

A Descriptive Study to Assess the Knowledge Regarding Rights of Mentally Ill Patients among GNM Interns Students of Selected Nursing Colleges at District Sangrur, Punjab, 2014.

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Abstract- Mental health and rights have explicit intrinsic connections and have emerged as powerful concepts within the rights based approach especially so in backdrop of the weakening public health system, unregulated growth of the private sector and restricted access to health care systems leading to a near total eclipse of availability and accessibility of universal and comprehensive healthcare.¹ **Aim:** To assess the knowledge regarding rights of mentally ill patients among GNM Interns of selected nursing colleges at district Sangrur. **Method and Material:** Convenient sampling technique was used to select the 60 samples for the study. A self structured knowledge questionnaire was used to collect data. **Statistical Analysis:** Descriptive and inferential statistics was used to analyze the collected data. **Result:** A descriptive study was conducted on 60 G.N.M Interns students of Lifeguard College of Nursing, National Institute of Nursing, Guru Nanak Dev Dental College, Sangrur district in the month of January 2014 to assess the knowledge regarding rights of mentally ill patients. **Conclusion:** The finding of the study shown that maximum 50% students had average knowledge whereas, 35% students had below average knowledge and 15% students had good knowledge about the rights of mentally ill patients.

Index Terms- Assess, Knowledge, Rights, Mentally ill Patient.

I. INTRODUCTION

“A right delayed is a right denied.”
Dr. Martin Luther King, Jr.

“Health for all” was the global goal to be achieved at the end of 20th century. Health being a precious possession of all human beings is an asset for an individual. But often its meaning is misunderstood and misinterpreted by many people.² Thus World Health Organization defined health as a state of complete physical, mental, social and spiritual well-being and not merely an absence of disease or infirmity. Health is the essence of productive life, and not the result of ever increasing expenditure on medical care. It is a world-wide social goal and is multidimensional viz. the physical, the mental, the social, the spiritual, the emotional.³

Mental health today is recognized as an important aspect of one’s total health status and is a basic factor that contributes to the

maintenance of physical and social effectiveness. It refers to such abilities as of making decisions, of assuming responsibilities in accordance with one’s capacities, of finding satisfaction, success and happiness in the accomplishment of everyday tasks of living effectively with others of showing socially considerate behavior.⁵ **World Health Report (2001)** stated that mental illnesses account for 12% of the global burden of disease. Nearly 450 million people are estimated to be suffering from mental illnesses globally, yet only a small minority of them receives even the most basic treatment.⁶

About 2-5% of India’s population suffers from some form of mental or behaviour disorder. Around 1% has a serious form of mental disorder requiring urgent care at any one point of time. No less than 10-15% of those attending general health facilities have a common mental disorder.⁷ Mental illness is treatable and the symptoms of mental illness often can be controlled effectively through medication and/ or psychotherapy. But sometimes the symptoms of mental illness may go into remission, and for some people it causes continuous episodes that require ongoing treatment.⁷

The World Health Report (2001), highlighted that stigma and discrimination are the main obstacles the mentally ill facing today and it is the shame and fear of this discrimination that prevents the mentally ill from seeking help and care for disorders.⁸

Ill-treatment of mentally ill patients is more or less a global phenomenon. Lack of mental health treatment is most severe in less- developed countries, whereas, in developed countries, roughly half of those with severe illness get no care at all. Although attention to human rights in India has been improving over past decade, human rights situation of persons with mental disorders is still far from satisfaction.⁸

The knowledge of the rights and freedoms, of oneself and others, is considered as a fundamental tool to guarantee the respect of all rights for each and every person. The major goal of knowledge of rights of mentally ill patients should not only aim at producing trained professionals but also cultivating a sense of higher purpose in them. Mentally ill patients should not be ill treated during their stay in hospital as well as in community setting.

All human beings are born free and have the right to be treated with equality and dignity but we sometimes we come

across stories about the way mentally ill are treated in the community and various mental health settings. Few examples of violation of human rights of mentally ill patients that are abuse, unnecessary or illegal restraining or seclusion and neglecting their basic needs and not providing them the basic facilities as any other patient will get who is having any other illness other than the psychiatric one. As mentally ill patients are denied their rights. Thus we need to assess the knowledge of rights of mentally ill patients among nursing students to ensure that basic rights are surely enforced in mental health setting.

II. MATERIAL AND METHODS

Study design and sample

A Descriptive research design was used for the study. Convenient sampling technique was used to select the students from Lifeguard College of Nursing, National Institute of Nursing, Guru Nanak Dev Dental College of district Sangrur for research study.

Data Collection and study tool

Prior to data collection the researcher introduced her and explained the purpose of the study to the participants. They were assured for the confidentiality of their identity and response. Research tool was consisted of selected Socio-demographic variables and self structured knowledge questionnaire about rights of mentally ill patients. First part of the tool consisted of 6 items and second part of research tool that was self structured knowledge questionnaire consisted of 30 items. Each correct answer was awarded with 1 mark and each wrong answer was awarded with 0 mark. The minimum score was 0 and maximum score was 30.

RESULT SECTION-1

Socio-demographic characteristics of sample

There was no association between knowledge regarding rights of mentally ill clients with selected socio-demographic variables.

Variable	N	%
1.Age (in years)		
a.20-25	59	98.33%
b.26-30	01	1.67%
c.>30	0	0
2.Religion		
a. Sikh	42	70%
b. Hindu	10	16.67%
c. Christian	02	3.33%
d. Muslim	06	10%
3.Gender		
a. Male	09	15%
b. Female	51	85%
4.Education		
a. +2 Arts	55	91.67%
b. +2 Medical	02	3.33%
c. +2 Commerce	0	0
d. +2 Non-medical	03	5%
4.Occupation of Father		
a. Agriculture	40	66.66%
b.Doctor	04	6.67%
c.Lawyer	04	6.67%
d.Teacher	12	20%
e.Any other	0	0
5.Occupation of Mother		
a.Homemaker	52	86.67%
b.Tecaher	04	6.67%
c.Doctor	03	5%
d.Any other	01	1.66%

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