

THE ADVOCACY PHENOMENON AND ITS IMPORTANCE IN PSYCHIATRY

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Abstract: Regarding the history of "advocacy" term, taking into account all landmarks, it is an American concept, which first occurred in 1969 in *Brandenburg v. Ohio*, United States of America (USA) 395 444 trial.(1) The term "advocacy" must be conceptualized in relation to the self-advocate term as well as to that of self-promotion, from where we understand that any applicant in advocacy should know his rights, in order to be able to honour them by an act of will and a proactive attitude. Resident physicians, during their training, come into contact with people of all ages, so it would be important to have a programme of advocacy, for them to develop skills that allow them to work with anyone, especially children.(2) The emergence of mental health advocacy movements helped changing society's perceptions regarding the people with mental disorders. Patients began to express their own vision of the services they need, they may become more able to take certain decisions. It is also very important that, through the participation of those with mental illness and their families in advocacy organizations, they can have positive results. Through rehabilitation and appropriate treatment these people can recover and lead an almost normal life.(3)

1. History of the notion of advocacy and the etymology of the word

Regarding the historicity of the term advocacy, according to all references, it is an American concept which appeared in 1969, in *Brandenburg v. Ohio*, United States of America (USA) 395 444 trial.(1) In *Brandenburg v. Ohio* trial, which was judged by the Supreme Court of the USA, Brandenburg was accused that his inflammatory speech was directed to incite violence, which is punished by the First Amendment of the US Constitution; by the decision held by this process, the Court appreciated that Brandenburg insisted to support his ideas, so he did not violate the law, therefore, the government cannot punish a speech that is not deliberately and consciously directed towards inciting violence, so there may be inciting to support some beliefs for progress, and so better distinguishing between the manifestation that lead to violence and that pleading for a cause. This was a first recognition of the phenomenon of advocacy.

In 1977, we find it in the paper *Child Advocacy within the System*, while later, its area of development grew very fast and wide, also including the Disability Rights Movement (4), when the best interest of the child is chronically abused, the issue of cooperation with children's professionals is raised; this should reinstate a living environment as similar as possible to the natural one; the most notable one of such professionals is the advocate.

The year 1980 marks the beginning of advocacy manifestations in the fields of medicine and psychiatry, along the lines of the self-advocacy or self-responsibility system.(5) Practically, the commencement of the advocacy activity in psychiatry goes back to the year 1970, being understood as argument for change and improvement of psychiatry services and particularly as incentive for psychotic patients to approach an active role mainly from the perspective of collective

rehabilitation; this spread widely in America, as well as in the United Kingdom, where public information and advocacy services were created; nowadays, it is known and applied in many countries of the world.

The term advocacy should be conceptualized in relation to the term self-advocate, as well as to the one of self-promotion, wherefrom we understand that any advocacy applicant should know his rights, should recognise the availability to honour them through an act of will and a proactive attitude.

The occurrence of advocacy relates equally to an action or an inaction, to a verbal or written manifestation regarding an individual or an institution. The objective is to be one's own advocate, for the purpose of experiencing the entire argument, which involves knowledge, administrative skill and ability to act. Certainly, there are also more or less critical anti-advocacy movements, which rely first on the fact that a patient cannot be his/her own advocate, as long as he/she is not free to choose, i.e. does not have alternatives, and on the other hand, he/she does not have the required knowledge in the field and in the administrative proceedings; this theory cannot be promoted with maximum efficiency because advocacy does not postulate the achievement of leading specialists; instead, it postulates a mentality of the individual's responsibility toward him/herself, which means the search for solutions to specific problems and, obviously, for a result, which is medical success from the perspective of a patient's reintegration in the community.

The importance of advocacy for mental health cannot be ignored, because the results seen in all the countries where advocacy movements emerged are likely to change the perceptions society holds on people who suffer from psychological disorders; the latter have their own views of the services they require and of how these services should be provided; not only are they able to make decisions while they

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are fully aware of their treatment or of other aspects of their daily lives, but they are also able to consider decisions regarding family reintegration.

Etymologically, the word "advocacy" comes from the word "advocate", being a member of the family of derived words for the term advocate included in the academic list of 570 headwords identified by Dr Averil Coxhead.(6)

In Romanian, the term advocate is similar to the one of defender. While in Romanian, we cannot speak about a self-advocate, we can however speak of self-defence, i.e. defence pursued through one's own means; therefore, the premises of a concept of advocacy are present also in Romanian, but we note that it is not emphasised in all of the spheres of manifestation, of the defences carried out for one's own interest, which, in psychiatric manifestation, also holds a therapeutic side. Self-advocacy can represent any activity or action carried out by an individual in order to describe a problem he/she may have. The role of self-advocacy is to prompt another person to help the concerned individual with a solution to the related problem. Thus, an individual can self-promote both to another person (medical nurse or physician) and to an institution (hospital or clinic).

2. Advocacy manifestations in various fields

Advocacy is an action that targets the change of policies, of positions and of programs from any kind of institution.

Advocacy pleads for the defence or for the promotion of an idea to other people.

Advocacy means public discussion, making the community aware of important issues and guiding the decision makers toward a solution.

Advocacy works with other people and organisations to make a difference.

Advocacy adds a problem on the agenda, it provides a solution to this problem and it establishes a support for the activation of both the problem and the solution.

Advocacy may tend toward the inner change of the organisation or the change of an entire system.

Advocacy may involve a number of specific, short-term activities in order to obtain a long-term version of change.

Advocacy includes various strategies oriented toward an impact on the decision-making process at organisational, local, province, national and international levels. Advocacy strategies may include legislation and executive decisional lobby, judicial litigations, information, training and communication, community organisation, education or many other "tactics".

Advocacy means the people's participation to decision-making processes that could have a direct impact on their lives.(7)

Advocacy means the organised actions that approach "invisible", ignored problems and which try to influence public attitude and the attitude of the political actors.(8)

Advocacy is the organised effort to change laws, policies or public programs and/or beliefs, attitudes or behaviours in the attempt to establish social justice.(9)

Advocacy is a political, organised process that involves the people's coordinated attempts to change policies, practices, ideas or values that perpetuate inequity, intolerance and/or exclusion. Advocacy increases people's capacity to take part in the making of decisions and the institutions' responsibility.(10)

In politics and legislation

In the field of politics, we understand the participation of all the citizens to the accomplishment of social good, both directly and indirectly through representatives. From this

viewpoint, a first modality to influence the political sphere is the electoral vote, through which the society can bring to account or can invest with public offices specific parties or people. It is equally true that citizens also have the direct possibility to influence legislation, either by referendum or by citizens' initiative, which is possible precisely through advocacy, whereby we have the necessity to persuade by specific methods, but also and public debate we are launching or to which we are taking part. Here, direct actions or lobbying should allow a distinction between the programmes and methods to persuade through advocacy and the actions of imperative demand or examples of dictatorship, which are just the opposite of the advocacy phenomenon.(11)

In civic education

Through which we should consider not only the fact of influencing by the establishment of rules or by the participation to the adoption of decision on the activity of authorities or of institutions, but also the citizens' education for an influence of the public opinion and, thus, of the framework of manifestation and regulation, which means familiarity with the existing framework and most of all with the purpose of social progress. From this point of view, knowledge of civil, criminal and administrative legislation is required.

In the field of compliance with the human rights

Through which we militate universally for freedom, equality and dignity, for the individual and full exercise of the freedom to manifest without constraint of race, gender, religion, language and so on and so forth. The man's right to life, to having his/her legal personality recognised and to not being the subject of torture and punishment, nor of cruel, inhuman or degrading treatment, as well as each man's right to health, private life and education.

To obtain the manifestation of advocacy means to gather a number of component, such as the training of people and the identification of group leaders, the persuasion of decision-makers toward the change of policies, the use of the mass-media, the creation of alliances and the community's mobilisation for the implementation of change.(12)

3. Advocacy projection in the field of medicine

During their training, resident physicians come in contact with people of all ages; this is why, the existence of an advocacy program would be important; they could develop skills that should allow them to work with any person and particularly with children.

Another very important branch of medicine that could include applications of advocacy is the field of infectious disease; the creation of an advocacy program is necessary for the prevention of infection with HIV/AIDS, particularly if we also consider that, in general, people who suffer from various psychiatric disorders are vulnerable and could become an important factor in the contamination with HIV/AIDS.

Advocacy should also be implemented in another field of medicine, namely Molecular genetics, an extremely important aspect regarding the health of infants; thus, pregnant women should be instructed in an advocacy unit in view of genetic testing for the detection of any potential genetic disorders of the foetus and later, depending on the results, genetic advice should also be given, again through advocacy.

A very important starting point could be Family medicine, where physicians should attend courses of advocacy that could teach them how to communicate with the patient, how to promote their opinions and, most importantly, how they can integrate in the community specific projects for the preventions of diseases. In other words, teach them how to promote their ideas compellingly and how to provide medical arguments through advocacy. A conclusive example could be the National

Programme of anti-HPV Vaccination at 10 to 14-year old girls, which failed first of all because there was no advocacy program, there was no efficient communication that could reach the community's understanding ability, hence there was no lobby to support the programme; furthermore, family physicians were not ready for this, hence the importance of a program of advocacy, of intense support to good projects, of lobbying.

"In the countries where there are prevention and screening programs, statistics have shown that the mortality rate caused by this disorders decreases dramatically. Cervical cancer can be prevented by anti-HPV vaccination or it can be detected early by the Papanicolaou test. The Renaşterea Foundation promotes the prevention and early detection of cervical cancer. Each of us, each Romanian woman has the right to be informed and to protect their health", declared Mihaela Geoană, President of the Renaşterea Foundation.(13)

4. The necessity and importance of advocacy in psychiatry

The appearance of advocacy movements for mental health has helped the change of the society's perceptions of people who suffer from psychological disorders. Patients have begun to express their own views on the services they need; they have become increasingly more capable to make certain decisions. It is also very important that the participation of psychiatric patients and of their families to advocacy organisations can have positive results. Care and adequate treatment can help these people recover and have an almost normal life. Studies of the World Health Organization estimate that in the following decade, one person of four will suffer from mental disorders. Practically, each family will have someone to hide, if they do not want to "*be humiliated*".(3) According to World Health Organization research and studies, nearly 80% of patients who suffer from rather severe disorders, such as schizophrenia, if treated correctly and from the onset of the disease, can be free of crisis episodes within a year of therapy; most notably, they can be integrated in the community, i.e. in the family and perhaps even find a place to work. Regarding depression, nearly 60% of depression cases can be cured by the administration of adequate medication and, of course, by long-term psychotherapy. As to the epileptics, approximately 70% of them could live without disease-generated restrictions, if (and this is an essential requirement) they follow their treatment. The only problem is the community's view of these patients, but the implementation of advocacy programs and the achievement of good, positive results could lead to a change of the others' mentality.

A negative practice in the case of patients who suffer from psychological diseases is their isolation in psychiatric hospitals; thus, all of their chances of rehabilitation are excluded. Thus, the patients' access to work is limited, therefore we could say there is an aggravation of their state of health, since they are marginalised. On the other hand, the appearance, the onset of psychological disorders is favoured by the people's precarious state of health, by harsh work and living conditions, and by exposure to stress; this means mental disorders will come to hold a top position among severe diseases.

At the same time, we need to consider that the psychiatric patient is an exceptional patient; here, a special doctor-patient relationship is required, depending on the patient's psychological disease; the patient can also be a risk, which is why sometimes hospital admission is mandatory. The patient's consent for admission and the treatment can be modified according to the evolution of the disease. If mandatory hospital admission were not possible, things would aggravate, because the lack of treatment has a severe impact of the patient's condition; total disappearance of judgment, of perception could

occur, which could have extremely severe consequences. This is how the major necessity to have national programs of advocacy could be explained; they could help these patients; at the same time, the existence of advocacy organisations could help with the patient's reintegration after his or her discharge from hospital.

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