EFFECTIVENESS OF STRUCTURED EDUCATIONAL MODULES FOR PRIMARY SCHOOL TEACHERS ON THE KNOWLEDGE AND SKILLS IN IDENTIFICATION OF COMMON MENTAL HEALTH PROBLEMS IN SELECTED SCHOOLS OF BANGALORE DISTRICT.

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<tr>
<th>FACULTY NAME</th>
<th>DR. ESTHER SHIRLEY DANIEL., M.Sc (N), Ph.D (N).</th>
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<td>CONFLICT OF INTEREST</td>
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<td>EMPLOYER</td>
<td>THE UNIVERSITY OF THE WEST INDIES ST. AUGUSTINE, TRINIDAD &amp; TOBAGO</td>
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<td>SPONSORSHIP/ COMMERCIAL SUPPORT</td>
<td>RESEARCH GRANT FROM SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING, USA. [STTI] WISCONSIN UNIVERSITY, USA.</td>
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GOALS AND OBJECTIVES

- **Session Goal**

A “resource person” such as a teacher, to play a vital role in the school health programme,

- **Sessional Objectives**

1. To determine the pre-test knowledge and skills of the subjects in identification of common mental health problems of primary school children.

2. To find out the effectiveness of Structured Educational Modules I [ST + SIM] and II [SIM] between the Experimental Groups I and II and compare with Control Group [no intervention] of the subjects in identification of common mental health problems of primary school children.
Teachers
- spend most of the school hours with children and are familiar with them.¹

- They can detect the signs and symptoms of common mental health problems at the earliest stage in the classroom setting.²

- Teachers can:
  - Recognize, respond, refer, support & promote mental health of children and their families within their communities.³
NEED FOR THE STUDY

- The National Mental Health Programme (1982) recommends to train teachers for balanced development of physical, mental and social faculties of school going children.⁴

- Children under 15 years of age constitute 40% of the total population.⁵

- The World Health Organization had declared that one in five children in the world has a handicap. It is a ‘serious obstacle’ to a child’s development.⁶

- In developed countries such as United States, prevalence rate for childhood chronic illness and disabilities has been estimated at 10%. Prevalence rate of 20 to 33% of psychiatric disorder in school children has been reported in an Indian setting.⁶

- One in ten children suffer from a mental disorder in Karnataka; severe enough to cause some level of impairment.⁷
NEED FOR THE STUDY

- It is generally observed that 2/3rd of a child’s life is spent in school.  
- The school is one of the most organized and powerful systems in the society.  
- Teachers can effectively deal with many of the mental health problems provided they are trained to identify and detect those disorders.  

The conceptual framework of the study is based on the context, input, process and product (CIPP) model of Stufflebeam
SCHEME OF SAMPLE SELECTION

(Invited to Participate)  
\( n = \text{approx} 496 \)

Enrolled (\( n = 360 \))
- Did not accept invitation (\( n = 96 \))
- Did not complete Pretest Questionnaire (\( n = 22 \))
- Did not present himself physically as away on deputation on official work (\( n = 11 \))
- No of vacancies present at the time of study (\( n = 7 \))

Randomly Allotted  
\( N = 360 \) & \( n = 25 \)

Allotted to Group I  
\( n = 120 \)
- Attended Knowledge Pretest (126) *( \( n = 120 \))
- Attended Knowledge Posttest I (\( n = 120 \))
- Attended Knowledge Posttest II (\( n = 120 \))

*Administered Structured Teaching (ST) programme of 2 hrs duration on knowledge and identification of common mental health problems + SIM.
*Taught the application of Rutters Scale.

Allotted to Group II  
\( n = 120 \)
- Attended Knowledge Pretest (129) *( \( n = 120 \))
- Attended Knowledge Posttest I (\( n = 120 \))
- Attended Knowledge Posttest II (\( n = 120 \))

*Administered Self Instructional Module (SIM) on knowledge and identification of common mental health problems
*Taught the application of Rutters Scale.

Allotted to Control Group  
\( n = 120 \)
- Attended Knowledge Pretest (127) *( \( n = 120 \))
- Attended Knowledge Posttest I (\( n = 120 \))
- Attended Knowledge Posttest II (\( n = 120 \))

*Some did not attend Posttest I & II. Therefore only 120 were considered for analysis.

Completed follow up questionnaire on knowledge component (\( n = 120 \)) & Rutters Scale on skill component (\( n = 25 \)) in:
- Posttest I after 7 days of treatment.
- Posttest II after 30 days of treatment.

Analyzed \( n = 360 \) (Knowledge Component)  
\( n = 75 \) (Skill Component)  
Excluded from analysis \( n = 0 \)
DEMOGRAPHIC PROFILE

Age Distribution
- 46%: 20 to 30
- 8%: 31 to 40

Type of Family
- 86%: Nuclear
- 6%: Joint
- 8%: Extended

Distribution of Personal Characteristics

<table>
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<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Single</th>
<th>Married</th>
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<td>27</td>
<td>93</td>
<td>6</td>
<td>114</td>
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<thead>
<tr>
<th>Marital Status</th>
<th>Control</th>
<th>Group I</th>
<th>Group II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>10</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Married</td>
<td>110</td>
<td>117</td>
<td>114</td>
</tr>
</tbody>
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Comparison of Knowledge scores of Pretest, Post-test I & Post-test II of Group I, Group II & Control Group

N=360
DIMENSION WISE PRE-TEST, POST-TEST 1 AND POST-TEST 2 OF GROUP I, GROUP II AND CONTROL GROUP KNOWLEDGE SCORES ON SELECTED MENTAL HEALTH PROBLEMS

N=360
## Comparison of Skill Scores of Subjects

![Table showing comparison of skill scores of subjects.](image)

### Controls
- **Emotional Score**
  - Pre Test: 3.5
  - Post Test I: 4.12
  - Post Test II: 4.12
  - Paired t Test: 1.21 (NS)
  - Sig.: 0.12
- **Behavioral score**
  - Pre Test: 6.21
  - Post Test I: 6.78
  - Post Test II: 7.15
  - Paired t Test: 1.35 (NS)
  - Sig.: 0.87

### Group I
- **Emotional Score**
  - Pre Test: 3.76
  - Post Test I: 4.12
  - Post Test II: 4.52
  - Paired t Test: 3.50 (\*Significant)
  - Sig.: 0.03
- **Behavioral score**
  - Pre Test: 7.24
  - Post Test I: 7.36
  - Post Test II: 8.76
  - Paired t Test: 2.45 (NS)
  - Sig.: 0.14

### Group II
- **Emotional Score**
  - Pre Test: 3.92
  - Post Test I: 4.62
  - Post Test II: 4.72
  - Paired t Test: 3.85 (\*Significant)
  - Sig.: 0.02
- **Behavioral score**
  - Pre Test: 6.96
  - Post Test I: 8.92
  - Post Test II: 8.76
  - Paired t Test: 4.12 (\*Significant)
  - Sig.: 0.001

(N=75

- **Significant at <0.01 level; * Significant at <0.05 level; NS= Non Significant**
CONCLUSION

- Training teachers reduces time spent by the specialist in involving the school teachers in Structured Teaching programme.

- This is significantly important in Indian scenario where, mental health professional are not able to involve themselves in organising for conducting Structured Teaching programme related to common mental health problems of school children particularly in rural settings.

- Hence, involvement of school teachers in identification of common mental health problems helps in facilitating mental health services to primary school children.
REFERENCES

Thank you