



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON COMMON PSYCHIATRIC EMERGENCIES AMONG THIRD YEAR B.Sc NURSING STUDENTS IN SELECTED NURSING COLLEGE AT TUMKUR

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INTRODUCTION:

In the whole world psychiatric care is usually regarded as something to be avoided although so much progress has been seen in the field of psychiatry such as improvement in psychotropic drugs, variety of psychotherapies; the public perceives psychiatry as dealing largely with mental illness rather than with life problem. Mental illness is maladjustment in living. It produces disharmony in a person's ability to comfortably or effectively meet human needs and function within a culture. In other words mentally unhealthy person losses his ability to respond according to expectations he has himself and the demand, the society has for him¹.

An emergency is defined as an unforeseen combination of circumstances which calls for an immediate action. A medical emergency is defined as a condition which endangers life or cause great suffering to the individual patient. A psychiatric emergency is a disturbance in thought, mood and or action which causes sudden distress to the individual and or sudden disability, thus required immediate management².

Psychiatric emergency contact through the world generally involves:

- The presence of an urgent situation defying usual pattern of coping.
- The failure of one's social network to circumscribe or to ameliorate the crisis.
- Convenient access to the emergency service.

1. These contacts can be conceived of as complex interaction between the person and his /her environment which generally fall into the two categories.

They are life threatening emergencies – involving violence of self/or other or a deteriorated pattern of functioning giving rise to an imminent concern for his/her self- protection and wellbeing

2. They are crisis resulting from life transitions, traumatic experiences, maturational /developmental stages, psycho pathological de compensations, existential despair and routine problems in daily living. (Brisk and Bassuk 1984)

The word suicide was first used by Sir Thomas Browne in his book Religion Medicine in 1643, suicide is now being recognized as a major public health problem in the complex scenario of development and life style changes and suicide is a very important issue attending across diverse disciplines and sectors such as health, religion, spirituality low and welfare. Suicide is the act of killing one self intentionally performed by the person with the full knowledge or expectation of the fatal outcome. Suicide is an important issue in the Indian context. 10th September world suicide prevention day. It is formally announced on 10th september 2003. The theme for the year 2020 is "Working together to prevent suicide"³.

Stupor and catatonia is defined as a state of diminished consciousness in which the patient remains mute and still although the eyes remain open and may follow external objects; catatonia is one of the few psychiatric disorders that have true objective signs on examination. It consists of cluster of motor signs and behavioral disturbances⁴.

Violence: "If we had taken vision and feeling of all ordinary life, it would be likely earning the grass grows and the squirrels' heart beat, and we would die of that roar which lies on the other side of the silence". Violence is a form of antisocial behavior and is the exertion of physical force so as to injure or abuse. The word describes forceful human destruction of property or injury to persons, usually intentional, and forceful verbal and emotional abuse that harms other⁴.

Psychiatric nurses, with their bio psychosocial and spiritual approach, are the ideal professionals to teach a variety of health subjects. Psycho educational groups are set up to teach about psychological subjects, they also endeavor to communicate about emotional concerns. These groups may be time limited or may be supportive for long term treatment generally written hand outs or audiovisual aids are used to focus on specific teaching points⁵.

NEED FOR THE STUDY:

Today's world is a complex one. Suicide is a leading cause of death globally and one of the three leading causes of death for young people under 25 years. Every year more than 800,000 people die by suicide. The WHO estimated that by the year 2020 the annual toll of suicide death will have risen to 1.5 million. The suicide mortality rate in 2015 was 10.7 per 100,000, which means about one death every year 20s. Suicide accounts for 1.4% of all deaths, and is the 15th leading cause of death globally⁶.

Indians are bombarded with various stresses. This has a deleterious effect in the mind of an individual. Psychiatric journal states that suicide is an important issue in the Indian context more than one lakh lives are lost every year to suicide in our country. In 2016 the number of suicides in India had increased to 230,314. Suicide was the most common cause of death in both the age groups of 15–29 years and 15–39 years⁷.

India's suicide rate per 100,000 people compared to other countries, according to the World Health Organization, Geneva. Peeter Värnik claims China, Russia, United States, Japan, and South Korea are the biggest contributors to the absolute number of suicides in the world. Värnik claims India's adjusted annual suicide rate is 10.5 per 100,000, while the suicide rate for the world as a whole is 11.6 per 100,000⁸.

About 800,000 people die by suicide worldwide every year, of these 135,000 (17%) are residents of India, a nation with 17.5% of world population. Between 1987 and 2007, the suicide rate increased from 7.9 to 10.3 per 100,000, with higher suicide rates in southern and eastern states of India.[6] In 2012, Tamil Nadu (12.5% of all suicides), Maharashtra (11.9%) and West Bengal (11.0%) had the highest proportion of suicides. Among large population states, Tamil Nadu and Kerala had the highest suicide rates per 100,000 people in 2012. The male to female suicide ratio has been about 2:1⁹.

Estimates for number of suicides in India vary. For example, a study published in The Lancet projected 187,000 suicides in India in 2010, while official data by the Government of India claims 134,600 suicides in the same year. According to WHO data, the age standardized suicide rate in India is 16.4 per 100,000 for women (6th highest in the world) and 25.8 for men (ranking 22nd). Prevalent rate of catatonia has been recorded between 6% and 38% for acute psychiatric episode and only about 7% to 17% of those patients meet criteria for catatonia schizophrenia. 10% to 69% of women report being physically aroused by an intimate male partner at some point in this life. Women globally and in India live in a social environment where violence is an immediate reality overriding socio demographic differences of cultural background, class, education, and acceptance and so on. From 17 to 21 years are the peak age of violent offenders, in the U.K. half of all violent offences occur either in or near or public house. Violent and aggressive behaviors are highly prevalent among chronically hospitalized psychiatric patients, of these patients who were in the New York state hospital system for longer than one month, 7% were assaulted at least once within three month period⁹.

The investigator through their own experience in the field of nursing, found that many nursing students having lack of knowledge regarding common psychiatric emergencies. Thus the investigator felt that structured teaching programme will enhance

the students to refine their interview technique and learns how to deal with common ailments (suicide, stupor and catatonic syndrome and aggression and violent behavior) with which they need to be familiar, further these future practitioners need the skills to appropriately assess risk for suicide as they will be on the front lines seeing patients at risk. In addition to the 3rd year nursing students clerkships in psychiatry provides an important place and time to recruit future residents in the field any measures that could improve students skill or increase their enthusiasm for the specialty would be useful to academic psychiatry¹⁰.

OBJECTIVES

- To assess the knowledge regarding common psychiatric emergencies among third year B.Sc Nursing students.
- To determine the association between the knowledge of common psychiatric emergencies among third year B.Sc Nursing students with the selected demographic variables such as age, sex, locality and source of information.

HYPOTHESIS:

- **H₁:** The proportion of third year B.Sc Nursing students who have a good level of knowledge on common psychiatric emergencies is greater than 60% knowledge.
- **H₂:** There will be a significant association between the knowledge on common psychiatric emergencies and selected demographic variables such as age, sex, locality and source of information.

CONCEPTUAL FRAMEWORK BASED ON HEALTH PROMOTION MODEL:

The conceptual frame work provides a certain frame of reference for clinical practice research and education. The utility of conceptual models comes from the organisation it provides for thinking, for observations and for interpreting what is seen. It also gives direction to research for relevant questions on phenomena and point out solutions to practical problems.¹⁵

Conceptualization is a process of forming ideas, which utilize and form conceptual framework for development of research designs. A conceptual framework deals with abstractions (concepts) that are assembled by virtue of their relevance to a common theme.

The present study was designed to assess the knowledge of students regarding the psychiatric emergencies using a structured knowledge questionnaire. The conceptual framework for this study is based on **Irwin M. Rosenstock and Backer's Health Belief Model**. The health belief model is a psychological health behavior change model developed to explain and predict health related behaviors.

The Health Belief Model (HBM) was developed eloped in the early 1950s by social scientists at the U.S. Public Health Service in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease.

METHODOLOGY:

RESEARCH APPROACH:

In view of the nature of the problem under study and to accomplish the objectives of the study, descriptive survey approach was found to be appropriate to describe the knowledge of students regarding psychiatric emergencies³¹.

RESEARCH DESIGN:

The present study attempts to assessment of the knowledge of the students regarding psychiatric emergencies among III-year B.Sc nursing students studying in selected nursing colleges at Tumkur. Hence in the view of the nature of the problem selected for the present study, non-experimental typical descriptive design was considered as an appropriate one.

POPULATION:

Population is defined as the entire aggregation of cases that meet a designated set of criteria (Polit and Hungler, 1999). In the present study, the population consists of 3rd year B.Sc nursing students studying in Tumkur.

SAMPLING:**Sampling technique:**

Purposive sampling technique, a type of non probability sampling approach was found to be appropriate to select 100, 3rd year B.Sc nursing students studying in Tumkur as the sample for the present study.

Sample Size:

The study originated with a sample of 100 third year B.Sc nursing students studying at selected nursing colleges at Tumkur

DATA COLLECTION TECHNIQUE:

Methods of data collection include development of tool, testing of validity and reliability and data collection procedure. The instrument selected in research should be as far as possible the vehicle that would best obtain data for drawing conclusions, which are pertinent for the study.

A structured questionnaire was selected as appropriate method of data collection for the study. This method is applicable for nursing students and a good deal of information could be obtained by administering structured questionnaire to the nursing students.

DEVELOPMENT OF THE TOOL:

The questionnaire was constructed with two parts and a total of 38 items.

Part-I: Designed to elicit the demographic information from the respondents consisting of three items such as gender, age and locality.

Part II: Designed to elicit the knowledge regarding psychiatric emergencies, which was divided into two parts.

Section A: Consists of 27 items relating to the concept and characteristics of psychiatric emergencies. Each correct answer carries a score of One and Zero for incorrect answer. The maximum score is 27 in section A.

Section B: Consists of 07 statements relating to the management of psychiatric emergencies. The maximum score is 07 in section B.

Score interpretation:

The instrument consists of 3 multiple choice questions regarding premature rupture of membrane. The maximum score was 34 and the minimum score was 0. Based on the scoring the % of knowledge was calculated using the formula

The percentage scores were graded arbitrarily as follows:

The scores were interpreted as follows

- 0 to 11(40%)-poor level of knowledge
- 12 to 23(40-70%)-average level of knowledge
- 24 to 34(70%)- good level of knowledge.

CONTENT VALIDITY

The constructed tool was given to 12 experts from different fields including nursing, psychology, and psychiatry for content validation. The experts were chosen based on their experience and clinical expertise. The experts were required to judge the items in terms of relevance, clarity appropriateness and usefulness to the present study. As per the suggestions and recommendations of the experts, necessary modifications were done in the tool.

RELIABILITY:

The tool was divided into two equivalent halves and correlation for the half test was found using Karl Pearson's correlation coefficient formula and significance of correlation was tested using probable error, ($r_{1/2} = 0.8$). The reliability coefficient of the whole test was then estimated by Spearman Brown's prophecy formula. Hence the tool was found to be reliable with a calculated value of $r=0.85$.

PLAN FOR DATA ANALYSIS

Data was analyzed on the basis of objective and hypothesis by using descriptive and inferential statistics.

1. Descriptive statistics was used to analyze the frequency, percentage, mean and standard deviation of the following variables: Demographic variables. Knowledge questionnaire

2. Inferential statistics was used to determine the comparison, relationship and association

- Chi-square test will be used to find association between the knowledge and demographic variables

RESULTS:

Part I: Description of demographic characteristics of students studying in 3rd year B.Sc nursing.

Table 1: Distribution of 3rd year B. Sc Nursing students according to their Demographic Characteristics.

Sl. No.	Demographic variable	Frequency	Percentage
1.	Gender		
	Male	17	17
	Female	83	83
2.	Age in years		
	20	24	24
	21	41	41
	22	21	21
	23	14	14
3.	Locality		
	Kerala	81	81
	Karnataka	04	04
	Others	15	15
4.	Source of Information		
	Text Book	35	35
	Nursing Journals	29	29
	Internet	36	36

Table 1 shows the distribution of students according to their demographic characteristics, wherein the majority (83%) were females, most of the students (41%) were in the age group of 21 years, it was observed that a large majority (81%) are from Kerala. As per source of information 36% of the students had more information from internet.

Part II: Analysis of existing knowledge of students regarding psychiatric emergencies.

Section A: Level of knowledge of students regarding psychiatric emergencies.

Level of knowledge	Scores	Frequency	Percentage
Good	>70%	83	83
Average	40-70%	17	17

Table 2: Level of knowledge of students regarding psychiatric emergencies.

Table 2 shows Assessment of the knowledge of the students regarding psychiatric emergencies revealed that most of the students (83%) had a good level of knowledge, whereas the remaining 17% had average level of knowledge and none of them had poor knowledge. Therefore, research hypothesis (H1) was accepted.

H₁: The proportion of third year B.Sc Nursing students who have a good level of knowledge on common psychiatric emergencies is greater than 60% knowledge.

Section B: Area-wise analysis of knowledge scores

Knowledge area	N	Minimum	Maximum	Mean	SD	% score
Concept of common psychiatric emergencies	100	3	10	7.28	1.364	72.80
Characteristics of psychiatric emergencies	100	1	10	6.80	1.570	68.00
Management of psychiatric emergencies	100	8	14	12.32	1.523	88.00
Overall knowledge	100	14	32	26.35	3.069	77.50

Table 3: Area-wise mean, SD and mean percentage of knowledge scores of students regarding psychiatric emergencies.

Analysis revealed that the students had highest (88%) knowledge score in the area of management of psychiatric emergencies with a mean and SD of 12.32 ± 1.52 , followed by the area of concept of common psychiatric emergencies with a mean percentage of 72.8%, the mean and SD was 7.28 ± 1.36 . The least mean percentage of 68% was in the area of characteristics of psychiatric emergencies. The mean knowledge score was 26.35 ± 3.06 with a mean percentage of 77.5%.

Part III: Association of knowledge of students on psychiatric emergencies with demographic variables:

Sl. No.	Demographic variable	≤Median (≤27.5)	(>Median (>27.5)	Calculated value (χ^2)	d.f.	Inference
1.	Gender			1.302	1	p>0.05 NS
	Male	7	10			
	Female	45	38			
2.	Age in years			10.475	2	p<0.05 S
	20	21	3			
	21	24	18			
	22	7	13			
	23	0	14			
3.	Locality			0.494	1	p>0.05 NS
	Kerala	43	38			
	Karnataka	2	2			
	Others	7	8			
4.	Source of Information			12.817	2	p<0.05 HS
	Textbook	27	8			
	Nsg.Journals	20	9			
	Internet	31	5			

Table 4: Association between knowledge of the respondents on psychiatric emergencies and demographic variables.

The data presented in table 3 reveals that there was a significant association ($\chi^2= 10.475$, $p<0.05$) of knowledge scores with age. There was a highly significant association ($p<0.001$) of knowledge scores with Source of Information. A significant association was found between knowledge and age ($p<0.05$). A highly significant association was found between knowledge and in source of information ($p<0.001$).

A significant association was found between the knowledge of the students studying in 3rd year B.Sc nursing regarding common psychiatric emergencies and their age, locality and exposure to source of information. Therefore, research hypothesis (**H₂**) is accepted.

H₂: There will be a significant association between the knowledge on common psychiatric emergencies and selected demographic variables such as age, sex, locality and source of information.

The main findings of the study revealed that

- A majority (83%) of the respondents were females. Most of the respondents (41%) belonged to the age group of 20 years. The highest percentage (81%) of the respondents were from Kerala and 36% had more than had knowledge from source of information.
- The assessment of the knowledge of the students regarding psychiatric emergencies revealed that a majority (83%) had a good level of knowledge, while none showed poor level of knowledge.
- The area wise analysis revealed that the students scored highest in the area of knowledge on psychiatric emergencies with a mean score of 12.32 ± 1.52 and a mean percentage of 88%. The overall knowledge mean score was 26.35 ± 3.06 with a mean percentage of 77.5%.
- The analysis to find association of knowledge with selected demographic variables was done using chi-square (χ^2) test and fisher's exact test. The results showed that there was a significant association of knowledge with age ($p<0.05$) and with locality ($p<0.05$). There was a highly significant association between knowledge and in source of information ($p<0.001$).

CONCLUSION:

The following conclusions have been drawn keeping in mind the findings of the present study:

A psychiatric emergency is an acute disturbance of behaviour, thought or mood of a patient which if untreated may lead to harm, either to the individual or to others in the environment. Thus the definition of a psychiatric emergency differs from other medical emergencies in that the danger of harm to the society is also taken into account.

Emergencies may be classified as major, where there is a danger to life either of the patient or to others in his environment or minor where there is no threat to life but causes severe incapacitation.

The interventions that are taken up to combat the problem still remain in the infancy stage. Mental health programme needs to be implemented on a large scale and rigorously throughout the country. Though the students are provided opportunities for learning, the subject of psychiatric emergencies seems to be neglected. The students seem to lack the enthusiasm to actively participate in learning skills. Hence much needs to be done in the area of mental health services and the involvement of students in the programme.

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