JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

A EDUCATION TO MEASURE THE EFFICIENCY OF DELIBERATE EDUCATION PROGRAMME ON INFORMATION AND BOLDNESS CONCERNING ORGANIZATION OF PSYCHIATRIC CRISES

[1]Name of 1st Avani Prajapati
[1]Designation of 1st Asst Prof.
[1]Name of Department of 1st Nursing.
[1]Name of organization of 1st Gokul Global University, Patan, Sidhpur, India

Abstract: An immediate disruption of a patient's behavior, thoughts, or mood that goes untreated and could endanger the patient or others around them is known as a mental emergency. Consequently, the concept of mental emergency takes into consideration the risk to society. Emergencies could be categorized as minor when there is no threat to life but causes severe incapacitation, or major when there is a risk to the patient's life or the lives of others around him. Only serious emergencies are allowed to be mentioned. a quantitative method using a single group that uses a pre-experimental pre-test-post-test design. were chosen through the use of a non-probability purposeful sampling technique.

Interventions: Students received a planned lesson plan. ASSISTANT: Students' awareness of managing psychiatric emergencies was evaluated using a self-structured questionnaire and Likert scale questions. Descriptive and inferential statistics, including mean, SD, t test, and chi square test value, were used to examine and interpret the collected data in light of the objective and hypothesis. With a mean difference of 5.62 and a computed t value of 15.23 that was larger than table t (2.00), the mean post-test awareness score (11.33±3.74) appeared to be higher than the mean pre-test knowledge score (5.71±2.64). The average awareness score after the exam (37.9 ± 8.25) seems to be greater than the average score before the test. With a mean difference of 5.3 and a computed t value of 4.19, the attitude score (32.9 ± 8.48) was higher than the table t (2.00).

Key words: Assess, Effectiveness, Planned teaching programme, Knowledge, Attitude, Management, Psychiatric emergencies, Students.

INTRODUCTION

When a child appears physically ill, most families know when to call for an ambulance or take them to the ER. Families could find it difficult to recognize a mental health or psychiatric emergency. A psychiatric emergency is a risky or life-threatening circumstance where a child need urgent care. In these situations,

It could be necessary to do an emergency evaluation. To find out the best course of action, speak with your child's physician or mental health practitioner. Call 911 or your local emergency number, or go directly to the closest medical room, if your child is in imminent danger. Make an ambulance call if you are unsure that you can safely transport your child.

An immediate disruption in a patient's behavior, thoughts, or mood that, if left untreated, could endanger the patient or others around them is known as a mental emergency. Consequently, the concept of mental crises takes into consideration the risk to society. Suicide: India's suicide rate was 11.2 per 1,00,000 in 2002. The rates vary around the nation, with Kerala having the highest suicide rate in 2002 at 30.8 per 1,000,000. The suicide rates for members of the Army, Air Force, and Navy were, respectively, 0.04, 0.11, and 0.12 per 1,000. In metropolitan areas, rates are higher than in rural ones.

PROBLEM STATEMENT

"A study to evaluate the impact of a planned teaching program regarding their knowledge and attitude regarding the management of psychiatric emergencies."

OBJECTIVES

To evaluate the students' attitude and level of knowledge in handling mental health crises. To assess the impact of the planned educational program on students' attitudes and knowledge about handling mental health emergencies. To establish a correlation between students' attitudes and knowledge about handling mental emergencies. To determine how their chosen demographic characteristics relate to their knowledge and attitude.

HYPOTHESIS

H0: Students' pre-test and post-test knowledge and attitude scores about handling mental health emergencies won't alter significantly.
H1: The knowledge and attitude scores before and after the test will differ significantly. management of the scheduled educational program.

CONCEPTUAL FRAMEWORK

Conceptual framework is the sum of concept and framework, which knits the idea into a frame to provide information with meaning. The AQ framework is the conceptual framework that is being planned for the study, according to Pilot and Hunger (1991). Every study had a framework, even though not all of them were founded on theories or mental models. In this research,

Input: This includes the creation of tools and a planned instructional program, as well as the personal 16 data of third-year B.Sc. nursing and second-year GNM nursing students.

Procedure: The term "process" describes a number of actions, including tool validation and reliability tests, knowledge and attitude pre-tests, and more. assessment of knowledge and attitude among third-year B.Sc. nursing and second-year GNM nursing students, administration of a planned teaching program on managing psychiatric emergencies, and post-test of knowledge and attitude among these students.

Results: The output includes evaluating the efficacy of a planned educational program on handling mental health emergencies among a subset of Feedback is the method by which data is obtained from every system level. It is imperative that bolster the process and input to produce the intended result. To achieve goals, the entire procedure must be repeated if there was insufficient knowledge, attitude, and practice. Since it is an endless process, the entire cycle should be continued if the result is efficient knowledge.

TARGET POPULATION

The target population is the total population that a researcher is interested in and wishes to generalize the study's findings to, according to Polite, D.F. and Beck, C.T. (2008). third-year B.Sc. nursing students make up the study's target population Udaipur. The size of the sample and the sampling method Polite, D.F. and Beck, C.T. (2010) state that a sample is made up of a subset of the units that make up the population. Students in their second year of G.N.M. and third year of B.Sc. nursing made up the study's sample. The study employed a non-probability purposive sampling technique.

SELECTION AND RATIONALE OF TOOL FOR DATA COLLECTION

The following data collection instruments were created in accordance with the study's goals in order to gather the required data. A Questioner of Structured Knowledge: A questionnaire is a research tool used to collect data from respondents that consists of a list of questions along with other prompts. Frequently, they are made for the responses' statistical analysis. A Likert scale, sometimes known as an attitude rating scale: The Likert scale is a composite measurement tool used to assess people's attitudes, values, and feelings. It asks respondents to rate their level of agreement or disagreement with a series of positive and negative declarative statements about the variables being measured.

Structured knowledge questionnaire:

structured knowledge questionnaire: This let the researcher understand how little students knew about handling mental health issues. It provided the researcher with information on 62 students' understanding on how to handle mental health emergencies. Multiple-choice questions enabled the samples to quickly determine the correct response and recall their information.

Section I: contains personal information. such as age, gender, religion, level of education, prior experience with mental health problems, and information source.

Dichotomous questions in

Section II of the structured questionnaire test expertise of handling mental health emergencies. Likert scale for rating attitudes: The most widely used scaling method is the Likert scale. This scale is quite simple to manufacture. It is regarded as a more legitimate and dependable instrument for measurement. the variables related to psychology. It is simple to administer because all responders need to do is check the boxes next to each statement. In terms of administration and construction, it takes less time.

Section III: The original version of this scale was primarily created using a five-point rating system (strongly agree, agree, disagree, disagree, and strongly disagree) that included both positive and negative declaration statements about quantifiable characteristics.

PLAN FOR DATA ANALYSIS

The researcher intended to use both descriptive and inferential statistics to analyze the data. Frequency distribution, percentage, and cross tabulation were used to analyze all of the data, which were then displayed as tables and graphs. The following is how the researcher intended to analyze the data. Frequency and percentage analysis will be used to provide the personal data in a table format. The Likert Attitude Assessment Scale and Structured Knowledge Questionnaire data were analyzed using the t-test, mean, and standard deviation (SD) and displayed as tables and graphs.

RESULT:

Following data collection and entry into a master sheet, descriptive and inferential statistics were used to evaluate the data, and the results were grouped under the following headings:

SECTION A: Students' demographic variables are described.

SECTION B: The student's attitude and level of knowledge about handling mental health emergencies.

SECTION C: The intended educational program's efficacy in managing mental health emergencies.Students' pre- and post-test knowledge scores on handling mental health situations are compared. Comparison of the student's attitude scores before and after the test on handling mental health crises.

SECTION D: Examine the students' attitudes and understanding about handling mental health crises.

SECTION E: Relationship between students' pre-test knowledge and attitude and demographic variables.

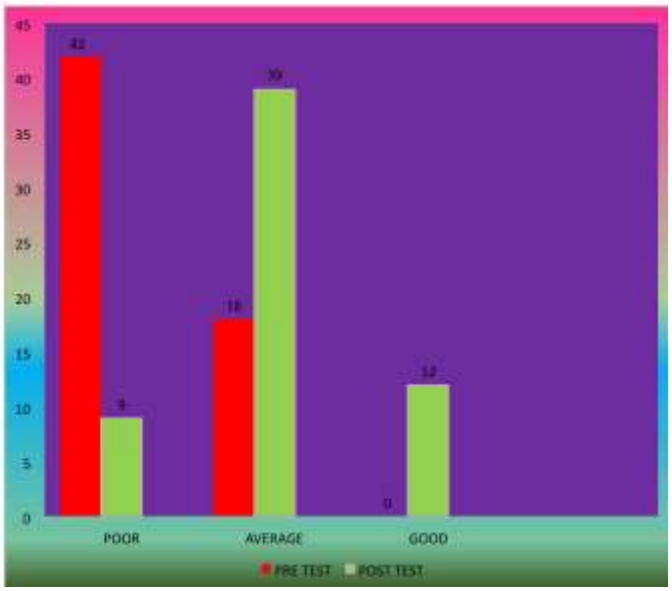

Figure - Column Graph showing the comparison of Pre-test and Post-test Knowledge frequency of samples.

PART II: SCALE OF ATTITUDE

Table : Distribution of student frequencies and percentages. [N=60]

Level of attitude	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Unfavourable (10-30)	8	0%	2	0%
Favourable (31-50)	2	0%	8	0%
TOTAL	0	00%	0	00%

CONCLUSION

The primary finding of this study was that students' attitudes toward managing mental health emergencies and their pre-test knowledge of managing mental health emergencies were both poor, but that their knowledge of managing mental health emergencies had significantly improved after a lesson plan that was disclosed in the post-test. This demonstrates the critical requirement to comprehend the benefits of the proposed educational program with reference to student mental emergency management.

ACKNOWLEDGEMENT

The authors would like to express their gratitude to their family for their unwavering support and affection during the course of the study. I am incredibly grateful granting us permission to carry out our research project, as well as to all of the subordinates who had been assisted and encouraged throughout the course of this study.

REFERENCES:

¬ Brent suicidal behavioral- clinical study “Indian journal psychiatry” vol-18, june-1997, page.131-137
¬ BRIERE, JOHN; WOO, ROSE; MCRAE, BONNIE; FOLTZ, JAMES; SITZMAN, ROBERT Lifetime Victimization History, Demographics, and Clinical Status in Female Psychiatric Emergency Room Patients, The Journal of Nervous & Mental Disease: February 1997
¬ Carmel H, Huntr M.”compliance with training in managing assaulting behaviour and injuries from inpatient violence, Hosptal community paychiatry” 1999;41:558-560
¬ Correll, C. U., Kratochvil, C. J., & March, J. S. (2011). Developments in pediatric psychopharmacology: Focus on stimulants, antidepressants, and antipsychotics. Journal of Clinical Psychiatry, 72(5), 655-670.
¬ Dubin WR, Weiss KJ, Dorn JM: Pharmacotherapy of psychiatric emergencies. Journal of Clinical Psychopharmacology 6210–222, 1986
¬ Fernandes CM, Christenson JM” the effect of an education programme on violence in the emergency psychiatry department” annals of emergency medicine 2002;39:47-55
¬ Garbrick , Cereitt(1996), Demprat, Antaiotong”Psychiatric emergency” - 2001-Wisconsin,Page 4-8,1027-1030.
¬ Green Stein R A, Ness D E, “psychiatric emergencies in elderly”1990 may Phladelphia, U.S.A. ¬ Hafner H,Rossler W, Haus S “ psychiatric emergencies” 1986 nov,Germany.
¬ Haller RM, assautts among psychiatric inbpatients a critical “ British journal of psychiatric” 2000;22:10-12.