

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED  
TEACHING PROGRAMME ON KNOWLEDGE REGARDING  
LEGAL ASPECTS OF FORENSIC PSYCHIATRY AMONG STAFF  
NURSES AT SELECTED HOSPITAL , COIMBATORE**



**By**

**Reg.No:301731003**

**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING**

**OCTOBER - 2019**

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## **PLAGIARISM CERTIFICATE**

This is to certify that this dissertation work titled “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING LEGAL ASPECTS OF FORENSIC PSYCHIATRY AMONG STAFF NURSES AT SELECTED HOSPITAL, COIMBATORE**” of the candidate **Punithavalli.P** with registration number **301731003** for the award of M.S.c. Nursing in the Branch of **Mental Health Nursing**. I personally verified the **PLAGARISIM CHECKER X.COM** website for the purpose of plagiarism check. I found that the uploaded thesis file contains from introduction to conclusion pages and results shows 14% of plagiarism in the dissertation.

**SUBJECT GUIDE SIGNATURE**

**PRINCIPAL SIGNATURE**

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# **ABSTRACT**



## **ABSTRACT**

### **STATEMENT OF THE PROBLEM**

A study to assess the effectiveness of structured teaching programme on knowledge regarding legal aspects in forensic psychiatry among staff nurses at selected hospital, Coimbatore.

### **OBJECTIVES**

To assess the level knowledge regarding legal aspects in forensic psychiatry among staff nurses. To administer structured teaching programme regarding the legal aspects in forensic psychiatry among staff nurses. To evaluate the effectiveness of structured teaching programme on level of knowledge regarding legal aspects in forensic psychiatry among staff nurses. To find out the association between selected demographic variables with the post test knowledge score of staff nurses.

### **Hypothesis**

There is a significant difference between pretest and post test scores of knowledge regarding forensic psychiatry among staff nurses.

### **Methodology**

The modified conceptual frame work for the present study was based on Wiedenbach's Clinical Nursing Practice-A Helping Art Theory. Quasi experimental-one group pretest posttest design was adopted for the present study. The Structured Knowledge Questionnaire was developed to collect the data. Pilot study was conducted among 6 staff nurses and samples were selected by using simple random sampling to find the feasibility of the study. The main study was conducted at selected hospital, Bangalore among 50 staff nurses and the data collected was analyzed and interpreted based on descriptive and inferential statistics.

## **Results**

The pretest mean was 15.22 and post test mean was 20.82 there was significant difference between the level of knowledge among the subjects in pretest and post test after implementation of STP ( $t=11.61$  and  $p \leq 0.05$ ). STP was effective in improving knowledge.

## **Interpretation and Conclusion**

The present study attempted to assess the effectiveness of STP on knowledge regarding legal aspects in forensic psychiatry and found that the STP was effective in improving the knowledge of staff nurses.

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# **INTRODUCTION**



# **CHAPTER-I**

## **INTRODUCTION**

Psychiatric nursing is the science and art of providing protective, therapeutic, supportive, physical and social care to the people too ill to be completely responsible for management for their own behavior. For clients in mental hospitals and other institutional settings, the psychiatric nurse is the primary health care provider and is in fact, a primary mental health care nurse.

Nursing is an emerging profession. The professional nurses demonstrate unique skills, critical thinking and systematically inquiry and uses discretion and judgment in practice.

Psychiatric nurses provide a variety of services to mental health patients, according to the Bureau of Labor Statistics. Because of this, psychiatric nurses can face a number of legal concerns as well. To make sure they're legally protected, it is important for psychiatric nurses to stay up-to-date on legal and ethical issues in their field.

There is a dynamic relationship between the concept of mental illness, the treatment of the mentally ill and the law. Legal and ethical context of care is important for all psychiatric nurses as it focuses concern on the rights of patients and the quality of care they receive. With the increasing awareness of rights in our democratic set-up, a mental health professional especially nurses should know the basic legal and ethical aspects of forensic psychiatry while working in a mental health institution.

Legislation is an important mechanism to ensure appropriate, adequate, timely and humane health care services. In a country like India, mental health care is not perceived as an important aspect of public health care. Hence, mental health legislation will play a very important role in upholding the rights of the mentally ill. The fundamental aim of mental health legislation is to protect, promote and improve the lives and mental well-being of citizens. In the undeniable context that every

society needs laws to achieve its objectives, mental health legislation is no different from any other legislation. It also plays a vital role in dictating the terms and conditions of mental health care and protecting the human rights of people with mental disorders.

The term “forensic” is derived from the word “forum” referring to the roman market place where lawyers once met to debate. Today most people would associate the word forensic with dead bodies and investigation of death as a sequel to criminal activity.

Forensic psychiatry is the branch of medicine that deals with disorders of the mind and their relation to legal principles. Forensic psychiatry continues to be concerned primarily with mentally disordered offenders but now encompasses a wide range of offences and gives much more prominence to diagnosis, management and treatment, in prison, hospital or the community, using the skills of various mental health professionals.

The development of this specialty has resulted in growing links with colleagues in other disciplines, the Law, criminology, psychology, sociology and many others. There is an increasing awareness regarding mental health in our population. Along with this comes an increasing involvement of psychiatry with the Law.

The scope of forensic psychiatry can be broadly defined as those areas where psychiatry interacts with the law. Although all psychiatrists may be involved from time to time in forensic work, forensic psychiatrists are specifically involved in the assessment and management of mentally disordered offenders and other patients with mental disorders who are or have been potentially or actually, violent. Provision of forensic services varies across the country and forensic psychiatrists work in a variety of settings. E.g.: high security hospitals; medium secure units; low- secure wards and sometimes open wards; outpatient; day hospitals; and within community teams; prisons. The forensic psychiatry mentally disordered offenders; legal and ethical issues including mental health legislation and other non – criminal legal matters.

The forensic psychiatry is a psychiatric specialty specially yet to be recognized in many countries. In India, forensic psychiatry law could be referred to as nice in theory but deficient in practice and also forensic psychiatric is still an emerging area of psychiatric specialization. The relationship between psychiatry and law has grown ever since the Indian Mental Health Act [MHA] was passed in 1987. The last few decades have seen many other important advances in the field of forensic psychiatry. These includes laws relating to the possession and use of psychotropic drugs [Narcotic Drugs and Psychotropic Substances Act (NDPSA), 1985], Persons with Disability Act 1995, Consumer Protection Act 1986 and Juvenile Justice Act 1989, Human Rights of Mentally ill persons (National Human Rights Commission) – 1999, National Health Policy (NHP) 2002 etc. the field is however, still in its relative infancy in India.

The legal impact on the practice of psychiatric nursing is both immense and subtle. The psychiatric nurse who evaluates her practice in an attempt to improve the nursing profession and the health of her patients does so not from legal demands but from professional standards. Nevertheless, nursing practice must meet certain legal standards and must adjust its course as new legal standards evolve. It is the capable and challenged nurse who includes legal knowledge in patient care and it is to her that many patients will turn for information, advocacy, and protective justice.

The title of forensic nursing is unfamiliar to many nurses. This is not surprising as the recognition of nursing practice as “forensic” in nature is not wide spread throughout whole world.

Forensic nursing was identified as a specialty in the early 1990’s, however it is well recognized in developed countries and yet to be recognized in many developing countries like India. It has traditionally been viewed as an area of health care limited to custodial care or custodial psychiatric care. Forensic nursing involves many aspects of care offered by nurses, and is not limited to the pathologic investigation of death, as is frequently misunderstood. It is caring for the illness or injuries of victims and perpetrators, in many environments within the health system, from emergency departments to courts to the custodial system, obtaining samples of bodily fluids, describing wounds, physical assessments, risk assessments, identification of

emotional trauma and documenting all the above while maintaining evidence procedures are all duties of forensic care nurses. The essential duty of care is to meet patient's needs, while developing a degree of critical awareness, to recognize and process evidence where it exists. Several issues and challenges have been identified impacting on forensic nursing: a lack of awareness on legal and ethical issues, mental health act, legislation etc related to forensic psychiatry among nurses that they actually offer forensic care and pertinent ethical dilemmas; physical and verbal abuse; stress and burnout and decreased job satisfaction etc.

## **NEED FOR THE STUDY**

Concept of forensic psychiatry which is the branch of medicine that deals with disorders of mind and their relation to legal principles. It continues to be concerned primarily with mentally disorders offenders but now encompasses a wide range of offences and gives much prominence to diagnosis, management and treatment in prison, hospital or the community using the skill of the various mental health professionals. Nurses are one of the largest groups of professionals working in the health care system. Their presence in the health care system plays a very important role and helps in speedy recovery from the illnesses.

Ignorance of law is no excuse for violating it. It is duty of everyone to know the law which concerns him or her. Today health care professionals are caught in the middle of medical malpractice litigation, fraud and abuse regulation, employment hearings and corporate mergers. On one side, there are litigious patients, aggrieved relatives and aggressive attorneys. On the other side, there are defendant physicians and other health care professionals, as well as hospitals, nursing homes, laboratories and health maintenance organizations, nursing homes, laboratories and health maintenance organizations.

Legislation forms an important component in the implementation of mental health care. Legislation is an expression of society with regard to the way it views and cares for mentally ill individuals. It has long been known that there is a dynamic relationship between the concept of mental illness, the treatment of the mentally ill and the law.

The recent increase in litigation against doctors is an issue of immediate concern. The reasons for these are social, economic, professional and judicial. Social factors include increasing media awareness about medical facts and fallacies, professional accountability, and rights of patients in terms of information, decision – making and assessing outcomes. Negative publicity in the media about the profession has done further damage. Moreover, doctor – patient confrontation have been increasing in the recent past.

There is an increasing awareness among public regarding the ethical conduct of medical practitioners, and complaints against physicians appear to be escalating. The changing doctor – patient relationship, nurse – patient relationship and commercialization of modern medical practice has affected the practice of medicine. Patient suspects negligence as a cause of their suffering. There is an increasing trend of medical litigation by unsatisfied patients.

Doctors and nurses should familiarize themselves with the regulations and laws that concern their practice. Doctors and nurses have several ethical, moral and legal obligations in their duties. It is therefore very important that every nurse and doctor understands the nature of these obligations and then fulfills these obligations to the best of their ability. Hence the mental health professional especially nurses should know the following basic legal aspects of forensic psychiatry, while working in a mental health institutions.

Civil responsibility

Criminal responsibility

Mental health act 1987

Admission, discharge and parole procedures of patients in a psychiatric hospital

Laws relating to psychiatric disorders

Rights of the mentally ill patient

Nursing malpractice and negligence

Consent

Confidentiality

Record keeping

The narcotic drugs and psychotropic substance act (Act 61 of 1985).

In no other type nursing is the legal and ethical consideration of practice so crucial as in psychiatric nursing. To deal with these demands, psychiatric nurses must be aware of both the laws in the state in which they practice and the common practice of nurses in the area. Law addresses the outcome of behavior and has developed a system of rules and regulations to facilitate orderly social functioning. The law, particularly in its concern for the rights of patients and the quality of care they are receiving, influences the practice of psychiatry nursing.

In the history of law, nurses have been protected from direct suits patients because of the perception that they are either dependent on the physician or employees of an institution for orders. Attorneys sue directly the physician or the hospital rather than as an independent discipline and the awareness that all nurses register with their state nursing council to practice nursing there is an increased demand to get well-versed with legal aspects of psychiatric nursing.

Nurses are bounded with Nurse Practice Act. It defines nursing only as the administration of medications and treatment as is prescribed by a licensed physician. It is a service that could be considered dependent for the nurse that is, it is dependent on the acts (orders) of someone else. The rest of the mandated activities are acts that the nurse can, should and must do on her own initiative because patient need and should reasonably expect these nursing actions. Nurses are responsible and accountable for these nursing acts and are responsible for performing them in a manner that is safe for the patient.

The legal and ethical context of care is important for all psychiatric nurses because it focuses concern on the rights of patients and the quality of care they receive and nurses are responsible 24 hours of the day in the ward and the final responsibility of the ward management is on the nurse. Therefore nurse should be well-versed in legal aspects of care and treatment of the mentally ill. In the past two decades civil, criminal, and consumer rights of patient have been established and expanded through the legal system. Many of the laws vary from country to country and state to state, psychiatric nurses must become familiar with the laws of the state in which they practice. This knowledge helps her to guide the patients and relatives in

matters related to rights of the patients, ethical decision making and other aspects of mental health care, this ultimately results in better care.

Since there are very few review of literature on legal aspects of forensic psychiatry in India. So the researcher is very much interested to assess the awareness of legal aspects of psychiatry for nurses because nurses are the right persons for giving legal information for the patients and their relatives for the well being of the patient and to protect the rights of the patients. And also nurses will face lots of problems due to lack of current knowledge on legal aspects of psychiatry while providing care to the patient and also while working with other collaborative treating team members.

### **Statement of the problem**

A study to assess the effectiveness of structured teaching programme on knowledge regarding legal aspects in forensic psychiatry among staff nurses at selected hospital, Coimbatore.

### **Objectives**

1. To assess the level knowledge regarding legal aspects in forensic psychiatry among staff nurses.
2. To administer structured teaching programme regarding the legal aspects in forensic psychiatry among staff nurses.
3. To evaluate the effectiveness of structured teaching programme on level of knowledge regarding legal aspects in forensic psychiatry among staff nurses.
4. To find out the association between selected demographic variables with the post test knowledge score of staff nurses.

### **Hypothesis**

There is a significant difference between pretest and post test scores of knowledge regarding forensic psychiatry among staff nurses.

## **Operational definitions**

### **Assess**

It refers to the level of knowledge on legal aspects of forensic psychiatry among staff nurses by using structured questionnaire prepared by the researcher.

### **Effectiveness:**

It refers to the desire change, which can be brought about by structured teaching programme and is measured in terms of significant difference in level of knowledge regarding legal aspects of forensic psychiatry among staff nurses after structured teaching programme.

### **Structured Teaching Programme**

It refers to systemically planned information regarding legal aspects of forensic psychiatry through power point presentation.

### **Knowledge:**

Information acquired by the caregivers through the structured teaching programme regarding legal aspects of forensic psychiatry.

### **Legal aspects in forensic psychiatry:**

Legal aspects in forensic psychiatry includes admission and discharge procedure, Mental Health act, Indian Lunacy Act, Rights of mentally ill, civil and criminal responsibility.

### **Staff nurses:**

The nurses who are registered and qualified with diploma or graduate in nursing and working in the selected hospital.



## **Assumptions**

Nurses working in hospitals may have some knowledge on legal aspects in forensic psychiatry.

Nurses working in hospital will agree to participate in this study.

**REVIEW OF  
LITERATURE**

## CHAPTER –II

### REVIEW OF LITERATURE

A research literature review is a systemic, explicit and reproducible method for identifying, evaluating and synthesizing the existing body of completed and recorded work produced by researchers, scholars and practioners (**Arlene fink,2010**)

The literature review is a comprehensive survey of previous inquires related to research (**Gerald.j.miller, 2007**).

#### **The Related Review of Literature Has Been Organized Under Following Headings**

Literature related to awareness of legal aspect

Literature related to legal aspects among nurses

Literature related to nurses working in forensic psychiatry hospitals and wards.

#### **REVIEW RELATED TO AWARENESS OF LEGAL ASPECT**

**Burdekin (2015)**,The study conducted on Medical Ethics, Duties & Medical Negligence Awareness among the Practitioners in a Teaching Medical College, Hospital. The study aimed to assess the knowledge of, and attitudes to, medical ethics among doctors in the Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar, Orissa.Totally 120 numbers of practitioners of various clinical departments participated. Descriptive design was used. . The study results show that 90% of the total participants were well aware about medico legal cases. All the participants advocated for an ethical practice but 12% of them practice as per the demand of the situation.68% of the participants expressed that dichotomy.

**Brown.P et al (2016)** The study was conducted on Nurses' and Physicians' Educational Needs in Seclusion and Restraint Practices. The main aim of the study is to explore nurses and physicians educational needs in the context of their perceived

seclusion and restraint related mode of action and need for support. The qualitative design was adapted for this study. The total sample size is 27 among them 22 were nurses and 5 physicians were selected. The data were collected by focus group (N = 4) by interviews and data was analysed with inductive content analysis. The researcher recognized a need for on- ward and problem – based education and infrastructural and managerial support. The declared high ethical principles were not in accordance with the participants reliance on manpower and the high seclusion and restraints rate.

**Shirish . L .Daftly (2017)** The study was conducted on Information disclosure and decision-making: the Middle East versus the Far East and the West. The main objective is to assess physicians' and patients' views in Saudi Arabia (KSA) towards involving the patient versus the family in the process of diagnosis disclosure and decision-making, and to compare them with views from the USA and Japan. Finally, the majority of doctors and patients (>85%) were against assisted suicide. Finally the investigators concludes that there was more recognition for a patient's autonomy amongst physicians, most patients preferred a family centred model of care.

**Irmansyah, Y . A. Prasetyo (2017)** The study was conducted on Awareness, knowledge and attitude towards informed consent among doctors in two different cultures in Asia: a cross-sectional comparative study in Malaysia and Kashmir, India. The main objective of this descriptive study was to evaluate the perceptions and practices among attending medical professionals in matters relating to informed consent in selected hospitals. A questionnaire-based cross sectional survey among doctors in the two tertiary care hospitals, one in Malaysia and the other in Kashmir, was performed to collect the data from 98 samples. The results emphasize the need for doctors to change their attitude and acknowledge the patient's autonomy, which is the basis of modern medical ethics, and yet still be aware of the cultural and religious views of the local population.

## **REVIEW RELATED TO LEGAL ASPECTS AMONG NURSES**

**Kondurueddemma (2015)** The study was conducted on “Psychiatric nursing care in Brazil: Legal and Ethical aspects” in Ribeirao Preto College of Nursing, Brazil. In this study Human rights, considered as rights inherent to all human beings, must be respected unconditionally, especially during health care delivery. These rights became actually protected by International Law when the UN was created in 1945 In their practice, nurses attempt to conciliate patients' rights with their legal role and concerns with high-quality psychiatric care. In coping with these dilemmas, these professionals are active in three spheres: as health care providers, as employees of a health organization and as citizens.

**Al Hamed J. H (2016)** The study was conducted on “Expanding roles within mental health legislation: an opportunity for professional growth or a missed opportunity for professional growth or a missed opportunity?” in school of nursing, Dundee, UK. In this study the main aims is to highlight both the necessity, and the way forward for mental health nursing to integrate proposed legislative roles into practice. Argued is that community mental health nursing, historically absent from active participation within mental health law in the UK, is faced with new and demanding roles under proposed changes to the 1983 Mental Health Act of England and Wales. This framework explores the issues of power, ethics, legislative thematic and application to contemporary service structures.

**Louis shakka (2017)** The study was conducted on “Section 5[4] of the mental health act 1983: The art of applying the act.” In Department of nursing, university of Lancashire, UK. In this study section 5(4) of the Mental Health Act 1983 allows patients to be detained by nurses of the 'prescribed class' for a maximum of 6 hours. There is a paucity of research on the subject of Section 5(4); however, the little research that has been conducted has shown that there are gaps in the knowledge of registered nurses and nursing students due to be registered with regard to the following areas of Section 5(4): duration of the holding power; whether the client can be treated against their will; eligibility for detention; and criteria for implementation. This article will seek to clarify these gaps and provide nurses with a comprehensive systematic guide to follow should they have to invoke the section.

## **REVIEW RELATED TO RELATED TO NURSES WORKING IN FORENSIC PSYCHIATRY HOSPITALS AND WARDS.**

**SNCW; Hallberg et.al. (2015)** A comparative study was conducted on burnout and job satisfaction among psychiatric nurses from forensic and mainstream mental health service in the Melbourne. The overall aim of this study is to measure the effectiveness of clinical supervision in reducing stress and burnout among nurses. The study adopted a survey design to compare forensic psychiatric nurses (n = 51) with psychiatric nurses from a mainstreamed mental health service (n = 78) in relation to burnout and job satisfaction. The overall result of this study reveals that forensic nurses displayed lower burnout and higher job satisfaction than their counterparts from the mainstreamed services. These findings are surprising in light of the image of forensic psychiatric nursing as dangerous and unpredictable .

**Berg and Hallberg et al (2015)** The study was conducted on Nurses satisfaction with nursing care and work in Swedish forensic psychiatric units. The aim of the study was to investigate nurses satisfaction with nursing care and work in forensic psychiatric nursing care. A questionnaire concerning nurses satisfaction with nursing care and work (SNCW) among nursing staff developed by; has been used. The population for this study consisted of all 627 nursing care staffs in five Swedish forensic psychiatric care units. Through a randomisation procedure, carried out locally in each of the five units, 350 questionnaires were distributed. There were 246 responses (70%). The most salient findings of the present study were, inspite of working in a clinical environment characterized by violent patients and conflict, work satisfaction was almost the same as nurses.

**CI; Kanna, Prat and Gardener et.al (2016)** A comparative study was conducted on nurses attitude towards criminal psychiatric patients, at NIMHANS, Bangalore, India. This study was conducted to assess the attitude of nurses towards criminal psychiatric patients. Descriptive comparative design was used, purposive sampling technique is used to select the 66 samples (nurses) group I and group II constitutes 33 nurses each respectively. The data was collected by a tool to assess the attitude towards “criminally insane” this tool was modified by the researcher to suit the Indian cultural system. The result also show that nurses who are more than 40

years, Head nurses and Christian nurses who have given care to criminal psychiatric patients have better attitude than the nurses who are less than 40 years of age, staff nurses and Hindu nurses of the same group respectively. The findings of the study have implicated in understanding the nature of attitude of nurses towards criminal psychiatric patients and in planning appropriate intervention strategies.

# **CONCEPTUAL FRAMEWORK**



## **Conceptual Frame Work**

Conceptual frame work is representing a less formal and less well developed mechanism for organizing phenomena than theories. It deals with abstractions that are assembled by virtue of their relevance to a common theme. A model is used to denote symbolic representation of concepts.

The present study is intended to evaluate the effectiveness of structured teaching programme in terms of improving the knowledge of staff nurses regarding legal aspects in forensic psychiatry.

The framework of the present study is based on Widenbach's Clinical Nursing Practice-A helping Art, modified by the investigator.

The 3 components of Widenbach's theory are

- Identification of a Need For Help
- Ministering the Needed Help,
- Validating that need for help was met.

## **Identifying of a Need For Help**

Determining need for help based on the existence of a need. In this present study identifying and determining the staff nurses need for help based on the existence of knowledge. It consists of following components to identify the needs. They are central purpose prescription and realities.

## **General information**

This comprises the demographic variables

- Central purpose
- Central purpose is to improve the knowledge

## **Prescription**

It refers to develop a plan. In this study the investigator plans to develop a structured knowledge questionnaire to assess the knowledge level of the staff nurses on legal aspects in forensic psychiatry and develops a structured teaching programme on legal aspects in forensic psychiatry.

## **STEP 2: Ministration The Help Needed**

Refers to provision of a needed help. In this study the investigator prepares a plan in helping to meet the needs of staff nurses with legal Aspects in forensic psychiatry based on available resources. Investigator administers a structured teaching programme regarding legal aspects in forensic psychiatry to staff nurses that helps them to improve their knowledge status and prevent further complications.

### **Agent:**

It refers to the practicing nurse who has the personal attributes, capacities, capabilities, commitment and competence to provide nursing care and directs all action towards the goal. In this study investigator is the agent who administers the structured teaching programme on legal aspects in psychiatric care to enhance staff nurses knowledge.

### **Recipient:**

Is a patient one who receives nurse's actions. In this study staff nurses are the recipients.

### **Goal:**

It is the nurse's desired outcome. In this study the investigator's goal is to identify the effectiveness of structured teaching programme on legal aspects in forensic psychiatry among staff nurses.

## **Means**

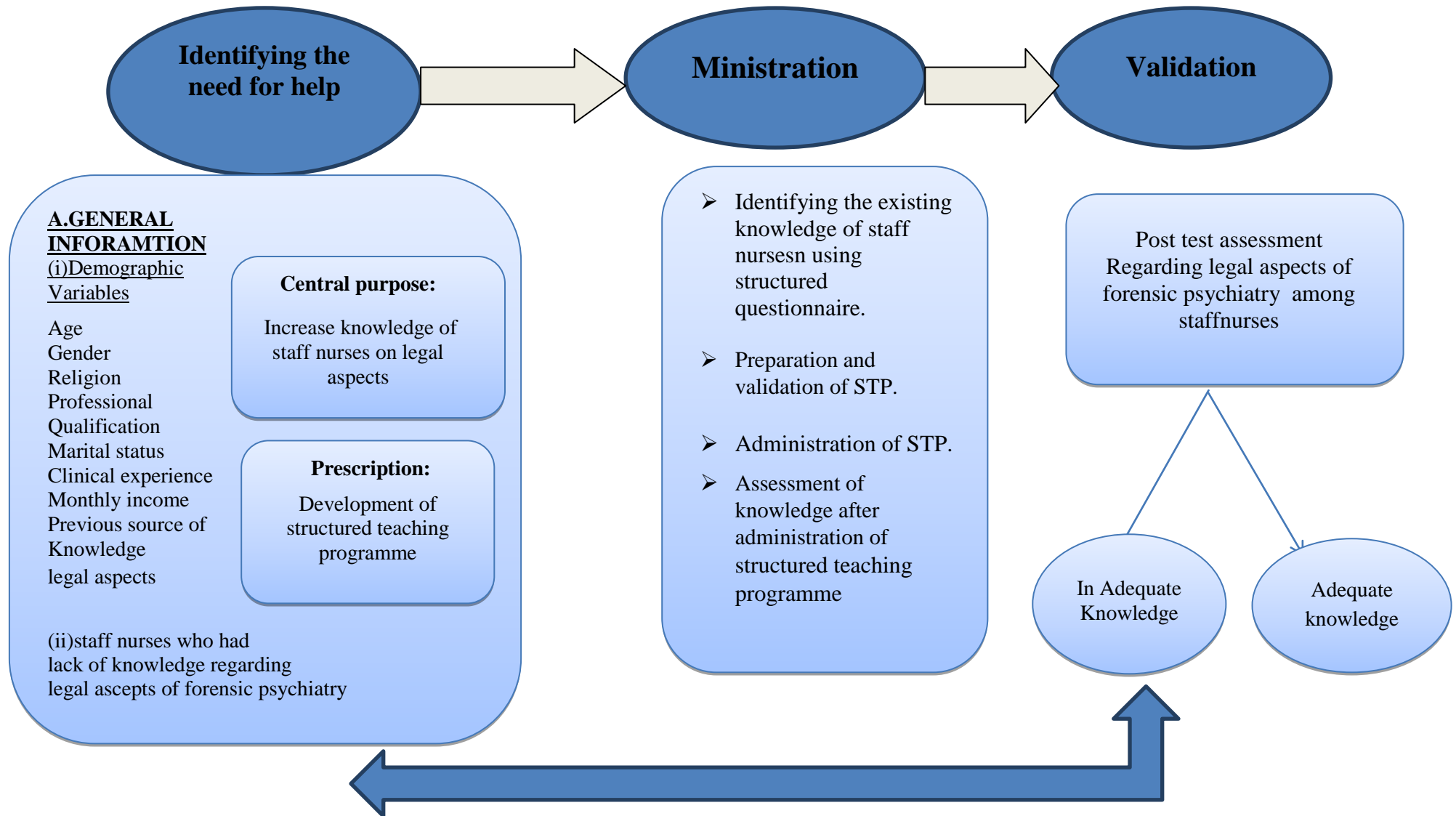
Are the activities and devices used by the nurse to achieve the goal. In this study it is the pre-test and the post test conducted after the administration of structured teaching programme to assess its effectiveness.

## **Framework:**

It refers to facilities in which nursing is practiced. In this study it is selected Hospitals and centres, Coimbatore where the study has been done.

## **STEP 3: Validating need for help was met**

It refers to collection of evidence that shows the client's need have been met and that his functional ability has been restored as a direct result of the nurse's action. In this study the investigator perceives that a need for help was met when staff nurses provides convincing evidence that their knowledge is improved with the help of structured questionnaire (post-test) on legal aspects in forensic psychiatry. This shows that SIM is effective. If it is not effective the nurse reassesses and prescribes the intervention based on patient's need.



**Fig 1:Conceptual Framework Based On Ernestine Weidenbach (1967)**

**RESEARCH  
METHODOLOGY**

## CHAPTER-III

### METHODOLOGY

Research methodology is a way to systematically solve the research problem. In this study it refers to the various steps that are generally adopted by a researcher in studying the research problem along with the logic behind them. The present study was aimed at evaluating the Effectiveness of structured teaching programme on knowledge of staff nurses regarding legal aspects in forensic psychiatry.

This chapter deals with a brief description of the different steps which were undertaken by the investigation for the study. It includes the research design, variables, setting, population, sample size, sampling technique, description of tool, content validity, ethical issues, pilot study, data collection procedure and plan for data analysis.

#### Research Approach

A quantitative approach was considered most suitable for the study, as the aim was to find out the knowledge regarding legal aspects in forensic psychiatry among staff nurses working in selected hospitals, Coimbatore .

#### Research Design

The research design provides an overall plan for conducting the study. The research design selected for present study is one group pre test and post test design. It is one type of pre- experimental research design.

<b>PRE-TEST</b>	<b>NURSING INTERVENTION</b>	<b>POST TEST</b>
Assessing the pretest knowledge on legal aspects in forensic psychiatry among staff nurses	Structured teaching programme	Assessing the post test knowledge on legal aspects in forensic psychiatry among staff nurses

## Setting of the study

The study was conducted among staff nurses of selected hospitals in Coimbatore such as PSG Hospitals, Naveen Hospital and its branches. The criteria for selecting setting were geographical proximity, feasibility of conducting the study and availability of the samples.

## Variables

Variables identified in this study are,

### Independent variable:

The independent variable was structured teaching programme on knowledge regarding legal aspects in forensic psychiatry among staff nurses.

### Dependent variable:

Dependent variable was knowledge regarding legal aspects in forensic psychiatry among staff nurses.

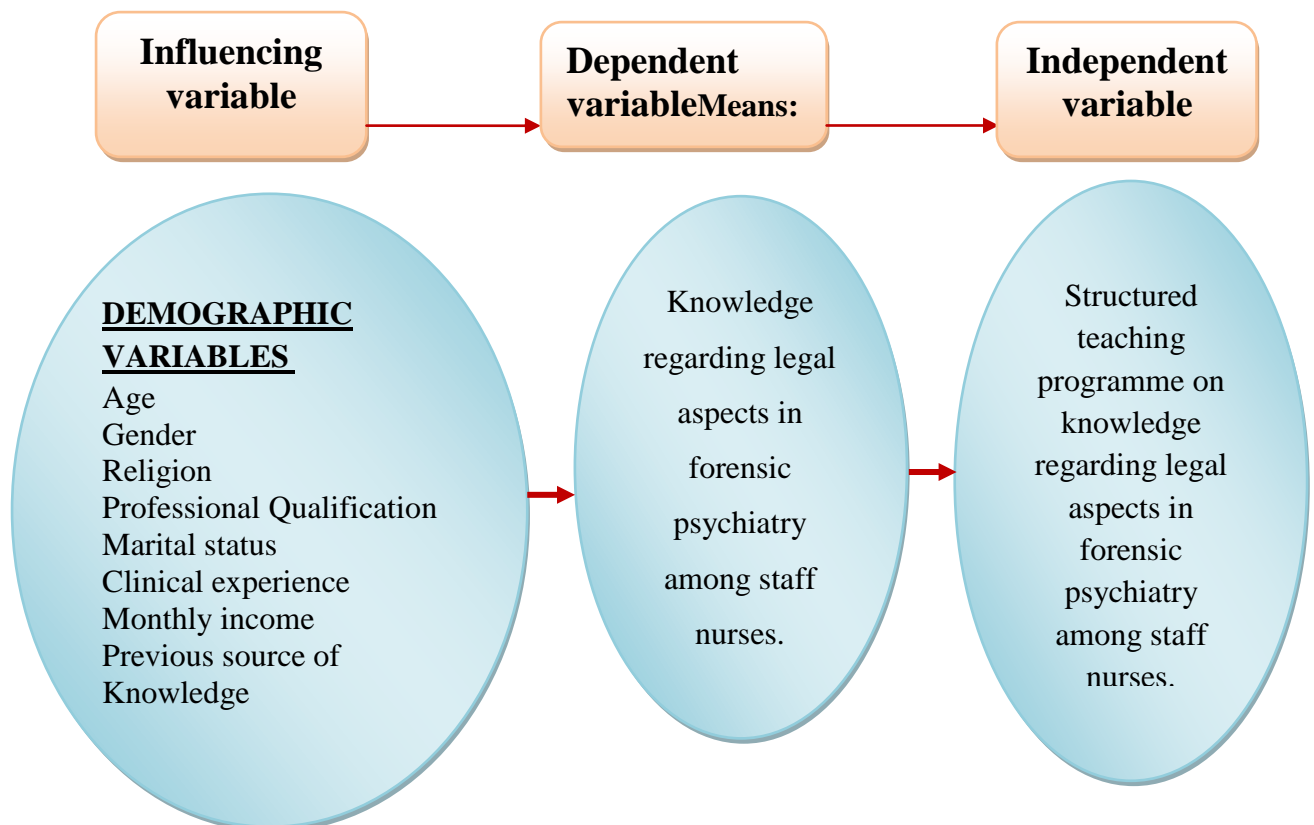


Figure.2 The Schematic Representation of Variables

## **Population**

The accessible population includes the staff nurses at selected hospitals in Coimbatore.

## **Sample size**

The sample size included for the study consists of 50 staff nurses at PSG Hospital and Naveen Hospitals in Coimbatore, who fulfilled the inclusive criteria.

## **Sampling technique**

The sample was selected by using convenient sampling technique, a type of probability sampling method. Since the population was not defined, randomization was not possible for this study

## **Criteria for selection of samples**

### **Inclusion criteria**

- Staff nurses who have been working in the hospital for the past one year.
- Staff nurses of both gender.

### **Exclusion criteria**

- The staff nurses who are not available at the time of data collection.
- The staff nurses who already under gone any training programme.

## **Description of the tool**

The reserarcher has developed a questionnaire to assess the knowledge regarding legal aspects in forensic psychiatry among staff nurses it consist of following section.



## **Section A**

This section consists of eight items seeking information on demographic data which includes age, gender, religion, qualification, marital status, clinical experience in years, monthly income (In Rupees) and previous source of information.

## **Section B**

It consist of 30 questions to assess the knowledge regarding legal aspects in forensic psychiatry among staff nurses. Each questions has four options with one correct answer. Each correct answer carries one mark, wrong answer carries zero marks. The possible maximum score was 30 marks. The possible minimum score was zero.

**TABLE 1 GRADING OF KNOWLEDGE LEVEL**

<b>LEVEL OF KNOWLEDGE</b>	<b>SCORE</b>
INADEQUATE	<50%
MODERATELY ADEQUATE	50-75%
ADEQUATE	>75%

## **Testing of the tool**

### **Content validity**

The tool was given to five experts in the field of psychiatric nursing and psychiatrist for content validity. All the comments and suggestions given by the experts were considered and corrections were made after discussion with research guide.

### **Pilot study**

Pilot study is a small scale version or a trial run done in preparation for a major study. A Formal permission was sought to conduct the pilot study. Pilot study was conducted for 5 staff nurses for a duration of 5 days from 21.01.2019 to 28.01.2019.

After the self-introduction , the investigator explained the purpose of the study to staff nurses and distributed demographic data. Prior to the study formal permission was obtained from the PSG Hospital and Naveen Hospital. At first, the knowledge of staff nurses were assessed by using Structured questionnaire. Then the Structured teaching programme was given for 5 staff nurses on the first day. The post test assessment was carried out by using the same questionnaire on the fifth day. The data was analysed by using descriptive and inferential statistics. It revealed that there was a significant difference in the knowledge of staff nurses after Structured teaching programme. The pilot study shows there is feasibility for conducting study

### **Data collection Procedure**

The main study was conducted for conducted for a period of four weeks from 30.01.2019 to 28.02.2019. Prior permission was obtained from the PSG Hospital and Naveen Hospital submitting hospital giving to abide by the rules and regulation.

Necessary precautions were taken to provide the privacy and confidentiality. By using convenient sampling technique, 50 samples were selected. To assess the knowledge level of staff nurses Structured questionnaire was used. Researcher had selected 3 to 4 sample per day who met the inclusive criteria. at first investigator explain the purpose of the study to the staff nurses and distributed questionnaire for demographic data after getting informed consent , pretest was conducted to assess the knowledge of staff nurses regarding legal aspects in forensic psychiatry. After that a structured teaching programme was given regarding forensic psychiatry with the help of power point presentation.

It took 45 minutes to complete the structured teaching programme and 15 minutes to clear the doubts of the staff nurses. The knowledge was reassessed on the 14<sup>th</sup> day for each sample ,by using the same questionnaire which was given in the pre test section.

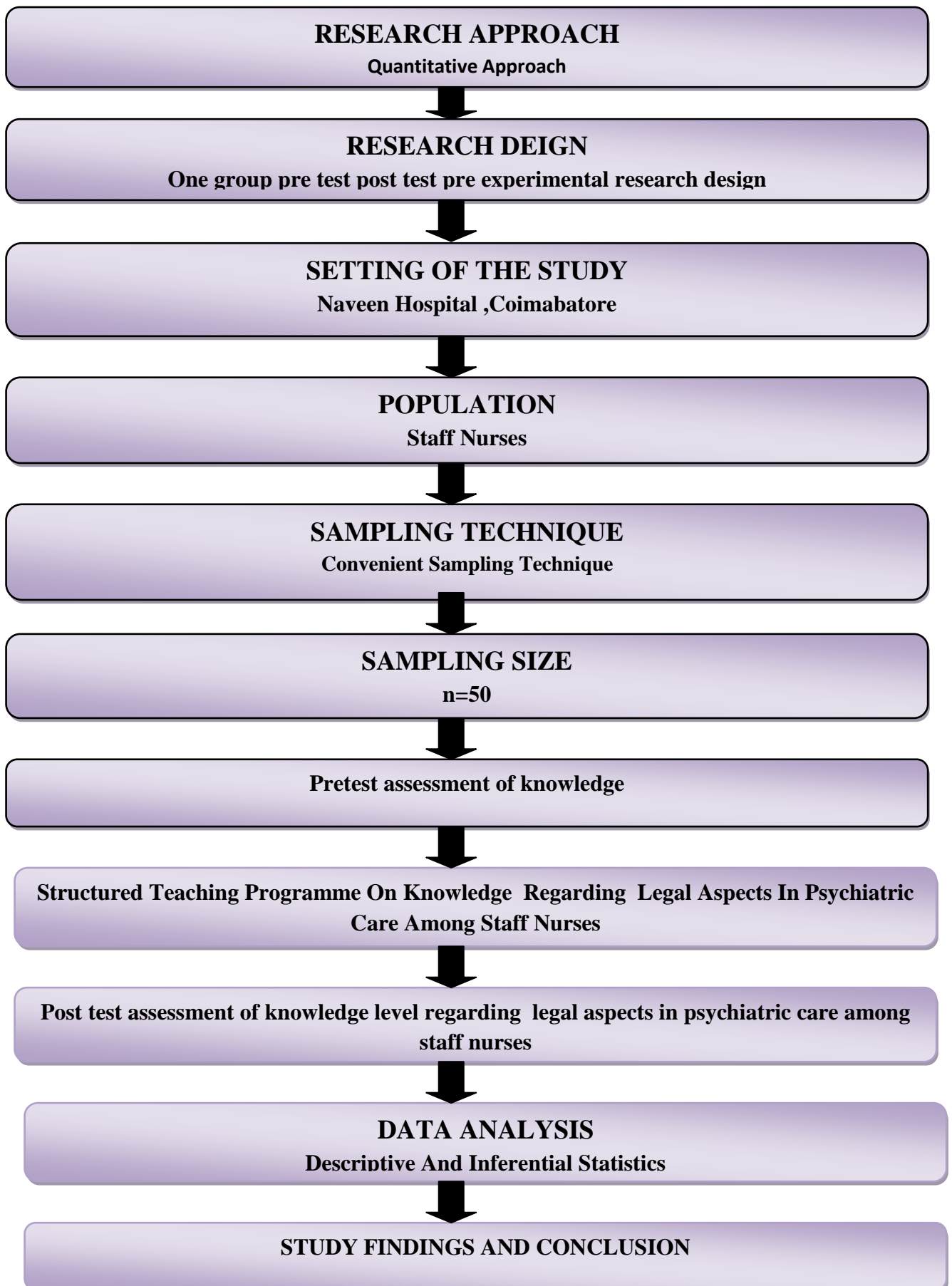
### **Plan for data analysis**

The data analysis was done by using descriptive and inferential statistics to analyse the data. The demographic variables were analysed by using frequency and percentage. The effectiveness of structured teaching programme regarding legal aspects

in forensic psychiatry and the association between demographic variables were analysed by using “t” test and x<sup>2</sup> test respectively.

### **Ethical Consideration**

The study was conducted after obtaining approval from the institutional ethical committee, PPG College of Nursing Coimbatore. The respondents were explained about the purposes and need for the study they answered that their details and answers will be used only to the researcher purpose. Further they were ensured about their details will be kept confidentially. Thus the investigator follow ethical guidelines which were used by the ethics committee after getting a written permission.



**FIGURE.3 THE OVERALL VIEW OF RESEARCH METHODOLOGY**

**DATA ANALYSIS  
AND  
INTERPRETATION**

## **CHAPTER-IV**

### **DATA ANALYSIS AND INTERPERTATION**

This chapter deals with analysis and interpretation of data collected from staff nurses at a selected hospital at Coimbatore to assess the knowledge regarding legal aspects in forensic psychiatry. The data were analysed, tabulated and interpreted by using descriptive and inferential statistics.

#### **The Data Findings Are Organized And Presented Under The Following Sections**

- Section I:** Distribution of demographic variables among of the staff nurses.
- Section II:** Distribution of level of knowledge among staff nurses about legal aspects in forensic psychiatry.
- Section III:** Distribution of statistical value of pretest and post test knowledge level regarding legal aspects in forensic psychiatry.
- Section IV:** Association of demographic variables post test score of knowledge regarding legal aspects in forensic psychiatry among staff nurses.

## SECTION-I

**Table 2: Distribution of demographic variables of the staff nurses.**

DEMOGRAPHIC VARIABLE		NUMBER OF SAMPLES	%
<b>AGE</b>	a) 21-30 yrs	32	64
	b) 31-40 yrs	12	24
	c) 41-50 yrs	3	6
	d) Above 50 yrs	3	6
<b>GENDER</b>	a) Male	16	32
	b) Female	34	68
<b>RELIGION</b>	a) Hindu	34	68
	b) Muslim	5	10
	c) Christian	11	22
	d) Others	0	0
<b>PROFESSIONAL QUALIFICATION</b>	a) Diploma in nursing	38	76
	b) Post B.Sc. nursing	8	16
	c) B.Sc. nursing	4	8
<b>MARITAL STATUS</b>	a) Married	25	50
	b) un Married	24	48
	c) separated	0	0
	d) widow	1	2
<b>CLINICAL EXPERIENCE</b>	a) 1- 5 years	42	84
	b) 6- 10 years	2	4
	c) 11-15 years	3	6
	d) Above 15 years	3	6
<b>MONTHLY INCOME (RS)</b>	a) 1- 5 years	34	68
	b) 6- 10 years	15	30
	c) 11-15 years	1	2
	d) Above 15 years	0	0
<b>PREVIOUS SOURCE OF KNOWLEDGE</b>	a) Worked in psychiatry hospital	6	12
	b) In service education	3	6
	c) Through peer group	0	0
	d) Mass media	0	0
	e) During nursing course	41	82

In relation to the distribution of demographic variables of age, 34 (64%) of the staffs were in the age group between 21-30 years, 12 (24%) of them were in the age group between 31-40 years, 3 (6%) of them were in the age group 41-50 years and 3 (6%) of them were in the age group above 50 years.

Regarding gender, 16 (32%) of the subjects were male, and 34 (68%) were females.

Religion wise distribution of the subjects indicated that 34 (68%) were Hindus and 5 (10%) were Muslims and the remaining 11 (22%) were Christians.

In relation to Professional Qualification, majority 38 (76%) of the subjects were from Diploma in Nursing, 8 (16%) were Post B.Sc. Nursing and 4 (8%) were B.Sc. Nursing.

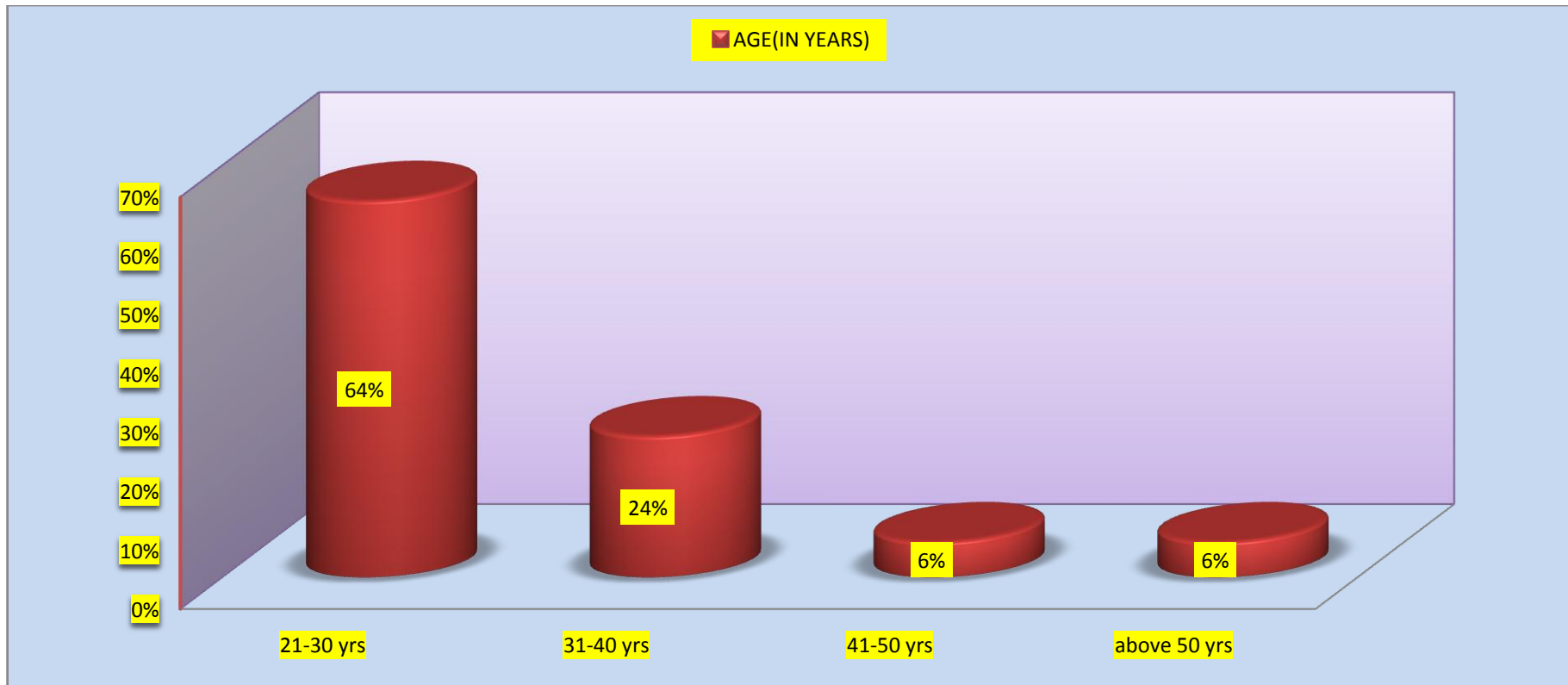
Regarding marital status, 25 (50%) subjects were married and 24 (48%) subject were married and 1(2%) was widow.

While considering clinical experience 42(84%) had 1-5 yrs of experience, while 2(4%) of them had 6-10 yrs of experience, 3(6%) had 11-15 yrs of experience and 3(6%) had above 15 yrs of experience.

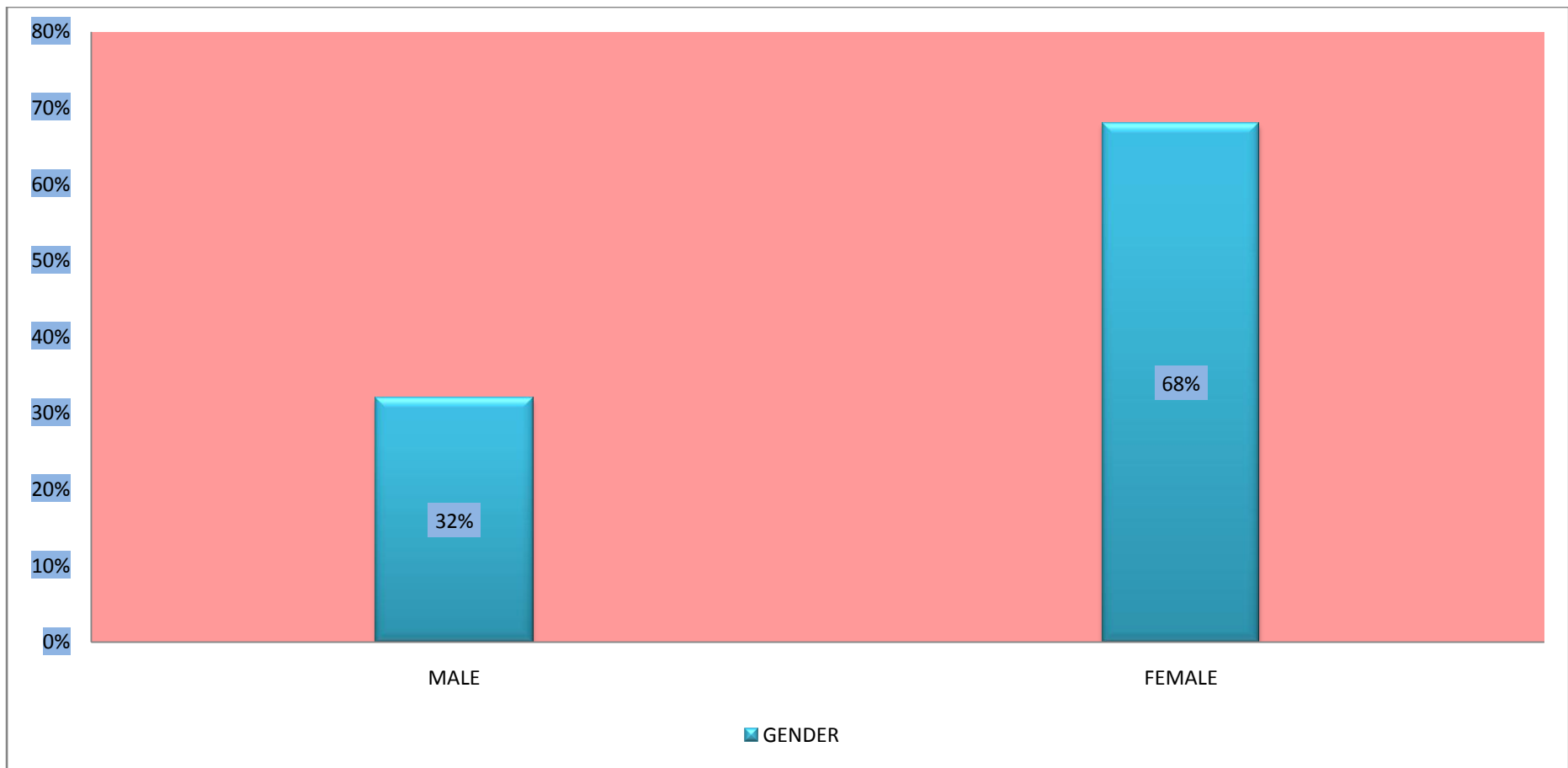
Considering the monthly income in rupees, majority 34 (68%) of subjects had 5000-10000 as their monthly income, 15 (30%) had 10001-15000 and 1 (2%) had 15001-20000 as monthly income and none of them had above 20000.

In relation to previous source of information majority of them 41(82%) had got during nursing course, 6(12%) had worked in psychiatric hospital and 3(6%) of them had attended in-service education.

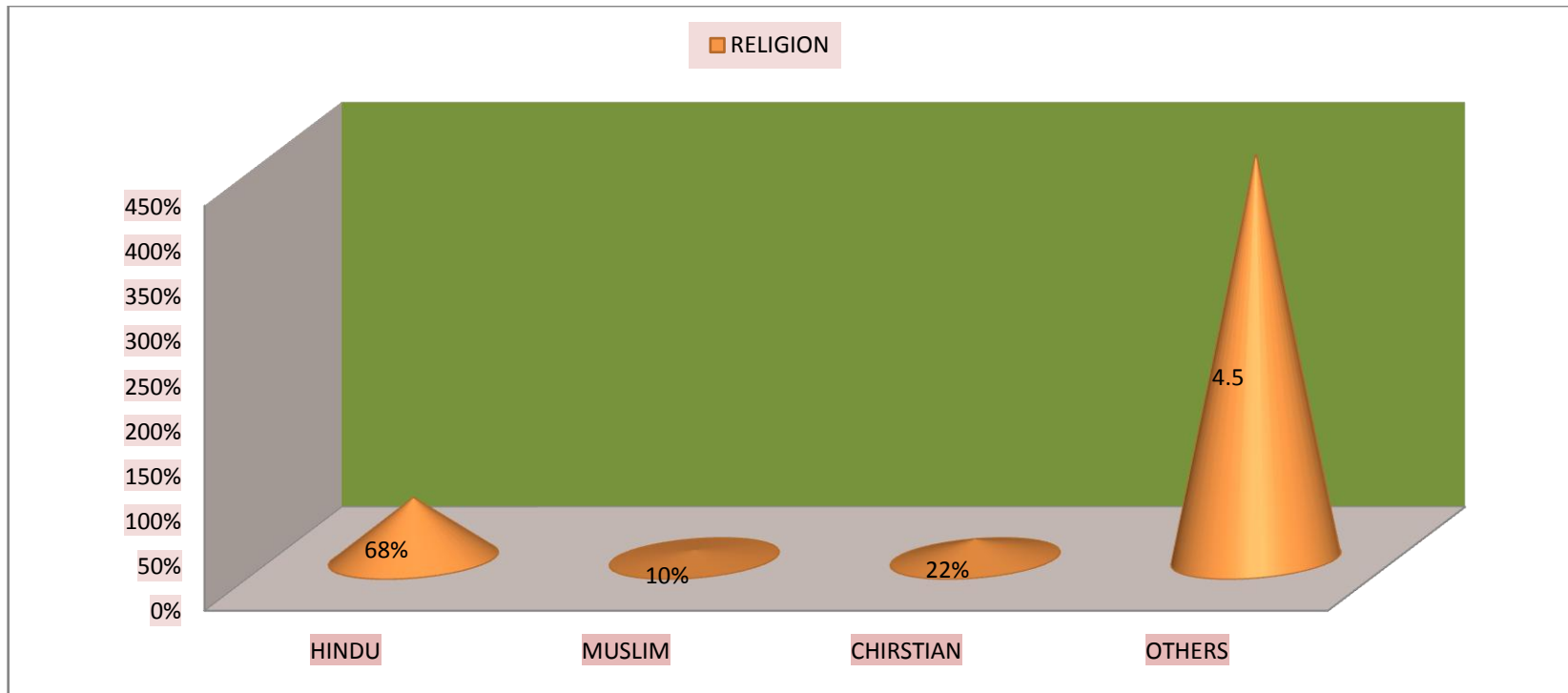




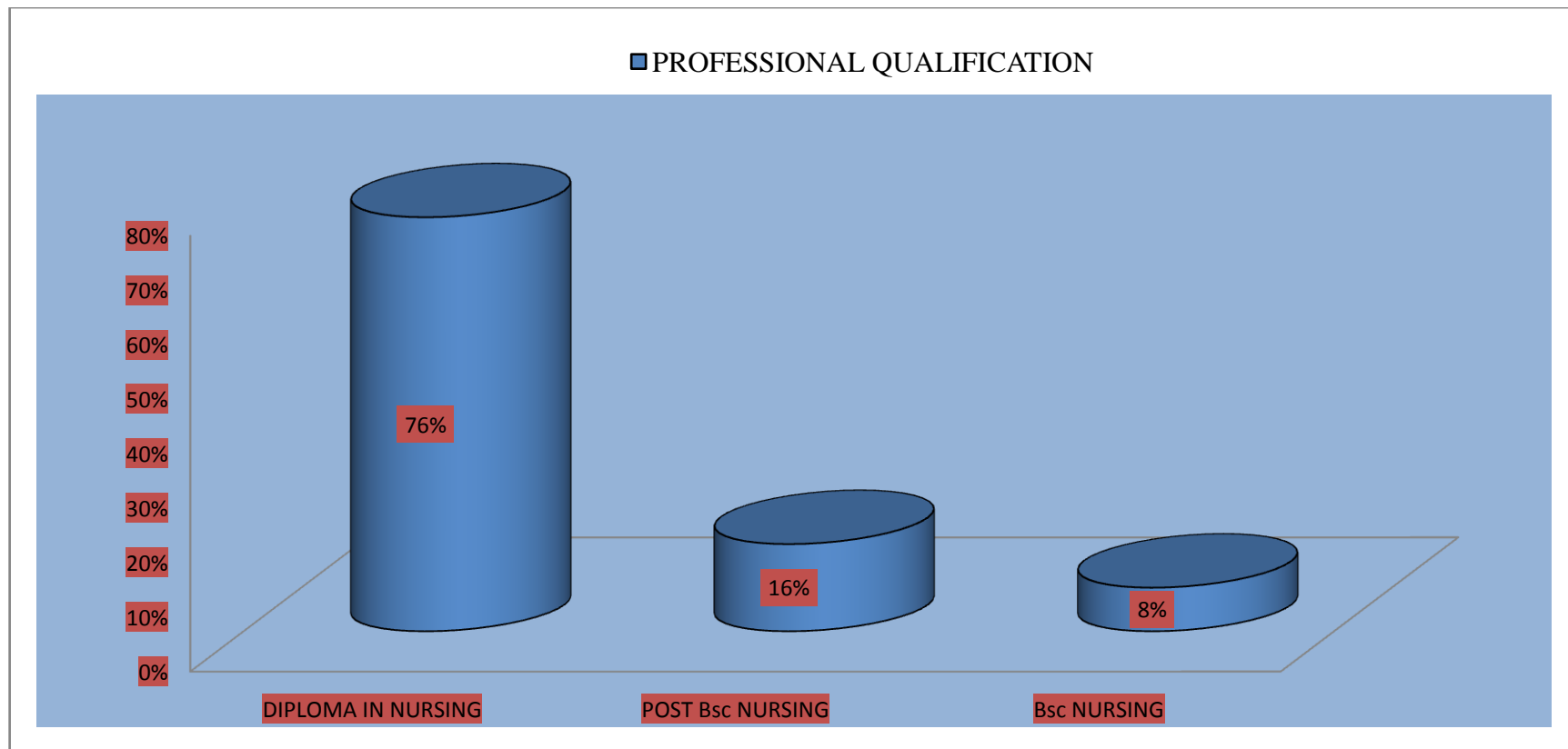
**Figure 4: Distribution of Demographic Variables According to The Age of The Staffs**



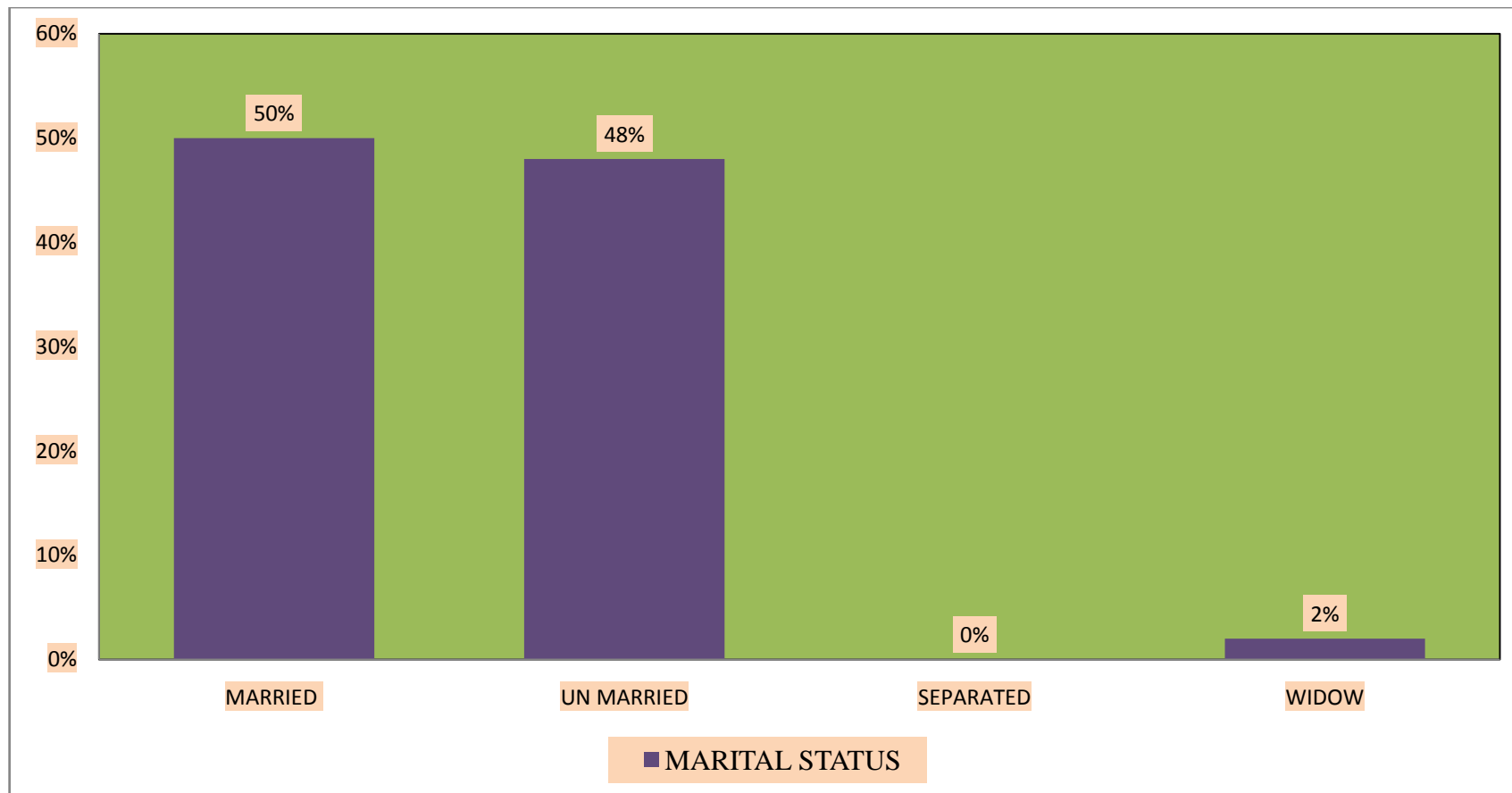
**Figure 5: Distribution of Demographic Variables According To The Gender of Clients staff nurses**



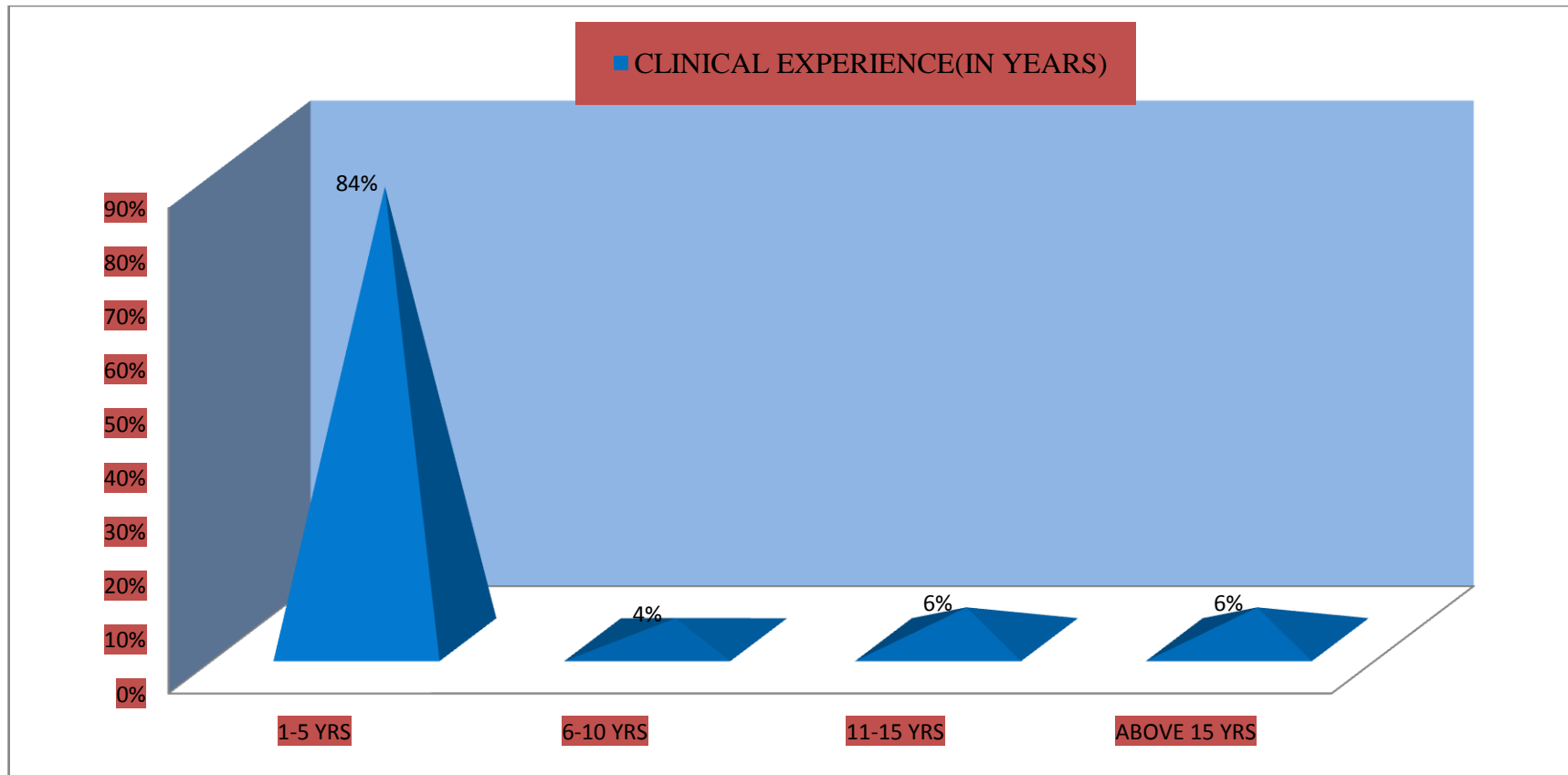
**Figure 6: Distribution of Demographic Variables According To The Religion of Staffs**



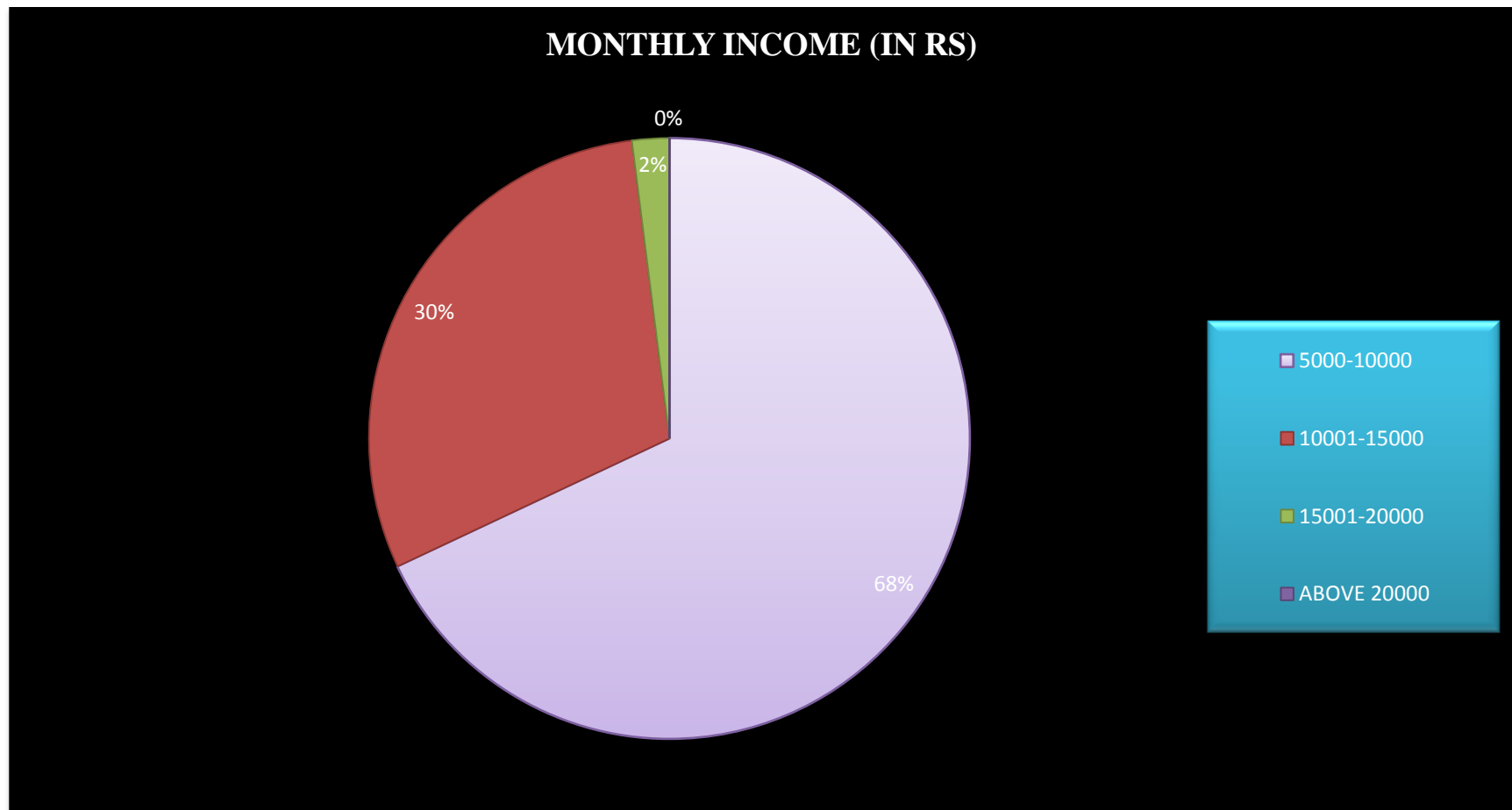
**Figure 7: Distribution Of Demographic Variables According To The Professional Qualification of the staffs**



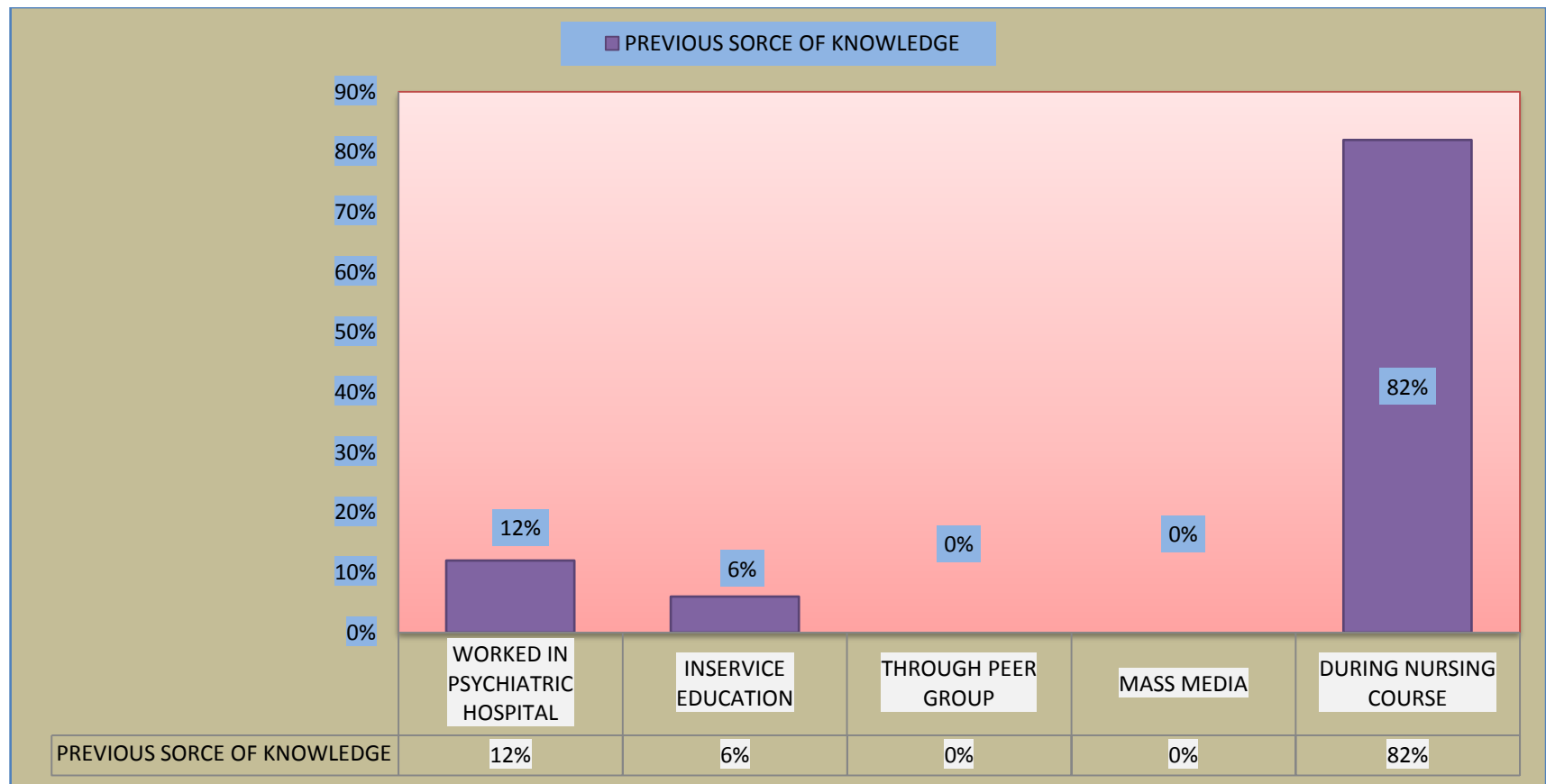
**Figure 7: Distribution of Demographic Variables According to the Marital Status of staff nurses**



**Figure 8 : Distribution of Demographic Variables According to The Clinical Experience of staffs**



**Figure 9: Distribution of Demographic Variables According to The Monthly Income of staffs**



**Figure 10: Distribution of Demographic Variables According to The Previous source of knowledge of staff nurses**



## SECTION-II

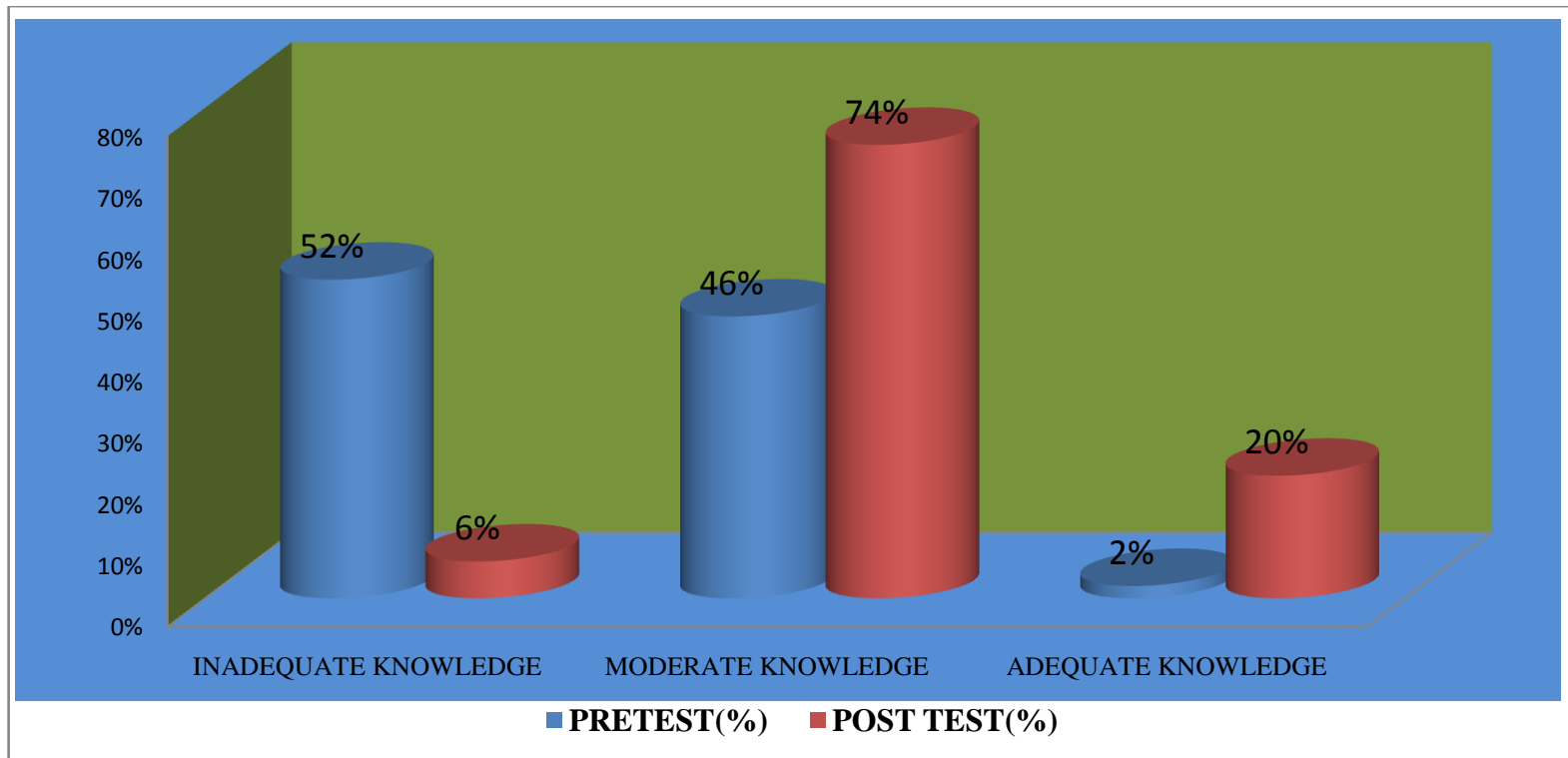
**Table 3: Distribution of level of knowledge among staff nurses about legal aspects in forensic psychiatry.**

S.NO	LEVEL OF KNOWLEDGE	PRE-TEST		POST-TEST	
		N	%	N	%
1	Inadequate Knowledge <50%	26	52	3	6
2	Moderate Knowledge 51-75%	23	46	37	74
3	Adequate Knowledge >75%	1	2	10	20

Table 3 shows that Distribution of level of knowledge before and after administration of structured teaching programme among staff nurses about legal aspects in forensic psychiatry.

During the pre test 26(52%) staff nurses had Inadequate Knowledge, 23(46%) of the staff nurses had Moderate Knowledge, and 1 (2%) had Adequate Knowledge regarding legal aspects of forensic psychiatry.

During the post test 3 (6%) staff nurses had Inadequate Knowledge, 37 (74%) of the staff nurses had Moderate Knowledge, and 10 (20%) had Adequate Knowledge regarding legal aspects of forensic psychiatry.



**Fig 11: Distribution of pretest and post test score to Assess The Knowledge Regarding Legal Aspects Of Forensic Psychiatry among staff nurses.**

### SECTION III:

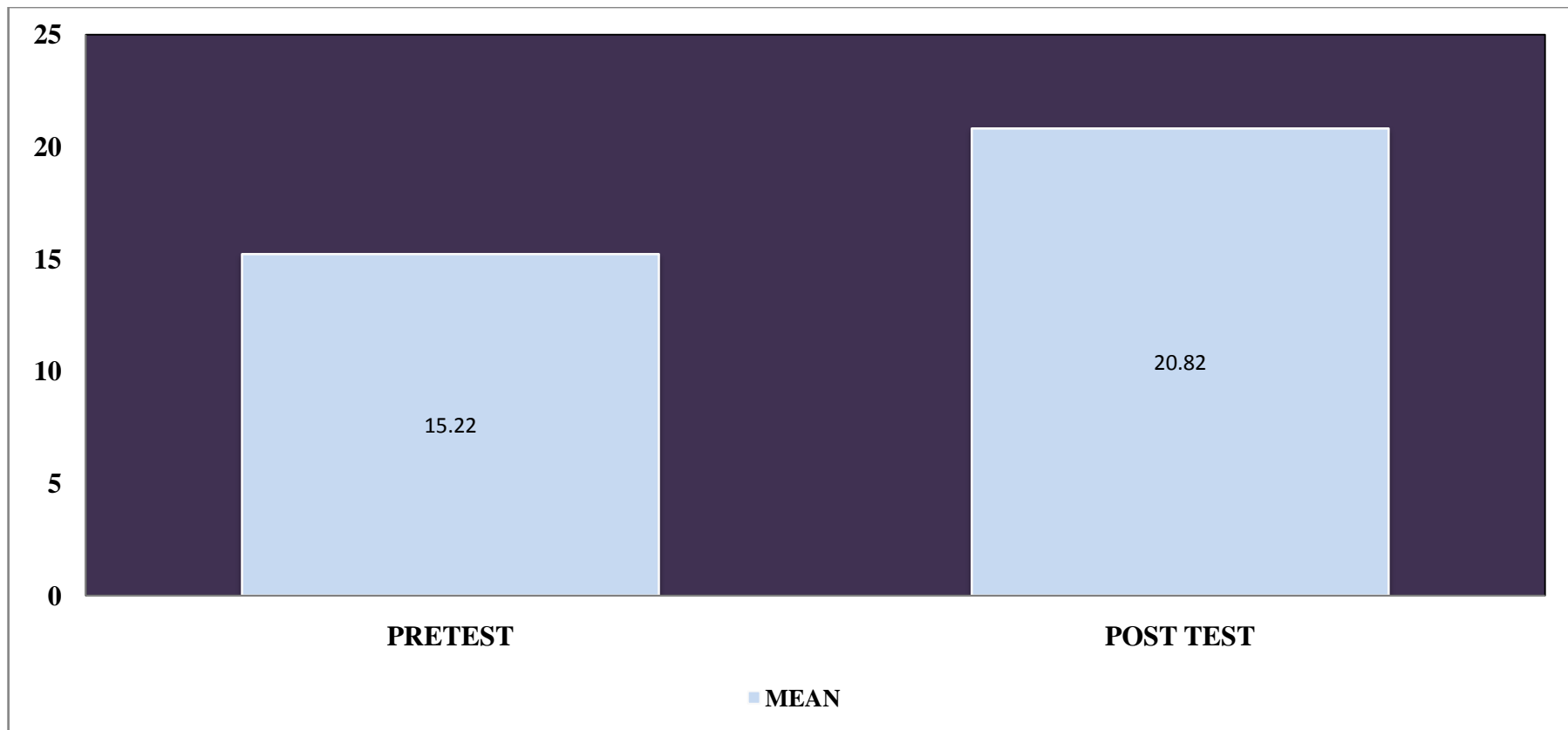
**Table 4 : Distribution of statistical value of pretest and post test knowledge level regarding legal aspects of forensic psychiatry.**

(n=50)

S.NO	KNOWLEDGE LEVEL	MEAN	SD	' t value'
1	Pre test	15.22	2.54	<b>11.61*</b>
2	Post test	20.82	2.28	

\*significant at 0.05 level

Table 4 shows that the mean pre test score of knowledge was 15.22, SD (2.54) and post test mean score of knowledge was 20.82, SD (2.28) for 49 degree of freedom at 0.05 level of significance the calculated 't' value was (11.61). Hence the calculated 't' value is more than table value(1.960). It reveals that there was significance difference in the pre test and post test level of knowledge regarding legal aspects of forensic psychiatry. Therefore the effectiveness of structured teaching programme on improving knowledge regarding legal aspects in forensic psychiatry is significantly proved.



**Fig 11: Association of post test knowledge regarding legal aspects in psychiatric care among staff nurses with selected demographic variables**

## SECTION IV

**Table 5 : Association Of Post Test Knowledge Regarding Legal Aspects In Forensic Psychiatry Among Staff Nurses With Selected Demographic Variables.**

DEMOGRAPHIC VARIABLES		ABOVE MEAN	BELOW MEAN	$\chi^2$
AGE	a) 21-30 yrs	19	13	3.23
	b) 31-40 yrs	7	5	
	c) 41-50 yrs	1	2	
	d) Above 50 yrs	3	0	
GENDER	a) Male	8	8	7.471
	b) Female	20	14	
RELIGION	a) Hindu	21	13	17.66
	b) Muslim	2	3	
	c) Christian	7	4	
	d) Others	0	0	
PROFESSIONAL QUALIFICATION	a) Diploma in nursing	20	18	6.107
	b) Post B.Sc. nursing	7	1	
	c) B.Sc. nursing	2	2	
MARITAL STATUS	a) Married	14	11	4.529
	b) un Married	15	9	
	c) separated	0	0	
	d) widow	1	0	
CLINICAL EXPERIENCE	a) 1- 5 years	24	18	2.393
	b) 6- 10 years	2	0	
	c) 11-15 years	1	2	
	d) Above 15 years	3	0	
MONTHLY INCOME (RS)	a) 1- 5 years	22	12	2.756
	b) 6- 10 years	7	8	
	c) 11-15 years	1	0	
	d) Above 15 years	0	0	
PREVIOUS SOURCE OF KNOWLEDGE	a) Worked in psychiatry hospital	4	2	9.736
	b) In service education	3	0	
	c) Through peer group	0	0	
	d) Mass media	0	0	
	e) During nursing course	23	18	

\* significant

# **DISCUSSION**

## CHAPTER –V

### RESULTS AND DISCUSSION

This is pre-experimental study intended to evaluate the effectiveness of structured teaching programme regarding legal aspects in forensic psychiatry among staff nurses at selected hospitals, Coimbatore.

The findings of the study have been discussed with the reference to the objectives.

#### **The First Objective of the Study to Assess the Level Knowledge Regarding Legal Aspects In Forensic Psychiatry Among Staff Nurses**

Structured questionnaire method was used to assess the pretest score of knowledge regarding legal aspects in forensic psychiatry among staff nurses. During pretest most of the staff nurses had 26 (52%) demonstrated inadequate knowledge, some of the staff nurses had moderate knowledge 23 (46%) and 1(2%) had adequate knowledge.

The finding of the study was supported by an explorative Survey conducted among 30 nurses working in selected ayurveda medical college and Hospital, Bangalore to assess the knowledge regarding Forensic Psychiatry. The study revealed that majority of participants i.e., 25(83.3%) were not aware of Forensic Psychiatry only 2(6.7%) of them are having highly adequate knowledge. An awareness programme was conducted to improve the existing level of knowledge

#### **The Second Objective of the Study to administer structured teaching programme regarding the legal aspects in forensic psychiatry among staff nurses.**

The structured teaching programme was given to the staff nurses of PSG Hospital and Naveen Hospital, Coimbatore. The teaching was given through power point presentation it included the definition, law (criminal and civil law ), mental health act and rights of mentally ill patients.

The teaching duration was about 45 minutes. It was found to be effective as they were communicating and clarifying their doubts related to legal aspects of forensic psychiatry.

The finding of the study was supported by a true experimental study was to assess the knowledge on legal implications and attitude towards duty and legal responsibility of 60 staff nurses working in psychiatric wards in NIMHANS, Bangalore. The study finding revealed that the experimental groups gain on the knowledge on legal implications and attitude towards duty and legal liability was statistically significant at  $p < 0.001$ . and the researcher concluded stating that Structured Teaching Program was useful in increasing knowledge of staff nurse on legal implications and attitude towards duty and legal liability.

### **The Third Objective of the Study to Evaluate The Effectiveness of Structured Teaching Programme on Level of Knowledge Regarding Legal Aspects In Forensic Psychiatry Among Staff Nurses.**

The obtained 't' value for the knowledge was 11.61 at 49 degree freedom significant at 0.05 level. The mean score of post test knowledge was higher than pre test knowledge. Hence the knowledge regarding legal aspects of forensic psychiatry among staff nurses by providing structured teaching programme is improved.

The finding of the study was supported by a study conducted on "Expanding roles within mental health legislation: an opportunity for professional growth or a missed opportunity for professional growth or a missed opportunity?" in school of nursing, Dundee, UK. The main aims were to highlight both the necessity, and the way forward for mental health nursing to integrate proposed legislative roles into practice. Result in this study revealed that need multidisciplinary training for new and demanding roles of psychiatric nurses and this framework explores the issues of power, ethics, legislative thematic and application to contemporary service structures.



#### **The Fourth Objective of the Study to Find out the Association Between Selected Demographic Variables with the Post Test Knowledge Score of Staff Nurses .**

The demographic variables such as age, gender, religion, professional qualification, marital status, clinical experience, monthly income, previous source of knowledge, by using  $\chi^2$  test. It reveals that there is a significant association between post test knowledge with age, professional qualification, marital status, clinical experience, monthly income, previous source of knowledge.

The finding of the study was supported by a descriptive study conducted to assess the awareness regarding legal aspects of forensic psychiatry and care among staff nurses at selected hospitals in north India in the year 2009. A total of 52 nurses working in psychiatric units/ hospitals selected by purposive sampling. An interview schedule was prepared for data collection. Results of the study revealed that the mean and standard deviation score of subjects regarding the human rights of mentally ill was  $21.34 \pm 04.07$  with mean percentage 71.13%. The maximum number of subjects had good (61.54%) and average (36.46%) level of awareness. The relationship between awareness of subjects regarding human rights of mentally ill and selected socio-demographic characteristics was found statistically significant.

# **SUMMARY AND CONCLUSION**

## **CHAPTER-VI**

### **SUMMARY, CONCLUSION, NURSING IMPLICATION, LIMITATION AND RECOMMENDATION**

#### **SUMMARY**

The researcher explained the purpose of the study in compassionate manner and informed consent was taken from the staff nurses 50 samples.

#### **THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY**

1. To assess the level knowledge regarding legal aspects in forensic psychiatry among staff nurses.
2. To administer structured teaching programme regarding the legal aspects in forensic psychiatry among staff nurses.
3. To evaluate the effectiveness of structured teaching programme on level of knowledge regarding legal aspects in forensic psychiatry among staff nurses.
4. To find out the association between selected demographic variables with the post test knowledge score of staff nurses.

#### **MAJOR FINDINGS OF THE STUDY ARE AS FOLLOWS**

The pre -test mean score of knowledge level was 15.22.

The post-test mean score of knowledge level was 20.82

The calculated 't' value for knowledge score was 11.61 at 49 degrees of freedom and 0.05 level of significant with table value of 1.960 .

There was a significant association between post test knowledge with age, professional qualification, marital status, clinical experience, monthly income, previous source of knowledge.

## **CONCLUSION**

Knowledge of the legal boundaries governing forensic psychiatry is necessary to protect the public, the patient and the nurse. The practice of forensic psychiatry is influenced by law, particularly in its concern for the rights of patients and the quality of care they receive.

Hence nurse should be sufficiently aware of legal aspects of forensic psychiatry. This will help to protect the patient's right and avoid in giving poor advice or innocently involving herself in legal issues.

## **NURSING IMPLICATION**

The investigator has drawn the following implications from the studies which are of vital concern to the field of nursing practice, nursing education, nursing administration and nursing research.

## **NURSING PRACTICE**

Nurses are key persons of a health team, who play a major role in the health promotion and maintenance; it is a practicing profession, so that the researchers generally integrate findings into practice.

Nurses can conduct teaching session for staff nurses, which will help in improvement of knowledge of nurses.

Nursing personnel can offer opportunity to create awareness among staff nurses regarding legal aspects in forensic psychiatry through continuing education.

## **NURSING EDUCATION**

The present study emphasizes on enhancement regarding knowledge of staff nurses on legal aspects in forensic psychiatry.

The student nurses from school of nursing and college of nursing should be encouraged to attend specialized courses and seminars regarding legal aspects in forensic psychiatry.

Nursing schools, college, and teachers should come forward and encourage the students to provide the information on legal aspects in forensic psychiatry with the help of audio visual aids.

## **NURSING ADMINISTRATION**

- Nursing leaders should enhance nursing services through reinforcement of teaching through the readymade video package.
- Teaching program can be given to staff nurses using various channels of communication regarding legal aspects in forensic psychiatry.

## **NURSING RESEARCH**

Nursing research can be focused on selected legal aspects in forensic psychiatry, which could help to improve nurse's autonomous decisions and collaborate with the medical team to ensure continuing care towards more successful management.

This study will serve as a valuable reference material for future investigators.

## **LIMITATIONS**

1. In the initial period of data collection nurses expressed hesitation as there is a lack of continuity in education and due to work load.
2. The information collected from the staff nurses was based on written responses only.

## **RECOMMENDATIONS**

- A Similar study can be undertaken by utilizing other domain like attitude and practice.
- A similar study can be undertaken on large scale.
- An explorative study may be conducted to identify the awareness, knowledge, and practice of health personnel regarding legal aspects in forensic psychiatry.
- A similar study can be undertaken using different teaching methods.
- A similar study can be replicated with a control group.

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# **APPENDICES**



# PPG COLLEGE OF NURSING

(A Unit of P. Perichi Gounder Memorial Charitable Trust)  
An ISO 9001 : 2015 Certified Institution

Affiliated to the Tamilnadu Dr. MGR Medical University, Chennai.

Recognised by Indian Nursing Council, New Delhi. (Cr. No. : 18-1183/2000 - INC. Resl. No. : 172) and  
Tamilnadu Nursing Council, Chennai.



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## REQUISITION LETTER FORM

### FROM

P.Punithavalli,

II-year M.sc nursing,

PPG college of nursing,

Coimbatore-35

### TO

**Through: Principal , PPG college of nursing,**

Respected Sir / Madam.

**Sub:Requisition for expert opinion and suggestion for content validity of the tool.**

I am student of II-year M.sc nursing, PPG college of nursing,affiliated to the Tamilnadu  
Dr.M.G.R Medical university ,Chennai .As a partial fulfilment of M.sc nursing programme.

I am conducting

**“EFFECTIVENESS OF SELF-INSTRUCTIONALMODULE ON KNOWLEDGE  
REGARDING LEGAL ASPECTS IN FORENSIC PSYCHIATRY AMONG STAFF NURSES  
WORKING IN SELECTED HOSPITALS AT COIMBATORE”.**

Herewith I have enclosed the developed tool for content validityfor your expert opinion and  
possible suggestion. I will be very kind of you to return the same to the undersigned at the  
earliest possible.

Thanking you

Yours Truly,

Date:

Place

**PERMISSION LETTER**

**TO**

THE NURSING SUPERINTENDENT

NAVEEN MENTAL HEALTH HOSPITALS,

Thudiyalur,

Coimbatore- 28

**THROUGH:**

The Principal ,

PPG college of nursing,

COIMBATORE -35

Respected Sir / Madam.

**Sub: SEEKING PERMISSION FOR CONDUCTING RESEARCH STUDY.**

I am student of II-year M.sc nursing, PPG college of nursing,affiliated to the Tamilnadu

Dr.M.G.R Medical university ,Chennai .i have taken the specialization in psychiatric nursing.

**TOPIC “EFFECTIVENESS OF SELF-INSTRUCTIONALMODULE ON  
KNOWLEDGE REGARDING LEGAL ASPECTS IN FORENSIC PSYCHIATRY  
AMONG STAFF NURSES WORKING IN SELECTED HOSPITALS AT  
COIMBATORE”.**

I request you to kindly permit me to conduct my study in hospital. Hope you will consider my requisition and do the needful.

Thanking you

Yours truly,

Date:

Place:



  
**PRINCIPAL**  
**PPG COLLEGE OF NURSING**  
9 / 1, Keeranatham Road  
Saravanampatty  
Coimbatore - 641 035

# PPG COLLEGE OF NURSING

TO

THE NURSING SUPERINTENDENT  
PSG Hospitals,  
Avinashi road, Masakalipalayam,  
Peelamedu, Coimbatore-04.

THROUGH

The Principal  
Ppg College Of Nursing  
Coimbatore-35.

Respected Sir /Madam.

**Sub: seeking permission for conducting research study .**

I am student of M.sc nursing, PPG college of nursing. Our college is affiliated to the Tamil Nadu Dr.M.G.R Medical university Chennai. I have taken the specialization in psychiatric nursing.

**TOPIC: A STUDY TO ASSESS THE EFFECTIVENESS OF SELF-INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING LEGAL ASPECTS IN FORENSIC PSYCHIATRY AMONG STAFF NURSES WORKING AT SELECTED HOSPITALS, COIMBATORE."**

I request you to kindly permit me to conduct my study in hospital. hope you will consider my requisition and do the needful.

Thanking you

Yours sincerely,

Date:

Place: Coimbatore

*forwarded .*  
*[Signature]*

PPG COLLEGE OF NURSING  
9 / 1, Keeranatham Road  
Saravanampatty  
Coimbatore - 641 035



### CERTIFICATE FOR ENGLISH EDITING

This is to certify that the study conducted by Mrs.D.Shanthakumari M.Sc Nursing II year Student, PPG college of nursing, Coimbatore -35 on the topic of "A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG MOTHERS OF AUTISTIC CHILDREN IN A VIEW TO DEVELOP AN INFORMATION BOOKLET" Has been edited by me for English language appropriateness.



SIGNATURE

Mrs. R. GOMATHI LATHA, M.A., M.Ed., M.A.,  
Asst. Professor in English  
P.P.G COLLEGE OF EDUCATION  
Saravanampatti, Coimbatore-6410

NAME : R. GOMATHI LATHA. M.A. M.Ed., M.A. M.Phil.  
INSTITUTION : PPG COLLEGE OF EDUCATION  
PLACE : COIMBATORE

## **CERTIFICATE FOR CONTENT VALIDITY**

This is to certify that the tool constructed by Ms.Punithavalli. PM.Sc., Nursing II year Student, PPG college of nursing, which is to be used in her study titled **“EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING LEGAL ASPECTS OF FORENSIC PSYCHIATRY AMONG STAFF NURSES WORKING IN SELECTED HOSPITALS AT COIMBATORE”** has been validated by the under designed .The suggestion and modification given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

**SIGNATURE WITH SEAL**

NAME :

DESIGNATION :

COLLEGE :

PLACE :

DATE :

## **LIST OF EXPERTS**

### **Dr.C.R.Rajendran M.B.B.S., D.P.M.**

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### **Mrs. Tamil selvi, MSc (N)**

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### **Dr.M.Baskaran MSc (N), Phd**

Associate professor,  
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Coimbatore

### **Mrs.Saranya.N , MSc (N)**

Associate professor,  
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Coimbatore.

### **Dr.N.Anandan.Ph.D**

M.SC (Psy).,MBA,M.A(SOCIO),DECE  
Associate professor,  
PPG college of nursing  
Coimbatore





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CHAPTER-I INTRODUCTION Psychiatric nursing is the science and art of providing protective, therapeutic, supportive, physical and social care to the people too ill to be completely responsible for management for their own behavior. For clients in mental hospitals and other institutional settings, the psychiatric nurse is the primary health care provider and is in fact, a primary mental health care nurse. Nursing is an emerging profession.

The professional nurses demonstrate unique skills, critical thinking and systematically inquiry and uses discretion and judgment in practice. Psychiatric nurses provide a variety of services to mental health patients. Because of this, psychiatric nurses can face a number of legal concerns as well. To make sure they're legally protected, it is important for psychiatric nurses to stay up-to-date on the aspects their field.

There is a relationship between the concept of mental illness, the treatment of the particular patient. Nurses must focus on concern on the rights of patients and the quality of care they receive. With the increasing awareness of rights in our democratic set-up, a mental health nurses should know the basic legal aspects of forensic psychiatry while working in a mental health institution. Legislation is an important mechanism to ensure appropriate, adequate, timely and humane health care services.

In a country like India, mental health care is not perceived as an important aspect of public health care. Hence, it will play a very important role in and know the rights of the mentally ill. The main aim of the legislation is to protect, promote, alleviate and improve the lives and mental well-being of patient .

The main objectives of this legislation is no more differences .the words play a important

# STRUCTURED KNOWLEDGE QUESTIONNAIRE

## SECTION- A

### Demographic Proforma

**Instructions to the staff nurses:**

**Please complete the following by placing the right option**

1. Age in year

- a) 21-30
- b) 31-40
- c) 41-50
- d) Above 50 ()

2. Gender

- a) Male
- b) Female ()

3. Religion

- a) Hindu
- b) Muslim
- c) Christian
- d) Others ()

4. Professional Qualification

- a) Diploma in Nursing
- b) Post Basic B.sc Nursing
- c) B.sc Nursing ()

5.Marital status

- a) Married
- b) Unmarried
- c) Separated
- d) Widow ()

6.Clinical Experience in years

- a) 1-5
- b) 6-10
- c) 11-15
- d) Above 15 ()

7.Monthly Income (in Rupees)

- a) 5,000 - 10,000
- b) 10,001 - 15,000
- c) 15,001 - 20,000
- d) Above 20,000 ()

8.Previous source of Knowledge

- a) Worked in psychiatric hospital
- b) In- service education
- c) Through peer group
- d) Mass media
- e) During nursing course. ()

## SECTION-B

### STRUCTURED QUESTIONNAIRE TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING LEGAL ASPECTS IN PSYCHIATRIC CARE AMONG STAFF NURSES.

#### Instruction to the staff nurses:

- 1) Forensic psychiatry means knowledge of
  - a) Science and psychiatry
  - b) Arts and psychiatry
  - c) Law and psychiatry
  - d) Nursing and psychiatry. [ ]
  
- 2) Criminal responsibility known as
  - a) Indian Mental Health Act
  - b) Mc Naughten's rules.
  - c) Indian Lunacy Act
  - d) Narcotic Drugs and Psychoactive Substance Act. [ ]
  
- 3) Civil law is
  - a) Concerned with relationship between individuals.
  - b) Concerned with relationship between individual and society
  - c) Concerned with laws of medical disorders patients.
  - d) Concerned with laws of women protection. [ ]

- 4) Mc Naughten's means
- a) Right to vote for mentally ill person
  - b) No punishment by law for activity of unsound mind person.
  - c) Punishment by law for activity of unsound mind person.
  - d) Right to testamentary capacity. [ ]

- 5) Durham's rule is also known as
- a) Admission Rule
  - b) Product Rule
  - c) Mc Naughten's Rule
  - d) Irresistible Impulsive Test. [ ]

- 6) According to Hindu Marriage Act, divorce can be filed when lunacy continues for a minimum period of
- a) 2 years
  - b) 3 years
  - c) 4 years
  - d) 5 years [ ]

- 7) Civil law for mentally ill persons include
- a) Indian Evidence Act
  - b) Hindu Adoptions and Marriage Act
  - c) Hindu Marriage Act
  - d) All the above. [ ]

8) Condition for Adoption in Civil law among mentally ill person is

- a) Unsound mind and not minor
- b) Sound mind and minor.
- c) Sound mind and not minor.
- d) Unsound mind and minor.

[ ]

9) A Lunatic is not competent to give witness under the law

- a) Indian Evidence Act
- b) McNaughten's rule
- c) Transfer of property Act
- d) Hindu Adoption Act.

[ ]

10) Under the Constitution of India no person is declared to vote

- a) Unsound mind individual
- b) Sound mind individual
- c) Physically ill individual
- d) Major individual.

[ ]

11) Indian Lunacy Act contains

- a) 4 chapters
- b) 5 chapters
- c) 8 chapters
- d) 10 chapters.

[ ]

13) Mental Health bill became an Act on

- a) 21<sup>st</sup> May 1912
- b) 23<sup>rd</sup> September 1985
- c) 22<sup>nd</sup> May 1987
- d) 24<sup>th</sup> April 1989.

[ ]

14) The objective of Mental Health Act is

- a) To protect society from mentally ill.
- b) To regulate admissions into psychiatric hospitals
- c) To provide legal aid to mentally ill
- d) All the above

[ ]

15) As per the Mentally Health Act Mentally ill person means

- a) Need of treatment by reason of metal disorder and mental retardation.
- b) Need of treatment by reason of mental disorder other than mental disorder
- c) Need for treatment by any reason of physical disorder
- d) Need for treatment for mental retardation.

[ ]

16) Reception order is order made under the provision for

- a) Discharge of mentally ill person
- b) Admission and detention of mentally ill person.
- c) Parole
- d) Readmission.

[ ]

17) Mentally ill persons called as

- a) Lunatic
- b) Asylum
- c) Criminals
- d) Unsound mind person [ ]

18) Lunatic asylum means

- a) Mentally ill person
- b) Mentally ill prisoner
- c) Psychiatric hospital
- d) Psychiatrist [ ]

19) The psychiatric hospitals/ nursing homes valid license has to be renewed once in

- a) 5 years
- b) 6 years
- c) 8 years
- d) 10 years. [ ]

20) Voluntary based admission means

- a) By relatives
- b) By major person himself
- c) By police
- d) By public [ ]



21) Admission under reception order can be

- a) On production before police
- b) On production before psychiatrist
- c) On production before Magistrate.
- d) On Production before Medical Officer in-charge. [ ]

22) Discharge of patient on voluntary basis requires recommendation from

- a) 2 Medical Practitioners
- b) Medical Officer in charge
- c) 1 Psychiatrist
- d) Psychiatric Nurse. [ ]

23) Report of mentally ill prisoner has to be sent once in

- a) 1 month
- b) 3 months
- c) 4 months
- d) 6 months. [ ]

24) Leave of absence granted for maximum period of

- a) 30 days
- b) 60 days
- c) 70 days
- d) 90 days. [ ]

- 25) Rights of the mentally ill are
- a) To wear their own cloths
  - b) To keep and use their personal possessions
  - c) To executive wills
  - d) All the above. [ ]
- 26) Narcotic Drugs and Psychotropic Substances Act was enforced in the year
- a) 1980
  - b) 1985
  - c) 1990
  - d) 1995. [ ]
- 27) First act for drug abuse and dependence in India was
- a) Opium
  - b) Alcohol
  - c) Cannabis
  - d) Psychotropic substances [ ]
- 28) The punishment for repeated offense for possessing drugs may extend from
- a) 1-5 years.
  - b) 10-12 years
  - c) 15- 30 years
  - d) 31-35 years. [ ]

29) The main use of legal aspects in psychiatric care is

a) Protect the patient

b) Protect public

c) Protect relatives

d) Protect patient and others.

[ ]

30) Important role of nurse in legal psychiatry is to be aware of

a) Indian Mental Health ACT

b) Continuing education

c) Rights of mentally ill

d) All the above. .

[ ]

## SCORING KEY

S.NO	ANSWER	SCORING
1.	c	1
2.	b	1
3.	a	1
4.	b	1
5.	b	1
6.	a	1
7.	d	1
8.	c	1
9.	a	1
10.	a	1
11.	c	1
12.	a	1
13.	c	1
14.	d	1
15.	b	1
16.	b	1
17.	a	1
18.	c	1
19.	a	1
20.	b	1
21.	c	1
22.	a	1
23.	d	1
24.	b	1
25.	d	1
26.	b	1
27.	a	1
28.	c	1
29.	d	1
30.	d	1

**LESSON PLAN**

**ON**

**FORENSIC PSYCHIATRY**

**Topic** : Forensic Psychiatry

**Group** : Staff Nurses

**Place** : PSG Hospital and Naveen Hospital, Coimbatore

**Duration** : 45 minutes

**Method Of Teaching** : Lecture Cum Discussion

**Teaching aids** : Power Point Presentation

## **CENTRAL OBJECTIVE:**

At The End of this Session Staff Nurses Will Have Knowledge Regarding Legal Aspects of Forensic Psychiatry  
And Gain A Positive Attitude Towards Legal Aspects Of Forensic Psychiatry.

## **SPECIFIC OBJECTIVE:**

1. define Forensic Psychiatry
2. describe law
3. list out the types of law in forensic psychiatry
4. enumerate criminal law
5. explain civil law
6. detail about admission and discharge procedure
7. explain narcotic drugs and psychotropic substances act (ndpsa)

S. NO	TIME	SPECIFIC OBJECTIVIES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
1.			<p style="text-align: center;"><b>FORENSIC PSYCHIATRY</b></p> <p><b>INTRODUCTION:</b></p> <p>Legal aspects in forensic psychiatry combines elements of law enforcement with health care. Nurses are recognition in the court system as reliable sources of evidence. Nurses observe law that is composite of the rules, regulations, morals and norms by which patients are governed. The legal serves many valuable functions by admission and discharge procedures of patients in psychiatric setup. For this reasons, nurses should have an understanding of the basic legal concepts as they relate to nursing practice. These concepts coupled with good judgment and sound decision making ensures safe and appropriate nursing care.</p>	<p style="text-align: center;">E X P L A I N I N G</p>	<p style="text-align: center;">L I S T E N I N G</p>	LCD	



2.	5 min	Define Forensic Psychiatry	<p><b>DEFINITION</b></p> <p>It is a subspecialty of psychiatry which usually deals with the application of psychiatric knowledge to legal issues (i.e. psychiatry in law) and sometimes the application of legal knowledge to psychiatric issues (i.e. law in psychiatry). In short it is an interface between law and psychiatry.</p> <p><b>LAW</b></p> <p>The term law is derived from its tentoric root “lag” which means something which lies fixed or events. Law means a body of rules to guide human action. The law constitutes body of principles recognized or enforced by public and regular tribunals have the administration of justice.</p>	E X P L A I N I N G	L I S T E N I N G	LCD	What is meant Forensic Psychiatry
3.	5 min	Describe law	<p><b>LAW</b></p> <p>The term law is derived from its tentoric root “lag” which means something which lies fixed or events. Law means a body of rules to guide human action. The law constitutes body of principles recognized or enforced by public and regular tribunals have the administration of justice.</p>	E X P L A I N I N G	L I S T E N I N G	LCD	Define law

4.	2 min	List out the types of law in forensic psychiatry	<p>The laws can be broadly divided into two branches:</p> <ul style="list-style-type: none"> <li>➤ <b>Criminal law</b></li> <li>➤ <b>Civil law</b></li> </ul>	E  X  P  L  A  I  N  I  N  G	L  I  S  T  E  N  I  N  G	LCD	Explain the types of law in forensic psychiatry
5.	8 mins	Enumerate criminal law	<p><b>CRIMINAL LAW</b></p> <p>Criminal law is concerned with relationship between individuals and society as a whole when actions threaten the people and safety of members in society, violet behavior of person due to mentally illness.</p>				Describe criminal law

			<p>Criminal responsibility (1843) known as Mc.Naughten’s Rules all over the world. In India, section 84 of the Penal Code (Act 45 of 1860) states that “nothing is an offense, which is done by a person, who at time, is capable of knowing the nature of the act or that he is doing what is either wrong or contrary to law”.</p> <p>Criteria used to determine criminal responsibility</p> <ol style="list-style-type: none"> <li>1. M’Naughten’s rule.</li> <li>2. The irresistible impulse test</li> <li>3. The Durham test/Product rule</li> <li>4. American law institute.</li> </ol> <p><b>The Irresistible Impulse Act</b></p> <p>According to this rule, a person may have no known an act was illegal but as a result of mental impairment lost control of their actions.</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
--	--	--	---	--	--	------------	--

			<p><b>Durham's Rule/Product Rule</b></p> <p>As accused is not criminally responsible may have known an act was the product of mental disease/defect. In this, the causal connection between the mental abnormality and the alleged crime should be established.</p> <p><b>American Law Institute (ALI) Test</b></p> <p>A person is not responsible for criminal conduct at the time of such conduct, as a result of mental disease or defect he lacks adequate capacity either to appreciate the criminality of his conduct or to conform his conduct to the requirements of the law. The ALI test is similar to the combination the M'Naughten rule and irresistible impulse test. This rule excludes psychopaths</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
--	--	--	--	--	--	------------	--

6.	10 mins	Explain civil law	<p><b>CIVIL LAW</b></p> <p>Civil laws are concerned with relationship between individuals. These laws protect the rights of the persons within our society and encourage fair and equitable treatment among people.</p> <p>This include</p> <p><b>i) The Hindu Marriage Act (Act 25 of 1955)</b></p> <p>As per the Hindu Marriage Act (1955), marriage between ant two individuals one of whom was of unsound mind at the time of marriage is considered null and void in the eyes of law. Unsoundness of mind for a continuous period of can be sighted for divorce. The other party can file for divorce when lunacy continues for a period of more than 2 years of marriage. However if divorced is filed after a 3 year period, divorce is granted with a pre-condition that the party has to pay maintenance charges for the mentally ill person.</p>	E X P L A I N I N G	L I S T E N I N G	LCD	Describe civil law
----	---------	-------------------	--	--	---	-----	--------------------

			<p><b>ii) Adoption</b></p> <p>Under the Hindu Adoptions and Marriage Act (Act 78 of 1956), any Hindu male who is of sound mind and is not a minor can adopt a child, with the consent of his wife unless ” she has been declared by a court to be of unsound mind.(section7).</p> <p>Similarly, any Hindu female “who is of sound mind” is not a minor, and is not married can adopt a child. If she is married,” then her husband is dead, or has renounced the world or has been declared by court of unsound mind (section 8).</p> <p>In addition, the person capable of giving in adoption of a child should be of sound mind.</p> <p><b>iii) Witness</b></p> <p>Under the Indian Evidence Act, a lunatic is not competent to give evidence if he is prevented by virtue of his ‘lunacy’ from understanding the questions put to him and giving rational answers to them (section 118).</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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		<p><b>iv) Vote</b></p> <p>Under act 326 of Constitution of India, no person declared to be of unsound mind can vote.</p> <p><b>v) Testamentary Capacity</b></p> <p>A will is invalid under the following conditions:</p> <p>Imbecility arising from advanced age or by excessive drinking.</p> <p>Insane delusions making the testator incapable of rational views and judgment.</p> <p><b>vi) Transfer of property</b></p> <p>Under Transfer of Property Act 1882, only persons component to contract, are authorized to transfer property.</p> <p><b>vii) Contract</b></p> <p>Under the Indian Act 1872, every person to be component to contract must be a major and of sound mind.</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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7.	10 min	Describe Indian Lunacy Act and Indian mental health act	<p><b>Indian Lunacy Act (1912)</b></p> <p>It is derived from English Lunacy Act, 1890 and it has 8 chapters. Act of Indian Lunacy Act (ILA), 1912 replaced Act OF 36 of The Indian Lunatic Asylums ACT, 1858. It was enacted to govern reception, detention and care of lunatics and their property and to consolidate and amend the laws relating to lunacy. The act was divide in 4 parts and 8 chapters consisting of 100 sections.</p> <p>The enactment of ILA of 1912 was followed by opening of many new asylums, an improvement in the general conditions of asylums, and an increase in awareness regarding the prevailing situation of lunatics in such asylums.</p> <p><b>Chapter I</b> contains some preliminary information and definitions.</p> <p><b>Chapter II</b> contains mainly the procedure to be followed to admit a psychiatric patient into a Mental hospital.</p> <p><b>Chapter III</b> describes procedure to be followed for administering care, treatment and discharge.</p>	E X P L A I N I N G	L I S T E N I N G	LCD	Detail about Indian Lunacy Act and Indian mental health act
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		<p><b>Chapter IV</b> deals with proceedings of lunacy in presidency town.</p> <p><b>Chapter V</b> deals with proceedings of lunacy outside presidency towns.</p> <p><b>Chapter VI</b> deals with establishment of asylums.</p> <p><b>Chapter VII</b> deals with expenses of lunatic.</p> <p><b>Chapter VII</b> deals with rules to be imposed by the state government regarding care of lunatics.</p> <p><b>INDIAN MENTAL HEALTH ACT 1987</b></p> <p>The Mental Health Bill became the act 14 of 1987 on 22nd May 1987. The act is divided into 10 chapters consisting of 98 sections.</p> <p><u>Objectives of Indian Mental Health Act</u></p> <ul style="list-style-type: none"> <li>• To regulate admission into psychiatric hospitals and psychiatric nursing homes.</li> <li>• To protect society from the presence of mentally ill persons.</li> </ul>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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			<ul style="list-style-type: none"> <li>• To protect citizens from being detained in psychiatric hospitals/nursing homes without sufficient cause.</li> <li>• To regulate and maintenance of charges of psychiatric hospitals / nursing homes.</li> <li>• To provide facilities for establishing guardianship of mentally ill persons who are incapable of managing their own affairs.</li> <li>• To establish central and state authorities for mental health services.</li> <li>• To regulate the powers of government for establishing, licensing and controlling psychiatric hospitals/nursing homes.</li> <li>• To provide legal aid to mentally ill persons at state expense in certain cases.</li> </ul> <p><b>Chapters</b></p> <p><b>Chapter I:</b> Deals with preliminary definitions</p> <p><b>Chapter II:</b> Provides for the establishment of mental health authorities at centre and state levels.</p>	<p style="text-align: center;">E X P L A I N I N G</p>	<p style="text-align: center;">L I S T E N I N G</p>	<p style="text-align: center;">LCD</p>	
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		<p><b>Chapter III:</b> Deals with guidelines for establishment and maintenance of psychiatric hospitals or nursing home. There is a provision f has to be renewed for a licensing authority and valid license has to be renewed every 5 year.</p> <p><b>Chapter IV:</b> Deals with the procedures of admission and detention in psychiatric hospitals and nursing homes. It classifies (1) Admission on voluntary basis (Major, Minor), (2) Admission under special circumstances,(3) Temporary treatment order,(4) Reception Order on application, on production before Magistrate,(5) Admission in emergencies and (6)Miscellaneous.</p> <p><b>Chapter V:</b> Deals with the inspection, discharge, leave of absence and removal of mentally ill person.</p> <p><b>Chapter VI:</b> Judicial inquisition regarding alleged mentally ill person possessing property, custody of his person and management of his property.</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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			<p><b>Chapter VII:</b> Liability to meet the cost of maintenance of mentally ill. It provides guidelines to meet the cost of maintenance of mentally ill person in psychiatric hospital.</p> <p><b>Chapter VIII:</b> Protection of human rights of mentally ill.</p> <p><b>Chapter IX:</b> Penalties and procedures. It deals with nature of penalties and punishment procedures applicable for those who violate the provisions given in Mental Health Act, 1987 and much emphasis is given to the provision of Chapter III.</p> <p><b>Chapter X:</b> Miscellaneous section. This focuses on duties and responsibilities of the medical officer in-charge of psychiatric hospital.</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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8.	10 min	Explain about admission and discharge procedure	<p><b>ADMISSION PROCEDURE:</b></p> <p><b>1. Admission on Voluntary Basis</b></p> <p>Any person who considers himself to be mentally ill and wishes to be admitted in psychiatric hospital may apply to the medical officer-in-charge; if he is a minor, the guardian can make this application on his behalf.</p> <p>The medical officer should make inquiry within 24 hours and should admit the patient if he opines the treatment is required. The voluntary patient thus admitted is now bound to abide by the rules made by the institution.</p> <p><b>2. Admission under special circumstances</b></p> <p>Any mentally ill patient who is unwilling for admission may be admitted and kept as an inpatient in a psychiatric hospital/ nursing home. For such purposes an application should be made out on his / her behalf by a relative or friend of the mentally ill person, provided medical officer deems fit.</p>	E X P L A I N I N G	L I S T E N I N G	LCD	Describe admission and discharge procedure
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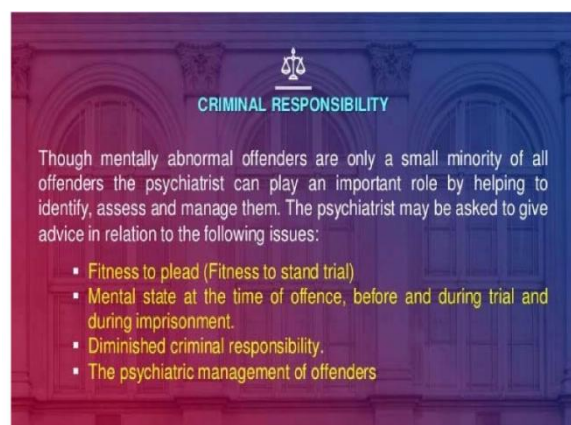
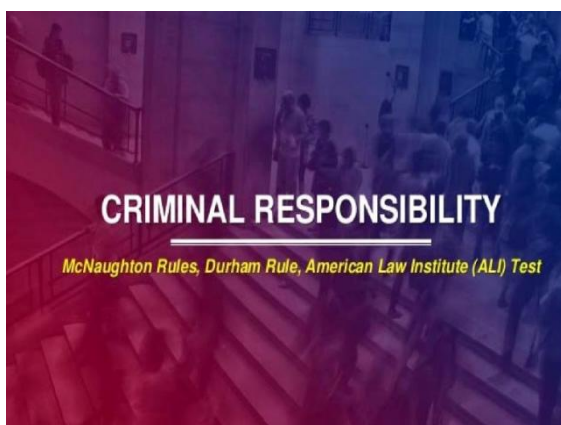
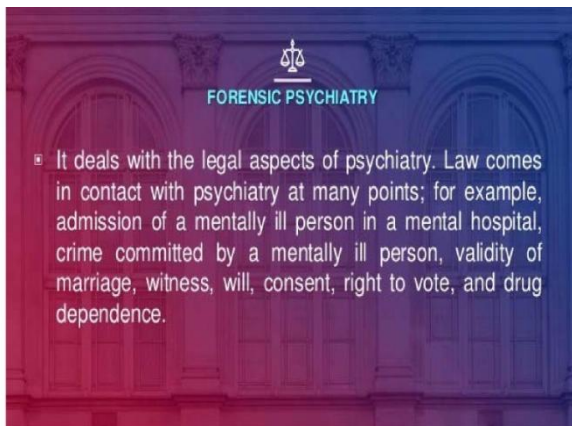
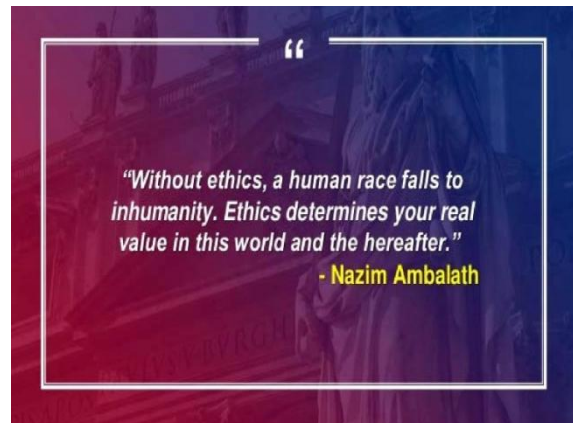
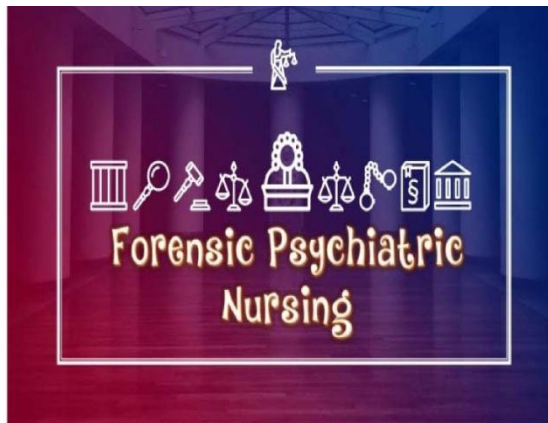
			<p style="text-align: center;"><b>3. Admission under reception order</b></p> <p><b>On application</b></p> <p>Only a relative not other than husband, wife, guardian or a friend can make out an application for the admission of mentally ill patient. Such an application should be made out to the Magistrate in writing supported by two medical certificates; one of them issued by a medical officer.</p> <p><b>On production before the magistrate</b></p> <p>Mentally ill patients exhibiting violent behavior, creating obscene scenes and dangerous to the society can be detained by the police officer and produced to the court within 24 hours of such detention, supported by two medical certificates, subsequent to which the magistrate issues a reception order.</p> <p style="text-align: center;"><b>4. Admission in Emergencies</b></p>	E X P L A I N I N G	L I S T E N I N G	LCD	
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			<p><b>DISCHARGE PROCEDURE</b></p> <p><b>1.Discharge of Patient Admitted by Police</b></p> <p>In cases where the police detain the mentally ill individual in hospital, he may be discharged after the family members agree in writing to take proper care, and the medical officer in-charge opines he is fit to be discharged.</p> <p><b>2.Discharge of a Mentally Ill Prisoner</b></p> <p>The hospital authorities have to report every 6 months about the person's state of mind to the authority, which had ordered detention. As soon as they find that the person is fit to stand the trial, they have to inform about the same to the authority concerned. The person is then handed over to the prison officer for further legal action.</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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9	5 min	Describe narcotic drugs and psychotropic substances act (ndpsa) .	<p><b>Narcotic Drugs and Psychotropic Substances Act (NDPSA) 1985.</b></p> <p>The first act for drug abuse and dependence in India was the Opium Act of 1857. This was revised first in 1878 (The Opium Act, 1878) and then in 1950 The Opium And Revenue Laws Act. 1950). On 16th September 1985, Act 61 of 1985 was enforced as NDPSA.The act includes narcotic drugs (opium, poppy, straw, cannabis, cocaine, coca, and all related synthesized drugs) and psychotropic substances.In this act if a person procedures, possesses, transports, imports, sells, purchases or uses any narcotic drugs or psychotropic substances (except ‘Ganja’) he shall be punishable with</p> <ul style="list-style-type: none"> <li>➤ Rigorous imprisonment for not less than 10 years and a fine of not less than 1 lakh rupees, which may extended to 2 lakh rupees.</li> <li>➤ For repeat offence rigorous imprisonment of not less than 15 years which may be extended up to 30 years and a fine of not less than 1.5 lakh rupees, which may be extended up to 3 lakh rupees.</li> </ul>	E X P L A I N I N G	L I S T E N I N G	LCD	Enumerate narcotic drugs and psychotropic substances act (ndpsa)
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		<p>➤ For handling ‘ Ganja’ a rigorous imprisonment which may extended to 10 years and fine of 1 lakh rupees.</p> <p>Under a specified court order, there is a provision for detoxification of the patient. Under a later enactment, the prevention of illicit traffic in NDPSA, 1988 was passed. Now there is a provision for preventive detention, seizure of property, death penalty if a person is bound to be trafficking more than or equal to 1 kg of pure heroine despite conviction and warning on the first attempt.</p> <p><b>CONCLUSION</b></p> <p>The practice of psychiatric nursing is influenced by law, particularly in its concern for the rights of patients and the quality of care they receive. Hence nurse should be sufficiently aware of legal aspects of forensic psychiatry. This will help to protect the patient’s right and avoid in giving poor advice or innocently involving herself in legal issues.</p>	<p>E X P L A I N I N G</p>	<p>L I S T E N I N G</p>	<p>LCD</p>	
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## THE MCNAUGHTON RULES

**Daniel McNaughton** was a 29 year old, son of a Glasgow wood-turner, a man of 'gloomy and reserved social habits' which included membership of religious groups and the Tory party.

He decided to murder **Sir Robert Peel**, the Prime Minister. He made elaborate plans and travelled to London, but in fact mistakenly shot and killed **Edward Drummond**, Peel's private secretary, in daylight in front of numerous witnesses on 20th January, 1843.



...CONTD/-

- During the trial, McNaughton himself admitted that "they have accused me of crimes of which I am not guilty, they do everything to harass and prosecute me, in fact they wish to murder me. I was driven to desperation by persecution".
- McNaughton knew what he was doing and was aware that he was committing a criminal act but felt compelled to do so, an act he performed with cool deliberation.

Psychiatrists were called and it was accepted:

- That his delusions were real.
- That the act was committed under a delusion.



...CONTD/-

- McNaughton was found "not guilty on the grounds of insanity". He himself was sent to Bethlehem and later Broadmoor asylum where he died in 1865.
- In McNaughton's case the Lord Chancellor put to a panel of His Majesty's Judges five questions designed to clarify the legal position. Their replies given on 19th June 1843, constitute the so-called '**McNaughton rules**'.



...CONTD/-

The following contain the main points of the McNaughton's rules:

- Every man is to be presumed to be sane, until the contrary be proved.
- An insane person is punishable, if he knew at the time of committing such a crime that he was acting contrary to law.



...CONTD/-


- To establish a defence on the ground of insanity, it must be clearly proved that at the time of the committing of the act, the accused was suffering under such defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong".
- Finally it is the jury's role to decide whether the defendant was insane. The 'rules' stressed the importance of the defendant's notion of understandability of right and wrong.



...CONTD/-


- So a mentally ill person is not protected ipso facto. He must satisfy the above mentioned rule. A mentally retarded person (called 'idiot' in law) is not considered liable under Indian criminal law.
- The Law generally classifies criminal lunatics into three classes: an under-trial who cannot stand trial because of mental illness; guilty but insane; and criminals who later become mentally ill. A Class II 'criminal lunatic' is acquitted under the law but is detained in a mental hospital (asylum) for further treatment.





...CONTD:-

- ✦ The **McNaughton Rule** is used in a slightly modified form in many countries even now.
- ✦ In India, Section 84 of the Indian Penal Code (Act 45 of 1860) states that "nothing is an offense, which is done by a person, who at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act or that he is doing what is either wrong or contrary to law".



DURHAM RULE (1954)

"An accused person is not criminally responsible, if his unlawful act is the product of mental disease or mental defect". In this, the causal connection between the mental abnormality and the alleged crime should be established. This rule is also known as "Product Rule".



AMERICAN LAW INSTITUTE (ALI) TEST

- ✦ "A person is not responsible for criminal conduct if at the time of such conduct, as a result of mental disease or defect he lacks adequate capacity either to appreciate the criminality of his conduct or to conform his conduct to the requirements of the Law".
- ✦ The ALI Test is similar to the combination of the McNaughton rule and the Irresistible Impulse Test. This rule excludes psychopaths. This popular test is now used by all courts in the USA.



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**CIVIL RESPONSIBILITY**

*Marriage, Adoption, Testamentary Capacity, Vote, Witness, Contract, Transfer of Properties*



CIVIL RESPONSIBILITY

- ✦ There is usually a presumption in the favour of sanity and the contrary must be proved. This applies both to the civil and criminal proceedings in the court of law.



## MARRIAGE

▫ The Hindu Marriage Act (Act 25 of 1955) provides for conditions for a Hindu marriage under Section 5. One of the conditions, i.e. Section 5 (ii) introduced by Act 68 of 1976, states that 'at the time of the marriage, neither party,

- is incapable of giving a valid consent... (due to)... unsoundness of mind; or
- though capable of giving consent, has been suffering from mental disorder of such a kind or to such an extent as to be unfit for marriage and the procreation of children; or
- has been subject to recurrent attacks of insanity or epilepsy'.



## ...CONTD/-

Any marriage solemnised in the contravention to this condition shall be voidable and may be annulled by a decree of nullity under Section 12 of the Act. Another ground of nullity under the same section is the fact that the consent for marriage was obtained by 'fraud'...as to any material fact or circumstance concerning the respondent', for example, the fact of mental illness or treatment for the same.



## ...CONTD/-

Divorce can be granted under Section 13 of the Act on a petition presented by either spouse on the ground that the other party 'has been incurably of unsound mind, or has been suffering continuously or intermittently from mental disorder of such kind and to such an extent that the petitioner cannot reasonably be expected to live with the respondent' (Section 13 (iii) inserted by Act 68 of 1976).



## ...CONTD/-

Here, the term mental disorder means 'mental illness, arrested or incomplete development of mind, psychopathic disorder or any other disorder or disability of mind and includes schizophrenia'. The term Psychopathic disorder means 'a persistent disorder or disability of mind (whether or not including subnormality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the other party, and whether or not it requires or is susceptible to medical treatment'.



## ...CONTD/-

Under the dissolution of Muslim Marriages Act 1939, a woman married under Muslim law is entitled to obtain a decree for the dissolution of marriage on the ground of her husband being insane for a period of 2 years. The husband under the Muslim law has the power to pronounce divorce (*talak*) at any time, anywhere, and without assigning any reason.



## ...CONTD/-

Any married person may be granted divorce, under the Parsi Marriage and Divorce Act 1936, on the ground that the other party had been of unsound mind at the time of marriage (and the petitioner was ignorant of the fact) and has been habitually so till the date of petition, which should be within 3 years of the date of marriage.





### ADOPTION

Under the Hindu Adoptions and Maintenance Act (Act 78 of 1956), any Hindu male 'who is of sound mind and is not a minor' can adopt a child, with the consent of his wife unless '...(she) has been declared by a court...to be of unsound mind' (Section 7).

Similarly, any Hindu female 'who is of sound mind', is not a minor, and is not married, can adopt a child. If she is married, then her husband is dead, or has '...renounced the world, or ...ceased to be a Hindu, or ...has been declared by a court ...to be of unsound mind' (Section 8).

In addition, the person capable of giving in adoption of a child should be of sound mind.



### WITNESS

Under the Indian Evidence Act 1872, a 'lunatic' is not competent to give evidence if he is prevented by virtue of his 'lunacy' from understanding the questions put to him and giving rational answers to them (Section 118).

However, such a person can give evidence during a lucid interval on discretion of the judge (and the jury).



### TESTAMENTARY CAPACITY

Testamentary disposition is regulated by the Indian Succession Act (Act 39 of 1925). Some of the salient points regarding testamentary disposition are as follows:

- A will must be in writing, though it need not be registered.
- It must be signed by testator in the presence of at least two witnesses.
- A legatee cannot attest a will.
- An executor(s) is appointed under the will by the testator to carry out its terms after his death.



### ...CONTD/-

- A will can be revoked or modified any time before the death of the testator.
- A will comes into effect after the death of the testator. It is said to speak from grave and to be 'ambulatory'.
- The testator must be of a 'sound and disposing mind'. Section 59 of the Act states that 'every person of sound mind, not being a minor, may dispose of his property by will'.



### ...CONTD/-

Explanation 4 of this section states that 'no person can make a will while he is in such a state of mind, whether arising from intoxication or from illnesses or from any other cause, that he does not know what he is doing'.



### ...CONTD/-

If a medical practitioner is called to examine a testator as to his fitness to make a valid will, the following points must be kept in mind:

- Testamentary capacity consists of:
  - an understanding of the nature of the will,
  - a knowledge of the property to be disposed of, and
  - an ability to recognize those who may have justifiable claims on his property.



- The testator should be tested on the above mentioned points by thorough questioning.
- If the testator is seriously ill, he must be made to read out aloud the will in the presence of the doctor.
- A will is invalid if it is executed under undue influence of any other person. If there is reason to suspect that such is the case, the testator should be questioned when he is alone.



- A will is invalid under the following conditions (for example):
  - imbecility arising from advanced age or by excessive drinking.
  - insane delusions making the testator incapable of rational views and judgement.



- A will is valid under the following conditions (for example):
  - deaf, dumb or blind persons who are not thereby incapacitated for making a will and are able to know what they do by it.
  - lucid intervals.
  - if testator commits suicide immediately after making the will, in the absence of evidence of mental disorder.
  - presence of delusions not affecting in any way the disposal of the property or the persons affected by the will.



A will may be declared invalid if the testator disposes his property in a way which he would not have done under normal conditions.

## TRANSFER OF PROPERTY

Under the Transfer of Property Act 1882 (Section 7), only persons competent to contract, are authorised to transfer property.

## CONTRACT

Under the Indian Contract Act 1872 (Section 11), every person to be competent to contract must be a major and of sound mind.

A person is said to be of sound mind for the purposes of a contract, if at the time of making a contract he is capable of understanding it and of forming a rational judgement as to its effect upon his interests.





It is important that advice be given regarding driving if there is likelihood that driving can be impaired by the nature of illness, prescribed medication and / or misuse of alcohol or drugs.



A person of unsound mind cannot contest for elections or exercise the privilege of voting.

In conclusion, nursing practice must confirm to pre-set legal standards and continuously reorient itself to the ever evolving legal standards.

It is only the motivated and capable nurse who can incorporate legal knowledge while dispensing patient care, and it is to her that many patients will turn for information and care.

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## LEGAL ISSUES IN PSYCHIATRY



### LAWS RELATING TO PSYCHIATRY IN INDIA

- The Care and Treatment Legislation (Mental Health Legislations)
- Criminal Responsibilities Formulation (Criminal Laws)
- Civil Status Provisions (Civil Laws)



### MENTAL HEALTH RELATED LEGISLATIONS

- Mental Health Act 1987
- Persons with Disabilities Act 1996
- Rehabilitation Council of India Act 1992
- Juvenile Justice Act 1986
- Consumer Protection Act 1986



### CIVIL LAWS RELATING TO MENTAL ILL PERSONS

- Indian Evidence Act 1925, Sec. 118
- Law of Contract Sec. 6, 11 and 12
- Right to Vote and Stand for Election - Act 326, 102 of the Constitution of India
- Law of Torts
- Testamentary Capacity- Indian Succession Act 1925, Sec. 59




  
 ...CONTD/-


■ Marriage and Mental Health Legislation

- Indian Divorce Act 1869
- Parsi Marriage + Divorce Act 1936
- Dissolution of Muslim Marriage Act 1939
- The Special Marriage Act 1954
- The Hindu Marriage Act 1955, 1976
- The Family Court Act 1984





  
 CIVIL LAWS RELATING TO PSYCHIATRY

- Provisions as to Accused Persons of Unsound Mind Secs. 328 - 339 Cr. P.c. 1973
- Criminal Responsibility Sec. 84 IPC - 1860
- Attempt to Commit Suicide Sec.309 IPC
- Right to Private Defence Against an Insane Person Sec.98 IPC
- Unnatural Offences Sec. 377 IPC (Sexual Perversions)
- Affrays (Sec.159 In Mania)
- Misconduct in Public under Intoxication (e.g. Alcohol Defence Sec.510 IPC)
- NDPS Act 1985(Amended 1988)

  
 SUICIDE AND INDIAN LAW

- Suicide is the only criminal act for which a person is punished if he fails in the attempt to do so.
- "No person shall be deprived of his life" Act 21 constitution of India
- Sec.309 / IPC- attempt to commit suicide punishable
- 1994 - S.C. Judgment - Sec. 309 was declared void
- Sec.306 - abetment of suicide an offence
- No specific laws for assisted suicide and euthanasia


  
**THE NARCOTIC DRUGS AND  
 PSYCHOTROPIC SUBSTANCES ACT  
 (NDPSA), 1985**

  
 NDPSA - 1985

The first Act for drug abuse and dependence in India was The Opium Act of 1857. This was revised first in 1878 (The Opium Act, 1878) and then in 1950 (The Opium and Revenue Laws Act, 1950). Another relevant Act was the Dangerous Drug Act of 1930, which included among other drugs, Opium and its alkaloids and Cocaine. This Act provided for a maximum punishment of 3 years.


  
 ...CONTD/-

With the coming in force of the NDPSA, Act 61 of 1985, on 16th September 1985, the above mentioned acts have been repealed. The Act includes narcotic drugs (cannabis, cocaine, coca leaf, opium, poppy straw and all manufactured 'drugs') and psychotropic substances (76 drugs and their derivatives are listed in the schedule, e.g. diazepam, pentazocine, phenobarbital).


  
...CONTD/-


The authorities and officers have been suggested in Chapter - II. If any person produces, possesses, transports, imports, exports, sells, purchases, or uses any narcotic drug or psychotropic substance (except 'ganja'), he shall be punishable with,

- Rigorous imprisonment (RI) for not less than 10 years (which may extend to 20 years), and
- A fine of not less than 1 Lakh rupees (which may extend to 2 Lakh rupees).


  
...CONTD/-


Punishment for a repeat offense is a RI for not less than 15 years (which may extend to 30 years) and a fine of not less than 1.5 Lakh rupees (which may extend to 3 Lakh rupees). Punishment for ganja handling is a RI for 5 years and/or a fine of 0.5 Lakh rupees. For a repeat offense, the imprisonment may extend to 10 years and the fine to 1 Lakh rupees.



  
...CONTD/-


However, if a person is carrying 'small quantities' (e.g. 250 mg of heroin, 5 g of Charas, 5 g of opium, 125 mg of cocaine) which were later specified, then the punishment is a simple imprisonment which may extend to 1 year or a fine (unspecified) or both. For ganja (<500 g), imprisonment is up to 6 months.



  
...CONTD/-

There is also a provision for detoxification under court order. A later enactment, the Prevention of Illicit Traffic in NDPS Act, 1988 has also been passed (Act 46 of 1988). There is now a provision for preventive detention and seizure of property. The maximum punishment is death penalty, if a person is found to be trafficking more than or equal to 1 kg of pure heroin (for example), twice (despite conviction and warning on the first attempt). The Act was further amended by the Narcotic Drugs and Psychotropic Substances (Amendment) Act, 2001.

“



**LEGAL ISSUES IN  
PSYCHIATRIC NURSING**

  
**LEGAL ASPECTS IN NURSING**

In no other type of nursing are the legal and ethical considerations of practice so crucial as in psychiatric nursing. Thus, knowledge of the law regarding psychiatry in the area where the nurse is practicing helps her to protect herself from liability and the patient from unnecessary detention and mistreatment.





### ROLE OF THE NURSE IN ADMISSION PROCEDURE

- A most important feature of the admission procedure involves settling the patient in the ward. It begins with introducing him to the other staff members and patients.
- Before assigning him a bed consider his biological and emotional needs. If he seems to be nurturing suicidal ideation or is floridly psychotic, he should be located in a place where he can be closely observed.
- He should be shown various facilities like eating, recreation, bathroom facilities, etc.



### ...CONTD/-

- Acquaint him with some of the ward rules, e.g. meal time, ward activities, visiting hours, how to make appointments to see staff members, timings of any group meetings, etc.
- The patient and his relatives are likely to have all sorts of anxieties about various procedures and investigations. The nurse needs to be sensitive to these feelings, and give enough time and attention and allow them to express their feelings about the patient's condition, treatment and outcome. All information should be provided as appropriate.



### ROLE OF THE NURSE IN PAROLE

- Parole is the permission given to patients to perform certain rituals or attend certain family functions.
- Relatives are clearly instructed about the purpose for which the patient is being sent home and when he should be brought back.
- Instruct the relatives as to how they should converse or behave with the mentally ill person according to the instructions given by the doctor.



### ...CONTD/-

- If the patient is receiving any medications, insist on regularity and give necessary instructions to the family members about dosage, side-effects, etc.,



### ROLE OF THE NURSE IN DISCHARGE PROCEDURE

- Nurse must ensure that the patient leaves the unit with all belongings and personal effects, has the appropriate medications with him, and appointment for follow-up has been made and understood.
- All necessary instructions especially regarding his medication regimen, side-effects etc. must be clearly given to the patient and his family members.
- Any paper work, signing of documents should be completed. The hospital file along with all charts and notes should be sent to the medical records section.



### ...CONTD/-

- The nurse should ascertain his travel plan and offer assistance if necessary.
- The nurse must bear in mind that the patient may have mixed feelings about leaving the hospital and going back to his home environment. She should help him cope with any distress about separating from his newfound friends and staff members.



### BASIC RIGHTS OF PSYCHIATRIC PATIENTS AND NURSE'S RESPONSIBILITIES

Psychiatric patients are often the least capable of protecting their own rights. It is therefore one of the responsibilities of the nurse to guide the patients and relatives in matters related to their rights and protect the patient from any mistreatment. Some of the Rights of Psychiatric Patients are:

- The right to wear their own clothes.
- The right to have individual storage space for their private use.
- The right to keep and use their own personal possessions.
- The right to spend a sum of their money for their own expenses.



...CONTD/-

- The right to have reasonable access to all communication media like telephone, letter writing and mailing.
- The right to see visitors every day.
- The right to treatment in the least restricted setting.
- The right to hold civil service status.
- The right to refuse electroconvulsive therapy.
- The right to manage and dispose of property and execute wills.



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### Nurse's implications for protecting patient's rights:

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



### NURSING MALPRACTICE

- When a prudent nurse expected to meet the normal standards of care, causes a breach by deviating from the norms, it is termed as nursing malpractice. Such breach of act can invoke legal proceedings against the nurse for not discharging her duty diligently and in good faith.
- If the malpractice suit has to stand and be decreed in favour of the aggrieved patient, he will have to prove various facets which contributed to the breach. However it is to be noted that the burden of proof lies with the patient who in this case is the plaintiff.



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The various facets Include:

- The nurse had a duty to discharge due standards of care to the patient.
- The nurse's performance was well below the expected standards, thus causing a breach
- Substandard care provided should be construed to have adversely affected the patient and family
- The actual proof of adverse effects / injury caused.



### INFORMED CONSENT

In the course of normal treatment a series of interactions result between a patient and a physician. During such interactions the patient is allowed to fully consider and comprehend the information about the proposed treatment. Such consent is termed as informed consent. It includes the mode of administering the treatment, prognosis, side-effects and the risks.



However, in the case of psychiatric patients the ability to give informed consent as regards a procedure is highly debatable due to the nature of the problem. Though most of the patients perceive and act in their own best interests, some may not be capable of giving a valid consent. Due to such variations, the patients have to be screened for the following:

- whether the patient is competent to give informed consent
- whether information provided to the patient is assimilated on a regular basis and understood
- whether enough opportunity and freedom are vested with the patient to reject / revoke the consent during a specific course of treatment.



### SUBSTITUTED CONSENT

When it is deemed that a patient is incapable of giving informed consent, health service providers should obtain substituted consent for the procedure / treatment. It refers to an authorization given by another individual, being a guardian appointed by the court or the kith and kin on behalf of the patient.



### CONFIDENTIALITY

- During the nurse-patient relationship a lot of information is gathered through direct and indirect sources, which is both verbal and written. Keeping in view the ethics of the nursing practice, such information gathered is kept confidential and best used for providing enhanced care rather than for other purposes such as gossip or personal gain.
- Any breach of confidentiality could jeopardize the best interests of the patient, be it social or economical, keeping in view the social stigma attached to mental illness.



### RECORD KEEPING

Nursing notes and progress records constitute legal documents and hence should be maintained carefully. They should be non-judgemental and the statements made should be objective in nature.



**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED  
TEACHING PROGRAMME ON KNOWLEDGE REGARDING  
LEGAL ASPECTS OF FORENSIC PSYCHIATRY AMONG STAFF  
NURSES AT SELECTED HOSPITAL, COIMBATORE**

