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Knowledge of B Sc Nursing 3rd Year students regarding the Mental Health Care Act 2017 and Rights of Mentally Challenged Persons: An Overview

Dinesh Sharma[1]

Abstract

Background: There is no health without mental health. As of late led National Mental Health Survey cited a commonness of 13.7% lifetime and 10.6% current mental illness. To address this mammoth issue, an optimistic law was sanctioned titled "Mental Healthcare Act, 2017" (MHCA 2017). The demonstration is dynamic and rights situated in nature. The entire committed Chapter 5 on "Rights of Persons with Mental illness" is the substance of this enactment. Be that as it may, the demonstration predominantly centers on the privileges of the people with Mental illness (PMI), just during treatment in medical clinic however isn't similarly earnest about congruity of treatment in the network. In spite of the fact that there are numerous positive angles to the MHCA 2017, it might affect antagonistically on the psychological wellness care in India. India has a huge weight of psychological instability *Methods*: In view of the nature of the problem selected and objective to be accomplished evaluative approach was adopted for the study with Pre experimental research design [one group Pre –test, Post -test] to assess the knowledge of student nurses regarding MHCA 2017 and Rights of Mentally challenged persons. A Simple random sampling technique was used to select the samples. *Results*: Findings revealed that that the majority of the respondents (95%) had scores below 18 and only 5% had scores between 19- 23 and none of them had scores above 23 in the pre-test. In the post-test, none of them had scores below 18. On comparing the pre-test scores with the post-test scores it was found that all the nursing students scored higher in post-test than the pre-test. *Conclusion*: The present study results revealed that though students possess some knowledge regarding MHCA 2017 and Rights of Mentally challenged persons but majority of them have inadequate knowledge. In general, it was Poor to average.

Keyword: Mental health care act 2017, mental Health establishments, Authority bodies.

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Introduction

Background of the study

Mental disorders were the second leading cause of disease burden in terms of years lived with disability (YLDs) and the sixth leading cause of disability-adjusted life-years (DALYs) in the world in 2017, posing a serious challenge to health systems, particularly in low-income and middle-income countries.[1] Mental health is being recognized as one of the priority areas in health policies around the world and has also been included in the Sustainable Development Goals.[2, 3, 4]

The burden of mental illness is enormous in India. It is assessed that a little more than one of every ten individuals in India have an emotional wellness issue, one of every twenty individuals experience depression, and 0.8% have a "severe mental disorder."[5] In a recent systematic analysis conducted on community representative epidemiological samples, schizophrenia accounted for 1.7 million, bipolar affective disorder (BPAD) for 1.8 million, depression for 11.5 million, alcohol and substance misuse for 3 million, and dementia for 1.8 million in India.[6] Despite this, in India, treatment gaps >83% exist due to various reasons.[5]

India is executing an assortment of activities to address this enormous need. These initiatives need to be supported by clear and pragmatic mental health law in line with international human rights legislation. India now leads the way globally in

Author Affiliation
Lecturer, Govt. College of Nursing, Nayapura, Kota, Rajasthan 324001.

Corresponding Author : Dinesh Sharma, Lecturer, Govt. College of Nursing, Nayapura, Kota, Rajasthan 324001.

E-mail:Yash.sharma500@gmail.com

revising mental health legislation in line with international human rights standards and will be highly relevant to many other countries, especially those who have also ratified the UN-Convention on the Rights of Persons with Disabilities.[7]

Mental Health Care Act 2017- Overview

On March 27, 2017, Lok Sabha in a unanimous decision passed the Mental Healthcare Act 2017 which was passed in Rajya Sabha in August 2016 and got its approval from Honourable President of India in April 2017. The new act defines "mental illness" as a significant issue of reasoning, state of mind, recognition, direction, or memory that horribly hinders judgment or capacity to fulfill the conventional needs of life, states of mind related with the maltreatment of liquor and medications."[8] This act rescinds/revoked the existing Mental Healthcare Act 1987 which had been widely criticized for not recognizing the rights of a mentally ill person and paving the way for isolating such dangerous patients.[9-13]

This act has overturned 309 Indian Penal Code which criminalizes attempted suicide by mentally ill persons. Another highlight of this Act is to protect the rights of a person with mental illness, and thereby facilitating his/her access to treatment and by an advance directive; how he/she wants to be treated for his/her illness.[14]

India has recently revised its mental health legislation with a new law–the Mental Healthcare Act (MHCA) 2017.[15] which came into force from April 7, 2018, superseding the previously existing Mental Health Act, 1987. It gives it an opening statement as:

"An Act to accommodate mental human services and administrations for people with psychological sickness and to secure, advance and satisfy the privileges of such people during conveyance of mental social insurance and administrations and for issues associated there with or accidental there to."

Along with the Indian Rights of Persons with Disabilities Act 2016, it will bring Indian law closely in line with the WHO-RB (WHO Resource Book on Mental Health, Human Rights and Legislation).[7]

MHCA 2017 empowers persons with mental illness and aims to safeguard the rights of the people with mental illness, along with access to health care and treatment without discrimination from the government. It incorporates arrangements for the enrolment of psychological well-being connected foundations and for the guideline of the area which requires setting up mental health establishments (MHEs) across the nation to guarantee that no individual with mental illness should go far for treatment. The range of services shall include (a) acute mental health-care services such as outpatient and inpatient services; (b) provision of half-way homes, sheltered accommodation, and supported accommodation as may be prescribed; (c) provision for mental health services to support the family of persons with mental illness or home-based rehabilitation; (d) hospital- and community-based rehabilitation establishments and services as may be prescribed; and (e) provision for child mental health services and old-age mental health services.

In the context of the new MHCA 2017 act, it becomes necessary for mental health practitioners to ensure that the best services are provided by the MHEs, keeping in mind the rights of the persons with mental illness. Simultaneously, steps must be taken so that all necessary precautions are taken to deal with the regulatory bodies as per the MHCA 2017, or in other words, mental health professionals (MHPs) are the keepers of the law in providing care, and if not followed, actions can be taken against them.

Although the MHCA may appear like a revolutionary step taken by India to align its policy with the international standards, there have been controversies regarding the new act since its conception. The MHCA and relevant articles/documents obtained about MHCA and their evaluation are reviewed here, the major focus being on the role of statutory/regulatory bodies and its relevance to the MHPs during their practice under the new law.

The article number 25 of Universal Declaration of Human Rights expresses that "Everybody has the option to a way of life sufficient for the wellbeing and prosperity of himself and of his family including food, apparel, lodging, and clinical consideration and vital social administrations and the privilege to security in case of joblessness, ailment, inability, widowhood, mature age, or other absence of business in conditions outside his ability to control."[16]

Human rights in social insurance have both recipients and providers. These rights incorporate the option to pick or decay care, including the option to acknowledge or decline treatment or sustenance, educated assent, secrecy, and poise. Medical attendants commits to shield individuals' wellbeing rights consistently in all spots. This incorporates guaranteeing that sufficient consideration is given inside assets accessible and as per nursing morals.

Each mental patient must be regarded as an individual and the point of the treatment ought to be an early rebuilding of the working of the individual.[17]

At the point when a mental patient enters a health care setting, he loses his opportunity to travel every which way, to plan his day, to control his exercises of day by day living, opportunity to deal with his money related and legitimate issues, and settle on numerous significant choices. In light of the loss of these significant opportunities, the specialists of medicinal services offices intently watchman and valve those rights that the mental patient holds. A portion of the privileges of mental patients are, on the whole correct to wear their material, option to keep and utilize their very own belongings, including can articles, option to keep and be permitted to go through a sensible total of their cash for container costs and little buys, option to access to singular extra room for their private use, option to see guests consistently, an option to have sensible access to phone both to make and to get calls, option to have prepared access to letter-composing materials, option to mail and get unopened correspondence. The option to decline electroconvulsive treatment, right to strict opportunity, option to be utilized if conceivable, option to oversee and discard property, option to execute wills, option to hold common assistance status, right to treatment at all prohibitive setting.[18]

Material and Methods

In the current investigation, 60 students of B.Sc. Nursing 3rd year of Govt. College of Nursing, Kota is chosen, who satisfied the choice standards were chosen as a test for the examination. The advantageous inspecting procedure includes the choice of subjects who are accessible at the ideal spot during the hour of information assortment. The example for the examination was chosen dependent on the consideration and rejection standards by advantageous inspecting. An evaluative research approach was adopted for this study to accomplish the objectives. Evaluative research deals with the question of how well the program is meeting the objectives. The primary objective of the evaluative research is to determine the extent to which a given program or procedure is effective. Hence the evaluative research approach was considered most appropriate. The research design selected for the present study was pre-experimental i.e., one group pre-test post-test design. This study is intended to find out the gain in knowledge by B.Sc. nursing 3rd-year students after administering a self-instructional module, who was subjected to the study. Thus the group is observed twice. The effect of treatment would be equal to the level of the phenomenon after the treatment minus the level of the phenomena before treatment.

Inclusion Criteria:

This study includes B.Sc. nursing 3rd-year students who are accessible at the hour of information assortment and willing to participate in the study. Total of 60 students are included in the present study. In sample both male and female students are present.

Exclusion Criteria:

Nursing students outside the Govt. college of Nursing, Kota are excluded from this survey study. Along with students of selected setting who are not interested to include in the study, are excluded from sample collection.

Selection And Development of Tool

Tools were prepared on the basis of the objectives of the study. An organized information survey was utilized for the information assortment as it is viewed as the most fitting instrument to evoke the reaction from educated members. An outline was set up to help in the development of the device. Two parts were considered for the arrangement of the device and inquiries for the device were partitioned under these two segments: general Information about MHCA 2017 and Rights of mentally challenged persons.

Description of The Tool

After an extensive review of the literature and discussion with the experts, a structured knowledge questionnaire was developed. Organized information survey was set up to evaluate the information level of B.Sc. nursing 3rd-year students regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons, studying at in Govt. nursing college, Kota.

The device utilized in the current investigation comprised of:

Section A: Socio- Demographic Variables:

This section has 5 items. They are Age, gender, religion, place of residence, previous source of information regarding the Mental Health Care Act 2017, and the Rights of Mentally challenged persons.

Section B: Structured Knowledge Questionnaire on Mental Health Care Act 2017 and The Rights of Mentally Challenged Persons

This section has 30 items with various aspects of general Information about MHCA 2017 and the Rights of mentally challenged persons.

Scoring Of Items:

For section B, a score of 1 mark apportioned for each right answer and a score of 0 for each wrong answer. In this way, an aggregate of 30 imprints was given for information appraisal. To decipher the degree of information, the scores were circulated as follows:

Table-1 :

S.no.	Max Score Achieved	Interpretation
1	>50%	Inadequate knowledge
2	50-75%	Moderately adequate knowledge
3	<75%	Adequate knowledge

Reliability:

The reliability of the tool was established by using a split-half method. Utilizing the acquired qualities coefficient relationship was finished with the assistance of the Speaeman Brown equation. The reliability was done manually. The reliability score acquired as 0.91 which implied that the Tool is good

Procedure For Data Collection

In the wake of getting proper consent from the Principal of Govt. College of nursing Kota, which clarified the nature and reason for the investigation and guaranteed that the examination won't meddle with the normal timetable of college. The time of information assortment was a month, of September (22/09/19 to 30/09/19). The reason and nature of the investigation were disclosed to every subject and got their assent. The organized information poll was managed concerning to general Information about MHCA 2017 and Rights of mentally challenged persons. After pre-test the SIM was administered to 60 B.Sc. nursing 3rd-year students those belong to the experimental group. After the 7th day of implementation of SIM, the post-test was carried out by the investigator by using the same structured knowledge questionnaire.

Conclusion

The analysis and interpretation of data of this study are based on data collected through the Structured Knowledge Questionnaire regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons of B.Sc. nursing 3rd-year students, studying at Govt. nursing college, Kota.

The results were computed using both descriptive and inferential statistics based on the objectives of the study. The data obtained will be analyzed using frequency, percentage, mean, median, mean percentage, the standard deviation in terms of descriptive and inferential statistics.

Objectives Of The Study

1. To assess the existing knowledge level of students regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons of B.Sc. nursing 3rd-year students.
2. To develop and administer SIM regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons.
3. To assess the effectiveness of SIM regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons by comparing pre and posttest knowledge scores of B.Sc. nursing 3rd-year students.
4. To find out the association between knowledge scores of students with their selected socio- demographic variables.

Hypothesis

H_0: There will be no significant association between the knowledge scores and selected socio

demographic variables.

H_1:- There will be a significant difference between pre and posttest knowledge scores of students

regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons.

H_2: There will be a significant association between the knowledge scores and selected socio demographic variables.

Organization of The Study Findings

The analysis of the data is organized and presented under the following sections:

Section I: Frequency and percentage distribution of samples according to demographic Variables.

Section II: Analysis and interpretation of effectiveness of self-instructional module on knowledge of BSc. nursing 3rd year students

regarding Mental Health Care Act 2017 and Rights of Mentally challenged persons by comparing pretest and posttest knowledge scores.

Section III: Association between pre-test knowledge scores and selected demographic variables.

Data in Table 3 shows that the majority of the respondents (95%) had scores below 18 and only 5% had scores between 19- 24 and none of them had scores above 24 in the pre-test. In the post-test, none of them had scores below.[18] On comparing the pre-

Table 2:

S.No.	Socio-demographic variables	Categories	Frequency	Percentage %
1.	**Age in years**	19-20	5	8.33
		21-22	35	58.33
		23-24	15	25.00
		Above 24	5	8.33
2.	**Gender**	Male	32	53.33
		Female	28	46.66
		Transgender	00	00.00
3.	**Religion**	Hindu	30	50.00
		Muslim	18	30.00
		Christian	12	20.00
		Sikh	00	00
4	**Place of residence**	Rural	42	70.00
		Urban	18	30.00
5	**Previous sources of Information**	Health personnel	28	46.66
		Mass media	03	5.00
		Curriculum Training	29	48.33
		Others	00	00

Table 3: Analysis and interpretation of the effectiveness of self-instructional module on knowledge of BSc. nursing 3rd-year students regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons by comparing pretest and posttest knowledge scores N=60

Knowledge scores	Pre-test			Post-test		
	Frequency	**%**	**Cumulative frequency %**	**Frequency**	**%**	**Cumulative frequency %**
1-6	00	00	00.00	-	-	-
6-12	04	06.66	06.66	-	-	-
13-18	53	88.33	94.99	-	-	-
19-24	03	05.00	100.00	05	8.33	8.33
25-30	00	00	100.00	55	91.66	100
	60	100.00		60	100.0	

Maximum total scores = 30

test scores with the post-test scores it was found that all the students scored higher in post-test than the pre-test. This indicates that SIM was effective in increasing the knowledge scores of B.Sc. Nursing 3rd-year students regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons.

From table 5, it is evident that the demographic variables such as Age, Gender, religion the determined chi-square worth are not exactly the basic incentive at $p<0.05$ level of essentialness, So invalid theory is acknowledged and investigate speculation is dismiss

In Demographic variables such as the area of residence and previous sources of information, the determined chi-square worth is high than the basic incentive at $p<0.05$ level of essentialness, So invalid speculation is dismissed and inquire about theory is acknowledged.

Table 4 : Grading of pre and post-test knowledge scores of B.Sc. Nursing 3rd-year students N=60

Grade	Range	Pre-test		Post-test	
		Frequency	%	Frequency	%
Adequate	24-30	02	3.33	55	91.66
Moderate	16-23	50	83.33	05	8.33
Inadequate	1-15	08	13.33	0	0.0

Table 5: Association between knowledge regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons among B.Sc. nursing 3rd-year students and the selected socio-demographic variables

S. No.	Variables	Pre-test knowledge scores		χ2 (Chi-Square) Chi-Square	df	Level of significance
		< mean	> mean			
1	Age (in years)					
	19-20	4	1			
	21-22	19	16	1.7412	3	N.S.
	23-24	8	7			
	Above 24	2	3			
2	Gender					
	Male	24	08	1.4084	1	N.S.
	Female	17	11			
	Transgender	00	00			
3	Religion					
	Hindu	22	08			
	Muslim	12	06	0.3175	2	N.S.
	Christian	07	04			
	Sikh	00	00			
4	Area of residence					
	Rural	30	12	7.619	1	S.
	Urban	6	12			
5	Previous sources of information					
	Health professionals	23	5	15.28	2	S.
	Mass Media	2	1			
	Curriculum training	9	20			
	Others	00	00			

Note: S.- significant, N.S.- Not significant

Data in Table 4 shows that the majority of students (91.66%) had scores ranging between (24-30) in the post-test whereas in the pre-test none of them had scored above 25.

Recommendations

Based on the discoveries of the current examination and remembering the impediments of the investigation, the accompanying suggestions were proposed for additional exploration. The accompanying exploration-based suggestions are drawn:

- The study can be duplicated in various settings with bigger examples, in this way the discoveries could be summed up better.
- A study should be possible to evaluate the adequacy of the data booklet arranged as a result of the examination.
- A comparative investigation can be led by

illustrative methodology, frequently serves to produce a theory for future research.

- A comparative investigation can be led among staff nurses and other health workers.
- Improve educational plan and present nursing curriculum put together preparing programs with respect to the counteraction of the mental health care act and rights of mentally challenged persons.
- The medical caretakers ought to be given some in-administration instruction or ought to be offered opportunities to endeavor workshops or meetings on the mental health care act and rights of mentally challenged persons.

Ethical Declaration

All Sources of Financial Support/Funding None

Conflicts of Interest – None

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All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee.

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