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Research Article

A Quasi-experimental Study to Assess the Effectiveness of Structured Teaching Programme on the Level of Orientation to Mental Illness among Primary School Teachers

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A B S T R A C T

Introduction: Children constitute a substantial proportion of the world's population. The future of our nation depends on the mental health of our children and adolescents. Most mental illnesses are identified later in their chronic stage; early identification of such issues is the need of the hour.

Methodology: The research used before-after quasi-experimental design. The study population comprised 60 primary school teachers with basic teacher training qualifications, working in selected schools in Hassan, Karnataka. The 2 schools were randomly selected and the subjects were selected by non-probability purposive sampling method. Data were collected using the orientation to mental illness (OMI) scale. Pre and post-test (after the intervention) levels of knowledge on mental illness of the control and experimental groups were assessed using the OMI scale.

Result: In the pre-test in the experimental group, 93.3% of teachers had a poor level of OMI and 6.7% had a very poor level of OMI. In the control group, the pre-test showed that 3.3% of teachers had an average level of OMI, 90% had a poor level of OMI, and 6.7% had a very poor level of OMI. In the post-test followed by STP, 93.3% of participants in the experimental group showed a good level of OMI and 6.7% showed an average level of OMI while in the control group, 100% of participants had an average level of OMI.

Conclusion: The structured teaching programme is effective in refining the knowledge of primary teachers on mental illness.

Keywords: Effectiveness, Structured Teaching Programme (STP), Orientation to Mental Illness (OMI)

Introduction

Nearly one in five children and adolescents have emotional and behavioural disorders at some point in time in their young lives irrespective of their geographic location or socio-economic status.[1]

A report by WHO in 1998 indicated that childhood neuropsychiatric disorders would rise proportionately by more than 50% globally to become one of the five most common causes of morbidity, mortality, and disability among children. Epidemiological evaluation suggested that approximately 14%–20% of all children from birth to 18 years of age would have some type of psychiatric disorder and about 3% to 5% of this group would have a serious disorder.[2]

School teachers and teenagers constitute the majority of the literate population in developing countries and exert a remarkable influence on the attitude and behaviour patterns of the community including the health belief system. The National Institute of Mental Health (1988) also stresses the schooling sector's role in mental healthcare stating that teachers should be given adequate orientation in early diagnosis of most of the common mental health problems.[3]

Need for the Study

Teachers are one of the most important individuals in casting a child's personality and nurses working in schools and communities can be used for educating them so that they may more efficiently mould a child's future.[3]

Early educational institutions have an important and formal role in the dimensions of cognitive, language, emotional, social and moral progress of students. They have a significant role in promoting mental health. The prevalence of mental illness in India has been explored by different authors which shows a rise in its prevalence rates.[4]

Prompt detection of psychiatric difficulties in children is of utmost importance. A few studies carried out in India discovered the prevalence of psychiatric morbidity to be 8%–30% in children under 12 years of age. Thus, at any point in a given time, one out of five children in the general public has a clinically significant disorder.[5]

Next to parents, it is the teachers who have a strong impact on children. Certain abilities of teachers are imbibed by the children and their guidance impacts a major proportion of the inculcated behaviour. Teachers have, in their process of education, studied the nature of individual development. This has prepared them to be in a position to mould and remould behaviour that is unjustified because they deal with individuals (school students) who are still in the process of mental development.[6]

Methodology

A before-after quasi-experimental design was adopted for this study. Two primary schools in Hassan, Karnataka were randomly selected for this study and the subjects were selected by non-probability sampling method. The sample size consisted of 60 primary school teachers with basic and advanced educational qualifications. The study was conducted for two weeks in November 2007. All teachers taught children between 6 and 9 years of age.

Two test groups (experiment and control group) were selected and knowledge scores were measured before the orientation programme. A structured teaching programme was then introduced to the experimental group. Knowledge scores of the experimental group were re-assessed after the orientation programme. The effectiveness of the orientation programme was then determined by comparing the pre-test and post-test scores.

Sampling Criteria

1. Inclusion Criteria

- Teachers who were teaching in primary schools having basic and advanced teaching qualifications
- Teachers who were willing to participate in the study
- Teachers who were available at the time of the study

2. Exclusion Criteria

- Teachers who were teaching in High school
- Teachers who were not willing to participate
- Teachers who were not available at the time of the study

Ethical Approval

After obtaining ethical approval from the college ethics committee, written informed consent was obtained from all participants of the study. The subjects were assured confidentiality of the data obtained and were informed about the proceedings of the STP. They had the freedom to drop out of the STP as and when they wanted to do so.

Tool Used for the Study

The tool used for this study is called Orientation to Mental Illness (OMI) Scale. It was developed by Dr GG Prabhu, Dean (retired), Faculty of Mental Health and Neurosciences, Bangalore University in 1983. It consists of 67 items. The domains of the OMI scale are: 1) causation 2) perception of abnormality 3) treatment, and 4) after effects. The first domain, causation, consists of the following three items: i) folk belief, ii) psychosocial stress, and iii) organic cause. The second domain, perception of abnormality, consists of the following four items: i) non-restrained behaviour, ii) weak cognitive control, iii) fidgety behaviour, and iv)

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bizarre behaviour. The third domain, treatment, consists of the following three items: i) folk therapy, ii) psychosocial manipulations, and iii) physical methods of treatment. The fourth domain, after effects, consists of the following three items: i) hopelessness, ii) hypo-functioning, and iii) rejection of the mentally ill. The items were shuffled and arranged in alphabetical order before administration. Descriptive and inferential statistical methods were used to analyse the findings of this study.

Results

As shown in Table 1, most of the participants belonged to the age group of more than 30 years (53.3% in the experimental group and 63.4% in the control group).

Table 2 shows the mean and SD values of the pre-test level of orientation of participants of experimental and control groups in all four domains. Independent 't' test was used to find out the significance of the pre-test knowledge scores between the two groups. The values showed that there was no significant difference in the pre-test knowledge between the participants of both groups.

Table 1.Distribution of Subjects according to Sociodemographic Variables (N = 60)

Demographic Variables			Experimental Group		Control Group	
			Frequency	Percentage	Frequency	Percentage
1	Age (years)	21–24	6	20.0	2	6.7
		25–29	8	26.7	9	30.0
		≥ 30	16	53.3	19	63.4
2	Gender	Male	10	33.3	12	40.035
		Female	20	83.3	18	60.0
3	Religion	Hindu	25	83.3	20	66.7
		Muslim	1	3.4	6	20.0
		Christian	4	13.3	4	13.3
4	Basic qualification	SSLC	0	0.0	1	3.3
		PUC	10	33.3	9	30.0
		Graduate	16	53.3	20	66.7
		Postgraduate	4	13.4	0	0.0
5	Professional education	TCH	0	0.0	0	3.0
		DEd	9	30.0	6	20.0
		BEd	18	60.0	22	73.3
		MEd	3	10.0	2	6.7
6	Previous knowledge of mental illness	Yes	6	20.0	1	3.3
		No	24	80.0	29	96.7
7	Previous experience in handling students with mental health problems	Yes	11	36.6	9	30.0
		No	19	63.4	21	70.0

Table 2.Comparison of Pre-test Level of Orientation of Experimental and Control Groups as per the OMI Scale

S. No.	Various Aspects of Knowledge	Experimental Group		Control Group		t Value
		Mean	SD	Mean	SD	
1	Causes	53.7	6.4	58	5.3	0.00 NS
2	Perception of abnormalities	49	6	53.3	5.4	0.00 NS
3	Treatment	38	5.35	41.1	4	0.03 NS
4	Effects	15.3	2.3	17.5	4.2	0.01NS

NS: Not significant ($p > 0.05$)

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Table 3.Comparison of Post-test Level of Orientation of Experimental and Control Groups as per the OMI Scale

S. No.	Various Aspects of Knowledge	Experimental Group		Control Group		t Value
		Mean	SD	Mean	SD	
1	Causes	104	6.9	57	5.5	42.0 S
2	Perception of abnormalities	94.3	5.5	52.4	5	44.6 S
3	Treatment	73.3	4.8	40.2	4	47.0 S
4	Effects	31.6	5.8	17.1	2.6	19.0 S

S: Significance ($p < 0.001$)

Table 3 shows the mean and SD values of the post-test level of orientation of participants of both groups regarding mental illness in all four domains. Independent 't' test was used to find out the significance of the difference between the knowledge of experimental and control groups. This difference was found to be significant ($p < 0.001$). It was seen that the level of OMI was significantly higher among the experimental group than in the control group.

The level of orientation of participants was divided into four levels as shown in Table 4. Table 5 shows the association between the levels of orientation in the control group as per the pre-test and post-test.

Table 6 shows the results of the chi-square analysis which was done to associate the pre-test and post-test levels of orientation of subjects in the experimental group.

In the experimental group, the pre-test findings showed that 93.3% of the subjects had a poor level of orientation and 6.7% had a very poor level of orientation to mental illness. In the post-test followed by the intervention, it was seen that 93.3% of the participants had a good level of orientation to mental illness, and 6.7% had an average level of orientation. This clearly implies that the level of orientation to mental illness increased in the post-test following the intervention and this difference was statistically significant (chi-square value: 70.6, $p < 0.001$).

Table 4.Categorisation of Scores

Category	Range of Score
Good	269–335
Average	202–268
Poor	135–201
Very poor	67–134

Table 5.Association of the Pre-test and Post-test Levels of Orientation of the Participants of the Control Group

S. No.	Levels of Orientation to Mental Illness	Pre-test		Post-test		Chi-square Value
		Frequency	Percentage	Frequency	Percentage	
1	Good	0	0.0	0	0.0	$X^2 = 3.14$ $p > 0.05$ NS
2	Average	1	3.3	30	100.0	
3	Poor	27	90.0	0	0.0	
4	Very poor	2	6.7	0	0.0	

NS: Not significant ($p > 0.05$)

Table 6.Association of the Pre-test and Post-test Levels of Orientation of the Participants of the Experimental Group

S. No.	Levels of Orientation to Mental Illness	Pre-test		Post-test		Chi-square Value
		Frequency	Percentage	Frequency	Percentage	
1	Good	0	0.0	28	93.3	$X^2 = 70.6$ $p < 0.001$ S
2	Average	0	0.0	2	6.7	
3	Poor	28	93.3	0	0.0	
4	Very poor	2	6.7	0	0.0	

S: Significant at $p < 0.001$

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Discussion

The present study is an attempt to find out the effectiveness of the STP on the level of OMI among primary school teachers. The objectives of the research have been discussed under the following headings:

- Assessment of the level of orientation towards mental illness among school teachers in the pre-test
- Comparison of the level of orientation towards mental illness between the experimental and control groups after the intervention

Assessment of the Level of Orientation Towards Mental Illness among School Teachers in the Pre-test

The pre-test level of OMI revealed that there was no significance in the pre-test levels of OMI between the experimental and control groups. In the experimental group, the pre-test findings showed that 93.3% of teachers had a poor level of OMI and 6.7% had a very poor level of OMI. In the control group, 3.3% of teachers had an average level of OMI, 90% had a poor level of OMI, and 6.7% had a very poor level of OMI.

The present study is well-supported by the findings of Gangadurai who had conducted a study on the effectiveness of STP on the behavioural problems of children among primary school teachers. The results showed that the majority (76.7%) of the teachers had a low level of OMI before the intervention. The study recommended raising the level of orientation towards mental illness through a teaching programme.[3]

Comparison of the Level of Orientation Towards Mental Illness Between Experimental and Control Groups After the Intervention and Control Groups After the Intervention

The overall mean pre-test level of OMI between the experimental and control groups was assessed using independent 't' test analysis. The mean pre-test score in the experimental group was 163.2 and that in the control group was 165. The mean difference was 1.8 ($t = 0.5$ and $p = 0.05$). This shows that there was no significant difference in the pre-test OMI between the experimental and control groups.

The post-test levels of OMI in the experimental and control groups in all four domains revealed that there was a statistically significant difference after the STP. The values showed that the level of OMI was higher in the experimental group than in the control group. In the post-test followed by STP in the experimental group, 93.3% had a good level of OMI and 6.7% had an average level of OMI ($X^2 = 70.6$, $p < 0.001$). The mean post-test score of the experimental group was 293.3 and that of the control group was 166.8. The mean knowledge difference was 126.5. The independent 't' test analysis was used to test the significance of the post-test level of orientation in the experimental and control groups ($t = 46.9$). The post-test findings of the control group showed that 100% of participants had an average level of OMI ($X^2 = 3.14$, $p > 0.05$). This shows that there was no significant change in the level of OMI in the post-test in the control group.

The present study is well supported by the findings of Kapur et al. They conducted an evaluation training programme for school teachers on student counselling. The pre-assessment and post-assessment scores showed a significant ($p < 0.05$) knowledge gain within the group.[4]

Limitations

1. More number of schools and a larger sample could not be taken up for the study due to time and distance factors.
2. The impact of the programme could not be studied at different intervals.
3. The programme was brief and was conducted in a single day.

Recommendations

1. The study can be generalised and replicated with a larger sample including urban as well as rural schools.
2. A follow-up study on knowledge scores of teachers can be carried out after three or six months to one year to explore the retaining impact of knowledge among teachers.
3. Extending the mental health nursing services to rural and urban schools and evaluating its effects on the promotion of a child's mental health and teachers' effective management of mental illness among children would improve the field of mental health nursing.
4. The specific impact of the STP conducted by nurses for teachers can be assessed with an evaluation of performance.
5. This can also serve to identify those teachers who are potential counsellors within the school setting. For this, a matched control group focusing on interesting and motivational factors of teachers would refine the significance of such studies.

Implications for Nursing

The findings of the study have several implications for nursing service, nursing education and research.

Without sound mental health, a student is handicapped in his education. Hence educating teachers who spend most of their time with children can identify mental health deviation at an early stage and can prevent mental illness in the long run.

The school mental health nurses and community mental

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health nurses assume the role of health educators in the promotion of a child's mental health. A liaison with the teachers helps them design better programmes for children. This also improves the image of nurses in the public sphere.

From the education and research point of view, there are very few studies conducted by nurses for teachers, both abroad and in India. This study shows a good perception of knowledge given by a nurse. So educators and researchers can further explore better ways of educating and equipping teachers, who are the principal moulders of the formative years of the life of school children.

Conclusion

The findings of the study support the need for conducting educational programmes to improve the level of orientation towards mental illness among school teachers. The health of the school children is the responsibility of parents, teachers, health administration, and the country. Protecting school-going children's mental health will help them to become the best that they can be.

Without sound mental health, a student is handicapped in his education. Identifying a mental deviation in its early stage is of paramount importance. STP on mental illness will help the teachers to improve their level of OMI and will also assist them in mediating good services (both educational and health) to their students.

It proves that even a brief structured teaching plan can impart knowledge to teachers, which in turn, can guide their leadership styles and also shows that nurses, by participating in the collaborative health team involved in mental health promotion, can influence the public through their knowledge. This study can lay the foundation for forthcoming research in this new ever-growing area.

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