# To Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Identification and Management of Selected Psychiatric Emergencies among Final Year B.Sc Nursing Students of Government College of Nursing & Paramedical Sciences Shireen Bagh, Srinagar, Kashmir

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**Abstract:** <u>Background</u>: Emergency is a situation that is present in all areas of health services; Psychiatric area is no exception to it.Effective management depends on accurate risk assessment; all forms and appearance of threat must be taken seriously and not ignored. Nursing students fully trained, are the ideal practitioners to identify and respond to the needs of the individuals and families experiencing a psychiatric emergency. <u>Aims and objectives</u>: A study was conducted toassess the level of knowledgeregarding identification and management ofselected psychiatric emergencies among final year B.sc Nursing Students, to evaluate the effectiveness of structured teaching program, and to associate the pre-test knowledge scores regarding identification and management of selected psychiatric emergencies with their selected demographic variables.

Keywords: Assess, Effectiveness, Knowledge, Nursing students, Psychiatric emergencies, Structured Teaching Program

#### 1. Introduction

Emergency psychiatry is the clinical application of psychiatry in emergency setting. Conditions requiring psychiatric interventions may include attempted suicide, substance abuse, depression, psychosis, violent or other rapid changes in behavior.<sup>[1, 2]</sup>

Emergency is a situation that's present in all areas of services; psychiatric area is no exception to it. The place where emergency psychiatric services are delivered are commonly referred to as psychiatric emergency services, psychiatric emergency care centers, or comprehensive psychiatric emergency program.<sup>[2, 3]</sup>

Individuals may arrive in psychiatric emergency service settings through their own voluntary request, a referral from another health professional, or through voluntary commitment. Care of patients requiring psychiatric intervention usually encompasses crises stabilization of many serious potentially life-threatening conditions which could include acute or chronic mental disorders or symptoms similar to those conditions.<sup>[1, 4]</sup>

Various psychiatric emergencies are seen at unearthly hours in hospital like suicide, agitated and violent patients, panic attacks, catatonic stupor, hysterical attacks, transient situational disturbance, grief reaction; relapse, disaster, delirium tremens, acute drug induced extrapyramidal syndrome and drug toxicity.<sup>[4,5]</sup>

Psychiatric emergencies such as acute psychomotor agitation or suicidality often arise in non-psychiatric setting such as general hospitals, emergency services, or doctor's offices and gives rise to stress for all persons involved. They may be life-threatening and must therefore be treated at once.<sup>[6]</sup>

#### 2. Need for the Study

According to WHO intervention guide for suicide prevention, the prevalence rate of psychiatric emergencies in non-psychiatric institutions such as general hospitals and general medical practices has been estimated at anywhere from 10% to 60%.<sup>[7]</sup>

The WHO estimates that about one million people die by committing suicide every year with a "global" mortality rate of 16 per 100,000 population, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Nearly 30% of all suicides worldwide occur in India and china. Its rate is 10.5% per 100,000 population in 2006. Registering an increase of 67% since 1980.<sup>[8]</sup>

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<u>www.ijsr.net</u> Licensed Under Creative Commons Attribution CC BY Report of National Mental health survey of India (2015-2016) revealed that, overall weighted prevalence for any mental morbidity was 13.7% lifetime and 10.6% current mental morbidity. The age group between 40 and 49 years was predominantly affected by (psychotic disorders, BPADs), depressive disorders, & neurotic and stress-related disorders. The prevalence of substance use disorders was highest in the 50-59 years age group (29.4%). The gender prevalence of psychotic disorders was near similar (lifetime: male: 1.5%; female: 1.3%; current: male: 0.5%; female:0.4%). While there was a male predominance in alcohol use disorders (9.1% vs. 0.5%). An individual's risk of suicide in past 1 month was observed to be 0.9% (high risk) & 0.7% (moderate risk); it was highest in the 40-49years of age group.<sup>[9]</sup>

Report of Kashmir mental health survey (2015) revealed thatAnnually, over 450 million people worldwideexperience mental health disorders, but few seek access to services. IMHANS, in the valley's capital, Srinagar, has experienced an increase in outpatient presentations, from an average of 100 per week in 1980 to 850 per week in 2016.<sup>[10]</sup>

#### 3. Review of Literature

# **3.1** Studies related to prevalence of psychiatric emergencies:

Goel (2016)<sup>11</sup> Conducted a Prospective study among psychiatric patients, presentedin Emergency Department of Teerthanker Mahaveer Medical collage & research Centre. Aim was to determine the characteristics of psychiatric visits to the emergency department. Cross-sectional study during a presentations two-month period, allpsychiatric consultations to the Emergency Department of the studied hospital were included. Results revealed 0.5% of all patients presenting to the Emergency Department needed the psychiatric visits. Men consisted 50% of the total patients with mean ( $\pm$ SD) age of 38.41( $\pm$  14.7)years. About 51% of them had the indication of the emergency psychiatric visit while 47% had the indication of hospitalization in the psychiatric ward. Non-emergency visits were not related to demographic characteristics, previous psychiatric disorders, substance abuse and physical diseases. Non-emergency visits take a high percentage of psychiatric visits in Emergency Department.

Ribera, Ilzarba, Mansilla, Perez, Vazquez, Soler, et al (2013)<sup>12</sup>Conducted a Cross-sectional study among420 children and adolescents admitted at the psychiatric emergency department (ED) of hospital clinic of Barcelona. Aim was to describe and analize the population<18 years old with psychiatric emergencies. Demographic and clinical data were collected, using SPSS.19.0 for statistical analysis. Results revealed that 596 emergency visits from out of 420 patients were recorded[46.3% male, mean age 14.52(6-17)years] the most frequent consultation reason was behavior disorder (54.4), being most common diagnosis externalizing disorder (51.2).44.8% had previously attended an average of 3(1-17) times in our Emergency Department. 85.6% were already under psychiatric follow up. Prior psychiatric hospitalizations occurred in 35.1%. 27.4% required acute hospitalization. Since 2009 a reduction of 14.16% of total psychiatric emergencies has been detected in our Emergency Department, but children & adolescents consultations have increased an 18.9%.

Siddicha, Vibha, Saxena, Methuku(2010)<sup>13</sup> conducted population based epidemiological study in Indiaon behavioral emergencies. The researcher reported that, total of 40,541 cases of behavioral emergencies were recorded, in which the male: female ratio was 1.3:1. Most victims were in the 20 and 30 years (42%), from a poor socio-economic background (93%), rural area (74.3%), and backward caste (42.6%). Suicidal attempts, whether in the form of poisoning (60.5%) or otherwise (30.7%) was the most common emergency, followed by acute psychiatric causes (4%) and alcohol intoxication (3%). Victims, who met a fatal outcome, were more likely to be male (p = 0.02), having a better socio-economic condition (p < 0.001) and older (p < 0.001).

# **3.2.** Studies related to knowledge regarding identification of psychiatric emergencies

Deans (2008)<sup>14</sup> conducted Prospective study on 138 consecutive psychiatric patients admitted to a general hospitalin Mumbai, India. Aim of the study was to show the importance of detection and treatment of catatonic syndrome with lorazepam. These psychiatric patientswere screened using the Brush Francis Catatonia screening instrument. Catatonic syndrome was found in 11% of patients with a wide verity of diagnosis, especially schizophrenia. Mutism (87.5% incidence) was the most common symptom. A significant proportion (93%) of these patients showed a marked immediate response to lorazepam, with 75% showing sustained improvement. Catatonic syndrome is common, often undiagnosed because health care professionals lack knowledge regarding catatonia. It needs to be identified and actively treated with benzodiazepines to minimize distress, and facilitate diagnosis and treatment.

Palmstierna (2001)<sup>15</sup> conducted a cross sectional study on334 alcohol-dependent patients in Sweden, on a model for predicting alcohol withdrawal delirium. Results reveals that twenty-three patients, or 6.9 percent, developed alcohol withdrawal delirium after admission despite benzodiazepine treatment in a stepwise multiple regression model, five risk factors were significantly correlated with the development of alcohol withdrawal delirium: current infectious disease; tachycardia,>120 beats/min at admission; signs of alcohol withdrawal accompanied by an alcohol concentration of >1g/lit of body fluid: a history of epileptic seizers; and history of delirious episodes. No patient without these five risk factors developed delirium. Assessment for five easily detectable risk factors can help make an accurate and quantitative assessment of a patient's risk of developing alcohol withdrawal delirium. Thus it is essential for health care professionals to have knowledge about these five risk factors.

# **3.3 Studies related to knowledge regarding management of psychiatric emergencies**

**Pathania, Pathania, Goel (2017)**<sup>16</sup> conducted a Descriptive studyamong 60 Nursing students studying in B.sc nursing,

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Post-basic nursing and GNM, in selected colleges at Moga (Punjab). Aim was to assess the knowledge regarding management of psychiatric emergencies. Self-structured questionnaire was used to assess knowledge regarding psychiatric emergencies. Results revealed that, 31(51.67%) had poor level of knowledge, 22(36.67%) had average level of knowledge, 07(11.67%) had good level of knowledge and none of them had excellent level of knowledge regarding management of psychiatric emergencies.

# **3.4.** Studies related to effectiveness of structured teaching program on knowledge regarding psychiatric emergencies

**Rudereshi** (2015)<sup>17</sup>conducted Pre-experimental study among 30 intern nursing students of Kle's Dr. PrabhakarKore Charitable hospital Belagavi Karnataka. Aim was to evaluate the effectiveness of Structured Teaching Program on knowledge regarding identification and management of psychiatric emergencies. Researcher applied self-administered knowledge questionnaire. Results showed the pre-test mean is 6.06, median 6, mode 5.88, SD 2.24 and range is 7 and post-test mean 13.53, median 14, mode 14.94, SD 3.47 and range is 12, this reveals significant gain in knowledge regarding identification and management of psychiatric emergencies after administering of STP.

**Suresh and Divya**(2015)<sup>18</sup>conducted pre-experimental study among 30 final year B.sc nursing students studying in Sumandeep nursing college at Vadodara. Aim was to evaluate the effectiveness of Structured Teaching Program on knowledge regarding selected psychiatric emergencies. Results revealed that the structured teaching program was highly effective in improving the knowledge of final year B.sc nursing students regarding selected psychiatric emergencies. Findings also revealed that there was no significant association between the pre-test knowledge score and demographic variables( age, gender, area of living, education of father, education of mother, family history of psychiatric illness, previous information).

#### **Statement of the Problem**

A Study To Evaluate The Effectiveness Of Structured Teaching Program On Knowledge Regarding Identification And Management Of Selected Psychiatric Emergencies among Final year B.SC Nursing Students Of Government College Of Nursing & Paramedical Sciences ShireenBagh, Srinagar, Kashmir.

#### **Objectives of the Study**

- 1) To assess the pre-test knowledge score regarding Identification and Management of Selected Psychiatric Emergencies among final year B.sc nursing students of Government College of Nursing & Paramedical Sciences Shireen Bagh, Srinagar, Kashmir.
- 2) To assess the post-test knowledge score regarding Identification and Management of selected Psychiatric Emergencies among final year B.SC Nursing students of Government College of Nursing & Paramedical Sciences Shireen Bagh, Srinagar, Kashmir.
- To evaluate the effectiveness of Structured Teaching Program on knowledge regarding identification and management of selected psychiatric emergencies among

Final year B.sc nursing students of Government College Of Nursing & Paramedical Sciences ShireenBagh, Srinagar, Kashmir by comparing their pre-test & posttest knowledge scores.

4) To determine association between pre-test knowledge scores with selected demographic variables (Gender, Residence, Type of family, Previous source of information) among Final year B.sc nursing students of Government College Of Nursing & Paramedical Sciences ShireenBagh, Srinagar, Kashmir.

#### **Research hypothesis**

- H<sub>1</sub>: -There is significant increase in mean post-test knowledge score as compared to mean pre-test knowledge score of final year B.sc nursing students regarding identification and management of selected psychiatric emergencies after the administration of structured teaching program at 0.05 level of significance.
- H<sub>2</sub>: -There is significant association of pre-test knowledge scores of final year B.sc nursing students regarding identification and management of selected psychiatric emergencies with their selected demographic variables (Gender, Residence, Type of family, Previous source of information) at 0.05 level of significance.

## 4. Material and Method

Quantitative research approach with pre-experimental one group pre-test post-test research design was used To assess the effectiveness of Structured Teaching Program On Knowledge Regarding Identification And Management Of Selected Psychiatric Emergencies among Final year B.SC Nursing Students Of Government College Of Nursing & Paramedical Sciences Shireen Bagh, Srinagar, Kashmir. In the present study non-probability purposive enumerativesampling technique was used to collect data from 50 study subjects who fulfilled the inclusion criteria. Data was collected using self-structured knowledge questionnaire for collecting demographic data and for the assessment of knowledge regarding identification and management of selected psychiatric emergencies. The tool and the intervention were validated by 9 experts. The tool try out was carried out from 3/4/2019 to 5/4/2019 on 3 study subjects to check for clarity relevance and to determine the time taken for collecting the data. Reliability was found by using test- retest method. The coefficient of reliability was 'r'0.89. Hence the tool was found to be reliable. Pilot study was conducted on 5 study subjects to assess the feasibility and practicability of the main study which was conducted among 50 purposely selected study subjects from 22-04-2019 to 29-04-2019. Following the pre-test, structured teaching program was administered on the same day and post test was conducted on 7th day after administration of structured teaching program. The results of the data were recorded in master data sheet and analysed by using descriptive and inferential statistics.

## 5. Results

The findings showed that out of 50 study subjectsMajority of study subjects 80% were females and only 20% of

subjects were Males.Majority of study subjects **80%** belonged to Rural and only **20%** belonged to Urban. Majority of study subjects **82%** belonged to Nuclear family **16%** belonged to Joint family and only **2%** belonged to Extended family. Most of the study subjects **52%** had knowledge from Health Personnel **24%** had knowledge from Friends **18%** had knowledge from seniors and only **6.0%** had knowledge from Mass Media.

The findings of this study showed that among the total sample (N=50) in the pre-test most of the study subjects i.e. 64% had Average knowledge 30% had poor knowledge and 6% had good knowledge. Where as in post-test majority of the study subjects i.e. 80% had good knowledge 20% had average knowledge and none had poor knowledge regarding identification and management of selected psychiatric emergencies the mean post-test knowledge score of the study subjects with SD (40.64±4.090)on identification and management of selected psychiatric emergencies was significantly higher than that of the mean pre-test knowledge score with SD (27.56 ±6.158) which states that there is significant increase in knowledge regarding identification and management of selected psychiatric emergencies after administration of structured teaching programme at p 0.05 level of significance.

The data showed that there is significant association of pretest knowledge scores with demographic variable i.e. Previous source of information (p=0.00) and no association was found with other demographic variables i.e. Gender (p=0.839) Residence (p=0.760) Type of Family (p=0.189) at 0.05 level of significance.

## 6. Discussion

The findings of this study showed that the mean post-test knowledge score of the study subjects on identification and management of selected psychiatric emergencies is significantly higher (40.64±4.090) than that of the mean pretest knowledge score (27.56 ±6.158) at 0.05 level of significance. This shows that there is significant increase in knowledge regarding identification and management of selected psychiatric emergencies after administration of structured teaching program. In support to our study a preexperimental study conducted by Rudereshi (2015)<sup>49</sup> among 30 intern nursing students of Kle's Dr. PrabhakarKore Charitable hospital Belagavi Karnataka on effectiveness of Structured Teaching Program on knowledge regarding identification and management of selected psychiatric emergencies. Results reveals that there was increase in mean post-test (Mean±SD) knowledge score (13.53+3.47) than mean pre-test (Mean $\pm$ SD) knowledge score (6.06+2.24) at P< 0.05 level of significance. It was concluded that structured teaching program was highly effective in improving the knowledge of nursing personal on identification and management of psychiatric emergencies.

## 7. Conclusion

Findings revealed that Nursing Students lack knowledge regarding Identification and Management of Psychiatric Emergencies. This knowledge deficit can be due to lack of proper education by health care professionals and/or less attention paid by students towards this area. The findings of the study alsoconcluded that in pre-test Knowledge score most of the study subjects had average knowledge while in post-test knowledge score most of the study subjects had good knowledge indicating that Structured Teaching Program was found effective in increasing the knowledge of study subjects regarding identification and management of psychiatric emergencies. This indicates that there is great need of improving the knowledge of nursing students regarding psychiatric emergencies through conducting educational programs and research studies in order to improve their knowledge to meet challenges of crises in future.

#### References

- [1] Hilliard R. and Zitek B. Emergency psychiatry New York: McGrew-Hill.2004.
- [2] Bhatia M.S. Essentials of psychiatry. 6<sup>th</sup> edition. CBC publishers & distributor; 2010.
- [3] Emergency psychiatry (online) (cited 2018); available from: URL:http://en.Wikipedia.org/wiki/emergency psychiatry.
- [4] Ram G K. Medical health and psychiatric nursing. PV books publishers; 2011.
- [5] Shreevani R. A guide to mental health & psychiatric nursing. New Delhi:jaypee brother's medical publishers;2010.
- [6] MavrogiorgouP ,Brune M, Juckel G. The management of psychiatric emergencies. DtschArztebl int.2011 April; 108(13): 222-230. published online 2011.
- [7] WHO intervention guide for suicide prevention. Available from:http// www. who.int/mentalhealth/prevention/suicide/suicideprevent/en/
- [8] Loubier J E. Adolescent health. The nursing clinics of north America.2002. 33(3): 13-15.
- [9] Murthy R S. National Mental Health Survey of India (2015-2016)prevalence, pattern & outcomes. Available from:http://www.ncbi.nlm.nih.gov
- [10] Muntazar. Kashmir Mental Health Survey Report(2015). Available from: http://www.msfindia.in/medical-reports.
- [11] Goel D.Conducteda Prospective study of prevalence and nature of psychiatric patients presented in emergency department of tertiary care teaching hospital. Int j Med Res Prof 2016; 2(5): 196-99
- [12] Ribera M F, Ilzarba D, Mansilla S, Perez A, M. Vazquez, Soler V, Santos R M, Lazaro I. conducted a study on psychiatric emergencies in children and adolescents. European Psychiatric. (2015); 25(1).
- [13] Siddicha S, Vibha P, Saxena MK, Methuku M, Behavioral emergencies in India: a population based epidemiological study. May 2010;45(5):589-93.
- [14] Deans C. The effectiveness of training program for emergency department nurses in managing violent situation. Aust J AdvNurs. 2004 Jun-Aug; 21(4):17-22.
- [15] Palmstierna T. A model for predicting alcoholic withdrawal delirium. Psychiatr Serv. 2009 Jan. 52(6):820-3.
- [16] Pathania S, Pathania S,Goel N. Astudy to assess the knowledge of nursing students regarding psychiatric

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emergencies. International journal of applied research 2017;3(11):73-75

- [17] Rudreshi R S. A study to evaluate the effectiveness of STP on knowledge regarding identification and management of psychiatric emergencies among nursing intern students in selected hospital Karnataka. International Journal of Science and Healthcare Research (2017); 2(2):34-36.
- [18] Suresh V and Divya P,study on effectiveness of Structured Teaching Program on knowledge regarding selected psychiatric emergencies among final year B.sc nursing students in sumandeep nursing college at Vadodara. International journal of psychology & psychiatry (2015);3(2):53-38.