

“A study to evaluate the effectiveness of Structured Teaching Programme on the knowledge regarding Mental illness among B.Sc. Nursing Students in selected Colleges at Udaipur.”

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Abstract

Background Of The Study:

According To The World Health Organization (Who): Mental Health Is A State Of Mental Well-Being That Enable People To Cope With The Stresses Of Life, Realize Their Abilities, Learn Well And Work Well, And Contribute To Their Community. The Who States That Mental Health Is “More Than Just The Absence Of Mental Disorders Or Disabilities.” Peak Mental Health Is Not Only About Managing Active Conditions But Also Looking After Ongoing Wellness And Happiness. Social And Financial Circumstances, Adverse Childhood Experiences, Biological Factors, And Underlying Medical Conditions Can All Shape A Person’s Mental Health. It Is Important To Know That Good Mental Health Depends On A Delicate Balance Of Factors And That Several Elements May Contribute To Developing These Disorders 1.The Mental Health Of College Students Is Evidenced A Growing Problem Globally. 2. After Graduating From Higher Secondary School Students Come Across With A Number Of Issues (E.G., Dormitory Life, Study Stress, Lack Of Time Management, Unhealthy Eating Habits, Sleeping Disorders, Smoking, Problematic Internet Usage, And Sedentary Behavior Etc,) In Their New Academic Setting 3. In This Period Of Transition, Students Are Struggling To Deal With An Intellectual And Social Hurdles Of University/Collage Studies, Which Is Essential For Their Preparation To Complete Their Professional Degrees With The Development Of Professional Knowledge, Skill And Experience.

Statement Of The Problem:

“A Study To Evaluate The Effectiveness Of Structured Teaching Programme On The Knowledge Regarding Mental Illness Among B.Sc. Nursing Students In Selected Colleges At Udaipur”

Objectives Of The Study:

- To Assess The Pre-Test Knowledge Score Regarding Mental Illness Among B.Sc. Nursing Students.
- To Assess The Post-Test Knowledge Score Regarding Mental Illness Among B.Sc. Nursing Students.
- To Determine The Effectiveness Of Structured Teaching Programme Regarding Mental Illness Among B.Sc. Nursing Students.
- To Find Out The Association Between Pre Test Knowledge Score With Socio Demographic Variables Regarding Mental Illness Among B.Sc. Nursing Students.

Methods:

The Pre Experimental Research Approach With One Group Pre And Post Test Design Is Used For The Present Study. The Sample Consist Of 100 B.Sc. Nursing Students Who Are Studying At Mass College Of Nursing And Udaipur Institute Of Nursing , Udaipur Which Is Selected By Purposive Sampling Technique. The Data Was Collected Prior To And After The Structured Teaching Programme By Self- Administered Structured Questionnaire.

Results:

The Mean Percentage Of The Overall Mean Pre-Test Knowledge Score Is 10.97 (34.43) And The Overall Mean Post-Test Knowledge Score Of Respondents Is 25.38 (82.33) The Overall Mean Difference Is 14.41 (48.43) With The T Value Of 29.43.

Interpretation And Conclusion:

The Obtained Data Is Analyzed By Using Descriptive And Inferential Statistics. Karl- Pearson Correlation Co- Efficient Test And Chi-Square Test. The Overall Mean Post Test Knowledge Score Of Respondents 25.38 (82.33) Is Higher Than The Overall Mean Pre Test Knowledge Score Of Respondents 10.97 (34.43) And Obtained T Value Is 29.43 With The Enhancement Of 14.41(48.43) Which Shows That Structured Teaching Programme Is Effective In Enhancement Of Knowledge Of B.Sc. Nursing Students On Mental Illness.

Key Words: The Key Words Of This Study Include Knowledge, Mental Illness, B.Sc. Nursing Students And Selected Colleges.

I. Introduction

“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”

-BILLCLINTON.

World Health Organization had chosen the theme on mental health “Stop exclusion – Dare to Care” during the year 2001, to focus worldwide attention on the issues related to mental health. Mental disorders figure among the leading disease and disability the world over. Mental analysis studies indicated high prevalence rate of mental disorders in the community (58.2/1000). Since the problem of mentally challenged is a global problem.¹

Challenges in the mental health field pertain to issues of care for people with problems that range from severe, disabling mental disorders, to mental health problems that is less incapacitating but also long term in nature. Other factors that contribute to nursing challenges include the scope and chronicity of mental illness and the uncertainty about specific cause, cure and treatment for most severe mental disorders. Limited resources compound the problems and present challenges in mental health practices.² For long the mentally ill were considered to be possessed by devils. Patients were locked up in tall jail-like buildings, far removed from the centres of population, alienated from the rest of society. During the 20th Century, psychiatry began to make scientific advance. The publications of Sigmound Freud led to new concepts in the treatment of the mentally ill³

The Colonial American society referred to those suffering from mental illnesses as ‘lunatics’ which interestingly enough was derived from the root word lunar meaning, “moon.” Through astrological reasoning it was believed that insanity was caused by a full moon at the time of a baby’s birth or a baby sleeping under the light of a full moon. Colonists declared these lunatics possessed by the devil, and usually they were removed from society and locked away. Around the turn of the 19th century, Europeans introduced a new approach to the treatment of the mentally ill known as “Moral Management.” This approach was based on the belief that the environment played a vital role in the treatment of the mentally ill. Creating a more domestic feel, beds, pictures and decorations replaced shackles, chains and cement cells. It was thought that recovery would more likely occur if conditions and surroundings resembled the comfort of home. Treatment also took a benign approach⁴

Mental health is about enhancing competence of the individuals and community and enables them to achieve their self-determined goal. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental illness often generates misunderstanding, prejudice, confusion and fear. Some people with mental illness report that the stigma can at times be worse than the illness itself. People may be less willing to offer support and empathy if someone is suffering from a mental illness rather than a physical health problem. In 2003, WHO has taken a theme on “mental health care should be provided through general health services and community settings. Large and centralized psychiatric institution needs to be replaced by other more appropriate mental health service.”

Understanding and empathy from psychiatric nurses reinforces a positive psychological balance for patients. Conveying an understanding is important because it provides patients with a sense of importance. The expression of thoughts and feelings should be encouraged without blaming, judging or belittling. Feeling important is significant to the lives of people who live in a structured society, who often stigmatize the mentally ill because of their disorder. Empowering patients with feelings of importance will bring them closer to the normality they had before the onset of their disorder. When subjected to fierce personal attacks, the psychiatric nurse retained the desire and ability to understand the patient. The ability to quickly empathize with unfortunate situations proves essential. Involvedness is also required when patients expect nursing staff to understand even when they are unable to express their needs verbally. When a psychiatric nurse gains understanding of the patient, the chances of improving overall treatment greatly increases.

Individualized care becomes important when nurses need to get to know the patient. To obtain this knowledge the psychiatric nurse must see patients as individual people with lives beyond their mental illness. Seeing people as individuals with lives beyond their mental illness is imperative in making patients feel valued and respected. In order to accept the patient as an individual, the psychiatric nurse must not be controlled by his or her own values, or by ideas and pre-understanding of mental health patients. Individual needs of patients are met by bending the rules of standard interventions and assessment. Psychiatric/mental health nurses spoke of the potential to 'bend the rules', which required an interpretation of the unit rules and the ability to evaluate the risks associated with bending them.⁵

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected.

Need For The Study

Most people seem to take a mad person for granted. Accompanied by a joke or two about, his crazy behavior the general impression is that he has a screw loose somewhere. Few people realize that no individual behaves in such a way without a reason. Fewer still understand that going mad is not instantaneous but the result of a process which has been going on for a long time. It is only when the person is unable to live with this process anymore that he breaks down and gives himself up to the fantasies of his mind.⁶

According to Virtala, attitudes are learned throughout the life and may be conscious or unconscious and are also known to shape both the social perceptions and social behavior. An individual's array of attitudes towards objects in his or her world is vast and unlimited, and more so towards objects in the social world he lives and the number of any individual's attitude is limited to the objects existing in his physical and psychological world. Lippa (1994) defines attitude as "learned evaluative response directed at specific objects, which is relatively enduring and influences and motivates one's behavior towards these objects". Attitudes either positive or negative predict how a person is going to behave or react in future towards that attitude object and attitude is the product of two factors, the individual's beliefs about the consequences of that specific behavior and his or her evaluation of those possible outcomes.⁷

Homer and Kahle, states that moral values indirectly influence behavior. The personal component is a measure of a person's attitude towards engaging in a specific behavior. The second component, the social component introduces as social element, the person's beliefs about what other people think he or she should do and strength of the person's motivation to comply with those expectations. These two factors combine to determine a person's intention to perform the behavior in question.

It is estimated that around the year 2025, the proportion of the elderly in the developing countries will escalate to 12 per cent of the population. Realizing the importance of research on the health status and health needs of the aged and psychosocial problems affecting them. Mental and behavioral problems are increasing part of the health problems the world over. The burden of illness resulting from psychiatric and behavioral disorders is enormous. Although it remains grossly under represented by conventional public health statistics, which focus on mortality rather than the morbidity or dysfunction. The psychiatric disorders account for 5 of 10 leading causes of disability as measured by years lived with a disability. The overall DALYs burden for neuropsychiatric disorders is projected to increase to 15% by the year 2020. At the international level, mental health is receiving increasing importance as reflected by the WHO focus on mental health as the theme for the World Health Day (4th October 2001), World Health Assembly (15th May 2001) and the World Health Report 2001 with Mental Health as the focus. At the national level, mental health policy has been the focus of Indian public health initiatives during last two decades. Currently India is implementing a national level program of integrating mental health with primary health care, the largest such effort in a developing world⁸

Nurses play a key role in caring for the mentally ill in sickness and in rehabilitating the mentally ill after an episode of illness. According to Brady, the nurse's attitude towards a patient is generally considered to be one of the basic factors contributing to the administration of total therapeutic nursing care. Furthermore, the author explains that these attitudes are to a great extent the result of exposure to environments and experiences. Due to this reason it is important to find out the attitudes of nurses towards mentally ill and factors which might influence these attitudes. Since the literature available in Maldives in the area of mentally ill is very limited due to the absence of studies conducted in the area, there is an important need to conduct a study on mentally ill.

The investigator also observed during his clinical experience the attitudes of patients and nursing student towards mental illness and treatment is very influencing factor. A comprehensive review of students' attitudes toward mental illness as it is important to educate them as well, in view of the fact that they also play an important role in helping the patients to overcome their illness. The general trends of studies carried out so far in India indicated lack of knowledge on mental health and mental illness and a tendency to maintain social distance from the mentally ill and to reject them makes its existence felt. These above experiences, thoughts and different studies provoked the Investigator to assess the knowledge and attitude of nursing students on mental illness. However, community people should have the adequate knowledge regarding mental illness. Misconceptions about mental illness should be removed from community people. Hence this study is titled to assess the knowledge and attitude of nursing students on mental illness is a necessary topic to study about.

Objectives

The objective include obtaining answers to the research questions, on testing the research hypothesis but may also encompass some broad aims like developing recommendation for change to nursing practice based on the study result. Specific achievable objectives provide the researcher clear criteria against which the proposed methods can be assessed.

The research problem serves as the foundation of a research study. It begins with a problem that a researcher would like to challenge, ask questions that a researcher would like to answer, which often evolves

from a broad area. The objectives provide the investigators with some clear criteria against which the proposed research method can be assessed.

This chapter deals with the objectives, operational definition, assumptions, hypothesis, and conceptual framework of the study.

Statement Of The Problem

“A study to evaluate the effectiveness of Structured Teaching Programme on the knowledge regarding Mental illness among B.Sc. nursing students in selected colleges at Udaipur”.

Objectives

- To assess the pre-test knowledge score regarding mental illness among B.Sc. Nursing students.
- To assess the post-test knowledge score regarding mental illness among B.Sc. Nursing Students.
- To determine the effectiveness of Structured teaching Programme regarding mental illness among B.Sc. Nursing students.
- To find out the association between pre test knowledge score with socio demographic variables regarding mental illness among B.Sc. Nursing students.

Operational Definitions:

- 1.Evaluation:** it refers to determine the knowledge regarding mental illness after Structured Teaching Programme.
- 2.Effectiveness:** It refers to the extent to which the Structured Teaching Programme on mental illness in improving the knowledge in the third year B.Sc. Nursing students as evidenced from gain In knowledge area.
- 3.Structured Teaching Programme:-** it refers to the systematically developed instructional method and teaching aids designed for third year B.Sc Nursing students to impact knowledge and attitude on mental illness.
- 4.Knowledge:** It is the intellectual ability of third year B.Sc. Nursing students to answer the question regarding mental illness by administering questionnaire.
- 5.Mental illness:-**A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual and which is not a part of normal development or culture.
- 6.B.Sc. Nursing students:-**B.Sc. Nursing students can be defined as those individuals who are studying the B.Sc. Nursing course in selected nursing colleges in Udaipur.

Hypothesis

A hypothesis is a formal statement of the expected relationship between two or more variables in a specified population.

H₁:-there will be a significant difference between the pre-test and post-test knowledge score among B.Sc. Nursing students regarding Mental illness.

H₂:- there will be a significant association between the pre-test knowledge score of B.Sc. Nursing students regarding Mental illness with selected demographic variables.

Assumptions:

- The tool which is prepared by the researcher will be adequate to measure level of knowledge of the B.Sc. Nursing student.
- Structure Teaching Programme on Mental illness of B.Sc. Nursing student is effective means to increase their knowledge

Delimitations:

The study is limited to the students who:-

- Are studying in selected Nursing colleges at Udaipur.
- Will be present during the period of data collection.
- Are willing to participate in the study.

Conceptual Framework

A Conceptual framework is a group of concepts and a set of proportions that spell out the relationship between them. A concept is a term or label used to describe a phenomenon or a group of phenomena. A framework is the conceptual underpinning of the study. A conceptual framework is a theoretical approach to the study problems that are scientifically based and emphasis the selection arrangement and classification of its concepts.

Conceptual framework helps to express abstract ideas in a more readily understandable or graphing form than the original conceptualization. It acts as a building block for the research study. The overall purpose of framework is to make findings meaningful and generalized. It provides certain framework of the reference for the clinical practice, research and education.

Conceptual framework deals with the abstraction (concepts) that are assembled by virtue of their relevance to a common theme. Conceptual framework is the generation of researcher hypothesis and can provide an important context for scientific research.

It is the process of moving from an abstract idea to a concrete proposal. It helps investigator to organize their thinking, observation, interpretation and goal direction.

The present study is aimed at assessing knowledge of B.Sc. Nursing students about mental illness. It is based on general system theory by **Ludwig Von Bertalanffy**. General system theory explains that, a system is a set of interrelated elements. As a living system and energy field is capable of taking energy and the information from the environment. Theory is used by several disciplines as a way to explain interaction and changes that result from interaction.

System

General system theory explains that, a system is a set of interrelated elements. As a living system and energy field is capable of taking energy and the information from the environment.

Input

The any form of information, energy and marital that the system receives from the environment provide input for the system. In the present study input refers to demographic variables of B.Sc. Nursing students such as age, gender, religion, place of living, marital status, family type, monthly family income, any part time job, information source regarding mental illness and information about seen mental patient ever.

Throughput

Through put is the process whereby the system transforms, creates and organizes input. In this study throughput refers to the administration of structured questionnaire to assess the knowledge of B.Sc. Nursing students and administering the Structured Teaching Programme regarding Mental illness.

Output

It is the energy, information and material that are transformed to the environment. In this study output refers to the level of knowledge regarding Mental illness among B.Sc. Nursing students.

Feedback

It is the process that enables a system to regulate itself and provides information about the systems, output. Because of these international changes in one part of system which affects the entire system and rebound changes planning would take into consideration ways in which intervention directed towards one part of the system which take into consideration ways in which intervention directed towards one part of the system which would affect and change in the entire system, which is not included in the study.

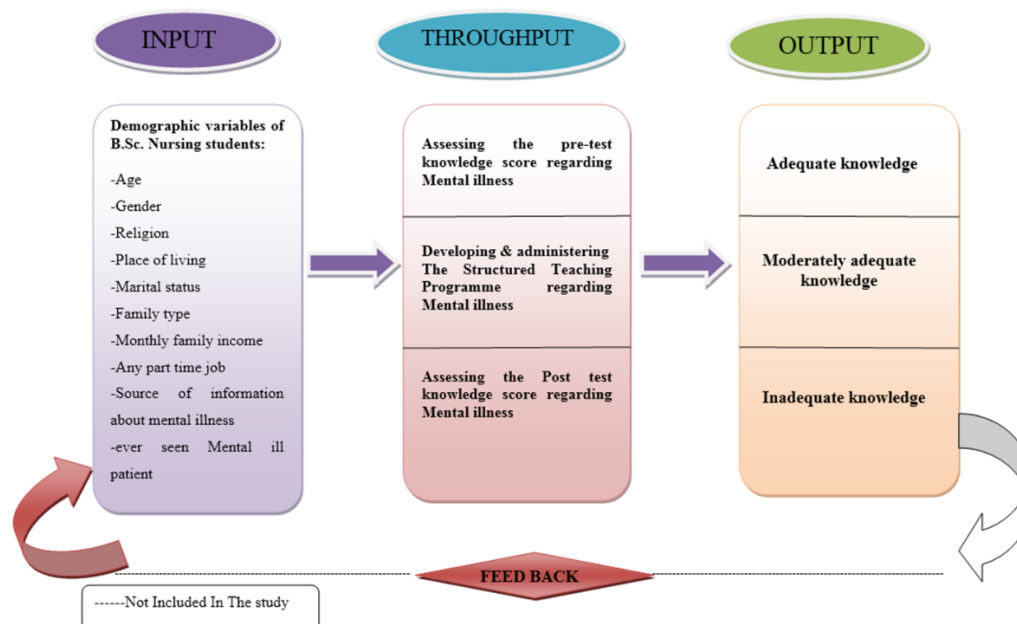


Fig 1: Modified Conceptual Framework based in General System Theory

II. Review Of Literature

The purpose of review of literature is to obtain comprehensive knowledge base and in department of information from previous studies.

Review of literature is a key step in research process. Review of literature refers to an extensive, exhaustive and systematic examination of publications relevant to the research project. The typical purposes of review of literature are to generate research questions to identify what is known and not known about the topic and to describe methods of enquiry used in earlier work including their success and shortcomings.

The reviews of literatures are presented in the following subheadings:

- Reviews related to knowledge and attitude on mental illness.
- Reviews related to assessment of knowledge on mental illness.
- Reviews related to assessment of knowledge on mental illness in B.Sc. Nursing students.

Reviews related to knowledge and attitude on mental illness.

Negative view towards mental illness is the prime cause of false attitude and knowledge in community people Schomerus G, Matschinger H, Angermeyer MC (2005) conducted a study on community study of knowledge of and attitude to mental illness in Nigeria. The improvement of community tolerance of people with mental illness is important for their integration. Little is known about the knowledge and attitude to mental illness in sub-Saharan Africa, with a aim to determine the knowledge and attitudes of a representative community sample in Nigeria. Poor knowledge of causation was common. Negative views of mental illness were widespread, with as many as 96.5% (s.d.=0.5) believing that people with mental illness are dangerous because of their violent behavior. Most would not tolerate even basic social contacts with a mentally ill person: 82.7% (s.e.=1.3) would be afraid to have a conversation with a mentally ill person and only 16.9% (s.e.=0.9) would consider marrying one. Socio-demographic predictors of both poor knowledge and intolerant attitude were generally very few.⁹

Mental health education contributes to the positive attitude and knowledge on mental illness. Slat LM, Ryerson RL (2005) conducted a study on juror knowledge and attitudes regarding mental illness verdicts. Study begin with a brief overview of the Not Guilty by Reason of Insanity (NGRI) and Guilty but mentally ill (GBMI) verdicts in the United States and then report on a study of qualified jurors (n=96) in which study examined jurors' understanding and attitudes about mental illness verdicts and the disposition of mentally ill defendants. Results indicate that although the jury pool was highly educated, only 4.2 percent of jurors could correctly identify both the definitions and dispositions of defendants found NGRI and GBMI. Jurors with lower educational levels were less likely to identify the dispositional outcome of a GBMI verdict ($p < .05$). Eighty-four percent of respondents believed that juries should be informed of dispositional outcome before deciding a verdict. Also, 68.4 percent of jurors erroneously believed that a defendant found GBMI could not receive the death penalty. Among jurors who correctly identified the definition of GBMI, those with lower educational levels were more punitive in their attitudes toward disposition of the GBMI defendants, believing they should

eventually be sent to prison ($p < .05$). so this study proves that education is the key to develop positive attitude and knowledge in people.¹⁰

It is not the disease to be cured first, but the stigma towards the mentally ill. Gurnee O, Lasebikon VO, Ephraim-Oluwaniga O, Olley BO, Kola L (2005) determined the knowledge and attitude of 2040 community sample in Nigeria. It was found that there was widespread stigmatisation of mental illness in the Nigerian community. Negative attitudes to mental illness may be fuelled by notions of causation that suggest that affected people are in some way responsible for their illness, and by fear.¹¹

Mental health training can lead to increases in confidence and a change in attitudes to mental illness. Payne F, Harvey K, Jessopp L, Plummer S, Tylee A, Gournav K (2002) conducted a study on knowledge, confidence and attitude towards mental health for nurses direct and the effects of training. They found that confidence increased in nurses who received mental health training. After training, attitudes towards depression had shifted in that nurses now felt positive towards their role in treating depressed patients. Training in mental health can lead to increases in confidence and a change in attitudes and would be beneficial for all nurses working in NHS Direct and in other primary care fields. It would also be beneficial to repeat the study with a larger number of nurses and after a longer period of time to assess the long-term effects of training.¹²

Reviews related to assessment of knowledge on mental illness

Community attitudes and beliefs play a role in determining the help seeking behaviour and successful treatment of the mentally ill. Hugo CJ, Boshoff DE, Traut A, Zungu-Dirwayi N, Stein DJ (2003) conducted a study on community attitudes toward and knowledge of mental illness in South Africa. The aim of this study was to investigate the knowledge and attitudes of the general South African public toward mental illness. The main findings were that cases were most often conceptualized as stress-related or due to a lack of willpower rather than as medical disorders. Treatment advocated was more often to talk the problem over than to consult professional medical help. Psychotherapy was the preferred treatment option, particularly in vignettes where symptom presentation was subtle, and in cases of substance abuse.¹³

The beliefs and treatment on mental illness changes from place to place. Jorm AF (2000) conducted a study on mental health literacy and public knowledge and beliefs about mental disorders. Although the benefits of public knowledge of physical diseases are widely accepted, knowledge about mental disorders (mental health literacy) has been comparatively neglected. To introduce the concept of mental health literacy to a wider audience, to bring together diverse research relevant to the topic and to identify gaps in the area. Much of the mental health information most readily available to the public is misleading. Many members of the public cannot recognize specific disorders or different types of psychological distress. They differ from mental health experts in their beliefs about the causes of mental disorders and the most effective treatments. Attitudes which hinder recognition and appropriate help-seeking are common. However, there is some evidence that mental health literacy can be improved.¹⁴

People tend to underestimate mental illness even if they know about the disease. Fonnebo V, Sogaard AJ (1992) conducted a study on knowledge and attitude towards mental disorders. In June 1992 a random sample of 1,191 Norwegians were interviewed about their knowledge concerning mental disorders and psychiatric research, and their attitudes in this connection. The study shows that people tend to underestimate the prevalence of mental illness, and they are less willing to talk freely about a mental disorder in the family. People have a relatively good understanding of the etiology of mental disorders.¹⁵

Reviews related to assessment of knowledge on mental illness in B.Sc Nursing students

Structured teaching program is an effective tool to increase student nurses knowledge on mental illness. Haddad M, Butler GS and Tylee A (2010) conducted a study on school nurses involvement, attitudes and training needs for mental health work in UK. A cross-sectional study was conducted using a postal questionnaire sent to a random sample of 700 school nurses throughout the United Kingdom. Questions concerned involvement in mental health work and training needs for this work. Attitudes were measured using the Depression Attitude Questionnaire. Questionnaires were returned by 258 (37%) nurses. Nearly half of respondents (46%) had not received any post registration training in mental health, yet 93% agreed that this was an integral part of their job. Most (55%) noted that involvement with young people's psychological problems occupied more than a quarter of their work time. They concluded that. Working with young people who self-harm, and recognizing and being better equipped to assist in managing depression and anxiety are key topics for staff development programs.¹⁶

Personal contact with someone with mental illness and the importance of user involvement in training is a significant factor to change belief and assumptions of a student nurse. Tim Schafer, Steve Wood et al (2010) conducted a survey of attitudes to mental illness that was completed with a cohort of pre-registration nurses in 2007 in a large university in Essex. The background literature highlights the effects of attitudes on stigma, disadvantage and discrimination and presents a brief review of the literature on cultural variations in attitudes. It

also briefly reviews the attitudes of health professionals to mental illness. A survey using the Community Attitudes to Mental Illness questionnaire was completed and ethnicity proved to be an important factor in accounting for variations in attitudes to mental illness. Personal contact with someone with mental illness was also found to be a significant factor and the importance of user involvement in training is discussed. The paper concludes with some recommendations for nurse training that include greater use of teaching strategies that challenge beliefs and assumptions and promote a commitment to multicultural mental health practice¹⁷

Pre-orientation teaching on mental illness contribute more for nursing students on their psychiatric clinical exposure. Brunt D, Hansson L, Leufstadius C, Sandlund M (2009) et al conducted a study on attitudes towards mental illness among health care students as a follow up study after completed clinical placement. The aim of the study was to examine the changes in attitudes towards mental illness after theoretical education and clinical placement among students from university program preparing for different kinds of health professions. Three different questionnaires were used, measuring the level of familiarity with mental illness and attitudes towards mental illness in general and towards specific mental illnesses. The data were collected on two occasions, before the theoretical course and after the completed clinical placement. The result showed that the attitudes toward mental illness in general had changed in a less stigmatizing direction after the clinical placement. Study concluded that the clinical placement included in the university program to some extent could affect attitudes in a de-stigmatizing direction, possibly because of the interaction with persons suffering from mental illness and experienced supervisors¹⁸

Nursing students were more positive towards physically disabled people than their peers .Dannenberg JW, Taal E, Burger G, Rasker JJ and ten Klooster PM et al (2006) conducted a study on attitude of nursing students and non nursing peers towards people with physical or intellectual disabilities. A sample of Dutch nursing students (n = 81) and an age-matched group of non-nursing peers (n = 48) completed standardized scales measuring attitudes about physically or intellectually disabled people. Nursing students were more positive towards physically disabled people than their peers, and more strongly endorsed empowerment and similarity of intellectually disabled people. The study concluded that educational interventions aimed at improving attitudes towards people with disabilities should include focus on forms of contact beyond the context of formal care relationships.¹⁹

Nursing students' attitudes about mental illness changes after clinical exposure. Creech SK studied the changes in attitudes about mental illness among nursing students following a psychiatric affiliation. The purpose of this study was to determine changes in nursing students' attitudes about mental illness following a twelve-week psychiatric affiliation program in a state mental hospital. Data were collected by means of two combined opinions about mental illness scales -- Cohen and Struening's factor analytically-derived Opinions About Mental Illness (OMI) questionnaire and Ellsworth's empirically-derived Opinions About Mental Illness Scale. The sample consisted of 95 student nurses from three diploma schools of nursing.: Authoritarianism, Mental Hygiene Ideology, Social Restrictiveness, Interpersonal Etiology, Non traditionalism, and Restrictive Control. Although significant changes were not found on Benevolence and Protective Benevolence, there was a trend toward favorable changes on both attitudinal dimensions²⁰

Methodology

The methodology is the most important in research as it is the frame work for conducting the study. This chapter deals with the description of research methodology adopted by this investigator for the present study.

The steps undertaken for gathering and organizing the data collected for investigation included: research design, research approach, research setting, population sample and sampling techniques, development and description of tool, ethical consent, pilot study, data collection procedure and plan for data analysis.

Research Approach:

The selection of research approach is the basic procedure for the conduct of research enquiry. A research approach tells the researcher what data to collect and how to analyze it. It also suggests possible conclusions to be drawn from the data. In view of the nature of the problem selected and to accomplish the objectives of the study.

Evaluative approach was considered as best suited to assess the knowledge on Mental illness among B.Sc. Nursing students.

Research Design:

Research design incorporates the most important methodology decisions that a researcher makes in conducting a research study. It depicts the overall plan for organization of scientific investigation. It helps the researcher in selection of subjects, manipulation of the independent variable, observation of a type of statistical analysis to be used to interpret the data⁵².

Abdullah FG, Levin E explained that the selection of research design is an important and essential step in research as it is concerned with the overall frame work of conducting the study by giving a plan structure and strategy for investigation.

Hence **the pre-experimental one group pre-test and post-test research design** is adopted for the present study. This design was adopted to correlate the knowledge of B.Sc. Nursing students regarding Mental illness.

The design can be represented as:-

0₁-----**X**-----**0₂**

Key :

0₁:-Assessment of demographic data and pre test knowledge score.

X:- Implementing the Structured Teaching Programme on Mental illness.

0₂:-Assessed of Post-test knowledge scores.

Variables Under This Study

Burns N, Grove SK explained that, variables are qualities, properties or characteristics of person, things, or situations that change or vary.

Research variables:

In this study, knowledge on Mental illness is the research variable.

Demographic variables:

The demographic variables in the present study are age, gender, religion, place of living, marital status, family type, monthly family income, any part time job, information source regarding mental illness and information about seen mental patient ever.

Setting Of The Study:

The “where” of research includes the physical and social environment in which the research is conducted. The setting is where the population or portion of it is being studied is located, and where the study is carried out.

The study was conducted at Mass College of Nursing Umarda and Udaipur Institute of Nursing Udaipur.

The selection of this setting was done on the basis of the geographical proximity, feasibility of the study and availability of the target population.

Population:

Burns N, Grove S interpreted that the population referred to as the target population which represents the entire group or all the elements like individuals or objects that meet certain standards for inclusion in the study⁵³.

In the present study, the population comprises of the B.Sc. Nursing students who are studying in B.Sc. Nursing.

Sample And Sample Size:

Burns N, Grove S narrated that, the sample refers to subset of a population that is selected to participate in a particular study. It is a portion of a population which represents the entire population⁵⁴.

In the present study, the sample consists of the B.Sc. Nursing students who are studying in B.Sc. Nursing third year which comes under the selected B.Sc. Nursing colleges at Udaipur.

The sample size for the present study consist of 100 B.Sc. Nursing Students selected based on the inclusion criteria of the study.

Sampling Technique:

Burns N, Grove SK defined that, sampling is the process of selecting a group of people or other elements with which to conduct a study.

Burns N, Grove SK explained that the purposive sampling involves the selection of subjects which are available at the right place in the right time.

The samples for the present study were taken from Mass College of Nursing and Udaipur Institution College of Nursing by using purposive sampling technique.

Sampling Criteria:

Inclusion criteria:

The B.Sc (N) students

- Who are studying in selected nursing colleges.
- Who are willing to participate in the study
- Who are present during the data collection

Exclusion criteria:

- Who are not willing to participate in the study
- Who are not available during the data collection period
- Who are not studying in B.Sc (N) Third year.



Fig. 2 Schematic Representation Of Research Methodology

Ethical Consideration:

For this study the investigator took in to consideration the ethical issues. No ethical issues raised by conducting this study.

1. Prior permission is obtained from research committee of Tirupati College of Nursing.
2. Oral consent was obtained from the study samples. Explanation was given regarding purpose of the study.
3. The subjects were informed that the confidentiality of the data will maintained
4. The subjects were informed that their participation was purely on the voluntary basis and they can withdraw from the study at any time

Development Of The Tool

An instrument selected in a research should be as far as possible the vehicle that would best obtain data for drawing conclusions, which were pertinent to the study.

After an extensive review of literature, and discussion with the experts, a structured questionnaire was used as an instrument for assessing the knowledge on Mental illness among B.Sc. Nursing students.

Description Of Tool:

The tool consists of two sections.

Section I:

Section I consists of the structured questionnaire on demographic profile of 10 items on age, gender, religion, place of living, marital status, family type, monthly family income, any part time job, information source regarding mental illness and information about seen mental patient ever.

Section II:

Section II consist of the items related to the structured knowledge questionnaire regarding Mental illness. The tool consist of 30 on selected aspects are:

- Introduction and definition
- Causes of Mental illness
- Risk factors of Mental illness
- Sign and symptoms of Mental illness
- Complication of Mental illness
- Prevention from Mental illness
- Health education

Each items had only one correct answer and each correct response was scored one. The total possible score of the Structured knowledge questionnaire was 30. The same questionnaire was used for the assessment of knowledge level in Pre and Post test.

Content Validity:

Polit and Hungler explained that the content validity refers to which an instrument measures what it is suppose to measure¹⁸.

Content validity was established by requesting the experts. The experts were 3 from psychiatric nursing departments of various colleges, and 2 psychiatric doctor from PIMS Hospital.

The experts were requested to give their opinion and suggestions regarding the relevance of the tool for further modification to improve the clarity and content of the items. Expert the suggestions were incorporated in modifying the study tool. The tool developed consisted of items on demographic data in section I. In section II, there were in 30 items of knowledge on Mental illness.

After considering the experts suggestions and modifications, the tool was finalized and it consisted of 10 items on demographic data and 30 items of the knowledge on Mental illness. The content validity of tool was 100%.it indicates that the tool is valid.

Pilot Study:

Pilot study is a smaller version of a proposed study conducted to refine the methodology. It is developed with similar subjects, same setting and same data collection and data analysis technique.

The objectives of conducting pilot study are:-

- To find out how much time is required to answer all questions.
- To identify whether the respondents understand the wordings of the questions.
- To refine the instruments.
- To find the hurdles faced.

The steps undertaken for gathering and organizing the data collected were:

Research design, setting, sample and sampling technique, development and description of tool, data collection procedure, pilot study and plan for data analysis

Polit and Hungler narrated that pilot study is the trial-run-study, conducted before the actual study in different study population with similar characteristics. The pilot study helped to identify the short comings of the structured tool and the methods used in collection of data and for the analysis of data. This helps this investigator to follow the same steps in collecting the sample for the main study. The pilot study gives the clear introspection of the research method, study design and methodology used for the analysis¹⁸.

The pilot study was conducted in Udaipur Institution of Nursing, Udaipur, after obtaining the prior permission from the Tirupati college of Nursing.

Data for pilot study

The researcher started the pilot study from the 10 February. On the first day, the prepared tool was administered to 10 B.Sc. Nursing students of Udaipur Institution of Nursing through purposive sampling technique. Data was collected and analyzed by using descriptive and inferential statistics.

Findings of the pilot study

The data collected through the questionnaire was analyzed using the descriptive and inferential statistics which are necessary to provide substantial summary of results. It is observed that the knowledge level on Mental illness was found to be none of the respondents had excellent knowledge, 40% of the respondents had good knowledge, and 60% of the respondents had poor knowledge. Overall the knowledge of the respondents as a whole was poor.

Reliability Of Tool:

According to **Polit and Hungler**, reliability of an instrument is the degree of consistency with which it measure the attribute it is suppose to be measuring. It refers to the extent to which the same results are obtained on repeated administration of the instrument. In order to establish reliability, the split-half method was used and the internal consistency was established under Spearman Brown's prophecy formulate by test, re-test method.

The reliability of the structured questionnaire was **0.82**. Since the score is positive; the tool was found to be higher, statistically reliable for the present study.

Data Collection Process:

The data collection was scheduled from 1st Feb. 2020 to 20 Feb. 2020. Before the data collection, the investigator obtained written permission from Mass College of Nursing and Udaipur Institute of Nursing. The sample size was 100. The investigator approached each B.Sc. Nursing Student and explained the purpose of the study and anonymity assured and interviewed by using structured questionnaire. A good rapport was maintained throughout the data collection procedure.

A written informed consent was taken separately from each B.Sc. Nursing students. Appropriate orientation was given to the respondents about the aim of the study, nature of the questionnaire and adequate care was taken for protecting the respondents from the potential risks including maintaining confidentiality, security and identity. The total 100 samples are divided in 5 groups. The pre assessment test was done by questionnaire for 100 B.Sc. Nursing Students and socio demographic variables collected then Structured Teaching Programme was administered to all 100 samples. after seven days Post test was administered to the 100 B.Sc. Nursing Students.

Plan For Data Analysis:

The data to be analyzed was planned on the basis of objectives and Hypothesis of the study. The data obtained was analyzed by using descriptive and inferential tests.

The plan for data analysis was as follows:-

- Description of demographic characteristics Mean, Median, SD and mean % are used to describe the area wise Pre-test and Post-test knowledge score of the respondents on Mental illness.
- Paired test is toused to find the effectiveness of Structured Teaching Programme by comparing Pre and Post-test knowledge score of the respondents.
- Chi –square test is used to find the association between Pretest knowledge score of the respondents and certain demographic variables.

III. Results

The description of the result is the eternity of a research project which enables the researcher to reduce, summarize, organize, evaluate, interpret and communicate numerical information. In order to find a meaningful answer to the research problem, the data must be processed, analyzed in systemic and some orderly coherent fashion so that the pattern and relationship can be discerned.

An evaluative approach was adopted to assess the “a study to evaluate the effectiveness of Structured Teaching Programme on the knowledge regarding Mental illness among B.Sc. Nursing students in selected Colleges at Udaipur” The data was tabulated, analyzed and interpreted using descriptive and inferential statistics based on the objectives and hypothesis formulated for the present study.

Objectives

- To assess the pre-test knowledge score regarding mental illness among B.Sc. Nursing students.
- To assess the post-test knowledge score regarding mental illness among B.Sc. Nursing Students.
- To determine the effectiveness of Structured teaching Programme regarding mental illness among B.Sc. Nursing students.
- To find out the association between pre test knowledge score with socio demographic variables regarding mental illness among B.Sc. Nursing students.

Hypothesis

- H₁**:- There is a significant difference between the pre-test and post-test knowledge score among B.Sc. Nursing Students regarding Mental illness.
- H₂**:-There is a significant association between the pre-test knowledge scores of B.Sc. Nursing Students regarding Mental illness with selected demographic variables.

Presentation Of The Data:

The collected data was entered in a master sheet for tabulation and statistical processing. The data was analyzed and interpreted using descriptive and inferential statistics based on the objectives and hypothesis formulated for the present study. The findings are presented under the following headings:

- Section I:** Description of demographic variables of Respondents.
- Section II:** Findings related to knowledge scores of Respondents regarding Mental illness.
- Part –I:** Area wise pre-test knowledge score of respondents regarding Mental illness.
- Part –II:** Area wise post-test knowledge score of respondents regarding Mental illness.
- Part –III:** Effectiveness of Structured Teaching Programme regarding Mental illness.
- Section III:** Findings related to association between pre-test knowledge score with selected socio-demographic variables of Mental illness.

Section I

Description Of Demographic Variables Of Respondents

This section deals with distribution of demographic variables of Diabetic patients. The obtained data on sample characteristics were described under the sub-headings of like on age, gender, religion, place of living, marital status, family type, monthly family income, any part time job, information source regarding mental illness and information about seen mental patient ever.

TABLE 1: Distribution of respondents according to age
N =100

Age	Frequency	Percentage (%)
16-20	9	9.0
20-25	52	52.0
25-30	29	29.0
More than 30	10	10.0

The majority of the respondents (52%) were in the age group of 20-25 years, followed by 29% of the respondents were in the age group 25-30 years, 9% of the respondents were in the age group of 16-20 years and the remaining 10% were under the age group of more than 30 years (figure 3).

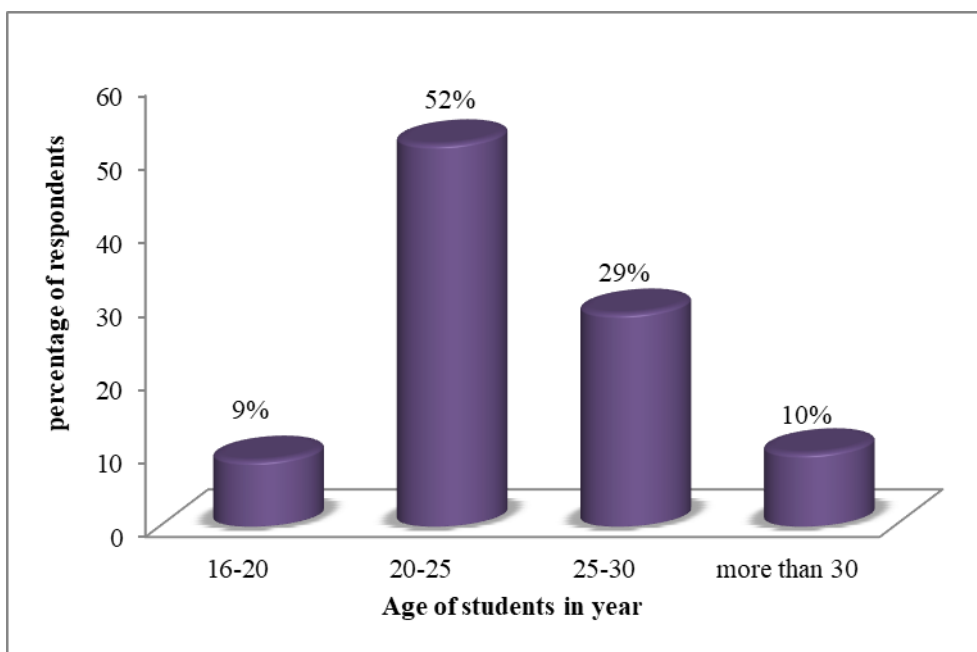


Fig 3: Distribution of respondents by Age

TABLE 2: Distribution of respondents according to Gender
N =100

Gender	Frequency	Percentage (%)
Male	58	58.0
Female	42	42.0
Trans gender	0	0.0

The majority of the respondents (58%) were male(42%)were female and no one was transgender. (figure 4).

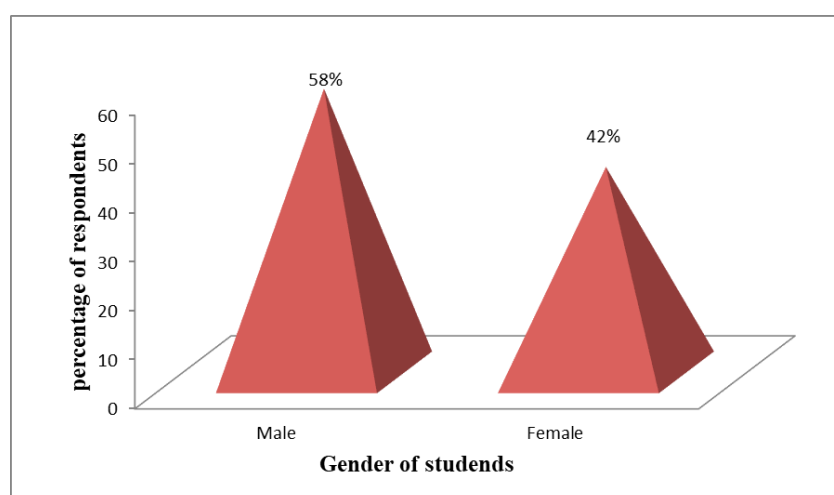


Figure 4: Frequency and percentage distribution of respondents with reference to Gender.

TABLE 3: Distribution of respondents according to Religion
N =100

Religion	Frequency	Percentage (%)
Hindu	89	89.0
Muslim	6	6.0
Christians	5	5.0
Others	0	0.0

The majority of the respondents (89%) were Hindu (6%) were Muslim and remaining (5%) were Christians. (figure 5).

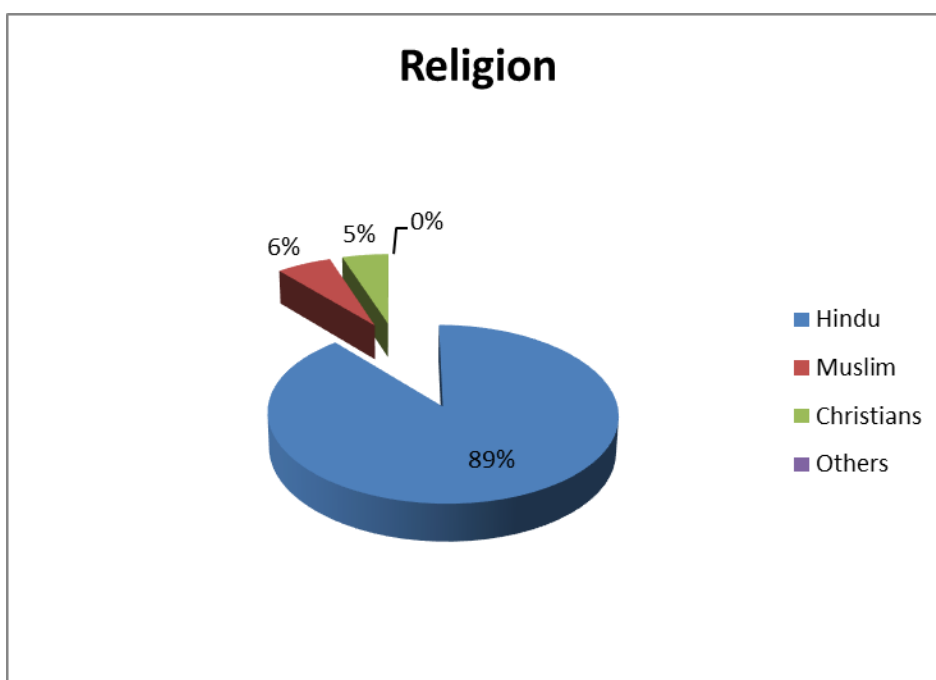


Figure 5: Frequency and percentage distribution of respondents with reference to religion.

TABLE 4: Distribution of respondents according to Place of living

N =100

Place of living	Frequency	Percentage (%)
Rural	76	76.0
Urban	24	24.0

The majority of the respondents (76%) were Rural and remaining (24%) respondents were urban. (figure 6).

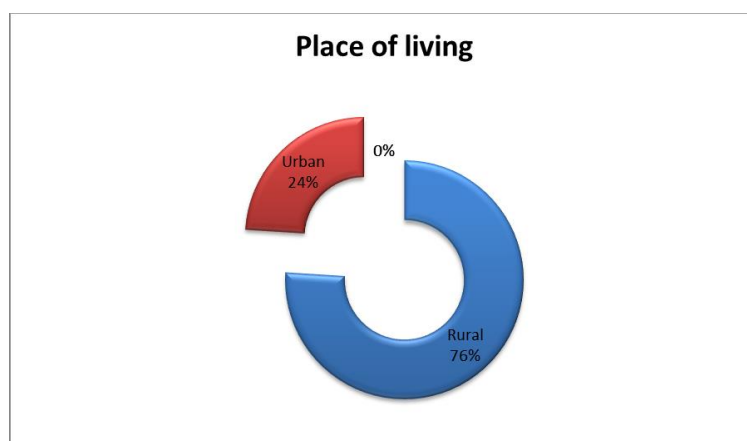


Fig: 6 Distribution of respondents by Place of living

TABLE 5: Distribution of respondents according to Marital status.

N =100

Marital status	Frequency	Percentage (%)
Married	41	41.0
Unmarried	59	59.0
Widow	0	0.0

The majority of the respondents (41%) were Married and the remaining (59%) of the respondents were Unmarried (figure 7).

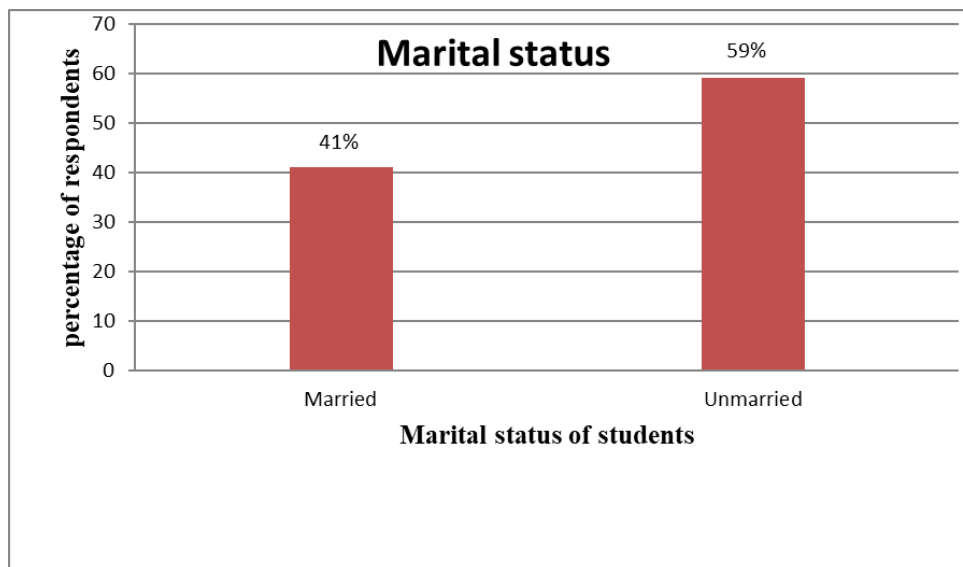


Fig7:Frequency and percentage distribution of respondents with reference to Marital status.

TABLE 6: Distribution of respondents according to Family type
N =100

Family type	Frequency	Percentage (%)
Nuclear family	46	46.0
Joint family	64	64.0

The majority of the respondents (46%) of the respondents were lived with Nuclear family and remaining (64%) of the respondents were lived with joint family (figure 8).

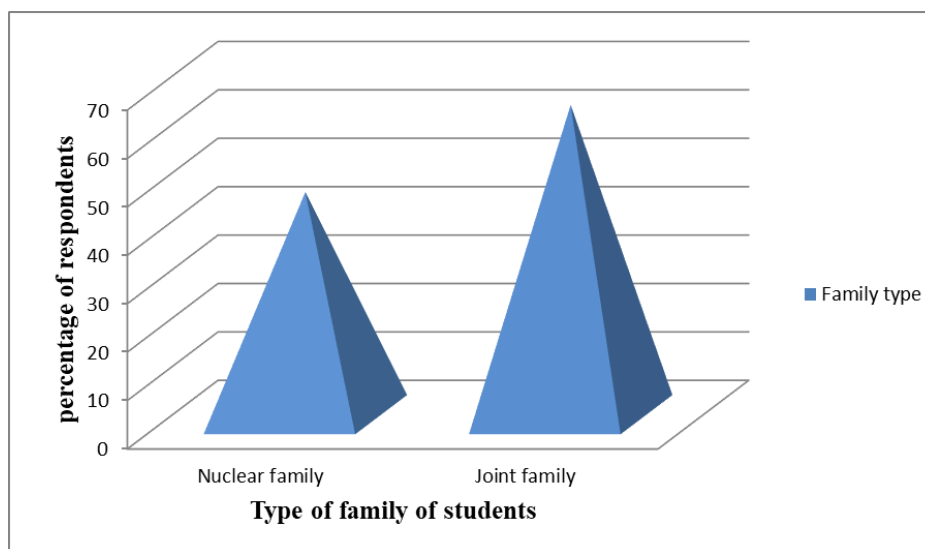


Fig 8: Frequency and percentage distribution of respondents with reference to Family type.

TABLE 7: Distribution of respondents according to Monthly family income
N =100

Monthly family income	Frequency	Percentage (%)
Below 10000-15000	18	18.0
15000-30000	48	48.0
Above 30000	34	34.0

The majority of the (48%) respondents family income were below 15,000 to 30,000, (34%) respondents family income were above 30000 and remaining (18%) respondents family income were between 10,000-15,000 (figure9).

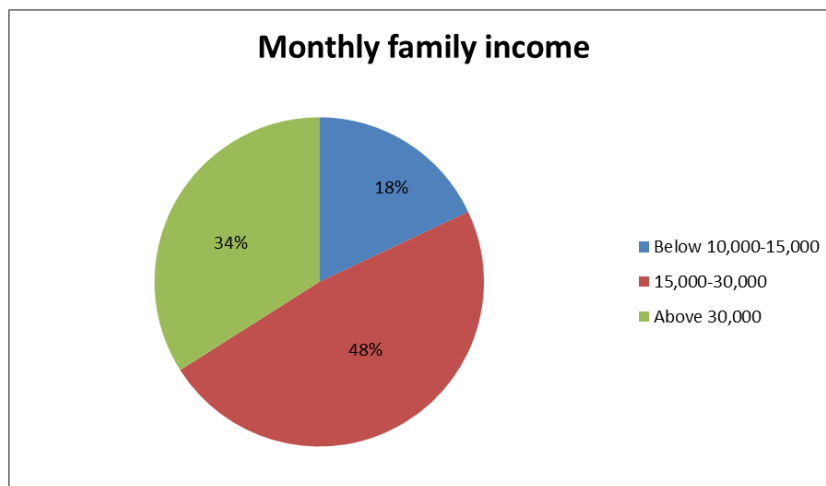


Figure 9: Frequency and percentage distribution of respondents with reference to Monthly Family income.

TABLE 8: Distribution of respondents according to Part time job
N =100

Part time job	Frequency	Percentage (%)
Yes	33	33.0
No	67	67.0

The majority of the respondents (67%) were not done part time job and remaining (33%)done part time job. (figure10).

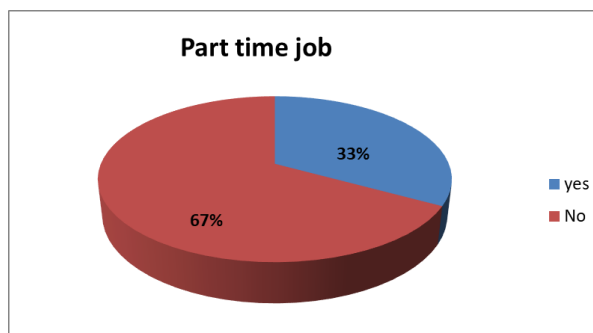


Figure 10: Frequency and percentage distribution of respondents with reference to Part time job.

TABLE 9: Distribution of respondents according to Attend any seminar on mental illness
N =100

Attend any seminar on mental illness	Frequency	Percentage (%)
Yes	4	4.0
No	96	96.0

With respect to the respondents only(4%) were attend seminar on mental illness and remaining (96%)were not attend any seminar on mental illness.

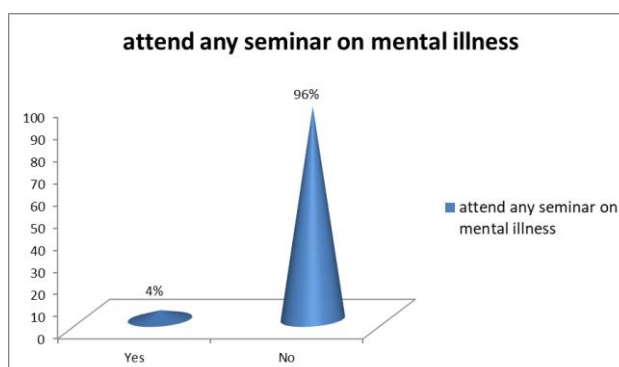


Figure 11: Frequency and percentage distribution of respondents with reference to attendany seminar on mental illness.

TABLE 10: Distribution of respondents according to Ever seen mental ill patient
N =100

Ever seen mental ill patient	Frequency	Percentage (%)
Yes	71	71.0
No	29	29.0

The respondents who were ever seen mental ill patient were (71%) and remaining (29%) were never seen mental ill patient.

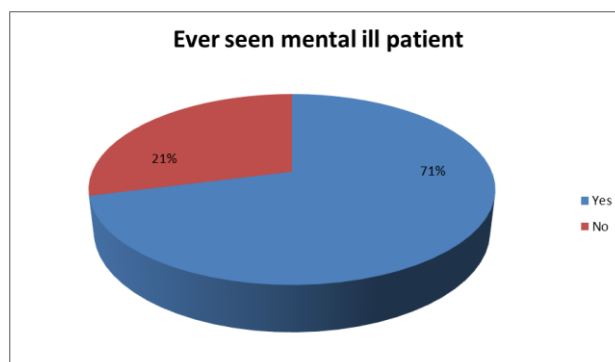


Figure 12: Frequency and percentage distribution of respondents with reference to ever seen Mental ill patient.

Section II

Findings Related To Knowledge Scores Of Respondents Regarding Mental Illness.

This section deals with analysis and interpretation of collected data to find out the knowledge scores of respondents before and after interventions on Mental illness. The findings related to knowledge score of respondents are organized under the following headings:

Part –I: Area wise pre-test knowledge score of respondents regarding Mental illness.

Part –II: Area wise post-test knowledge score of respondents regarding Mental illness.

Part –III: Effectiveness of Structured Teaching Programme regarding Mental illness.

Part –I

Table 11: Area wise pre-test knowledge score of respondents regarding Mental illness
N = 100

Sl. No.	Knowledge aspect	No of item	Pre-test		
			Mean	Mean%	SD
1	Introduction	1	1.34	47.5	0.88
2	Definition	2	1.37	36.7	1.27
3	Cause	5	1.50	30	0.57
4	Risk factor	4	2.13	52.75	1.09
5	Sign & Symptoms	5	1.64	39.25	1.08
6	Complication	3	1.23	32.66	1.04
7	Prevention	4	1.30	37.25	1.26
8	Health education	6	0.34	41.32	0.70
Total		30	10.97	34.43	5.45

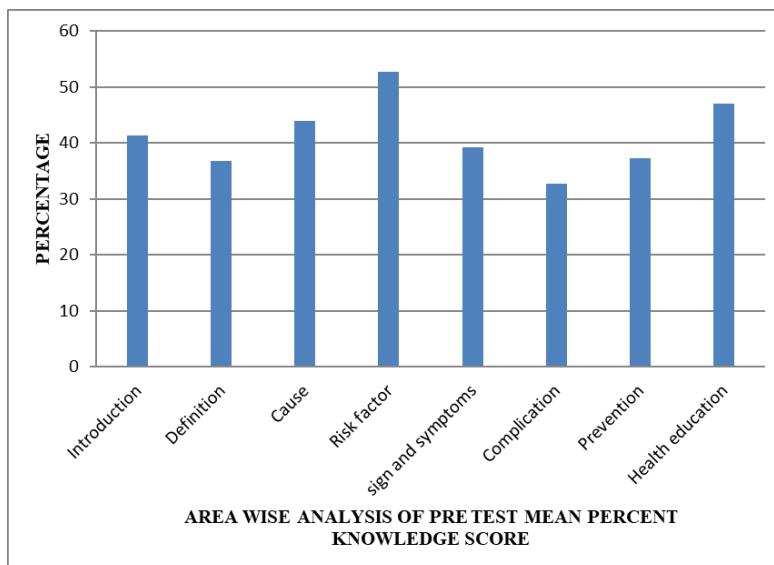


Figure 13: Area wise pre-test mean percent knowledge score regarding Mental illness

Table 9 and Fig 11: Area wise analysis reveals that the maximum mean percent obtained by the respondents is 52.75 percent with SD of 1.09 in the aspect of Risk factor . The minimum mean percent obtained by the respondents is 32.25 with SD of 1.06 in the aspect of Complication. The mean percentage of overall knowledge obtained by the respondents is 34.43 Percent with SD of 5.45.

Part –II

Table 12: Area wise post-test knowledge score of respondents regarding Mental illness. N=100

Sl. No.	Knowledge aspect	No of item	Post-test		
			Mean	Mean%	SD
1	Introduction	1	0.56	83.3	0.59
2	Definition	2	2.24	83.34	0.68
3	Cause	5	4.34	78.3	0.49
4	Risk factor	4	3.44	76.43	0.39
5	Sign & Symptoms	5	4.76	84.75	0.59
6	Complication	3	3.54	81.43	0.63
7	Prevention	4	3.98	80.54	0.68
8	Health education	6	5.43	85.36	0.58
Total		30	25.38	82.33	2.43

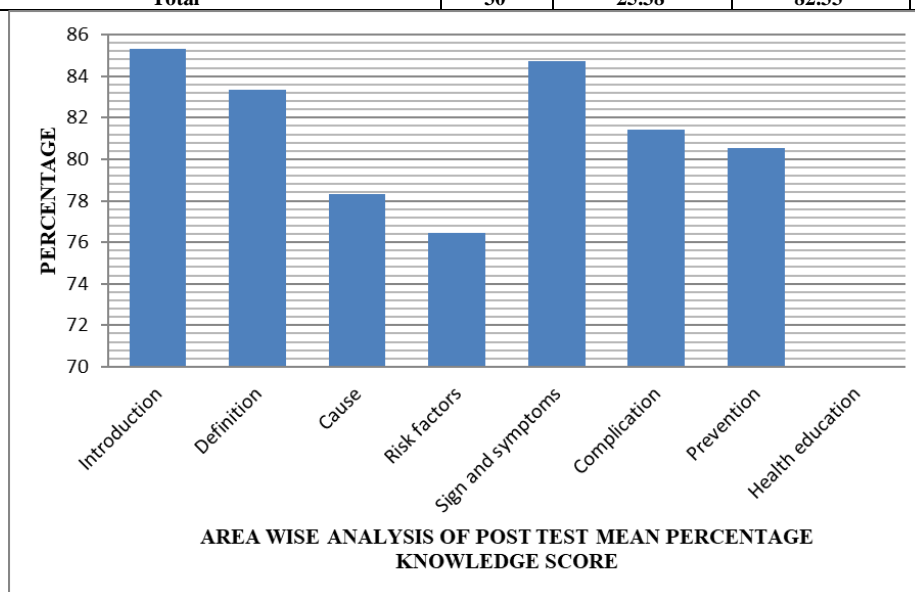


Figure 14: Area wise post-test mean percent knowledge score regarding Mental illness.

Table 10 and Fig 12: Area wise analysis reveals that the maximum mean percent obtained by the respondents is 84.75 percent with SD of 0.59 in the aspect of Introduction. The minimum mean percent obtained by the respondents is 76.43 with SD of 0.39 in the aspect of Incidence & prevalence. The mean percentage of overall knowledge obtained by the respondents is 82.33 Percent with SD of 2.43.

Table 13: Distribution of Respondents by Knowledge level regarding Mental illness
N=100

Knowledge level	Score	Pre test		Post test	
		Frequency	Percent	Frequency	Percent
Inadequate (0-50%)	1 to 15	74	74.0%	00	0
Moderately Adequate(51-75%)	16 to 23	26	26.0%	24	24.0%
Adequate (76-100%)	24 to 30	00	0	76	76.0%
Total		100	100%	100	100%

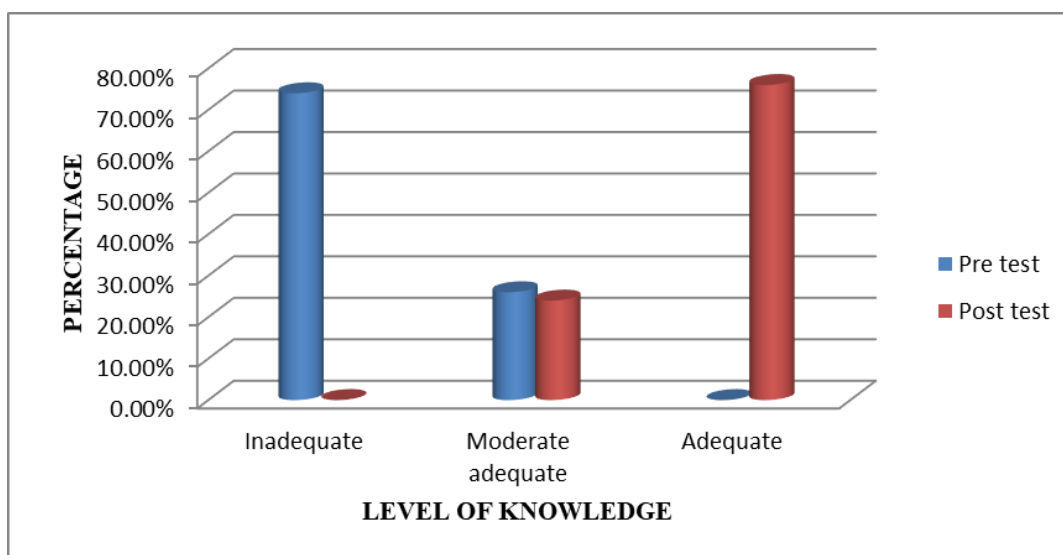


Figure 15: Knowledge level of Respondents regarding Mental illness

Table 11 and fig 13: Represents the knowledge level of respondent’s Mental illness. The results shows that in post-test (24.0 percent) of the respondents had moderately Adequate knowledge and (76.0 percent) of the respondents had Adequate Knowledge regarding Mental illness.

Part –III

Table 14: Effectiveness of Structured Teaching Programme regarding Mental illness.
N=100

Knowledge aspects	Mean	Mean %	S D	Enhancement	Enhancement %	t Value	Df	Inference
Pre test	10.97	34.43	5.45	14.41	48.43	29.53	98	NS
Post test	25.38	82.33	2.43					

S = Significant

NS = Not significant

Table 14: The analysis shows that the mean post-test knowledge score 25.38(82.33 Percent) is greater than the mean pre-test knowledge score 10.97(34.43 Percent). The above table also depicts that the enhancement in the knowledge of respondents is 14.41 (48.43 Percent) supporting the post-test knowledge score are higher than the pretest knowledge score. The data further represent that the ‘t’ value of 29.53 is significantly higher than the table value 1.98 at 0.05 level of significance. This indicates that there was difference in pre-test and post-test knowledge score and further the data supports that the Structured Teaching Programme is effective in improving the knowledge of B.Sc. Nursing students.

H₁:- There is a significant difference between the pre-test and post-test knowledge score among B.Sc. Nursing Students regarding Mental illness.

Hypothesis was tested at 0.05 levels. The ‘t’ value of mean difference between pre-test and post test scores was (t=29.53, p>0.05) hence the hypothesis **H₁** is proved and accepted.

Section III

Findings Related To Association Between Pre-Test Knowledge Score With Selected Socio-Demographic Variables Of B.Sc. Nursing Student

Table 15 : Association between pre-test knowledge scores of respondents with Socio demographic variable like Age in years.

N= 100

Variables	Median and below	Above Median	Total	Chi square	Df	P value (0.05)	Inference
1. Age in year							
a. 16-20 years	3	6	9	2.120	3	3.99	NS
b. 20-25years	24	28	52				
c. 25-30 years	13	16	29				
d. Above 30	4	6	10				
Total	44	56	100				

S= Significant

NS= Not-Significant

Table 15: depicts that obtained chi square value of age in years (2.120) is less than the tabular value which indicates that there is no significant association between the pre-test knowledge score at df of 3 ($p > 0.05$ level).

Table 16: Association between pre-test knowledge scores of respondents with demographic variables like Gender and Religion.

N= 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference
2. Gender							
a. Male	14	44	58	6.730	1	2.84	S
b. Female	23	19	42				
Total	37	63	100				

S= Significant

NS= Not-Significant

Table 16: depicts that obtained chi square value of Gender (6.73) is more than the tabular value which indicates that there is a significant association between the pretest knowledge score Gender at Df of 1 ($p < 0.05$ level).

Table 17: Association between pre-test knowledge scores of respondents with demographic variables like Religion.

N= 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference
3. Religion							
a. Hindu	43	46	89	14.012	3	6.82	S
b. Muslim	2	4	6				
c. Christian	2	3	5				
d. Other	0	0	0				
Total	47	53	100				

S= Significant

NS= Not-Significant

Table 17: depicts that obtained chi square value of Religion (14.01) is more than the tabular value which indicates that there is a significant association between the pre-test knowledge score and Religion at df of 3 ($p < 0.05$ level).

Table 18: Association between pre-test knowledge scores of respondents with demographic variables like Area of residence.

N= 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference
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4. Area of residence								
a.	Urban	34	42	76	12.372	1	3.84	S
b.	Rural	11	13	24				
Total		45	55	100				

S= Significant

NS= Not-Significant

Table 18: depicts that obtained chi square value of Area of residence (12.37) is more than the tabular value which indicates that there is a significant association between the pre-test knowledge score and Area of residence Df of 1 ($p < 0.05$ level).

Table 19: Association between pre-test knowledge scores of respondents with demographic variables like marital status.

N=100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference	
5. Marital status								
a.	Married	20	21	41	10.251	2	6.49	S
b.	Unmarried	23	36	59				
c.	Widow	00	00	00				
Total		43	57	100				

S= Significant

NS= Not-Significant

Table 19: depicts that obtained chi square value of Educational status (10.25) is more than the tabular value which indicates that there is a significant association between the pre-test knowledge score and Educational status at Df of 2 ($p < 0.05$ level).

Table 20: Association between pre-test knowledge scores of respondents with demographic variables like Family type.

N= 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference	
6 Family type								
a.	Yes	20	26	46	1.72	1	2.42	S
b.	No	22	32	54				
Total		42	58	100				

S= Significant

NS= Not-Significant

Table 20: depicts that obtained chi square value of monthly income (1.72) is more than the tabular value which indicates that there is a significant association between the pre -test knowledge score and monthly income at df of 1 ($p < 0.05$ level).

Table 21: Association between pre-test knowledge scores of respondents with demographic variables like monthly family income .

N= 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference	
6 Monthly family income								
a.	Below 10000 to 15000/-	8	10	18	1.02	2	0.42	S
b.	15000 to 30000/-	22	26	48				
c.	Above 30000/-	14	20	34				
Total		44	56	100				

S= Significant

NS= Not-Significant

Table 21: depicts that obtained chi square value of monthly income (1.72) is more than the tabular value which indicates that there is a significant association between the pre -test knowledge score and monthly income at Df of 2 ($p < 0.05$ level).

Table 22: Association between pre-test knowledge scores of respondents with demographic variables like Part time job.
N = 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference
7 Part time job							
a. Yes	20	23	43	0.000	1	3.84	NS
b. No	23	34	57				
Total	43	57	100				

S= Significant

NS= Not-Significant

Table 22: depicts that obtained chi square value of attended any health education workshop (0.00) is less than the tabular value which indicates that there is no significant association between the pre-test knowledge score and attended any health education workshop at df of 1 ($p < 0.05$ level).

Table 23: Association between pre-test knowledge scores of respondents with demographic variables like attended any Seminar on Mental illness.
N = 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference
7 Attended any Seminar on Mental illness							
c. Yes	1	3	4	0.000	1	3.84	NS
d. No	43	53	96				
Total	44	56	100				

S= Significant

NS= Not-Significant

Table 23: depicts that obtained chi square value of attended any health education workshop (0.00) is less than the tabular value which indicates that there is no significant association between the pre-test knowledge score and attended any health education workshop at df of 1 ($p < 0.05$ level).

Table 24: Association between pre-test knowledge scores of respondents with demographic variables like Ever seen mental ill patient.
N= 100

Variables	Below Median	Median and above	Total	Chi square	Df	P value (0.05)	Inference
8. Ever seen mental ill patient							
a. Peer group	34	54	88	16.148	1	7.82	S
b. Mass media	5	7	12				
Total	39	61	100				

S= Significant,

NS= Not-Significant

Table 24: depicts that obtained chi square value of Source of information (16.14) is more than the tabular value which indicates that there is a significant association between the pre-test knowledge score and Source of information at Df of 1 ($p < 0.05$ level).

H₂:-There will be a significant association between the pre-test knowledge scores of B.Sc. Nursing Student regarding Mental illness with selected demographic variables.

The Chi-square test was carried out to determine the association between the pre-test knowledge and demographic variables such as age in years, gender, religion, Place of living, Marital status, Family type, Monthly family income, Any part time job, attended any seminar and ever seen Mental illness.

Out of which gender ($\chi^2 = 6.73^*$), religion ($\chi^2 = 14.01^*$), area of residence ($\chi^2 = 12.37^*$), Marital status ($\chi^2 = 10.25^*$), monthly family income ($\chi^2 = 1.02^*$), Ever seen mental patient ($\chi^2 = 16.14^*$), Family type ($\chi^2 = 1.72^*$) and Any part job ($\chi^2 = 0.00^*$) found to be significantly associated with pre-test knowledge at 0.05%

level and the rest of the demographic variables such as age in years ($\chi^2 = 2.12^*$) and attended any Seminar on Mental illness regarding CAD ($\chi^2 = 0.00^*$) is not significant. Hence research hypotheses H₂ is accepted and modified.

Data also revealed that researcher does not found significant with like Age in year and attended Any Seminar on Mental illness. Hence the null hypothesis H₂ is recommended for modification.

IV. Discussion

This chapter deals with the discussions in accordance with the objectives of the study and hypothesis. The present study has been undertaken to assess the effectiveness of Structured Teaching Programme regarding Mental illness among B.Sc. Nursing student of selected colleges at Udaipur.

The findings of the study are discussed under the following headings.

Section I: Socio-demographic variables of respondents.

Section II: pre-test knowledge of respondents regarding Mental illness.

Section III: post-test knowledge of respondents regarding Mental illness .

Section IV: Effectiveness of pre and post-test knowledge scores of respondent regarding Mental illness.

Section V: Association between Socio-demographic variables of respondents with the pre-test knowledge scores.

Section I: Socio-Demographic Variables Of Respondents:

Demographic data of the diabetic patients:

Age in Years: Table 1 study results revealed that most of the respondents 52 percent belongs to the age group of 20-25 years, followed by 9 percent respondents to age group of 16 – 20 years, 29 percent respondents to age group of 25-30 years and 10 percent respondents to age group of more than 30.

Gender: Table 2 study results revealed that most of the respondents 42 percent were females and 58 percent were Males.

Religion: Table 3 study results revealed that most of the respondents 6 percent were Muslims, followed by 89 percent respondents were Hindus and followed by 5 percent were Christians.

Area of residence: Table 4 study results revealed that most of the respondents 24 percent were from urban area and 76 percent were from rural areas.

Marital status: Table 5 study results revealed that most of the respondents 41 percent were married and 59 percent respondents are unmarried.

Family type: table 6 study revealed that 46 percent respondents have Nuclear family and 54 percent respondents have joint family.

Monthly family Income: Table 7 study results revealed that most of the respondents 48 percent were having the monthly income of Rs 15,001/- to 30,000/-, followed by 18 percent were having below 10000 to 15000, 48 percent were having Rs 15000- 30000 and above 30000/- were having 34 percent monthly family income.

Part time job: Table 8 study revealed that 67 percent respondents have not doing Part time job and rest of 33 percent respondents doing Part time job.

Attended any Health education Programme regarding Mental illness: Table 9 study results revealed that most of the respondents 96 percent were not attended Health education workshop and remaining 4 percent were attended any health education workshop on Mental Health.

Ever seen Mental ill patient : Table 10 study results revealed that most of the respondents 71 percent were seen mental ill patient and remaining 29 percent were not see Mental ill patient.

Section II: Pre-Test Knowledge Score Of Respondents Regarding Mental Illness.

OBJECTIVE: To assess the pre-test knowledge score regarding Mental illness among B.Sc. Nursing Student.

The findings shows that the lowest mean percentage 0.34 (41.32 percent) is in Health education this shows that the respondents have low knowledge about Health education of Mental illness.

The highest mean percentage 2.34(47.5 percent) is in the area of Introduction this shows that the respondents have high knowledge about Introduction Mental illness.

The mean percentage of the overall pre-test knowledge score is 10.97(34.43percent) which shows that the respondents have inadequate knowledge about Mental illness.

Hence it is necessary for the investigator to improve the knowledge of respondents by giving information about Mental illness.

Section III: Post Test Knowledge Score Of Respondents Regarding Mental Illness.

Objective: To assess the post-test knowledge score regarding Mental illness among B.Sc. Nursing Students.

The findings shows that the lowest mean percentage 1.56(83.36 percent) is in Risk factors this shows that the respondents have low knowledge about Risk factors of Mental illness.

The highest mean percentage 5.43 (85.3 percent) is in the area of Health education this shows that the respondents have high knowledge about Health education of Mental illness.

The mean percentage of overall knowledge scores is 25.38(82.33 percent) which shows a gain in knowledge level of the respondents. The overall post-test knowledge scores show that the respondents have adequate knowledge regarding Mental illness.

Section IV: Effectiveness Of Structured Teaching Programme On Knowledge Of Respondents By Comparing Pre And Post Test Knowledge Scores.

Objective: To determine the effectiveness of Structured Teaching Programme regarding Mental illness among B.Sc. Nursing Student.

The overall comparison of pre and post-test knowledge scores of coronary artery disease, shows that majority of the respondents have adequate knowledge in post-test. The enhancement in the knowledge of the respondents is 14.41(48.43 percent) with the 't' value of 29.43 Hence research hypothesis H₁ is proved and accepted at 0.05 level of significance.

Section V: Association Between Socio-Demographic Variables Of Respondents With The Pre Test Knowledge Scores.

Objective: To find out the association between pre-test knowledge score with selected demographic variables regarding Mental illness among B.Sc. Nursing Students.

This study revealed that there is a significant association between knowledge of B.Sc. Nursing Students and socio-demographic variables such gender ($\chi^2=6.73^*$), religion ($\chi^2=14.01^*$), area of residence ($\chi^2=12.37^*$), Marital status ($\chi^2=10.25^*$), monthly family income ($\chi^2=1.02^*$), Ever seen mental patient ($\chi^2=16.14^*$), Family type ($\chi^2=1.72^*$) and Any part job ($\chi^2=0.00^*$) found to be significantly associated with pre-test knowledge at 0.05% level and the rest of the demographic variables such as age in years ($\chi^2=2.12^*$) and attended any Seminar on Mental illness regarding CAD ($\chi^2=0.00^*$) is not significant. Hence research hypotheses H₂ is accepted and modified.

Summary

This chapter has dealt with the discussion of the findings of the study. The points discussed are objectives and hypothesis of the study and other studies supporting the findings of the present study.

V. Conclusion

This chapter deals with the conclusion, implications, recommendations and limitations of the study "a study to evaluate the effectiveness of Structured Teaching Programme on the knowledge regarding Mental illness among B.Sc. Nursing Students in selected colleges at Udaipur".

The following conclusions can be drawn on the basis of the findings.

Effectiveness of Structured Teaching Programme on knowledge of respondents by comparing pre and post test knowledge scores.

The overall comparison of pre and post test knowledge scores of Mental illness, shows that majority of the respondents have adequate knowledge in post test. The enhancement in the knowledge of the respondents is 14.41(48.43 percent) with the 't' value of 29.53. Hence research hypothesis H₁ is proved and accepted at 0.05 level of significance.

Association between socio-demographic variables of respondents with the pre test knowledge scores.

This study revealed that there is a significant association between knowledge of B.Sc. Nursing Students and socio-demographic variables such gender ($\chi^2=6.73^*$), religion ($\chi^2=14.01^*$), area of residence ($\chi^2=12.37^*$), Marital status ($\chi^2=10.25^*$), monthly family income ($\chi^2=1.02^*$), Ever seen mental patient ($\chi^2=16.14^*$), Family type ($\chi^2=1.72^*$) and Any part job ($\chi^2=0.00^*$) found to be significantly associated with pre-test knowledge at 0.05% level. Hence research hypothesis H₂ is accepted and proved at 0.05 level of significance.

The demographic variables such as age in years ($\chi^2=2.12^*$) and attended any Seminar on Mental illness ($\chi^2=0.00^*$) is not significant.

Data also revealed that researcher does not found significant with like Age in year and Attended any seminar on Mental illness. Hence the null hypothesis H_2 is recommended for modification

Limitations Of The Study

- ❑ The study is limited to B.Sc. Nursing Students present in selected Colleges of Udaipur.
- ❑ The study is limited to only 100 clients.
- ❑ The limited sample size limits on the generalization of the study findings.
- ❑ Purposive sampling technique was adapted in the study may limit the generalization of the study findings.

Implications

The investigator has drawn the following implications from the studies, which are of vital concern to the field of nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

The nurse plays an important role in the health care delivery system in all level-prevention, promotion and treatment. Nurse's active participation in prevention and management of Mental illness provide direct and indirect care, which helps to achieve these goals of health services. Clients having deficit in knowledge regarding prevention indicates the need for arranging health education sessions in related topics. The nurses can visit to hospital and community to recognize any problems of the people. The nurse should utilize the opportunity by giving prompt and adequate information regarding Mental illness. Measure should be taken by the nurse to motivate health personnel to maintain good health. The study findings implicate that there is a need for educational Programme to create awareness among the clients regarding Mental illness.

Nursing Education

The nurse educators have responsibility to update the knowledge of the nursing personnel regarding Mental illness through the media. The findings of the study can serve guidelines for the nurse educators for planning and conducting educational programmes for the clients and public. The curriculum is a measure of motivating the general public 'to hunt for knowledge', skill and attitude for the prevention, identification, recognition and management of Mental illness. Mental illness is important in Psychiatric Nursing. Students should give necessary theoretical and practical knowledge on Mental illness and how to utilize other professionals like medical officer and Psychiatrist in physical health care.

Nursing Administration

Nursing is a major component of the health care delivery system, and nurses make up the longest employment group within the system. Nursing services are necessary for virtually every client seeking care of any type, including health promotion, diagnosis treatment and rehabilitation. Delivery of nursing services is tied to other components of the health care delivery system; the nurse needs to conduct education through the mass media on Mental illness, its clinical features, complications, management and prevention. Planning and organizing of such Programme requires efficient teamwork, planning for men, money, and material for successful education programmes. The nurse administrators should explore their potentials and encourage innovative ideas in the preparation of appropriate teaching material.

Nursing Research

The findings of the study show that the majority of the clients had inadequate knowledge regarding Mental illness. The study will motivate the beginning researchers to conduct the same study with the different variables on a large scale. The findings emphasize an extensive need to assess the knowledge and attitude regarding Mental illness. The nurse's could conduct research study on Mental illness. Researcher found scarcity in literature and research done on management and prevention of Mental illness among clients in Indian nursing.

VI. Recommendations

On the basis of the findings of the study it is recommended that

- This study can be replicated in different settings with larger subjects.
- A similar study can be conducted on different health professionals to assess knowledge, and attitude towards ethical issues in patient care.
- A similar study can be undertaken by utilizing other domains like attitude.
- A study can be carried out to evaluate the efficacy of various teaching strategies like self-instructional module, structured teaching Programme on prevention and management of Mental illness.
- A comparative study can be arranged among the clients in rural and urban areas.

➤ A follow up study can be conducted to evaluate the effectiveness of protocol.

Summary

This chapter has dealt with the conclusion, nursing implications such as nursing practice, nursing education, nursing research, nursing administration, and limitations of the study, suggestions and recommendations.

Summary

This chapter deals with the summary based on analysis and interpretation of data collected from the samples of the study. The purpose of the study was to assess the level of knowledge regarding Mental illness among B.Sc. Nursing students selected Colleges. The study was conducted in a selected Colleges at Udaipur. 100 samples were selected for the study by using purposive sampling technique. The investigator first introduced herself to concerned authority of the Colleges and formal permission was obtained from the College Principle.

The descriptive research design was adopted to assess the level of knowledge regarding Mental illness among B.Sc. Nursing Students. A structured questionnaire was used to collect data. The prepared structured questionnaire was validated by the subject experts and reliability of the test was done by using Spearman Brown Prophecy formula. The data collected were analysed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were used for data analysis.

The findings of the study are summarized as follows:

- Percentage distribution of respondents with reference to Age: Majority of the respondents (52%) were in the age group of 25-30 years.
- In the selected respondents with reference to their Gender majority of them (58%) were Male.
- With reference to religion majority of the respondents (89%) were Hindu.
- In the selected respondents, majority of the respondents (48%) were earning monthly income below Rs. 15000- 30000.
- With reference to the marital status: Majority of the respondents (59%) were married, (41%) of the respondents were Single.
- Percentage distribution of respondents with reference to type of family: majority of the respondents (54%) were residing in joint families and remaining (46%) were residing in nuclear families.
- Percentage distribution of respondents regarding Part time job most of them (67%) were not having any part time job.
- Percentage distribution of respondents with reference to Attend any seminar on Mental illness majority of the respondents (96%) did not receive any information regarding Mental illness and (4%) did not attend any seminar.

Assessment of level of knowledge regarding Mental illness among B.Sc. Nursing Students was done by using the structured questionnaire, which comprised of 30 items. The distribution of subjects according to knowledge level shows that majority of (16%) were possessed poor level of knowledge, (24%) had good level of knowledge and (60%) possessed excellent level of knowledge.

Findings related to association between level of knowledge and socio demographic variables:

The association between level of knowledge and socio demographic variables of Mental illness computed by using chi-square test. There was a significant relationship between level of knowledge and selected socio demographic variables such as gender ($\chi^2 = 6.73^*$), religion ($\chi^2 = 14.01^*$), area of residence ($\chi^2 = 12.37^*$), Marital status ($\chi^2 = 10.25^*$), monthly family income ($\chi^2 = 1.02^*$), Ever seen mental patient ($\chi^2 = 16.14^*$), Family type ($\chi^2 = 1.72^*$) and Any part job ($\chi^2 = 0.00^*$) found to be significantly associated with pre-test knowledge at 0.05% level. Hence research hypothesis H₂ is accepted and proved at 0.05 level of significance.

The demographic variables such as age in years ($\chi^2 = 2.12^*$) and attended any Seminar on Mental illness regarding Mental illness ($\chi^2 = 0.00^*$) is not significant.

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