

## Original Research

# A descriptive study to assess the knowledge of nursing students regarding the human rights of mentally ill patients in selected nursing schools and colleges of Faridkot, Punjab

Dr. Gurleen Kaur Sra

Assistant Professor, Department of MSc Mental Health Nursing Dasmesh College of Physiotherapy, Faridkot, Punjab, India

### Corresponding author

Dr. Gurleen Kaur Sra

Assistant Professor, Department of Msc Mental Health Nursing Dasmesh College of Physiotherapy, Faridkot, Punjab, India

Received Date: 23 August, 2024

Accepted Date: 27 September, 2024

### ABSTRACT

Present study aimed to assess the knowledge of nursing students regarding the human rights of mentally ill patients in selected nursing schools and colleges of Faridkot, Punjab. The study showed that knowledge is more common in the subjects of age group 21 years and 50% constitute good knowledge while 30% with poor knowledge, 15% with average knowledge and 5 % have very good knowledge about human rights of mentally ill patients. The study concluded that inadequate knowledge regarding human rights of mentally ill patients among nursing students affect the treatment procedure of student. Hence rights of mentally ill patients gets exploited.

**Keywords:** mental health, mental illness, nursing students.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

### Introduction:

Mental Illness is the inability of individual for rational thinking, decision making, expressing the emotions and unable to adjust to the surroundings. Mental illness is the outgrowth of intra and interpersonal process. (Agarwal, S.P., 2004).<sup>1</sup>

According to DSM-IV-TR, Mental illness or Mental disorder is a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and that is typically associated with either a painful symptom (distress) or impairment in one or more important in areas of functioning (disability) or with a significantly increased risk of sufferings, death, pain, or loss of freedom, and is not merely expectable and culturally sanctioned response to a particular event (Agarwal, S.P., 2004).<sup>1</sup>

It is the beginning of the society, mental health has taken the back seat. Not much importance given to this field and much less with regards to rights of mentally ill clients. The human rights of mentally ill have been

violated and they have been stigmatized since the origin of civilization. One of the reason for ill treatment may be due to decreased or absent contribution in the economic field by mentally ill clients (Krishan Kumar A., 2004).<sup>2</sup>

### Need of the study

Mental health today is recognized as an important aspect of one's total status. It is a basic factor that contributes to the maintenance of physical health as well as social effectiveness. The WHO in its world health report 2001 has drawn attention to fact that, nearly 45 crore people are estimated to be suffering from mental illness globally. (Vijaya KS, 2009).<sup>7</sup>

According to World Health Organization report in 2001, some 450 million people suffer from mental or behavioral problems in the world. (Krishan Kumar A., 2004).<sup>2</sup> In the world, the prevalence of psychiatric disorder is 58.2 per thousand, which means that in India, there are about 5.7 crore people suffering from some sort of psychiatric disturbances.

About 1.5 crore people suffer from severe mental disorders, besides 12,000 patients in government mental hospitals in the country. (Sreevani K., 2008)<sup>3</sup>.

According to Mrs. Sreevani in her textbook, the incidence of mental disorder may increase in future due to the following causes:

- Increasing number of nuclear families
- Increasing number of the elderly group
- Increase incidence of substance abuse
- Industrialization and urbanization.

The mentally ill persons usually are not being able to protect their basic right due to their impaired insight and judgments. The nurses have to deal with and care for all type mentally ill and also they are responsible to protect the right of mentally ill for which the nurses must have adequate knowledge and positive attitude towards the right of mentally ill person.

According to National Human Rights commission report 1999, there are two types of mental health hospitals. "The first type, do not deserve to be called as mental health hospitals. They are 'dumping grounds' of mentally ill". The living conditions in many of these settings are deplorable and violate an individual's right to be treated humanely and live a life of dignity. The second type "provide basic minimal provisions of food and shelter". Both these type violate rights of mental ill patients (Harding TW, Murthy SR., 2001)<sup>11</sup>.

As per the WHO country profiles, 2001, India devotes less than 1 % of its health budget to mental health as compared to 10 % to 18 % in other countries. This in turn leads to very imbalanced need and services provided ratio.

Mental Disability Rights International, a US-based human rights organization, said that as many as 17,000 patients in Serbia were tied to their beds for 'lifetime' to keep them from harming themselves. They were neglected and made to suffer from 'tantamount to torture' (Basavaraja AU, Divyaprabha G, Nirmala P, Roy GM, Shilpa, Prabhudeva SS., 2009)<sup>14</sup>

### Research problem

A descriptive study to assess the knowledge of nursing students regarding the human rights of mentally ill patients in selected nursing schools and colleges of Faridkot, Punjab.

### Aim of the study

The aim of the study is to assess the knowledge regarding rights of mentally ill patients among nursing students and to provide Information Education and Communication (IEC) material in order to provide protection for human rights of mentally ill patients.

### Objectives

- To assess the level of knowledge of nursing students regarding the human rights of mentally ill

patients in selected nursing schools and colleges of Faridkot.

- To find out the relationship between knowledge of nursing students regarding Human Rights of Mentally Ill patients with selected socio-demographic variables.
- To develop and disseminate IEC material regarding ill effects of treating mentally ill patients besides their rights.

### Operational Definitions

**Human Rights:** In this study it refers to rights of mentally ill as defined and listed down by WHO and National Mental Health

**Knowledge:** It refers to the awareness regarding Human Rights of Mentally Ill which will be measured using a standardized questionnaire

**Students:** It refers to students studying in selected nursing schools & colleges of nursing.

**Mentally Ill:** It is the pathology of various disorders in which the person's thoughts, behavior or emotions are abnormal. It is the inability of the person to adjust to surrounding environment.

### Assumptions

Nursing students will gain knowledge of Human Rights of Mentally Ill and will be able to protect the human rights of the mentally ill.

### Delimitations

The study is limited to:

- Students present at the time of data collection period.
- Students who are willing to participate in the study
- Students studying in GNM 2<sup>nd</sup> year and B.Sc (N) 3<sup>rd</sup> year, B.Sc (N) 4<sup>th</sup> year in selected nursing schools and colleges of Faridkot.

### CONCEPTUAL FRAME WORK

Conceptual framework is a cohesive, supporting linkage of selected interrelated concepts. It serve as a guide to research. It is a device for organizing ideas and in turn, bringing order to related objects, observation, events and experience. Conceptual framework provide necessary guidelines to researcher to perform purpose of study.

According to general system theory "science of wholeness and its purpose is to unit scientific thinking across the discipline and which provide framework for analyzing the whole of any system."<sup>33</sup> A system activity can be resolved into a aggregation of feedback circuits such as:

1. Input.
2. Throughput.
3. Output.
4. Feedback

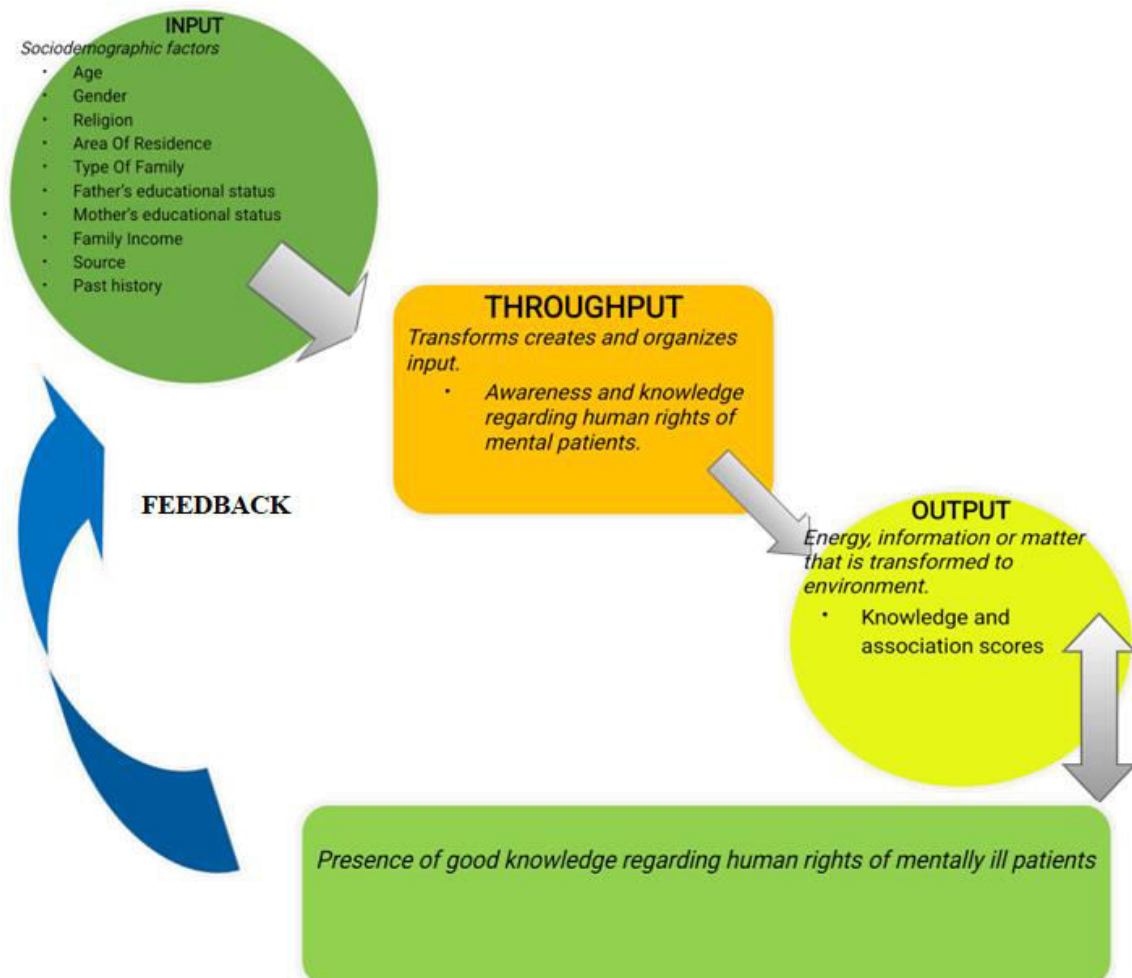
**1. Input:** Refers to any form of information, energy of material, that lead into the system through its boundary. In this study, input refers to the sociodemographic characteristics.

**2. Throughput:** Refers to where by the system transforms, create and organizes input. In this study throughput refers to the awareness and knowledge of nursing students regarding human rights of mentally ill patients

**3. Output:** Output refers to energy, information or matter that is transformed to the environment. Output in

this study refers to knowledge scores, association of human rights of mentally ill patients with socio demographic characteristics.

**4. Feedback:** Refers to continuous source of information to the input by output in relationship with environment used to make necessary changes in order to survive and to grow, develop and disseminate IEC. In present study knowledge scores have been related with socio demographic characteristics of the subjects.



**FIGURE 1: Conceptual Framework Of Study Based On Ludwig von Bertalanffy System Model (1968)**

## Methodology

**Research Design:** Descriptive research design.

**Research approach:** Quantitative approach will be used for this study.

**Research Setting:** The study will be conducted in the selected nursing colleges in Faridkot.

**Target population:** The nursing students studying in the selected nursing schools and colleges of Faridkot at Punjab.

**Sample & Sample Technique:** 100 Nursing students from selected nursing schools and colleges of Faridkot, will be selected by simple random sampling technique.

**Inclusion Criteria:** Nursing students who are willing to participate.

Nursing students who are available at the time of data collection.

**Exclusion Criteria:** Students who are not willing to participate in this study. Students who are in GNM 1<sup>st</sup>,3<sup>rd</sup> year and B.Sc (N) 1<sup>st</sup>,2<sup>nd</sup>,4<sup>th</sup> year.

Nursing Students who are not available during the time of data collection.

**Selection and development tool(s)**

The tool will be developed after the review of literature on relevant topic and discussion with guides and experts.

**Description of the tool(s)**

**Part A :-** Demographic profile consisting of name, age, sex, marital status, name of the course, year of the course, name of the college, any previous knowledge regarding human rights, exposure the mentally ill, any family member or associate having mental illness, source of knowledge.

**Part B: -** Prepare the questions related to human rights of mentally ill, the questionnaire will be given for face validity to experts.

**Validity of tool(s)**

Validity of the tool can be determined by expert’s opinion in the field of specialties.

**Reliability of tool(s)**

Reliability of structured questionnaire knowledge of nursing students regarding human rights of mentally ill patients will be determined by Karl Pearson’s co-efficient co- relation method.

**RESULTS AND ANALYSIS OF DATA**

This deals with the analysis and interpretation of data collection from 100 nursing students, to assess the knowledge regarding human rights of mentally ill clients.. The data was organized, tabulated, analysed and interpreted by using descriptive and inferential statistics. The analysis and interpretation was based on the data collected through self structured questionnaire.

Data analysis is the application of one or more technique to a set of data for the purpose of discovering trends, difference or similarities. This type of technique used is guided by the subject matter of the problem.

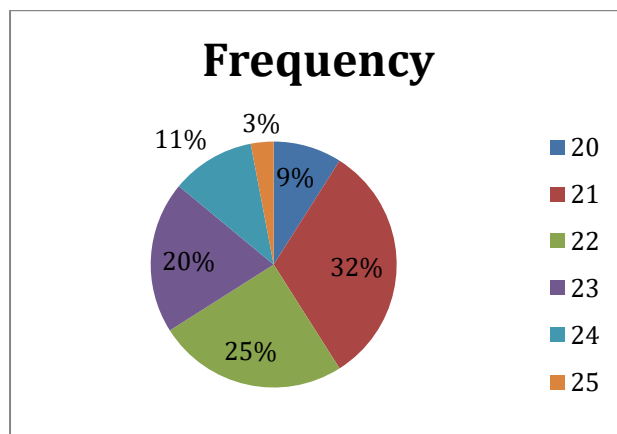
**Section A :** Socio Demographic profile consisting of name, age, sex, marital status, name of the course, year of the course, name of the college, any previous knowledge regarding human rights, exposure the mentally ill, any family member or associate having mental illness, source of knowledge.

**Section B:** Structured Questionnaires to assess the knowledge of nursing students regarding human rights of mentally ill patients.

**Section 1: Socio demographic characteristics of subjects:**

**Table 2A: Frequency and Percentage of age (in years) of sample N=100**

AGE		Frequency	Percent
Valid	20	9	9.0
	21	32	32.0
	22	25	25.0
	23	20	20.0
	24	11	11.0
	25	3	3.0
	Total	100	100.0

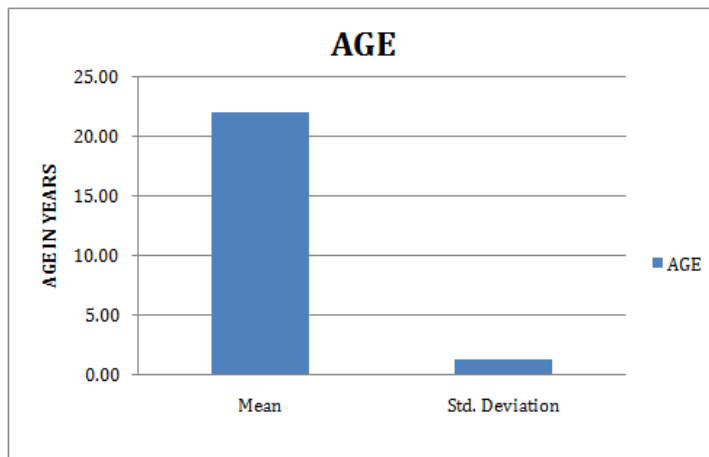


**Fig 2a – Age Of Group In Years**

Table 2 describes Frequency of age in years of sample. Maximum frequency was of age 21 years while minimum was at 25 years corresponding to 32 and 3 respectively whereas 22 years have frequency 25 and extremes have lesser frequencies 9,20 and 11 belonging to age 20,13 and 24 years.

**Table 2B: Mean and Standard Deviation of age (in years) of sample**

	Mean	Std. Deviation	Minimum	Maximum
AGE	22.01	1.267	20	25



**FIG 2B- MEAN AND STANDARD DEVIATION OF AGE**

Table 2 describes that the minimum age of subject was 20 and maximum age was 25. The mean age was reported to be 22.01 years and standard deviation was 1.267.

**Table 3: Frequency and Percentage Distribution of Sample as per their Socio Demographic Characteristics**

Socio Demographic Characteristics (GENDER)	Frequency (f)	Percent (%)
Male	19	19.0
Female	81	81.0
Total	100	100.0

**2. GENDER**

RELGION		Percent
1 Hindu	30	30.0
2 Sikh	68	68.0
4 Others	2	2.0
Total	100	100.0

**7. FAMILY INCOME**

		F INC	Percent
Valid	1 < 5000	8	8.0
	2 5001-10000	30	30.0
	3 10001-15000	17	17.0
	4 >15000	45	45.0

	Total	100	100.0
--	-------	-----	-------

**8. SOURCE OF INFORMATION**

SOURCE				
		SOURCE	Percent	
Valid	1 Mass Media	24	24.0	
	2 Teachers	57	57.0	
	3 Peer Group	7	7.0	
	4 Parents	12	12.0	
	Total	100	100.0	

**9. PAST HISTORY OF ILLNESS**

		PAST HISTORY	Percent
Valid	1 Yes	19	19.0
	2 No	81	81.0
	Total	100	100.0

**SCORING OF STUDENTS**

CATEGORY		score	Percent
Valid	poor	30	30.0
	average	15	15.0
	good	50	50.0
	very good	5	5.0
	Total	100	100.0

**TABLE 4-: ASSOCIATION BETWEEN KNOWLEDGE SCORES WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES**

This section deals with the association between knowledge scores and selected socio- demographic variables regarding awareness of human rights of mentally ill clients among nursing students in selected nursing colleges and schools of Faridkot, Punjab.

Socio Demographic Characteristics		CATEGORY				Total
		poor	average	good	very good	
AGE	20	2	3	4	0	9
	21	9	2	18	3	32
	22	5	4	14	2	25
	23	8	4	8	0	20
	24	4	2	5	0	11
	25	2	0	1	0	3
Total		30	15	50	5	100

<b>Chi-Square Tests</b>			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.659 <sup>a</sup>	15	.629
Likelihood Ratio	14.584	15	.482
Linear-by-Linear Association	2.820	1	.093
N of Valid Cases	100		

**Table 4** depicts that Chi test value (12.659) and P value (.629) as P value is lesser than .05 value, which indicates there is no association between knowledge scores of nursing students regarding human rights of mentally ill patients.

**TABLE 5 -Association of knowledge scores of adolescent students regarding human rights of mentally ill patients with their gender**

Socio demographic characteristics		CATEGORY				Total
		poor	average	good	very good	
GENDER	male	8	2	7	2	19
	female	22	13	43	3	81
Total		30	15	50	5	100
<b>Chi-Square Tests</b>						
	Value	df	Asymp. Sig. (2-sided)			
Pearson Chi-Square	3.704 <sup>a</sup>	3	.295			
Likelihood Ratio	3.443	3	.328			
Linear-by-Linear Association	.515	1	.473			
N of Valid Cases	100					

TABLE 5: shows chi square value to be 3.704 and p value to be 0.295 which is less than .05, which indicated that there is no association of knowledge scores with gender.

**TABLE 6- Association of knowledge scores of nursing students regarding human rights with their religion**

Socio Demographic Characteristics		CATEGORY				Total
		poor	average	good	very good	
RELIGION	hindu	7	2	16	5	30
	sikh	22	13	33	0	68
	others	1	0	1	0	2
Total		30	15	50	5	100

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.057 <sup>a</sup>	6	.020
Likelihood Ratio	16.023	6	.014
Linear-by-Linear Association	4.368	1	.037
N of Valid Cases	100		

**TABLE 6:** depicts that Chi test value is 15.057 and P value is .020 as P value (.020) is lesser than .05 value, which indicates there is no association between knowledge scores of nursing students regarding human rights with their religion.

**TABLE 7:- Association of knowledge scores of nursing students regarding human rights with their area of residence.**

Socio demographic characteristics		CATEGORY				Total
		poor	average	good	very good	
AREA	urban	17	5	20	3	45
	rural	13	10	30	2	55
Total		30	15	50	5	100

### CHI SQUARE

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.434 <sup>a</sup>	3	.329
Likelihood Ratio	3.447	3	.328
Linear-by-Linear Association	.890	1	.345
N of Valid Cases	100		

**TABLE 7 :-** depicts that Chi test value is 3.434 and p value is .329 as P value (.329) is lesser than .05 value, which indicates there is no association between knowledge scores of nursing students regarding human rights with their area of residence.



**TABLE 8:-Association of knowledge scores of nursing students regarding human rights with their family**

Socio demographic characteristics		Category				Total
		poor	average	good	very good	
FAMILY	nuclear	13	5	27	3	48
	joint	17	10	23	2	52
Total		30	15	50	5	100

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.564 <sup>a</sup>	3	.464
Likelihood Ratio	2.596	3	.458
Linear-by-Linear Association	1.367	1	.242
N of Valid Cases	100		

## DISCUSSION

A report of findings is never sufficient to convey their significance.

The meaning that researchers give to the results plays a rightful and important role to their report.

This presents the discussion of the findings with regard to the study objectives.

The study was aimed to assess the knowledge of nursing students regarding human rights of mentally ill patients in selected nursing colleges and schools of Faridkot, Punjab. In this study, the descriptive research design was adopted. The study sample includes 100 nursing students. The participants were selected by using simple random sampling technique. A self administered structured knowledge questionnaire (20 multiple choice question) was adopted to assess the knowledge. The result of the data was computed by using descriptive and inferential statistics.

**This discussion is presented as follows:**

### 1. Knowledge of nursing students regarding human rights of mentally ill patients.

The first objective of the study was to assess the knowledge of nursing students regarding human rights of mentally ill patients in selected nursing colleges and schools of Faridkot, Punjab. In the present study the findings of the study revealed that maximum student's knowledge were **50% have good knowledge, 30% have poor knowledge, 15% have average knowledge and only 5% have very good knowledge.**

### 2. Association between knowledge scores with selected socio-demographic variables.

The second objective of the study is found out association between knowledge scored with selected socio- demographic variables regarding drug abuse. The demographic variables analysed in

the study were age, gender, religion, area, education of father, education of mother, occupation of father, occupation of mother, income, past history and source of information. Analysis results that there was no significant association between knowledge scores with selected socio-demographic variables like age, gender, religion, area, education of father, education of mother, occupation of father, occupation of mother, income, past history and source of information.

## CONCLUSION & RECOMMENDATION

The study concluded that knowledge is more common in the subjects of age group 21 years and 50% constitute good knowledge while 30% with poor knowledge, 15% with average knowledge and 5% have very good knowledge about human rights of mentally ill patients. The study concluded that inadequate knowledge regarding human rights of mentally ill patients among nursing students affect the treatment procedure of student. Hence rights of mentally ill patients gets exploited.

## BIBLIOGRAPHY

1. Agarwal, S.P. Mental Health An Indian Perspective. Ministry Of Health And Families Welfare, New Delhi: Directorate Of Journal Of Health Services.(2004)
2. Krishnakumar A. Human rights and persons with mental illness in India, Frontline Magazine. 18 (17)
3. Sreevani K. A guide to mental health and psychiatrics nursing. New Delhi. Jaypee Brothers Medical Publishers Pvt. Ltd., 2008.
4. Sharma S. Human rights of mental patients in India: a global perspective. Current opinion in Psychiatry. 2003; 16:547-551
5. Ahamed N, Baruah A, Deuri SK. A study to assess the knowledge and attitude of GNM students towards human rights of mentally ill persons. Indian Journal of Psychiatric Nursing. 2009 : 20-23

6. Vijayalakshmi P, Ramachandra, Reddemma K. A study to assess attitudes of students nurses about the rights of hospitalized psychiatric patients. 2nd International Conference of ISPN 2009 October 10-12. Bangalore.
7. Burns, Nancy and Susan, K. Grove (1993) *The Practice Of Nursing Research Conduct, Critique And Utilization*. 2nd Edition, Philadelphia: W.B. Saunders Company.
8. Fadem, Barbara (2004) *Behavioural Science in Medicine*. 1st Edition, Philadelphia: Lippincott.
9. Johnstone, C. E., Freeman, C.P. and A.K. Zealley (1998) *Companion to Psychiatric Studies*. 6th Edition, New York: Churchill Living Stone.
10. Vijaya KS. A study to assess the knowledge and attitude towards importance of human rights among health care team members working in mental health department in Narayana general hospital Nellore. Soovenir, Human rights in mental health nursing practice: second international conference of ISPN. NIMHANS, Bangalore 2009: 41
11. Mathew B. A study to assess the effectiveness of computer assisted plant teaching programme on legal rights of mentally ill among staff nurses working in 67 selected hospitals at Chattisgarh. *Indian Journal of Psychiatric Nursing* 2009 : 43-46
12. Sharma SK, Kaur V, Kaur T. Awareness regarding human rights of mentally ill among nurses at selected hospitals in north India. 2009 *Indian Journal of Psychiatric nursing* 2009 : 20-23
13. Santhi S. A study to assess the awareness of human rights among caregivers caring for mentally ill admitted in psychiatric ward. *Indian Journal of Psychiatric Nursing*. 2009 : 26-28
14. Harding TW, Murthy SR. *Mental health in India*. Bangalore. Peoples Actions for Mental Health : 241-250
14. Sharma S, Chadda RK. *Mental hospitals in India: current status and role in mental health care*. Delhi: Institute of Human Behaviour and Allied Science : 98-99
15. Channabasavanna SM, Issac MK, Chandrashekar CR, Varghese M, Murthy P, Reddemma K, et. al. Quality assurance in mental health. New Delhi, National Human Rights Commission. 1999: 136
16. Basavaraja AU, Divyaprabha G, Nirmala P, Roy GM, Shilpa, Prabhudeva SS, et., al. Knowledge regarding rights of mentally ill among caregiver: a descriptive survey. *Indian Journal of Psychiatric Nursing* 2009 : 47-49
17. Grace P et al. Ethics, human rights issues and psychiatric nurses. *Journal of American psychiatric nurses association* 2003. 9-17
18. Park .K. *Park's textbook of Preventive And Social Medicine*. 18th Edition, (2005) Jabalpur: M/s Banarsida's Bhanot Publishers.
19. Polit, F. Denise and Hungler, P. Bernadette *Nursing Research Principles And Methods*. 6th Edition, (1999) Philadelphia: Lippincott Williams and Wilkins.
20. Kamla-Raj *British Journal of Psychiatry* " Knowledge, Beliefs and Attitudes of Health Care Providers" , (2009) 3(1): 19-25 (2009)
21. Jegede AS: The notion of "were" in Yoruba Conception of Mental Illness. *Nordic Journal of African Studies*, (2005) 3(2): 5-9. 68
22. Mohammed, Zubair, Isa, SA, Muktar, HA .Perception and beliefs about mental illness among Karfi Village. Northern Nigeria. *Journal of International Health and Human Rights*: (2004) 4(3): 1-8.
23. Stuart GW, Laraia MT. *Principles and practice of psychiatric Nursing*. 8th ed. New Delhi: Elsevier India Private Limited. 2008:147
24. Samuel George, Nagarajaiah. To assess the level of knowledge on human rights in relation to mentally ill, mental retardation and their family members among nurses working in general hospitals at Mangalore. *Indian journal of psychiatric nursing*. 2009; 1(1):16
25. Nurnahar Ahmed, Arunjiyoti Baruah, Deuri S.K. To assess the knowledge and attitude of GNM students towards human rights of mentally ill person. *Indian journal of psychiatric nursing*. 2009; 1(1):29-31
26. Poster EC, Ryan JA. Nurses' attitudes toward physical assaults by patients. *Archives of Psychiatric Nursing* 1989 Dec; 3(6):315-22.
27. Channabasavanna SM, Issac MK, Chandrashekar CR, Varghese M, Murthy P, Reddemma K, et. al. Quality assurance in mental health. New Delhi, National Human Rights Commission. 1999: 136
28. Isabella Y M Lee. *Psychiatric Nurses' knowledge and attitudes towards the use of physical restraint on patients in Psychiatric wards*. USA. Available from: [http:// mra.e-contentmanagement.com](http://mra.e-contentmanagement.com).
29. Dayachand Kumar. A retrospective study was conducted to understand the profile of the male forensic psychiatric inpatients and problems faced by nurses working in male forensic psychiatric ward at NIMHANS, Bangalore. *Forensic psychiatric nursing*. August 2011 2: 3: 49.
30. Seema. Study to assess knowledge and practice of legal responsibilities in patient care among nursing graduates. Punjab. Available from: <http://findarticles.com>.
31. Kantio R, Valimaki M et al, Nurses and Physicians educational needs in seclusion and restraint practices. *Perspect Psychiatr Care*. 2009; 45 (3): 198- 207. 69
32. Indrayan.M. Knowledge regarding rights of mentally ill among personnels in hospitals. *Indian Journal of Psychiatric Nursing*. 2010 Apr. 24-25.
33. Sneha Jose. Impact of Structured Teaching Programme on knowledge on legal implications and attitude towards duty and legal liability among staff working in NIMHANS. *Forensic psychiatric nursing*. 2011 Aug 2: 3:50.
34. Channabasavanna SM, Issac MK, Chandrashekar CR, Varghese M, Murthy P, Reddemma K, et. al. Quality assurance in mental health. New Delhi, National Human Rights Commission. 1999: 136
35. World Health Organization. *The World Health Report 2001*. Geneva. Available at [http://www.who.int/whr/2001/en/whr01\\_en.pdf](http://www.who.int/whr/2001/en/whr01_en.pdf)
36. Abuse of mentally ill is reported in Turkey. Available at: [www.iht.com/articles/2005/09/27/mews/turkey.php](http://www.iht.com/articles/2005/09/27/mews/turkey.php)
37. Mentally ill subjected to abuse. Available at <http://news.bbc.co.uk/1/hi/health/185372.stm>
38. Serbia's systematic abuse of the mentally ill available at [www.telegraph.co.uk/news/main.jhtml](http://www.telegraph.co.uk/news/main.jhtml)
39. Nurses and human rights. Available at <http://www.icn.ch/pshmrighths.htm>.

40. Brown P, Attitudes towards the rights of mental patients. A National survey in the United states, Soc Sci Med. 1982;16[23];2025-39
41. Lin C L, Chan CH ,A qualitative enquiry into the Taiwenese mentally ill Persons difficulties living in the community, Arch Psychiatr Nurs.2008 Oct;22[5]:266-76.
42. M. Hakan Özdemir , İ. Özgür Can, Akça T. Ergönen, Ahmet Hilal, Mustafa Önder, Demet Meral. Midwives and nurses awareness of patients' rights. Available at <http://www.sciencedirect.com/science>.
43. Houlihan GD. The powers and duties of psychiatric nurses under the Mental Health Act 1983: a review of the statutory provisions in England and Wales. Journal of Psychiatric and Mental Health Nursing. 2005 Jun;12(3):317-24 7