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Original Article

Study to Assess the Effectiveness of Planned Health Teaching Programme on Knowledge Regarding Prevention of Mental Illness among the Caretaker of Patients Admitted in a Tertiary Health Center of City

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Abstract

Background: A quasi-experimental research was to assess the effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among the caretaker of patient's admitted in tertiary health center of city.

Objectives: The objective of the study was to assess the effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among the caretaker of patients admitted in tertiary health center of city and to find the association of study finding with selected demographic variables.

Methods: A consecutive sampling technique was used to select the sample. In the present study, sample consisted of 74 caretakers of patients admitted in tertiary health center of the city which is Sassoon General Hospital, Pune. The content validity was determined by the experts. The reliability of tool was done by Karl Pearson's test-retest method. Pearson's correlation coefficient was found to be 0.90. The final data collection was scheduled from April 16, 2019, to April 28, 2019.

Results: We applied paired t-test to assess the effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among participants. Average pre-test score was 12.27 which increased to 15.87 in post-test. *t*-value for this test was 14.97 with 0.05% level of significance, which is greater than tabulated value, thus null hypothesis was rejected. Chi-square test was used to assess the association of study findings with selected demographic variables. The Chi-square value for education was 11.85 with 0.05% level of significance, which is greater than tabulated value; hence, it was a significant association with the study findings. This was also evident that the knowledge of the participant improved significantly after planned health teaching program.

Conclusion: The study concludes that the knowledge regarding prevention of mental illness among the caretaker of patients admitted in tertiary health center of city, also concludes that the effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among the caretaker of patients admitted in tertiary health center of city, and, furthermore, concludes the association of study finding with selected demographic variables.

Keywords: Health teaching program, mental illness, prevention, tertiary health center

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Introduction

Prevention is better than cure, as the old saying goes. There are many well-published strategies about prevention of physical health problems and how to ensure physical well-being, but we know that mental well-being is equally as

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important. Whereas treatments for mental illness are targeted at specific condition, the prevention of mental illness is aimed at everyone. Mental and physical well-being are unavoidably linked and physical illness is known to increase the risk of mental illness, with a chronic physical health problems are likely to have depression.[1]

From a young age, we know that there is a social inequality in the distribution of mental illness, with children from the poorest households having a three-fold greater risk of mental illness than children from the richest household. We also know that low educational level, unemployment, debt, and social isolation in older people are associated with higher frequency of mental disorders.[2]

The World Health organizes the importance of psychological well-being, defines that "health is the state of complete physical, mental, social, and spiritual well-being and not merely the absence of disease or infirmity."[3]

According to the World Health Organization, mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others." From the perspective of positive psychology or holism, mental health may include an individual's abilities to enjoy life and create a balance between life activities and efforts to achieve psychological resilience. Mental illness affects the physical, financial, social, occupational, psychological, and family life of individual. Individuals with mental illness are at greater risk of decreased quality of life, educational difficulties, lowered productivity, poverty, social problems, vulnerability to abuse, and additional health problems. Mental disorders constitute a huge social and economic burden for the health-care system worldwide.[4]

Good mental health which allows one to flourish and fully enjoy life but sometimes following factors affects mental health such as history of mental disorders, physical ill health, drug addictions, current life stressors, self-esteem, relationships, family break-up, financial loss, abuse, brain chemistry, and social support. The term mental illness refers collectively to all diagnosable mental disorders – health conditions characterized by alteration in thinking, mood, or behavior associated with distress or impaired functioning.[5]

In most societies, mental illness carries a substantial stigma or mark of shame. The mentally ill is often blamed for bringing on their own illnesses, and others may see them as victims of bad fate, religious and moral transgression, or witchcraft. Such stigma may keep families from acknowledging that a family member is ill. Some families may hide or overprotect a member with mental illness keeping the person from receiving potentially effective care or they may reject the person from the family. When magnified from individuals to a whole society, such attitudes lead to underfunding of mental health services and terribly inadequate care. In much of the world, even today, the mentally ill is chained, caged, or hospitalized in filthy, brutal institutions. Yet, attitudes toward mental illness have improved in many areas, especially due to health education and advocacy for the mentally ill.[6]

The belief that mental illness is incurable can also be damaging, preventing patients from being referred for appropriate mental health care. These factors highlight the importance of conducting research to assess public knowledge regarding prevention of mental illness. Only few studies reported regarding knowledge of the public toward prevention of mental illness from India. Hence, the aim of the present study was to assess the public knowledge regarding prevention of mental illness.

Methods

Procedure for data collection

The final data collection was scheduled from April 16, 2019, to April 28, 2019. The investigator obtained permission from the authorities and the head of the department. Informed consent was taken from the patients of the study participants before the study and informed them regarding the objectives of the study and assured the subjects about the confidentiality of the data.

To get the cooperation of the caretakers of patients, orientation about the investigator's study topic and procedure was given to them.

On the 1st day, the investigators observed the setting. The investigator explained the purpose of the study to the caretakers of patients admitted in Sassoon General Hospital, Pune.

The patient's caretakers were given with pre-test to assess the knowledge regarding prevention of mental illness. Then, patients caretakers were provided planned health teaching regarding prevention of mental illness, which include content such as information about health, mental health, characteristic of mentally healthy and mentally ill person, etiological factors, misconceptions about mental illness, and finally prevention of mental illness on primary, secondary, and tertiary level. After completing planned health teaching, post-test was administered to assess the effectiveness of knowledge regarding prevention of mental illness among the caretakers of patients. The data collection procedure was terminated by thanking the respondents.

Sample and sampling technique

- Sample: A part or subset of population selected to participate in research study.[7]

In the present study, the sample consisted of 74 caretakers of patients admitted in tertiary health center of the city which is Sassoon General Hospital, Pune.

- Sampling: The process of selecting sample from the target population to represent the entire population.[7]

Non-probability, consecutive sampling technique will be used to select sample. This technique is very similar to convenient sampling technique except that it seeks to include all associable subjects as a part of sample. This technique will be used because it can be considered as the best of all non-probability

sampling; it includes all the subjects that are available, which make the sample a better representation of entire population. Hence, in this study, investigator targeted on patients who are caretaker of patients admitted in tertiary health center of the city which is Sassoon General Hospital, Pune.

Data collection technique and instrument

Data are the observable and measurable facts that provide information about the phenomenon under study. A systematic collection and analysis of data are most vital to any empirical research. It is most essential for a researcher to have appropriate methods of data collection so that planned study variables can be adequately measured and accurate conclusions can be drawn. Variety of data collection methods is used in nursing research studies, such as interview, questioning, observation, biophysical measurements, psychosocial measurement scales, and record analysis.[7]

The instruments selected in a research should be as far as possible the vehicle that would best obtain data for drawing conclusion pertinent to the study.

The present study aimed at assessing the effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among the caretakers of patients admitted in tertiary health center of city. Thus, questionnaire for assessing knowledge of prevention of mental illness is used to collect the data.

Development of tool

The tool was developed after the review of literature on relevant topic, discussion with experts, and respected guide.

Tool for the present study is semi-structured questionnaire for assessing knowledge of prevention of mental illness which is used to collect the data.

Description of the tool

The tools used for the data collection in this study are as follows:

1. Section A: Demographic data of participants
2. Section B: Semi-structured questionnaire for assessing knowledge of prevention of mental illness.

Section A: Demographic data of participants

The baseline pro forma consists of seven items such as age, gender, education, occupation, monthly income, type of family, and area of living.

Section B: Semi-structured questionnaire for assessing knowledge of prevention of mental illness

Section B contains 20 questions for assessing knowledge of prevention of mental illness among participants which is used to collect the data.

Results

In the present study, the obtained data were tabulated, organized, analyzed, and interpreted using descriptive and inferential statistics based on the objectives of the study. The findings were presented on tables and diagrams. The analysis of data was mainly classified into four sections.

- Section I: It deals with sample, characteristics in frequency, and percentage
- Section II: It deals with the analysis of data related to the level of knowledge regarding prevention of mental illness among participants
- Section III: It deals with analysis of data related to effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among participants
- Section IV: It deals with analysis of data to find out association between selected demographic variables with study findings.

Section-I

Table 1 shows distribution of demographic data of caretaker of patients admitted in tertiary health center of city.

Finding shows that out of 74 participants are caretaker of patients admitted in Sassoon General Hospital, Pune [Table 1].

Age: Majority of 37 which are 50% of participants were found to be in 18–30 years age group, 17 which are 22.97% of participants were found to be in 31–40 years age group, 8 which are 10.81% of participants were found to be in

Table 1: Frequency and percentage distribution of demographic variables of participants

Parameters	Frequency	Percentage
Age (years)		
18–30	37	50.00
31–40	17	22.97
41–50	8	10.81
51–60	12	16.22
Gender		
Female	17	22.97
Male	57	77.03
Education		
Primary	14	18.92
Secondary	29	39.19
Higher secondary	12	16.22
Graduate and PG	19	25.68
Occupation		
Government	3	4.05
Private	30	40.54
Semi-government	4	5.41
Other	37	50.00
Monthly income		
Up to 10,000 Rs.	43	58.11
10,001–30,000 Rs.	17	22.97
30,001–50,001 Rs.	6	8.11
More than 50,000 Rs.	8	10.81
Family type		
Joint	53	71.62
Nuclear	21	28.38
Separated	0	0.00
Extended	0	0.00
Area of living		
Urban	44	59.46
Rural	30	40.54

41–50 years age group, and remaining 12 which are 16.22% were in 51–60 years age group.

Gender: Seventeen participants which are 23% were female and 57 participants which are 77% were male.

Education: Majority of 37 participants which are 18.92% of total participants had primary school, 29 participants which are 39.19% of participants had secondary school, 12 participants which are 16.22% of participants had higher secondary educational, and remaining 19 participants which are 25.68% of participants were graduate and postgraduate.

Occupation: Three participants which are 4% were found working in government sector, 30 participants which are 40% were found working in private sector, 4 participants which are 5% were found working in semi-government sector, and remaining 37 participants which are 50% were found working in other sectors.

Monthly income: Majority of 43 participants which are 58% have family monthly income <10,000, 17 participants which are 23% have family monthly income 10,001–30,000, 6 participants which are 8% have family monthly income 30,001–50,000, and remaining 8 participants have monthly income more than 50,000. That shows most of the participant from low socioeconomic class.

Type of family: Majority of 53 participants which are 71.62% had joint family, 21 participants which are 28.38% were belongs to nuclear family, and there were no participants from separated and extended family type.

Area of living: Majority of 44 participants which are 59% were belongs to urban residence and remaining 30 participants which are 41% were belongs to rural residence.

Section II

Study projected that majority of 68% of participants had average knowledge (score 8–14) and 28% of them had good knowledge (score 15–20) and remaining 8% of them had poor knowledge (score 0–7) regarding prevention of mental illness, as shown in Table 2.

Table 2: It deals with the analysis of data related to the level of knowledge regarding prevention of mental illness among participants

Knowledge	Pre-test	
	Frequency	Percentage
Poor (0–7 score)	6	8.11
Average (8–14 score)	50	67.57
Good (15–50 score)	18	24.32

Section III

It deals with analysis of data related to effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among participants, as shown in Table 3.

This is evident that the knowledge of the participants improved significantly after planned health teaching program.

Section IV

It deals with analysis of data to find out association between selected demographic variables with study findings Table 4.

Table 5 values state that the effectiveness of planned health teaching program is associated with education of the subjects. The Chi-square value for education is 11.85 which is >0.05 and hence it is significant.

Discussion

In the present study, the obtained data were tabulated, organized, analyzed, and interpreted using descriptive and inferential statistics based on the objectives of the study. The findings were presented on tables and diagrams. The analysis of data was mainly classified into four sections.

- Section I: It deals with sample, characteristics in frequency, and percentage
- Section II: It deals with the analysis of data related to the level of knowledge regarding prevention of mental illness among participants
- Section III: It deals with analysis of data related to effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among participants
- Section IV: It deals with analysis of data to find out association between selected demographic variables with study findings.

Findings related to patients demographic data

Finding shows that out of 74 participants are caretaker of patients admitted in Sassoon General Hospital, Pune.

Age: Majority 50% of participants were found to be in 18–30 years age group, 22.97% of participants were found to be in 31–40 years age group, 10.81% of participants were found to be in 41–50 years age group, and remaining 16.22% were in 51–60 years age group.[8]

Gender: About 23% of participants were female and 77% were male.

Education: About 18.92% of total participants had primary school education, 39.19% of participants had secondary

Table 3: That comparison between pre-test and post-test score

Knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Poor (0–7 score)	6	8.11	0	0.00
Average (8–14 score)	50	67.57	16	21.62
Good (15–50 score)	18	24.32	58	78.38

Table 4: Paired t-test for effectiveness of planned health teaching program on regarding prevention of mental illness

Type	Mean	SD	*t*-value calculated	*t*-value tabulated	df	r value	*P* value
Pre-test	12.27	3.49	14.97	1.99	73	0.81	0.05
Post-test	15.87	2.42					

Table 5: Association between selected demographic variables with study findings

Selected parameters	Effectiveness of planned health teaching program			
	Chi-square value (calculated)	Chi-square value (calculated)	df	Significance
Age	1.02	7.82	3	Not significant
Gender	1.53	3.84	1	Not significant
Education	11.82	7.82	3	Significant
Occupation	2	7.82	3	Not significant
Type of family	2.53	3.84	1	Not significant
Residential area	0.73	3.84	1	Not significant

school education, 16.22% of participants had higher secondary education, and remaining 25.68% of participants were graduates and post graduates.

Occupation: About 4% of participants were found working in government sector, 40% in private sector, 5% in semi-government sector, and remaining 50% in other sector.[9]

Monthly income: Majority of 58% have family monthly income <10,000 Rs., 23% have family monthly income between 10,001 and 30,000 Rs., 8% have family monthly income between 30,001 and 50,000 Rs., and remaining 11% of participants have monthly income more than 50,000 Rs. That shows most of the participant from low socioeconomic class.[10]

Type of family: Majority of 71.62% had joint family, 28.38% were belongs to nuclear family, and there were no participants from separated and extended family type.[11]

Area of living: Majority of 59% were belongs to urban residence and remaining 41% were belongs to rural residence.[12]

Findings related to the level of knowledge regarding prevention of mental illness among participants

Study projected that majority, i.e., 68% of the participants had average knowledge (score 8–14) and 28% of them had good knowledge (score 15–20) and remaining 8% of them had poor knowledge (score 0–7) regarding prevention of mental illness.[13]

Findings related to effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among participants

Average pre-test score was 12.27 which increased to 15.87 in post-test. *t*-value for this test was 14.97 with 73 degrees of freedom, which was greater than tabulated *t*-value with 0.05% level of significance, thus null hypothesis was rejected. This is evident that the knowledge of the participants improved significantly after Planned Health Teaching Programme hypothesis was rejected [Table 4].[14]

Findings related to the association between selected demographic variables with study findings

The effectiveness of planned health teaching program is associated with education of the subjects. The Chi-square value for education is 11.85 which is >0.05 and hence it is significant.[15]

Conclusion

The study concludes that the knowledge regarding prevention of mental illness among the caretaker of patients admitted in tertiary health center of city, also concludes that the effectiveness of planned health teaching program on knowledge regarding prevention of mental illness among the caretaker of patients admitted in tertiary health center of city, and, furthermore, concludes the association of study finding with selected demographic variables.

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