

**DISSERTATION  
ON**

**COMPARE THE AWARENESS ABOUT HUMAN RIGHTS OF  
MENTALLY ILL AMONG THE MALE AND FEMALE  
CAREGIVERS OF PATIENTS DIAGNOSED WITH  
PSYCHIATRIC DISORDERS AT INSTITUTE OF MENTAL  
HEALTH, CHENNAI-10.**

**M.SC (NURSING) DEGREE EXAMINATION  
BRANCH – V MENTAL HEALTH NURSING**

**COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE, CHENNAI – 03.**



*A dissertation submitted to*  
**THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,  
CHENNAI – 600 032.**

*in partial fulfillment of the requirement for the degree of*  
**MASTER OF SCIENCE IN NURSING**

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## **CERTIFICATE**

This is to certify that this dissertation titled, “ **COMPARE THE AWARENESS ABOUT HUMAN RIGHTS OF MENTALLY ILL AMONG THE MALE AND FEMALE CAREGIVERS OF PATIENTS DIAGNOSED WITH PSYCHIATRIC DISORDERS AT INSTITUTE OF MENTAL HEALTH, CHENNAI-10**” is a bonafide work done by **Mrs.V.Ananthapriya**, College of Nursing, Madras Medical College, Chennai – 03, submitted to the Tamilnadu Dr.M.G.R. Medical University, Chennai in partial fulfillment of the university rules and regulations towards the award of the degree of Master of Science in Nursing, Branch V, Mental Health Nursing under our guidance and supervision during the academic period from 2009 – 2011.

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## **ABSTRACT**

The study titled, “Compare the awareness about Human rights of mentally ill among the Male and Female caregivers of patients diagnosed with psychiatric disorders at institute of mental health, Chennai.” was conducted with the following objectives:

- i.)To assess the awareness about human rights of mentally ill among male caregivers of Patients diagnosed with Psychiatric disorders.
- ii.) To assess the awareness about human rights of mentally ill among female caregivers of Patients diagnosed with Psychiatric disorders.
- iii.)To compare the awareness about human rights among the male and female caregivers of Patients diagnosed with Psychiatric disorders.
- iv.)To associate the awareness about human rights of mentally ill with the selected demographic variables.

Descriptive design was adopted, 50 male caregivers and 50 female Caregivers at the Psychiatric OPD and Inpatient wards were considered as the subjects and over a period of 4 weeks, samples were selected based on the sampling criteria.

Data was collected by personal interviews with all 100 caregivers using

1. Socio-demographic schedule.
2. Self constructed awareness questionnaire on Human rights of mentally ill.

The analysis was done by using percentage, mean, standard, deviation percentage frequency and Pearson’s Chi – Square test, Student’s independent t-test .

The main findings of the study were

- 1.) Majority of the male patients (60%) had mental illness for 2-5yrs and less than half of the female patients (44%) had illness for < 2yrs.
- 2.) Less than half of the male subjects (38%) cared psychiatric patients for 2-5yrs where as 44% of female subjects cared for less than 2yrs.
- 3.) Male subjects were having maximum awareness in personal needs and minimum awareness in Legal aspects.
- 4.) Among the male caregivers 62% were having poor awareness and 38% of them were having average awareness and none of them were having good awareness.
- 5.) Female subjects were having maximum awareness in the area of communication and minimum awareness in Legal aspects.
- 6.) Majority of the female caregivers (82.0%) were having poor awareness and 18% of them were having average awareness and none of them were having good awareness.
- 7.) There was a significant difference in the awareness about human rights of mentally ill among the male and female caregivers. Male caregivers had relatively more awareness than their counterparts.
- 8.) Age, education and place of living were significantly associated with the male and female subjects' level of awareness.

The present study identified that both the male and female caregivers had poor knowledge regarding the Human rights of mentally ill. It is believed that care givers are playing key role in the treatment of mentally ill patients and they should be supported by enhancing adequate knowledge. So it is the responsibility of the psychiatric nurse to ensure that their actions promote welfare of patients.

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# CHAPTER - I

## INTRODUCTION

**"All persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person...There shall be no discrimination on the grounds of mental illness..."**

*-UN Principles for the Protection of Persons with Mental illness.*

Since the origin of human civilization, mentally ill patients have received the scant amount of care and concern of the community. For centuries, as a result of this the rights of mentally ill have been abused and ignored. Human rights are an important component for effectiveness in care. The caregivers must know the rights of a mentally ill person; and should support and protect them in their liberty and treatment needs, applicable requirements. It is dangerous and burdensome when patients have a mental disorder. Some are living in streets and the rest of the family gets to a place where they have to worry about their own concerns, or they may also develop mental disorder and there's no where for them to go.

Mental health and human rights are connected in three ways by viewing these two fields together. Firstly, mental health policy affects human rights of mentally ill; secondly, mental health is affected when human rights are violated; and thirdly, the mental health and human rights are positively correlated and which is mutually reinforcing and improves the quality of life. As such, mental health and human rights are complementary approaches to the wellbeing of human beings.

### **Global Scenario**

The World Health Organization estimates that 10% of the world's population has some form of severe mental disability and 1% of the population suffers from severe incapacitating mental disorders. Also the World Health organization predicts that by 2020 depression will be the second leading cause of health impairment all over the world.

**Table 1: Extrapolation of prevalence rate of Mental illness in various countries**

(Statistics by Country for mental illness, Statistics of mental illness.com)

<b>Country</b>	<b>Extrapolated prevalence</b>	<b>Population estimated Used</b>
USA	64,897,845	293,655,405 <sup>1</sup>
Britain	13,319,826	60,270,708for UK <sup>2</sup>
Australia	4,400,804	19,913,144 <sup>2</sup>
<b>India</b>	<b>235,380,608</b>	<b>10,65,070,607<sup>2</sup></b>
South Africa	9,823,112	44,448,470 <sup>2</sup>

According to the World Health Report, 450 million people suffer from mental or behavioural disorder but only small minorities of them receive even the most basic treatment .**(World Health Report 2001)**.

The strongest effect of perceived stigma on the carer quality of life among the family carers of adults with mental illness than among the carers of adults with intellectual disability. Also reported that quality of life intern leads to high level human rights of violation and relapses. **(Chou 2009)**

**Seloilwe (2006)** described that care giving was perceived as difficult and burdensome globally, because of lack of control and inadequate

resources mainly in getting information about the legal issues like the rights of mentally ill.

### **Indian scenario**

#### Human Rights in India

Human rights act in India defines that, 'the rights relating to life, liberty, equality and dignity of the individual guaranteed by the constitution of India or embodied in the international covenants and enforceable by courts in India'

Mental disorders affects 5 crore of the Indian population (5%) and they need special care. 80% of districts in India do not have even one psychiatrist in public service. **(World Health Organization Report 2001)**

**Talwar (2010)** stated that Indian caregivers perceived difficulties when caring the mentally ill in multiple areas such as finance, well-being, family relationship, and health also accessing information regarding treatment and illness and legal issues.

**Dr.Nirmal Srinivasan (2003)** reported that even the educated urban Indians do not take mental illness seriously unless they witness or experience extremely bizarre behaviour and or violence in the mentally ill. And mentally ill is viewed severe if it threatens the lives of the people those who surround the mental patient.

In Tamil Nadu, at Erwadi where 27 people died in fire accident in the year of 2001. There, the people were treated inhuman way, sometimes they were chained and malnourished. There was no medical attention on treatment part and beating was the only treatment given for them. It was identified that at least two-thirds of the patients who died had earlier consulted a psychiatrist. The majority of them needed

rehabilitation, but those facilities were not available. They were chained in the beds and poles because they were mentally ill. It was reported that the patients could not escape when an accidental fire broke out in a thatched building and there were no staffs or family members who could unchain them. This heartbreaking incident made everyone to think about human rights of mentally ill. **(National Human Rights Commission Report 2001)**

**Table 2: Statistics of mentally ill patients seeking mental health services at Institute of Mental Health.**

<b>Year</b>	<b>Census</b>
2007	91, 250
2008	1,02,200
2009	1,16, 800
2010	1, 20,000

These raising levels of mentally ill patients (Institute of Mental Health Statistics) need immediate attention in all the aspects. Especially reaching the realistic goal of protection of human rights of persons with mental illness become vital for all the members of health care team. Thus Human Rights is about balancing the rights of all of us as human beings within the community. In the context of mentally ill persons, it is of the same because there shall be no discrimination on the grounds of mental illness in entitling the human rights.

## **1.1 NEED FOR THE STUDY**

Human rights issues are key components in the context of mental health because of two basic ideas which are unique to the protection of rights globally. Firstly, human rights are the only source of law that aids in planning as well as implementing the mental health policies and practices within a sovereign country. The individuals possess inherent rights and freedoms were not new. The second idea is that human rights do not depend on the government. Because the human rights and freedoms are not granted by governments. Individual possess human rights simply because of their humanity.

Approximately 25%-30% of male subjects with at least one violent incident in their past are violent within a year of release from the hospital due to negative attitude of the society **(Klassen,1988 and O'Connor 1990)**.It was also reported that seriously ill individuals living in the community were three times as likely to use weapons or to "hurt someone badly" as the general population **(Bruce Link of Columbia University School of Public Health,1992)**.As result of human rights violation, 27 percent of released patients reported at least one violent act within four months of discharge.**(Henry Steadman1993)**

In recent times, it was supported by the study that people with serious brain disorders committed twice as many acts of violence in the period immediately prior to their hospitalization, when they were not taking medication and not treated with human dignity compared with the post-hospitalization period when most of them were receiving assisted treatment **(Eric Silver, 2000)**.

Medication non compliance contributes significantly to recurrence of symptoms and readmission to the hospital of schizophrenic patients. It occurs due to multiple causes such as negative attitude of the

society, stigma and discrimination, drug/alcohol use, low self-esteem; lack of knowledge about medications; patients' abusive, unpredictable behaviour which ultimately results in violence against mentally ill. **(Mullaik JS,2010).**

All these studies reflect none other than the lack of awareness about human rights of mentally ill. And it is crystal clear that if the caregivers would have understood thoroughly about the human rights, human rights violation can be well prevented. Enjoyment of the human right to health is vital to all aspects of a person's life and well being, and crucial to the realization of many other fundamental human rights and freedoms.

During the Clinical experience of the researcher had come across lot of patients diagnosed with different psychiatric disorders with unmanageable behaviour. The caregiver who takes care of them often undergoes severe stress. Also sometimes the mentally ill were brought to the hospital by chained. In spite of the health team members constant vigilance, most often the caregivers manage the mentally ill by abusing verbally or by beating the mentally ill for unmanageable behaviour.

From the caregivers view it was understood that support systems are poor, fear of poor acceptance of neighbourhood for keeping the affected individual at home still exist. Also it was clearly understood that before proper medical attention they were treated by magico religious practices where patients were treated in inhumane manner as it was evidenced by many mentally patients hair was cut and multiple scars all over the body. And only in advanced stage of mental illness or if they become unmanageable only they were brought to the hospital.

So it is the responsibility of the psychiatric nurse to ensure that their actions promote welfare of patients. Psychiatric mental health nurse are rich providers of Psychiatric mental health services to the patient as well as to their caregivers. Very few studies have been conducted in India to study the awareness about human rights among caregivers. Hence the Researcher decided to do study on this problem.

## **1.2 STATEMENT OF THE PROBLEM**

Compare the awareness about human rights of mentally ill among the Male and Female caregivers of Patients diagnosed with Psychiatric disorders at Institute of Mental Health.

## **1.3 OBJECTIVES**

i.)To assess the awareness about human rights of mentally ill among male caregivers of Patients diagnosed with Psychiatric disorders.

ii.) To assess the awareness about human rights of mentally ill among female caregivers of Patients diagnosed with Psychiatric disorders.

iii.)To compare the awareness about human rights among the male and female caregivers of Patients diagnosed with Psychiatric disorders.

iv.) To associate the awareness about human rights of mentally ill with the selected demographic variables.

## **1.4 OPERATIONAL DEFINITIONS**

### **A.) Care givers.**

It refers to an individual who is a significant family member attends to the needs of the patients.

### **B.) Human rights.**

It is pertaining to basic rights of patients with mental illness as per the Mental Health Act which includes the rights pertaining to the personal needs, communication, decision making, legal aspects and Hospital stay.

### **C.) Awareness**

It refers to the understanding about the human rights of mentally ill among the Male and Female caregivers at Institute of Mental Health.

### **D.) Psychiatric Disorders**

It refers to the disorders which are classified according to ICD 10.

### **E.) Mentally ill**

It refers to an individual who are diagnosed with psychiatric disorders under the guidelines of ICD 10.

## **1.5 ASSUMPTION.**

Human rights of mentally ill are violated most often due to poor awareness.

## **1.6 HYPOTHESIS**

There is a significant difference in the awareness about human rights of mentally ill among the male and female caregivers of patients diagnosed with psychiatric disorders.

## **1.7 DELIMITATION**

1. Male and Female Caregivers those who receive health care services either at Psychiatric Outpatient department and Inpatient wards at Institute of Mental Health, Chennai.

2.Data collection period is limited to 30 days.

## CHAPTER-II

### REVIEW OF LITERATURE

Research is made in order to inform people with new knowledge or discovery. Every piece of ongoing research needs to be connected with the work already done, to attain an overall relevance and purpose. The review of literature thus becomes a link between the research proposed and the studies already done.

#### 2.1 REVIEW OF RELATED STUDIES

The whole review was organised into the following aspects.

1. Reviews related to awareness of Human rights among patients.
2. Reviews related to awareness of Human rights among Caregivers.
3. Reviews related to awareness of Human rights among Healthcare professionals.
4. Reviews related to awareness of Human rights among General public.
5. Reviews related to Human rights among Violation

##### **2.1.1 Reviews related to awareness of Human rights among patients.**

**Roja Princy (2009)** studied the Patients' and staff members' perception towards the rights of hospitalized psychiatric patients. Samples included 50 patients and 50 staff nurses who were selected by purposive sampling and administered 31 item 4 point Likert scale to assess the perception on rights of mentally ill. The collected data was analyzed by paired 't' test and chi-square test. The results indicated that there were differences between the groups in terms of

situations that justify involuntary hospitalization, the use of force or physical restrictions and compromise of confidentiality. The researcher concluded that a profound conflict in the way patients and staff believe several days that come up in the ward should be dealt with and what principles should prevail patients' rights as perceived by the staff.

**Mills MS et al (2008)** described the mental patients' knowledge of in hospital rights. The researchers investigated 52 recently admitted patients about formally receiving information regarding patients' rights and about their knowledge of that information. Of the 13 day hospital patients, 12 recalled being given the information, but only 20 of 39 inpatients recalled receiving the information. Most patients, disregard of their diagnosis or legal status, knew their rights. Surprisingly, comparison with a group of patients who did not receive any information on their rights had shown no relationship between receiving information and knowledge of patients' rights. On the basis of these and other findings, the researchers discuss some difficulties with presentation of patients' rights and concluded that patients need and their family needs more education about human rights.

**Read U.M et al (2007)** conducted an Ethnographic study of people with severe mental illness in rural Ghana. It was a part of a longitudinal anthropological study to find out the impact at the level of those living with mental illness and their families. Investigator made visits to over 40 households with a family member with mental illness, as well as churches, shrines, hospitals and clinics. Ethnographic methods used were observation, conversation, semi-structured interviews and focus group discussions with people with mental illness, carers, healers, health workers and community members. Chaining and beating of the mentally ill was found to be common in homes and treatment centres in the communities studied, as well as with-holding of food. Families struggled to provide care for

severely mentally ill with very poor support from formal health services. Psychiatric services were difficult to access, particularly in rural communities, and also seen multiple limitations in their effectiveness. Traditional and faith healers remained highly popular despite of the health care facilities. Researchers concluded that efforts to promote the human rights of those with mental illness must be incorporated with the community in order to combat social stigma and discrimination.

**Arshad et al (2007)** conducted the cross sectional surveys in teaching hospitals to assess the awareness and perceptions of electroconvulsive therapy among psychiatric patients. Out of 190 patients 140 were aware of ECT and the most common source of awareness was electronic and print media (38%), followed by relatives (24%) and doctors (23%). Physical injuries (42%) and neurological (12%) and cognitive disturbances (11%) were the commonly feared side effects. The most popular belief about ECT was that it was a treatment of last resort (56%). Thirty-nine percent thought that ECT could lead to severe mental and physical illness and 37% considered it inhumane. Patients' willingness to receive ECT was dependant on whether or not they were convinced of its safety ( $p=0.001$ ) and efficacy ( $p=0.0001$ ). The study clearly identified a serious lack of dissemination of information regarding ECT by the psychiatrists and the mental health care providers. The Researcher recommended that the patients' rights to know the information about treatment should be reinforced to all the health care providers.

### **2.1.2 Reviews related to awareness of Human rights among Caregivers.**

**Mays D and Hund (2010)** compared the awareness about human rights of mentally rights of mentally ill among the male and female caregivers of Schizophrenic patients. Samples of 165 male and 163

female caregivers were chosen for the study by convenient sampling and administered Human rights awareness questionnaire. Responses were analysed by univariate and multivariate statistical methods. Results shown that comparatively male caregivers were having adequate awareness about 54.4% where as only 20.2% female caregivers were having adequate awareness. Also the rural area, older age, and lower levels of caregivers' education were associated with the poor awareness about the human rights of mentally ill. The researcher recommended that health care professionals need to develop a tool on education and supportive service for female caregivers in this emerging role and contribute to family health in the community.

**Keslar (2010)** did a study to identify the knowledge about human rights among the long term male caregivers in Agra. By random sampling technique 200 samples were selected and the participants were administered with semi structured questionnaires. The long term male caregivers about 54% were having inadequate knowledge on administration of E.C.T and the rights of mentally ill. Also 36% of the participants had moderately adequate knowledge and 10% of them had adequate knowledge about the rights of the mentally ill. The results shown that inadequate knowledge among the caregivers was the top most reason for the violation of human rights. The researcher concluded that human rights violation will be minimised if the care givers are adequately educated about the importance of treatment regimen and the rights of mentally ill.

**Cruze (2008)** performed a descriptive study which assessed the female care givers care giving experience in a hospital at Boston. Totally 100 caregivers of mentally ill clients were selected randomly and interview was conducted. Data's obtained were statistically analysed and the study results revealed that most of the female care givers (58.6%) reported that care giving becomes difficult due to the inaccessibility of information about the mental illness and also

reported that the social stigma attached with the mental illness complicates the care giving. Many caregivers (52%) identified that they lack in knowledge about the legal and decision making issues of mentally ill clients which are the reasons for the violating the rights of the mentally ill. The researcher concluded that care giving becomes easy, only if the caregivers are supported with the adequate knowledge which is required.

**Shanthi (2009)** conducted a study to assess the awareness of human rights among caregivers caring for mentally ill. Totally 30 Samples were selected by convenient sampling. The self constructed tool on human rights had 20 items used to assess awareness regarding human rights. The data were analysed by using both the descriptive and inferential statistics. The study revealed that 17(56.7%) were having inadequate knowledge, 12 (40%) were having moderately adequate knowledge and only 1(3.3%) had adequate knowledge on human rights. The findings alarmed that that the majority of the caregivers caring for mentally ill were having inadequate knowledge about human rights of mentally ill and also researcher suggested that nurses are in unique position to educate the caregivers on human rights of mentally ill.

**Moreno V (2009)** did a qualitative study aimed at learning how relatives of patients with mental disorders have experienced dealing with a mental health care service. The exploratory and descriptive method was used with a qualitative approach. Data collection was performed using semi-structured interviews. Subjects were six family members who had been living for over three years with the mentally ill patients. Data analysis identified that relatives who closely follow the patient had to deal with the knowledge acquired from their day-today experience and was subject to rejection by other family and community members. The relatives felt welcomed in their complaints, receiving a unique treatment but they did not know the mechanisms

for social participation which were needed for the strengthening of the patients' rights as citizens.

**Chou (2009)** conducted a comparative study to find out the effect of perceived stigmatization on the quality of life among aging female family carers. The study also compared the significant predictors of female ageing carers' quality of life between family carers of adults with intellectual disability and family carers of adults with mental illness. Samples were 350 female family carers supporting person with intellectual disability and 60 female family carers supporting person with mental illness were participated. The hierarchical regression analysis was used. The results had shown that strongest effect of perceived stigma on the carer quality of life among the family carers of adults with mental illness than among the carers of adults with intellectual disability. Also revealed that poor quality of life intern leads to high level human rights of violation and relapses.

**Basavaraja et al (2009)** studied the knowledge regarding rights of mentally ill among caregivers. The study included 30 samples who were selected by convenient sampling technique. Self constructed 15 items knowledge questionnaire was administered and collected data was analyzed by using descriptive and inferential statistics. Study reveals that 50% of the caregivers were having inadequate level of knowledge and only 10% were having adequate level of knowledge. Thus nurses are in a position to educate the caregivers regarding the rights of mentally ill in the hospitals, role play can be conducted at the community level and IEC materials can be prepared and distributed to the caregivers.

**Sandy (2007)** compared the urban and rural care givers awareness about the rights of mentally ill in Mumbai. Samples were taken conveniently for the study and data's were collected by the questionnaire method. The collected data was analysed by using

descriptive and inferential statistics. Study findings revealed that the caregivers from the urban area have more awareness (68.8%) about the rights of mentally ill rather than the caregivers from the rural area (42.6%). The researcher concluded that the healthcare professionals need to raise the awareness of people in the community because the mentally ill should not be stigmatized as well as they need to lead a positive life in the society after they get discharge.

**Seloilwe (2006)** conducted a study with Grounded theory design with triangulated data sources to describe the experiences and demands of families who care for their mentally ill relatives at home in Botswana. A convenience sample was drawn from both urban and rural areas and composed of both men and women. Data collection methods included in-depth interviews, focus group discussions and field observations. Data was collected by using an interview method and Interviews were audio taped, transcribed, and translated into English. Analysis was done by open and axial coding and grouping like data method. The results revealed many bitter experiences and problems that families encountered in providing care to their relatives. The situation was perceived as difficult and burdensome because of lack of control and inadequate resources especially in getting information about the legal issues like the rights of mentally ill. Researcher indicated that caregivers need to use their wise knowledge to deal with the day-to-day care of their relatives. Community resources are needed to assist families to effectively care for their relatives.

### **2.1.3 Reviews related to awareness of Human rights among Health care professionals.**

**Vijaya Kumar (2009)** conducted a study to assess the knowledge and attitude towards importance of human rights among healthcare team members. Data collected from 100 healthcare team members who were selected by non probability convenient sampling technique. Scheduled

interview schedule was used and data analysed by descriptive and inferential statistics. The study revealed that nearly 40% of health care team members have adequate level of knowledge and 75% of the health care team members had a favourable attitude towards practising patient care by giving importance to human rights.

**Vijayarani et al(2009)** explored the knowledge regarding rights of mentally ill among Ayurvedic interns by using self constructed 15 items structured knowledge questionnaire. Data was analysed by using descriptive and inferential statistics. Results shown that 83.3% were not aware of the human rights of mentally ill persons and only 6.7% of them were having highly adequate level of knowledge. Investigator recommended that mental health professionals needs to stress the concern authority to include the rights of mentally ill in Ayurvedic curricula and further need to conduct awareness programme to improve the existing level of knowledge.

**Suresh K Sharma (2009)** studied the awareness regarding human rights of mentally ill among nurses in North India. The samples were 52 nurses and selected by purposive sampling. Interview schedule was prepared and data was collected then it was analysed by descriptive and inferential statistics. Results revealed that maximum number (98.08%) were having good (61.54%) to average (36.4%) level of awareness. The maximum violation practices were regarding seclusion of mentally ill (80.77%), followed by forceful administration of medication (53.85%) and mechanical restraining of the mentally ill (51.92%).

**Samuel George (2009)** conducted a descriptive study to assess the level of knowledge on human rights in relation to mentally ill, mental retardation and their family members among nurses. The study samples were 210 nurses working in hospitals and they were selected by simple random technique. Collected data was analysed using

descriptive statistics. Results revealed that the respondents 72.80 % (153) were having moderately adequate knowledge, 19.5% (41) were having adequate knowledge and 7.68% were having inadequate knowledge. Concluded the study that if the knowledge is inadequate the nurses may land up in legal problems and more than this, this may cause discomfort to the mentally ill.

**Nurnahar (2009)** conducted the pilot study to assess the knowledge and attitude of GNM students towards human rights of mentally ill. Sixty students were selected by purposive sampling and administered 18 item dichotomous questionnaires for knowledge and 12 item rating scale for attitude. Descriptive and inferential statistics used for the data analysis. Study revealed that insignificant correlation (-0.361 at df 9) between the knowledge and attitude of GNM students towards human rights of mentally ill which indicates that they are independent of each other.

**Binu Mathew(2009)** conducted the quasi experimental study to assess the effectiveness of computer assisted planned teaching programme on legal rights of mentally among staff nurses at Chhattisgarh. The sample size was 60 and they were selected by random sampling. Data was collected and analysed by using descriptive and inferential statistics. Results revealed that maximum increase in knowledge was found in the area of legal terms from 45.15% (pre test) and 90.15% (post test).The study revealed there was a significant improvement in knowledge ill all areas following the administration of planned teaching programme. The researcher concluded the study that the planned teaching was found to be effective in enhancing the knowledge of staff nurses on legal rights of mentally ill.

**Hazkan Ozdemier M et al (2008)** performed the cross sectional descriptive survey to determine the awareness of mentally ill patients rights among 350 nurses and 50 midwives. The study found that 51%

of nurses and midwives were not aware of any legislation related to patient's rights. Also 71% of respondents were aware of the legal arrangements. Only 34% of all knew of any legal basis for patients rights. Thus it is an urgent need to raise awareness of human rights of mentally ill among health care providers.

**Passmore k (2008)** conducted an explorative study and aimed to assess psychiatrists' knowledge of the Human Rights Act and to examine whether knowledge is related to seniority or experience. Questionnaires were sent to 154 psychiatrists in the Northern Region, London, to test both their factual knowledge of the Human Rights Act and their ability to apply it to clinical scenarios. Among the study subjects, 96 psychiatrists responded and they demonstrated good overall knowledge and ability to apply the Human Rights Act However, half of the respondents were not aware that the Act only imposes a duty on public authorities and that a lack of active treatment but there was no significant difference between the specialist registrars and consultants. And researcher concluded that here is still a need for further training on relevant aspects of the Human Rights Act.

**Nordt C (2006)** conducted the survey to study the attitudes of mental health professionals (n = 1073) and members of the public (n = 1737) toward mental illness and their reaction towards a person with and without psychiatric symptoms. The collected data were analysed by using multiple regression. Psychiatrists had more negative stereotypes than the general population. Mental health professionals accepted restrictions toward people with mental illness 3 times less often than the public. Most professionals were able to recognize cases of schizophrenia and depression, but 1 in 4 psychiatrists and psychologists also considered the non-case as mentally ill. However, in this regard, there was no difference between professionals and the public. The researcher concluded that the better knowledge of mental health professionals and their support of individual rights neither

entail fewer stereotypes nor enhance the willingness to closely interact with mentally ill people.

#### **2.1.4 Reviews related to awareness of Human rights among General public.**

**Zogg C (2008)** compared the expert's and lay attitudes towards restrictions on mentally ill people. Study was conducted by representative telephone survey with psychiatrists (N = 87) and lay persons (N = 90). Compulsory admission towards people with mental illness is the most accepted restriction (experts 98.9 %/lay persons 72.2 %) followed by the withdrawal of the driving license (6.7 %/54.1 %), abortion suggested for mentally ill women in case of pregnancy (5.6 %/19.4 %), and the withdrawal of the right to vote (1.1 %/17.4 %). The researcher concluded that when assessing restrictive measures towards people with mental illness, experts have to consider the discrepancy between their and the lay persons' opinions. Furthermore, professionals have to take an active role in the public discussion about the rights of the mentally ill patients. Thus, they contribute to the fight against the stigma that mentally ill people are faced with.

#### **2.1.5 Reviews related to Human rights among Violation.**

**Sailaxmi Gandhi (2009)** conducted a retrospective study to assess the abuse in psychiatric patients. A total of 119 patients' medical records were viewed to collect the data. Of these, 7 patients (5.0%) were found to have history of abuse (Physical or sexual). Also the study further revealed that the subjects family had knowledge of the abuse(85.7%),onset of psychiatric illness occurred after the abuse(57.1%),and suicidal attempts had taken following the abuse(57.1%).Researcher concluded that most of the sexual crimes against psychiatric patients are being committed by relatives and

close acquaintances of the victim and the common places where these crimes committed are houses, offices, police custodies, hostels and hospitals. Hence there is a need to increase the public awareness about human rights of mentally ill.

**Jasbir Kabur et al (2009)** compared the prevalence of physical abuse, sexual abuse and social neglect among male and female mentally ill patients in North India. The purposive sampling technique was used to gather data by interview schedule for 45 male and 45 female mentally ill patients. The study has revealed that percentage of verbal and physical abuse was more in male mentally ill patients around 75.56% where as in case of female patients it was 64.45%. And prevalence of non penetrating sexual abuse was found in female subjects about 04.44% and both the group had almost same social neglect in food profile (24%). Also researcher concluded that social discrimination was found more in female mentally ill patients than male mentally ill patients.

**Conus et al (2009)** while exploring the outcome of correlates of sexual and physical trauma in an epidemiological cohort of 658 first episode psychosis patients files, found that 83% of them were exposed to at least one stressful event and 34% to sexual and/or physical abuse prior to illness. Researchers concluded that mentally ill persons deserve the same rights enjoyed by any other human being. Thus securing and protecting the human rights of mentally ill has to start with sustained awareness raising campaigns.

**Sophie (2007)** explored the risk of violent abuse against mentally ill patients based on interviews with 708 patients with psychotic disorders those who lived in four inner-city areas of London. The results of the study shown that mentally ill people living in the community are twice as likely as members of the general public to be the target of violent abuse which indicates the poor awareness of the

human rights among the people lives in rural areas. As many as 16 per cent of patients with psychotic disorders, including schizophrenia and manic depression, were victims of violence in the past year, compared with just under 7 percent of the general population.

**Ohinishi (2006)** conducted the retrospective study to determine whether the mental health act has been effective in protecting patient rights by delineating the content and trends of patient rights violations at psychiatric hospitals by an analysis of newspaper reports. An analysis of 924 newspaper articles found that 39 hospitals involved in patient rights violations. The results revealed that violations of patient rights have continued to occur after the implementation of the act. The reasons for that were for-profit policy of hospitals, a defective oversight system, and a lack of knowledge about the act by medical staff.

## 2.2 CONCEPTUAL FRAMEWORK

Conceptual framework is the map which gives coherence to empirical inquiry. It outlines the possible courses of action in the Research.

The conceptual framework used for the present study is **Dorothy E. Johnson's Behaviour System Model**. Johnson behaviour system model is useful for nurses when called upon to assist families in maintaining their health or cope with problems or illness. A behavioural system, which requires and results in some degree of regularity and constancy in behaviour, is essential to caregiver which is functionally significant in that it serves a useful purpose, both in social life and for the individual as well as to care the mentally ill relative.

Johnson behaviour system model views individual as a behavioural system consisting of interdependent system. The individual as a behavioural system should maintain an optimal organization and integration of subsystem. Each individual has a "predisposition to act with reference to the goal, in certain ways rather than the other ways". This predisposition is called as "set".

Johnson identified seven subsystems that carry out special functions for the system as a whole to lead a healthy life. The behavioural system has structural requirements (goal, predisposition to act, scope of action, and behaviour) and functional requirements (Protection from harmful influences, nurturance and stimulation to enhance growth and prevent stagnation).

### **Modified Johnson's behavioural system model**

Implementation of the nursing care related to the diagnosis may be difficult because of lack of patients input in to the plan. Hence the plan will focus on nurses' actions to modify the caregivers' behaviour after identifying their level of awareness on human rights of mentally ill. These plans will have a goal, to bring about homeostasis in a subsystem, based on nursing assessment of the caregivers' level of awareness. The plan may include protection, nurturance or stimulation of the identified subsystem.

#### **Affiliative subsystem**

As the investigator felt that the discrimination and social stigma attached with the mental illness prevents the mentally ill patient as well as their family to develop good social interaction and it forms the basis for the abuse of mentally ill patients.

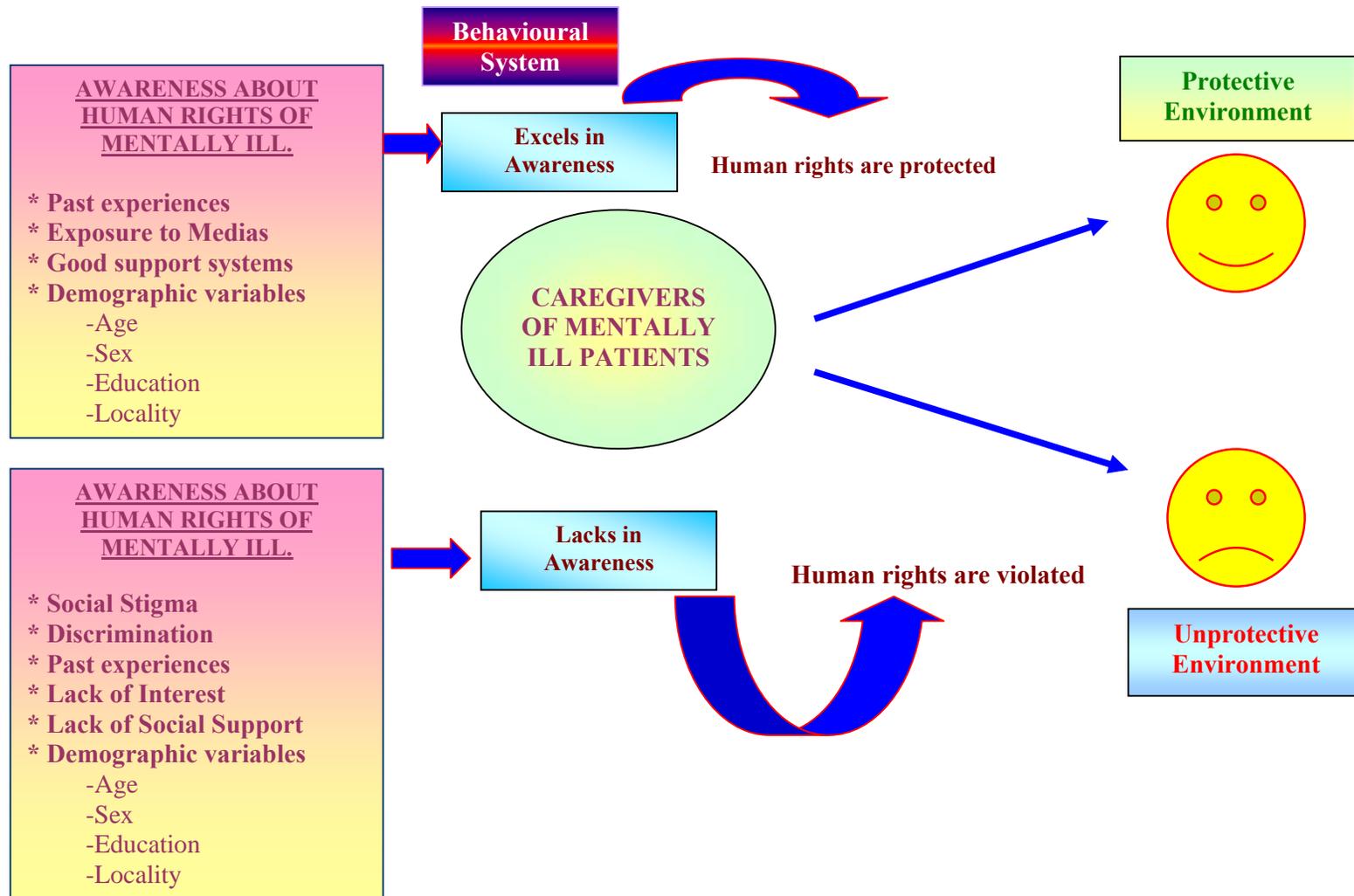
#### **Aggressive subsystem**

Investigator found that the caregivers lack awareness regarding protection of mentally ill patients against the violation practices. Hence, human right violations against mentally ill patients are being committed by relatives and close acquaintances of the victim and the common places where these crimes committed are houses and the community.

#### **Achievement Subsystem**

In which the investigator identified that major portion of the caregivers had poor awareness about the legal aspects domain. Manipulation of the environment is needed to control the environment by enhancing the intellectual skills of the caregivers.

**FIGURE: 1. Schematic representation of Modified Dorothy E.Johnson’s Behaviour System Model.**



## CHAPTER –III

### METHODOLOGY

This chapter deals with the research design, the variable of the study, the setting, the population, sample, sample size, sampling technique, selection criteria development and description of tool, content validity, pilot study, reliability, data collection procedure and plan for data analysis.

#### 3.1 RESEARCH DESIGN

The present study is descriptive in nature. Awareness about human rights of mentally ill among male and female caregivers is compared.

#### 3.2 VARIABLES

**Independent Variables-** Awareness

**Dependent Variables-** Human rights of mentally ill

**Attributable Variables-** Age, education, occupation, income, years of caregiving.

#### 3.3 RESEARCH SETTING

Psychiatric outpatient department and Inpatient wards at Institute of Mental Health, Chennai. Institute of Mental Health is a 1800 bedded hospital, started in the year 1794 by Valentine Conoley with 20 beds which is one of the biggest Institute in South Asia. Therapies like behavioural therapy, Occupational therapy, Yoga, etc are given separately for male and female patients. Hospital runs out patient department under VI units by the eminent Psychiatrists and 286 male patients and 118 female patients receive mental health out patient

services per day. There are about 750 male and 550 female in patients in different wards with various diagnosis.

### **3.4 STUDY POPULATION**

Male and Female Caregivers those who receive health care services either at Psychiatric Outpatient department and Inpatient wards at Institute of Mental Health, Chennai are the targeted population.

### **3.5 SAMPLE CHARACTERISTICS AND SELECTION**

#### **3.5.1. Sample Size**

50 male caregivers and 50 female Caregivers at the Psychiatric OPD and Inpatient wards were considered as the subjects and chosen by simple random sampling.

#### **3.5.2. Sampling Criteria**

##### **a.) Inclusion Criteria**

1. Male and Female Caregivers those who receive health care services either at Psychiatric Outpatient department and Inpatient wards at Institute of Mental Health, Chennai.
2. Caregivers who could write and read in Tamil.
3. Caregivers who are willing to participate in the study

##### **b.) Exclusion Criteria**

1. Caregivers who have any known severe Psychiatric problems.
2. Long term caregivers who are not willing to participate in the study.

#### **3.5.3 Sampling Technique**

All Male and Female caregivers of mentally ill patients who fulfilled the sampling criteria were selected by simple random technique by using lottery method for the study. As the caregivers of patients diagnosed with psychiatric disorders entered the psychiatric outpatient department, they were asked to pick up a lot carrying

number 1 or 2, similar method were also carried in both male and female acute psychiatric wards. The male and female caregivers, who picked up the lot carrying number1, were included in the study as sample.

### **3.6 TOOLS USED FOR DATA COLLECTION**

The tools used for the research purpose are:

3. Socio-demographic schedule.
4. Self constructed awareness questionnaire on Human rights of mentally ill.

### **3.7 DESCRIPTION OF THE TOOL AND SCORING TECHNIQUE**

#### **1) Socio-demographic Information Schedule**

This was developed by the researcher and it has 2 sections.

##### **Section-a)**

Mentally ill patients particulars such as age, sex, education, occupation, income, years of illness and number of admissions.

##### **Section-b)**

Caregivers' particulars to elicit data on age, Gender, education, Occupation, income, religion, locality, years of care giving and Relationship with the patient.

#### **2.) Self constructed awareness questionnaire on Human rights of mentally ill.**

The tool was developed by the researcher with the guidelines given by the Mental Health Act. The questionnaire contains 30 questions and 14 sub questions under 6 domains.

The 6 domains of the questionnaire are:

1. Personal needs (Item.No.1,2,3,4,4.a,5,5.a,6,6.a,7,7.a,8,8.a)
2. Communication (Item.No.9,9.a,10,10.a)
3. Decision making (Item No.11,11.a,12)
4. Hospital Stay (Item.No.13,14,14.a,15,16,16.a,17,18)
5. Legal aspects(Item.No.19,19.a,20,20.a,21,21.a,22,22.a,23,24,25)
6. Violation practices (Item No.26,27,28,29,30)

The responses of the caregivers are classified as “yes” or “no” and scores for that are 2 and 1 respectively. The scores on human rights awareness were classified for the interpretation as 30-40 poor level of awareness, 41-50 average level of awareness and 51-60 good level of awareness.

### **3.8 CONTENT VALIDITY**

Validity of the tool was assessed after construction of the tool. Content validity was obtained from the experts in the Nursing and medical fields. The items in the questionnaire were organised into six domains as per suggestions which were given by the experts. After the modifications the questionnaire was reassessed and it was approved by the experts to proceed with the study.

### **3.9 PILOT STUDY REPORT**

The feasibility of the study was assessed by conducting the pilot study. The pilot study conducted with 16 samples who fulfilled the sampling criteria were selected by simple random sampling technique. The interview took 40mts and data's were analysed after collecting. The pilot study elicited that the study was feasible.

### **3.10 RELIABILITY**

After pilot study reliability of the tool was assessed by using Test retest method. Its coefficient value is 0.80. This correlation coefficient

is very high and it is a good tool for assessing human rights awareness among caregivers of patients with psychiatric disorders.

### **3.11 DATA COLLECTION**

The study period was from 16.12.2010 to 15.01.2011. During the data collection, the researcher introduced herself and briefed the purpose of her visit to the medical officer and to the unit head in psychiatric outpatient Department and in male and female acute psychiatric wards. The files were searched to find out the patients who fulfilled the sampling criteria. Patients were identified and a small slip was attached to the file. The doctor who would see these patients were contacted and informed the purpose of the study and requested to send them back to the researcher for data collection. Later, the study subjects were interviewed in outpatient department as well as in Acute Psychiatric wards.

Each subject and the patients were informed about the purpose of the study and an informed consent was taken. The researcher took all the care to look into their comfort. Necessary steps were taken to provide privacy, confidentiality and ethical issues of the patients and relative. The patients and their relatives were given freedom of leaving the interview when they felt discomfort. First 10 minutes the researcher spent time for establishing rapport and 3-5 subjects were interviewed per day. Data's were gathered by using the Tamil version of the tool.

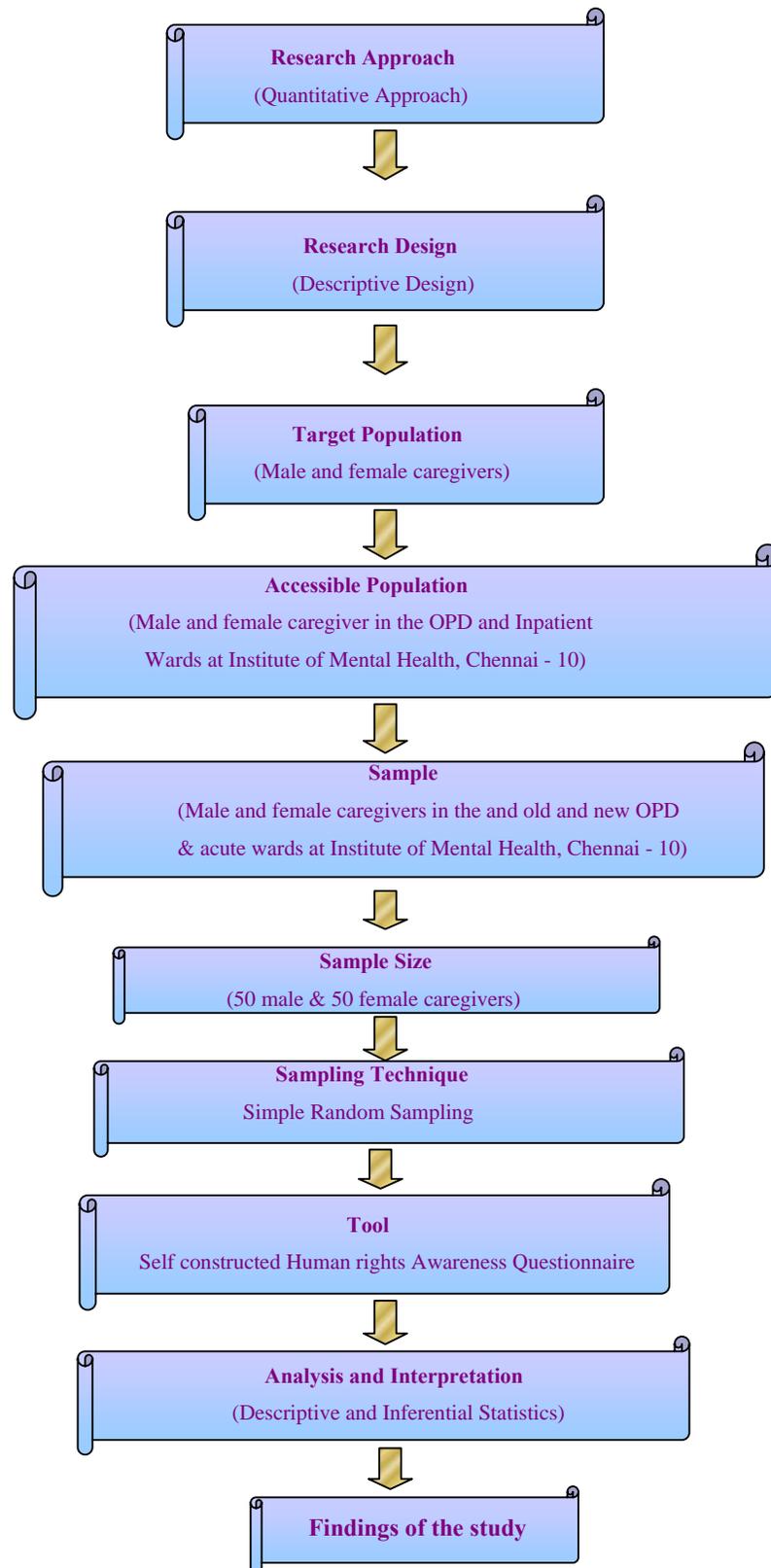
### **3.12 PLAN FOR DATA ANALYSIS**

Percentage, Mean, Standard Deviation, t-test and Chi square to find out the association between socio demographic factors and the awareness about human rights of mentally ill among male and female caregivers.

### **3.13 PROTECTION OF HUMAN RIGHTS**

After the approval of the proposal, the permission to proceed with study was obtained from the Head of the Department, Department of Mental Health nursing, College of Nursing, Madras Medical College, Chennai and the Director, Institute of Mental Health, Chennai. The study feasibility was assessed by the pilot study before commencing the main study. The study was ethically approved by the Institutional Ethical Committee, Madras Medical College. An informed consent was obtained from all the study participants and confidentiality was maintained throughout the study.

**Figure-2. SCHEMATIC REPRESENTATION OF THE STUDY**



## **CHAPTER-IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis and interpretation of the data gathered from 100 caregivers of the patients diagnosed with psychiatric disorders attending outpatient department and those who were in the acute psychiatric wards, Institute of Mental Health, Chennai -10. The analyzed data were tabulated and presented according to the objectives under the following headings.

#### **ORGANIZATION OF DATA**

##### ***Section: A***

- i.) Demographic variables of caregivers.
- ii.) Demographic variables of patients diagnosed with psychiatric disorders.

##### ***Section: B***

Level of awareness about human rights of mentally ill among male caregivers.

##### ***Section: C***

Level of awareness about human rights of mentally ill among female caregivers.

##### ***Section: D***

Comparison of human rights awareness between the male and Female caregivers.

##### ***Section: E***

Association between the awareness about human rights of mentally ill with the selected demographic variables.

**SECTION – A**

**Table 3: Demographic variables of caregivers.**

		Group			
		Male		Female	
		n	%	n	%
<b>Age</b>	21 -30 yrs	0	0.0%	3	6.0%
	31 -40 yrs	2	4.0%	3	6.0%
	41 -50 yrs	33	66.0%	10	20.0%
	>50 yrs	15	30.0%	34	68.0%
<b>Education</b>	Non formal education	16	32.0%	22	44.0%
	Primary education	22	44.0%	12	24.0%
	Secondary education	4	8.0%	14	28.0%
	Collegiate/professional	8	16.0%	2	4.0%
<b>Occupation</b>	Professional	3	6.0%	2	4.0%
	Employee in the office	5	10.0%	11	22.0%
	Coolie	31	62.0%	13	26.0%
	Businessman	7	14.0%	0	0.0%
	Unemployed	4	8.0%	24	48.0%
<b>Income</b>	< Rs.1000	19	41.3%	13	50.0%
	Rs.1000 - 2000	12	26.1%	0	0.0%
	Rs.2000 - 3000	6	13.0%	3	11.5%
	>Rs.4000	9	19.6%	10	38.5%
<b>Religion</b>	Hindu	31	62.0%	17	34.0%
	Christian	18	36.0%	21	42.0%
	Muslim	1	2.0%	12	24.0%
<b>Locality</b>	Urban	34	68.0%	25	50.0%
	Rural	16	32.0%	25	50.0%
<b>Years of care giving</b>	< 2 yrs	14	28.0%	22	44.0%
	2 -5 yrs	19	38.0%	10	20.0%
	6 -10 yrs	6	12.0%	7	14.0%
	> 10 yrs	11	22.0%	11	22.0%
<b>Relationship</b>	Husband/wife	17	34.0%	26	52.0%
	Parents	22	44.0%	19	38.0%
	Relatives	11	22.0%	5	10.0%

Among the male subjects 66.0% were in the age group of 41-50 years and in the female subjects 68.0% were in the age group of above 50 years.

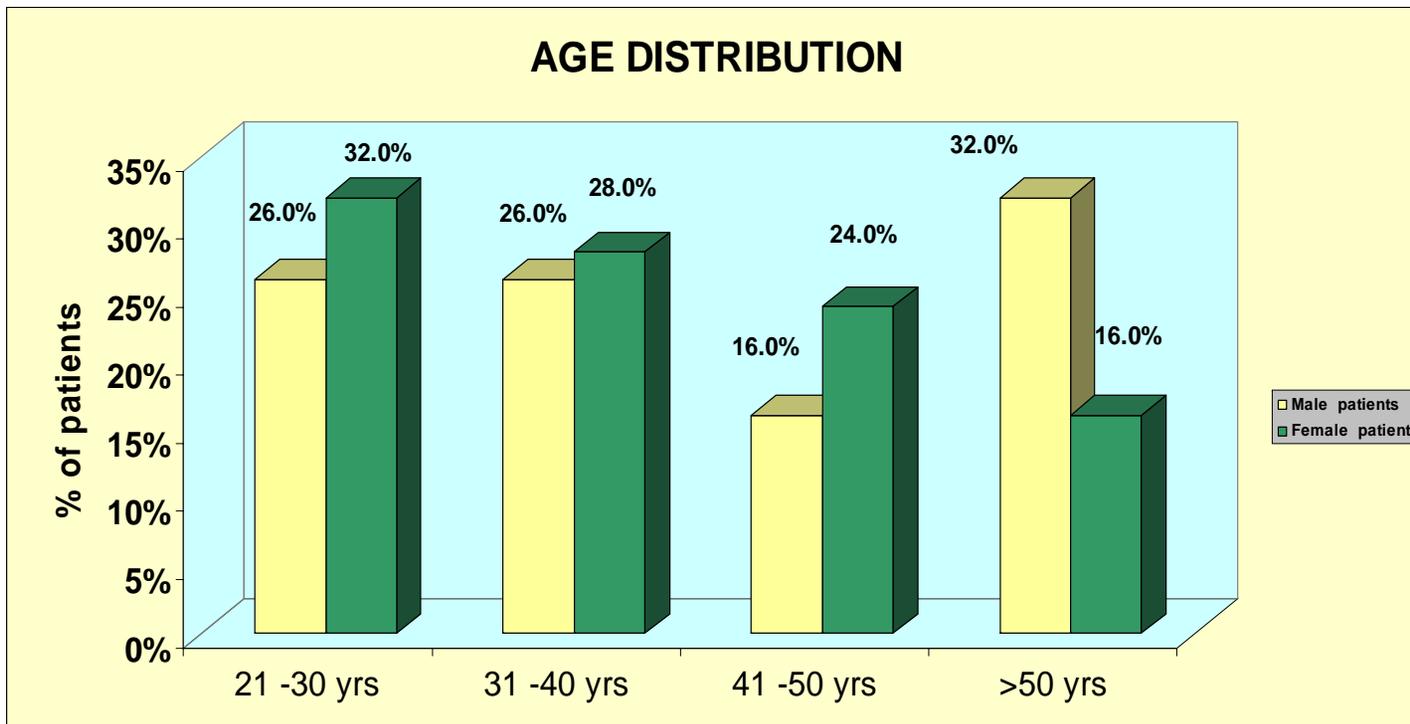
Less than half of the male subjects (44%) were educated up to primary school level and the same percentage of female subjects had non formal education.

Less than half of the male subjects (38%) cared psychiatric patients for 2-5yrs where as 44% of female subjects cared for less than 2yrs.

Among the male subjects 44.0% were fathers of psychiatric patients and 52.0% of the female subjects were wives of Psychiatric patients.

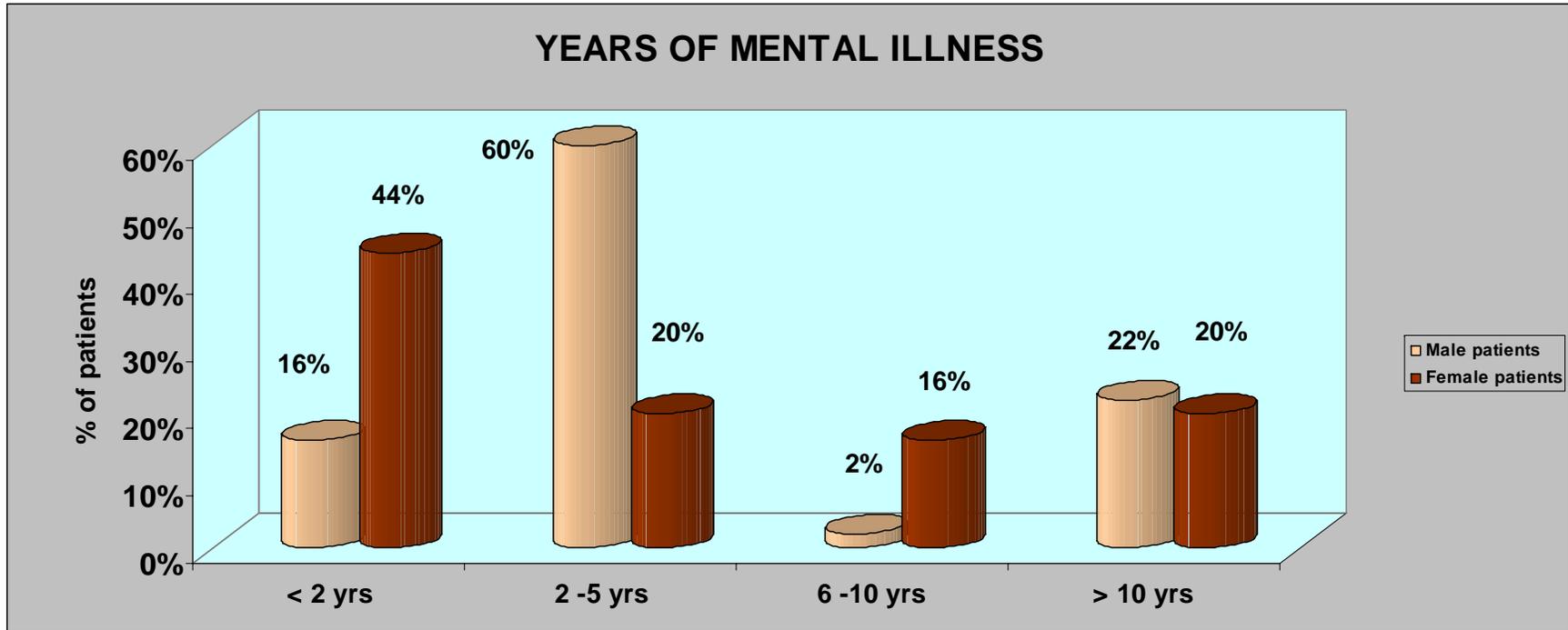
ii.) Demographic variables of patients diagnosed with psychiatric disorders.

Figure 3: Age distribution of the patients.



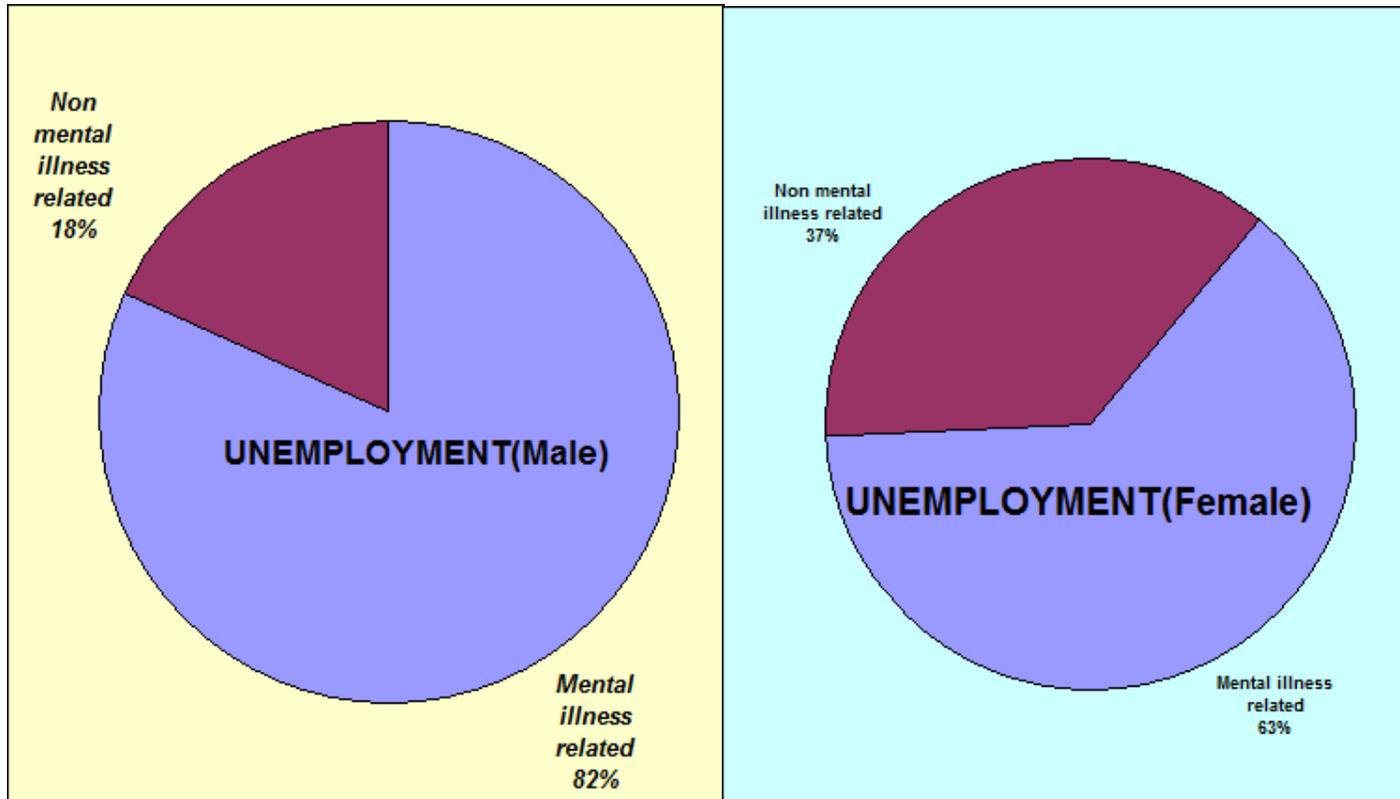
Nearly 1/3 of the male patients (32.0%) were in the age group of > 50 years and the same percentages of female patients were in the age group of 21-30 years.

**Figure 4: Psychiatric patients' years of illness**



Majority of the male patients (60%) had mental illness for 2-5yrs and less than half of the female patients (44%) had illness for < 2yrs

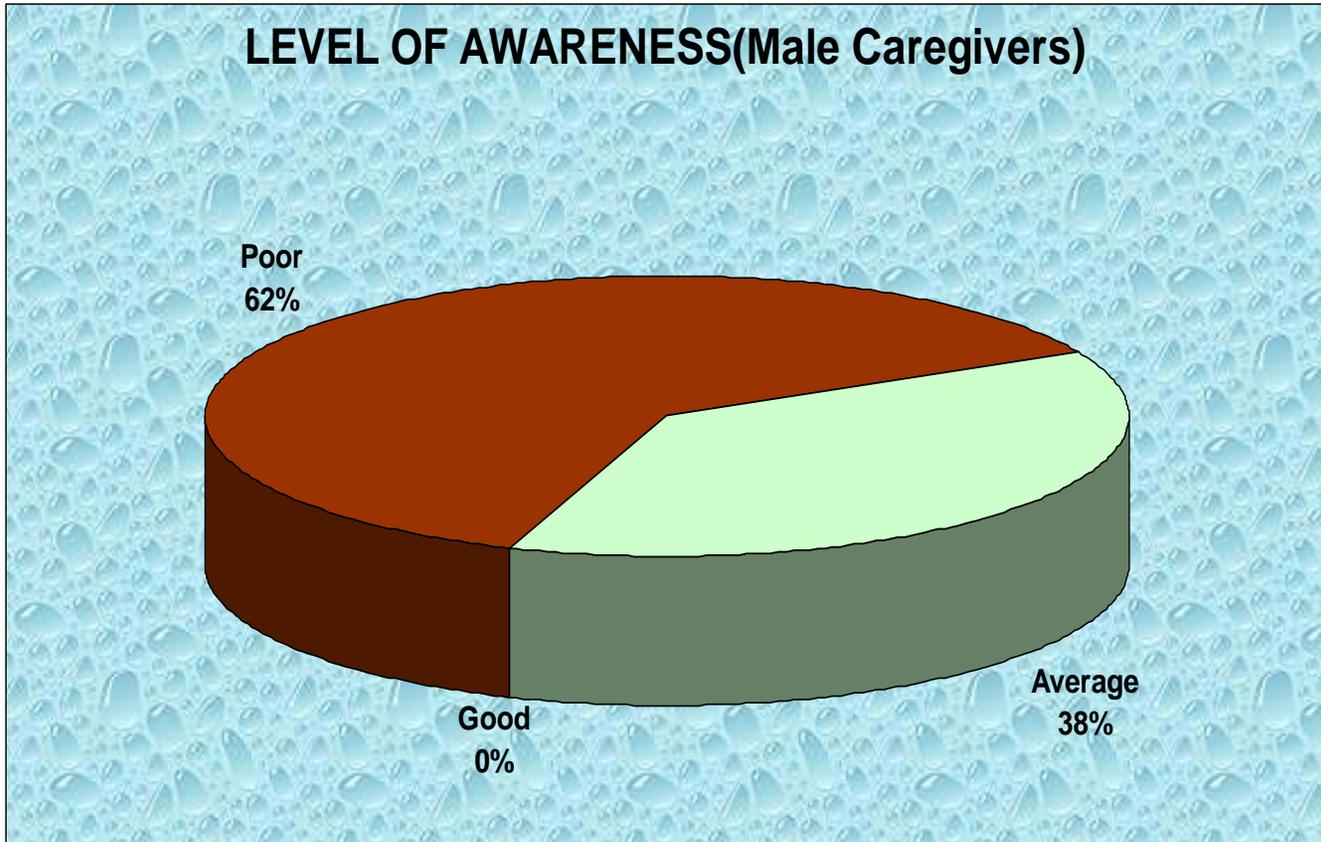
**Figure: 5 Unemployment related to Mental illness**



Majority of the male (82%) and 63% of the female patients were unemployed due to the mental illness.

**Section: B**

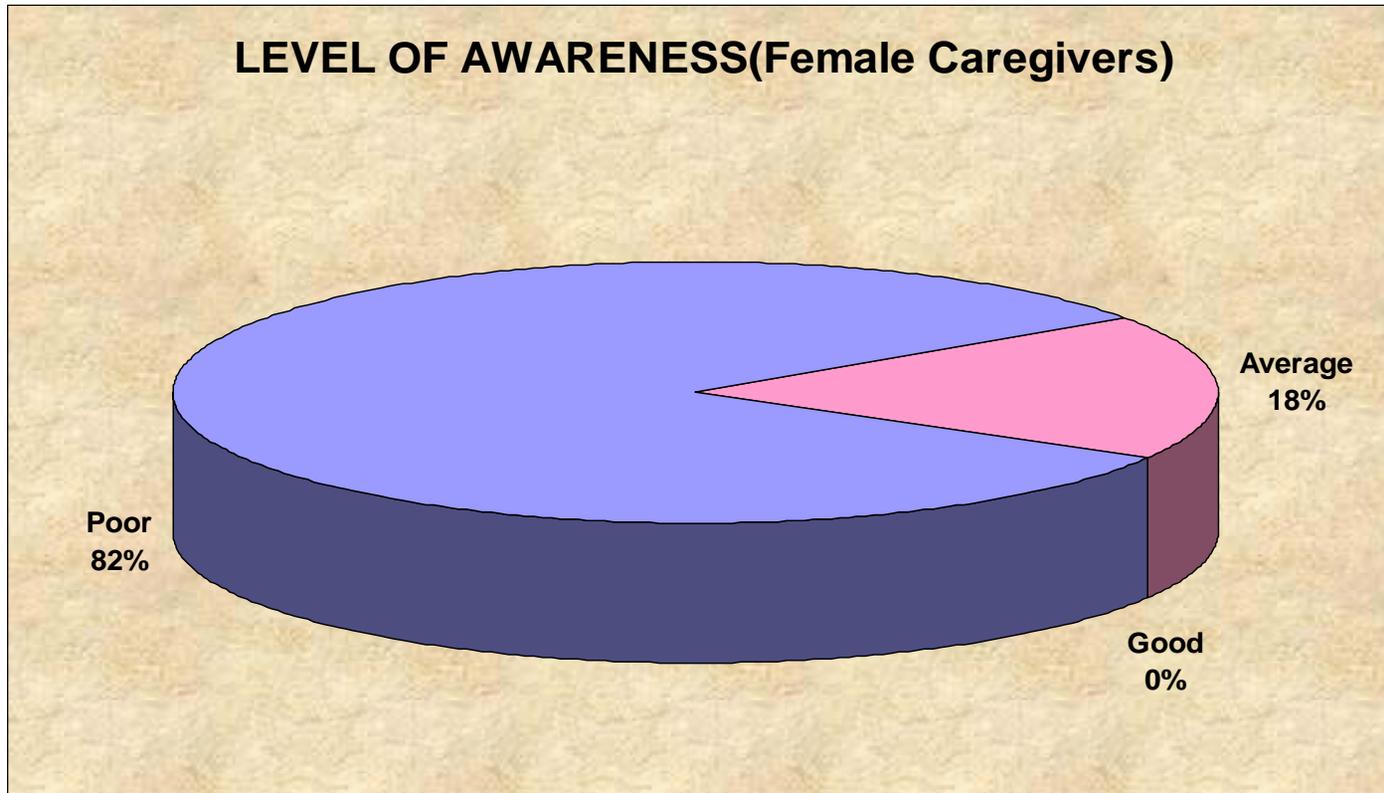
**Figure 6 : Level of awareness about human rights of mentally ill among male caregivers.**



More than half of the male caregivers (62%) had poor awareness about human rights of mentally ill.

**Section: C**

**Figure 7 : Level of awareness about human rights of mentally ill among female caregivers.**



Majority of the female caregivers (82%) had poor awareness about human rights of mentally ill.

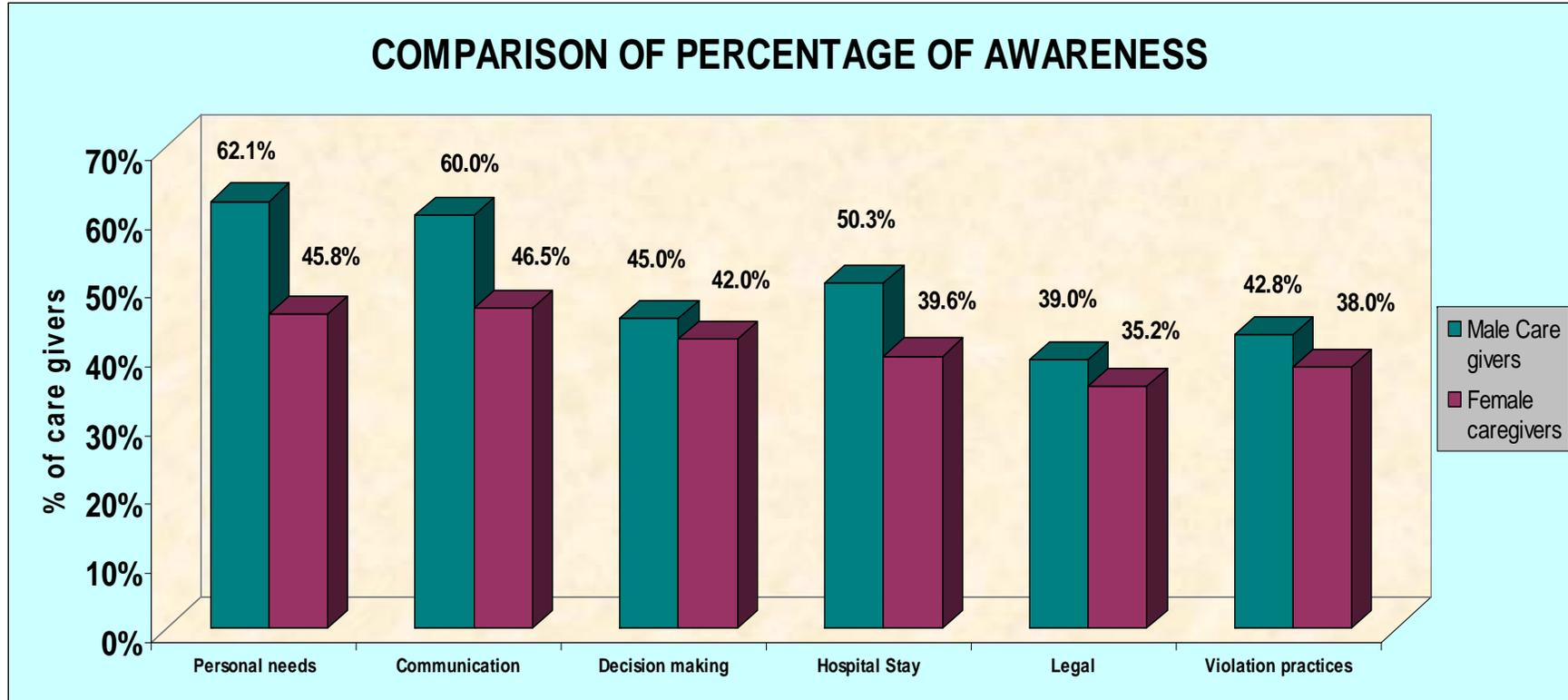
**Section: D**

**Table-4: Comparison of human rights awareness between the male and Female caregivers.**

Caregivers	Awareness score		Student independent t-test
	Mean	SD	
Male	29.92	7.64	t=2.99 P=0.003** DF=198 significant
Female	24.38	8.71	

When comparing the human rights awareness between male and female Caregivers, male caregivers showed relatively more awareness than the female caregivers.

**Figure 8 : Comparison of Human rights domains among male and female caregivers.**



Majority of the male care givers (62.1%) had maximum awareness in the area of personal needs where as less than half of the female care givers (46.5%) had maximum awareness in the area of communication.

**Section: E**

**Table-5: Association between the awareness about human rights of mentally ill with the selected demographic variables.**

		Male care givers				Pearson chisquare test	Female care givers				Pearson chisquare test
		Poor		Moderate			Poor		Moderate		
		n	%	n	%		n	%	n	%	
Age	31 -40 yrs	1	50.0%	1	50.0%	$\chi^2=6.37$ $P=0.04^*$ $DF=2$	3	50.0%	3	50.0%	$\chi^2=8.53$ $P=0.01^{**}$ $DF=2$
	41 -50 yrs	20	60.6%	13	39.4%		6	60.0%	4	40.0%	
	>50 yrs	10	66.7%	5	33.3%		31	91.1%	3	8.9%	
Educational status	Non formal education	14	87.5%	2	12.5%	$\chi^2=13.01$ $P=0.001^{***}$ $DF=3$	20	90.9%	2	9.1%	$\chi^2=10.36$ $P=0.01^{**}$ $DF=3$
	Primary education	14	63.6%	8	36.4%		10	83.3%	2	16.3%	
	Secondary education	2	50.0%	2	50.0%		10	71.4%	4	28.6%	
	Collegiate/professional	1	12.5%	7	87.5%		0	0.0%	2	100.0%	
Source of information	Urban	20	58.8%	14	41.2%	$\chi^2=6.49$ $P=0.01^{**}$ $DF=1$	17	68.0%	8	32.0%	$\chi^2=4.50$ $P=0.03^*$ $DF=1$
	Rural	11	68.8%	5	31.3%		23	92.0%	2	8.0%	

**\* significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$**

Younger, more educated and urban male and female care givers had more awareness about human rights of mentally ill.

## **CHAPTER-V**

### **DISCUSSION**

The chapter deals with the detailed discussion on the findings of the study obtained from the statistical analysis. Family environment plays a vital role in the course and prognosis of mental illness. Family's which lack in awareness about the mental illness and related issues such as human rights, the extent of family criticism; hostility and negative emotions contribute to relapse. It is believed that care givers are playing key role in the treatment of mentally ill patients and they should be supported by enhancing adequate knowledge. The study findings are discussed as per the objectives of the study.

#### ***Demographic variables of patients.***

Among the male patients majority (32.0%) were in the age group of 21-30 yrs and 30% had non formal education and the same percentage had secondary education. Majority (81.8%) of them were unemployed due to mental illness. Among the employed 57.1% earned Rs.1000 as monthly income. The duration of mental illness was 2-5 yrs for 60.0% of the male patients and 40.0% were admitted in the hospital for at least three times.

Among the female patients 32.0% of them were in the age group of 21-30 yrs and 34.0% had non formal education and 92% were unemployed. If employed earned Rs.1000 to 2000 as monthly income. The duration of mental illness was less than 2years for 44% of the female patients and 38.0% of them were admitted for 2times.

### **Demographic variables of caregivers**

Among the male subjects 66.0% were in the age group of 41-50 years and 44.0% had primary education. Majority of them (62%) worked as coolie and 41.3% earned Rs.1000. Among the subjects 62% of them were Hindus and 68% were from urban locality. In the present study 44% of the family members who cared were parents of the mentally ill patients. The duration of the care given was 2-5 years by the 38% of the carers.

Among the female subjects, majority (68%) of them were from the age group of above 50yrs and 44% of them were educated up to primary school. The subjects unemployed were 48% and among the employed 50.0% of them earned Rs.1000 per month. Less than half of the female subjects (42%) were Christians and equal numbers of female subjects were either from urban or rural locality. In the present study 52% of the family members who cared were wives of the mentally ill patients and 44% of them cared mentally ill for less than 2yrs.

### **The first objective was to assess the awareness about human rights of mentally ill among male caregivers**

It was found that more than half of the male caregivers (62%) were having poor awareness and 38% of them were having average awareness and none of them were having good awareness. This finding was consistent with the study done by **Keslar (2010)** in Agra assessed the knowledge about human rights among the long term male caregivers. Results shown that long term male caregivers about 54% of them were having inadequate knowledge on administration of E.C.T and the rights of mentally ill. Among the subjects 36% of them had moderately adequate knowledge and 10% of them had adequate knowledge about the rights of the mentally ill.

As per the investigators experience most of the patients are accompanied by the male caregivers. The reason what the caregivers explain is if the mentally ill become violent they are the one who can manage and control them by beating and tying them in the chains. Only few were aware of the rights of the mentally ill by means of Newspapers and televisions and by health care professionals.

**The second objective was to assess the awareness about human rights of mentally ill among female caregivers**

**Mays D and Hund (2010)** compared the awareness about human rights of mentally rights of mentally ill among the male and female caregivers of Schizophrenic patients. Female caregivers had only 20.2% of adequate knowledge.

**Chou (2009)** conducted a comparative study to find out the effect of perceived stigmatization on the quality of life among aging female family carers. The results had shown that strongest effect of perceived stigma on the carer quality of life among the family carers of adults with mental illness than among the carers of adults with intellectual disability. Also revealed that poor quality of life intern leads to high level human rights of violation and relapses.

**Cruze (2008)** performed a descriptive study which assessed the female care givers caregiving experience at Boston. More than half of them (52%) identified that they lack in knowledge about the legal and decision making issues of mentally ill clients which are the reasons for the violating the rights of the mentally ill.

The above findings of the different studies were consistent with the present study findings where 82.0% of the female caregivers were having poor awareness and 18% of them were having average awareness and none of them were having good awareness. Also the

study subjects were having maximum awareness (46.5%) in communication and minimum awareness (35.2%) in Legal aspects.

By the researcher's personal and clinical experiences, it was well understood that male earns and breads the family and the female spouse takes care of all the house hold issues. This makes their counterpart to assume less contact with the society and unaware about the things what is happening around them. Because of lack of acceptance from the male dominant society, women suffer immensely. Hence, much concentration to be given to combat the gender inequality.

**The third objective was to compare the awareness about human rights among the male and female caregivers.**

The present study results revealed that male caregivers had relatively more awareness than the female caregivers. There was a significant difference in the awareness about human rights of mentally ill among the male and female caregivers (**t=2.99 P=0.003\*\***). Mainly in the domains like personal needs, communication, hospital stay and violation practices. These findings are coinciding with the study conducted by **Mays D and Hund (2010)**, in which comparatively male caregivers were having moderately adequate knowledge about 54.4% but where as female caregivers had only 20.2% of adequate knowledge.

The researcher identified from the personal and clinical experience that it is a society where the male is greatly revered. Therefore women, especially hailing from the rural area are in a position where all the access to the information's is neglected most often. Men are by nature of his family responsibilities he plays different roles and he interacts to many persons in the family as well as in the society. So, he is exposed to the environment more rather than the women. Women should be given top priority and changes must happen concurrently

with increased direct action to rapidly improve the social and economic status of women. In this way, a synergy of progress can be achieved in all the area.

**The fourth objective was to associate the awareness about human rights of mentally ill with the selected demographic variables.**

The present study revealed that age, education and place of living are significantly associated with male and female caregivers' level of awareness. Younger, more educated and urban male and female caregivers are having more awareness than others.

This finding was supported by **Mays D and Hund (2010)** compared the awareness about human rights of mentally ill among the male and female caregivers of Schizophrenic patients. The rural area, older age, and lower levels of care givers education were associated with the poor awareness regarding human rights of mentally ill. **Sandy (2007)** compared the urban and rural care givers awareness about the rights of mentally ill in Mumbai. The caregivers from the urban area had more awareness (68.8%) about the rights of mentally ill rather than the caregivers from the rural area (42.6%). This finding also supports the present study findings.

Another study conducted by **Sophie (2007)** also confirms the present study findings. The study was conducted to explore the risk of violent abuse against mentally ill patients based on interviews with 708 patients with psychotic disorders those who lived in four inner-city areas of London. The results of the study shown that mentally ill people living in the community are twice as likely as members of the general public to be the target of violent abuse which indicates the poor awareness of the human rights among the people lives in rural areas.

By experience man learns plenty of things but surprisingly the present study revealed that even though the caregivers has any years of care giving experience, it was not having any impact on the caregivers awareness. Younger, more educated and urban care givers are having more awareness about human rights.

## **CHAPTER-VI**

### **SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS.**

#### **6.1. SUMMARY**

Mental illness are common than the physical disorders such as diabetes, cardiac diseases or cancer. One in every 4 people or 25% of the individual suffers with one or more mental disorders at any stage of life.

People with mental, neurological or behavioural problems are highly subjected to social stigma, discrimination, social isolation and poor quality life which in turn results in human rights violations. The number of people affected by mental and behavioural disorders is steadily increasing. In spite of the existing awareness about effective means in treating the psychiatric disorders, there is a very big gap between the treatment given and the available resources.

Family plays a vital role in caring their mentally ill people. In the present scenario, family members do not have the way to express their feelings, their ideas and also they don't have adequate knowledge about human rights. Hence thee researcher decided to do the present study to compare the awareness about human rights of mentally ill among the male and female caregivers of patients diagnosed with psychiatric disorders.

The data's from the subjects were collected for 4 weeks in the year of 2011. The data's were collected only after obtaining the informed consent. The collected data were analyzed by using the statistical means such as percentage, standard deviation, Pearson's chi square

test and student independent t- test. The study findings were discussed based the objectives.

## **6.2. Major findings of the study**

### **6.2.1 Findings on the patients' data**

1. Among the male patients less than half of them (32.0%) were in the age group of above 50 yrs and the same percentage of the female patients were from the age group of 21-30 yrs.
2. Among the male patients 30.0% had secondary education. The same percentage of male and 34.0 % female patients had non formal education.
3. Less than half of the male patients 44.0% and majority of female patients (92.0%) were unemployed.
4. Majority of the male patients (81.8%) and 63.0% of female patients were unemployed due to the mental illness.
5. More than half of the male patients (57.1%) earned < Rs. 1000 and 100% of the female patients earned Rs.1000- Rs.2000.
6. More than half of the male patients (60.0%) had mental illness for 2-5 yrs where as 44.0% of the female patients had illness for <2yrs.
7. Among the male patients 40.0% of them admitted for 3 times and 38.0% of the female patients admitted for 2 times.

### **6.2.2 Findings on the caregivers' data**

1. Among the male subjects 66.0% were in the age group of 41-50 years and majority of female subjects (68.0%) were in the same age group.
2. Equal numbers of the study subjects were males and females.
3. More than half of the male (66.0%) and 44% of the female subjects were educated up to primary school level.

4. More than half of the male subjects (62.0%) occupation was coolie where as less than half of the female subjects (48%) were unemployed.
5. Among male subjects 41.3% of them and 50% female subjects were earning Rs.1000/month
6. More than of the male subjects (62.0%) were Hindus and less than of the female subjects (42%) were Christians.
7. Among male subjects more than half of them (68.0%) were from urban locality and equal numbers of female subjects were either from urban or rural locality.
8. Less than half of the male subjects (38%) cared psychiatric patients for 2-5yrs where as 44% of female subjects cared for less than 2yrs.
9. Among the male subjects 44.0% were fathers of psychiatric patients and 52.0% of the female subjects were wives of mentally ill patients.

### **6.2.3 Findings on male caregivers' awareness.**

1. Male subjects were having maximum awareness (62.1%) in personal needs and minimum awareness (39.0%) in Legal aspects.
2. Among the male caregivers 62% were having poor awareness and 38% of them were having average awareness and none of them were having good awareness.
3. The over all awareness of male subjects was 49.9%

### **6.2.4 Findings on female caregivers' awareness.**

1. Female subjects were having maximum awareness (46.5%) in communication and minimum awareness (35.2%) in Legal aspects.
2. Among the female caregivers 82.0% were having poor awareness and 18% of them were having average awareness and none of them were having good awareness.
3. The over all awareness of female subjects was 40.6%

### **6.2.5 Comparison of male and female caregivers' awareness.**

1. There was a significant difference in the awareness about human rights of mentally ill among the male and female caregivers.
2. The awareness was significantly differed between the male and female caregivers in the domains such as personal needs, communication, hospital stay and violation practices.

### **6.2.6 Association of human rights awareness with the selected demographic variables.**

Age, education and place of living are significantly associated with the male and female subjects' level of awareness.

## **6.3. CONCLUSION**

The present study results revealed that there is a significant difference in the awareness about human rights of mentally ill between the male and female caregivers. The present study identified that both the male and female caregivers have very poor knowledge in the domains such as decision making and legal issues.

Caring the mentally ill client is highly stressful for the caregivers. If the caregiver does not have good knowledge about the mental illness and the way to protect the mentally ill client, the care giving becomes meaning less. That too the female caregivers are in a position that the information's pertaining to the care of mentally ill is always inaccessible to them. The same situation exists in the case of awareness about human rights of mentally ill. Hence the nurse should plan the interventions to achieve the goals such as increased awareness about human rights, prevention of human rights violations, decreased social stigma, social isolation and cost of hospitalization and fewer complications and practicing Evidence based practice.

## **6.4. IMPLICATIONS OF THE STUDY**

The Researcher derived the following implications from the study.

### **Nursing Practice**

1. Nurses can help the caregivers in identifying and understanding the causes for the Human rights violations.
2. Nurses can help the patients to protect them selves from the incidences of human rights violations.
3. Nurses should raise the awareness regarding the protection human rights of mentally ill and its importance especially among the female caregivers.

### **Nursing Administration**

1. Nurse has the major role in the protection of human rights of mentally ill in the wards as well as in the community. Hence the Nurse Administrators should see to that there are enough resources and staffing for caring the mentally ill patients.
2. Nurse Administrator can conduct seminars, conferences, workshops on human rights of mentally ill among their care givers in order to raise the level of awareness about it.
3. In-service education programs and training programs on human rights of mentally ill can be conducted to help the clinical nurses to combat the human rights violations.
4. Interventions such as health education, home care services, community care services etc. which will expand the Role of Nurse in Human rights protection.

### **Nursing Education**

1. Ensuring that education about the Human rights of mentally ill to the Student Nurses will generate the prevention of human rights violations in future.

2. Educating the Staff Nurses periodically about the human rights of mentally ill will help in imparting the knowledge to the caregivers.

### **Nursing Research**

There is a plenty of scope for research in the field of Human rights in future.

1. Studies can be done in depth to find out the suitable intervention for the prevention of human rights violations.
2. The present study findings will be the motivating the other researchers to conduct new studies with different variables in large scale.
3. The evident of lack awareness in caregiver of patients diagnosed with psychiatric patient will give rise to the newer search for the ways in which the human rights can be protected.

### **6.5.RECOMMENDATIONS FOR FUTURE RESEARCH**

In view of the present study findings, the researcher forwards the following recommendations for the further research.

1. Similar kind study can be performed with a large scale and also in different settings.
2. Comparative study can be done to find out difference in the awareness about human rights of mentally ill among the long term and short term caregivers.
3. Similar kind of study can be conducted to elicit the awareness on human rights of mentally ill among the Care givers of mentally ill clients and the caregivers of patients with general health problems.
4. Similar study can be conducted with intervention to find out the effectiveness of intervention in creating the awareness about human rights.

5. Human rights awareness programs can be conducted for the student Nurses, Staff Nurses and Nursing supervisors so as to equip them with adequate expertise to deal with the human rights violations in the clinical area as well as in the community.

#### **6.6. MERITS OF THE STUDY**

1. Questionnaire on Awareness about Human rights of mentally ill suits for the Indian Culture.
2. Studies which examines about human rights of mentally ill among their caregivers are very rare in Indian literature as well as in the field of Nursing.

#### **6.7. LIMITATIONS OF THE STUDY**

1. The interview time exceeded up to 40mts for each caregiver which was initially planned for only 30mts.
2. Researcher felt that the results of the study might have been effective if the attitude of the caregivers were measured along with the awareness.
3. The researcher was able to collect more number of overseas literatures than the Indian literatures.

## SOCIO-DEMOGRAPHIC DATA

### I.)Patients data

#### 1. Sample.No

#### 2.Age

- a.)21 to 30 yrs.
- b.)31 to 40 yrs.
- c.)41 to 50 yrs
- d.)above 51 yrs.

#### 3.Gender

- a.)Male
- b.)Female

#### 4.Educational Status

- a.)Non-formal Education
- b.)Primary Education
- c.)Secondary Education
- d.)Collegiate/Professional

#### 5. Occupation

- a.)Professional
- b.)Employee in office
- c.)Coolie
- d.)Business man
- e.)Unemployed

**6.)If unemployed**

- a.)Mental illness related
- b.)Non mental illness related

**7.) Income**

- a.)<Rs.1000
- b.)Rs.1000 to Rs.2000
- c.)Rs.2000 to Rs.3000
- d.)Rs.3000 to Rs.4000
- e.)>Rs.4000

**8.) Number of years with mental illness**

- a.) <2 year
- b.) 2-5yrs
- c.) 6-10 yrs
- d.) >10 yrs

**9.) Number of admissions**

- a.) 1 time
- b.) 2 times
- c.) 3 times
- d.) >4 times

## II.)Caregivers Data

### 1. Sample.No

### 2. Age

a.)21 to 30 yrs.

b.)31 to 40 yrs.

c.)41 to 50 yrs

d.)Above 51 yrs.

### 3. Gender

a.)Male

b.)Female

### 4.Educational Status

a.)Non-formal Education

b.)Primary Education

c.)Secondary Education

d.)Collegiate/Professional

### 5. Occupation

a.)Professional

b.)Employee in office

c.)Coolie

d.)Business man

e.)Unemployed

**6.) Income**

a.) <Rs.1000

b.) Rs.1000 to Rs.2000

c.) Rs.2000 to Rs.3000

d.) Rs.3000 to Rs.4000

e.) >Rs.4000

**7.) Religion**

a.) Hindu

b.) Christian

c.) Muslim

d.) Others

**8.) Locality**

a.) Urban

b.) Rural

**9.) Years of Care giving**

a.) < 2 yrs

b.) 2-5 yrs

c.) 6-10 yrs

d.) > 10yrs

**10.) Relationship with the patient**

a.) Husband/Wife

b.) Parents

c.) Relatives

d.) Neighbours

## HUMAN RIGHTS AWARENESS QUESTIONNAIRE

### A.PERSONAL NEEDS

1.) Can mentally ill marry?

A.)Yes      B.)No

2.) Whether the mentally ill can divorce?

A.)Yes      B.)No

3.) Whether the mentally ill can have child?

A.)Yes      B.)No

4.) Can mentally ill spend money for their needs?

A.) Yes.    B.) No.

4. a.)If yes, how much they can spend

A.)100 to 200. B.) 200 to 300 C.)Reasonable amount as per the need.

5.) Can mentally ill pursue education?

A.) Yes.    B.) No

5.a.)If yes, what is the limit for their educational qualification?

A.)Higher secondary only B.)Degree only C.) Depends on the clients  
Health status

6.) Are mentally ill permitted to go to job?

A.) Yes.    B.) No

6. a.)If yes, what will be the nature of the job?

A.)Skilled labour B.) Unskilled labour C.)Relies on the health status of the patient

7.) Can mentally ill conduct prayers at home?

A.) Yes. B.) No

7.a.)If yes, How often they can conduct prayers?

A.) As their wish B.) Very frequently C.)1 to 2times a day

8.)Whether the mentally ill can be taken to social functions?

A.)Yes B.)No

8.a.)If yes, to which kind of functions they can be taken?

A.)Marriage ceremonies. B.)Birthday functions C.)Any kind of functions but relies on the patients health status.

## **B.COMMUNICATION**

9. Do mentally ill are allowed to speak with others during illness?

A.) Yes. B.) No.

9.a. If yes, to whom they are allowed to speak with?

A.)Family members. B.) Health care professionals. C.)All the members in the society

10.)Can mentally ill use communication aids?

A.) Yes. B.) No.

10.a.)If yes, which aid can be used

A.)Telephones only B.)Letter writing materials only C.)Telephones and Letter writing Materials.

### **C.)DECISION MAKING**

11.) Whether mentally ill are allowed for decision making?

A.) Yes. B.) No

11.a.)If yes, in which situations

A.)Only in the personal issues B.)Only in the health care decisions  
C.)All issues pertaining to the client.

12.) Can mentally ill refuse treatment ?

A.) Yes. B.) No

### **D.) HOSPITAL STAY**

13.) Are mentally ill permitted to keep their personal belongings?

A.) Yes. B.) No

13.a.)If yes, which things they can possess

A.) Clothes as per the need B.)Cell phones if needed  
C.) Ornaments as per the need.

14.) Whether the mentally ill can have access to individual storage place for their private use?

A.) Yes B.)No

15.) Whether the mentally ill can wear their own cloths?

A.) Yes      B.) No

16.)Is mentally ill allowed to see visitors?

A.) Yes      B.) No

16.a.)If Yes, how often?

A.) Every day B.) Once a week C.) Once a month

17.) Can mentally ill patient participate in his treatment planning programme?

A.) Yes      B.) No

18.) Whether mentally ill has the right to treatment in least restrictive settings?

A.) Yes      B.) No

#### **E.) LEGAL ASPECTS**

19.)Is it essential to maintain the confidentiality about the concerns of mentally ill

A.) Yes.    B.) No

19.a.) If yes, how often it has to be maintained

A.) Always B.) At times only C.)If patient requests only

20.) Whether the mentally ill can give consent for their procedures and treatment?

A.) Yes. B.) No

20. a.)If yes, what kind of consent they can give?

A.)Verbal consent B.)Written consent. C.)Verbal or Written depending upon the nature of the procedure and the nature of clients illness

21.)Is it necessary to provide privacy for mentally ill when they undergo any procedures?

A.) Yes. B.) No

21.a.)If yes, What kind of procedures needs privacy?

A.)Major surgeries only B.)Very painful procedures only  
C.)Relies on the nature of the procedures.

22.)Is it necessary to protect the mentally ill has to against the violence

A.) Yes. B.) No

22.a.)If yes, against which form of violence they need to protected?

A.)Physical Abuse only B.)Sexual Abuse only C.)Physical, Sexual and Verbal abuses.

23.)Whether mentally ill can be the subjects for the research?

A.) Yes. B.) No

24.) Whether the mentally ill can manage and dispose property?

A.) Yes B.) No

25.) Whether the mentally ill can execute wills

A.) Yes. B.) No

## **F.VIOLATION PRACTICES**

26.) Can mentally ill has the rights not to be subjected for unnecessary restraints?

A.) Yes. B.) No

27.) Can mentally reject the forceful administration of medications?

A.) Yes. B.) No

28.) Is it appropriate to provide recreational facilities and support system for the mentally ill?

A.) Yes. B.) No

29.) Is it inhumane, if the mentally ill are beaten for their acts due to illness?

A.) Yes. B.) No

30.) Is it appropriate that seclusion is not the only way to control the misdeeds of the mentally ill?

A.) Yes. B.) No