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Effectiveness of planned teaching programme regarding prevention of psychiatric problem in term's knowledge among selected families in community at Gwalior, M.P.

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Abstract:
Background*: Mental disorders are prevalent in all region, countries and societies. Though science and technology have advanced, peoples continue live in stressful situation. This continuous stress and strain naturally leads to physical and mental illness. Mental illness has received very little attention. Individuals suffering from mental illness are considered 'mad' and are treated with ridicule or contempt. India is a multicultural tradition bound society where people visit religious and traditional healers for general and mental health related problems. Nearly 23% of the people suffer from mental disorders. Neurotic disorders are caused by social conditions that the individuals live in. The study was conducted with the objectives to determine the effectiveness of Planned Teaching Programme in terms of gain in the knowledge level of significant individual in selected families on basic prevention of psychiatric disorders.*
Materials and Methods*: Pre experimental design (one group pre-test, post-test design) was used for the study. Data was collected by administering a structured interview schedule. After collection of the demographic data, planned teaching programme was administered to the subjects and on the seventh day, the post-test was conducted. The collected data was analysed using descriptive and inferential statistics (mean, median, SD, 't' test, χ^2 test).*
Results*: The findings revealed that the't' value computed (t = 9.7; p <0.05) showed a significant difference suggesting that planned teaching programme was effective in increasing the knowledge level of significant individuals.*
Conclusion: *The findings of the study have shown that the knowledge level of significant individuals was less before the administration of planned teaching programme. The planned teaching programme facilitated them to gain more knowledge on basic prevention of psychiatric disorders which was evident with the post-test knowledge score. Hence it can be concluded that planned teaching programme is an effective teaching strategy in improving the knowledge of significant individuals caring for the risk family members.*
Key Word: *Mental disorders; Mental illness; planned teaching programme; Risk family members.*

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I. Introduction

Mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to changes and cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society. Any alteration in the mental functioning, which leads to unproductive activities, impaired relationship and inadequate adjustment would lead to mental disorders.[1] Psychiatric disorder is defined as any disturbance of emotional equilibrium, as manifested in maladaptive behaviour and impaired functioning, caused by genetic, physical, chemical, bio, psycho, socio and cultural factors.[2]

Depression, anxiety and drug abuse are the most common mental disorders. Mental disorders are common internationally. An estimated 26.2 percent of Americans, 18 years of age above i.e., about one in four adults - suffer from a diagnosable mental disorder in a given year.[3] 1 in 17 people suffer from a serious Psychiatric disorder. Approximately 20.9 million suffer from mood disorder. 14.8 million suffer from depressive disorder. 1.1 percent of the population has schizophrenia. 18.1 percent of people have an anxiety disorder, 8.7 percent of people have some type of specific phobia.[4] Psychiatric disorder can affect a person from any culture, race or ethnic background. Psychiatric disorders can occur at any stage of life, from childhood to old age. No community is unaffected by psychiatric disorders.[6] Psychiatric disorder is treatable, especially when the

treatment comes early. Early intervention and appropriate treatment can improve persons with Psychiatric disorders. Therefore it is important for a person to seek mental health care when he/she needs it. It is equally important for service providers, friends, and family members to be informed about the symptoms of Psychiatric disorders and the treatment options available.

II. Material And Methods

The study was conducted in Sitholi Gwalior which is under primary health centre. Study was conducted in 2019. A total of 40 clients were selected for study.

Study Design: Pre experimental research design was used.

Study Location: The study was conducted in Sitholi Gwalior, M.P.

Sample size: 40 clients were selected (one group pretest and post test design).

Subjects & selection method: Since randomization was difficult due to the absence of individuals at home during the day and practical difficulty to identify the significant individuals in the community, purposive sampling technique was adopted. The significant individuals were identified by house to house survey till the investigator found significant individuals who met the inclusion criteria. Using purposive sampling technique 40 subjects were selected who received the individual planned teaching program.

Inclusion criteria:

- ❖ Significant individual in the age group of 20-60 years.
- ❖ Significant individual who can understand Hindi/English.
- ❖ Significant individual caring for the risk member of the family like alcoholism, divorced and broken families.

Identification of significant member

- Earning member of the family.
- Taking care of the at-risk member.
- Who is taking final decision of the family matters
- The responsible person to know about the at-risk member.
- Who is accepted as the head of the family by others

Exclusion criteria:

- ❖ Clients who are not willing to participate in the study.
- ❖ Clients who sustain any sort of physical disabilities.

Procedure methodology

The planned teaching programme was developed according to the formulated objectives. It was then after validated and reliability was taken. A written formal permission from taken from clients who participated in the study. The investigator went from house to house of the sample and displayed a white chart with 11 coloured pictures fixed on the door / wall or in front of T.V. according to the convenience of house. Colour flash cards with 12 pictures were also used. If the room was well ventilated, seating arrangements were made in the room, where the investigator and the sample sat face to face on the chairs or on the floor or the investigator sat on the chair and subject on the floor, according to the number of chairs If the room was not well ventilated arrangements were made on the varanda. Seating arrangements were very much comfortable in each house. According to the level of understanding, the teaching programme was given with lecture cum discussion method. The investigator clarified the doubts subjects asked. The tools selected for the study are as follows:-

PART I: - Demographic Performa

Demographic Performa includes 11 items, including age, sex, education, religion, occupation, family income, marital status, type of risk member in the family, previous information, sources of information for obtaining baseline information.

PART II: - Structured Interview Schedule

Structured interview schedule contained 36 items covering 6 aspects on the prevention of psychiatric disorders. The areas were

- ❖ Myths and misconceptions
- ❖ Etiology and risk factors
- ❖ Identification of mentally sick individual
- ❖ Treatment
- ❖ Family member role
- ❖ Benefits

Each item in the modified tool consisted of closed ended items regarding Yes or No answers. Each correct response carried weight age of one score and each wrong one carried '0' mark.
The maximum knowledge score was 36. Score was graded as follows

Grade	Percentage	Score
Very good	82-100	≥ 30
Good	64-81	24 – 29
Average	47-64	18 – 23
Poor	<47	< 17

The tool was translated in to Hindi by language experts and retranslated into English by different language experts.

Process of data collection
To conduct the research study in the selected community, formal written permission was obtained from the concerned authorities before data collection
Day I: Pre-test was conducted using structured interview schedule. Individualized planned teaching programme was conducted soon after pre-test.
Day 7: Post- test was conducted with same structured interview schedule. Time taken for post-test was 8 to 10 minutes. The investigator thanked and appreciated the significant individuals individually for their co-operation.

Statistical analysis
Analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using that data". It was decided to analyse the data using both descriptive and inferential statistics on the basis of objectives and hypothesis of the study. To complete the data a master score sheet was prepared by the investigator.

III Result

The results of the study were as follows:-
Table no. 1:- shows that the range of mean post-test knowledge score (14-31) was higher than the range of mean pre-test knowledge score (10-27). The data also depicts that the mean post-test knowledge score (23.5±4.2) was higher than mean pre-test knowledge score (16.8±3.9).

Table 1:- Range, Mean, Median and Standard Deviation of Pre-test and Post-test Knowledge Score

Knowledge score	Range	Mean	Median	SD
Pre-test	10-27	16.8	16.5	3.96
Post-test	14-31	22.85	23.5	4.2

Maximum score: 36

Table no. 2:- The area-wise mean percentage and mean gain of pre-test and post-test knowledge scores of significant individuals were also found and the data is presented in Table 2, it shows that the mean pre-test score is highest (56.5%) in the area of "etiology" and" risk factors" and least (32.5%) in the area of "benefits." The mean percentage of post-test score is maximum (70%) in the area of "treatment" and least (48.75%) in the area of "family role." The mean difference between the possible percentage gain and the actual percentage gain is calculated and is found to be least in the area of treatment (30%). Maximum gain in knowledge was in the area of family role (51.25%).

Table 2: Area wise mean percentage and mean gain of pre-test and post-test knowledge score

Area	Max. score	Mean percentage		Mean % actual gain	Mean % possible gain	Modified gain score
		Pre-test	Post-test	(A)	(B)	(B-A)
Misconceptions	5	36	56	20	64	44
Aetiology and risk factors	15	56.50	67.50	11	43.5	32.5
Identification of mentally sick individuals	3	49.17	62.50	13.30	50.83	37.53
Treatment	5	49	70	21	51	30
Family role	2	33.75	48.75	15	66.25	51.25
Benefits	6	32.50	59.58	27.08	67.50	40.42

Maximum score = 36

IV. Discussion

The mean post-test knowledge score was 22.85 and the mean pre-test score was 16.8. In the post-test most of the significant individuals (47.5%) had score between 24-29, whereas in pre-test, most of the significant individuals (62%) obtained a score below 17. Only 10.0% significant individuals had a score below 17 in the post-test.The above results clearly indicate that intervention was effective in increasing the knowledge score of significant individuals on prevention of psychiatric disorders. An area –wise mean percentage, both for pre-test and post-test was computed. Mean percentage score of the pre-test was highest (56.5%) in the area of etiology and risk factors and least (32.5%) in the area of benefits. Mean percentage post-test score was maximum (70%) in the area of treatment and least (48.75%) in the area of family role. Mean difference between possible percentage gain and actual percentage gain was calculated and was found to be least in the area of treatment (30%). Maximum gain in knowledge was in the area of family role (51.25%). Mean gain showed that post-test knowledge score we higher than pre-test knowledge scores in all areas. These findings suggest that intervention was very effective. Effectiveness of psycho education was assessed by experimental approach in a sample of 101 patients with schizophrenia and other families. Results showed that family education on schizophrenia by nurses was effective in improving the knowledge and promoting improvement in patients' symptoms.[7]

V. Conclusion

The findings revealed the following data which is as follows:-

- Pre-test knowledge score of significant individual on prevention of "psychiatric disorders" was poor.
- Planned teaching programme prepared and provided by the investigator was found to be effective in improving the knowledge of significant individual
- Knowledge regarding psychiatric disorders is poor among the public.
- There was no significant association between pre-test knowledge score and selected variables like age, education, and socioeconomic status, therefore, it could be concluded that intervention can help in improving the knowledge of significant individuals and could be used in various settings.

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