

Assessment of Knowledge Regarding the Rights of Mentally Ill Person among People Attending OPD's of Tertiary Care Hospital

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Abstract: ***Introduction:** It was estimated that over 1.1 billion people worldwide had a mental disorder in 2016.1 An estimated 4.5 million in the world today suffer from the severest forms of brain disorders, schizophrenia, and manic - depressive illness. Despite the availability of the treatments nearly two-thirds of people with a known mental disorder never seek help from a health professional due to stigma, discrimination, and negligence. Human rights are those rights inherited in every human being under being a person and fundamental to our existence, without which we cannot live as human beings. The strong stigma attached to mental illness is an alarming factor that leads to a discriminatory and unfair attitude towards those suffering from it. **Methods:** A descriptive study was conducted among 100 people attending OPD's of tertiary care hospitals to assess the level of knowledge regarding the rights of mentally ill patients. After obtaining the ethical clearance, the data was collected using a self - administered, self-structured questionnaire. The questionnaire had two sections: Section A for Socio - demographic data, and Section B for assessing the knowledge. The data was analyzed by using Descriptive Statistics and the Chi - square test was used to find out the association and selected demographic variables values and the p - value of 0.05 ($p < 0.05$) was accepted as statistically significant the majority of the samples, or 50%, had average knowledge, 24% had good knowledge, and the remaining 26% had a bad understanding on the rights of mentally ill patients, according to the knowledge interpretation. The Pearson Chi - Square test was used to assess the association between knowledge score and demographic variables (age, gender, educational qualification, financial dependency, present residential area, and history of mental illness in the family). In the present study, apart from the history of mental illness in the family, there was no significant difference in the association between sociodemographic variables and the knowledge score of the participants. **Conclusion:** This study sheds light on the fact that the knowledge level regarding the rights of mentally ill patients is meagre among ordinary people. Further research and implementation of strategies to improve the knowledge and practices are warranted to advance the care of mentally ill patients and mitigate the stigma.*

Keywords: mental health awareness, rights of the mentally ill, knowledge, mental health education

1. Introduction

Mental health is “a state of well - being in which the individual realizes his or her abilities, can cope with the normal stressors of life, can work productively and fruitfully, and can contribute to his or her community”. (WHO) Psychological health includes subjective well - being, perceived self - efficacy, autonomy, competence, intergenerational dependence, and self - actualization of one's intellectual and emotional potential. According to World Health Organization report in 2001, some 450 million people suffer from mental or behavioral problems in the world. (Krishan Kumar A, 2004) ². Mentally sound today is recognized as an important aspect of one's total health status. It is a basic factor that contributes to the maintenance of physical health and social effectiveness.⁵

It was estimated that over 1.1 billion people worldwide had a mental disorder in 2016¹. An estimated 4.5 million in the world today suffer from the severest forms of brain disorders, schizophrenia, and manic - depressive illness. And out of 4.5 million, 1.8 million, or 40% are not receiving any treatment, resulting in homelessness, incarceration, and violence. About 1.5 crore people suffer from severe mental disorders, besides 12, 000 patients in government mental hospitals in the country.¹⁰ So, it is hardly surprising that approximately 1/3rd of homeless persons suffer from severe and disabling mental

illness whose rights are being neglected. In the first decade of the 21st century, a change in beliefs and attitudes resulted in the rejection of forces and violence, leading to the recognition of Human Rights for all, and their universality was recognized. The government of India has passed both the Mental Health Act 1982 and Disability Act 1995.³ These acts deal with the protection of persons with mental disorders

A study conducted by Gandaki Medical College found that 46.4% of the community people had inadequate knowledge regarding the human rights of mentally ill patients.⁵ It was also concluded that the level of knowledge regarding the rights of mentally ill patients is inadequate and there is a high prevalence of myths and misconceptions related to mental illness among the general population. and disability of various kinds.

The dignity of persons with mental illness is not respected in mental health institutions. When a psychiatric patient enters a hospital, he loses his freedom to come and go, schedule his day, control his activities of daily living, freedom to manage his financial and legal affairs, and make many important decisions because of the loss of these important freedoms, the authorities of health care agencies closely guard and valve those rights that the psychiatric patient retains. Mental Disability Rights International, a US - based human rights organization, said that as many as 17, 000 patients in Serbia

were tied to their beds for 'lifetime' to keep them from harming themselves. They were neglected and made to suffer from 'tantamount to torture'.¹¹ Mentally ill person also has basic human rights, which include the right to information regarding their treatment, the right to choose or decline care, informed consent, confidentiality, and dignity.^{12, 13} Human rights issues are increasingly recognized as an area of immediate attention in the protection of persons with mental illness and in the improvement of mental health care⁷. The objectives of the study were to assess knowledge regarding the rights of mentally ill patients among the individuals attending the OPD's of the health care setting.

2. Material and Methods

A descriptive research design was chosen for the study. Details and relevant information were collected from the participants through a self - administered tool. For this study, the target population identified were people attending OPD's in a selected tertiary care hospital. The accessible population for this study includes the people attending OPD's who have responded to the self - structured tool during the research. The sample size was estimated using the research findings of a study conducted by Pensiri Akkajit using Cochran's formula. The estimated sample size was 35 with CI 95%, however, a total of 100 subjects were included in the study. Ethical clearance was obtained from the college's ethical committee. Formal written permission was obtained from the concerned authorities of the hospitals where the research was conducted. The participant's written consent was obtained before data collection.

The study included all participants who attended outpatient departments (OPDs) throughout the data collection period and could comprehend English, Hindi, or Bengali. They had to be over the age of 18 and under the age of 65. The study excluded all who were unable to understand English, Hindi, or Bengali, also classified as a case of mental illness, and were unable to reply to the questionnaire owing to any neurological problem. In this study, convenience sampling is used to select the sample. The sample was screened according to the inclusion and exclusion criteria. A code number was given to each subject, and recording of each aspect of the study was ensured by the researchers. The individuals needed to understand the procedure for their willingness for the study. The individuals were briefed by imparting an overview of what the research was about. The target population was identified, and from them, eligible samples were selected as per the inclusion criteria.

A self - structured questionnaire was selected as the most efficient tool for obtaining data directly from a large number of samples. The items of the tool were decided upon after an extensive literature review on knowledge regarding the rights of mentally ill persons and after expert consultation. Tool selection was done keeping in mind the nature and purpose of the study, distribution of the target population, and time frame of the study.

A permission letter was obtained by the researcher to conduct the study in the hospital from the head of the institution. People visiting OPD's were informed about the nature of the study, and written informed consent was taken. Conveniently,

100 samples were approached that fulfilled the inclusion criteria. Self - introduction was given, and rapport was established with the respondent. The subjects were briefed, and the purpose of the study was explained to them. Written consent was obtained from the subjects. The data collection was done via the administration of a self - structured questionnaire. The subjects were asked to fill out the questionnaire and submit the responses. The coding of collected data was done simultaneously by the researcher. The following steps were kept in mind and adhered to during data collection. Informed written consent was obtained from the willing and eligible participants of the study. Separate code numbers were used along with the inclusion of criteria for participating in the study. Care was taken to ensure that there was no contamination of the sample by giving individualized questionnaires to respondents. Respondents were informed about the research before giving the questionnaire. They were provided with the Socio - demographic Proforma and Knowledge questionnaires. All data scores were auto - recorded in an Excel sheet. Confidentiality was assured to all subjects. Participants were instructed to complete the questionnaire and not to discuss their responses to prevent contamination of the sample. People attending were approached individually, along with Hindi and English tools, and were filled in pen and paper on the spot. No probing was done during the data collection procedure to prevent researcher bias. The questionnaire was collected after ensuring that all responses had been marked by the participants. It took about 10 minutes for participants to complete the questionnaire, and on average, data from 20 participants were collected in a day. The data collected was organized and analyzed as per the guidance of experts from biostatistics

3. Results

Analysis of socio - demographic data revealed that, out of 100 subjects, the highest number of samples were those between 30 and 39 years old (35%), the second highest category was those between 18 and 29 years old (26%), and at least two groups were age 50 and Above (23%) and 40 - 49 years old (16%). A maximum of the subjects 52 (52%) were male and the remaining 48 (48%) were females. Most of the sample had 10+2 and above education (71%), while 20% had High School education, and only 9% sample had either primary education or no formal education.

Most of the subjects 52 (52%) are financially dependent while others are 10 (10%), and 38 (38%) partially dependent and financially independent respectively. Most of the subjects belonged 63 (63%) to the urban residential area and the remaining belonged to the rural area 37 (37%). Only 7% sample has having history of mental illness in the family, remaining 93% sample does not have any history of mental illness in the family.

Data analysis was conducted on the awareness of the rights of mentally ill patients using a self - structured questionnaire with 22 items. Individual scores were classified as low, medium, or high social support. Analysis revealed that there were 24 samples having high level of knowledge while 50 and 26 samples had medium and low level of knowledge respectively.

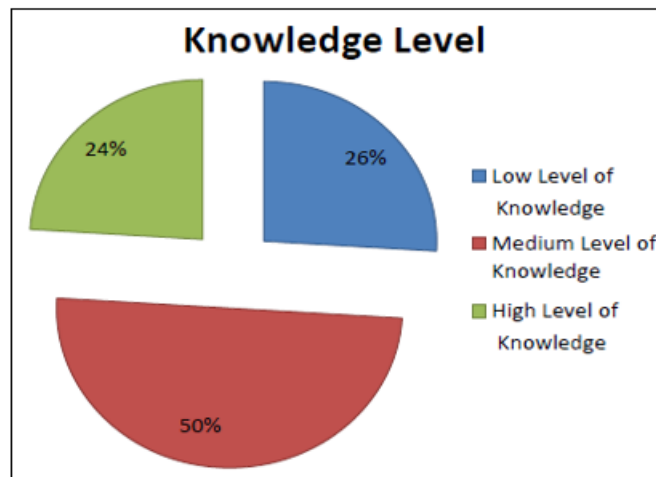


Figure 1: Level of knowledge regarding rights of mentally ill person

Table 1: Association of level of knowledge with sociodemographic variables (n=100)

Variable	p-Value	Test Statistics	Critical Value	Association Present/ Absent
Age	0.528398	5.1209	15.50731	No Association
Gender	0.922998	0.1603	5.99146455	No Association
Education	0.862907	1.291	9.48772904	No Association
Financial Dependency	0.31667	4.7252	9.48772904	No Association
Present Residential Area	0.616482	0.9675	5.99146455	No Association
History of Mental Illness in Family	0.009223	9.3722	5.99146455	Association Present

Association of the level of knowledge with demographic variables was done using the Pearson Chi - Square test. In the present study other than History of Mental illness in Family there was no significant association between sociodemographic variables and level of knowledge among individuals attending OPD in tertiary care hospital. All the tests are done at 95% Confidence Interval.

4. Discussion

The study revealed that the majority of the samples, or 50%, had average knowledge, 24% had good knowledge, and the remaining 26% had a bad understanding of the rights of mentally ill patients, according to the knowledge interpretation. The study's results align with another study conducted by Shalini Choudhary and Sandhya Gupta [2017] which concluded that 68% of adults have poor knowledge, 24% have average knowledge and 8% have good knowledge. In contrast to the present study education level had a significant association with the level of knowledge whereas in present study History of mental illness in the family had an association with level of knowledge.

5. Implication of the Study

The present study was conducted to assess the knowledge regarding the rights of mentally ill persons among people attending OPDs of selected tertiary care hospital in Kolkata.

The findings of the study have major implications in the fields of mental health nursing, community health nursing, public health administration, and nursing professions. Healthcare professionals can develop more awareness regarding the rights of mentally ill persons.

Nursing Practice

Nursing as a profession is well grounded in the need to reduce stress of patients as well as self. A comprehensive approach needs to be taken to improve the awareness regarding the rights of mentally ill person

- To conduct regular awareness programmes regarding mental illness.
- To create awareness among the urban community regarding the rights of mentally ill patients.
- The mentally ill person will not be subjected to harassment and discrimination in society and will be able to lead a healthy stable life in society.

Nursing Education

- To incorporate knowledge about the rights of mentally ill patients in the students.
- Emphasis should be given on the rights of mentally ill persons in the nursing syllabus.

6. Limitations of the Study

The study was restricted to individuals attending OPD's of selected tertiary care hospitals, which limits its generalization. The small sample size was proportionately lower which may not be adequate to strengthen the evidence generated from this study. The non - probability convenience sampling used in the study was a salient limitation.

7. Conclusion

The research study titled "A study to assess the knowledge regarding rights of mentally ill persons among individuals attending OPDs of tertiary care hospital Kolkata" was conducted following the steps of the research study. A descriptive study was conducted among 100 individuals attending OPDs of the tertiary care centre of Kolkata to assess the knowledge of mentally ill persons. Ethical clearance and formal permission to conduct the study was accorded from the

institution, written informed consent was taken, and coding was done to ensure the anonymity of the participants in the study. The study findings imply that there is a need to conduct awareness among individuals regarding the rights of mentally ill person. Further research and implementation of strategies to improve the knowledge and practices are warranted to advance the care of mentally ill patients and mitigate the stigma.

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