EFFECTIVENESS OF VIDEO ASSISTED STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CAUSES AND PREVENTION OF MENTAL ILLNESS AMONG ADOLESCENTS AT SELECTED GOVERNMENT JUNIOR COLLEGE, VISAKHAPATNAM, A.P

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Abstract

A pre-experimental study was conducted to assess the effectiveness of a video-assisted structured teaching program on knowledge regarding causes and prevention of mental illness among 50 adolescents at Mrs. A.V.N Junior College, Visakhapatnam. The study used a quantitative research approach with a pre-experimental design, and non-probability convenient sampling. The results showed that the video-assisted structured teaching program significantly improved adolescents' knowledge, with the overall mean score increasing from 11.88 in the pre-test to 28.5 in the post-test. The computed paired 't' test value was 4.112, p<0.05, indicating a statistically significant difference. Additionally, there was a significant association between knowledge and demographic variables such as age, education, socioeconomic status, type of family, and place of accommodation, except for gender and religion. The study's findings suggest that video-assisted structured teaching programs can be an effective tool in enhancing adolescents' knowledge on mental health issues. The implications of this study are that such programs can be integrated into school curricula to promote mental health awareness and education among adolescents, ultimately contributing to early intervention and prevention of mental health problems.

KeywordS: Effectiveness, Video-assisted structured Teaching programme, Knowledge, Causes and prevention, Adolescents.

INTRODUCTION

Adolescence is the period of transition between childhood and adulthood. Children entering adolescence are going through many changes in their bodies and brain. These include physical, intellectual, psychological, social changes as well as development of their own moral compass. The changes are rapid and often take place at different rates it can be an exciting yet challenging time in the life of a teenager. Adolescence is the time when their child becomes more independent and begins to explore their identity.

Risk of mental health conditions due to their living conditions, stigma, discrimination, lack of access of quality support and services. These include adolescents living humanitarian and fragile settings. Adolescents with chronic illness, autism, intellectual disability, other neurological conditions. pregnant adolescent's, adolescent parents, marriages early or forced marriages, orphans and adolescents from minority ethnic, sexual background or other discriminated groups.

Communicate openly and honestly about values, engaged in college activities, communicate with the teachers and peer group, exercise daily to maintain physical and mental health. Participating in extracurricular activities including indoor and outdoor games can relax the mind and body while reducing stress. Being able to talk freely with family members and friends while keeping the channels of communication open it reduces that sense of loneliness. Important attending to college that focuses on the all-round well-being of students can be to eliminate negative thought process. Practice the meditation, creating arts, reading books, colouring, social media all these are help to reduce the stress and it will provide calm environment.

NEED FOR STUDY

Mental health is fundamental to good health and well-being, and it influences social and economic outcomes throughout life. Childhood and adolescence are crucial for laying a foundation for healthy development and good mental health. The increasing burden of mental health problems among this population is a growing concern globally. Most mental disorders begin before 25 years of age, more often between 11–18 years. The burden associated with common mental
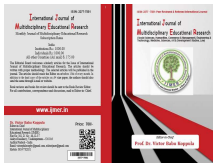
disorders (depressive and anxiety disorders) rises in childhood and peaks in adolescence and early to middle age (10– 29 years).

India has a National Mental Health Program, which functions at the district level (District Mental Health Program) and also working towards delivering mental health as a part of integrated primary care within the public healthcare system. The Government of India has also started the National Adolescent Health Program (Rashtriya Kishor Swasthya Karyakram), which has mental health as the priority area.

Multiple factors are associated with poor mental health among adolescents, including domestic violence, child abuse, bullying, peer pressure, substance abuse, human immunodeficiency virus (HIV) infection, and teenage pregnancy. Transition through stressful and unhealthy adolescence with a high burden of mental disorders can impact their health and well-being later in life. Hence, investment in adolescents delivers a "triple dividend" improving their health now, enhancing it throughout life and contributing to the health of future generations.

Despite the importance of mental health education, limited research has focused on evaluating the effectiveness of structured teaching programme in increasing knowledge among adolescents specifically in this area. Hence the investigator has shown interest to assess the baseline knowledge of adolescents regarding mental illness and to evaluate the effectiveness of a structured teaching programme in order to promote early awareness and prevention strategies.

PROBLEM STATEMENT
Effectiveness of video assisted structured teaching programme on knowledge regarding causes and prevention of mental illness among adolescents at selected Government junior college, Visakhapatnam.

OBJECTIVES
1. To assess the knowledge regarding causes and prevention of mental illness among adolescents.
2. To determine the effectiveness of video assisted structured teaching program on knowledge regarding causes and prevention of mental illness among the adolescents.
3. To find out the association between knowledge regarding causes and prevention of mental illness among adolescents and their demographic variables.

OPERATIONAL DEFINITIONS
Effectiveness: Refers to the difference in knowledge scores of the adolescents before and after video assisted structured teaching programme on causes and Prevention of mental illness which is measured through structured questionnaire.

Video-assisted structured Teaching programme: Formal instruction with the help of projected electronic device developed by investigator on causes and prevention of mental illness among adolescents lasting for 40 minutes.

Knowledge: Responses given by the adolescents through structured questionnaire regarding causes and prevention of mental illness before and after video assisted structured teaching programme.

Causes and prevention: Causes refers to the underlying factors to develop mental illness are identified through the content in structured teaching programme and prevention refers to the practices aimed at reducing the risk of developing mental illness through promoting mental wellbeing such as stress management techniques, positive peer and family relations, early identification and intervention and promoting healthy life style such as sleep, exercise, balanced diet.

Adolescents: The phase of life between childhood to adult hood, from the age of 15-18 years.

ASSUMPTIONS
 The study assumes that
* Adolescents may have some knowledge regarding causes and prevention of mental illness.
* Video assisted structured teaching program is effective in enhancing the knowledge regarding causes and Prevention of mental illness among adolescents.
* Adolescents are participating willingly in data collection and respond honestly.

DELIMITATIONS
This study is delimited to
* Adolescents at government junior college Visakhapatnam.
* The adolescents in the age group of 15-18 years.
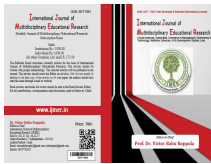
- The evaluation of the knowledge component, not behavioural change or attitude.

VARIABLES

- **Independent variable:** The researcher to create the effect on the dependent variable in the study. The independent variable is video assisted teaching programme regarding causes and Prevention of mental illness.
- **Dependent variable:** It is the outcome or response to the effect of the independent variable which the researcher wants to predict or explain. In the present study, the dependent variable is level of knowledge regarding causes and prevention of mental illness among adolescents.
- **Demographic variables:** The demographic variables are like Age, Gender, Religion, Education, Type of family, Socio economic status and Place of accommodation.

HYPOTHESIS

- **H_1:** There is a significant difference between the pretest and post-test levels of knowledge regarding causes and prevention of mental illness among adolescents.
- **H_2:** There is a significant association between the knowledge regarding causes and prevention of mental illness among adolescents and selected demographic variables.

EXPECTED OUTCOME

The expected outcome of this study is that the video-assisted structured teaching program will significantly improve the knowledge of adolescents regarding causes and prevention of mental illness, as evidenced by a notable increase in post-test scores compared to pre-test scores. Additionally, the study aims to identify any significant associations between knowledge and demographic variables, providing insights for targeted educational interventions to promote mental health awareness among adolescents.

METHODOLOGY

Research Approach: A quantitative research approach was used to assess the effectiveness of video assisted structured teaching program on knowledge regarding causes and prevention of mental illness among adolescents.

Research Design: The research design selected for the present study is pre-experimental "one group pretest and post-test design."

Setting: The study was conducted at Mrs A.V.N. Junior College, Visakhapatnam.

Population: Population for the study is adolescents who are aged between 15-18 years.

Sample: The sample for the study is the adolescents in the age group of 15-18 years from Mrs A.V.N. junior college, Visakhapatnam.

Sample Size: Total sample size was 50 adolescents in the age group of 15-18 yrs at Mrs A.V.N. junior college, Visakhapatnam.

Sampling Technique: In the present study, non-probability convenient sampling technique is used for selecting the sample based on the researcher's knowledge about the population.

CRITERIA FOR SAMPLE SELECTION

Inclusive criteria

- Adolescents aged of 15 to 18 years both male and female.
- Adolescents who are willing to participate in the study.
- Adolescents who are available at the time of data collection.
- Adolescents who can read and write Telugu or English.

Exclusive criteria

- Adolescents in the age group above 19 years.
- Adolescents who were selected for the pilot study.
- Adolescents on psychiatric medications.

DESCRIPTION OF THE TOOL

Section 1 Deals with the demographic data such as Age, Gender, Religion, education, type of family, socioeconomic and place of accommodation. The scoring was not given to demographic variables.

Section 2 Deals with knowledge regarding causes and Prevention of mental illness among adolescents.

The structured questionnaire was divided into three parts and the total number of multiple-choice questions were 40.

- Part A This Part A consists of 14 questions which deals with knowledge regarding the concept of mental health and mental illness.
- Part B This Part B consists of 13 questions which deals with knowledge regarding causes of mental illness.
- Part C This Part C consists of 13 questions which deals with knowledge regarding prevention of mental illness.

SCORING TECHNIQUE

All multiple-choice questions deal with single correct. Every correct answer is given a score of "1" point and every wrong question was given score of "0" point.

The knowledge scores were categorized into 3 groups.

- Below average: 1-13.
- Average: 14-26.
- Above average: 27-40.

ETHICAL CONSIDERATION

- The research proposal was approved by the dissertation committee of the institution prior to conduct the study. The study was conducted after the permission was obtained from the principal of Mrs A.V.N junior College at Visakhapatnam.
- Obtained oral informed consent from the adolescents prior to data collection after informing the purpose of the study.
- Assurance was given to the sample to maintain confidentiality.

PILOT STUDY

To find out the feasibility, applicability and practicability, pilot study was conducted on November 12th 2024 to 15-11-24 at Mrs A.V.N junior college, Visakhapatnam. The tool was given to 5 Adolescents to assess the knowledge regarding causes and prevention of mental illness after obtaining formal consent. After conducting pre-test, the video assisted structured teaching programme was given and it took for a period of 40 minutes. The post test was conducted after 3 days all the adolescents were very cooperative and well responded. The time spent to complete the tool for each subject was approximately 20 to 25 minutes. The analysis of the data revealed that the tool was feasible and practicability to conduct main study.

DATA COLLECTION PROCEDURE

The data collection procedure was carried out in the month of 18th November to 24nd November 2024, after the permission was obtained from principal, Mrs A.V.N junior college, Visakhapatnam. 50 adolescents in the age group of 15-18 years by using non probability convenient sampling technique and the pre-test was conducted with the help of structured questionnaire. The video assisted structured teaching programme is given to the group of adolescents. After an interval of 3 days, the posttest was conducted by using same knowledge questionnaire to evaluate the effectiveness of video assisted structured teaching programme.

PLAN OF DATA ANALYSIS

For the present study researcher utilized descriptive and inferential statistics for analysing the collected data. The mean, standard deviation, "t" test was computed from pretest and post-test to identify the effectiveness of video assisted structured teaching programme on causes and prevention of mental illness among adolescents Association between knowledge and demographic variables were found with the help of Chi square test. The data was collected and presented in three sections.

RESULTS

Table-1
Frequency and percentage distribution of students
**according to demographic variables.**   **N 50**

VARIABLE	FREQUENCY	PERCENTAGE
AGE		
15 yrs	4	8%
16 yrs	40	80%
17 yrs	3	6%
18 yrs	3	6%
GENDER		
Male	20	40
Female	30	60
RELIGION		
Hindu	39	78%
Christian	5	10%
Muslim	3	6%
Others	3	6%
EDUCATION		
MPC	22	44%
BiPC	28	56%
SOCIO ECONOMIC STATUS		
Below 30,000	4	8%
30,001-40,000	40	80%
40,001-50,000	3	6%
Above 50,001	3	6%
TYPE OF FAMILY		
Joint family	4	8%
Nuclear family	40	80%
Single parent	3	6%
Extended family	3	6%

The above table 1 shows that the 50 adolescents in the study reveals that the majority (80%) were 16 years old, with a slightly higher proportion of females (60%) than males (40%). Most participants were Hindu (78%), and more than half (56%) were studying in Bi.PC. The socioeconomic status of the adolescents indicates that the majority (80%) belonged to the middle-class group, with a monthly family income of Rs 30,001-40,000. The study also found that most adolescents (80%) were from nuclear families and lived at home (80%). A small proportion of adolescents lived in hostels (8%), paying guest accommodations (6%), or welfare hostels (6%).
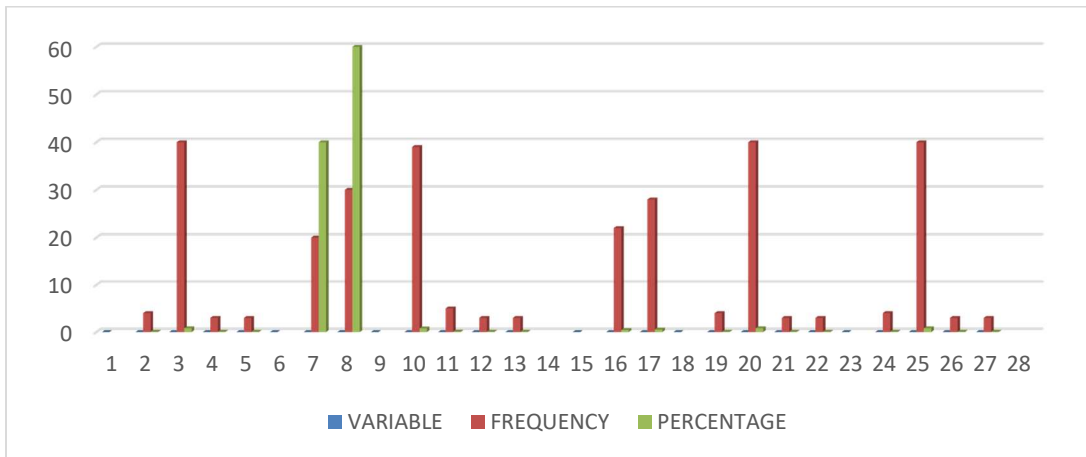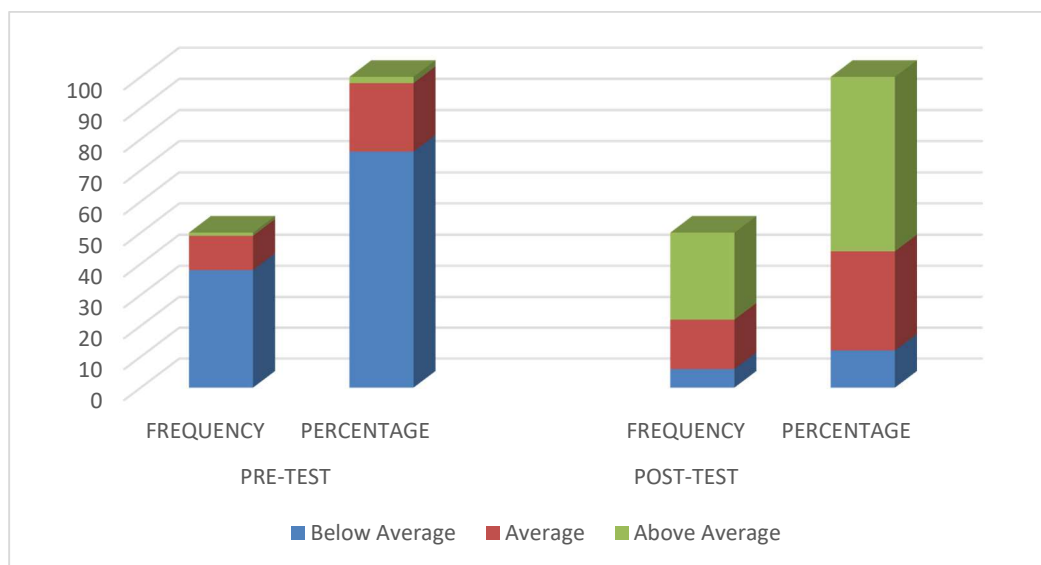
TABLE-2
Distribution of knowledge scores in pre and post test

N 50

LEVEL OF KNOWLEDGE	PRE-TEST		POST-TEST	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
Below Average	38	76	6	12
Average	11	22	16	32
Above Average	1	2	28	56

The Table-2 shows that the pre-test results showed that the majority of adolescents (76%) had below-average knowledge regarding causes and prevention of mental illness, with only 22% having average knowledge and 2% having above-average knowledge. However, after the intervention, the post-test results revealed a significant shift, with 56% of adolescents having above-average knowledge, 32% having average knowledge, and only 12% having below-average knowledge, indicating a substantial improvement in knowledge levels.
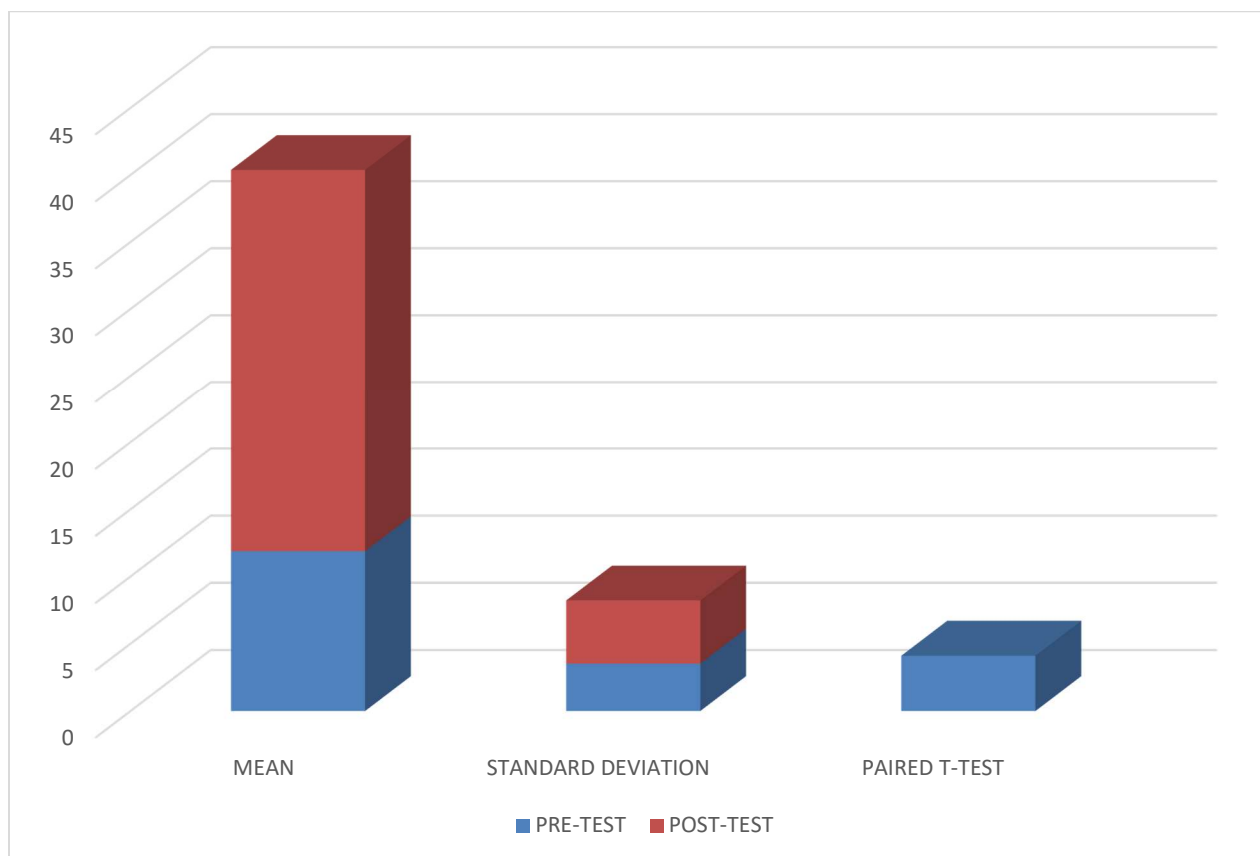
TABLE-3

Mean, Standard Deviation and Paired "t" test values of pre-test and post-test knowledge scores.

N 50

KNOWLEDGE	MEAN	STANDARD DEVIATION	PAIRED T-TEST
PRE-TEST	11.88	3.5249	4.112
POST-TEST	28.5	4.6957	

Above Table-3 shows that the mean value of pre-test is 11.88 and the post test is 28.5. The value of standard deviation for the pre-test and post-test are 3.5249 and 4.6957 respectively. The calculated "t" value with 49 df at 0.05 level of significance is 4.112. Since the calculated "t" value is higher than the table value of 2.05 at 0.05 level of significance, the Video assisted structured teaching program is effective. It indicates that the adolescent's knowledge have increased after video assisted structured teaching programme.

DISCUSSION

SUMMARY OF KEY FINDINGS

The study found that the structured teaching program was effective in improving the knowledge of causes and prevention of mental illness among adolescents. The mean score increased from 11.88 in the pre-test to 28.5 in the post-test, indicating a significant gain in knowledge.

STRENGTHS OF THE STUDY

The study's strengths include its ability to demonstrate the effectiveness of a structured teaching program in improving knowledge among adolescents. The significant difference in pre-test and post-test scores highlights the program's impact. Additionally, the study's relevance to nursing education is a notable strength, as it emphasizes the importance of targeted educational interventions.

LIMITATIONS

This study has several limitations. Firstly, the small sample size restricts the generalizability of the findings to larger populations. Additionally, the short duration of the program may not be sufficient to ensure long-term knowledge retention, behavior change, or comprehensive understanding. Furthermore, the study did not assess the accessibility of resources related to mental illness causes and prevention after the program. Lastly, the cost-effectiveness and scalability of the program for broader implementation were not evaluated, which are crucial factors for future planning and expansion.
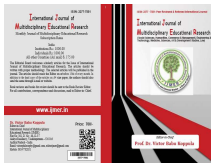
CONCLUSION

In conclusion, this study reveals that the video-assisted structured teaching program was effective in significantly enhancing adolescents' knowledge regarding the causes and prevention of mental illness. The results highlight the importance of well-designed, targeted educational interventions in improving awareness and understanding of mental illness, which is crucial for early detection, timely treatment, and better health outcomes. The key findings of the present study are:

1. A significant association exists between knowledge scores and age, education, socio-economic status, type of family, and place of accommodation.
2. No significant association exists between knowledge scores and gender or religion.

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