



**“A STUDY TO ASSESS THE EFFECTIVENESS OF
PLANNED TEACHING PROGRAMME ON
KNOWLEDGE AND ATTITUDE REGARDING
MANAGEMENT OF PSYCHIATRIC
EMERGENCIES AMONG SELECTED
STUDENTS OF VENKTESHWAR COLLEGE
COLLEGE OF NURSING, UMARADA,
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ABSTRACT: A psychiatric emergency is an acute disturbance of behavior, thought or mood of a patient which is untreated may lead to harm, either to the individual or to others in the environment. thus the definition of psychiatric emergencies in that the danger of harm to the society is also taken into account. Emergencies may be classified as major, here there is a danger to life either of the patient or to others in his environment or minor where there is no threat to life but causes severe incapacitation. Only major emergencies may be discussed. Present study is aimed to assess the effectiveness of planned teaching programme on knowledge and attitude regarding

management of psychiatric emergencies among selected students of Venkateshwar college college of nursing, Umarada, Udaipur.

A quantitative approach using pre experimental pre- test post-test design with one group. PARTICIPANTS: 60 Students were selected using Non-Probability Purposive sampling technique in Venkateshwar college college of nursing, Umarada, Udaipur.. INTERVENTIONS: Planned teaching programme was given to the Students. TOOL: Self Structured Questionnaire and Likert scale questions was used to assess the level of awareness of Students regarding management of psychiatric emergencies. The data obtained were analyzed and interpreted in the light of objective and hypothesis using descriptive and inferential statistical in terms of mean, SD, t test and chi square test value. The mean post-test awareness score (11.33 ± 3.74) was apparently higher than that of mean pre-test (5.71 ± 2.64) knowledge score with the mean difference of 5.62 and the calculated t value 15.23 was greater than table t (2.00). The mean post-test awareness score (37.9 ± 8.25) was apparently higher than that of mean pre-test (32.9 ± 8.48) attitude score with the mean difference 5.3 and the calculated t value 4.19 was greater than table t (2.00).

KEY WORDS: Assess, Effectiveness, Planned teaching programme, Knowledge, Attitude, Management, Psychiatric emergencies, Students.

I. INTRODUCTION

Most families know when to call an ambulance or bring their child to the emergency room when they seem physically ill. Families may have a hard time identifying a psychiatric or mental health emergency. A psychiatric emergency is a dangerous or lifethreatening situation in which a child needs immediate attention. In these cases, an emergency evaluation may be required. Contact your child's doctor or mental health provider to find out the best way to get help. If your child is in immediate danger, call 911 or your local emergency number, or head straight to the nearest emergency room. If you're not sure you can transport your child safely, call an ambulance.

A psychiatric emergency is an acute disturbance of behavior, thought or mood of a patient which is untreated may lead to harm, either to the individual or to others in the environment. thus the definition of psychiatric emergencies in that the danger of harm to the society is also taken into account. Suicide: suicide rate in India was 11.2 per 1,00,000 in 2002. The rates vary across the country with states such as Kerala having the highest suicide rate of 30.8 per 1,00,000 in 2002. Suicide rates in Army, Air Force and Naval personnel were 0.04, 0.11 and 0.12 per 1,000 respectively. Rates are higher in urban than in rural setting. Studies of completed suicide show that 90-94% of the patients are mentally ill while committing the act.

Management: all psychiatric patients need to be asked about suicidal ideation as a part of routine assessment. Self-destructive behavior and previous attempts are the most powerful predictors of the future suicidal attempt. It need to be clearly understood that asking about suicidal attempt does not provoke the patient to commit suicide or instill the idea of committing suicide. Many patients feel relieved on being asked about suicidal ideation and being explained that their ideas are part of an illness.

Agitated and violent patients: Violence is a danger often faced in the emergency room setting. The risk of violence is especially high in those societies where there is easier access to firearms and alcohol/drug abuse. The use of

alcohol also predisposes to violence. Specific psychiatric and medical disorders have also been associated with violent behaviour

Drugs used for controlling aggression Nonspecific sedation may be required to first bring the patient under control before an assessment can be made. Emergency staff should be familiar with the administration of these drugs which should readily be available. If the patient is willing, drugs may be given orally, however, usually the parenteral route is necessary. The most commonly used drug is haloperidol 10 mg given as a single intramuscular dose and can be safely repeated at intervals of every half hour to a maximum of 60 mg. Lorazepam 2 mg up to a maximum of 10 mg is equally effective as haloperidol. It is especially useful where alcohol withdrawal is suspected.

Prevention of assault on health workers: The casualty centre should have adequate security staff. Access to examination rooms and treatment areas should be limited. All consulting and examination rooms should have at least two exits. Similarly, all rooms should have a call button, which can be pressed in an emergency so that all available staff can rush to the aid of the medical person being assaulted. All suspicious patients should be watched and reported in detail for future risks.

Delirium :- It is managed with environmental manipulation to help orient the patient (e.g. leaving a light on at night, frequent orientation to time, place, and person) and with drugs. Drugs should be prescribed only after the underlying disorder has been diagnosed or the process of determining the diagnosis has been initiated. Haloperidol in low doses (0.5 to 2 mg) is frequently the drug of choice. Lorazepam 0.5 to 2 mg can reduce agitation and is preferable when substance withdrawal is the cause. Anticholinergic drugs (eg, benzotropine) should be used with caution in delirious patients, especially the elderly, because anticholinergic toxicity (atropine psychosis) can occur. Substance intoxication and withdrawal: It may occur with a psychiatric disorder or as a primary presenting complaint. Alcohol, cocaine and phencyclidine are the substances that most commonly lead to violent behaviour. Patients should be placed under observation in a secure room away from stimulation; attempting to talk the patient down is not recommended. Physical restraints or sedation may be necessary for violent patients. Lorazepam 2 to 4 mg stat or diazepam 10 to 20 mg stat is recommended to treat agitation. Withdrawal from barbiturates, other sedatives and hypnotics (including benzodiazepines) and alcohol are similar clinically. When symptoms are severe, treatment in a hospital is safest and is mandatory if the patient is febrile ($>38.3^{\circ}\text{C}$ or 101°F), cannot hold down fluids to prevent dehydration, or has a severe underlying physical disorder. Alcohol withdrawal can be life threatening. Seizures can occur.

Delirium tremens, a withdrawal syndrome that starts within 7 days of withdrawal (usually within 24 to 72 h), is a medical emergency and should be treated in an ICU. Management is usually with high doses of benzodiazepines, parenteral thiamine and maintenance of fluid and electrolyte balance. Overdose of prescribed psychoactive drugs: It can also pose a threat to life apart from causing intoxication. Hence, the patient should be jointly managed by a

physician and a psychiatrist. If the patient has taken a toxic dose and is awake, treatment consists of inducing emesis followed by administering activated charcoal. Overdose with tricyclic antidepressants or carbamazepine requires cardiac monitoring. Overdose with barbiturates or benzodiazepines and alcohol may cause respiratory arrest. Antipsychotic drugs, at therapeutic as well as toxic doses, can cause acute extrapyramidal adverse effects including dystonia, oculogyric crisis, torticollis, and akinesia. Akathisia is a common adverse effect of high-potency antipsychotics, when severe, it is accompanied by extreme anxiety or terror. Acute onset of oculogyric or orofacial dystonia in an otherwise healthy person may suggest purposeful or inadvertent ingestion of an antipsychotic. Immediate relief may be provided with a parenteral antihistaminic such as promethazine 25 mg IM.

Panic attacks: Panic attacks are not a sign of weakness. they are sign of having to remain strong for too long, now a days 1 in 3 is suffering from panic attack.it may experience palpitation, tremors, feeling of choking, chest pain, nausea, abdominal distress, fear dying, parenthesis, child, hot flushes.

Serotonin syndrome: It occurs when serotonergic agents are used in combination with MAOI inhibitors. A sudden build-up of serotonin systemically may lead to a life threatening condition manifesting in hyperthermia, diaphoresis, excitement or confusion, hyperreflexia, hypotension, tremor.

Neuroleptic malignant syndrome:- It is a hyper metabolic reaction to dopamine antagonists, primarily antipsychotic drugs, such as phenothiazine's and butyrophenones. It usually occurs early in treatment and rarely during maintenance treatment. I

1.1. PROBLEM STATEMENT

“A study to assess the effectiveness of planned teaching programme on knowledge and attitude regarding management of psychiatric emergencies among selected students of Venkateshwar college college of nursing, Umarada, Udaipur.”

1.2.OBJECTIVES

1. To assess the knowledge and attitude regarding management of psychiatric emergencies among the students.
2. To evaluate the effectiveness of planned teaching programme on knowledge and attitude regarding management of psychiatric emergencies among students.
3. To correlate the knowledge and attitude of the students regarding management of psychiatric emergencies.
4. To find out the association between knowledge and attitude with their selected demographic variables

1.3. HYPOTHESIS

H0: There will be no significant difference between pre-test and post-test knowledge and attitude scores of students regarding management of psychiatric emergencies.

H1: There will be significant difference between pre-test and post-test knowledge and attitude score after administration of planned teaching programme.

1.4. CONCEPTUAL FRAMEWORK

Conceptual framework = concept + framework meaning knitting the concept in a frame to have meaning information. According to the Pilot and Hunger (1991) stated, AQ framework is the conceptual under planning of the study. Not every study is based on theory or conceptual model, but every study had a framework.”

In this study,

Input: Input refers to the 3rd year B.Sc.Nursing and 2nd year GNM nursing students personal 16 data and development of tools and planned teaching programme.

Process: Process refers to various steps such as validation and reliability of tool , pre-test of knowledge and attitude among 3rd year B.Sc.Nursing and 2nd year GNM nursing students administration of planned teaching programme on management of psychiatric emergencies , post-test of knowledge and attitude among 3rd year B.Sc.Nursing and 2nd year GNM nursing students , administration of planned teaching programme on management psychiatric emergencies.

Output: Output consist of assessing the effectiveness of planned teaching programme on management of psychiatric emergencies among selected students of Venkateshwar college college of nursing, Umarada, Udaipur

Feedback: It is the process by which information is received from each level of the system. It emphasis need to strengthen the input and process so that it leads to the desirable output. If there was insufficient knowledge attitude and practice, the whole process has to be repeated to attain objectives if the output is that of efficient knowledge then also the whole cycle should be continued because it is a never ending process.

1.5 VARIABLES:

A variables are the characteristics of quality or attribute of a person or object that experimental manipulates controls or observes variables can be changed and thischange is studied.

INDEPENDENT VARIABLE: it is a stimulus or activity that manipulated or varied by the researcher to create the effect on dependent variable. In this study effectiveness of planned teaching programme on management of psychiatric emergencies.

DEPENDENT VARIABLE: the dependent variable is measures of the outcomes of the study, they are often offered to as outcome variables response variables disease variables or effect variables. In this study the dependent variable is knowledge and attitude regarding management of psychiatric emergencies.

DEMOGRAPHIC VARIABLE: it is defined as the characteristics or attributes of the subjects that are all collected to describe the samples.

RESEARCH SETTING

According to Polite, D.F. and beck, C.T.(2008)- setting is the physical location and condition in which the data collection takes place in a study. investigator conducted the present study in the Venkateshwar college college of nursing, Umarada, Udaipur. 60 investigator taken a formal permission from the higher authorities of Venkateshwar college college of nursing, Umarada, Udaipur

TARGET POPULATION

According to polite, D.F. and beck, C.T. (2008)- Target population is the entire population in which a researcher is interested and to which he or she would like to generalize the study result. In this study, the target population consist of 3rd year B.Sc. nursing and 2nd year G.N.M. students of Venkateshwar college college of nursing, Umarada, Udaipur. **SAMPLE SIZE AND SAMPLING TECHNIQUE** According to Polite, D.F. and beck, C.T.(2010) –A sample consist of a subset of the units that compose the population. The sample of the study comprised of students of 3rd year B.Sc. nursing and 2nd year G.N.M. students. A Non-probability purposive sampling technique was used for the study.

SAMPLE SIZE In this study the sample size was consisted of 60 samples for the present study.

SAMPLING CRITERIA Sampling criteria is the list of the characteristics essential for inclusion or exclusion in the group targets. Inclusion criteria

- Students who have mental health nursing subject in their curriculum.
- Students who are willing to participate in the study.
- Students who can read, write and speak English. 61 Exclusion criteria
- Students who are not available during data collection

SELECTION AND RATIONALE OF TOOL FOR DATA COLLECTION

Based on the objectives of the study the following data collection tools were developed in order to obtain necessary information. A Structured Knowledge Questioner: A questionnaire is a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents. They are often designed for statistical analysis of the responses. An Attitude Rating Scale (Likert Scale): Likert scale is a composite measurement scale used to measure attitude, values and feelings of the people that involve summation of scores on the set of positive and negative declarative statements regarding measuring variables to which respondents are asked to indicate their degree of agreement or disagreement. Rationale

Structured knowledge questionnaire:

Structured knowledge questionnaire: This gave the investigator an idea of lack of knowledge regarding management of psychiatric emergencies among students. It gave the investigator a data about the knowledge regarding management of psychiatric emergencies among 62 students. The multiple choice type of questions helped the samples to recall their knowledge and easily identify the right answer.

Section I: it is consist of personal data. i.e. age, gender, religion, educational status, previous knowledge about management psychiatric emergencies and source of information.

Section II: structured questionnaire contains dichotomous questions indicating knowledge of management of psychiatric emergencies. Attitude rating scale (likert scale): Likert scale is the most commonly used scaling techniques. It is relatively easy to construct this scale. It is considered as more reliable and valid tool to measure the psychosocial variables. It is easy to administer, since respondents only have to tick in spaced provided against of each statement. It is less time consuming during construction and administration.

Section III: Primarily original version of this scale was developed with five point scale (strongly agree, agree, uncertain, disagree and strongly disagree) containing the mixture of positive and negative declaration statements regarding measurable variables.

DESCRIPTION OF TOOLS FOR DATA COLLECTION

The investigator was preparing tools in three sections to assess the knowledge and attitude regarding management of psychiatric emergencies is as follow:

Section I – consist of the personal data of age, gender, religion, educational status, previous knowledge regarding management of psychiatric emergencies and source of information.

Section II- Comprised item on knowledge regarding management of psychiatric emergencies. Total item were **25** and each item carried one mark. Maximum score of the questionnaire is **25**. Investigator gave 1 mark for correct

answer and 0 mark for wrong answer. The content are as well as level of cognitive domain knowledge, comprehension and application 25 items was be divided into sub area of the basic knowledge about management of psychiatric emergencies. Investigator was divide knowledge score as following and considered knowledge score accordingly:

0-8	Poor knowledge
9-17	Moderate knowledge
18-25	Good knowledge

Section III – consist of the statement that describes the opinions or point of views of participants regarding management of psychiatric emergencies. There are 10 sentences formed by investigator. In which 5 statements ate positive and 5 statements are negative.

PLAN FOR DATA ANALYSIS

The investigator was planning to analyse the data by using descriptive and inferential statistics. All the data was analysed by using frequency distribution, percentage and cross tabulation and it was be presented in the form of the Tables and Graphs.

The investigator planned to analyse the data in the following manner. Personal data to be analysed using frequency and percentage and presented in the form of table. The data from the Structured Knowledge Questionnaire and Likert Attitude Assessment Scale analyzed using mean, Standard deviation (SD) and t- test and presented in the form of tables and graphs.

RESULT:

The data were collected and entered in master sheet, analyzed using descriptive and inferential statistics and the findings were presented under the following headings:

SECTION A: Description of demographic variable of students.

SECTION B: Knowledge and attitude of student regarding management of psychiatric emergencies.

SECTION C: Effectiveness of planned teaching programme regarding management of psychiatric emergencies. Comparison of pre-test and post-test knowledge score of students regarding management of psychiatric emergencies.

Comparison of pre-test and post-test attitude score of student regarding management of psychiatric emergencies.

SECTION D: Correlation the knowledge and attitude of the students regarding management of psychiatric emergencies.

SECTION E: Association of demographic variable with the pre-test knowledge and attitude in students.

SECTION -A: -Description of selected demographic variables.

Table-1: Frequency and percentage distribution of Students according to characteristics.

[N=60]

SR.NO.	CHARACTERISTICS	CATEGORIES	FREQUENCY	PERCENTAGE (%)
1	Age in years	17-19 years	06	10%
		20-22 years	47	78%
		23-25 years	07	12%
2	Gender	Female	53	88%
		Male	07	12%
3	Religion	Hindu Muslim	59	98%
		Christian	01	02%
		Other (specify...)	0	0%
			0	0%
4	Educational status	B.Sc.nursing G.N.M.	30	50%
			30	50%

5	Previous knowledge	Yes No	56	93%
			04	7%
6	First source of information	Mass media Books	08	14%
			23	38%

SECTION- II: Significant difference of knowledge score of students regarding management of psychiatric emergencies before and after Planned teaching programme: -

PART I- SELF STRUCTURE QUESTIONER TOOL: -

Table-2: Frequency and percentage distribution of students

[N=60]

Level of Knowledge	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor (0 -8 score)	42	70%	09	15%
Average (09 -17score)	18	30%	39	65%
Good (18 -25 score)	00	00	12	20%
TOTAL	60	100%	60	100%

Data in table 2 shows that pre-test knowledge scores of the samples on students was poor knowledge 42(70%), average knowledge 18(30%) whereas post-test knowledge score was about 09(15%) poor knowledge, average knowledge 39(65%) and good knowledge 12(20%).

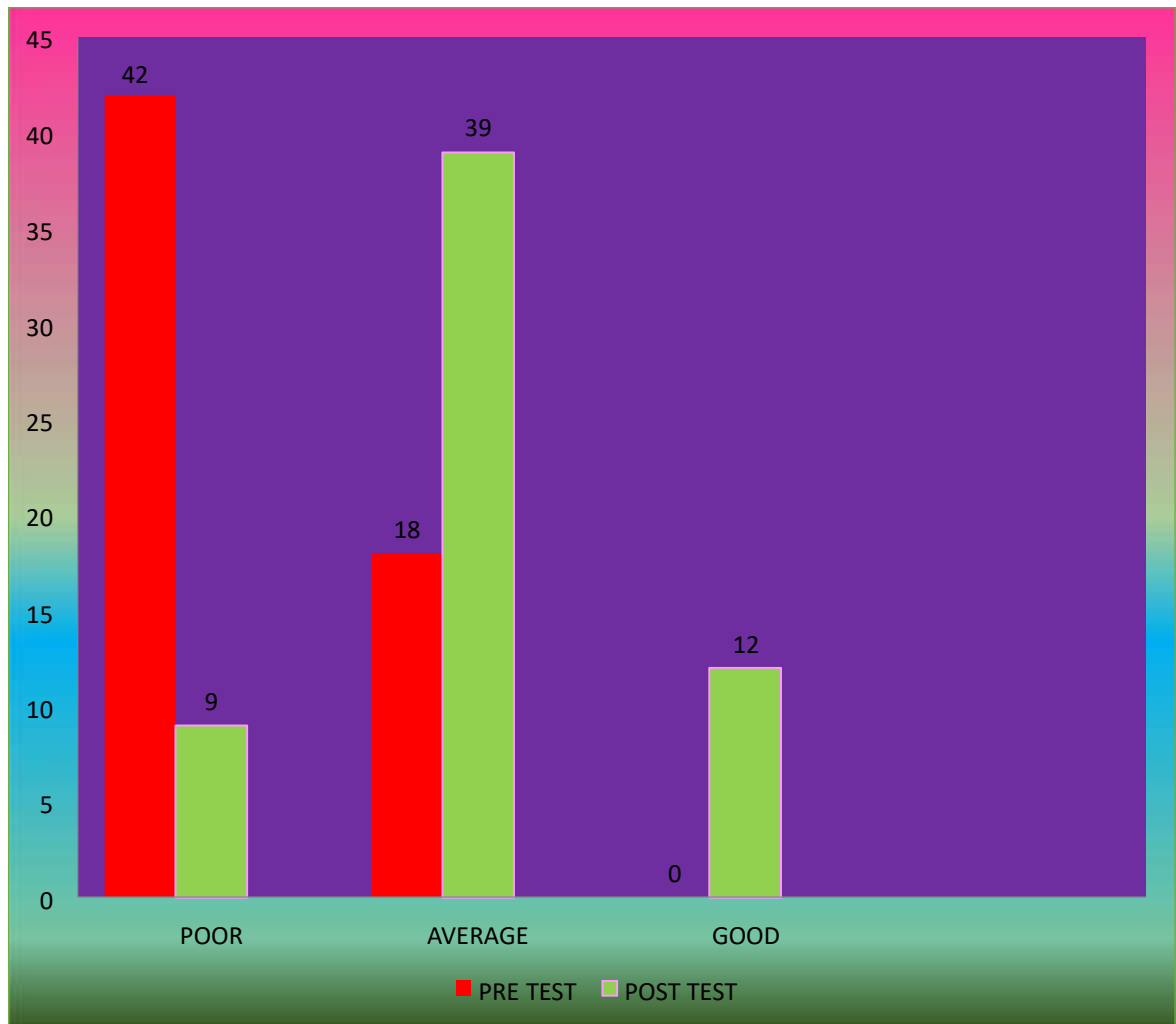


Figure 9- Column Graph showing the comparison of Pre-test and Post-test Knowledge frequency of samples.

PART –II ATTITUDE SCALE

Table-3 : Frequency and percentage distribution of students.

[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	10	100%	10	100%

Table 3 shows that pre -test attitude scores of the samples on students was unfavourable attitude 18(30%) and favourable attitude 42(70%) whereas post-test attitude score of the samples on students was unfavourable 12(20%) and favourable attitude 48(80%).

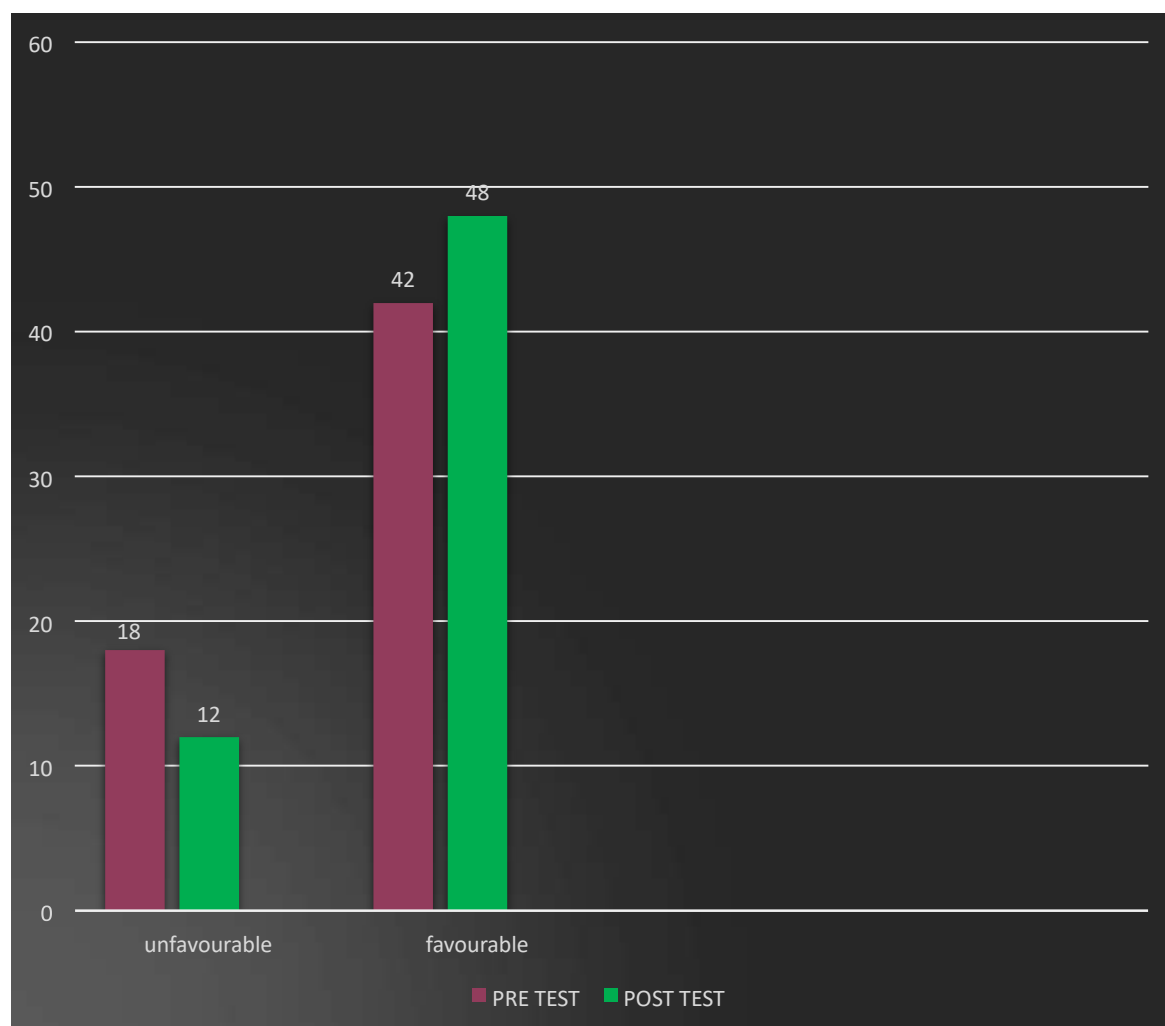


Fig No 10: - Column diagram showing Percentage distribution of sample according to the pre-test and post-test of attitude.PART III: DATA ON EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF PSYCHIATRIC EMERGENCIES AMONG STUDENTS

Mean, Mean Difference, Standard Deviation, And 't' test value of level of knowledge on management of psychiatric Emergencies among students.

Table-4 : -Mean and standard deviation of pre-test and post-test knowledge score of students.

[N=60]

Knowledge test	Mean score	Mean Difference	SD	Calculated 't' value	Table 't' value
Pre-test	5.71	5.62	2.64	15.23	2.000
Post-test	11.33		3.74		

The data presented in table 4 shows that the mean post-test awareness score (11.33 ± 3.74) was apparently higher than that of mean pre-test (5.71 ± 2.64) knowledge score. Hypothesis H1 can be accepted hence it can be inferred that the planned teaching programme was highly effective in increasing the knowledge of students regarding management of psychiatric emergencies

Fig No 11: - Column diagram showing Percentage distribution of sample according to the pre-test and post-test of knowledge.

TABLE- 5 :- MEAN AND STANDARD DEVIATION OF PRE-TEST AND POST- TEST ATTITUDE SCORE OF STUDENTS.

Attitude test	Mean score	SD	Mean Difference	t value
Pre -test	32.6	8.48	37.9	8.19
Post -test	37.9	8.25		

The data presented in Table 5 shows that the data also depicts that the mean post-test awareness score (37.9 ± 8.25) was apparently higher than that of mean pre-test (32.6 ± 8.48) attitude score.

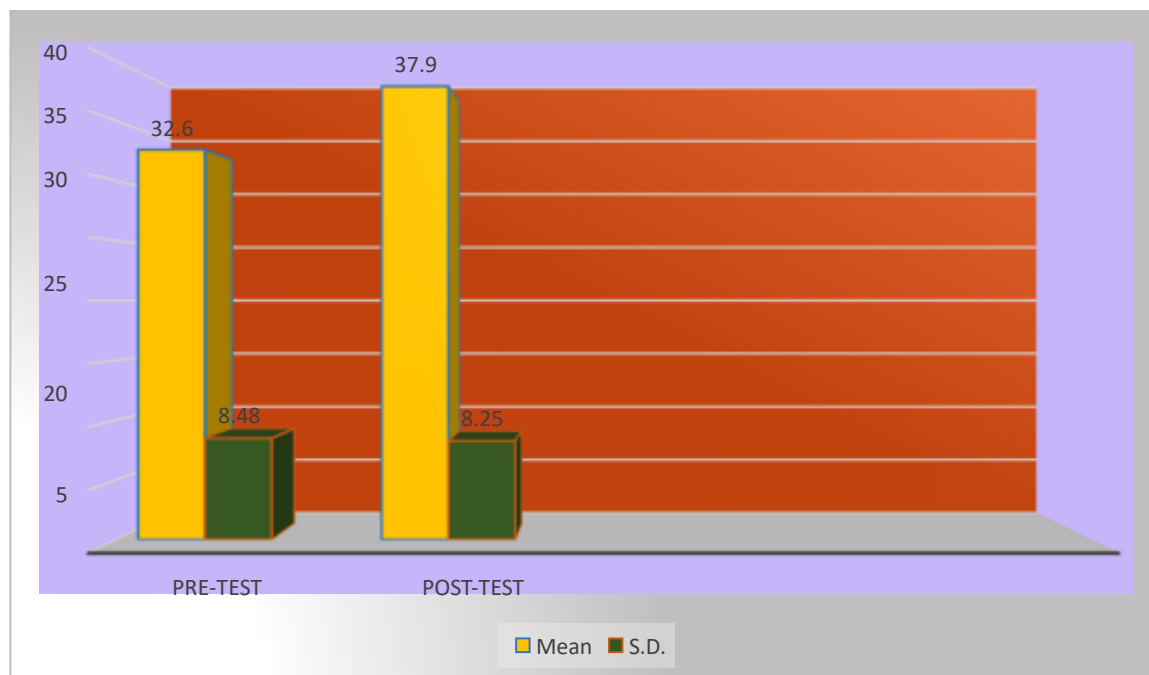


Fig No12 : - Column diagram showing Percentage distribution of sample according to the pre-test and post-test of attitude.

SECTION V: I- ASSOCIATION BETWEEN THE PRE-TEST KNOWLEDGE SCORE AND SELECTED DEMOGRAPHIC VARIABLE.

This section deals with the finding related to association between pre – test score and selected demographic variable. The chi-square test was used to determine the association between the pre-test knowledge score and selected demographic variables.

Socio-demographic variable	Frequency	Level of Knowledge			DF	Chi square Value	t value	Level of significance
		Poor	Average	Good				
1. Age in years								
a. 17 – 19 yrs	06	06	00	00				
b. 20 - 22 yrs	47	36	11	00				
c. 23 - 25 yrs	07	07	00	00	2	3.72	5.99	NS
2. Gender								
a. Female	53	44	09	00	1	0.55	3.84	NS
b. Male	07	05	02	00				
3. Religion								
a. Hindu	59	48	11	00				
b. Muslim	01	01	00	00				
c. Christian	00	00	00	00	1	0.22	3.84	NS
d. Other	00	00	00	00				
4. Educational status								
a. B.Sc(N)	30	29	03	00				
b. GNM	30	18	07	00	2	3.72	5.99	NS
5. Previous knowledge								
	56	46	10	00	1	0.12	3.84	NS

a. Yes	04	03	01	00				
b. No								

Regarding age group with the pre test knowledge scores, the calculated value of chi-square (χ^2)

3.72 is less than 5.99 the table value of chi-square (χ^2) at the 3 degree of freedom and 0.05 levels of significance. The obtained χ^2 value was 3.72 not significant at 0.05 levels and thus the stated hypothesis is accepted. So it is inferred that there is no significant association between age and knowledge regarding management of psychiatric emergencies among students. Regarding Gender with the pre test knowledge scores, the calculated value of chi-square (χ^2)

0.55 is less than 3.84 the table value of chi-square (χ^2) at the 3 degree of freedom and 0.05 levels of significance. The obtained χ^2 value was 0.55 not significant at 0.05 levels and thus the stated hypothesis is accepted. So it is inferred that there is no significant association between gender and knowledge regarding management of psychiatric emergencies among students. Regarding religion with the pre test knowledge scores, the calculated value of chi-square (χ^2)

0.22 is less than 3.84 the table value of chi-square (χ^2) at the 3 degree of freedom and 0.05 levels of significance. The obtained χ^2 value was 0.22 not significant at 0.05 levels and thus the stated hypothesis is accepted. So it is inferred that there is no significant association between religion and knowledge regarding management of psychiatric emergencies among students.

Part -II ASSOCIATION BETWEEN THE PRE-TEST ATTITUDE SCORE AND SELECTED

DEMOGRAPHIC VARIABLE. This section deals with the finding related to association between pre -test score and selected demographic variable. The chi-square test was used to determine the association between the pre-test attitude score and selected demographic variables.

Socio-demographic variable	Frequency	Level of attitude		DF	Chi square value	t value	Level of significance
		Unfavourable	Favourable				
1. Age in years							
a. 17 – 19 yrs	06	03	03				
b. 20 - 22 yrs	47	14	33				
c. 23 - 25 yrs	07	01	06	2	1.96	5.99	NS
2. Gender							
a. Female	53	16	37	1	0.008	3.84	NS
b. Male	07	02	05				
3. Religion							
a. Hindu	59	18	41				

b. Muslim	01	00	01				
c. Christian	00	00	00	1	0.43	3.84	NS
d. Other	00	00	00				
4. Educational status	03	01	02				
a. PB.B.Sc (N)	32	10	22				
b. B.Sc(N)	25	07	18	2	0.08	5.99	NS
c. GNM							
5. Previous knowledge	6	8	8	1	1.83	3.84	NS
. Yes	4	0	4				
. No							

DISCUSSION

The basic aim of the current study was to evaluate the Effectiveness of planned teaching programme on knowledge and attitude regarding management of psychiatric emergencies among selected students of Venkateshwar college college of nursing, Umarada, Udaipur. The study was conducted by using Pre- experimental one group pre-test post-test design. In Venkateshwar college college of nursing, Umarada, Udaipur. Students was selected for conducting the study. The sample size was 60, Venkateshwar college college of nursing, Umarada, Udaipur students were selected. The questionnaire was used to collect the demographic data and to assess the level of knowledge and attitude among students.

6.Source of information	08	03	05				
a.Mass media	23	06	17				
b.Books	29	09	20				
c. Teachers	00	00	00	2	0.39	5.99	NS
d.Workshops							

Regarding age group with the pre test attitude scores, the calculated value of chi- square (χ^2) 1.96 is less than 5.99 the table value of chi-square (χ^2) at the 3 degree of freedom and 0.05 levels of significance. The obtained χ^2 value was 1.96 not significant at 0.05 levels and thus the stated hypothesis is accepted. So it is inferred that there is no significant association between age and attitude regarding management of psychiatric emergencies among students.

Regarding Gender with the pre test attitude scores, the calculated value of chi- square (χ^2) 0.008 is less than 3.84 the table value of chi-square (χ^2) at the 3 degree of freedom and 0.05 levels of significance. The obtained χ^2 value

was 0.008 not significant at 0.05 levels and thus the stated hypothesis is accepted. So it is inferred that there is no significant association between gender and attitude regarding management of psychiatric emergencies among students.

CONCLUSION

The main conclusion from this present study, students had and Poor knowledge regarding management of psychiatric emergencies in pre-test & attitude towards management of psychiatric emergencies among students and their knowledge regarding management of psychiatric emergencies had improved to a great extent after planned teaching programme which was revealed in post-test. This shows the imperative need to understand the utilities of planned teaching programme regarding management of psychiatric emergencies among students.

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6.Source of information							
a.Mass media							
b.Books	08	07	01	00			
c. Teachers	23	17	06	00			
d.Workshops	29	25	04	00			
	00	00	00	00	.50	.99	NS

