



# A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL PATIENT AMONG CARE GIVERS ATTENDING PSYCHIATRIC OPD AT CSSH, MEERUT.

<sup>1</sup>Gunjali Singh, <sup>2</sup>Shivam Singh, <sup>3</sup>Deepak Singh

<sup>1</sup>Assistant Lecturer, <sup>2</sup>Student, <sup>3</sup>Student

<sup>1</sup>Mental Health Nursing Department

<sup>1</sup>Panna Dhai Maa Subharti Nursing College, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh

**ABSTRACT: STATEMENT OF THE PROBLEM:** A study to assess the level of knowledge regarding Rights of Mentally ill patient among Care givers attending Psychiatric OPD at CSSH, Meerut.

**BACKGROUND:** Mental illness increases many human rights issues. People with mental disorders are unveil to a wide range of human rights violation issues both in and outside the health care surroundings. People with mental illness and their families don't usually know the rights of mentally ill, lack of knowledge about how to use their rights effectively, and lack of confidence in proclaiming their rights. The most important element in safeguarding patient's rights is the knowledge, attitude and commitment of the mental health personnel.

**OBJECTIVES:** 1. To assess the level of knowledge regarding rights of mentally ill patient among care givers. 2. To associate the knowledge score regarding rights of mentally ill patient among care givers with their selected demographic variables.

**HYPOTHESIS: H<sub>1</sub>** – There will be significant association between the level of knowledge regarding rights of mentally ill patient among care givers attending psychiatric OPD with their selected demographic variables.

**MATERIAL AND METHODS:** Non-experimental descriptive research approach was adopted for this study and non-probability sampling technique is adopted. Setting was CSSH, Meerut. The self structured knowledge checklist was prepared to assess the level of knowledge among 50 care givers attending psychiatric OPD at CSSH, Meerut. The data was analyzed by using Descriptive Statistics (Frequency, Mean, Standard Deviation and Percentage) at inferential statistics Chi-square test was used to find out the association and selected demographic variables values, the p value 0.05 (p<0.05) was accepted as statistically significant.

**RESULT:** Majority of the samples i.e. 48% lied in age group of 36 years or above, 22% lied in age group of 26-30 years, 20% lied in age group of 18-25 years and remaining 10% lied in the age group of 31-35 years, 68% were males and remaining 32% were females, 80% belonged to Hindu religion, 18% belonged to Muslim religion and remaining 2% belonged to Christian religion, 60% were having joint family and remaining 40% were having nuclear family, 76% were not history of mental illness in their family and remaining 24% were having history of mental illness in their family. On the knowledge interpretation majority of the samples i.e. 66% were having average knowledge, 32% were having good knowledge and remaining 2% were having poor knowledge regarding rights of mentally ill patient. The calculated mean level of knowledge was 13.68 and the calculated SD was 2.03 indicated that the care givers were having average knowledge regarding rights of mentally ill person. For the chi square all selected variables were found to have significant relationship with the level of knowledge.

**CONCLUSION:** Results revealed that the majority of care givers are having average knowledge regarding rights of mentally ill patient.

**KEY WORDS:** Assess, Knowledge, Human rights of mentally ill, Care givers, Psychiatric OPD

## I. INTRODUCTION

A right is a freedom to act or refrain from acting. Rights of mentally ill means that everyone with mental illness has the right to live, work and receives treatment in the place of living. Human rights provide a framework for action where people are empowered to change their lives and the society. Human rights should be appropriate and adequate to the basic needs of the people. Being aware of human rights come to the responsibility in developing and protecting our dignity and that of others. Mentally ill patients are one of the most vulnerable groups in the community. This is the main responsibility of health care provider especially those who are working in psychiatric ward to protect their human rights. In the subject of mentally ill clients, it may include their privileges and their basic or fundamental right and right of protection against the infringement and violation of their human rights and other statutory rights. All the clients with mental disorder are exposed to wide range of human rights violations. Violations often faced by mentally ill its can be inside the mental institutions or outside world. Every human being whether mentally ill or not are entitled to be treated with dignity, decently, equality and freedom regardless the facts that we are born differently, grow differently, different in our mental make-up, life style and so on. Neglect of this would be the neglect of human rights.

## I. RESEARCH METHODOLOGY

### TARGET POPULATION:-

The target population for this study was those care givers who were attending Psychiatric OPD.

### SAMPLE:

The sample was care givers who were attending Psychiatric OPD at CSSH, Meerut

### SAMPLING TECHNIQUE:

Non-probability purposive sampling technique was used to collect the samples that were fulfilling the eligibility criteria.

### SAMPLE SIZE:

Sample size included in the study is 50 care givers attending Psychiatric OPD at CSSH, Meerut.

### DATA COLLECTION TOOLS:

The tools for assessing the level of knowledge regarding rights of mentally ill patient among care givers attending Psychiatric OPD at CSSH, Meerut comprised of:

**Part I:** - Demographic variables

**Part II:** -Self structured knowledge checklist

## DEVELOPMENT OF TOOLS:

A self structured knowledge checklist was prepared to assess the level of knowledge regarding rights of mentally ill patient among care givers attending Psychiatric OPD at CSSH, Meerut.

- Extensive review of related literature
- Content validation from various nursing experts

## III. RESULT AND DISCUSSION

### Section-1

#### **Findings of demographic characteristics of the subjects**

This section describes the demographic characteristics of the subject under study. The sample consisted of 50 care givers attending Psychiatric OPD at CSSH, Meerut. The data obtained describes the sample of pertaining to their age, gender, residence, religion, family income, etc. frequency and percentage distribution of the sample by these characteristics are presented in table and diagrams respectively.

**Table No. - 1 Frequency and percentage distribution of demographic characteristics of the subjects.** n=50

Sr. No.	SOCIO-DEMOGRAPHIC VARIABLES	FREQUENCY (F)	PERCENTAGE (%)
1	<b>AGE ( in years )</b> a. 18-25 years b. 26-30 years c. 31-35years d. 36 years or above	10	20
		11	22
		05	10
		24	48
2	<b>GENDER</b> a. Male b. Female	34	68
		16	32
3	<b>RELIGION</b> a. Hindu b. Muslim c. Christian d. Others	40	80
		09	18
		01	02
		00	00
4	<b>FAMILY TYPE</b> a. Nuclear family b. Joint family c. Extended family	20	40
		30	60
		00	00
5	<b>HISTORY OF MENTAL ILLNESS IN FAMILY</b> a. Present b. Absent	12	24
		38	76

Data presented in table 1 shows that:

- Majority of the samples i.e. 48% lies in age group of 36 years or above, 22% lies in age group of 26-30 years, 20% lies in age group of 18-25 years and remaining 10% lies in the age group of 31-35 years.

- Majority of the samples i.e. 68% are males and remaining 32% are females.
- Majority of the samples i.e. 80% belongs to Hindu religion, 18% belongs to Muslim religion and remaining 2% belongs to Christian religion.
- Majority of the samples i.e. 60% are having joint family and remaining 40% having nuclear family.

Majority of the samples i.e. 76% haven't history of mental illness in his/her family and remaining 24% have history of mental illness in his/her family.

## SECTION - II

### **Findings related to the level of knowledge regarding rights of mentally ill patient among care givers attending Psychiatric OPD at CSSH, Meerut.**

This section describes the findings related to the level of knowledge regarding rights of mentally ill patient among care givers attending Psychiatric OPD at CSSH, Meerut. The data was obtained through self structured knowledge checklist; the data is described and analyzed using description statistics. These data are represented in tables and in diagrams.

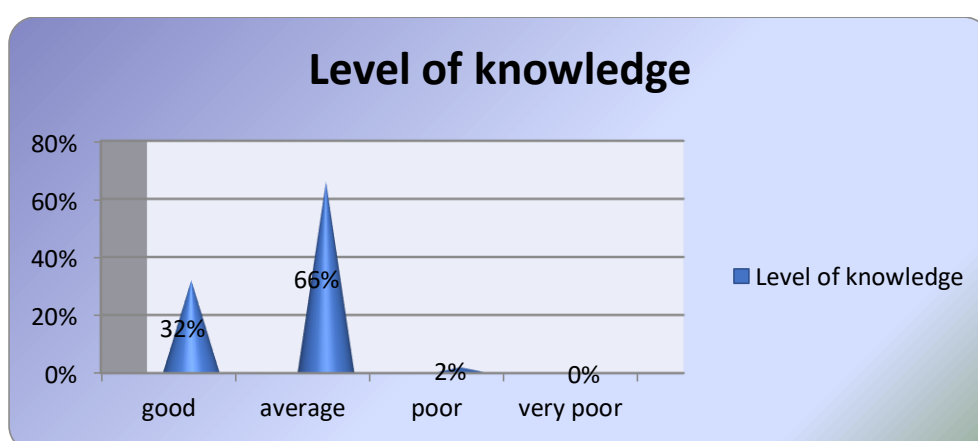
**Table No. 2: Frequency and interpretation of level of knowledge regarding rights of mentally ill patient among care givers attending Psychiatric OPD at CSSH, Meerut**

n = 50

Sr. No.	Score Interpretation	Level of knowledge regarding rights of mentally ill patient among care givers	Frequency	Percentage (%)
1	20-15	Good	16	32
2	14-10	Average	33	66
3	9-5	Poor	01	02
4	Below 5	Very Poor	00	00

Data represented in table – 2 shows that among total population i.e. 50 samples, majority of the samples i.e. 66% are having average knowledge, 32% are having good knowledge and remaining 2% are having poor knowledge regarding rights of mentally ill patient.

n = 50



**Column diagram showing level of knowledge among care givers**

**Table No. 3: Mean and Standard Deviation of level of knowledge regarding rights of mentally ill patient among care givers.**

n=50

Sr. No.	Level of knowledge regarding rights of mentally ill patient among care givers	MEAN	STANDARD DEVIATION ( S.D )
1		13.68	2.03

Data represented in the table no. 3 reveals that the mean level of knowledge is 13.68 and the standard deviation score is 2.03 it indicates that the care givers attending Psychiatric OPD at CSSH, Meerut have average knowledge regarding rights of mentally ill person.

### SECTION-III

**Findings related to significant association of knowledge score regarding rights of mentally ill patient among care givers with their selected demographic variables**

**Table No. 4**

Association between the level of knowledge of care givers and selected demographic variables

n=50

Sr. No.	Demographic Variables	Knowledge Level								Chi Square	Table Value/df	Significant/ Not Significant
		Good		Average		Poor		Very poor				
		F	%	F	%	F	%	F	%			
1.	<b>Age (in years)</b>									110.35*	9	Significant
	18-25											
	26-30	1	2	9	18	0	0	0	0			
	31-35	3	6	8	16	0	0	0	0			
	36 or above	1	2	4	8	0	0	0	0			
		10	20	13	26	1	2	0	0			
2.	<b>Gender</b>									532.14*	3	Significant
	Male	13	26	23	46	0	0	0	0			
	Female	2	4	11	22	1	2	0	0			
3.	<b>Religion</b>									261.37*	9	Significant
	Hindu	11	22	28	56	1	2	0	0			
	Muslim	3	6	6	12	0	0	0	0			
	Christian	1	2	0	0	0	0	0	0			
	Other	0	0	0	0	0	0	0	0			
4.	<b>Type of family</b>									554.15*	6	Significant
	Nuclear											
	Joint	8	16	11	22	0	0	0	0			
	Extended	7	14	23	46	1	2	0	0			
		0	0	0	0	0	0	0	0			

5.	<b>History of mental illness in family</b>												
	Present												
	Absent	4	8	13	26	0	0	0	0	1001.05*	3	Significant	
		10	20	22	44	1	2	0	0				

Data represented in the table no. 4 shows the Chi square values between level of knowledge among care givers and their demographic variables. According to it, age, gender, religion, type of family and history of mental illness in family all selected variables are found to have significant relationship with the level of knowledge.

#### IV. SUMMARY OF THE STUDY:

For care givers it is very important to know about the rights of mentally ill patient so that the best possible care can be provided to them. So investigator felt the need to assess the level of knowledge regarding the rights of mentally ill patient among caregivers attending psychiatric OPD at CSSH, Meerut.

The main purpose of the study is to assess the level of knowledge regarding rights of mentally ill patient among care givers attending psychiatric OPD at CSSH at Meerut.

#### V. ACKNOWLEDGEMENT

First of all, I am thankful to almighty God with all my heart that had been my anchor throughout this venture by providing me continuous inspiration, hope and blessing and had prepared me to successfully complete this work. Without him I was nothing else to be thankful for.

For every successful person there is continuous support, assistance, guidance and encouragement from various people from the starting point till the completion of work. In the courage of the research I have been fortunate enough to receive continuous assistance and support from different sources, which helped me in the accomplishment of work.

#### VI. REFERENCES

1. Basavanthappa.B.T. Nursing research. 2<sup>nd</sup> edition. Bangalore. Jaypee Publishers.2000. P.P: 174-176.
2. Hungler, B.P., & Polit, D.F. Nursing Research. 6<sup>th</sup> Ed. Philadelphia. Lippincott. 1999. P.P: 16-29.
3. Polit and Hungler, Nursing Research Principles and methods. 5<sup>th</sup> edition. New York. J.B. Lippincott Company. 2000.
4. Polit and Back. Nursing Research principles and method. 11<sup>th</sup> Ed. Lippincott co. 2011.
5. C.R. Kothari, textbook of research methodology, 2<sup>nd</sup> edition, year 2005, page no. – 208.
6. Suresh, K. Sharma, textbook of nursing research and statistics, 2<sup>nd</sup> edition, 2011, page no. – 309.

#### NET REFERENCES

1. <https://www.who.int/news/item/28-09-2001-the-world-health-report/>
2. <https://thediplomat.com/2020/03/how-commited-is-india-to-mental-health/>
3. <https://www.goodreads.com/quotes/633529>.