

# A Study to Assess the Effectiveness of Structured Teaching Programme Regarding Early Detection of Mental Health Problems in School Children Among Primary School Teachers in Selected Schools At Gwalior(M.P.)

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## Abstract:

The aim of the study is to assess the effectiveness of structured teaching program on knowledge regarding early detection of mental health illness among the primary school teachers in selected schools at Gwalior. With increase use of mobile technologies, digital interventions offer a promising approach for supporting early detection of mental illness.

**Objectives:** This study aimed to assess the existing knowledge on early detection of mental health and illness in children among the primary school teachers. Evaluate the effectiveness of a structure teaching on the knowledge on mental health problems among primary school teachers.

**Methods:** A Quasi experimental design was employed by using convenience sampling technique. Data was collected from 50 primary school teachers in Gwalior. Data was collected before and after the intervention of structured teaching program.

**Results:** The results revealed that Out of 50 samples, the researcher found that 21(42%) had inadequate knowledge and 29(58%) had moderate inadequate knowledge before intervention. A structure teaching program was conducted in the sample. After a period of one week post test was done, the analysis revealed that 11(22%) had adequate knowledge regarding early detection of mental illness, 30(60%) had moderate inadequate knowledge regarding early detection of mental illness and 9(18%) had inadequate knowledge regarding early detection of mental illness after intervention. The analysis revealed that the means core between pre and post assessment level of knowledge on early detection of mental illness among the primary school teachers. Pre-test mean was 16.66 and S.D was 4.75, and the post test mean was 21.5 and S.D was 5.09 and the 't' value was 5.14 at  $p < 0.001$  levels showing that there is a significant difference between pre and post assessment level of knowledge on early detection of mental illness among the primary school teachers.

The present study also reveals that teaching program was effective in imparting knowledge on early detection of mental illness among the primary school teachers. Since there is a significant difference between pre-test and post-test level of knowledge on early detection of mental illness, null hypothesis  $H_0$  was rejected.

**Conclusion:** The structured teaching program has an effect on the level of knowledge regarding early detection among the primary school teachers. So that the teachers have a virtual role in minimizing the mental illness and maximizing the well being of the children.

**Keywords:** Early detection of mental illness, Gender differences, Support tools, quality of life, primary school teachers knowledge, Quasi experimental design, structured teaching program.

## 1. Introduction:

School is a place for kids to be put together to gain the experience of being around large numbers of their peers and discovering the way to behave properly. Many people recognize the importance of a healthy childhood, but few understand the critical part played by mental and emotional problems and how important and harmful they can be for children and youth throughout the growing years. Mental health problems can disrupt daily life at home, at school or in the community.

In the years of early childhood and elementary school his self esteem network broadensto include teachers and peers as an important mirror. If things are going well in the expanded network, the child will feel acceptedand accept a bleand this will buy him in his efforts. Whether a child or adult, we are dependent upon our relationship stoprovide withasense of well being and to support as in our times of need. Child renare developing individuals who secapacities and coping skills change markedly during childhood. The childhood is also a period of life characterized by change, challenge and the necessity for adoption.

The prevalence of school refusal and separation anxiety disorder ranges from 1.3% in individual s aged 14–16 years to 4.1–4.7%in children aged 7–11 years with an average prevalence rate of 2.4%.As many as one third of children with separation anxiety disorder have co-morbid depressive disorder and as many as 27% have no other disruptive behavior disorder such as attention deficit hyper activity disorder (ADHD), oppositional defiant disorder, or conduct disorder. School phobia, currently referred to by psychologists as school refusal in its mild form, occurs in only about 5% to 10% of children.Full-blown school phobia is very rare, occurring in only1% severe phobia (Murray,1997)

Health information of India states that one third of the population in India in school children, out of this14% belongs to the age group of 6–10year shaving school phobia in which 99.9% are in primary education. In India, children between5–14years from about one–fourth of the total population during this part of their lives, children are subjected to rapid physical, mental and emotional changes.

The school is the first experience of the group living outside the home. It presents the child with anew social and mental experience and also imposes upon him contains new strains, both physical and mental. The school provides an excellent opportunity for the early detection and also other departures from the normal.

**"Gradschoolisthesnoozebuttonontheclock-radiooflife."**

## 2. Need For The Study:

***"Early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening".***

The mission of public schools is to educate all students. However, Children with serious emotional disturbances have the highest rates of school failure. Fifty percent of these students drop out of high school, compared to 30% of all students with disabilities. Each year, young children are expelled from preschools and childcare facilities for severely disruptive behaviors and emotional disorders.

Every one loves children and wishes them well mannered,well behaved and they should work and

study to achieve their desired goals and fulfill their parent's dreams. But some amount of problem occurs among children in the age group of 6–12 years. Psychological disturbance in childhood is usually defined as an abnormality in at least one of these three areas, emotions, behavior or relationships. The disturbance may arise at times of stress.

School phobia, currently referred to by psychologists as school refusal in its mild form, occurs in only about 5% to 10% of children. Full-blown school phobia is very rare, occurring in only 1% as a form of severe phobia (Murray, 1997). School refusal affects approximately 1-2% of school children across the primary and secondary school levels. Somewhat increased incidence has been reported among close-knit families of lower socioeconomic status, as well as among single-parent families. The prevalence of separation anxiety disorder rises slightly greater in females than in males. The prevalence of school refusal is approximately equal between males and females.

A study of the younger age group, however, immaturity of social skills seems to be a primary problem. In addition, poor parental interaction and the playing of computer games were found to increase somatic complaints in children. This may give rise to a high incidence of psychosomatic disorders and school refusal in Japanese children. The study recommended that psychological support by parents in daily life is necessary to reduce psychosomatic symptoms in children.

### 3. Variables:

#### 3.1 Research Variables

**3.1.1. Independent variables:** Structured teaching program on early detection of mental health problems in school children's.

**3.1.2. Dependent variables:** Knowledge of mental health problems among the primary school teachers.

#### 3.2. Demographic variables:

1. **Age:** Refers to the chronological age of the teacher.
2. **Sex:** The gender of the teacher.
3. **Religion:** The community to which the teacher belongs to.
4. **Education:** Refers to the training that helps to cultivate their mental abilities of clients.
5. **Year of experience:** Refers to the practice in teaching.
6. **Sources of information:** Refers to the media in which the information's are collected.
7. **Type of family:** refers to whether the teacher belongs to single family or joint family.
8. **Previous knowledge:** It means that the history of any mental health program has attended.

#### 3.3. Hypothesis:

- **H<sub>1</sub>**- There will be a significant difference between the pretest and post test knowledge scores of primary school teachers.
- **H<sub>2</sub>**- There will be significant association between the pre test and post test knowledge scores and selected demographical variables.
- **H<sub>3</sub>** – There will be significant association between the level of knowledge scores and early detection of mental health problems.

## ORGANIZATION OF THE REPORT:

### 1. Review Of Literature:

One of the major functions of literature review is to ascertain what is already known in relation to a problem of interest. Review of literature is a written summary of the state of existing knowledge on a search problem. It involves systematic identification, location, Scrutinization and summary of written material that contain information on a research problem.

- **Studies related to incidence of mental health illness in school children**
- **Studies related to causes of mental health illness in children**
- **Studies related to the signs and symptoms of mental health illness in children**
- **Studies related to prevention and management of mental illness in children**
- **Studies related to role of teachers in preventing the mental illness.**

### 2. Conceptual Framework:

A Model is made up of concepts that are mental image of a phenomenon. These concepts are linked together to express their relationship between them.

The main concepts of this model are input, throughput and output. The input refers to matter, energy, information that enters into the system. Through put refers to matter, energy and information that are processed. Output refers to information that leaves the system, enters the environment through system.

#### **Biological factors**

(mental health, physical health, emotions)



#### **Psychological Factors**

(risk factor causative factors, signs and symptoms, motivation, questionnaire)



#### **Social Factors**

( Support system, age, gender, religion, education, sources of information ,community ,type of family ,marietal status)



#### **Improved Quality of Life**

(Teachers were having enough knowledge, Physical, Psychological. Social, Environmental, early detection of mental illness)

## 3. MATERIALS AND METHODS:

### 3.1 Research Approach-

An experimental research approach is adopted for conducting the present study.

### 3.2 Research Design-

A quasi experimental research design was adopted for conducting the present study by using only manipulation. Selection of the design was used to evaluate the effectiveness of abased on purpose the study.

### 3.3 Participants:

The study included 50 participants diagnosed with early detection of mental health problems in school children's aged between 6 to 18 years. The research design selected for the present study is

one group pre-test post-test design.

Group	Pre assessment administered questionnaire (O1)	Self Manipulation teaching program(X)	Structured teaching program on early detection of mental illness.	Post assessment administered questionnaire (O2)
Experimental group	O1			O2

### 3.3 Research Variables:

The variables under study are

**Independent variables:** Structured teaching program on early detection of mental illness.

**Dependent variables:** Knowledge of early detection of mental illness among the primary school teachers.

#### Population

**Target population:** The target population of the study comprised of all the primary school teachers.

**Accessible population:** The accessible population of the study comprised of all the primary school teachers residing at selected area.

#### Sample Size

The study sample size comprised of 50 primary school teachers in the experimental group.

### 3.4 Method Of Developing The Tool:

The tool was constructed after extensive review of literature and discussion with experts, to collect the data. The tool to measure the level of knowledge of parents was a structured questionnaire.

#### Description Of Research Tool:

A structured questionnaire was developed and the same used for pre-test and post-test for collecting the data. It consists of two parts namely **section-I** and **section-II**.

**Section-I:** Consists of demographic data.

**Section-II:** Consists of 35 knowledge items on early detection of mental illness and its management.

### 3.5 Scoring Procedure:

**Section I:** No scoring was allotted for the demographic data. The data of this section was used for descriptive analysis.

**Section II:** In this section the scoring is given for each correct answer, to assess the level of knowledge on early detection of mental illness. Maximum score is 35 and the minimum score is 18. The level of knowledge was classified as follows:

Scores	Level of Knowledge
<50%	Inadequate knowledge
50–75%	Moderately adequate knowledge
>75%	Adequate knowledge

### 3.6 Study tool:

The content of the tool was validated by 3 experts. The expert's suggestions were incorporated and

the tool was finalized and used by the investigator for the main study.

### **Reliability Of The Tool:**

The reliability of the tool was assessed by doing pilot study. There liability of the tool was established by split-half method. There liability was done by using **Karl-Pearson's** Correlation Coefficient method. Correlation was 0.93. The score indicates a high correlation and hence the tool was considered as reliable.

### **Ethical Considerations:**

The study was conducted after the approval of Dissertation Committee, and formal consent from Principal(authorities) of primary school. The researcher explained the procedure and go total consent from the subjects. All the information was kept confidential.

### **Pilot Study:**

Pilot study was conducted from 20/11/2015 to 23/12/2015 at Gwalior,M.P. Formal permission was obtained from principal and management of various primary school, Gwalior. Samples that fulfilled the inclusion criteria were selected by non-probability convenience sampling technique. Debriefing session regarding earl ion of mental illness detaty was given and oral consent was obtained form each sample. Pre-test on early detwasation of mental illness done by using self administered questionnaire which revealed 54% had inadequate knowledge and 46% had moderately adequate knowledge. After a week of interval post-test was done by using these lf administered questionnaireon early detection of mental illness at thepost-test result concludes that 32% had moderately adequate knowledge and 78% had adequate knowledge. There was no practical difficulties met by the investigator and the tools were considered to bereliable and appropriate.

This trial run revealed the clarity, feasibility and practicability in all aspects to conduct the main study.

### **3.7 Data Collection Procedure:**

The study was conducted from 03/01/2016 to 30.1.16, in G w a l i o r .

A formal permission was obtained from the principal of primary school, madiwala, Gwalior. The researcher collected the total number of primary school teachers. In that, investigator adopted convenience sampling technique to recruit the 50 samples that fulfilled the inclusion criteria. Pre-test was done by using self administered questionnaire, and based on this level of knowledge teaching programme was imparted. After a week interval post-test was done.

### **3.8 Statistical Analysis:**

Statistical analysis is a method of rendering quantitative information in meaningful and intelligible manner. Statistical procedure enables the researcher to organize, analyze, evaluate, interpret and communicate numerical information meaningfully. The data collected have been analyzed using appropriate statistical techniques and the results are present edunder the following sections.

The statistical methods used were the number, percentage, mean, standarddeviation, paired't'test and **chi-square** test.

#### **Descriptive Statistics-**

Frequency and percentage method was used to describe the demographic variables in order to assess the level of knowledge on early detatioal of illnessa the primary school teachers.

#### **InferentialStatistics-**

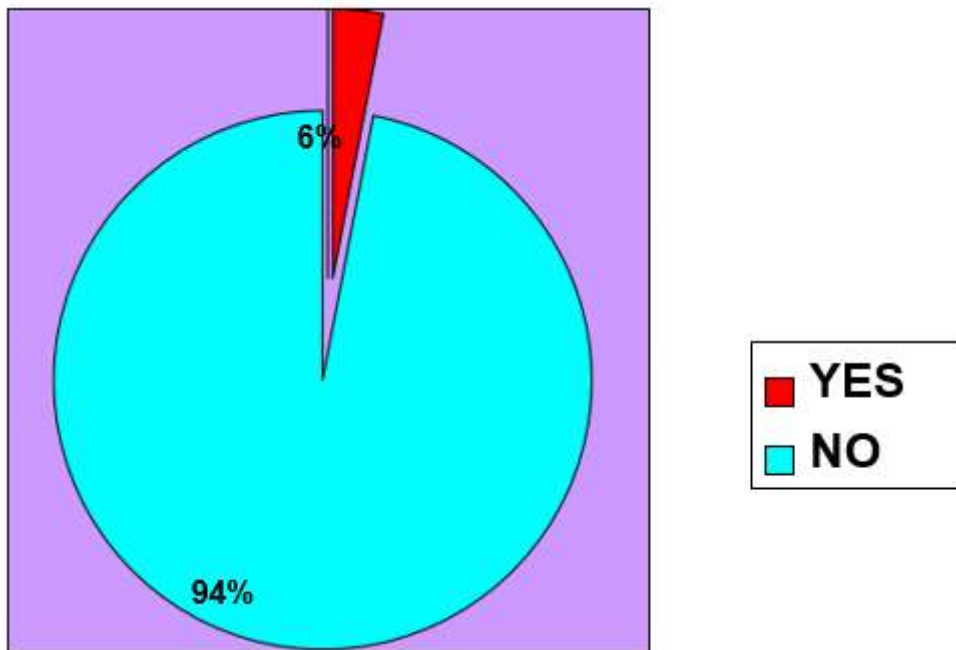
Paired 't' test was used to find the effectiveness of structured teaching programon early detation of mental illness.

Chi-square test was used to analyze the association between the level of knowledge and demographic variables.

**3.9 Data Analysis And Interpretation:**

This chapter deals with the data analysis and interpretation to evaluate the effectiveness of assessment based intervention on level of knowledge regarding early detection of mental illness among the primary school teachers.

Descriptive and inferential statistics were used for the analysis of the data. According to the study objectives the interpretation has been tabulated and organized as follows:



**FIG: Percentage distribution of history of attending the mental health programme by primary school teacher.**

**Table1: Frequency and percentage distribution of level of knowledge regarding early detection of mental illness before intervention.**

n=50

Test	<50%		50–75%		>75%	
	No.	%	No.	%	No.	%
Pre-test	29	58%	21	42%	-	-

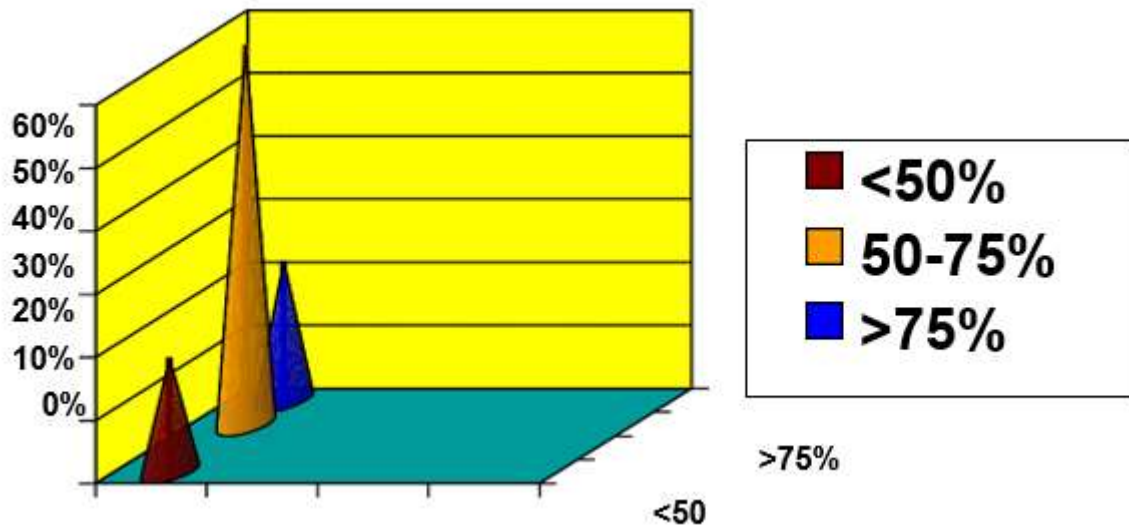
In this, 21%(52%) had moderately adequate knowledge regarding early detection of mental illness, 29(58%) had inadequate knowledge regarding early detection of mental illness before intervention.

**Table2: Frequency and percentage distribution of level of knowledge regarding early detection of mental illness after intervention**

n=50

Test	<50%		50–75%		>75%	
	No.	%	No.	%	No.	%
Posttest	9	18%	30	60%	11	22%

In this, 11(22%) had adequate knowledge regarding early detection of mental illness, 30(60%) had moderately adequate knowledge regarding early detection of mental illness and 9(18%) had inadequate knowledge regarding early detection of mental illness after intervention.



**Fig: percentage distribution of level of knowledge regarding early detection of mental illness after intervention.**

#### 4. DISCUSSION:

The objectives derived were to test the existing level of knowledge on early detection of mental illness among the primary school teachers. To develop structured teaching program on early detection of mental illness for the primary school teachers. To assess the effectiveness of teaching program on knowledge of early detection of mental illness among the primary school teachers. To analyze the relationship between knowledge of primary school teachers and selected variables.

This discusses the findings of the study derived from descriptive and inferential statistical analysis. The statement of the problem was, “A Study to assess the effectiveness of structured Teaching program on knowledge regarding early detection of mental illness among the primary school teachers in selected school at ,Gwalior”.

The demographic variables selected in the study were age, sex, religion, educational status, experience, income, type of family, no. of school children in the family, educational standard of the primary school child and exposure to knowledge on early detection of mental illness. Out of 50 samples, the researcher found that 21(42%) had inadequate knowledge and 29(58%) had moderately adequate knowledge.

This findings support global recommendations by World Health Organization advocating the a structured teaching program on school early detection of mental illness was developed by reviewing the various literatures related to early detection of mental illness and digital health technologies in mental health care.

Feedback refers to the analysis of the post-test. In this study, it indicates the evaluation of assessment based intervention, which helped the researcher to decide modifications in intervention if inadequate knowledge was found among the primary school teachers.

## 5. Conclusion:

Mental disorders can be crippling and devastating, causing financial, educational, psychological and behavioral problems. They can destroy family and other relationships; even lead to suicide. For example, mental disorder coupled with depression (a common occurrence) may play a major role in you the suicide. Further more, research indicates that nearly 20% of Panic Disorder patients attempt suicide. It is not known how large this figure might be in fall mental disorders are considered.

In retrospect, many adult anxiety disordered patients remember that childhood mental disorder was the initial cue that they would later develop panic disorder. These findings are a warning sign all that educators and mental health professionals nation wide should be attempting to identify and treat children with mental disorder.

Early identification and treatment of mental disorder is essential to reducing the risk of later problems. Pre adolescents with acute mental disorder who are identified and treated quickly and successfully should sustain no lasting educational or psychological deficits. On the other hand, however, adolescents with chronic mental disorder may miss an important part of their preliminary education, there by sustaining serious and, possibly, long-term educational deficits. These children may also suffer a loss of self-esteem and confidence, causing social and psychological problems in their development.

The purpose of the study is to inform primary school teachers, the nature and dangers of mental illness, and to provide information concerning how to identify and quickly find help for these children. The quality of a child's life (indeed, the child's life it self) may depend on our understanding of this disorder.

## Ethical Considerations:-

Approval taken from the Institutional ethical committee. Informed written consent has been taken from all the study participants.

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