KNOWLEDGE AND PRACTICES REGARDING MENTAL HEALTH CARE ACT-2017 AMONG NURSING STUDENTS

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ABSTRACT

Mental illness affects thoughts, emotions, and behaviors, with individuals historically subjected to neglect and abuse in underfunded institutions. Despite legal reforms such as the Mental Health Act of 1987, mental health services in India remained inadequate. The Mental Health Care Act (MHCA), 2017, was introduced to address these gaps by promoting patient rights, community-based care, and legal protections. This study aimed to assess the knowledge and practices regarding MHCA 2017 among nursing students, identify gaps, and evaluate associations with demographic variables to develop educational interventions. A descriptive cross-sectional study was conducted among 200 nursing students from selected institutes in Pune using a self-structured questionnaire. Participants were selected through convenient sampling. Data were analysed using frequency, percentages, and significance testing (P-values) to assess associations. Only 3.5% of students had good knowledge of MHCA 2017, while 56.5% had average and 40% had poor knowledge. In contrast, 72% demonstrated good practices, with 16% achieving an average level and 12% performing poorly, suggesting that advanced study and real-world experience improve understanding. Knowledge was associated with educational year (P = 0.021) and clinical exposure (P = 0.0005). Practice was significantly associated with clinical exposure (P = 0.027). While most students showed good practices, their knowledge of MHCA 2017 was limited. Clinical exposure played a significant role in improving both knowledge and practices. These findings highlight the need to strengthen mental health legislation training in nursing education and promote practical, rights-based learning experiences. A teaching module on MHCA 2017 was developed to address the identified gaps in knowledge.

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Keywords: Knowledge, Practices, Mental HealthCare, Nursing Students, Patient Rights.

INTRODUCTION

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Mental illness refers to conditions that affect a person's thoughts, feelings, or behavior. By the late 18th century, individuals with mental illness had frequently faced severe neglect and abuse in institutions. Common issues included inadequate clothing, unhygienic conditions, poor nutrition, overcrowding, and even the chaining of patients, largely due to underfunding and a lack of

This paper has objectives related to SDG



(2019) reported that the lifetime prevalence of mental illness in India is 13.7%, with a current prevalence of 10.6%. This means India has about 13 crore people with mental illness.

societal and governmental interest. (Krishnamurthy et al.,

The English Lunatics Act of 1845 influenced the Indian

Lunacy Act of 1912, which the Mental Health Act of 1987

replaced post-independence. However, it lacked

adequate protections for individuals with mental illness.

Mental health is a growing public health concern in India,

with a rising prevalence of mental illnesses. Math et al.

Mishra and Galhotra (2018) reported that according to

the WHO report (2011), India allocated only 0.06% of its health budget to mental health care, significantly lower than Bangladesh's 0.44%. In contrast, most developed countries invest over 4% of their health budgets in mental health, focusing on research, infrastructure, policy frameworks, and workforce development.

To address this, the Mental Health Care Act (MHCA), 2017, was enacted on April 7, 2017. The Act emphasizes access to mental health care, informed consent, confidentiality, dignity, and community-based living, aligning with the Rights of Persons with Disabilities Act, 2016. Nayak and Panja (2023) introduced that the Act also decriminalizes suicide attempts, thereby encouraging individuals to seek help without fear. MHCA promotes empowerment, reduces stigma, and supports family involvement in treatment through psychoeducation, therapy, and rehabilitation support. 7, Avasthi (2010) and Vadlamani and Gowda (2019) stated that the Mental Healthcare Act (MHCA) promotes a patient-centered, community-based approach to care. The Act consists of 16 chapters and contains 126 clauses.

While the Act applies broadly, nursing students play a key role in mental health care and its implementation. Studies have shown varying levels of awareness among health care professionals about mental health legislation. Rajratan and Lakshmi (2017) found that 42% of staff nurses had satisfactory knowledge about MHCA 2017, the recommended requirement of continuing education for staff nurses, and it should be included in the nursing education curriculum.

The present study aimed to assess the knowledge and practices of nursing students regarding the MHCA, 2017. It also sought to identify gaps and provide educational interventions so that students are better prepared to implement the Act and protect the rights of individuals with mental illness.

1. Problem Statement

A descriptive study to assess knowledge and practices regarding the Mental Health Care Act-2017 among nursing students in selected nursing institutes in Pune, with

a view to developing a teaching module on the Mental Health Care Act-2017.

2. Objectives of the Study

- To evaluate the level of knowledge regarding MHCA 2017 among nursing students.
- To assess the current practices related to mental health care by MHCA 2017.
- To identify the association between knowledge and practice regarding MHCA 2017 and demographic variables.

3. Research Methodology

A descriptive research design method was adopted to conduct the study in a selected nursing institute in Pune. Formal administration permission was obtained from the principal and class coordinator. The investigator personally contacted the participants and their informed consent was obtained after explaining the purpose of the study. A total of 200 nursing students who met the inclusion criteria were selected using a convenience sampling technique, and informed consent (both written and online) was obtained from them.

The self-structured knowledge questionnaire comprises 20 multiple-choice items covering key provisions of the Act, including legal definitions, patient rights, institutional responsibilities, admission procedures, emergency care, and ethical guidelines. Each item has one correct response, enabling quantitative measurement of knowledge levels and identification of gaps in legal and professional awareness related to mental health care.

The self-structured practice questionnaire comprises 25 multiple-choice items designed to evaluate the implementation of standard mental health care practices by professionals and trainees. It covers domains including patient care, therapeutic engagement, family involvement, rights protection, stigma reduction, legal support, and ethical standards. Each item is rated on a binary scale (Yes = 1, No = 0). The questionnaire was distributed to the participants, and difficulties while filling out the tool were addressed by the researchers. Data collected was analyzed statistically to fulfill the objective of the study and to address the research question. Data

analysis using MS Excel 2010 was used to find out the distribution of data using the frequency and percentage of the sample and correlation of knowledge and practices regarding the Mental Health Care Act-2017 with demographic variables among the nursing students.

4. Result

Table 1 shows the demographics of the participants and their association with knowledge and practices regarding MHCA, 2017. The result showed that among the 200 participants, the majority (50.5%) were aged between 21.1–23 years, and most were enrolled in a diploma program (62.5%) and B.Sc. Nursing (22.5%) courses. 92.5% of participants reported having previous clinical exposure. Figure 1 shows the participants' knowledge regarding the Mental Health Care Act, 2017.

In terms of knowledge levels, only 3.5% of students demonstrated good knowledge, while the majority had average (56.5%) or poor (40%) knowledge about MCHA 2017. This finding is consistent with previous studies, highlighting a gap in legal and ethical awareness in mental health care.

The study revealed a negative association between knowledge of MHCA 2017 and educational year (P = 0.021) at the 0.05 significance level, indicating that students in higher years of study did not necessarily possess a better understanding than those in earlier years.

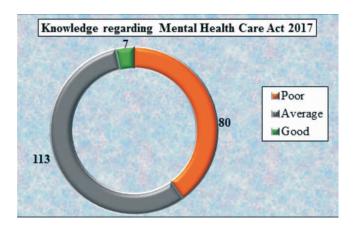


Figure 1. Knowledge Regarding Mental Health Care Act 2017

This counterintuitive finding suggests that mental health legislation may not be adequately emphasized or retained as students progress through their training. This highlights the need for continuous, integrated legal education throughout all years of nursing training to ensure consistent and cumulative understanding of mental health law.

The study revealed a strong positive association between knowledge of MHCA 2017 and clinical exposure (P=0.0005), indicating that students with hands-on experience in mental health settings had a better understanding of the Act. This suggests that practical exposure reinforces theoretical learning and helps students apply legal concepts in real-life care, highlighting the need for more integrated clinical training in nursing education.

SI .No	Variables	Frequency (n=200)	Percentage %	Association of Knowledge (P)	Association of Practices (P)
1	Age in year				
	Below 21 years	77	38.5		
	21.1-23	101	50.5	0.069407	0.069407
	23.1-26	15	7.5		
	More than 26 years	07	3.5		
2	Program				
	ANM	26	13		
	GNM	125	62.5	-0.12274	-0.16276
	BSc. Nursing	45	22.5		
	PB.BSc Nursing	4	2		
3	Educational year				
	1	0	0		
	II	98	49	-0.02136	-0.13375
	III	57	28.5		
	IV	45	22.5		
4	Do you have any exposure to clinical settings?				
	Yes	185	92.5	0.000572	0.027164
	No	15	7.5		

Table 1. Demographics and Association with Knowledge & Practices on MHCA, 2017

Regarding practices, 72% of the students showed good practices, 16% average, and 12% poor practices related to the rights of patients under MHCA 2017. Figure 2 illustrates these practices among the participants. This indicates that while practical engagement in clinical settings may positively influence behavior, theoretical understanding remains lacking. The study found a positive association between practice and clinical exposure (P = 0.027), indicating that students with more experience in mental health settings demonstrated better application of MHCA 2017 principles in their care. This highlights the role of practical training in enhancing nurses' ability to implement rights-based mental health practices effectively.

5. Discussion

The present study aimed to assess the knowledge and practices regarding the Mental Health Care Act (MHCA), 2017, among nursing students and to examine the association of selected demographic variables with their knowledge and practices. Among the 200 participants, the majority (50.5%) were aged between 21.1–23 years, and most were enrolled in a diploma program (62.5%) and a B.Sc. Nursing course (22.5%). A majority of participants (92.5%) reported having prior clinical exposure.

Only 3.5% of students demonstrated good knowledge of the MHCA 2017, while most had average (56.5%) or poor (40%) knowledge, revealing gaps in legal and ethical awareness. Knowledge was significantly associated with educational year (P = 0.021) and clinical exposure (P = 0.0005), suggesting that advanced study and real-world experience improve understanding. Thapa and Samson

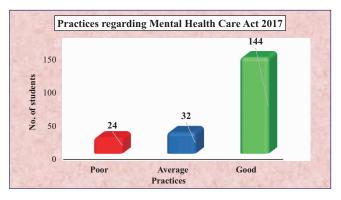


Figure 2. Practices Regarding Mental Health Care Act 2017

(2017) aimed to evaluate the knowledge and attitudes of staff nurses regarding the human rights of mentally ill patients. Using a descriptive design, 50 nurses from psychiatric wards in general and specialized hospitals in Bangalore were selected through purposive sampling. A structured questionnaire assessed their knowledge, while a four-point Likert scale measured their attitudes. Findings revealed an average knowledge score of 50% and an attitude score of 68.65%, highlighting the need for continuous education to improve nurses awareness and approach toward the rights of mentally ill individuals.

In terms of practice, 72% of students exhibited good practices, 16% average, and 12% poor, indicating that clinical exposure supports ethical behavior, though theoretical knowledge remains limited. Practice was significantly linked to clinical exposure (P=0.027), reinforcing the value of hands-on learning in applying legal principles.

6. Recommendations

The findings of this study recommend critical implications for nursing education and policy. The limited knowledge of the Mental Health Care Act (MHCA) 2017 among nursing students, despite relatively good clinical practices, indicates a pressing need to integrate structured, legislation-focused content into the nursing curriculum. The significant association of knowledge and practice with clinical exposure highlights the value of experiential learning in bridging theoretical gaps. These results emphasize the importance of linking clinical training with legal and ethical principles to foster rightsbased mental health care. Hence, the investigator was motivated to develop a teaching module on MCHA, 2017, to address the identified gaps in knowledge among nursing students and to promote a rights-based approach to mental health care. Designed as a structured, interactive learning tool, the module covers key provisions of the Act, including patient rights, legal procedures for admission and discharge, the role of mental health professionals, and the responsibilities of nurses under the legislation. It incorporates a blend of teaching strategies such as lectures, group discussions,

case-based learning, and role-play to enhance student engagement and comprehension.

Conclusion

The Mental Health Care Act, 2017, is a landmark law that has profound implications for the way mental health care is delivered in India. The present study revealed that while most nursing students demonstrated good practices related to the Mental Health Care Act (MHCA) 2017, their overall knowledge remained limited, with only a small percentage showing adequate understanding. Significant associations between knowledge and factors like educational year and clinical exposure highlight the importance of integrating mental health legislation more effectively into nursing education. Similarly, the strong link between practice and clinical exposure emphasizes the value of hands-on experience in reinforcing legal and ethical care. Strengthening both theoretical instruction and practical training on MHCA 2017 is essential to prepare nursing students to advocate for and uphold the rights of individuals with mental illness.

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References

[1]. Avasthi, A. (2010). Preserve and strengthen family to promote mental health. *Indian Journal of Psychiatry*, 52(2), 113-126.

https://doi.org/10.4103/0019-5545.64582

- [2]. Krishnamurthy, K., Venugopal, D., & Alimchandani, A. K. (2000). Mental hospitals in India. *Indian Journal of psychiatry*, 42(2), 125-132.
- [3]. Math, S. B., Gowda, G. S., Basavaraju, V., Manjunatha, N., Kumar, C. N., Enara, A., & Thirthalli, J.

(2019). Cost estimation for the implementation of the Mental Healthcare Act 2017. *Indian Journal of Psychiatry,* 61(suppl 4), \$650-\$659.

https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1 88 19

[4]. Ministry of Law and Justice. (2017). Mental Healthcare Act, 2017. In *Legislative Department*, Retrieved from.

https://mhca2017.com/index.php/act/introduction

[5]. Mishra, A., & Galhotra, A. (2018). Mental Healthcare Act 2017: Need to wait and watch. *International Journal of Applied and Basic Medical Research*, 8(2), 67-70.

https://doi.org/10.4103/ijabmr.IJABMR 328 17

[6]. Nayak, D., & Panja, S. (2023). Shortcomings of the Mental Health Care Act 2017 in Indian Context. *Indian Journal of Private Psychiatry*, 17(2), 103-104.

https://doi.org/10.5005/jp-journals-10067-0147

- [7]. Rajratan, M., & Lakshmi, R. (2017). A study to assess the knowledge regarding Mental Health Act among staff nurses at selected psychiatric hospitals in Bangalore with a view to develop an information guide sheet. *International Journal of Development Research*, 7(6), 13367-13375.
- [8]. Thapa, K., & Samson, V. W. (2017). A study to assess the knowledge and attitude of staff nurses regarding human rights of mentally ill patients at selected hospitals of Bangalore, India. *Journal of Kathmandu Medical* College, 6(1), 27-31.
- [9]. Vadlamani, L. N., & Gowda, M. (2019). Practical implications of Mental Healthcare Act 2017: Suicide and suicide attempt. *Indian Journal of Psychiatry*, 61 (Suppl 4), \$750-\$755.

https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1 16_19

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