

## Telling our stories - mitigating stigma around mental illness

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RHIME Cover, 2025

**Entangled by fear, guided by hope**

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I remember the panic I felt the first time a few of my medical college batchmates and I sat with a patient in the psychiatry ward. This was many decades ago. The young man was completely still, made no sound, kept his head down, and there was never any eye contact the entire half hour. We were expected to ask him a few standard questions, make clinical observations, and arrive at a list of possible diagnoses. We made no progress whatsoever, and later

learned that the man had schizophrenia with catatonia. Though fascinated with the workings of the human brain, and, indeed, the entire human body, at that time in the medical course, this interaction left me feeling unsettled. I decided, not long after, that the human mind was too complex a machine, and too mysterious in its ways, to decipher. I would leave it to the experts, I told myself, as I eased myself into the study of the eyes.

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Many years later, I have come to realise that that was an unfair approach. We are likely to meet diverse brains on a daily basis, and they will not always be patients. They could also be peers, parents, students, children, siblings, grandparents, shopkeepers, caregivers, service folk; the list is endless. Imagine if we made up our minds not to engage with them because we didn't understand them. Imagine if we said let's leave them all to the experts. How deprived we'd be. How isolated that would make them.

We don't need to understand mental illness or psychosocial disability in order to be compassionate to people whose brains work differently than what we have been taught as conventional. We, at the very least, need to acknowledge that the brain is not monochromatic or unidimensional, just like nothing in nature is monochromatic or unidimensional. With the brain, one size doesn't fit all. It won't - and shouldn't - be boxed. It will work in expected ways for some people, but it may also surprise or dismay. Acknowledgment of this reality is the doorway to discussion. It is no longer enough to leave it to the experts.

We need to hear the stories of people who have brains that work in unconventional ways. What are their experiences of illness? What are their experiences of the people who are supposed to support them but fall short? What do they need from family, from society, from healthcare providers that would make them feel valued and cared for? How can we make spaces equitable and safe for people with mental

illness who are often marginalised?

I wish I'd had the knowledge, the skills, and the heart then, eons ago, when I was in a room with a silent, still man, to get to the answers, but there is still time.

Through our journal, we hope to gain knowledge, and perhaps find the answers. Our aim has always been to foster a supportive environment which encourages open communication. Let's make it okay to discuss mental health concerns without stigma, or fear of judgment.

Share your personal stories with us, your lived experiences - as poems, artwork, or as narratives. Read a book about mental health that resonated with you and from which you learned something new? Review it for the journal. Struggling with work-life balance and burnout? Tell us what it looks like. Have suggestions for how to make reasonable accommodations for people with mental illness? Share with our readers. Mitigating stigma around mental illness in India requires a multifaceted approach that addresses cultural, social, and systemic factors. How do you do it? We want to know more.

The cover of the twelfth issue of RHIME depicts the barriers that people with mental illness or psychosocial disability have to negotiate while trying to stay afloat in a world that sets inflexible, unapproachable targets. There are at least three articles in the pipeline for publication in the journal that are about mental health. Keep an eye out for them.