

Effectiveness of computer assisted teaching programme on admission and discharge procedure to a psychiatric hospital in view of the revised mental health Act 2007, for 3rd year B.Sc. Nursing students

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Abstract

For the majority of people an admission to a mental health unit is planned between themselves and their doctor or mental health care specialist. For others it is the result of a person being in a mental health crisis requiring immediate treatment to assess and manage risk and alleviate distress. This may be the person's first experience of mental illness, a repeat episode or the worsening of symptoms of an often continuing mental illness. Admission under these circumstances may be voluntary or involuntary.

The main purpose of the study is to assess the effectiveness of computer assisted teaching programme (CATP) on admission and discharge procedure to a psychiatric hospital in view of revised mental health Act 2007, in terms of gain in knowledge score among respondents.

A quasi experimental study with one group pre-test and post-test design was used. Convenient sampling technique with 30 respondents from selected nursing college was used in this study.

The finding of the study with regard to pre-test knowledge assessment revealed that the mean percentage was 28.33% with standard deviation 8.53. In pretest knowledge level 90% had inadequate knowledge. In posttest, significant increase in knowledge was found. However, in posttest the mean percentage of knowledge was 89.83% with 7.01 standard deviation. In posttest knowledge level, 83.4% had adequate knowledge.

Keywords: Admission, Discharge CATP, Mental health act.

Introduction

Just as people may require admission to hospital for assessment and treatment of their physical health problems, some people may require admission to a mental health (psychiatric), inpatient unit for the assessment and treatment of their mental health problems. Depending on a person's needs, the severity of symptoms, their level of distress and risk of harm to either themselves or others, treatment may be provided in their own environment in the community, or in hospital within a specialist mental health inpatient unit.⁽¹⁾

For the majority of people an admission to a mental health unit is planned between themselves and their doctor or mental health care specialist. For others it is the result of a person being in a mental health crisis requiring immediate treatment to assess and manage risk and alleviate distress. This may be the person's first experience of mental illness, a repeat episode or the worsening of symptoms of an often continuing mental illness. Admission under these circumstances may be voluntary or involuntary.⁽²⁾

The involuntary placement and involuntary treatment of mentally ill patients are central issues in mental health care. Their massive impact upon the liberty and freedom of the persons concerned have made them a topic of controversial legal and ethical debates for more than 100 years. These debates evolve from the necessity to apply coercive measures in certain

circumstances, a fact which singularly distinguishes psychiatry from most other medical disciplines.⁽³⁾

In the period following discharge from hospital, psychiatric patients are at high risk of readmission. Within the first 6 months, readmission occurs for between 20 and 40% of patients. Planning for a person's discharge should begin as soon as possible after a person's admission. As part of a discharge care plan, continued support should be provided where necessary by a range of mental health professionals in the community, and can include support from both statutory and voluntary agencies. This team of professionals could include, in addition to a person's doctor, Community Psychiatric Nurses (CPNs), Social Workers, Psychologists, Occupational Therapists (OTs) and support workers.^(2,3)

Whether a person is in the inpatient psychiatric unit, self-referred or from another service provider, there should be a formal plan formulated in consultation with the consumer and care as appropriate. The plan should be based on a comprehensive assessment of need that also considers the likely duration of involvement, the issues to be addressed including active strategies for discharge. Information and consultation regarding the service to be provided should be conveyed to the consumer, care and referral source as appropriate to ensure mutual expectation and understanding. The information and attitude conveyed by the triage or duty worker is of the most importance in developing shared, realistic goals.⁽⁴⁾

The revised Mental Health Act 2007 updated the mental health act 1983. The recent amendment to the 1983 act provide clarity in the legal criteria for the use of compulsion and better safe guards for mental health service users, with new rights to advocacy, the ability to displace their nearest relative and the right for admission and discharge procedure, flexibility in staff role, support new ways of working, changes are made to place of safety arrangements, and supervised community treatment is introduced.⁽⁶⁾

All psychiatric clients have rights. Nurses can best advocate for psychiatric clients by being familiar with their state laws governing treatment of persons with emotional disorders. Sometimes clients may have some of their rights limited by their inpatient hospitalization. A conflict can exist between the client's civil rights and the psychiatric facility's mandate to provide safe and effective health care.

Materials and Method

Quasi experimental approach with pre and post-test without control group was used. 30 III year B.Sc

Nursing students were selected by convenient sampling methods. The pretest (O1) was carried out to determine the level of knowledge among nursing students and followed by administration of computer assisted teaching programme for 1hours. Post –test (O2) was conducted on the 15th day following the pre-test.

Results

Frequency and percentage distribution of subjects (PG students) according to their baseline characteristics

Majority 73.3% of the respondents belong to 19-21 years and 26.7% of respondents belong to 22-24 years. 76.7% of respondents are female and 23.3% of respondents are male. 73.3% of the respondents were Hindus, 20% of respondents are Christians and 6.7% of respondents are Muslims. Majority 50% of respondents have got information from print media, 46.7% got information from electronic media and 3.3% got information from professional programmes.

Table 1: Mean, mean percentage and standard deviation for pre-test knowledge of respondent on admission and discharge procedure

Knowledge Aspects	No. of questions	Min- Max Knowledge score		
			Mean	±SD
Introduction and definition	6	0-6	1.8	± 2.32
Knowledge regarding Admission	15	0-15	4.1	±3.43
Knowledge regarding Discharge	9	0-9	2.6	±2.78
Over all pretest score	30	0-30	8.5	± 8.53

The overall pre-test knowledge scores of subjects were found to be 28.33% with standard deviation 8.53.

Table 2: Mean, mean percentage and standard deviation for post-test knowledge on admission and discharge procedure to a psychiatric hospital, in view of revised mental health act 2007

Knowledge Aspects	No. of questions	Min-max Knowledge score			
			Mean	±SD	Mean %
Introduction and definition	6	0-6	5.20	± 2.02	86.66%
Knowledge regarding Admission	15	0-15	13.78	±2.78	91.86%
Knowledge regarding Discharge	9	0-9	7.97	±2.21	88.55%
Over all Post test score	30	0-30	26.95	± 7.01	89.83%

The overall knowledge scores of respondents were found to be 89.83% with standard deviation 7.1 in post-test.

Table 3: Distribution of comparison of respondents by level of overall knowledge (pre-test and post-test) on admission and discharge procedure to a psychiatric hospital in view of revised mental health act 2007

Overall Score	No. of question	Max Score	Mean ± SD	Percentage
Pre and Post- Test	Pre Test 30	0-30	8.5 ± 8.53	28.33%
	Post Test 30	0-30	26.95 ± 7.01	89.83%

The above table shows that the percentage obtained by the respondents in post-test percentage is 89.83%, is greater than the pre-test percentage 28.33%. It means there is gain in knowledge level of the respondents.

Table 4: Distribution of respondents by knowledge gain after computer assisted teaching programme on admission and discharge procedure to a psychiatric hospital in view of revised mental health act 2007

N=30

Knowledge Assessment	% of Pretest Knowledge	%of Posttest Knowledge	% of Knowledge gain
Introduction	30.0	86.66	56.66
Knowledge regarding admission	27.33	91.86	64.53
Knowledge regarding discharge	28.88	88.55	59.67
Over all Post test score	28.33	89.83	61.50

The above table shows that the maximum percentage of knowledge gain by the respondents is found in knowledge regarding admission (64.53%), followed by knowledge regarding discharge (59.67%), and least score found in introduction (56.66%). The overall knowledge gains of subjects were found to be 61.50%

Table 5: Distribution of respondents by level of overall knowledge (pre-test and post-test) on admission and discharge procedure to a psychiatric hospital, in view of revised mental health act 2007

N=30

Overall Score	No. of respondents	Range	Pre Test Mean \pm SD	Post test Mean \pm SD	Students paired t-test
Overall Knowledge Score	30	0-30	8.5 \pm 8.53	26.95 \pm 7.01	t=12.32 P=0.04**

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

From the above table it is evident that the obtained "t" value for overall knowledge score is 12.32 which are greater than the table value at 0.05 level of significance. Therefore, "t" value is found to be significant. It means there is gain in knowledge level of subjects. This supports the effectiveness of Computer Assisted Teaching Programme (CATP) on admission and discharge procedure to a psychiatric hospital in view of revised mental health act 2007, for 3rd year B.Sc. nursing students.

Association of post-test knowledge scores of respondents with demographic variable

There was a significant association between age and post-test knowledge score ($\chi^2=2.32$, $P=0.01$ ***, 2df). The association between gender and post-test knowledge were found to be significant ($\chi^2=0.763$, $P=0.02$ *, 2df). The association between monthly income and post-test knowledge were found non-significant ($\chi^2=1.01$, $P=0.21$, 2df). The association between nationality and post-test knowledge was found to be significant ($\chi^2=0.526$ $P=0.03$, 2df). The association between religion and post-test knowledge were found to be significant ($\chi^2=1.26$, $P=0.04$, 4df). The association between source of information and post-test knowledge were found to be significant ($\chi^2=1.65$, $P=0.01$, 4df).

Conclusion

The study concludes that the CATP will be effective in terms of gaining knowledge among nursing students in relation to the admission and discharge procedure.

References

1. Channabasavanna SM, Isaac MK, Chandrasekar CR, Varghese M, Murthy P, Rao K, Reddamma K, Sekar K, Shetty S, Murali T. Quality Assurance in Mental Health. New Delhi: National Human Rights Commission; 1999.
2. Agarwal SP. Mental Health: An Indian Perspective 1946 – 2003. New Delhi: Directorate of Health Services, Ministry of Health and Family Welfare; 2004
3. NHRC and NIMHANS. Meeting of Health Secretaries and Mental Health Authorities of States and UTs. (DVD). Bangalore: National Human Rights Commission and NIMHANS; 2008.
4. NHRC. Report on the visit of Shri Chaman Lal, Special Rapporteur, and NHRC to Gwalior Manasik Arogyashala (G.M.A) on March 31, 2004.
5. NHRC. Report of Shri Chaman Lal, Special Rapporteur on his visit to the Institute of Mental Health, Amritsar on 8 February, 2005
6. Mind for better mental health. Mental.mind.org.uk/information-support/legal-rights/metalhealthact1983.