagement in their care. However, stigma can emerge when patients feel excluded from decisions or perceive that their opinions are undervalued, reinforcing feelings of disempowerment. Establishing advisory councils with individuals who have lived experience in mental health can help address these issues. These councils can highlight where services or policies inadvertently stigmatise or overlook patient needs, providing feedback to improve care. Peer supporters with lived experience can also bridge communication gaps, offering mentorship and promoting a more empathetic and accepting environment. Training healthcare providers in shared decision-making is another way to reduce stigmatising interactions. This approach fosters a collaborative atmosphere where patients feel heard, respected, and free from judgment—ultimately enhancing trust and satisfaction in their care.

Several actionable strategies can help promote a human-centred approach in mental health care. One effective approach is empowering patient voices by involving them directly in treatment decisions. Formal feedback mechanisms, such as patient surveys, suggestion boxes, and digital platforms, allow patients to express concerns and share satisfaction levels with their care. These mechanisms not only provide valuable insights into patient needs but also allow healthcare providers to adapt and improve care in response to patient input. Implementing peer-led initiatives has proven effective in reducing stigma and fostering a supportive community. Peer support programs, where individuals with personal experience in mental health challenges assist others, alleviate the feelings of isolation caused by stigma. Structured peer-led initiatives, supported by comprehensive training for peer supporters in active listening, confidentiality, and crisis management, can significantly contribute to reducing stigma and promoting a more inclusive care environment. Community mental health initiatives can play a vital role in reducing stigma and increasing access to care. Local support groups, community outreach programs, and accessible resource centres can help normalise mental health conversations in informal settings. Community engagement also enables a preventive approach, promoting mental wellness and early intervention. Ethical research practices are essential to ensure that mental health studies respect participant privacy and autonomy,

particularly when handling sensitive data. Transparent practices in mental health research can build public trust, reduce stigma, and promote a more evidence-based approach to treatment improvements.

Integrated care models that emphasise the treatment of mental and physical health together provide a holistic approach to wellness. These models reduce stigma by embedding mental health services within primary care settings, normalising mental health treatment as part of general healthcare. Co-locating mental health services within primary care settings helps patients access care without the added stigma of visiting a specialised mental health facility. Healthcare professionals must also receive cultural competency training to provide care that is ethically inclusive and respectful of diverse cultural backgrounds. This ensures that treatment is tailored to each patient's context, promoting a more empathetic approach that resonates with individuals from various backgrounds. Additionally, ethics training helps healthcare providers respect patient rights, confront personal biases, and reduce stigmatising behaviours. Compassion-focused therapy (CFT) has been attracting attention in mental health practice and research. CFT is effective in reducing a variety of negative mental health symptoms.

Compassion-focused therapy (CFT) was developed by Paul Gilbert, aiming to reduce shame and self-criticism [1]. Shame and self-criticism are detrimental components in many mental health problems including depression. CFT integrates cognitive behavioural therapy with components from other sciences such as evolutionary psychology, social psychology, developmental psychology, Buddhist psychology, and neuroscience. (Kotera et al)

Real-world case studies provide valuable insights into how bioethical principles can reduce mental health stigma and improve treatment outcomes. One such example is the Recovery Model in mental health care, which focuses on strengths-based approaches that prioritise an individual's inherent capacity for growth, resilience, and recovery. This model empowers patients to participate actively in their treatment planning, encouraging autonomy and personal agency. The Recovery Model has been shown to improve patient outcomes, reduce stigma, and enhance empowerment. Similarly, NAMI (National Alliance on Mental Illness) has effectively reduced stigma through education and awareness programs like "In Our Own Voice," where individuals with lived mental health experiences share their stories. NAMI's peer-led programs create networks where individuals with similar challenges can connect, offering emotional support and practical assistance. These initiatives help dispel

myths and stereotypes, reduce isolation, and foster empathy and understanding within the community.

The integration of bioethical principles such as autonomy, respect, and holistic care into mental health practices is crucial for reducing stigma and improving outcomes. By emphasising autonomy, beneficence, and justice, bioethics can help challenge the discriminatory practices that contribute to the marginalisation of individuals with mental health conditions. These principles promote respect for individuals' dignity and rights, ensuring that those affected by mental health issues are treated with fairness and empathy. Furthermore, the integration of bioethics in mental health policy and practice encourages a holistic approach that not only focuses on medical interventions but also considers the social and psychological aspects of stigma, ultimately facilitating a more supportive environment for recovery and well-being.

By promoting patient engagement, supporting peer networks, and advocating for systemic changes, healthcare systems can create a more compassionate and stigma-free environment. This will not only enhance recovery but also ensure long-term mental well-being, paving the way for a future where mental health care is universally regarded as a fundamental right. Global initiatives, such as Finland's Mental Health Strategy and Action Plan, and the Mental Health Parity and Addiction Equity Act in the United States, have shown that integrating mental health care with general health services reduces stigma and enhances access to treatment. These initiatives, along with culturally sensitive approaches like those employed by The Banyan in India, offer valuable lessons in reducing stigma through inclusive, compassionate care. Various countries have implemented comprehensive strategies to mitigate mental health stigma and promote mental well-being through both policy interventions and community-based initiatives. In the United Kingdom, the "Time to Change" campaign has been pivotal in challenging societal attitudes towards mental health, fostering open discourse, and providing support for individuals affected by mental health conditions. Similarly, in Canada, the Mental Health Commission has employed anti-stigma campaigns, public education, and advocacy to incorporate mental health into broader public health policies. Japan has adopted community-based models, integrating mental health services within primary healthcare systems and promoting peer support networks, thereby reducing stigma and enhancing access to care. Australia's "Mindframe" initiative focuses on training media professionals to ensure accurate and respectful representations of mental health, thus reshaping public perceptions and reducing harmful stereotypes. These national efforts, alongside global initiatives such as the World Health Organization's "Mental Health Action Plan," contribute to the ongoing

transformation of cultural and institutional attitudes towards mental health, fostering a more inclusive and supportive environment.

By continuing to prioritise human-centred, ethical care and advocating for policies that promote mental health as a fundamental human right, society can create a more inclusive healthcare system that respects the dignity, autonomy, and well-being of all individuals. In low- and middle-income countries, financial barriers often hinder access to mental health services. Without sufficient resources, implementing stigma-reducing bioethical practices becomes challenging, perpetuating negative perceptions of mental illness. This is further complicated for individuals in the LGBTQ+ community, who experience compounded stigma—not only due to mental health conditions but also because of societal discrimination. This intersectional stigma contributes to higher rates of mental health issues within this group, necessitating specialised care approaches that address both layers of stigma. Implementing long-term educational programs in schools and workplaces can be crucial in reshaping societal attitudes. Early education on mental health promotes understanding from a young age, helping prevent stigma before it can form. “Stigmatized individuals can also turn to other stigmatized people or sympathetic others for support and coping. They can form or join self-help groups, clubs, national associations, or other groups to feel a sense of belonging” (Crossman). Similarly, workplace training can make employees feel safer discussing mental health challenges and reduce stigma in professional environments.

Technology, particularly telehealth services, has shown promise in reducing stigma. Studies indicate that 85% of patients feel less stigmatised when accessing mental health care through digital platforms, which provide greater privacy and reduce the social barriers associated with in-person visits. Moreover, data reveals that about 30% of individuals with schizophrenia report not being fully informed about their treatment options, highlighting a gap in the informed consent process. This lack of transparency can undermine patient autonomy and exacerbate stigma surrounding mental health care. Research suggests that virtue ethics, which emphasises empathy, compassion, and respect for individuals, has proven effective in reducing stigma within healthcare. The application of these virtues in clinical practice has been linked to improved therapeutic outcomes and more positive patient experiences. By prioritising respect, empowerment, and a holistic approach, these models of care have demonstrated success in reducing mental health stigma, improving access, and promoting recovery. These case studies underscore the importance of human-centred care and illustrate how ethical frameworks can transform mental health care, showing that when individuals are treated with

dignity and regarded as capable agents in their care, stigma is diminished, and overall outcomes are strengthened.

Integrating bioethical principles into mental healthcare offers a comprehensive framework for combating mental health stigma and improving patient outcomes. By upholding the principles of autonomy, beneficence, and justice, healthcare providers can create a human-centred approach that promotes dignity and respect while ensuring equitable and inclusive treatment for individuals with mental health conditions. These principles, when applied consistently, encourage patients' involvement in their own care, ensuring their voices are heard and their rights respected. A focus on beneficence also ensures that the treatment provided is not only effective but also compassionate, fostering a therapeutic environment where patients feel safe and valued. To reduce mental health stigma effectively, a multifaceted effort is required, one that brings together healthcare providers, policymakers, and communities in a collaborative endeavour. This holistic approach must prioritise patient empowerment and address societal misconceptions that often contribute to the marginalisation of individuals with mental health challenges. Strategies such as peer-led initiatives, integrated care models, and education on cultural competency in healthcare can help challenge stigma at both individual and systemic levels. Additionally, reforming institutional practices to include patient-centred policies—such as the inclusion of patients in treatment planning and decision-making—can promote a more inclusive healthcare environment.

By fostering a culture of respect and empathy within healthcare systems, we can break down the barriers that prevent individuals from seeking care or fully engaging in their recovery process. Advocacy for rights-based approaches, alongside the provision of accessible, comprehensive services, can reduce disparities in mental health treatment and ensure that every individual, regardless of background or condition, has access to the support they need. The collaboration of stakeholders across all levels—from clinical settings to communities and policymakers—can create an environment that not only supports mental health treatment but also actively works to reduce the stigma surrounding it. Ultimately, fostering an inclusive and compassionate mental healthcare system will require sustained efforts, but the long-term benefits will be profound. Not only will it improve individual recovery outcomes, but it will also contribute to a societal shift toward viewing mental health care as an essential, normalised part of overall healthcare. As mental health continues to gain recognition as an integral aspect of overall health, it is essential to advocate for ethical practices that honour the experiences and rights of individuals with mental health conditions. Through continued advocacy and

collaboration, we can reduce stigma, improve the quality of care, and ensure positive treatment outcomes for all individuals navigating the complexities of mental health.

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