

**A STUDY TO ASSESS THE EFFECTIVENESS OF
PLANNED TEACHING PROGRAMME ON KNOWLEDGE
REGARDING HUMAN RIGHTS OF MENTALLY ILL AMONG
COLLEGE STUDENTS IN SAKTHI COLLEGE OF ARTS AND
SCIENCE FOR WOMEN AT ODDANCHATRAM**



**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI.
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OFSCIENCE IN NURSING
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Mrs. CHARLET CATHERINE.A

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CERTIFIED BONAFIDE WORK DONE BY

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FOR WOMEN AT ODDANCHATRAM**

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ABSTRACT

A study was conducted "to assess the effectiveness of 'planned teaching programme' on improving the knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram

The objectives of the study were,

- To assess the pre – test level of knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram
- To compare the pre – test and post - test level of knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram
- To assess the effectiveness of 'planned teaching programme' on improving the knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram
- To find out the association between pre-test level of knowledge regarding rights of mentally ill among college students with selected demographic variables in Sakthi College of arts and science at Oddanchatram

The research design was adopted for this study is a Quasi –experimental design (One group pre-test post-test design). [The study adopted pre test, intervention and post test].

The conceptual frame work was based on King's goal attainment theory. It consists of concepts that are communication-perception-reaction, and communication-transaction-feedback.

In this study the researcher administers planned teaching programme on knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram.

The basis assumption of the theory is the college students has to improve the knowledge regarding rights of mentally ill and finally validating that the need for help was met.

The sample size consists of 30 students those who are studied in second year B.Sc (Physics) at Sakthi College of arts and science for women at Oddanchatram. Pre test data was collected by researcher using modified questionnaires on 1st day. College students received intervention of 'Planned teaching programme regarding rights of mentally ill' on 2nd day. Post test was conducted by the researcher for using the same questionnaires on the 3rd day.

The Finding shows that, among 30 samples, 27 (73.33%) samples belonged to the Age Group 18 years, whereas only 1 (73.3%) of the sample belonged to the age group of 20 years and above.

Regarding Religion majority 15 (50%) samples belonged to the Hindu Religion, whereas only 3 (10%) of the samples belonged to the Muslim religion.

Regarding Educational Status of the parents, majority 9(30%).of the samples belongs to the undergraduate degree and 6 (20%) of the samples belongs to post graduate.

Regarding to the parents occupation majority is 12 (40%) of the samples belongs to the private employee and 4 (13.3%) of the samples belongs to unemployed.

Regarding any medical professionals majority 27 (90%) of the samples are say "No" and 3 (10%) of them says "Yes".

Regarding any mental ill patients in her family, 26 (86.7%) of the samples say “No” and 4 (13.3%) says “Yes”.

Regarding Previous knowledge about rights mentally ill patients, 25 (83.3%) samples say that, “No” and 5 (16.6%) of them says that, “Yes”.

The findings shows that in pre test scores on the level of Level of Knowledge 17 (56.67%) of them had No Knowledge, 9 (30%) of them had Low Knowledge, and 4 (13.33%) of them had Moderate Knowledge respectively.

Whereas post test scores on the level of Level of Knowledge 3 (10%) of them had Low Knowledge, 9(30%) of them had Moderate Knowledge and 18 (60%) of them had High Knowledge respectively.

This finding reveals that, after the planned teaching programme the level of knowledge regarding rights of mentally ill among college students were improved in post test than pre test.

The finding shows that the pre test calculated value was 2.1 and the tablatde’t’ value is 1.699, which was significant at $P < 0.05$.

Hence H_1 is accepted. It can be concluded that ‘planned teaching programme was effective in improving the knowledge level among college students.

The finding shows that, there was statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like parents occupation, medical professionals in their family, mentally ill patients in their family and previous knowledge regarding rights of mentally ill.

And the findings shows that, there was not statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like age group, religion, and educational status of the parents and presents of mentally ill patients in their family

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CHAPTER – I

INTRODUCTION

“All human beings are born free and equal in dignity and rights”

-The universal declaration of human rights.

Universal Declaration Of Human Rights states that “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family including food, clothing, housing, and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control”.

Everyone has the basic Human Rights including those who are mentally ill. Mentally ill patients are one of the most vulnerable groups in society, it is the responsibility of the Health care providers specially those working in psychiatric setup to protect their human rights. In order to do so the health personnel mainly the psychiatric nurse must be aware of human rights of mentally ill patients. Incidence of violation of Rights Mentally Ill patients can be avoided if the nurse becomes aware of them.

There is now increasing awareness of rights in our democratic set up which results in an increase in litigation. Civil rights movements and consumer protection councils are gaining more and more importance in our day-to-day life.

The purpose of the laws to protect society from the presence of mentally ill persons who have become or might become a danger or nuisance to others, to protect citizens from being detained in psychiatric nursing homes without sufficient cause, to

regulate responsibility for maintenance charges of psychiatric nursing homes, provide facilities for establishing guardianship or custodial of mentally ill persons who are incapable of managing their own affairs, to provide for the establishment of central authority and state authorities for mental health services, to regulate the powers of the Government for establishing, licensing and controlling psychiatric hospitals and psychiatric nursing homes for mentally ill persons and to provide legal aid to mentally ill persons to state expense in certain cases.

Today, legal rights of those with mental disorders and ethical health care practices of mental health providers are ongoing concerns for psychiatric- mental health nurses. People with psychiatric problems are vulnerable to mistreatment and abuse; consequently, laws have been passed that guarantee them legal protection. Hence mental health professionals should have a better understanding to the medico-legal aspects of mental health.

NEED FOR THE STUDY

According to the World Health Organization report in **2014** some 450 million people suffer from mental or behavior disorders in world.

In the world, the prevalence of psychiatric disorder is 58.2 per thousand, which means that in India, there are about 5.7 crore people suffering from some sort of psychiatric disturbances.

About 1.5 crore people suffer from severe mental disorders, besides 12,000 patients in government mental hospitals in the country.

According to Mrs. Sreevani in her textbook, the incidence of mental disorder may increase in future due to the following causes:

- ♣ Increasing number of nuclear families
- ♣ Decreasing number of the elderly people living along with families
- ♣ Increase incidence of substance abuse
- ♣ Industrialization and urbanization.

In many hospitals in India, there are anecdotal reports of violations of human rights of the persons with mental illness. The dignity of persons with mental illness is not respected in mental health institutions itself. Sometimes they are found in conditions which are deplorable for example being kept naked or in dirty and old clothes. They are placed in unhygienic conditions & sometimes women were found in dreadful condition, sometimes parts of their bodies could be seen through ill fitting clothes. They were not provided with the necessary clothes to protect personal dignity and items to maintain menstrual hygiene. These conditions qualify for human rights violations.

According to Sreevani the nursing implications for protecting patients Human Rights are:

- To protect patients Human Rights the nurse should be aware of these rights in the first place
- She should ensure that ward procedures and policies should not violate patients' rights.
- Discussing these rights with the mental health team and including these rights in the nursing care plan should be a part of her responsibility in protecting the patients' rights.

In India after the development of a National Mental Health Policy, The Mental Health Act of 1987, and the establishment of the National Human Rights Commission in 1994 there is greater awareness about mental health issues including Human Rights in India.

According to National Human Rights commission report 2013, there are two types of mental health hospitals. "The first type, do not deserve to be called as mental health hospitals. They are 'dumping grounds' of mentally ill". The living conditions in many of these settings are deplorable and violate an individual's right to be treated humanely and live a life of dignity. The second type "provide basic minimal provisions of food and shelter". Both these type violate rights of mental ill patients.

As per the WHO country profiles, **2013**, India devotes less than 1 % of its health budget to mental health as compared to 10 % to 18 % in other countries. This in turn leads to very imbalanced need and services provided ratio. The number of psychiatric

nurses per one lakh populations is only 0.4 %. This calls for training of general population to meet the mental health needs of the country.

Mr. Dileep Kumar, Nursing advisor to govt. of India, in his article entitled ‘Human Rights and Nurses Role’, has focused on the values embodied in the code of ethics developed by INC. He also encouraged nurses to discuss and deliberate on following issues.

1. How do nurses strive individually and collectively to promote protection of human rights, identify human rights violations and their impact on health
2. How nurses can advocate for the rights of their patients and ethical decision making process
3. What are the issues to be included in the curriculum with regard to Human Rights

Therefore the investigator decided to take up a study to assess the knowledge of nursing students regarding human rights of mentally ill.

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of planned teaching programme on knowledge regarding human rights of mentally ill among college students in Sakthi College of arts and science”.

OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge level regarding human rights of mentally ill among college students in Sakthi College of arts and science.
2. To assess the effectiveness of planned teaching programme on knowledge regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.
3. To compare the Pre-test and post-test knowledge level regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.
4. To determine the association between certain demographic variables and knowledge regarding Rights of Mentally Ill among college students in Sakthi College of arts and science.

HYPOTHESIS

H₁: The mean Pre-test level of knowledge regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.

H₂: There will be a significant association between pre-test level knowledge regarding Human rights of mentally ill among college students in Sakthi College of arts and science with selected demographic variables

H₃: The mean post-test level of knowledge regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.

H₄: There will be a significant association between pre test and post test level of knowledge regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science

OPERATIONAL DEFINITIONS

Human Rights: In this study it refers to rights of mentally ill as defined and listed by WHO and National Mental Health Act 1987.

Knowledge: It refers to the awareness regarding Human Rights of Mentally Ill which will be measured using a standardized questionnaire

Mentally Ill: It refers to any individuals admitted to hospital or in the community who has lost his capacity for rational thinking, appropriate expression of emotions and behaviour.

Planned teaching programme: It refers to teaching plan containing information regarding rights of mentally ill patients as per WHO and National Mental Health Act 1987 recommendations.

College Students: It refers to students studying under graduate degree programme in Sakthi College of arts and science

ASSUMPTIONS

- College students with knowledge of Human Rights of Mentally Ill will be able to protect the human rights of the mentally ill.
- Students will give free and frank responses to the questions.
- Planned teaching programme will be effective on improving knowledge regarding the human rights of mentally ill among college students.

DELIMITATIONS

- College students who are studying in Sakthi College of arts and science
- Students who are willing to participate
- Students who are studying in physics department.

PROJECTED OUT COME:

- The finding of the study would help to identify the knowledge on human rights of mentally ill among college students at Sakthi College of arts and science.
- The study will assess the effectiveness of planned teaching programme in improving the level of knowledge on human rights of mentally ill among college students at Sakthi College of arts and science
- The planned teaching programme will help them to improve the knowledge regarding human rights of mentally ill among college students in Sakthi College of arts and science.

CHAPTER –II

REVIEW OF LITERATURE

Review of literature is defined as “broad comprehensive, in depth, systematic and critical review of scholarly publication, unpublished scholarly print materials, and audiovisual materials and personal communications. Review of literature refers to an extensive, exhaustive and systematic examination of publication relevant to research project. One of the most satisfying aspects of the literature review is the contribution it makes to new knowledge, insight, and general scholarship of the researchers”.

A descriptive study was conducted to assess the knowledge among 30 staff nurses regarding human rights and ethical responsibilities in field of psychiatric nursing at selected psychiatric centre of Jaipur, Rajasthan. The findings of the study revealed that majority (90%) of the nurses possess moderate level of knowledge and 10 % of nurses’ possessed high-level knowledge and none of nurses possessed low level knowledge. The mean score obtained in the legal area was 25.1 ± 3.1 whereas that obtained in the ethical area was 13.9 ± 2.7 . This indicates knowledge deficit in both human rights and ethical area and there was no significant association found between the knowledge with the demographic variables.

A descriptive study was conducted in District Mental Health Centre & Hospital and Community Mental Health Centre & Hospital Ludhiana and Amritsar among 52 staff nurses to assess the awareness of human rights of mentally ill. The study concluded that the mean awareness score of the subjects regarding the human rights of mentally ill was 21.34 ± 04.07 with mean percentage 71.13%. The maximum of the subjects (61.54%) had

good level of awareness, whereas more than one third (36.54%) belonged to average level and only one subject (01.92%) had poor level of awareness.

A qualitative study was conducted to assess the nurses and physicians educational needs in seclusion and restrain practices among 22 nurses and 5 psychiatrists. The results showed that the participants recognized a need for on-ward and problem based education and infrastructural and managerial support and concluded that future educational programs should bring together written clinical guidelines, education on ethical and legal issues, and the staff's support.

A quasi experimental study was conducted to assess the effectiveness of computer assisted planned teaching programme on legal rights of mentally ill among staff nurses working in selected hospitals at Chhattisgarh among 60 staff nurses. The study concluded that maximum increase in knowledge in the area of legal terms from 45.15% to 90.15% followed by legal responsibilities in psychiatric nursing from 58.15% to 88%. The minimum increase in knowledge is in the area of legal safeguards in nursing practice from 60.4% to 81.20% and the planned teaching was found to be effective in enhancing the knowledge of staff nurses on legal rights of mentally ill.

A pre experimental study was conducted to assess the knowledge and attitude of GNM students towards human rights of mentally ill among 60 student nurses posted in Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Assam. The study concluded that the knowledge score of mean 13.4 with median 13 standard deviation 1.78 and attitude score with 26.8 and median 27 having standard deviation 2.86.

Review of literature will be done on the following aspects.

- 1) General information related to Human Rights.

- 2) Relation between human rights and health.
- 3) Human Rights of mentally ill patients
- 4) Public knowledge regarding human rights of mentally ill.
- 5) Health workers (Health care personnel's) knowledge regarding human rights of mentally ill
- 6) Mental Health personnel's knowledge regarding human rights of mentally ill.
- 7) Nursing students knowledge regarding Human Rights of mentally ill

1. General information related to Human Rights

The United Nations has defined Human Rights as “those rights which are inherent in our nature and without which we cannot live as human beings”.

According to protection Human Rights Act 1993 “The rights relating to life, liberty, equality and dignity of the individual is guaranteed by the constitution of India or embodied in the international covenants and enforceable by courts of India.

2. Relation between human rights and health.

According to Mann et al, “Neglected Diseases: a human rights analysis”. Health and human right are connected in a number of ways.

- A. Health care be adversely affected by human rights abuses and violations, such as torture, slavery, forced labour, violence, and harmful traditional practices.
- B. The design and/or implementation of public health policies and programmes can result either in the promotion or violation of human rights.
- C. Vulnerability to, and the impact of, ill health can be reduced by taking steps to respect, protect and fulfil human rights

Human rights having a particularly close relationship with health include the rights to health, non-discrimination, privacy, water, education, information, food and the right to enjoy the benefit of scientific progress and its applications.

Mann deliberated that in public health the emergence of new understandings and the clarification of new problems often proceed through a rediscovery phase in which the issue is simultaneously veiled and intuitively evident. This is true, not only of the health and human rights connection more generally but more specifically of the relationship between dignity and health. Considerations of dignity were in the forefront of Mann's thinking at the time of his death and underlay his view that human rights would become a "civilizational achievement" only through "a transformation of consciousness".

3. Human Rights of mentally ill patients

Chapter VIII of the Mental Health Act of 1987 contains a very novel and explicit provision of protection of Human Rights of mentally ill persons. Section 81 provides that

1. No mentally ill persons shall be subjected during treatment to any indignity weather physical or mental or cruelty
2. No mentally ill person under treatment shall be used for the purpose of research unless
 - a) Such research is of direct benefit to him for the purpose of diagnosis or treatment or
 - b) Such persons being a voluntary patients has given his consent in writing or where such person is incompetent by reason of minority or otherwise to

give valid consent on his behalf, has given his consent in writing for such research.

3. Subject to any rules made in this behalf under Section 94 for the purpose of preventing vexatious or defamatory. Communication or Communications prejudicial to the treatment of mentally ill persons, no letter or other communications sent by or to a mentally ill person under treatment shall be intercepted, detained or destroyed. The doctrine of informed consent is partially recognized under the Mental Health Act 1987, when a patient voluntarily admits himself in the hospital or accepts treatment without any admission.

According to WHO report of 2013 mental health policy and programmes should promote the following rights.

- a) Equality and non discrimination
- b) The right to privacy
- c) Individual autonomy
- d) Physical integrity
- e) The right to information
- f) Participation and freedom of religions, assembly and movement.

According to quality assurance in mental health team of national human rights commission India which was created to study the conditions of mental health hospitals in 2014, the following aspects were listed.

1. The right to be treated humanely and with respect for the inherent dignity of the person.
2. Right to personal liberty

3. Right to bodily integrity and appearance
4. Right to privacy
5. Right to be protected from cruelty and involuntary servitude
6. Right to appropriate treatment and rehabilitation.
7. right to be respected
8. Right to protection against exploitation or discrimination and a right to protection against abuse or degrading treatment.
9. Right to community and family life once improved rather than a life of incarceration.
10. Right to refuse treatment.

In one of the judgment related to care of the mentally ill, the supreme court of India (Supreme Court Legal Aid Committee V. State of Madhya Pradesh, 1994, 3 S.C.C 27) condemned the uncivilized practice of chaining the inmates of psychiatric hospitals. The court noted that just being mentally ill or insane does not imply that the person has lost his human rights. The patient's right to freedom of movement cannot be restricted by an uncivilized manner like chaining.

In response to this, and many other similar judgments discussed earlier, every instance of the violation of the fundamental rights of the mentally ill institutionalized in mental hospitals or otherwise, can be corrected by the courts in light of the above decision of the Supreme Court.

Harding opines that concept of dynamic link between health and human rights arouse enormous enthusiasm. Many public health problems, including mental disorders,

can be analyzed using the human rights/health paradigm to define their origin and nature and to provide a basis for action.

The so called “vital link” between health and human rights is now widely recognized. A WHO consultation report and newly launched WHO newsletter and a special issue of the international journal “Health and human rights” on the occasion of the 50th anniversary of the Universal Declaration, all reinforce the impression that health and human rights have become inseparable.

Sharma in his article “Human rights of mental patients in India: a global perspective” conclude as follows:

Human rights issues are important in the context of mental health because of two basic ideas, unique to the global protection of rights.

1. Human rights are the only source of law that legitimizes international security of mental health policies and practices within a sovereign country
2. Persons possess human rights simply because of their humanity. Accordingly, human rights law provides fundamental protections without qualification or exception.

He also viewed that mental health and human rights can be connected in three distinct ways by viewing these two fields together.

- Mental health policy affects human rights.
- Human rights violations affect mental health:

- The positive promotion of mental health and human rights is mutually reinforcing and improves the quality of life.

As such mental health and human rights are complementary approaches to the betterment of human beings.

4. Public knowledge regarding human rights of mentally ill

A descriptive study conducted by Basakaraja et al. on knowledge regarding rights of mentally ill among caregivers attending Madugiri camp which is one of the satellite camps of NIMHANS, conducted on a monthly basis reveals that the caregivers have inadequate knowledge and they suggest that it is the role of the nurse to educate the caregivers regarding the rights of mentally ill persons.

Another descriptive study conducted by Santhi, found that majority of the caregivers of mentally ill has inadequate knowledge. The recommendation made is that nurses are in unique position to educate the caregivers on human rights and ensuring that methodologies for right protection included in the unit policies procedures practice of institutions dealing with the mentally ill.

A descriptive study was conducted by Padmavathi, to explore the attitude of the rural community towards the rights of the mentally ill at Kolar district found that unfavourable attitude was seen in 50%, Favourable attitude was seen in 24% & most favourable attitude was seen in 26%.

It is notable that all above mentioned studies were conducted in India and in all above mentioned studies, it is clear that public have inadequate knowledge regarding human rights of mentally ill.

5. Health workers (Health care personnel's) knowledge regarding human rights of mentally ill

A study conducted by Vijayarani, et., al. To assess the knowledge regarding rights of mentally ill among Ayurvedic interns, in a selected Ayurvedic medical college. Bangalore, Karnataka, reveals that among 30 samples, majority of the participants i.e.25 were not aware of the rights of mentally ill persons and only 2 of them are having highly adequate level of knowledge.

A study was conducted by George, in selected general hospitals of Mangalore city. The findings revealed that a majority of the nurses 72.80 %, were having moderately adequate knowledge, 19.5 % of the nurses were having adequate knowledge and 7.68 % were having in adequate knowledge.

It is notable that all above mentioned studies were conducted in India and in all above mentioned studies, health workers too not having adequate knowledge regarding human rights of mentally ill.

6. Mental health personnel's knowledge regarding human rights of mentally ill

A descriptive study was conducted by Vijaya Kumar, titled "A study to assess the knowledge and attitude towards importance of human rights among health care team members working in mental health department in Narayana General Hospital, Nellore." Revealed that the nearly 40 % of health care team members have adequate level of knowledge and about 75 % of the health care team members had favourable attitude towards practicing patient care by giving importance to human rights among health care team members.

A study conducted by Sharma et.al, entitled “awareness regarding human rights of mentally ill among nurses at selected hospitals in north India 2015 by using purposive sampling techniques”. They found the maximum number of 98.08 % of subjects had good (61.54 %) and average (36.54 %) level of awareness. The maximum violation practices were regarding seclusion of mentally ill followed by forceful administration of medication and mechanical restraining of the mentally ill. The relationship between awareness of subjects regarding human rights of mentally ill and selected social demographic characteristics was found statistically significant.

A quasi –experimental study was conducted Mathew, titled “A study to assess the effectiveness of computer assisted planned teaching programme on legal rights of mentally ill among staff nurses working in selected hospitals at Chhattisgarh” conclude that the plan teaching was found to be effective in enhancing the knowledge of staff nurses on legal rights of mentally ill.

In all above mentioned study suggests that nurses who are working in hospitals have positive attitude and awareness about human rights of mentally ill patients.

7. Nursing students knowledge regarding Human Rights of mentally ill

A descriptive study was conducted by Ahmed et.al, “A study to assess the knowledge and attitude of GNM students towards Human rights of mentally ill persons”. The pilot study result of the proposed study assess has shown that the GNM students of one particular nursing school have satisfactory knowledge and attitude towards mentally ill. There is no correlation between knowledge and attitude of the students which indicates that they are independent of each other.

A study was conducted by Shaher et. al., in Jordan by title “Attitudes of Jordanian nursing students towards mental illness: the effect of teaching and contact on attitudes change” results showed that

(1) Nursing students were found to have positive attitudes towards mental illness in four scales,

(2) No significant differences were found between students' attitudes towards mental illness and demographics,

(3) There was a significant difference in attitudes towards the mental illness between students who have previous contact with mental patients and those who did not, and

(4) Students' attitudes towards mental illness were changed positively in all scales after taking the course.

This above study doesn't focus on human rights but it shows the attitude of nursing students towards the mentally ill.

A study done by Vijaya lakshmi et. al, “A study to assess attitudes of student nurses about the rights of hospitalized psychiatric patients among nursing students of college of nursing NIMHANS”, revealed that nursing students have favourable attitude in the cluster Information on illness. The findings of association shows that the level of attitudes was not associated with the age, gender and back ground of nursing students.

All above mentioned studies shows that nursing students have favourable attitude and satisfactory knowledge about human rights of mentally ill patients.

CONCEPTUAL FRAMEWORK

Polit and Hungler (2013) state that “the conceptual frame work is inter related concepts or abstractions that are assembled together in some rationale scheme by virtue relevance to a common thing”. This is the device that helps to stimulate research knowledge.

CONCEPTS KING’S GOAL ATTAINMENT THEORY

King’s goal attainment theory is based on the concepts of communication- perception- reaction, and communication- transaction-feedback.

Perception and Interaction

King’s describes perception as a process in which data is obtained, through the sense and from memory are organized, interaction King’s defines interaction as a process of perception and communication between person and environment and between a person and person or as the acts of two or more persons in mutual presence. In this study the researcher develops the demographic variable and modified questionnaires.

Communication

King’s describe communication as a person providing information directly or indirectly to another person. And the other person receives this information and processes it. In this study the researcher administers planned teaching programme on knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchathram.

Transaction

Transaction is defined as observable refers to goal directed human behaviours. In this study the gaining of adequate knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchathram.

Feedback

Feedback is the outcome of the goals desired by the interacting components. The outcome may be either adequate or inadequate gaining of knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchathram. If there is inadequate gain in knowledge, it leads to rearrangement for planned teaching programme regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchathram.

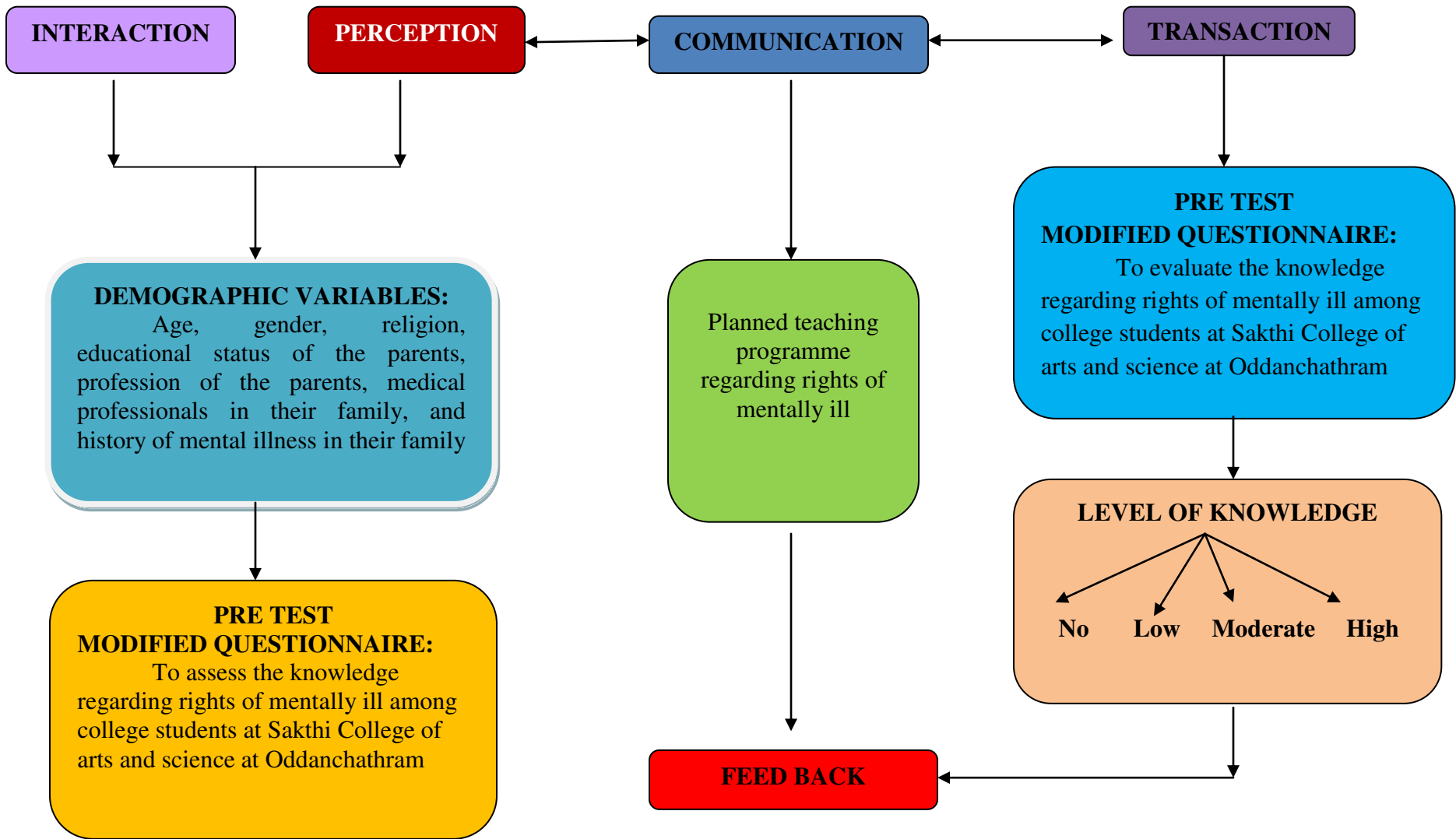


Fig 1: MODIFIED KING'S GOAL ATTAINMENT THEROY

CHAPTER – III

RESEARCH METHODOLOGY

The Methodology of research indicates the general pattern of organizing, the procedure for gathering valid and reliable data for the problem under investigation.

(Polit and Beck, 2010)

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. Typically, it encompasses concepts such as paradigm, theoretical model, phases and quantitative or quantitative techniques. A methodology does not set out to provide solutions – it is, therefore, not the same as a method.

This chapter deals with the research approach, research design, variables under the study, setting of the study, population of the study, sample size, description of the interventions, development and description of the tool, validity and reliability of the tool, pilot study, procedure for data collection and statistical analysis.

Research approach

The investigator adopted an Experimental approach, because the aim of the researcher was to assess the effectiveness of planned teaching programme in improving the level of knowledge among college students.

Research design

The research design used for this study was a Quasi experimental design (one group pre-test post-test design).

Setting

The study was conducted in the Sakthi College of arts and science for women at Oddanchatram

Population

In this study the target population was second year arts student. The accessible population was II-Year B.Sc Physics students in Sakthi College at Oddanchatram.

Sampling Technique

The sampling procedure was convenient sampling technique.

Sample

Second Year-B.Sc Physics Students in Sakthi College of arts and science as a sample in this study. 30 students were selected as samples during the study

Sample size and sample technique:

Convenient sampling Technique was used to select samples that were present in second year B.Sc Physics students in Sakthi College of arts and science during the period of study.

Variables

Independent variable: Planned teaching program

Dependant variable: “Knowledge” about Human rights of mental illness

Schematic presentation of research study design:

| Group | Pre-test | Intervention | Post-test |
|-------------------------------|---|----------------------------|---|
| B.Sc II year Physics students | Day 1 | Day 2 | Day 3 |
| | Assess the knowledge regarding Human rights of mental illness | Planned Teaching programme | Evaluate the knowledge regarding Human rights of mental illness |

Day-1: Pre-test: Pre assessment of knowledge regarding human rights of mentally ill.

Day -2: intervention: Planned teaching programme.

Day -3: Post test: evaluate the knowledge regarding human rights of mentally ill.

Inclusion criteria for sampling

- ◆ Students those who are studying II-Year B.Sc Physics
- ◆ Students who are willing to participate in the study
- ◆ Students those who are having low level of knowledge

Exclusion criteria for sampling

- ◆ Students who are not available on the day of data collection
- ◆ Students who are not willing to participate in this study

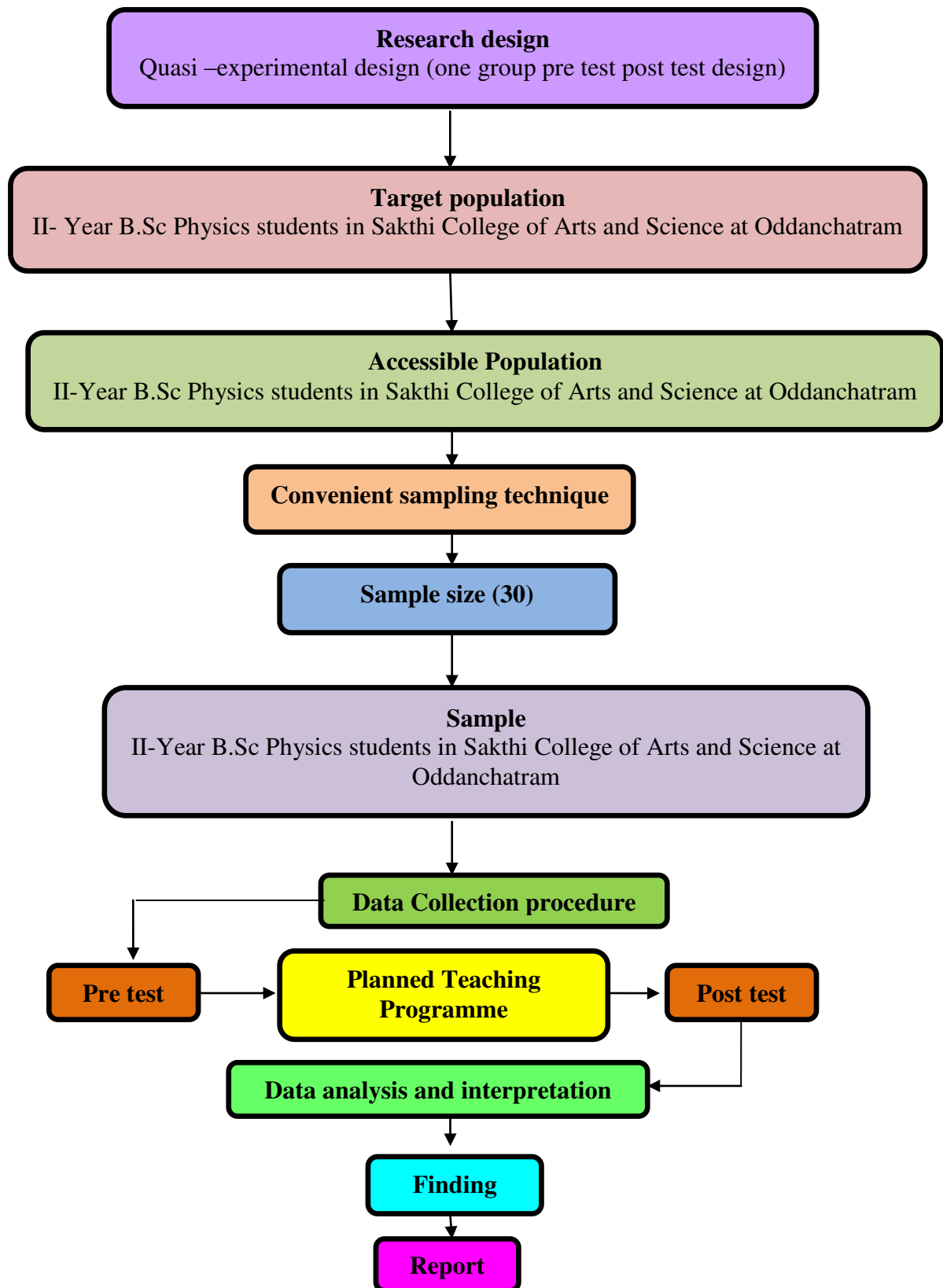


Fig-2: Schematic presentation of research design

DESCRIPTION OF THE TOOL

Section –A

It consisted of demographic variables of the II-Year B.Sc Physics students which included, age, gender, religion, educational status of the parents, profession of the parents, medical professionals in their family, and history of mental illness in their family

Section –B

It consists of Modified questionnaires for assessing the knowledge regarding rights of mentally ill. The questioner had totally 30 questions, each correct answer carry 1 mark.

Scoring pattern is:

1-5 = No knowledge

6-10 = Low level of knowledge

11-15 = Moderate level of knowledge

16-20 = High level of knowledge

TESTING OF THE TOOL

Reliability:

Reliability is the degree of consistency or dependability with which instrument measures the attribute is designed to measure.

The reliability of the student's knowledge regarding rights of mentally ill, modified questionnaire was assessed by using test retest method.

Validity:

Validity is the degree to which an instrument measures what is intended to measure.

The validity of tool obtained from the experts in the field of psychiatric nursing and psychiatric medicine. The suggestions and advices given by experts were considered and corrected.

PILOT STUDY

The preliminary form used for the pilot study contained 5 items. For the pilot study, students were selected from Sakthi College of Arts and Science at Oddanchatram. Proper instructions were given. The subjects were asked to respond to all the statements and no time limit was imposed. During the time of assessing the level of knowledge the investigator gave proper assistance and directions whenever and wherever necessary.

Data collection method

After getting the permission from the concerned authorities, researcher will explain the purpose of the study to the students. After obtaining informed consent from the students, pre-test will be conducted by using of modified questionnaire to assess the student's knowledge on human rights of mentally illness. After planned teaching programme post-test will be conducted using the same tool.

Data Analysis Plan

The data being collected through student knowledge scale will be carefully recorded and analyzed through following statistical techniques.

Frequency and percentage analysis used to describe the demographic characteristics of variables.

Mean, mean difference, standard deviation of knowledge score and 't' value of knowledge score of B.Sc II-Year Physics students before and after the planned teaching programme.

Paired t-test will be carried out to assess the pre and post-test to assess the level of knowledge among second year B.Sc Physics students.

Chi square analysis will be used to determine the association between demographical variables with knowledge among second year B.Sc Physics students in Sakthi College of arts and science.

PROTECTION FOR HUMAN RIGHTS

A formal consent was obtained from the respondents of the study (second year B.Sc Physics students) before planned teaching schedule. The investigator explained objectives, purpose and goal of the study to the concern college principals, and students in order to get the maximum cooperation.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

All meanings, we know depend on the key of interpretation.

-George Eliot

The process of evaluating data using analytical and logical reasoning to examine each component of the data provided. This form of analysis is just one of the many steps that must be completed when conducting a research experiment. Data from various sources is gathered, reviewed, and then analysis method, some of which include data mining, text analytics, business intelligence and data visualizations.

Analysis is a process of organizing and synthesizing data so as to answer research questions and test hypothesis. (Poilt and Beck, 2010)

This chapter describes analysis and interpretation of data collected to evaluate the effectiveness of planned teaching programme on knowledge regarding human rights of mentally ill among college students in Sakthi College of arts and science” at Dindigul district. The collected data was organized, analyzed and tabulated by using descriptive and inferential statistics.

These data's were represented as follows.

Objective-I: To assess the pre-test and post test knowledge level regarding human rights of mentally ill among college students in Sakthi College of arts and science.

Objective-II: : To compare the Pre-test and post-test knowledge level regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.

Objective-III: To assess the effectiveness of planned teaching programme on knowledge regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.

Objective-IV: To determine the association between certain demographic variables and knowledge regarding Rights of Mentally Ill among college students in Sakthi College of arts and science.

Data on demographic variables of the College students in Sakthi College of arts and science

Table-1: Frequency and percentage distribution of college Students in Sakthi College of arts and science according to their demographic data.

| (N=30) | | | | |
|--------|---|-----------------------|----|------|
| S.No | Demographic data | | f | % |
| 1 | Age | 18 yrs | 22 | 73.3 |
| | | 19 yrs | 7 | 23.3 |
| | | 20 yrs & Above | 1 | 3.3 |
| 2 | Religion | Christian | 12 | 40 |
| | | Muslim | 3 | 10 |
| | | Hindu | 15 | 50 |
| 3 | Education status of parents | Illerate | 7 | 23.3 |
| | | School education | 8 | 26.7 |
| | | Under graduate degree | 9 | 30 |
| | | Post graduate | 6 | 20 |
| 4 | Parents Occupation | Government employee | 5 | 16.7 |
| | | Private employee | 12 | 40 |
| | | Self employee | 9 | 30 |
| | | Un employee | 4 | 13.3 |
| 5 | Do you have any medical professional in your family | Yes | 3 | 10 |
| | | No | 27 | 90 |

| | | | | |
|---|--|-----|----|------|
| 6 | Do you have any mental ill patients in your family | Yes | 4 | 13.3 |
| | | No | 29 | 96.7 |
| 7 | Previous knowledge about rights of mentally ill patients | Yes | 5 | 16.7 |
| | | No | 25 | 83.3 |

The above table shows that among 30 samples, 27 (73.33%) samples belonged to the **Age Group** 18 years, whereas only 1 (73.3%) of the sample belonged to the age group of 20 years and above.

Regarding **Religion** majority 15 (50%) samples belonged to the Hindu Religion, whereas only 3 (10%) of the samples belonged to the Muslim religion.

Regarding **Educational Status** of the parents majority 9(30%).of the samples belongs to the undergraduate degree and 6 (20%) of the samples belongs to post graduate.

Regarding to **the parents occupation** majority is 12 (40%) of the samples belongs to the private employee and 4 (13.3%) of the samples belongs to unemployed.

Regarding **any medical professionals** majority 27 (90%) of the samples are say “No” and 3 (10%) of them says “Yes”.

Regarding **any mental ill patients** in her family, 26 (86.7%).of the samples say “No” and 4 (13.3%) says “Yes”.

Regarding **Previous knowledge** about rights mentally ill patients, 25 (83.3%) samples say that, “No” and 5 (16.6%) of them says that, “Yes”.

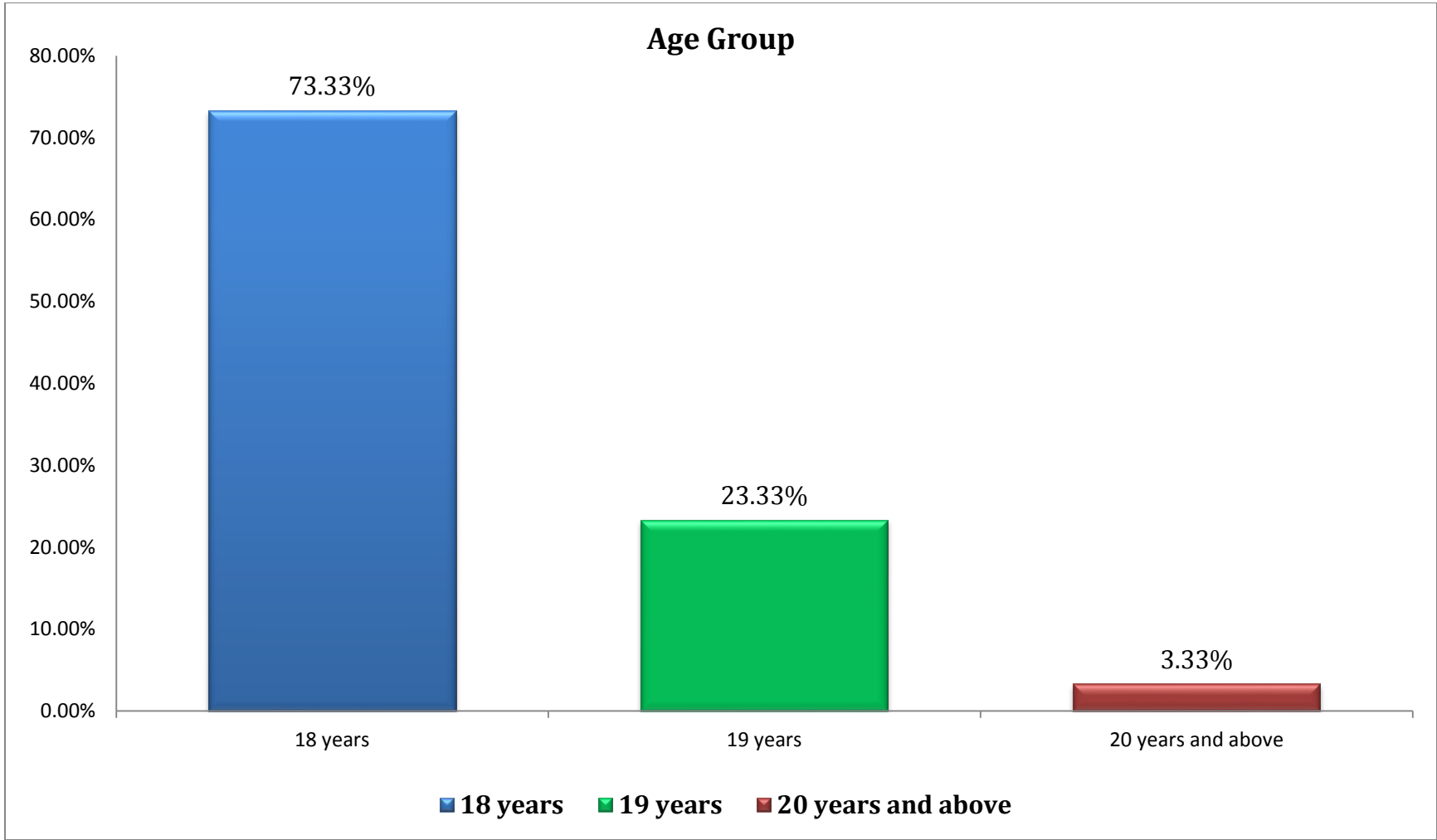


Figure 3: Distribution of college students according to their age group

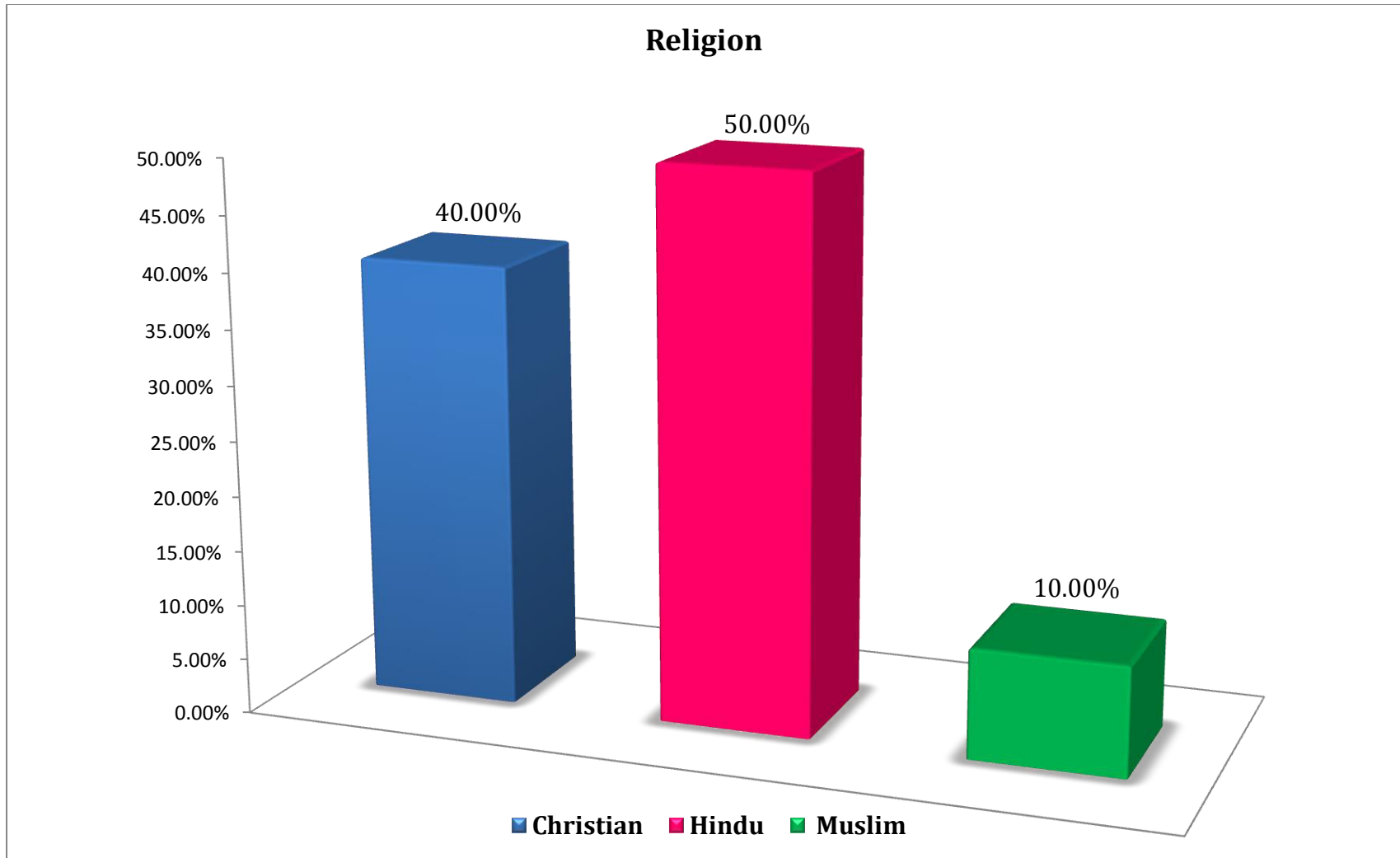


Figure 4: Distribution of college students according to their Religion.

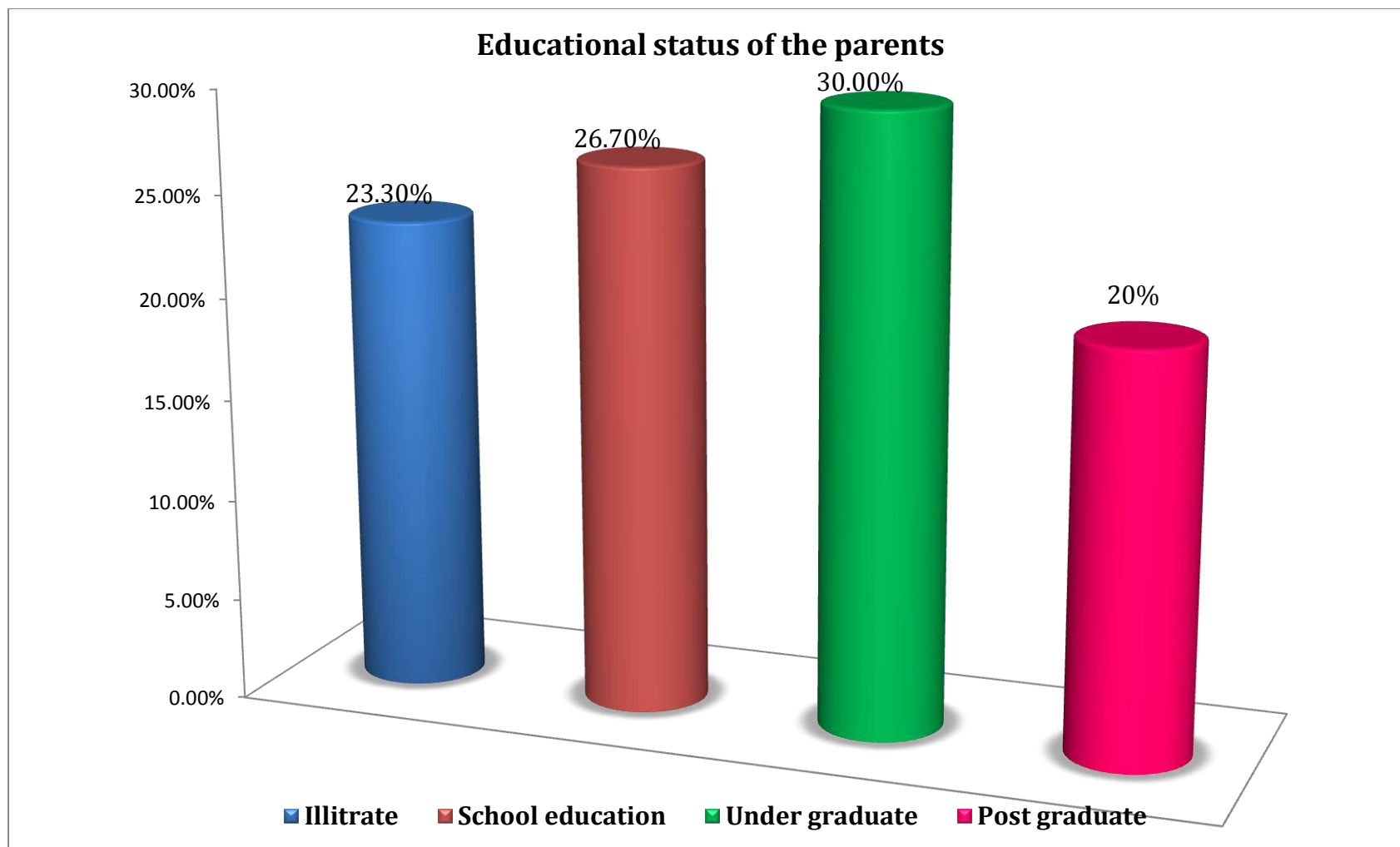


Figure 5: Distribution of first year B.Sc (N) students according to their Medium studied in higher secondary school.

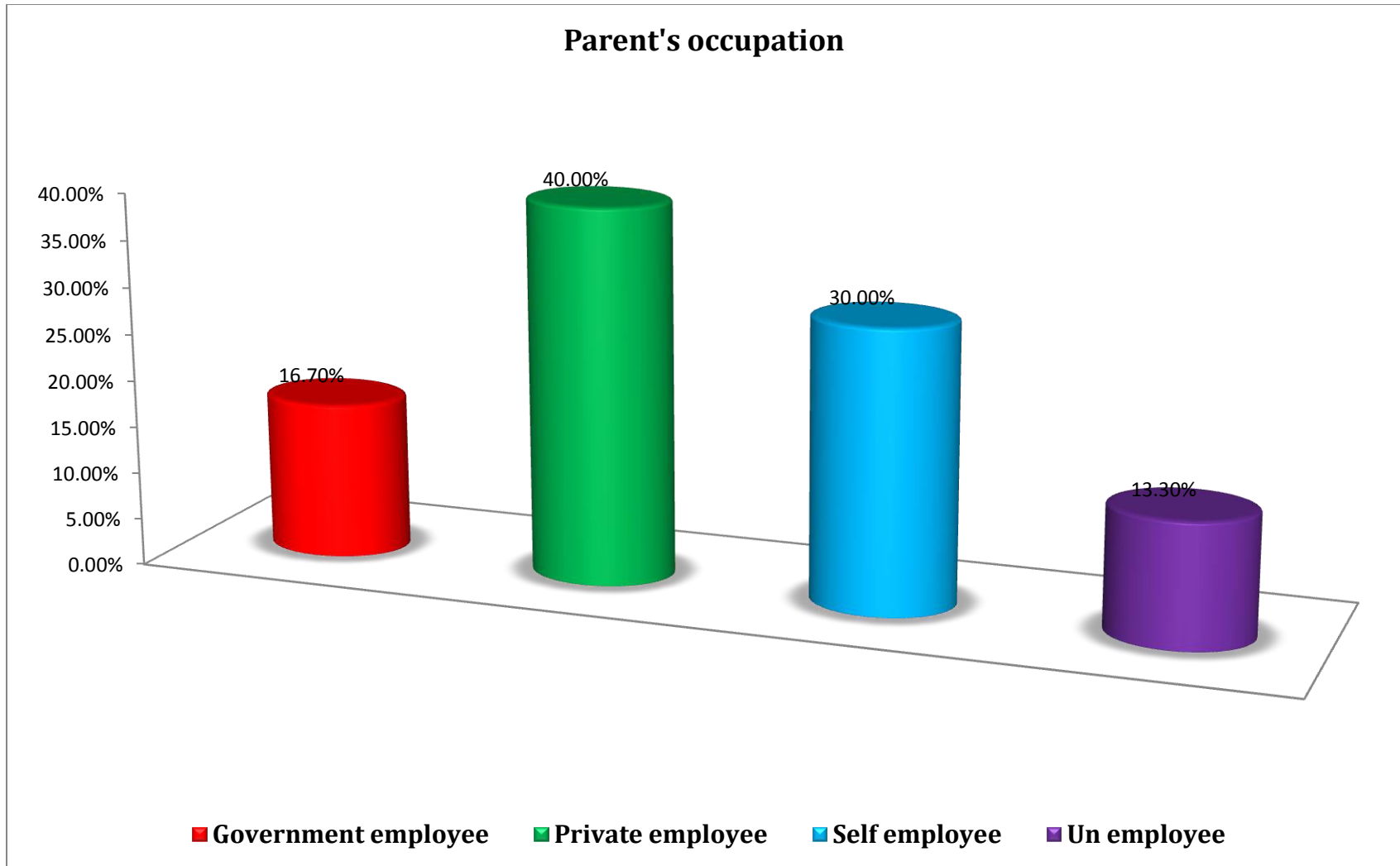


Figure 6: Distribution of college students according to their Parent's occupation.

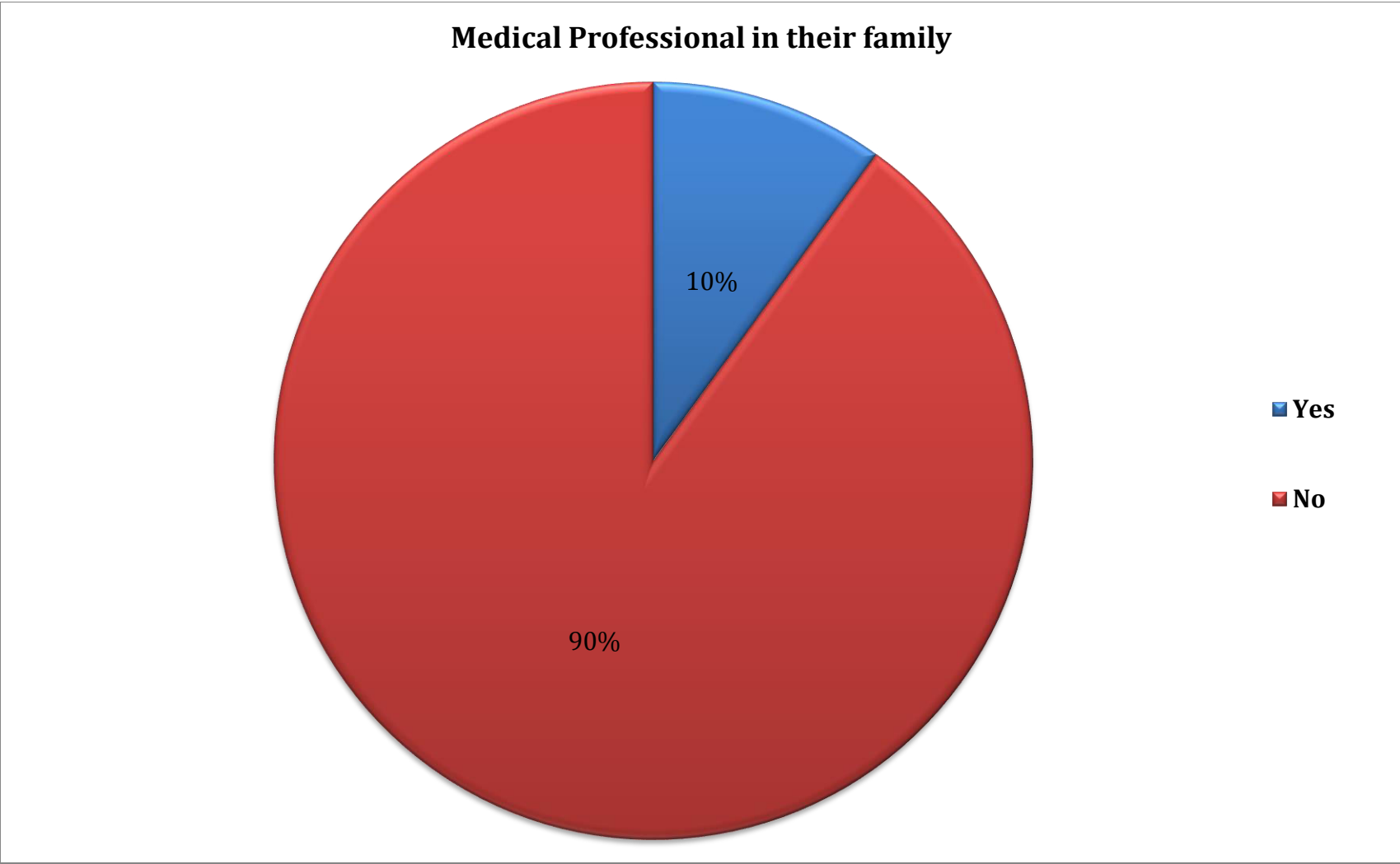


Figure 7: Distribution of college students according to Medical professionals in their family.

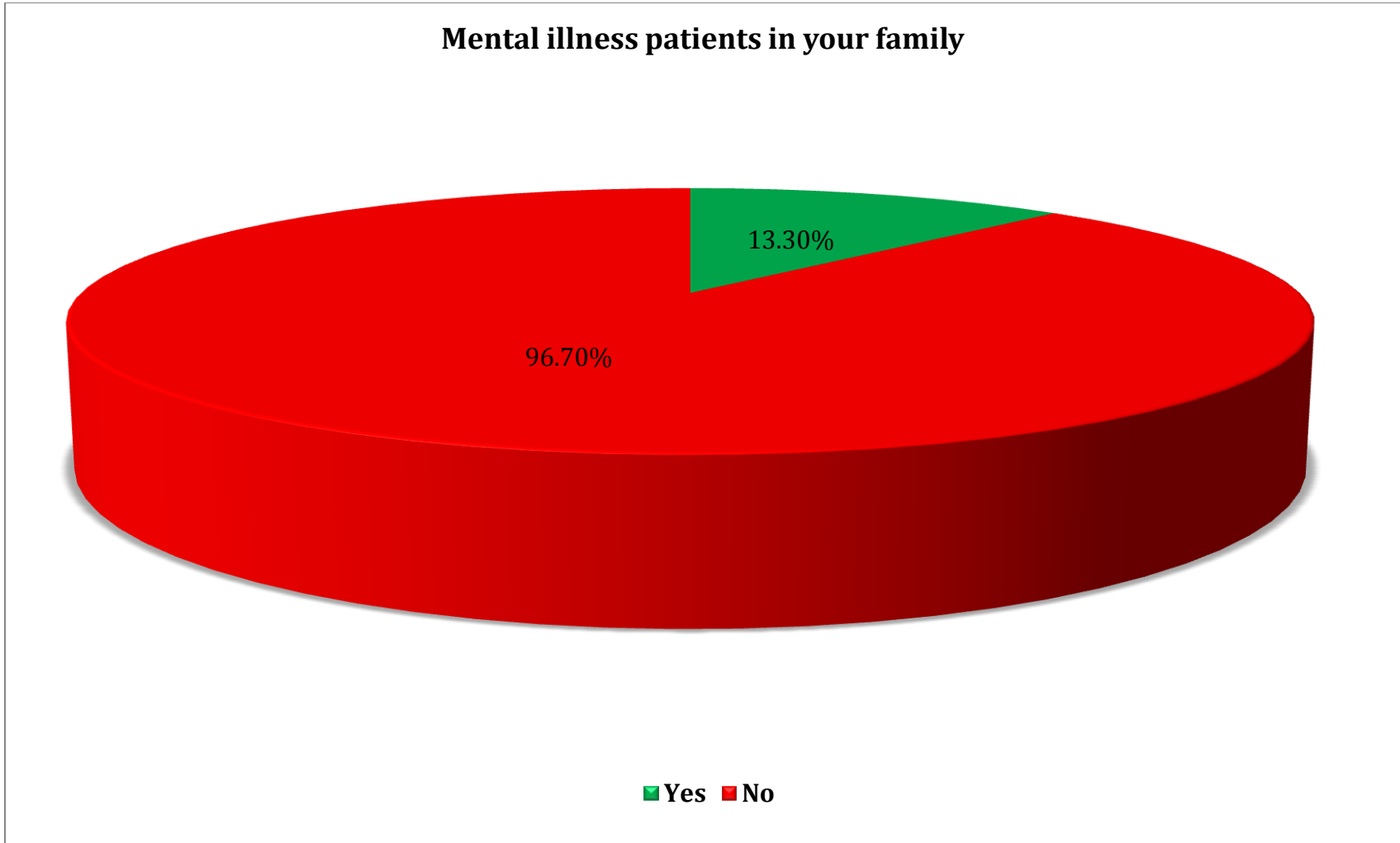


Figure 8: Distribution of college students according to Mental illness patients in their family.

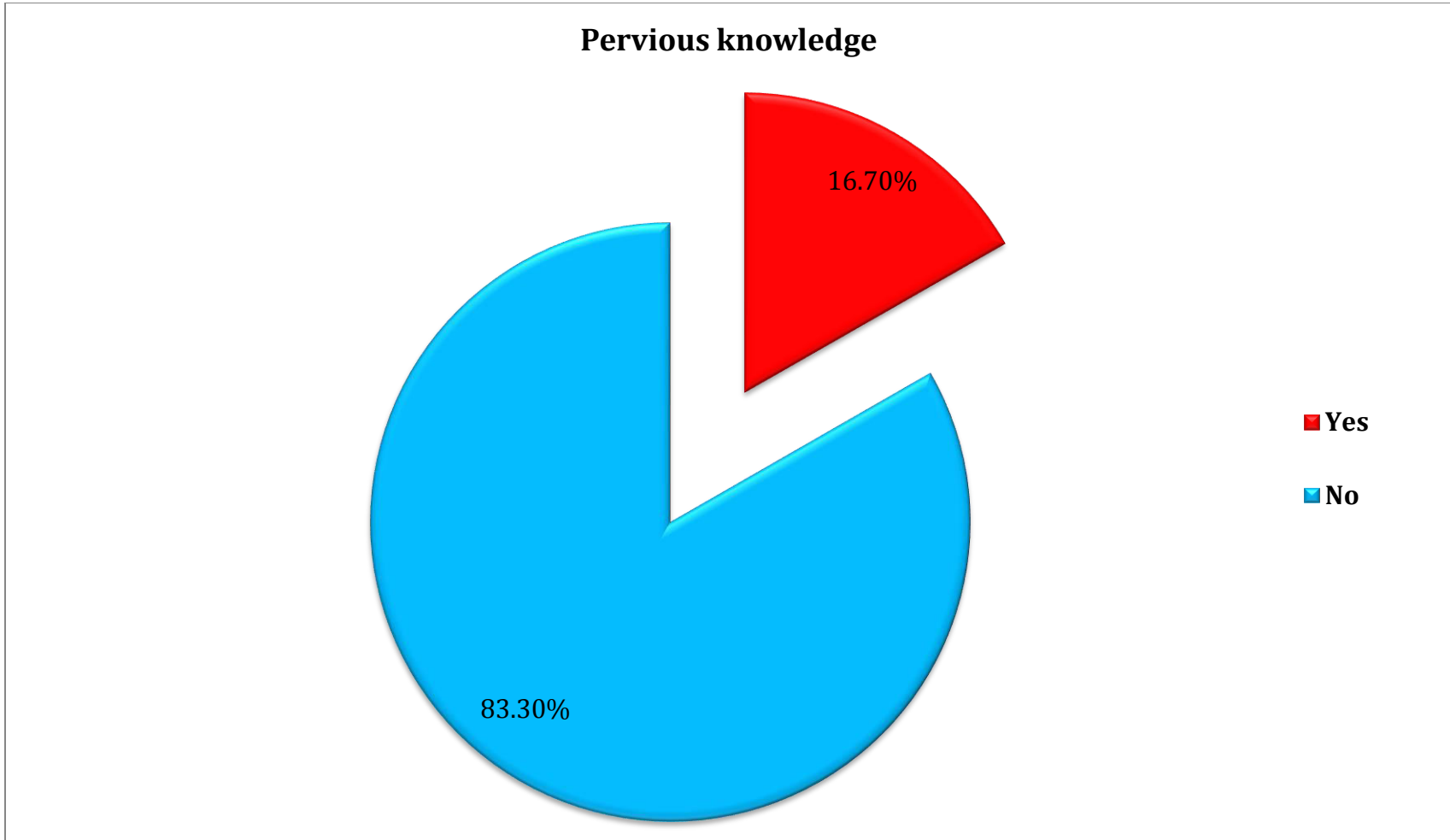


Figure 9: Distribution of college students according to their Previous knowledge regarding rights of mentally ill.

Data on pre test and post test level of Knowledge regarding rights of mentally ill among college students in Sakthi College of Arts and Science at Oddanchatram

Table- 2: Frequency and percentage for level of Knowledge regarding rights of mentally ill among College students in Sakthi College of Arts and Science at Oddanchatram.

| Level of Knowledge score | Pre test | | Post test | |
|-----------------------------------|----------|-------|-----------|------|
| | f | % | f | % |
| No Knowledge (1-5) | 17 | 56.67 | 0 | 0 |
| Low Knowledge (6-10) | 9 | 30 | 3 | 10 |
| Moderate Knowledge (11-15) | 4 | 13.33 | 9 | 30 |
| High Knowledge (16-20) | 0 | 0 | 18 | 60 |
| Total | 30 | 100% | 30 | 100% |

The above table shows that in pre test scores on the level of Level of Knowledge 17 (56.67%) of them had **No Knowledge**, 9 (30%) of them had **Low Knowledge**, and 4 (13.33%) of them had **Moderate Knowledge** respectively.

Whereas post test scores on the level of Level of Knowledge 3 (10%) of them had **Low Knowledge**, 9(30%) of them had **Moderate Knowledge** and 18 (60%) of them had **High Knowledge** respectively.

This finding reveals that, after the planned teaching programme the level of knowledge regarding rights of mentally ill among college students were improved in post test than pre test.

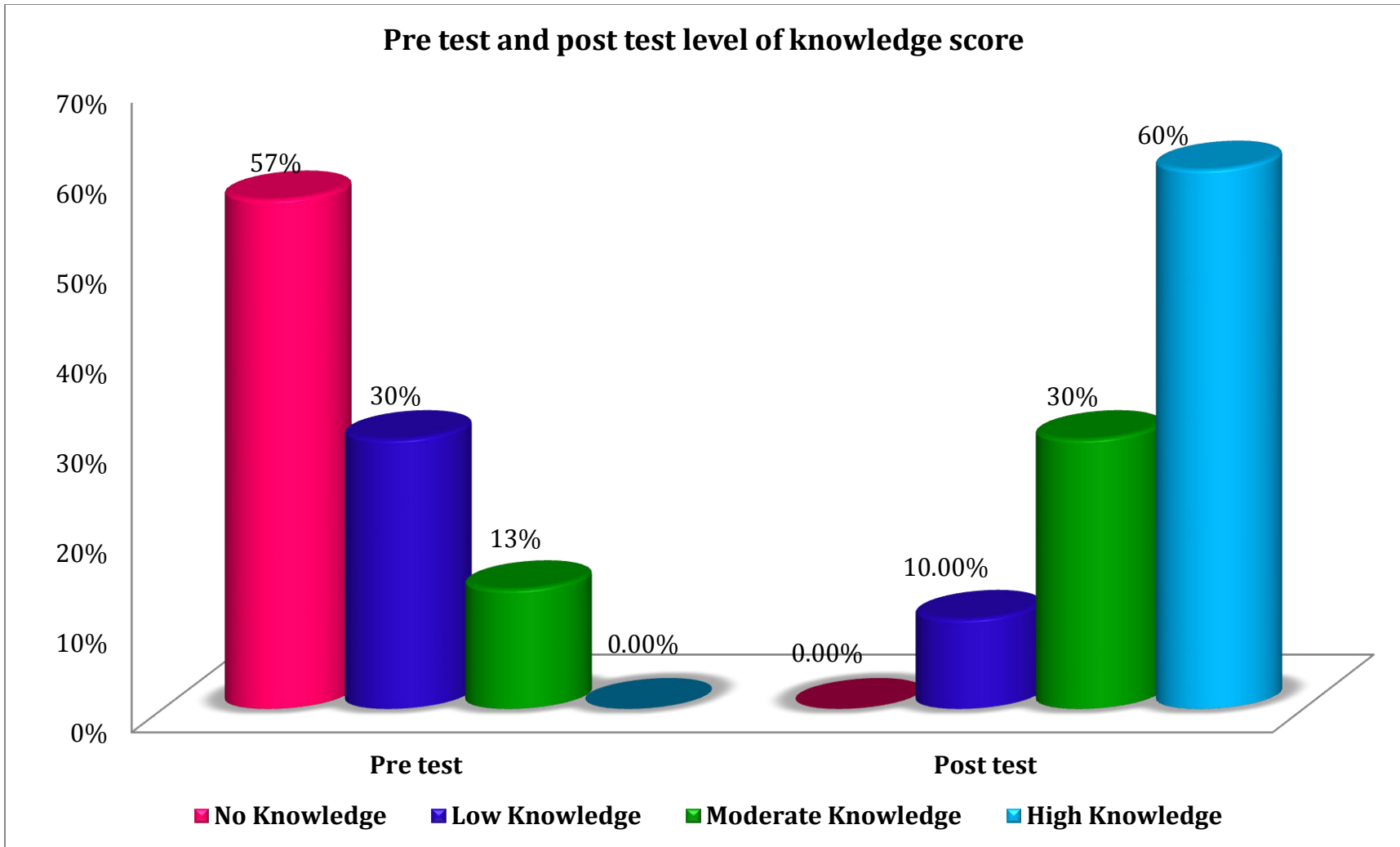


Figure 10: Level of Knowledge regarding rights of mentally ill among college students in Pre and Post test

**Date of effectiveness of planned teaching programme on level of Knowledge
regarding rights of mentally ill among college students**

**Table -3. Mean, SD and 't' value on level of Knowledge regarding rights of mentally
ill among college students**

(N=30)

| Domain | Pre-test | | Post – test | | Mean difference | 't'- value | Tablated value |
|-----------------|----------|------|-------------|------|-----------------|------------|----------------|
| | Mean | SD | Mean | SD | | | |
| Knowledge score | 5.83 | 3.57 | 15.5 | 3.35 | 9.67 | 2.1 | S 1.699 |

*S= significant

(df=29)

The above table shows that the pre test calculated value was 2.1 and the tablated 't' value is 1.699, which was significant at $P < 0.05$.

Hence H_1 is accepted. It can be concluded that 'planned teaching programme was effective in improving the knowledge level among college students.

**Data on association between the pre test level of knowledge regarding rights
of mentally ill among college students and their demographic variables.**

Table: 4 – Frequency percentage distribution of Chi-square

(N= 30)

| Demographic variables | No Knowledge | | Low Knowledge | | Moderate Knowledge | | High Knowledge | | χ^2 -value | P-value |
|-----------------------|--------------|------|---------------|------|--------------------|-----|----------------|---|-----------------|---------|
| | f | % | f | % | f | % | | | | |
| 1. Age | | | | | | | | | | |
| a) 18-19 years | 13 | 43.3 | 7 | 23.3 | 2 | 6.6 | 0 | 0 | 2.57 | 9.49 |
| b) 20-21 years | 3 | 10 | 2 | 6.6 | 2 | 6.6 | 0 | 0 | | |
| c) 22and above | 1 | 3.3 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2. Religion | | | | | | | | | | |
| a) Christian | 5 | 16.6 | 5 | 16.6 | 2 | 6.6 | 0 | 0 | 2.35 | 9.49 |
| b) Muslim | 2 | 6.6 | 1 | 3.3 | 0 | 0 | 0 | 0 | | |
| c) Hindu | 10 | 33.3 | 3 | 10 | 2 | 6.6 | 0 | 0 | | |
| 3. Education | | | | | | | | | | |
| status of parents | | | | | | | | | | |
| a) Illerate | 6 | 20 | 1 | 3.3 | 0 | 0 | 0 | 0 | 12.4 | 12.59 |
| b) School education | 7 | 23.3 | 1 | 3.3 | 0 | 0 | 0 | 0 | | |
| c) Under graduate | 2 | 6.6 | 4 | 13.3 | 3 | 10 | 0 | 0 | | |
| d) Post graduate | 2 | 6.6 | 3 | 10 | 1 | 3.3 | 0 | 0 | | |

| | | | | | | | | | | | |
|--|----|------|---|------|---|-----|---|---|-------|-------|----|
| 4.Parents Occupation | | | | | | | | | | | |
| a) Government | 0 | 0 | 2 | 6.6 | 3 | 10 | 0 | 0 | | | S |
| b) Private | 5 | 16.6 | 6 | 20 | 1 | 10 | 0 | 0 | 20.4 | 12.59 | |
| c) Self | 8 | 26.6 | 1 | 3.3 | 0 | 0 | 0 | 0 | | | |
| d) Un employee | 4 | 13.3 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5.Any medical professional in your family | | | | | | | | | | | S |
| a) Yes | 0 | 0 | 2 | 6.6 | 1 | 3.3 | 0 | 0 | 13.42 | 9.49 | |
| b) No | 17 | 56.7 | 7 | 23.3 | 3 | 10 | 0 | 0 | | | |
| 6.Any mental ill patients in your family | | | | | | | | | | | NS |
| a) Yes | 1 | 3.3 | 1 | 3.3 | 2 | 6.6 | 0 | 0 | 4.38 | 5.99 | |
| b) No | 16 | 53.3 | 8 | 26.6 | 2 | 6.6 | 0 | 0 | | | |
| 7.Previous knowledge regarding rights of mentally ill | | | | | | | | | | | S |
| a) Yes | 0 | 0 | 2 | 6.6 | 2 | 6.6 | 0 | 0 | 6.51 | 5.99 | |
| b) No | 17 | 56.7 | 7 | 23.3 | 2 | 6.6 | 0 | 0 | | | |

*S= Significant

**NS= Non Significant

In this table shows that, there was statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like parents occupation, medical professionals in their family, mentally ill patients in their family and previous knowledge regarding rights of mentally ill.

And above table shows that, there was not statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like age group, religion, and educational status of the parents and presents of mentally ill patients in their family

CHAPTER –V

DISCUSSION

This study was conducted to assess the effectiveness of ‘planned teaching programme’ on improving the knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram.

The discussion was based on the objectives specified in this study.

To assess the Pre-test data on demographic variables of the College students in Sakthi College of arts and science

The Finding shows that, among 30 samples, 27 (73.33%) samples belonged to the **Age Group** 18 years, whereas only 1 (73.3%) of the sample belonged to the age group of 20 years and above.

Regarding **Religion** majority 15 (50%) samples belonged to the Hindu Religion, whereas only 3 (10%) of the samples belonged to the Muslim religion.

Regarding **Educational Status** about of the parents majority 9(30%).of the samples belongs to the undergraduate degree and 6 (20%) of the samples belongs to post graduate.

Regarding to **the parents occupation** majority is 12 (40%) of the samples belongs to the private employee and 4 (13.3%) of the samples belongs to unemployed.

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Regarding **Previous knowledge** about rights mentally ill patients, 25 (83.3%) samples say that, “No” and 5 (16.6%) of them says that, “Yes”.

To compare the Pre-test and post-test knowledge level regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.

The findings shows that in pre test scores on the level of Level of Knowledge 17 (56.67%) of them had **No Knowledge**, 9 (30%) of them had **Low Knowledge**, and 4 (13.33%) of them had **Moderate Knowledge** respectively.

Whereas post test scores on the level of Level of Knowledge 3 (10%) of them had **Low Knowledge**, 9(30%) of them had **Moderate Knowledge** and 18 (60%) of them had **High Knowledge** respectively.

This finding reveals that, after the planned teaching programme the level of knowledge regarding rights of mentally ill among college students were improved in post test than pre test.

A **descriptive study** was conducted to assess the knowledge among 30 staff nurses regarding human rights and ethical responsibilities in field of psychiatric nursing at selected psychiatric centre of Jaipur, Rajasthan. The findings of the study revealed that majority (90%) of the nurses possess moderate level of knowledge and 10 % of nurses’ possessed high-level knowledge and none of nurses possessed low level knowledge.

An **explorative Survey** was conducted among 30 nurses working in selected ayurveda medical college and Hospital, Bangalore to assess the knowledge regarding rights of mentally ill. The study revealed that majority of participants i.e., 25(83.3%)

were not aware of rights of mentally ill persons and only 2(6.7%) of them are having highly adequate knowledge. An awareness programme was conducted to improve the existing level of knowledge.

To assess the effectiveness of planned teaching programme on knowledge regarding Human Rights of Mentally Ill among college students in Sakthi College of arts and science.

The finding shows that the pre test calculated value was 2.1 and the tablatde't' value is 1.699, which was significant at $P < 0.05$.

Hence H_1 is accepted. It can be concluded that 'planned teaching programme' was effective in improving the knowledge level among college students.

A study conducted by Sharma et.al. entitled "awareness regarding human rights of mentally ill among nurses at selected hospitals in north India 2009 by using purposive sampling techniques". They found the maximum number of 98.08 % of subjects had good (61.54 %) and average (36.54 %) level of awareness. The maximum violation practices were regarding seclusion of mentally ill followed by forceful administration of medication and mechanical restraining of the mentally ill. The relationship between awareness of subjects regarding human rights of mentally ill and selected social demographic characteristics was found statistically significant.

Another descriptive study conducted by Santhi, found that majority of the caregivers of mentally ill have inadequate knowledge. The recommendation made is that nurses are in unique position to educate the caregivers on human rights and ensuring that

methodologies for right protection included in the unit policies procedures practice of institutions dealing with the mentally ill.

To determine the association between certain demographic variables and knowledge regarding Rights of Mentally Ill among college students in Sakthi College of arts and science

The finding shows that, there was statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like parents occupation, medical professionals in their family, mentally ill patients in their family and previous knowledge regarding rights of mentally ill.

And the findings shows that, there was not statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like age group, religion, and educational status of the parents and presents of mentally ill patients in their family

CHAPTER-VI

SUMMARY AND RECOMMENDATIONS

This chapter deals with the summary and recommendations. It focuses on the implications and gives recommendations for Nursing practices, Nursing research, Nursing administration, and Nursing education.

SUMMARY

The purpose of the study was “to assess the effectiveness of ‘planned teaching programme’ on improving the knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram

The objectives of the study were,

- To assess the pre – test level of knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram
- To compare the pre – test and post - test level of knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram
- To assess the effectiveness of ‘planned teaching programme’ on improving the knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram
- To find out the association between pre-test level of knowledge regarding rights of mentally ill among college students with selected demographic variables in Sakthi College of arts and science at Oddanchatram

The research design was adopted for this study is a Quasi –experimental design (One group pre-test post-test design). [The study adopted pre test, intervention and post test].

The conceptual frame work was based on King's goal attainment theory. It consists of six concepts that are communication, perception, reaction, communication, transaction and feedback.

In this study the researcher administers planned teaching programme on knowledge regarding rights of mentally ill among college students in Sakthi College of arts and science at Oddanchatram.

The basis assumption of the theory is the college students has to improve the knowledge regarding rights of mentally ill and finally validating that the need for help was met.

The sample size consists of 30 students those who are studied in second year B.Sc (Physics) at Sakthi College of arts and science at Oddanchatram. Pre test data was collected by researcher using modified questionnaires on 1st day. College students received intervention of 'Planned teaching programme regarding rights of mentally ill' on 2nd day. Post test was conducted by the researcher for using the same questionnaires on the 3rd day.

MAJOR FINDINGS OF THE STUDY

The Finding shows that, among 30 samples, 27 (73.33%) samples belonged to the **Age Group** 18 years, whereas only 1 (73.3%) of the sample belonged to the age group of 20 years and above.

Regarding **Religion** majority 15 (50%) samples belonged to the Hindu Religion, whereas only 3 (10%) of the samples belonged to the Muslim religion.

Regarding **Educational Status** about of the parents majority 9(30%).of the samples belongs to the undergraduate degree and 6 (20%) of the samples belongs to post graduate.

Regarding to **the parents occupation** majority is 12 (40%) of the samples belongs to the private employee and 4 (13.3%) of the samples belongs to unemployed.

Regarding **any medical professionals** majority 27 (90%) of the samples are say “No” and 3 (10%) of them says “Yes”.

Regarding **any mental ill patients** in her family, 26 (86.7%).of the samples say “No” and 4 (13.3%) says “Yes”.

Regarding **Previous knowledge** about rights mentally ill patients, 25 (83.3%) samples say that, “No” and 5 (16.6%) of them says that, “Yes”.

The findings shows that in pre test scores on the level of Level of Knowledge 17 (56.67%) of them had **No Knowledge**, 9 (30%) of them had **Low Knowledge**, and 4 (13.33%) of them had **Moderate Knowledge** respectively.

Whereas post test scores on the level of Level of Knowledge 3 (10%) of them had **Low Knowledge**, 9(30%) of them had **Moderate Knowledge** and 18 (60%) of them had **High Knowledge** respectively.

This finding reveals that, after the planned teaching programme the level of knowledge regarding rights of mentally ill among college students were improved in post test than pre test.

The finding shows that the pre test calculated value was 2.1 and the tablatde't' value is 1.699, which was significant at $P < 0.05$.

Hence H_1 is accepted. It can be concluded that 'planned teaching programme was effective in improving the knowledge level among college students.

The finding shows that, there was statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like parents occupation, medical professionals in their family, mentally ill patients in their family and previous knowledge regarding rights of mentally ill.

And the findings shows that, there was not statistically significant association between the level of knowledge regarding rights of mentally ill among college students and their demographic variables like age group, religion, and educational status of the parents and presents of mentally ill patients in their family

IMPLICATIONS:

The findings of the study have several implications in following field. It can be discussed in four areas namely, Nursing practice, Nursing administration, Nursing education and Nursing research.

NURSING SERVICE:

- In service education to nursing personnel helps to improve the knowledge regarding rights of mentally ill among college students, complications and different management approaches.
- The study findings will help to create awareness and to improve the knowledge regarding rights of mentally ill among college students, regarding benefits of ‘administration of planned teaching programme.
- The nurse can administer planned teaching programme for improving the level of the knowledge regarding rights of mentally ill among college students. Because many college students doesn’t had knowledge regarding rights of mentally ill.
- The nurse can motivate to form support group
- Nurses have a major role in identifying risk factors and help to overcome.
- There should be public awareness to improve college student’s level of knowledge regarding rights of mentally ill. The Nurse must take effort and take initiation to educate the college students regarding rights of mentally ill.

NURSING ADMINISTRATION:

- Nurse administrator should plan to conduct programme about ‘planned teaching programme’ regarding rights of mentally ill.

- The nurse administrator should recommend allocating portion of budget for educational materials like pamphlets, models, slides, flexes, videos which contain information about benefits of ‘planned teaching programme’ regarding rights of mentally ill.
- The nurse administrator can encourage the college students to involve research activities to improving the level of knowledge regarding rights of mentally ill.

NURSING EDUCATION:

- Nurse educator must update knowledge regarding rights of mentally ill.
- Nurse educator should teach college students to gain skills in identifying problems of give effective teaching regarding rights of mentally ill.
- Nurse educator should recommend the curriculum committee to insist the importance of rights of mentally ill to the college students to improve the knowledge in the nursing curriculum.

NURSING RESEARCH:

- The finding of the study helps to expand scientific body of professional knowledge upon which further research can be conducted.
- Large scale studies can be conducted in consideration of other contributing variables.

LIMITATIONS:

- Prolonged effect of planned teaching programme could not be measured.
- The investigator needed much co operation from the college students.

RECOMMENDATIONS:

- A similar study can be conducted as a study to assess and expressed practice of rights of mentally ill among college students
- A similar study can be conducted in longer period of time.
- A similar study can be conducted in different settings or group

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APPENDIX - i

LETTER SEEKING EXPERT OPINION AND CONTENT VALIDITY

From

Mrs. Charlet Chatherine.A

M.Sc Nursing II Year,

Sakthi college of Nursing,

Oddanchatram,

Dindigul.

To

Respected Sir / Madam,

Sub: Requisition for expert opinion and content validity regarding.

I am Charlet Chatherine.A, M.Sc Nursing II year student of Sakthi College of Nursing, Oddanchatram, Dindigul, under Dr. M.G.R. Medical University.

As a partial fulfilment of my M.Sc Nursing degree program, I am conducting a research study on **“A Study To Assess The Effectiveness Of Planned Teaching Programme On Knowledge Regarding Human Rights Of Mentally Ill Among College Students”**.

I am sending the tool for content validity and for your expert & valuable opinion. I will be very thankful if you return it at the earliest. Here with I have enclosed the necessary documents.

Thanking you,

Place :

Yours sincerely,

Date :

APPENDEX- ii



SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

PERMISSION LETTER

From

The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To

The Principal,
Sakthi college of arts and science for women
Oddanchatram,
Dindigul (Dt)

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

MRS. CHARLET CATHERINE.A is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking ("A STUDY TO ASSESS THE EFFECTIVENESS OF 'PLANNED TEACHIN PROGRAMME ON KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL AMONG COLLEGE STUDENTS IN SAKTHI COLLEGE OF ARTS AND SCIENCE FOR WOMEN AT DINDIGUL DISTRICT"), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

yours sincerely,

Date: June 16

Place: ODDANCHADHERAM

Permitted
Skanilke
16/6/17
PRINCIPAL
Sakthi College of Arts and Science for Women
Sakthi Nagar, Palakkanuthu (Po),
Oddanchatram, Dindigul Dist - 624 619.

[Signature]
PRINCIPAL
Sakthi College of Nursing
Sakthi Nagar, Palakkanuthu
Dindigul - (Dist)
624 624

APPENDIX - iii

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Mrs. Charlet Catherine.A, M.Sc (N) II Year student of Sakthi College of Nursing for the conduction of the research study On **“A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING HUMAN RIGHTS OF MENTALLY ILL AMONG COLLEGE STUDENTS”** is valid. She can proceed in conducting data collection.

Signature of validator

Name of the validator :

Designation :

Name of the institution :

Date :

APPENDIX - iv

LIST OF EXPERTIES

1. Pro. Mrs. V. Janahi Devi, M.Sc (N).,
Principal, Sakthi College of Nursing
Oddanchatram
Dindigul.

2. Dr. Mr. S. Samuel Gunasekharan, M.D., D.P.M., F.C.I.P., F.I.C.A.,
Neuro Psychiatrist & Hypnotism therapist,
Mesmer Hospital,
Dindigul.

3. Dr. R. Jancy Rachel Daisy, M.Sc (N), Ph.D
Prof. & HOD of Psychiatric Nursing Department
CSI Jeyaraj Annapackiam College of nursing
Madurai

4. Dr. G. Jeyathanga Selvi, M.Sc(N), Ph.D
Psychiatric Nursing Department
CSI Jeyaraj annapackiam college of nursing
Madurai

5. Asso. Prof. Mrs. Gomathi. V, M.Sc (N)
Psychiatric Nursing Department
CSI Jeyaraj Annapackiam College of nursing
Madurai

6. Assi. Pro. Mrs. Joy Christy, M.Sc (N)
Psychiatric Nursing Department,
CSI Jeyaraj Annapackiam College of nursing
Madurai.

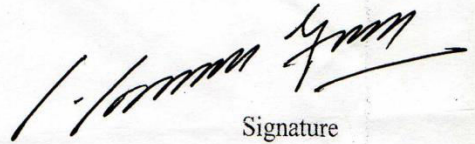
APPENDIX-v

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Mrs. Charlet Catherine A, MSc(N) II Year student of Sakthi College of Nursing for the conduction of the research study on "A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL AMONG STUDENTS IN SAKTHI COLLEGE OF ARTS AND SCIENCE" is valid. She can proceed in conducting data collection.

**MESMER NEURO PSYCHIATRIC HOSPITAL
DE-ADDICTION CUM REHABILITATION CENTRE
93, SPENCER COMPOUND,
DINDIGUL.**



Signature

Name of the institution/Hospital:

Designation:

Place:

Date:

**Dr.S.SAMUEL GUNASEKARAN,
M.B.B.S.,D.P.M.,M.D.,(PSYCHIATRY)
PSYCHIATRIST
REGISTER NO: 32648**

APPENDEX- vi

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Mrs. Charlet Catherine A, MSc(N) II Year student of Sakthi College of Nursing for the conduction of the research study on "A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL AMONG STUDENTS IN SAKTHI COLLEGE OF ARTS AND SCIENCE" is valid. She can proceed in conducting data collection.

Name of the institution/Hospital: C.S.I. JEYARAJ ANNAPACKIAM COLLEGE
Designation: PROFESSOR CUM HOD OF PSYCHIATRIC NURSING

R. Jancy

Signature

DR. R. JANCY RACHEL DAISY

Place: MADURAI

Date: 12.06.17

Prof. Cum Principal
C.S.I. Jeyaraj Annapackiam College of Nursing
and Allied Sciences
Merry Dew Hills, Jonespuram
Pasumalai; Madurai - 625 004

APPENDEX- vii

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

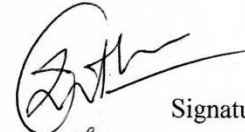
This is to certify that the tool prepared by Mrs. Charlet Catherine A, MSc(N) II Year student of Sakthi College of Nursing for the conduction of the research study on "A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL AMONG STUDENTS IN SAKTHI COLLEGE OF ARTS AND SCIENCE" is valid. She can proceed in conducting data collection.

Name of the institution/Hospital:

Designation:

Place:

Date:



Signature

Dr. G. JAYA THANGA SEKAR

CSI - Jeyaraj Annappaekiam COL

Madurai
12/6/017

Prof. Cum Principal
C.S.I. Jeyaraj Annappaekiam College of Nursing
and Allied Sciences
Merry Dew Hills, Jonespuram
Pasumalai, Madurai - 625 004

APPENDEX- viii

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Mrs. Charlet Catherine A, MSc(N) II Year student of Sakthi College of Nursing for the conduction of the research study on **"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL AMONG STUDENTS IN SAKTHI COLLEGE OF ARTS AND SCIENCE"** is valid. She can proceed in conducting data collection.

V. Jeyaraj
13.06.17
Signature

Name of the institution/Hospital: **C. S. J. JEYARAJ ANNAPACKIAM COLLEGE**
Designation: **ASSO. PROFESSOR .** **OF NURSING**

Place: **MADURAI**

Date: **12.6.17 .**

Prof. Cum Principal
C.S.J. Jeyaraj Annapackiam College of Nursing
and Allied Sciences
Merry Dew Hills, Jonespuram
Pasumalai, Madurai - 625 004

APPENDEX- ix

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by Mrs. Charlet Catherine A, MSc(N) II Year student of Sakthi College of Nursing for the conduction of the research study on "A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING RIGHTS OF MENTALLY ILL AMONG STUDENTS IN SAKTHI COLLEGE OF ARTS AND SCIENCE" is valid. She can proceed in conducting data collection.

Mrs. Joy Christy MSc(N).
Name of the institution/~~Hospital~~: C.S.I. Jeyaraj Anna
Designation: Assist Professor
Sakthi College of Arts and Science

Joy
Signature 06/06/17

Place: Madurai

Date: 06/06/17

Prof. Cum Principal
C.S.I. Jeyaraj Annasackiam College of Nursing
and Allied Sciences.
Merry Dew Hills, Jonespuram
Pasumalai, Madurai - 625 004

APPENDEX- x

CERTIFICATE OF TAMIL EDITING

TO WHOM SO EVER IT MEY CONCERN

This is to certify that the dissertation “**A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING HUMAN RIGHTS OF MENTALLY ILL AMONG COLLEGE STUDENTS**” conducted by **Mrs.Charlet Catherine. A**, M.Sc (N) II year student of Sakthi College of Nursing, Oddanchathram, was edited for English Language appropriateness by **Mrs.B.Rathi Devi**, M.A., M.Phil., M.A, PhD, Tamil department of Sakhi College of Arts and Science, Oddanchathram.

B.Rathi Devi
Signature

APPENDEX- xi

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MEY CONCERN

This is to certify that the dissertation “A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING HUMAN RIGHTS OF MENTALLY ILL AMONG COLLEGE STUDENTS” conducted by Mrs.Charlet Catherine. A, M.Sc (N) II year student of Sakthi College of Nursing, Oddanchathram, was edited for English Language appropriateness by Mrs. M. Ahila., M.A., M.Ed., M.Phil., English department of Amman College of Arts and Science, Pillaiyar Natham, Dindigul.

Signature



APPENDEX- xii
SAKTHI COLLEGE OF NURSING

CERTIFICATE FOR ETHICAL CLEARANCE

| <u>Committee Members</u> | |
|---|--|
| <p>Chairman 1.Dr.Vembanan, M.B.B.S, M.S, President Sakthi Educational Institution.</p> <p>Members 1. Prof. Mrs. V. Janahi Devi, M.Sc (N),, Principal Sakthi College of Nursing Oddanchatram, Dindigul (D.T) 2.Asso. Prof. Mrs. R. Sathya Sri, M.Sc (N) HOD, Mental Health Nursing Sakthi College of Nursing Oddanchatram, Dindigul (D.T) 3. Dr. Mr. S. Samuel Gunasekharan, M.D., D.P.M., F.C.I.P., F.I.C.A., Neuro Psychiatrist & Hypnotism therapist, Mesmer Hospital, Dindigul. 4.Mr.V.Palanisamy,B.A.B.L., Advocate 5.Mr.Diaz Prabhakaran,M.A., Sociology, 6.Ms.Mariyammal, Ph.D., Psychology</p> | <p>This is to Certify that Mrs.Charlet Catherine. A, M.Sc.(N), II year student in Psychiatric Nursing department, Submitted a Protocol as effectiveness of planned teaching programme on knowledge regarding human rights of mentally ill among college students in Sakthi College of arts and science for women”.</p> <p>The above protocol was received by ethical committee approved and mentioned that the study is feasible to carry out under the guidance of an eligible guide.</p> <p style="text-align: center;">Signature of the Chairman</p> |

APPENDEX- xiii

PLANNED TEACHING
PROGRAMME
ON
HUMAN RIGHTS OF
MENTALLY ILL

GENERAL OBJECTIVES:

The students will acquire adequate knowledge about human rights of mentally ill and develop attitude, skills in various settings.

SPECIFIC OBJECTIVES:

At the end of the class will be able to

- ♣ define the rights of mentally ill

- ♣ explain about the characteristics of mentally ill

- ♣ explain the principles of rights of mentally ill

- ♣ explain about the rights of mentally ill

- ♣ list down the principles of human rights of mentally ill

- ♣ enumerate Declaration of principles

- ♣ explain about the mental health act

| Time | Objective | CONTENT | Teacher activity | Student activity | A.V. Aids | Evaluation |
|------|-----------|---|---|---|--|------------|
| 2Mts | | <p style="text-align: center;">HUMAN RIGHTS OF MENTALLY ILL</p> <p>INTRODUCTION</p> <p>Persons with mental health illness are exposed to a range of human rights violations, which can occur inside institutions, through inadequate and harmful care and treatment, but also outside, with people experiencing limitation to the exercise of civil liberties and rights to employment, education and housing. These violations are often motivated by the stigma, myths and misconceptions associated with mental illnesses which can, in turn, also</p> | L E C T U R I N G | L I S T E N I N G | E X P L A I N I N G | |

| | | | | | | |
|--|--|--|--|--|----------------------------------|--|
| | | <p>linked. They are complementary approaches to the betterment of human beings. Some measure of mental health is indispensable for human rights because only those who possess some reasonable level of functioning can engage in political and social life. On the other hand, human rights are indispensable for mental health as they provide security from harm or restraint and the freedom to form and express beliefs that are essential to mental well-being. Since the dawn of human civilization, mentally ill patients have received the scant care and concern of the community because of their unproductive value in the socio-economic value system. They have not only been neglected but received step motherly treatment from the health planners especially in the developing countries. It was only after the plea of progressive incorporation of the norms of human rights and</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | <p>C H A R T</p> | |
|--|--|--|--|--|----------------------------------|--|

| | | | | | | |
|------|--|---|---|---|-----------------------|---|
| 5mts | Explain about the rights of mentally ill | <p>liberal jurisprudence in the respective legal system of nation states that has created the urgency and necessity of initiating appropriate steps for the care and treatment of mentally ill persons. Thus as a result of the growth of humanistic values it is now admitted on all hands that a mentally ill person needs more care and concern for his treatment and well being. Because of the social interests involved in ameliorating their conditions, the founding fathers of the Constitution directed the future government to continuously work for improving public health.</p> <p>RIGHTS OF MENTALLY ILL</p> <p>The provisions relating to the human rights of mentally ill patients have hitherto been neither specifically documented in any code nor been prescribed or elaborated by Judiciary in India. But it is admitted on all hands that</p> | L E C T U R I N G | L I S T E N I N G | B L A C K | Describe about the rights of mentally ill |
|------|--|---|---|---|-----------------------|---|

| | | | | | | |
|--|--|--|--|--|----------------------------|--|
| | | <p>barring few exceptions, the mentally ill person deserves the same privileges as enjoyed by any other human being. They include a right to better and more accessible care, to good recovery and increased hopes of reintegration into society. However, the Stigma, residual disability and its intolerance, and more importantly the inability of the mentally ill to protest against exploitation, have all made basic human rights of the mentally ill a major cause of growing concern. The term human rights in a broad sense mean “those claims which every individual has or should have upon the society in which he/she lives.</p> <p>According to Richard Wasserstorm it means, one ought to be able to claims as entitlements (i.e. human rights) those minimal things without which it is impossible to develop ones capabilities and to live life as human beings.</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | <p>O A R D</p> | |
|--|--|--|--|--|----------------------------|--|

| | | | | | | |
|------|--|---|--------------------------------------|----------------------------|--|---|
| 5mts | List down the principles of human rights of mentally ill | <p>Thus Human Rights is about balancing the rights of all of us as individual within the community. In the context of mentally ill persons, it not only refers to their privileges but remedial right of protection against infringement of their human and other statutory rights.</p> <p>Principles of rights mentally ill</p> <p>However, the Human Rights of mentally ill persons can be discussed under the following heads:</p> <p>1. Right to Health and the Constitution of India</p> <p>As Citizens of India, they are entitled to all those human and fundamental rights which are guaranteed to each and every citizen by the Constitution of India, to the extent</p> | L E C T U R I N | L I S T E N | | What are the principles of human rights.? |
|------|--|---|--------------------------------------|----------------------------|--|---|

| | | | | | |
|--|--|--|--|----------------------------------|--|
| | <p>right to potable water, right to pollution free environment and right to education etc., which have been held to be part of right to life. In the context of mentally ill person, apart from above narrated rights, it also includes right to live, work as far as possible in the community, to privacy and to lead a normal family life. The seriously mentally ill are a very special group with disabilities. The concern with this group are two folds not only providing the privileges to live in society along with other citizens but also ensuring their right to protection from exploitation.</p> <p>2. (i) Right to Health as a Basic Human Right and International Covenant:</p> <p>The United Nations has defined human rights to mean generally as “those rights, which are inherent in our nature and without which we cannot live as human beings.</p> | <p>N G L E C T U R</p> | <p>N G L I S T E N</p> | <p>C H A R T</p> | |
|--|--|--|--|----------------------------------|--|

| | | | | | | |
|--|--|--|--|--|----------------------------------|--|
| | | <p>Section 2(d) of the protection of Human Rights Act, 1993 has defined the human rights to mean the rights relating to life, liberty, equality and dignity of the individual guaranteed under the Constitution or embodied in the international covenants and enforceable by the courts in India. In 1948, the United Nations through its Declaration of Human Rights affirmed the basic principle that a mentally ill person should at all times be treated with humanity and respect for the inherent dignity of the person. Every person with a mental illness should have the right to exercise all civil, political, social and cultural rights. The Declaration of the Rights of the disable, which includes person with mental illness, was adopted by the United Nations in 1975.</p> <p>Article 12 of the International Covenant on Economic, Social and Cultural Rights, 1966 also provides</p> | <p>I N G L E C T U</p> | <p>I N G L I S T E</p> | <p>C H A R T</p> | |
|--|--|--|--|--|----------------------------------|--|

| | | | | | | |
|--|--|---|---|---|---|--|
| | | <p>“that the state parties to the present Covenant recognize the rights of everyone to the enjoyment of highest attainable standards of physical and mental health. As far as women mentally ill patients are concerned, Article 12 of the Convention on the Elimination of all forms of discrimination against women provides that state parties shall take all appropriate measures to eliminate discrimination against women in the field of health. In the area of providing access to free medical services to mentally ill patients Article 19 of 1969 Declaration on Social progress and Development could be relied upon, which calls for the provision of free health services of the whole population and of adequate preventive and curative facilities and welfare medical services accessible to all.</p> <p>(ii) The 1971 Declaration on the Rights of Mentally</p> | R I N G L E C | N I N G L I S | C H A R T | |
|--|--|---|---|---|---|--|

| | | | | | | |
|------|---|--|--|---|---|------------|
| 5mts | Enumerate Declaration of principles | <p>proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential.</p> <p>3. The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to perform productive work or to engage in any other meaningful occupation to the fullest possible extent of his capabilities.</p> <p>4. The mentally retarded person, whenever possible should live with his own family, or with foster parents and participate in different forms of community life. The family with which he lives should be provided with assistance.</p> <p>5. The mentally retarded person has a right to qualified guardian when this is required to protect his</p> | C T U R I N G L E C | S T E N N G L I S | C | principles |
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| | <p>personal well being and interests.</p> <p>6. Disabled persons are entitled to have their special need taken into consideration at all stage of economic and social planning.</p> <p>7. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities.</p> <p>8. Disabled persons shall be protected against all exploitation, and treatment of a discriminatory, abusive or degrading nature.</p> <p>9. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their person and property.</p> | <p>T</p> <p>U</p> <p>R</p> <p>I</p> <p>N</p> <p>G</p> <p>L</p> | <p>T</p> <p>E</p> <p>N</p> <p>I</p> <p>N</p> <p>G</p> <p>L</p> | <p>H</p> <p>A</p> <p>R</p> <p>T</p> | |
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| | | <p>If judicial proceeding is instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.</p> <p>(iii) International Year of Disabled Persons(1981) The General Assembly on 16th December 1978, decided to observe the Year 1981 as International Year for Disabled persons with the following objective:</p> <ol style="list-style-type: none"> 1. Helping disabled persons in their physical and psychological adjustment to society. 2. Promoting all national and international efforts to provide disabled persons with proper assistance, training, care and guidance, to make available to them opportunities for suitable work and to ensure their full integration in | <p>E C T U R I N G L</p> | <p>I S T E N I N G L</p> | <p>C H A R T </p> | |
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| 5mts | Explain about the mental | <p>society.</p> <p>3. Encouraging study and research projects designed to facilitate the practical participation of disabled persons in daily life, for example, for improving their access to public buildings and transportation systems.</p> <p>4. Educating and informing the public of the rights of disabled persons to participate in and contribute to various aspect of economic, social and political life.</p> <p>5. Promoting effective measures for the prevention of disability for the rehabilitation of disabled persons.</p> <p>3. Human Rights and Mental Health Act, 1987</p> <p>Chapter VIII of this Act contains a very novel and explicit provision of protection of human rights of mentally</p> | E C T U R I N G | I S T E N I N G | | Explain about mentally ill act |
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| | health act | <p>ill persons. Section 81 provides that</p> <p>1. No mentally ill persons shall be subjected during treatment to any indignity whether physical or mental or cruelty.</p> <p>2. No mentally ill person under treatment shall be used for the purpose or research unless</p> <p>(i) such research is of direct benefit to him for the purpose of diagnosis or treatment, or</p> <p>(ii) Such person being a voluntary patient has given his consent in writing or where such person is incompetent by reason of minority or otherwise to give valid consent, on his behalf, has given his consent in writing, for such research.</p> | L E C T U R I N G | L I S T E N I N G | B L A C K B O A R D | |
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| | | <p>3. Subject to any rules made in this behalf under Section 94 for the purpose of preventing vexatious or defamatory. Communication or Communications pre-judicial to the treatment of mentally ill persons, no letter or other communications sent by or to mentally ill persons under treatment shall be intercepted, detained or destroyed. The doctrine of informed consent is partially recognized under the Mental Health Act 1987, when a patient voluntarily admits himself in the hospital or accepts treatment without any admission.</p> <p>When a mentally ill patient detained as an inpatient and does not have property to bear the cost of treatment, in such cases his expenses shall be borne by the Government of the State. (Sec. 78) If a mentally ill patient owns a property</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | | |
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| | | <p>and he is not in a position to manage his property, the Court may entrust the management of such property to the Court of wards, Section 54(1). Under Section 97 of the Act when a mentally ill person is not represented by a legal practitioner in any proceedings under Mental Health Act 1987 before a District Court or a Magistrate and such a patient does not have sufficient mean to engage a legal practitioner then the District Court or Magistrate shall assign a legal practitioner to represent him at the expense of the State.</p> <p>The above provisions clearly indicate that the Act does not spell out much on Human Rights, nor does it covers neglect or cruelty to mental patient sustained in families or alternate system of care like magicians, healers and quacks.</p> <p>The Mental Health Act 1987 also does not spell out</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | | |
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| | | <p>any enforceable right of the mentally ill to minimum standard of care and treatment. The Good faith clause (Section 92) dispenses with accountability of the government or its servants for any negligence in the care and treatment of inmates of asylums. The provision for legal aid to the mentally ill (Section 91) restricts the facility to proceedings before a District Court or a Magistrate. The Act is silent on the right to legal aid and counseling at all stages including the facility of approaching the High Court or the Supreme Court.</p> <p>The Mental Health Act also by its definition of mentally ill persons excludes from its regime the mentally retarded. It also does not differentiate between the various degrees of mental illness that requires specialized care and treatment. However, it permits the commitment to hospitals</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | | |
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| | | <p>of the criminal mentally ill. It makes no special provision for their care, treatment and discharge. Beside the above, there is no provision for compensating those wrongfully incarcerated or negligently treated or victimized in any manner by misuse of powers under the Act. Another important shortcoming in this context is that there is no right to rehabilitation of those mentally ill discharged after being found fit.</p> <p style="text-align: center;">It is submitted that it is a matter of great regret that judiciary in India was given opportunities in number of public interests litigations filed and which were relating to inmates of mentally ill patients, but it did not dare to enumerate the human rights of mentally ill patients. On the aspect of judicial intervention,</p> <p style="text-align: center;">The Supreme Court concerning the management of</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | | |
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| | | <p>mental hospitals decided the following cases</p> <p>1. In B.R. Kapoor v. Union of India and PUCL v. Union of India, both relating to functioning of the hospitals for mental diseases, Shahdara, Delhi.</p> <p>2. R.C. Narayan v. State of Bihar and the order dated 11.11.97 the case concerning the Ranchi Mental Asylum.</p> <p>3. Supreme Court Legal Aid Committee v. State of MP, where the Supreme Court intervened to improve the working of the Gwalior Mental Asylum. The subject of health falls under the concurrent list in the Indian Constitution empowering both the centre and states to introduce measures including the authority to legislate. The Mental Health Act 1987 is civil rights legislation with a</p> | <p>L E C T U R I N G</p> | <p>L I S T E N I N G</p> | | |
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| | | <p>focus on regulating standards in mental health institutions.</p> <p>There are serious questions over the effectiveness of this Act in ensuring protection to person's property and management of persons covered.</p> <p>A perusal of the above referred cases clearly reveal that until recently many mentally ill persons were consigned to jails and those living in mental health institutions were no better off, as the conditions both in prisons and in mental institutions were far below the stipulated standards. Sheela Barse v. Union of India concerned the detention of non-criminal mentally ill persons in the jails of West Bersal. The appalling conditions in which they were held was noted by the Supreme Court which observed that admission of non-criminal mentally ill persons to jails is illegal and unconstitutional.</p> | <p>L E C T U R I</p> | <p>L I S T E N I</p> | | |
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| | | <p>Similarly in Chandan Kumar v. State of West Bersal, the Supreme Court heard of the inhuman conditions in which mentally ill persons were held in mental hospital at mankaundi in the District of Hooghli. The Court denounced this practice and ordered the cessation of the practice of tying up the patients who were unruly or not physically controllable with iron chains and ordered medical treatment for these patients. However on August 6th 2001 the indifference of state and private authorities resulted in the tragic death of 26 patients in Erwadi as they were tied to their beds when fire engulfed the building. Following this tragedy the National Human Rights Commission of India (NHRC) advised all the Chief Ministers to submit a certificate stating no person with mental illness are kept chained in either government and private institutions.</p> | <p>N G L E C T U R I</p> | <p>N G L I S T E N I</p> | | |
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| | | <p>The NHRC is mandated under section 12 of the protection of Human Rights Act 1993 to visit government run mental hospital to study the living conditions of inmates and make recommendation thereon. In 1997 project quality assurance in Mental Health Institutions was initiated to analyze the conditions generally prevailing in 37 government run mental hospitals and departments. The findings of this study confirm that mental hospitals in India are still being managed and administered on a custodial mode of care. Characters sized by prison like structure with high walls, watch towers, fenced wards and locked cells. Mental Hospitals are like detention centers where persons with mental illness are kept caged in order to protect society from the danger their existence poses.</p> | <p>N G L E C T U R I N</p> | <p>N G L I S T E N I N</p> | | |
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| | | <p>CONCLUSION</p> <p>The above discussion has clearly pointed out that each of these cases reached the Supreme Court at different point of times through public litigation. However, in these cases, there was no mention of the rights of the inmates to minimum standards of care and treatment. However, the cases have demonstrated the need for continued judicial monitoring in order to ensure that the state acts in accordance with the statute and the Constitution.</p> | G | G | | |
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APPENDIX- xiv

SECTION –I- DEMOGRAPHIC VARIABLES

Instructions to the participants

This section consists of personal information and you are requested to answer the questions correctly. The information collected from you will be confidential.

1. Age Group

- a) 18-19 years
- b) 20-21 years
- c) 22and above

2. Religion

- a) Christian
- b) Muslim
- c) Hindu

3. Education status of parents

- a) Illerate
- b) School education
- c) Under graduate
- d) Post graduate

4. Parents Occupation

- a) Government employee ()
- b) Private employee ()
- c) Self employee ()
- d) Un employee ()

5. Do you have any medical professional in your family?

- a) Yes ()
- b) No ()

6. Do you have any mental ill patients in your family?

- a) Yes ()
- b) No ()

7. Previous knowledge about rights of mentally ill patients

- a) Yes ()
- b) No ()

MODIFIED QUESTIONARIES

To Assess The Knowledge On Human Rights Of Mentally Ill

GENERAL TERMS AND DEFINATIONS

The following are the statements related to human rights of mentally ill and role of nurses. Each questions has 4 alternative choices, select the most appropriate response and place a tick []in a box given. please make sure that you answer all the items.

MODIFIED QUESTIONARIES

1) A Person with mental illness is

- a) Free from diseases. ()
- b) Psychologically disturbed ()
- c) Psychologically disturbed ()
- d) Having good humour sense ()

2) Human rights are based on the principle for the individuals

- a) Respect ()
- b) Culture ()
- c) Behavior ()
- d) Socio economic status ()

3) Human rights are

- a) Universal ()

- b) Individual ()
- c) Specific population ()
- d) None of the above ()

4) What do you meant by also human being

- a) No rights ()
- b) Treated same like as ()
- c) Have separate rights ()
- d) Have more right than us ()

5) Human rights on mentally ill act in

- a) 1980 ()
- b) 1985 ()
- c) 1986 ()
- d)1987 ()

6) According to WHO , fundamental rights of human being is considered

- a) Highest standard of wealth ()
- b) Highest standard of health ()
- c) Highest standard of freedom ()
- d) Highest standard of social condition ()

.7) Universal declaration of human rights in

- a) 1956 ()
- b) 1948 ()
- c) 1958 ()
- d) 196 2 ()

8) Patient has the to be treated with

- a) Dignity ()
- b) Dishonest ()
- c) Discriminate ()
- d) Discipline ()

9) The patient can be discharged from the hospital at any time

- a) Alone ()
- b) Along with relatives only ()
- c) Only after through check up ()
- d) None of the above ()

10) The mentally ill person have the right of about themselves

- A) Confidentiality ()
- b) Voting ()
- c) Legal opinion ()

d) Write will ()

11) The expenses of poor mentally ill person will met by

a) Parents ()

b) Government ()

c) Relative ()

d) None of the above ()

12) Patient should not be subjected to

a) Forced labour ()

b) Take decision ()

c) Experiment ()

d) Make will ()

13) Who can be appropriated for mentally ill person is incapable of taking care of himself of her and his property.

a) Guardian ()

b) Manager ()

c) Close relative ()

d) Parents ()

14) A major surgery can be carried out on mentally ill person only permitted by

- a) Statutory law ()
- b) Domestic law ()
- c) Mental ill health ()
- d) Indian lunacy act ()

15) In a psychiatric hospital patient can be put in chain or restrained during

- a) Any age groups ()
- b) Patient with major conditions ()
- c) Opposite sex ()
- d) None of the above ()

16) Information on knowledge of human rights of mentally

- a) Newspaper ()
- b) Television ()
- c) Internet ()
- d) all the above ()

17) Why do we need a human rights approach

- a) Equality ()
- b) Diversity ()
- c) Human rights ()
- d) All the above ()

18) What is the link between health and human rights

- a) violations ()
- b) Vulnerability and the impact of mental ill health ()
- c) Health polices and programmes ()
- d) all the above ()

19) The four criteria by which to evaluate the right to health

- a) Availability ()
- b) Accessibility ()
- c) Acceptability and quality ()
- d) all the above ()

20) What do you mean by human rights

- a) Respect ()
- b) Equality ()
- c) Dignity ()
- d) All the above ()

jpUj;jp mikf;fg;gl;l Nfs;tpfs;

kd ey Nehapd; kdpj chpikfs; gw;wpa mwpTepiy

kd epiy ghjpf;fg;gl;lth;fs; kw;Wk; nrtpypah;fspd; ghj;jpuq;fs;
njhlh;ghd kdpj gof;fq;fs; kw;Wk; njhlh;ghd jfty;fs; gpd;tUkhW xt;nthU
Nfs;tpf;Fk; ehd;F khw;Wj; Njh;Tfs; cs;sd. kpfTk; nghUj;jkhd gjpiy
Njh;e;njLj;J nfhLf;fg;gl;l fl;j;jpy; rhpahdit vit vd;W ghh;f;fNtz;Lk;.

பொது விதிமுறைகள் மற்றும் வரையறைகள்

1.மனநோய் கொண்ட ஒரு நபர் ()

1) நோய்கள் இருந்து இலவச ()

2) உளவியல் ரீதியாக தொந்தரவு ()

3) நல்ல நடத்தை ()

4) நல்ல நகைச்சுவை உணர்வு கொண்ட ()

2.மனித உரிமைகள் தனிநபர்களுக்கான கொள்கை அடிப்படையில்

அமைந்தவை

1) மரியாதை ()

2) கலாச்சாரம் ()

3) நடத்தை ()

4) சமூக பொருளாதார நிலை ()

3.மனித உரிமை

1) உலகளாவிய ()

2) தனிப்பட்ட ()

3) குறிப்பிட்ட மக்கள் தொகை ()

4) மேலே உள்ள எதுவும் இல்லை ()

4. நீங்கள் மனிதகுலத்தின் பொருள் என்ன?

1) உரிமை இல்லை ()

2) நம்மைப் போலவே சித்தரிக்கப்பட்டத ()

3) தனி உரிமைகள் உண்டு ()

4) நம்மை விட அதிக உரிமைகள் உள்ளன ()

5.kdey Nehapd; kPjhd kdpj chpikfs; rl;lம்

1) 1980 ()

2) 1985 ()

- 3) 1986 ()
- 4) 1987 ()
6. cyf Rfhjhu epiyak; nghUj;jtiu mbg;gil chpikfs; vd;gJ
- 1) MNuhf;fpapk; ()
- 2) nry;tj;jpd; cah;e;jjuk; ()
- 3) kpf cah;e;jjukhd Rje;jpuk; ()
- 4) kpf cah;e;j r%f epyik ()
7. kdpj chpikfs; gw;wpa cyfshtpa mwptpg;G
- 1) 1956 ()
- 2) 1948 ()
- 3) 1958 ()
- 4) 1962 ()
8. kdNehahsp mth;fspd; tpjpf; vg;gb rpfpr;irg; ngWtJ.
- 1) fz;zpaj;Jld; ()
- 2) Neh;ikaw;w ()
- 3) Ntw;Wik ()

4) xOf;fk; epiue;j

9. kUj;Jt kidapy; ,Ue;J kd Nehahsp vg;NghOJ Ntz;LkhdhYk; ntspNaw;wk;

1) jdpahf mDg;g Ntz;Lk; ()

2) nrhe;jf;fhuh;fSld; mDg;gNtz;Lk; ()

3) kUj;Jthpd; MNyhrldg;gb mDg;gNtz;Lk; ()

4) NkNy cs;sgb mDg;gNtz;Lk;. ()

10.kd eyk; ghjpf;fg;gl;l egh; jq;fisg;gw;wp mwptJ

1) ek;gpf;ifahf ()

2) thf;nflg;G ()

3) rl;l hPjpahf ()

4) nrhj;Jhpik ()

11. Vio kdNehahspfspd; nryTfis ahh; Vw;fNtz;Lk;

1) ngw;Nwhh;fs; ()

2) murhq;fk; ()

3) nrhe;jf;fhuh;fs; ()

4) ahUkpy;iy ()

12. kdNehahspia vjh;f;F fLika hf cl;gLj;jg;glf;\$lhJ

1) fl;lha ciog;G ()

2) nrhe;jkhf KbT vLg;gJ. ()

3) ghpNrhjid ()

4) rl;;ltpNuhjkhf nra;tJ ()

13. kdeyk; ghjpf;fg;gl;lth; jd;id kw;Wk; mtuJ nrhj;Jf;fis ftdpj;J nfhs;s ,ayhJ vd;why;
ahh; ifafg;gLj;j KbAk;.

1) ghJfhtyh; ()

2) MNyhrfh; ()

3) jdp;gl;lrrhe;jk; ()

4) ngw;Nwhh;fs; ()

14. xU nghpa mWit rpfpr;ir %yk; kl;Lk; mDkjpf;fg;gl;l kdey Nehahsp kPJ
Nkw;nfhs;sg;glyhk;.

1) cs;ehl;Lr;rl;lk; ()

2) kd eyk; ()

3) ,e;jpa khDI nray; ()

4) vJTkpy;iy ()

15. kd Nehahspia ve;j rkaj;jpy; rq;fpyp my;yJ ifuhy; fl;INtz;Lk;.

1) td;Kiw ()

2) kUe;J nfhLf;Fk;ngkJ ()

3) kUj;Jth; ghh;itapLk;ngHOJ ()

4) vJTkpy;iy ()

16. kd Nehahspapd; kdpj chpikia gw;wp vg;gb mwpe;J nfhs;tPh;fs;

1) nra;jpjhs; ()

2) njhiyf;fhl;rp ()

3) fzpzp%ykhf ()

4) NkNy cs;s vy;yhk; ()

17. ve;j xU jftywpAk; mDkjpapd;wp xU kdNeha; rpfpr;iria Kiw.

1) FLk;g fl;Lg;ghL ()

2) %is rk;ke;jg;gl;l rpfpr;ir ()

3) jpBh; mWit rpfpr;ir ()

4) NkNy cs;s midj;Jk; ()

18. cldbahf Mgj;ij jLf;f xNu top vJ.

- 1) J}f;fk; tUjw;fhd Crp ()
- 2) fl;bg;NghLjy; ()
- 3) jpir jpUg;Gjy; ()
- 4) jdpikapy; tpLjy; ()

19.kd Nehahspfspd; fhy mtfhrk;.

- 1) mjpf;gbahd 5 ehl;fs; ()
- 2) mjpf;gbahd 4 ehl;fs; ()
- 3) mjpf;gbahd 3 ehl;fs; ()
- 4) mjpf;gbahd 2 ehl;fs; ()

20.cs; kd Nehahsp ve;j Milia mzpa Ntz;Lk;

- 1) kUj;Jt kidapy; nfhLf;fg;gl;l cil ()
- 2) jd; nrhe;j cil ()
- 3) kw;w Nehahspfspd; cil ()
- 4) ,jpy; vJTkpy;iy. ()

jdp egh; gw;wpa Neh;fhzy; gbt;

md;Gs;s khztpfSf;F>

,e;j gFjpapy; cq;fisg; gw;wpa nrhe;j tpguq;fs; nfhLf;fg;gl;Ls;sJ. ,jw;F
rhpahd tpilia mspf;FkhW Nfl;Lf;nfhs;fpNwd;. ,e;j tpguq;fs; ufrpakhf itj;Jf;
nfhs;sg;gLk;.

1. taJ

m) 18 - 19

M) 18-19 tUlq;fs;

,) 21 tUlq;fSf;F Nky;

2. kjk;

m) fpwp];jth;

M) ,e;J

,) K];yPk;

3.cq;fs; FLk;gj;jpy; vtNuDk; kUj;Jt rk;ke;jkhd Jiwapy; ,Uf;fpwhh;fsh.

m) Mk;

M) ,y;iy

4.kd epiy ghjpg;gile;Njhh; vtNuDk; cq;fs; FLk;gj;jpy; cs;suh.

m)Mk;

M),y;iy

5.cq;fs; ngw;Nwhhpd; fy;tpj;jFjp.

m)Jtf;fgs;sp

m)Nky;epiy

M),sq;fiy

,)KJfiy

6. ngw;Nwhhpd; gzp

m)muRj;Jiw

M)jdpahh;Jiw

,)Ranjhopy;

<)vg;gzpapYk; ,y;iy

7.kdNeha; gw;wpa Kd;dwpT cs;sjh.

m)Mk;

M),y;i

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