

A Study On Mental Health Professionals' Awareness of the Human Rights of Mentally Ill Individuals: A Comparative Study

Miss Priyanka Patel

Research Scholar, Department of Nursing
Index Nursing College & Research Centre

Abstract

"An Exploratory Study on Awareness about Human Rights of Mentally Ill Person among Mental Health Professionals: A Comparative study" is the title of the study. The following goals were used to compare male and female mental health professionals' knowledge of the human rights of mentally ill people at various institutions in Indore: to assess the general level of knowledge among male and female mental health personnel at several hospitals in Indore, Madhya Pradesh, regarding the human rights of mentally ill people. To assess the mental health professionals' knowledge of the human rights of mentally ill people at various facilities in Indore, Madhya Pradesh

Methods: The study used an exploratory technique. The Human Rights of Mentally Ill Person questionnaire, which comprises 30 questions divided into six domains—personal needs, communication, decision-making, hospital stay, legal aspects, and violation practices—was used to select a sample of 80 male and 80 female mental health professionals (junior residents, clinical psychology students, nursing officers, psychiatric social work students, ward attendants, and nursing students) who provide care to mentally ill people at various hospitals in Indore.

The answers are categorized as "yes" or "no," with corresponding scores of 2 and 1. According to the interpretation, the human rights awareness scores were divided into three categories: poor (30–40), average (41–50), and good (51–60). Pearson's Chi-Square test, percentage, mean, standard deviation, and % frequency were used in the analysis.

The highest percentage of male mental health professionals in the 20–30 age range was 81.3%, while the highest percentage of female mental health professionals was 61.3%. Males had the highest level of education (45.0% and 38.5%), women had post-graduate degrees regarding the human rights of mentally ill people, and the majority of Hindu mental health professionals were men. 77.5% and 68.8% of mental health professionals were women, while 52.5% and 68.8% were men. A maximum of 27.5% of male mental health professionals in metropolitan areas make more than Rs. 75,000, while 30.0% of female mental health professionals make between Rs. 20,001 and Rs. 30,000. In a similar vein, 35.0% of female mental health professionals had been providing care for psychiatric patients for more than five years, while

27.5% of male mental health professionals had been doing so for between six months and a year. Therefore, it can be said that male mental health professionals were comparatively more aware of the human rights of mentally ill individuals than female mental health professionals. Therefore, it may be said that PSW students demonstrated comparatively greater awareness of the personal needs, communication, and decision-making of mentally ill people's human rights. Students studying clinical psychology demonstrated comparatively greater knowledge of hospital stays, legal issues, and violations of mentally ill people's human rights.

Keywords: Assess, Knowledge, Human rights of mentally ill, Care givers, Psychiatric

1. Introduction

A "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" is how the World Health Organization (WHO) defines mental health. WHO places special focus on upholding a multisectoral and multistakeholder approach, empowering those with lived experience, and protecting and promoting human rights. [1]

The first legal text outlining the fundamental human rights to be universally protected was the United Nations General Assembly's 1948 adoption of the Universal Declaration of Human Rights (UDHR). The UDHR is the cornerstone of all international human rights law and will celebrate its 75th anniversary on December 10, 2023. The tenets and foundational elements of present and future human rights treaties, conventions, and other legal documents are found in its thirty articles.

Human rights are the fundamental freedoms and rights that every person, regardless of nationality, ethnicity, gender, religion, or any other status, is born with. All humans are entitled to certain rights, which are regarded as universal. The idea that everyone has the right to be treated with respect, equality, and dignity is the foundation of the concept of human rights. Human rights encompass a broad range of values and rights, including the freedom from torture and slavery, the right to work, education, and healthcare, the freedom of expression, religion, and assembly, the right to take part in politics, and the right to enjoy cultural rights. In addition to being moral and ethical requirements, these rights also provide a legal basis for holding people and governments responsible for protecting and respecting the right.

Human rights are fundamentally a common commitment to promoting justice, equality, and dignity for all people. They serve as the cornerstone of international law and ethical norms that direct the actions of individuals, organizations, and states. [2]

The term "mental illness" refers to a wide range of illnesses that significantly influence a person's everyday functioning, relationships, and general well-being by affecting their thoughts, emotions, behavior, or a combination of these. The severity, duration, and specific symptoms of mental diseases might differ. [3, 4]

They may be denied work, education, housing, and even the opportunity to exercise their fundamental civil, political, social, economic, and cultural rights due to the stigma associated with mental illness. Social exclusion also resulted in other forms of abuse, such as torture, exploitation, and humiliation, which label the victim as "less than human." [5, 6]

A "global emergency" and a "unresolved global crisis" have been used to characterize the prevalence of human rights breaches in mental health care beyond national boundaries. [7]

Numerous studies have been carried out worldwide thus far, and the results show that both the general population and medical professionals stigmatize and discriminate against people with mental illness. In order to give health officials a strong basis for updating mental health laws in compliance with national and international human rights charters, it is imperative that research in this field be expanded. Human rights and mental health are closely related.

It's about recognizing and defending their fundamental rights.

The Study's Need

Even though the delivery of mental health services has significantly improved over the past ten years, there have been numerous reports of stigmatizing attitudes, human rights abuses, and violations in mental health facilities. According to the human rights approach, mental health practitioners must actively provide the conditions required for mentally ill people to fully exercise their rights.

Approximately 10.7% of people worldwide suffer from a mental illness. Sadly, victims of abuse and violations of their fundamental legal rights frequently suffer from mental health disorders. For instance, some people experience abuse, bullying, and coercion that violates their fundamental rights to life and freedom.

Patients typically don't have privacy during any operation, including bathing. They are rarely asked for permission to be treated. Medication is typically given under duress to patients who refuse to take it while they are in the hospital. However, the goal is undoubtedly to prevent their illness from getting worse.

An independent India was not an anomaly. Even in reputable psychiatric facilities, health personnel have been found to violate the rights of mentally ill people despite a number of legislative laws and amendments to the Mental Health Care Act.

Even after obtaining specialized training in the field of mental health, medical staff were frequently found to be insufficient in granting patients the prescribed rights while they were in the hospital. Health care providers may engage in verbal and physical altercations with their patients in an attempt to stop them from acting negatively because of their sickness.

In a study involving medical professionals from three Latin American nations, it was discovered that higher levels of job satisfaction were correlated with greater respect for patients' rights. [10]

Furthermore, it is impossible to overlook the genuine risk that unjust discrimination and paternalistic views toward individuals with mental illness could all too easily result in forceful actions, which could then have an adverse effect on their mental health. (Szmukler, Reference 2020).

Despite numerous legislative changes pertaining to the ethical and legal treatment of mentally ill individuals, mental health practitioners were proven to be incredibly ineffective.

The current study was carried out at a particular Central Institute of Psychiatry to evaluate mental health professionals' knowledge of the human rights of mentally ill individuals.

Problem Statement

A problem statement presents the issue and explains why a research is necessary by constructing an argument. In the present investigation,

"An Exploratory Study on Awareness about Human Rights of Mentally Ill Person among Mental Health Professionals: A Comparative study" is the problem statement.

Objectives

A research study's objectives are the particular goals the investigator hopes to accomplish through the investigation. The study's objectives are as follows:

- i.) To assess the general level of knowledge among male and female mental health personnel at various hospitals in Indore regarding the human rights of mentally ill people
- ii.) To compare mental health professionals' knowledge of mentally ill people's human rights across several Indore hospitals

Definitions of Operations

A concept's operational definition outlines the procedures that researchers must follow in order to measure it.

Human Rights: According to the Mental Health Act, human rights belong to the fundamental rights of patients with mental illness, including the rights to personal needs, communication, decision-making, legal elements, and hospital stays. [11]

Awareness: This is the knowledge that both male and female mental health personnel at various hospitals in Indore have regarding the human rights of mentally ill people.

A person classified as mentally ill is one who has been diagnosed with a mental health disorder based on conventional diagnostic criteria, such as the DSM-5 or ICD-10 Mental Health Professional: A mental health professional is a medical professional or social worker who provides services aimed at treating mental illnesses or enhancing a person's mental well-being. [12] The participants in our study include junior residents, clinical psychology students, nursing officers, psychiatric social workers, ward

attendants, and nursing students who have received formal training or qualification in the field of mental health.

Exploratory Study: This methodology approach looks at research problems that haven't been thoroughly examined before.

(scribber.com) The purpose of this study is to investigate a relatively uncharted topic or provide preliminary insight into mental health professionals' awareness of the human rights of mentally ill people.[13]

Comparative Study: To identify and measure the correlations between two or more variables, a comparative study is a suitable research tool. [14](<http://www.wikipedia.org>) The purpose of this study is to compare the level of awareness regarding the human rights of mentally ill individuals among male and female mental health practitioners.

Assumption

A fundamental idea that is accepted as true without evidence or confirmation is called an assumption. a notion that, in the absence of evidence, is taken to be true based on reason or tradition. The current study is predicated on the following assumptions: - Mental health professionals may possess varying degrees of understanding of the human rights of mentally ill individuals; - Human rights violations of mentally ill individuals are mostly caused by a lack of awareness.

The hypothesis

Male and female mental health personnel at various institutions in Indore differ significantly in their knowledge of the human rights of mentally ill individuals.

Restrictions Only those who are willing to participate are included in the study. Only mental health professionals (Junior) are included in the study.

Indore's several hospitals employ residents, clinical psychology students, nursing officers, psychiatric social work students, ward attendants, and nursing students.

Review of Literature

Everyone has a fundamental human right to mental health. Everyone has a right to the best possible level of mental health, regardless of who they are or where they live. This involves the rights to liberty, independence, and community inclusion as well as the availability, accessibility, acceptability, and quality of care.

A person should never be denied their human rights or excluded from making decisions on their own health because they suffer from a mental illness.

"Everyone, regardless of race, color, sex, language, religion, or political affiliation, is entitled to all the rights and freedoms outlined in this Declaration."

The following studies are included in the review of literature.

Research Concerning Knowledge of Mentally Ill People's Human Rights

In order to provide an overview of the current state of human rights in mental health services worldwide, Artin A. Mahdanian et al. (2023) reviewed 26 articles. They discovered notable advancements in the provision of mental health services over the previous ten years. [15]

Arévalo CF, et al. (2023) carried out a study in Gran Canaria's Mental Health Facilities with the goal of investigating how medical professionals who work in medium- and long-term hospitalization services see the standard of care they offer from a human rights perspective. The primary factors that undermine respect for human rights, according to the respondents, are the prevalent biomedical approach, the absence of social support and health care resources, and the predominance of paternalism in the treatment given. Enhancing the professionals' training appears to be one of the possible ways to deal with this problem in this situation. [16]

According to Abdulla A. et al. (2022), the relationship between HCPs' attitudes and beliefs on the rights of service users seeking treatment in the United Arab Emirates can be used to identify or predict stigmatized attitudes and behaviors among HCPs. Their findings show that although there is some discrimination and a high degree of social isolation, HCPs understand mental problems and believe that people's rights should be equal to those of people without mental disorders while believing in autonomy and freedom. When HCPs engage with people who have mental illnesses outside of work, they are less understanding. [17]

According to Agarwal V. et al. (2022), there are civil rights issues with mental health as well as ways to address these issues in institutional practice and standard-setting. They also suggest an integrated strategy for adjusting the new practice principles to contentious mental health issues. This study is based on a survey of the literature on human rights and mental health, with particular attention to clinical practices and international standards. In order to make conclusions, recent papers about mental health, human rights, and UN-recommended methods were incorporated. According to a review of the research, treatment should go hand in side with community mental health and civil rights education, as well as possibilities for participation in group activities and interaction with people who have had similar experiences. [18]

In order to determine the level of awareness among service users, family members, and staff regarding the rights of individuals with mental illness in Tunisian psychiatric facilities, Mayssa Rekhis et al. (2021) performed a study. The freedom from torture or cruel treatment and the right to live with dignity and respect were found to have the highest levels of awareness, while the rights to participate in recovery plans, give consent, and exercise legal capacity were given lower priority. [19]

The goal of Abdallah Ali A, et al. (2021) was to evaluate nursing staff compliance and knowledge of the rights of psychiatric patients and how it relates to family caregivers' awareness in Egypt. More than half of family caregivers had a moderate level of awareness regarding the rights of psychiatric patients, and the majority of study participants had a satisfactory level of understanding, albeit many of them practice poor compliance. Additionally, there is a substantial positive association between the awareness of family

caregivers and the understanding and compliance of nurses respecting the rights of psychiatric patients. [20]

From the perspective of experts, Souza DS, et al. (2020) understand the potential for people with mental illnesses who are hospitalized in a psychiatric hospital to exercise their human rights. They stated that although they acknowledge that hospitalized patients are not fully respected because there are no public policies in place, the professionals are aware of human rights and work to uphold them inside the hospital setting.[21]

The relationship between generalist nurses' knowledge, attitudes, and practices at a sizable tertiary care hospital in South India was investigated by Szajna A. et al. (2020). Positive attitudes and enough understanding of mental illness were displayed by the participants. [22]

Gaiha SM, et al. (2020) integrated evidence on suggestions to lessen stigma associated with mental health among young people in India and investigated the extent and manifestations of public stigma. According to their findings, one-third of young people have negative attitudes toward those who have mental health issues and have inadequate knowledge of these issues. Individuals with mental health issues are seen as reckless and dangerous. [23]

Thakur P, Apte S. A. (2019) sought to investigate adults' understanding of the human rights of people with mental illness in specific urban areas of Pune city. They discovered that while the population's knowledge is good (74.25% had a mean score of 10.45), the stigma associated with mental illness still exists.[24]

Osman A. and AwadAlla S. (2019) assess the nurses' attitudes and knowledge on the rights of psychiatric patients at Al-Amal Psychiatric Hospital in Riyadh City. They discovered that 100% of participants had good knowledge and attitudes regarding patients' rights, and 90% of nurses had read laws pertaining to their rights.[25]

The subject of whether mental health laws in certain Arab nations adequately protect the human rights of individuals with mental illness and shield them from discriminatory and stigmatizing practices is addressed by Merhej R. (2019). They discovered that the stigma associated with mental illness persisted throughout the Arab world outside of society and culture. [26]

Hassen A. and associates (2019) Nursing understanding of mental patients' rights was documented in the studies. The results indicate how well mental health nurses comprehend patient rights and advocacy: 64 (42.7%) had good knowledge, 59 (39.3%) had moderate understanding, and 27 (18%) had low knowledge. 105 (70%) nurses had a positive opinion of patient advocacy, 25 (16.7%) had a neutral opinion, and 20 (13.3%) had a negative opinion. [27]

Research Methodology

Research Approach

To achieve the study's goals The most suitable method for the study was thought to be the exploratory research strategy. For the study, an exploratory survey approach was used.

Design of Research

A well-thought-out plan of action is a research design. The entire research process is organized in this manner. It serves as a guide for conducting research. An exploratory study approach was chosen for the investigation while keeping the study's goals in mind. The researcher aimed to examine the level of knowledge among male and female mental health personnel at several institutions in Indore regarding the human rights of mentally ill individuals.

Variables

Independent Variables- Awareness

Dependent Variables- Human rights of mentally ill person

Attributable Variables- age, education, professional designation, religion, locality, income/month & working experience

Sample and Sampling Technique

Sample-Male and Female Mental health professionals (Junior Residents, Clinical Psychology Students, Nursing officer, Psychiatric Social Worker Students Ward Attendants & Nursing Students).

Sample Size– The subjects were 160 Mental health professionals (80- Males and 80-Females)

Sampling Technique

Male and Female Mental health professionals provide care to mentally ill person who fulfilled the sampling criteria. The sample selection was done by purposive sampling technique.

Inclusion Criteria

- Male and Female Mental health professionals those who provide mental health care to mentally ill person at different hospitals at Indore
- Mental health professionals who are willing to participate in the study

Exclusion Criteria

- Male and Female Mental health professionals who are not willing to participate in the study.

Tools Used for Data Collection

The tools used for the research purpose are:

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

An explanation of the scoring method and tool

Sociodemographic Data To obtain information on age, gender, education, occupation, income, religion, location, and years of treatment provided to psychiatric patients, schedule the details of male and female mental health professionals.

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

(ItemNo.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

(ItemNo.26,27,28,29,30)

Male and female mental health professionals' answers are categorized as "yes" or "no," with corresponding ratings of 2 and 1.

According to the interpretation, the human rights awareness scores were divided into three categories: poor (30–40), average (41–50), and good (51–60).

Data Collection Procedure

A research tool can be defined as an instrument used by researchers to measure their findings and make the process of conducting systematic and scientific research easier.

It can also be described as a tool in a portable device that helps with work completion. After meeting the inclusion and exclusion criteria, subjects were recruited for the study. The Director of CIP obtains formal approval by asking the organization's male and female mental health professionals a series of questions. Each respondent took an average of thirty minutes to complete the questionnaire. The researcher introduced herself and explained the reason for her visit to the male and female mental health professionals who met the sampling criteria during the data collection. The goal of the study was explained to each participant, and their informed consent was obtained. The English version of the program was used to collect data.

Difficulties During Data Collection

- Some participant showed no interest to fill the questionnaire.
- Questionnaire were not completed;
- some questions were left empty.
- Lack of time.
- Some participants were uncooperative

Data Analysis and Interpretation

The data collected from 160 male and female mental health professionals is analyzed and interpreted in this chapter. The following headings were used to tabulate and present the studied data in accordance with the goal.

Organization of Data

Section: A

Demographic variables of Male & Female Mental Health Professionals.

Section: B

To evaluate the overall awareness about human rights of mentally ill person among male and female mental health professionals at different hospitals at Indore

Section: C

To compare the awareness about human rights of mentally ill person among the mental health professionals at different hospitals at Indore.

Section – A

Table 1: Demographic variables of Mental Health Professionals about human rights of mentally ill person.

variables		Male		Female	
		n	%	n	%
Age	21 to 30 yrs.	65	81.3%	49	61.3%
	31 to 40 yrs.	11	13.8%	08	10.0%
	41 to 50 yrs.	04	5.0%	15	18.8%
	Above 51 yrs.	-	-	8	10.0%
Education	Primary education	-	-	01	1.3%
	10 th	02	2.5%	06	7.5%
	12 th	18	22.5%	22	27.5%
	Graduation	36	45.0%	18	22.5%
	Post-Graduation	02	2.5%	31	38.5%
Professional Designation	Other		2.5%	02	2.5%
	Junior Residents	10	12.5%	10	12.5%
	CP Students	10	12.5%	10	12.5%
	Nursing Officer	20	25.0%	20	25.0%
	PSW Students	10	12.5%	10	12.5%
	Ward Attendants	20	25.0%	10	12.5%
Religion	Nursing Students		25.0%	20	25.0%
	Hindu	62	77.5%	55	68.8%
	Christian	07	8.8%	16	20.0%
	Muslim	10	12.5%	08	10.0%
Local ity	Others	01	1.3%	01	1.3%
	Urban	42	52.5%	55	68.8%
Income/month	Rural	38	47.5%	25	31.3%
	< Rs.20,000	9	11.3%	12	15.0%
	Rs.20,001 to Rs.30,000	19	23.8%	24	30.0%
	Rs.30,001 to Rs.50,000	20	25.0%	13	16.3%
	Rs.50,001 to Rs.75,000	10	12.5%	13	16.3%
Working Experience	> Rs.75,000	22	27.5%	18	22.5%
	6months to 1 year	22	27.5%	10	12.5%
	1 year to 2 years	17	21.3%	18	22.5%
	2 years to 5 years	03	3.8%	04	5.0%
	above 5 years	17	21.3%	28	35.0%

Table 1 and Fig. No. 1-7 show that the subjects under study are divided into different groups based on factors such as working experience, income per month, education, professional designation, religion, locality, and male and female mental health. The current study's age-wise distribution of mental health professionals regarding the human rights of mentally ill people revealed that the highest percentage of male mental health professionals were 81.3% and female mental health professionals were 61.3% in the age group of 20–30 years, followed by those in the age group of 31–40 years, who were 13.8% and female mental health professionals were 10.0%, those in the age group of 41–50 years, who were 5.0% and female mental health professionals were 18.8%. Male graduates (45.0%) and female post-graduates (38.5%) had the highest percentage of mental health professional education, followed by male post-graduates (27.5%) and female intermediate graduates (22.5%), male 10th and other (2.5%) and female 10th and other (2.5%), and primary education (1.3%). In terms of religion, male mental health professionals who identify as Hindu were 77.5% and 68.8% female; those who identify as Christian were 8.8% and 20.0% female; and those who identify as Muslim were 12.5% and 10.0% female, with the lowest number being 1.3%. were both men and women who belonged to others. Highest percentage of male mental health professional staying in urban area were 52.5% & female were 68.8% least percentage of male staying in rural area were 47.5% & female were 31.3%. maximum 27.5% male mental health professional belong to income group of > Rs.75,000 & 30.0% female were Rs.20,001 to Rs.30,000 followed by 25.0% male income group of Rs.30,001 to Rs.50,000 & 22.5% female were > Rs.75,000, 23.8% male income group of Rs.20,001 to Rs.30,000 & 16.3% female were Rs.30,001 to Rs.50,000 & Rs.50,001 to Rs.75,000, 12.5% male income group of Rs. 50,001 to Rs.75,000 & 15.0% female were < Rs.20,000, 11.3% male income group of < Rs.20,000. Similarly, most of the 27.5% male&12.5% female mental health professional giving care to psychiatric patients about 6 months to 1 year followed by 21.3% male& 22.5% female was giving care about 1 year to 2 years, 3.8% male& 5.0% female was giving care about 2 years to 5 years and 21.3% male& 35.0% female was about above 5 years.

Therefore, it can be concluded that the highest percentage of male mental health professionals were 81.3% and 61.3% in the 20–30 age group; the highest percentage of male mental health professionals were graduates (45.0% and 38.5%); the majority of Hindu mental health professionals were male (77.5% and 68.8%), and the majority of mental health professionals were male (52.5% and 68.8%).

A maximum of 27.5% of male mental health professionals who live in metropolitan areas make more than Rs. 75,000, while 30.0% of female mental health professionals make between Rs. 20,001 and Rs. 30,000. In a similar vein, 35.0% of female mental health professionals were over five years old, and 27.5% of male mental health professionals were about the human rights of mentally ill people providing treatment for psychiatric patients between six months and a year.

Figure 1: Maximum number of male mental health professional were

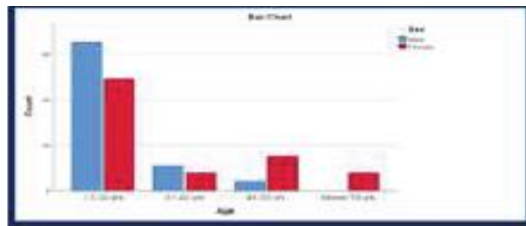


Figure 1: Maximum number of male mental health professional were 81.3% & 61.3% female in the age group of 20-30 years

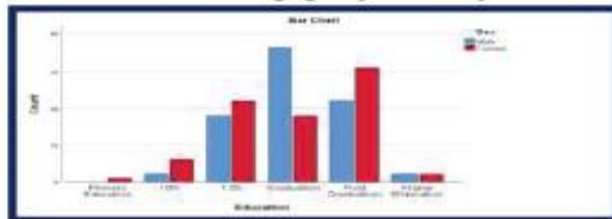


Figure 2: Highest education level was male were Graduate 45.0% and 38.5%, female was post-Graduate about human rights of mentally ill person by education

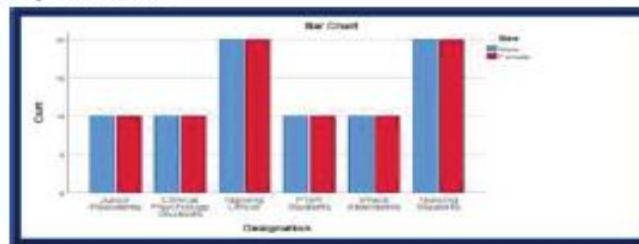


Figure 3:Percentage distribution of the male & female mental health professional about human rights of mentally ill person by designation

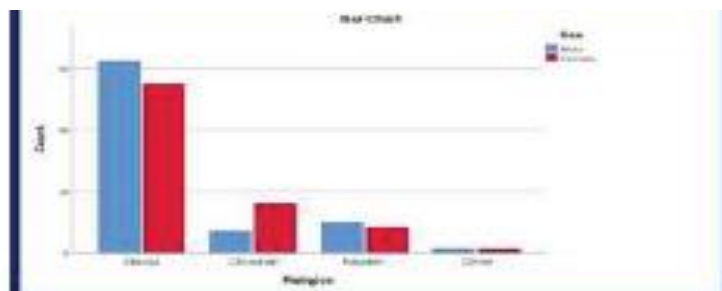


Figure 4:Majority of mental health professional belong to Hindu were male 77.5% and 68.8% were female.

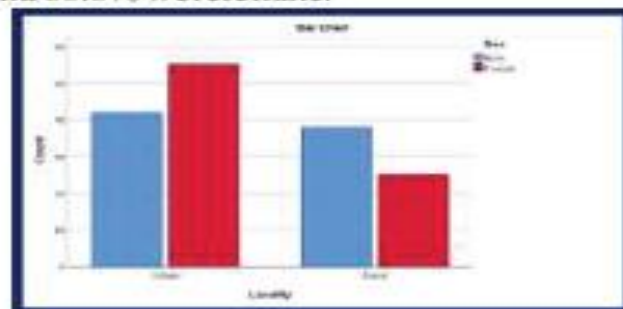


Figure 5: Most of the mental health professional 52.5% were male & 68.8%, were female staying in urban area

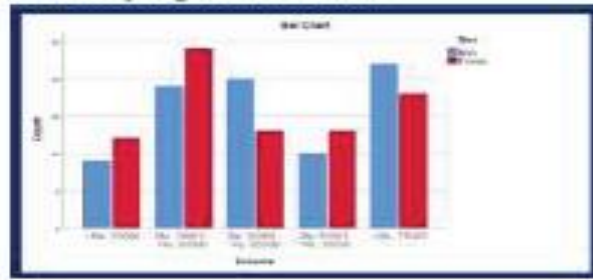


Figure 6:Maximum 27.5% male mental health professional belong to income group of > Rs.75,000 & 30.0% female were Rs.20,001 to Rs.30,000.

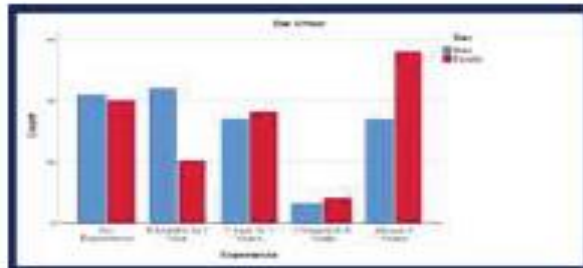


Figure 7:Most of the 27.5% male mental health professional about human rights of mentally ill person giving care to psychiatric patients about 6 months to 1 year & 35.0% female was about above 5 years.

Table- 2 Percentage Distribution of the level of awareness about human rights of mentally ill person among Male & Female Mental Health Professionals N=160

S No.	Awareness Level	Male		Female	
		Frequency	Percentage	Frequency	Percentage
1.	Poor (30-40)	13	16.3%	13	16.3%
2.	Average (41-50)	22	27.5%	23	28.7%
3.	Good (above 51)	45	56.3%	44	55.0%

Table 2 and Figure No. 8 demonstrate that only 16.3% of male and female mental health professionals had a poor awareness score regarding the human rights of mentally ill people, while the maximum mean percentage of male mental health professionals had a good awareness score of 56.3% and female mental health professionals had an average awareness score of 27.5% and 28.7%, respectively.

Therefore, it may be said that male mental health professionals were comparatively better knowledgeable of the human rights of mentally ill people than female mental health professionals.

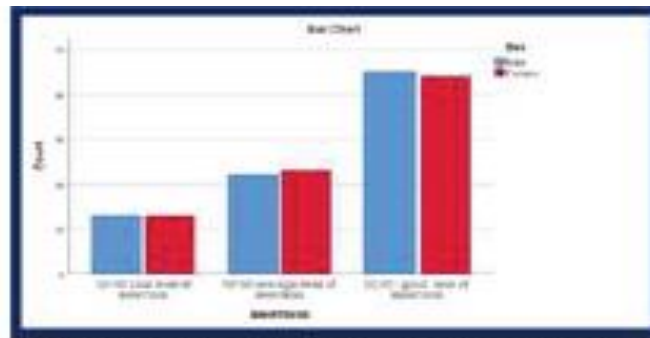


Figure 8: Mean Percentage Distribution level of awareness about male Mental Health Professionals showed relatively more awareness than the female about human rights of mentally ill person.

Table- 3 Comparison of the awareness about Personal Needs of human rights of mentally ill person among Mental Health Professionals N=160

Personal Needs	N	Mean	Std. Deviation	F	Sig.
Junior Residents	20	7.1000	1.25237	18.453	.000
CP Students	20	7.2500	1.40955		
Nursing Officer	40	7.1000	1.00766		
PSW Students	20	7.9000	.30779		
Ward Attendants	20	7.2500	1.01955		
Nursing Students	40	5.3000	1.47109		

Table 3 and Figure No. 9 PSW students have the highest mean awareness of the personal needs and human rights of mentally ill people among mental health professionals, followed by clinical psychology students, ward attendants, junior residents, nursing officers, and nursing students.

Therefore, it can be said that PSW students demonstrated a comparatively higher level of understanding of the personal needs and human rights of mentally ill individuals.

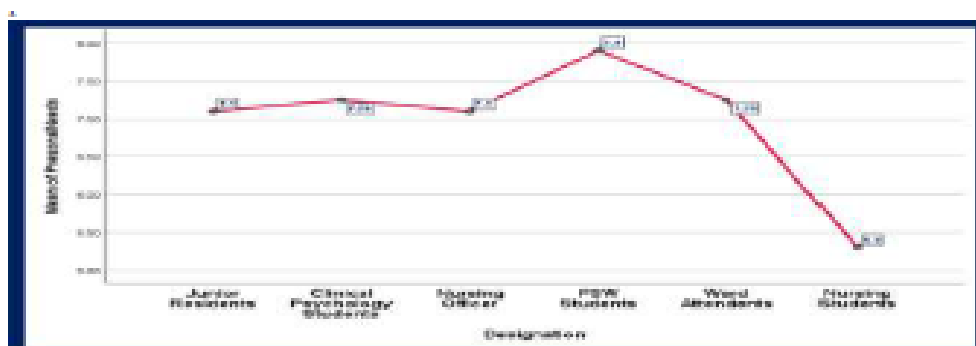


Figure: -9, PSW Students showed relatively more awareness about Personal Needs of human rights of mentally ill person.

Table- 4 Comparison of the awareness about Communication of human rights of mentally ill person among Mental Health Professionals N=160

Communication	N	Mean	Std. Deviation	F	Sig.
Junior Residents	20	1.5500	.51042	3.679	.004
CP Students	20	1.8500	.48936		
Nursing Officer	40	1.9000	.30382		
PSW Students	20	2.0000	.00000		
Ward Attendants	20	1.9500	.22361		
Nursing Students	40	1.7750	.47972		

Table 4 and Figure No. 10 When it comes to communicating the human rights of mentally ill people, PSW students had the highest mean awareness among mental health professionals, followed by ward attendants, nursing officers, clinical psychology students, junior residents, and nursing students. Therefore, it can be said that PSW students demonstrated comparatively more awareness of the communication of mentally ill people's human rights.

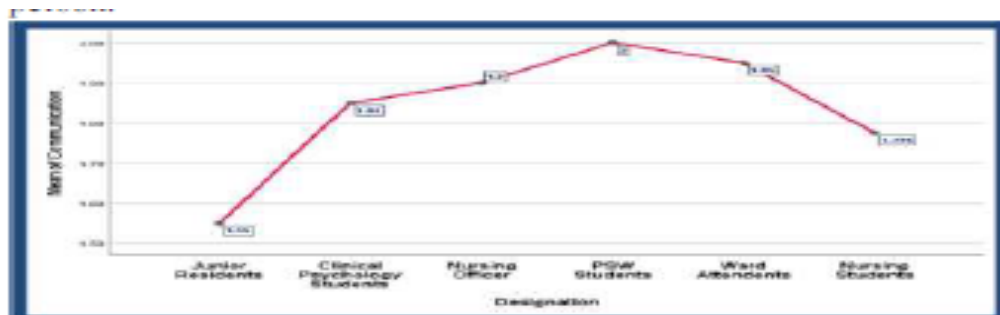


Figure: - 10,PSW Students showed relatively more awareness about Communication of human rights of mentally ill person.

Table- 5 Comparison of the awareness about Decision Making of human rights of mentally ill person among Mental Health Professionals N=160

Decision Making	N	Mean	Std. Deviation	F	Sig.
Junior Residents	20	2.2500	.91047	10.957	.000
CP Students	20	2.3500	1.03999		
Nursing Officer	40	2.5000	.78446		
PSW Students	20	2.6000	.82078		
Ward Attendants	20	1.8500	.98809		
Nursing Students	40	1.1750	1.05945		

Table 5 and Fig. No. 11 Maximum mean awareness of decision-making regarding the human rights of mentally ill individuals among mental health professionals reveals that PSW students have the highest level of awareness, followed by nursing officers, clinical psychology students, junior residents, ward attendants, and nursing students.

Therefore, it can be said that PSW students demonstrated a comparatively higher level of awareness regarding the human rights decision-making process for mentally ill individuals.

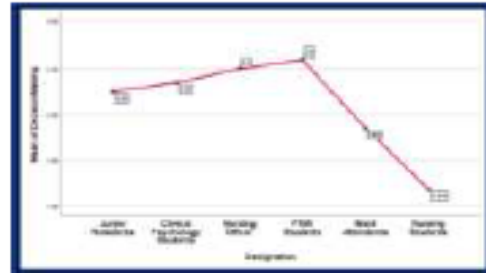


Figure: - 11 PSW Students showed relatively more awareness about Decision Making of human rights of mentally ill person.

Table- 6 Comparison of the awareness about Hospital Stay of human rights of mentally ill person among Mental Health Professionals N=160

Hospital Stay	N	Mean	Std. Deviation	F	Sig.
Junior Residents	20	4.9500	1.23438	8.741	.000
CP Students	20	5.8000	.89443		
Nursing Officer	40	5.0750	1.07148		
PSW Students	20	5.6000	.75394		
Ward Attendants	20	4.9000	1.07115		
Nursing Students	40	3.9750	1.56053		

Clinical psychology students have the highest mean level of understanding among mental health professionals on hospital stays and the human rights of mentally ill people (Table 6 & Fig. No. 12).

PSW students, nursing officers, junior residents, ward attendants, and nursing students had lesser awareness. Therefore, it can be said that students studying clinical psychology were comparatively more aware of hospital stays and the human rights of people with mental illnesses.

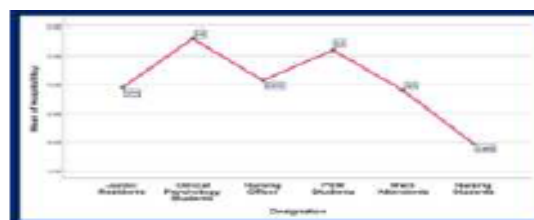


Figure: - 12 Clinical Psychology Students showed relatively more awareness about Hospital Stay of human rights of mentally ill person.

Table- 7 Comparison of the awareness about Legal Aspects of human rights of mentally ill person among Mental Health Professionals N=160

Legal Aspects	N	Mean	Std. Deviation	F	Sig.
Junior Residents	20	6.2000	1.10501	24.433	.000
CP Students	20	6.6000	.68056		
Nursing Officer	40	6.1500	.89299		
PSW Students	20	6.5000	.88852		
Ward Attendants	20	5.9000	1.11921		
Nursing Students	40	4.3750	1.00480		

Clinical psychology students have the highest mean awareness of the legal aspects of the human rights of mentally ill people among mental health professionals (Table 7 & Fig. No. 13). PSW students, junior residents, nursing officers, ward attendants, and nursing students have the lowest awareness. Therefore, it can be said that students studying clinical psychology demonstrated a comparatively greater understanding of the legal aspects of the human rights of people with mental illness.

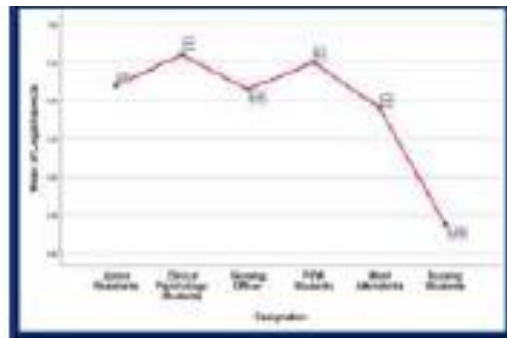


Figure: - 13 Clinical Psychology Students showed relatively more awareness about Legal Aspectsof human rights of mentally ill person.

Table- 8 Comparison of the awareness about Violation Practices of human rights of mentally ill person among Mental Health

Professionals N=160

Violation Practices	N	Mean	Std. Deviation	F	Sig.
Junior Residents	20	4.2000	1.10501	9.112	.000
CP Students	20	4.7500	.44426		
Nursing Officer	40	4.1750	1.15220		
PSW Students	20	4.5000	.60698		
Ward Attendants	20	3.7000	1.21828		
Nursing Students	40	3.1750	1.08338		

Table 8 and Figure No. 14Clinical psychology students have the highest mean awareness of violations of the human rights of mentally ill people among mental health professionals, followed by PSW students, junior residents, nursing officers, ward attendants, and nursing students.

Therefore, it can be said that students studying clinical psychology had a comparatively greater awareness of violations of the human rights of mentally ill individuals.

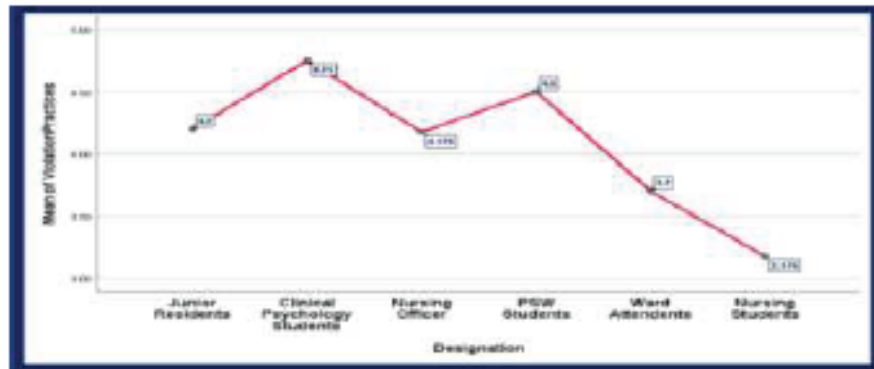


Figure: - 14 Clinical Psychology Students showed relatively more awareness about Violation Practices of human rights of mentally ill person.

Figure: - 13 Clinical

Discussion

The chapter covers the in-depth analysis of the study's results derived via statistical analysis. A mental health professional is essential to the development and outcome of mental illness. It is thought that mental health professionals play a crucial part in treating mentally ill people, and they should be assisted by gaining sufficient knowledge.

According to the National Human Rights Commission of India's Quality Assurance in Mental Health Project (1999) and Mental Health Care and Human Rights Report, 2008, sensitization of professionals and other staff is crucial for raising the standard of care for the mentally ill. According to the study's objectives, the sensitization should cover aspects such as the right to treatment with abuse, and the right to proper treatment and family life.

Demographic variables of patients.

The highest percentage of male mental health professionals regarding the human rights of mentally ill individuals was 81.3%, whereas the highest percentage of female mental health professionals in the 20–30 age range were 61.3%. A maximum of 27.5% of male mental health professionals belong to the income group of > Rs. 75,000 and 30.0% of female mental health professionals belong to the income group of Rs. 20,001 to Rs. 30,000, while the majority of Hindu mental health professionals were male (77.5%) and female (68.8%).

In a similar vein, 35.0% of female mental health professionals were over five years old, and 27.5% of male mental health professionals were about the human rights of mentally ill people providing treatment to psychiatric patients for six months to a year.

The first goal was to find out how much knowledge male and female mental health professionals have regarding the human rights of mentally ill people.

It was discovered that only 16.3% of male and female mental health professionals had a poor awareness score regarding the human rights of mentally ill people, while the maximum mean percentage of male

mental health professionals had a good awareness score of 56.3% and female mental health professionals had an average awareness score of 27.5% and 28.7%, respectively.

This result was in line with the research conducted by Melisha Nichol Lobo (2020). In contrast to the findings of Jagannathan and Rao's 2015 study, which indicated that while knowledge was adequate, it was not comprehensive enough to spread to others, 65.09% of the respondents were aware of the current human rights for the mentally ill. Improvements were primarily needed in the areas of personal needs, communication, hospital stays, and violation practices. According to research by Peace Iheanacho 2021, 32 participants (44.4%) had a moderate understanding of the human rights of those suffering from mental illness.

In fact, there is a great need to educate medical personnel through training programs regarding the protection and human rights of mentally ill people. In order to eliminate the stigma associated with mental illness in society, it is even more crucial to treat all people similarly, regardless of their illness.

Summary, Conclusion

An overview of the research

All facets of a person's life and wellness depend on their ability to exercise their human right to health. The idea of mental disease, how mentally ill people are treated, and the legislation have all had a dynamic interaction. The fundamental legal and ethical issues of psychiatry should be understood by mental health professionals, particularly nurses. Mentally sick people have received very little care and consideration from the community since the dawn of human civilization. This has led to the mistreatment and disregard of mentally ill people's rights for generations.

According to reports from family homes, informal healing centers, and psychiatric hospitals, mentally ill patients are neglected in low-income nations.

People who struggle with mental, neurological, or behavioral issues are more likely to experience social stigma, discrimination, social isolation, and a low quality of life, all of which lead to violations of human rights.

The number of individuals suffering from behavioral and mental illnesses is rapidly rising. There is a significant gap between the available resources and the therapy provided, despite the current awareness of successful methods for treating psychiatric diseases.

For care to be effective, human rights are crucial.

A mentally sick person's rights must be understood, and their needs should be met, supported, and protected. Therefore, it is necessary to ascertain whether medical professionals are cognizant of the human rights of mentally ill patients.

Major findings of the study

The age distribution of mental health professionals regarding the human rights of mentally ill individuals revealed that the highest percentage of male mental health professionals were 81.3% and female mental health professionals were 61.3% in the 20–30 age group; those in the 31–40 age group were 13.8% and female mental health professionals were 10.0%; those in the 41–50 age group were 5.0% and female mental health professionals were 18.8%; and those over 51 years old were only 10.0%. Male graduates (45.0%) and female post-graduates (38.5%) had the highest percentage of mental health professional education, followed by male post-graduates (27.5%) and female intermediate graduates (22.5%), male 10th and other (2.5%) and female 10th 7.5% and other (2.5%), and primary education (1.3%).

In terms of religion, male mental health professionals were 77.5% Hindu and 68.8% female; male Christians were 8.8% and 20.0% female; and male Muslims were 12.5% and 10.0% female, with the lowest figure being 1.3%. were belonging to other people, both male and female.

■ 52.5% of male mental health professionals and 68.8% of female mental health professionals lived in metropolitan areas. The lowest percentage of men (47.5%) and women (31.3%) lived in rural areas.

The highest percentage of male mental health professionals—27.5%—belong to the income group of > Rs. 75,000, followed by 25.0% of male professionals in the income group of Rs. 30,001 to Rs. 50,000 and 22.5% of female professionals in the income group of > Rs. 75,000, 23.8% of male professionals in the income groups of Rs. 20,001 to Rs. 50,000 and Rs. 50,001 to Rs. 75,000, and 12.5% of male professionals in the income group of Rs. 50,001 to Rs. 75. In a similar vein, the majority of mental health professionals (27.5% male and 12.5% female) treated psychiatric patients for six months to a year, followed by 21.3% male and 22.5% female for one year to two years, 3.8% male and 5.0% female for two years to five years, and 21.3% male and 35.0% female for approximately three years. To above 5 years

Only 16.3% of male and female mental health professionals had a poor awareness score regarding the human rights of mentally ill people, compared to a maximum mean percentage of 56.3% for male mental health professionals and 55.0% for female mental health professionals. Average awareness scores for male and female mental health professionals were 27.5% and 28.7%, respectively.

■ PSW students have the highest mean awareness of the personal needs and human rights of mentally ill people among mental health professionals, followed by clinical psychology students, ward attendants, junior residents, nursing officers, and nursing students.

When it comes to communicating the human rights of mentally ill people, PSW students had the highest mean awareness among mental health professionals, followed by ward attendants, nursing officers, clinical psychology students, junior residents, and nursing students.

■ PSW students have the highest mean level of awareness among mental health professionals when it comes to making decisions about the human rights of mentally ill people, followed by nursing officers, clinical psychology students, junior residents, ward attendants, and nursing students.

The highest mean awareness of hospital stay of human rights for mentally ill individuals among mental health professionals is found among clinical psychology students, followed by PSW students, nursing officers, junior residents, ward attendants, and nursing students.

The highest mean level of awareness among mental health professionals about the legal aspects of the human rights of mentally ill individuals is found in clinical psychology students, followed by PSW students, junior residents, nursing officers, ward attendants, and nursing students.

Conclusion

Therefore, the highest percentage of male mental health professionals were 81.3% and 61.3% in the 20–30 age group; the highest percentage of male mental health professionals were graduates (45.0% and 38.5%); the majority of mental health professionals were Hindu (77.5% and 68.8%); the majority of mental health professionals lived in urban areas (52.5% and 68.8%); the highest percentage of male mental health professionals belonged to the income group of > Rs. 75,000 and 30.0% female were Rs. Similarly, 35.0% of female mental health professionals were over five years old, and 27.5% of male mental health professionals were about the human rights of mentally ill people providing treatment for psychiatric patients between six months and a year.

Therefore, it may be said that male mental health professionals were comparatively more aware of the human rights of mentally ill people than female professionals.

Therefore, it may be said that PSW students demonstrated comparatively greater awareness of the personal needs, communication, and decision-making of mentally ill people's human rights. Students studying clinical psychology demonstrated comparatively more knowledge of hospital stays, legal issues, and human rights violations involving mentally ill individuals.

Recommendations for future research

- Similar kind study can be performed with a large scale and also in different settings.
- Similar kind study can be performed with a nursing students /staff and also in different settings