



Research Paper

“A study to assess the knowledge on legal rights of mentally ill person among caregivers of mentally ill person at SMVMCH, Kalitheerthalkuppam, Puducherry”

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ABSTRACT

Background: Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our well-being. Legal rights are an important component for effectiveness in care. Enjoyment of the human right to health is vital to all aspects of a person's life and well-being. The main objective was to assess the awareness on legal rights of mentally ill among caregivers of patient diagnosed with psychiatric disorder.

Objectives: To assess the awareness on legal rights of mentally ill among caregivers of patient diagnosed with psychiatric disorder and To associate the awareness about legal rights among caregivers of mentally ill.

Research design and approach: The descriptive cross sectional design was selected. A total of 60 samples are selected by using the purposive sampling technique. After the selection of samples the data was collected with the prepared tool of self-developed knowledge questionnaires. The majority of caregivers in the study have adequate knowledge (38.3%), closely followed by those with inadequate knowledge (35%), and a smaller percentage have moderate knowledge (26.7%). The distribution highlights the varied levels of caregiver preparedness and underscores the importance of targeted educational interventions to improve caregiving outcomes.

Keywords:

Mentally Ill Client, Mental Health, Self-Developed Knowledge Questionnaires, Care Givers of Mental Ill, Legal Rights of Mentally Ill.

I. INTRODUCTION:

Mentally ill individuals are entitled to the same fundamental legal rights as everyone else. These rights are essential for ensuring dignity, autonomy, and well-being. Legal rights for mentally ill persons include the Right to dignity and respect, Right to access mental health care, Right to informed consent, Right to confidentiality, Right to protection from abuse and neglect, Right to participation in decision-making. Mental health problems raise many legal rights issues. People with mental illness are exposed to legal rights violation within and outside the health care context. Because of lack of awareness, people with mental illness and their families do not exercise their rights. As evident by the National Human Rights Commission report which highlighted the gross inadequacies and subhuman living conditions in mental hospitals. Furthermore, India's dismal record of rights violations of the mentally ill was glaringly exposed with the grotesque death of 25 patients at an "asylum" in Tamil Nadu. The lack of legal rights or their violations, as seen in the Erwadi tragedy and similar cases, does not stem from a shortcoming in existing Indian or international law per se; but is the result of social stigma prejudice, and other social and economic factors linked with mental illness.

STATEMENT OF THE PROBLEM:

A study to assess the level of knowledge of legal rights of mentally ill person among caregivers at SMVMCH, Kalitheerthalkuppam, Puducherry.

OBJECTIVES:

- To assess the awareness on legal rights of mentally ill among caregivers of patient diagnosed with psychiatric disorder at SMVMCH.
- To associate the awareness about legal rights among caregivers of mentally ill got admitted at SMVMCH.

II. METHODOLOGY:

The research approach used for the study is quantitative research approach. The descriptive cross-sectional design was selected. A total of 60 samples selected by using the purposive sampling technique. After the selection of samples, the data was collected with the prepared tool of self-developed knowledge questionnaires. The data gathered were analyzed using descriptive and inferential statistics.

III. MAJOR FINDINGS:

Section A: Description of demographic variables of caregiver.

Table 1: Frequency and percentage wise distribution of demographic variables of caregiver.

N= 60

S.No	Characteristics	Frequency (n)	Percentage (%)
1	Age		
	a) 20 -30 years	15	25
	b) 30-40years	16	26.7
	c) 40-50years	17	28.3
	d) 50-60 years	12	20
2	Gender		
	Male	25	41.7
	Female	35	58.3
3	Religion		
	Hindu	36	60
	Muslim	7	11.7
	Christian	17	28.3
4	Education Qualification		
	Primary	23	38.3
	Secondary	19	31.7
	Graduation	12	20
	a) Postgraduation	6	10
5.	Occupation		
	a) Daily wages	33	55
	b) Govt sector	11	18.3
	c)Private sector	16	26.7

The demographic data of caregivers in the study, with a total sample size of 60, reveals a diverse range of age groups, educational backgrounds, and socioeconomic status. The age distribution indicates a fairly even spread across different life stages, with 25% between 20-30 years, 26.7% between 30-40 years, 28.3% between 40-50 years, and 20% between 50-60 years. In terms of gender, females represent a larger proportion at 58.3% compared to 41.7% for males. The religious background of caregivers shows a majority identifying as Hindu (60%), followed by Christians (28.3%), and Muslims (11.7%). Educational qualifications vary widely, with 38.3% having primary education, 31.7% secondary education, 20% graduation, and 10% post-graduation. Occupational status is predominantly in the daily wages category (55%), with the remainder split between government (18.3%) and private sectors (26.7%). The majority of caregivers come from low economic backgrounds, as evidenced by 35% of the family's monthly incomes being less than ₹5000, and a significant number from middle (40%) and very few from high economic status (1.7%). The rural-urban split in caregivers' residences is balanced with 58.3% from rural areas and 41.7% from urban settings.

S.No	Characteristics	Frequency (n)	Percentage (%)
1.	Family's Monthly Income		
	< ₹5000	21	35
	₹5000 -10,000	19	31.7
	₹10,000 -20,000	12	20
	> ₹25000	8	13.3
2.	Socio Economic Status		
	a) Low economic status	35	58.3
	b) Middle economic status	24	40
	c) High economic status	1	1.7
3.	Residence of the patient		
	Rural	35	58.3
	Urban	25	41.7
4.	Type Of Family		
	Nuclear family	24	40
	Joint family	36	60
5.	Marital status		
	Single	23	38.3
	Married	33	55
	Widow	4	6.7

The majority of caregivers come from low economic backgrounds, as evidenced by 35% of the family's monthly incomes being less than ₹5000, and a significant number from middle (40%) and very few from high economic status (1.7%). The rural-urban split in caregivers' residences is balanced with 58.3% from rural areas and 41.7% from urban settings. Caregivers mostly belong to joint families (60%) as opposed to nuclear families (40%). Regarding marital status, 55% are married, 38.3% are single, and a small fraction (6.7%) are widowed. The prevalence of psychiatric illnesses in family histories is notable at 66.7%. The duration of illness among the care recipients varies, with 45% suffering for less than six months, 15% between six and fourteen months, and 40% for two to four years. Most patients (81.7%) are under regular treatment, and a substantial majority of caregivers (71.7%) possess some knowledge of the legal rights of mentally ill persons

11	Type of marriage		
	a) Consanguineous marriage	19	31.7
	b) Non-consanguineous marriage	41	68.3
12.	Family history of psychiatric illness		
	a) Yes	40	66.7
	b) No	20	33.3
13.	Duration of illness		
	a) <6months	27	45
	b) 6 – 14 months	9	15
	c) 2- 4 years	24	40
14	Patient is under regular treatment		
	a) Yes	49	81.7
	b) No	11	18.3
15.	Caregivers having any knowledge about legal rights of mentally ill persons		
	a) Yes	43	71.7
	b) No	17	28.3

Regarding type of marriage Consanguineous marriage 19 and non-consanguineous marriage was 41 and 40 samples had a family history of psychiatric illness and 20 samples not having a family history of psychiatric illness. And duration of psychiatric illness 27 samples fall under less than 6 month , 9 samples falls under 6 – 14 months ,24 samples are under 2- 4 years of psychiatric illness, 49 samples are fall under patient is under regular treatment, 49 samples are under regular treatment and 11 samples are not getting regular treatment, Caregivers having any knowledge about legal rights of mentally ill persons 43, and 17 samples are not having adequate knowledge regarding mental illness.

Section B: Assessment of the level of knowledge among caregiver

**Table 2: Frequency and percentage wise distribution of level of knowledge among caregiver
N= 60**

S. No	Level of Knowledge	Frequency Percentage	
		F (n)	%
1.	Adequate	23	38.3
2.	Inadequate	21	35
3	Moderate	16	26.7

The majority of caregivers in the study have adequate knowledge (38.3%), closely followed by those with inadequate knowledge (35%), and a smaller percentage have moderate knowledge (26.7%). This distribution highlights the varied levels of caregiver preparedness and underscores the importance of targeted educational interventions to improve caregiving outcomes.

**SECTION C: Association of the level of knowledge among caregiver with their selected demographic variables
N = 60**

S. No	Demographic variables	Level of knowledge						X ² value
		Adequate		Inadequate		Moderate		
1	Age	N	%	N	%	N	%	X ² = 37.492 Df= 6 p =0.000 (S)*
	20 -30 years	0		0.0		11		
	30-40years	7		11.7		0		
	40-50years	12		20.0		2		
2	Gender							X ² = 1.767 Df = 2 p = 0.413 (NS)
	a) Male	9	15.0	11	18.3	5	8.3	
	b)Female	14	23.3	10	16.7	11	18.3	
3.	Religion							X ² = 2.684 Df = 4 p = 0.612 (NS)
	a) Hindu	14	23.3	12	20.0	10	16.7	
	b) Muslim	4	6.7	1	1.7	2	3.3	
	c) Christian	5	8.3	8	13.3	4	6.7	
4.	Education Qualification							X ² =11.922 Df = 6 p =0.064 (NS)
	Primary	7	11.7	11	18.3	5	8.3	
	Secondary	11	18.3	2	3.3	6	10.0	
	Graduation	3	5.0	4	6.7	4	6.7	
	Postgraduation	2	3.3	4	6.7	0	0.0	
5.	Occupation							X ² = 2.433 df = 4 p = 0.657 (NS)
	Daily wages	11	18.3	14	23.3	8	13.3	
	Govt sector	5	8.3	2	3.3	4	6.7	
	Private sector	7	11.7	5	8.3	4	6.7	
6.	Family's Monthly Income							X ² = 16.482 Df = 6 p = 0.011
< ₹5000	8	13.3	12	20.0	1	1.7		

	₹5000 -10,000	7	11.7	2	3.3	10	16.7	(S)*
	₹10,000 -20,000	5	8.3	3	5.0	4	6.7	
	> ₹25000	3	5.0	4	6.7	1	1.7	
7.	Socio economic status							X ² =13.530 Df = 6 p = 0.035 (S)*
	Low economic status	10	16.7	13	21.7	7	11.7	
	Middle economic status	9	15.0	1	1.7	7	11.7	
	High economic status	4	6.7	7	11.7	2	3.3	
8.	Residence of the patient							X ² =19.477 Df =4 p = 0.001 (S)*
	Rural	7	11.7	19	31.7	9	15.0	
	Urban	16	26.7	2	3.3	7	11.7	
9	Type Of Family							X ² =0.810 Df =2 p = 0.667 (NS)
	Nuclear family	8	13.3	10	16.7	6	10.0	
	Joint family	15	25.0	11	18.3	10	16.7	
10	Marital status							X ² =9.539 Df =4 p = 0.049 (S)*
	Single	9	15.0	9	15.0	5	8.3	
	Married	14	23.3	8	13.3	11	18.3	
	Widow	0	0.0	4	6.7	0	0.0	
11	Type of marriage							X ² =7.211 Df =2 p = 0.027 (S)*
	Consanguineous marriage	6	10.0	11	18.3	2	3.3	
	Non-consanguineous marriage	7	11.7	10	16.7	14	23.3	
12	Family history of psychiatric illness							X ² =2.397 Df =2 p = 0.303 (NS)
	Yes	18	30.0	13	21.7	9	15.0	
	No	5	8.3	8	13.3	7	11.7	
13	Duration of illness							X ² =6.935 Df =4 p = 0.139 (NS)
	<6months	8	13.3	13	21.7	6	10.0	
	6 – 14 months	6	10.0	2	3.3	1	1.7	
	2- 4 years	9	15.0	6	10.0	9	15.0	
14	Patient is under regular treatment							X ² =0.5.146 Df =2 p = 0.076 (NS)
	Yes	20	33.3	14	23.3	15	25.0	
	No	3	5.0	7	11.7	1	1.7	
15	Caregivers having any knowledge about legal rights of mentally ill persons							X ² = 0.403 Df =2 p = 0.817 (NS)
	Yes	17	28.3	14	23.3	12	20.0	
	No	6	10.0	7	11.7	4	6.7	

Regarding association of knowledge, the study revealed that there is a significance association of age, education, family income, socio economic status, residence of the patient, marital status, type of marriage and the level of previous knowledge among caregiver with their selected demographic variables. Remaining demographic variables are not significant associated.

NURSING IMPLICATIONS:

The findings of the study were empirical in nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:

- ❖ The study findings help the caregivers to know about legal rights of mentally ill person
- ❖ Nurses should raise the awareness regarding the protection of legal rights of mentally ill and its importance.

NURSING EDUCATION:

- ❖ The nursing curriculum must focus on legal rights of mentally ill person. Student nurse must update knowledge on legal rights of mentally ill person.
- ❖ Educating the Nursing officer periodically about the legal rights of mentally ill will help in imparting the knowledge to the patient as well as family members.

NURSING ADMINISTRATION:

- ❖ Nursing administration can make necessary policies to implement the awareness regarding legal rights of mentally ill person.
- ❖ Nurse Administrator can conduct In-service education programs, seminars, conferences, workshops on legal rights of mentally ill person.
- ❖ Periodic mass health education program has to arrange for the caregivers of mentally ill person in the hospital.

NURSING RESEARCH:

- ❖ The findings of the study can help the student nurse to develop in career profession.
- ❖ Most research studies should be done like developing countries to update the knowledge on legal rights of mentally ill person.
- ❖ There is a plenty of scope for research in the field of legal rights in future.

IV. RECOMMENDATIONS:

Based on the findings of the present study the following recommendations have been made:

- ❖ Similar study can be conducted in other parts of countries with large samples.
- ❖ The study can be implemented at the various states of India.
- ❖ A comparative study can be undertaken to compare the findings from the rural and urban aspect.
- ❖ The same study can be conducted in in-patient department
- ❖ The same study can be conducted in different settings

V. CONCLUSION:

The majority of caregivers in the study have adequate knowledge (38.3%), closely followed by those with inadequate knowledge (35%), and a smaller percentage have moderate knowledge (26.7%). This distribution highlights the varied levels of caregiver preparedness and underscores the importance of targeted educational interventions to improve caregiving outcomes.

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