

August 2021

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Recommended Citation

Almeida, Vinisha; Paniyadi, Nanda Kumar; and Nayak, Asha K. (2021) "Effectiveness of video-assisted teaching on awareness (knowledge and attitude) towards mental illness among public," *Manipal Journal of Nursing and Health Sciences*: Vol. 7 : Iss. 1 , Article 4.

Available at: <https://impressions.manipal.edu/mjnhs/vol7/iss1/4>

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Effectiveness of video-assisted teaching on awareness (knowledge and attitude) towards mental illness among public

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Abstract

Introduction: Knowledge and attitude of mental illness affect behaviour tremendously. The attitude of people towards mental health problems are negative, condemned, ignorant, and apprehensive. **Objectives:** To assess the effectiveness of video-assisted teaching (VAT) on knowledge and attitude of the public towards mental illness. **Methods:** A quantitative, pre-experimental one-group pre-test post-test design was used among 80 people using a judgmental sampling technique. For data collection, a knowledge questionnaire and an attitude scale were developed. An appropriate VAT was developed that was administered as an intervention. The intervention was done after four weeks and the effectiveness of the program was assessed by using the post-test knowledge score, and later an opinionnaire of the participants was collected to understand the effectiveness of the teaching module. **Results:** In the pre-test, 90% were having moderate knowledge and 10% were having low knowledge while in the post-test, 50% gained high knowledge, and the remaining 50% gained moderate knowledge of mental illness. The data were analyzed using a paired 't' test to find the mean difference between the "pre-test" and "post-test" knowledge scores ($t(30) = 7.371, p < .001$) which was found to be significant. **Conclusion:** The result revealed that video-assisted teaching was effective in building the awareness of the people.

Keywords: Attitude, knowledge, mental illness, opinionnaire, pre-experimental video-assisted teaching

Introduction

One of the key components of health is sound mental health. The disturbance in mental health affects the individual as well as could create a great deal of burden to the functioning of a nation (Kumar A., 2005).

A study found that knowledge of mental illness among the public was quite poor and suggests the need for a strong emphasis on public education to increase mental health literacy among the public to increase awareness and positive attitude of people towards mental illness (Ganesh K., 2011).

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Manuscript received: 05 November 2020

Revision accepted: 02 February 2021

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A WHO-ICMR Pilot Project led the way to understand the effect of Urban Mental Health Services (UMHS) in India. The results indicated that the average mental health service load in the primary care general health services is largely carried by the private sector, with significant contributions from the non-formal service providers. It was found out that the service providers perceived that the important barriers besides the financial problem are stigma and lack of awareness (Desai N. G. et al., 2004).

A review of ten studies from seven regions of India assessed the average 65.4/1000 population had a prevalence of severe mental disorders and the prevalence rates were found for schizophrenia (2.3), affective disorder (depression) (31.2), anxiety neurosis (18.5), hysteria (4.1), and mental retardation (4.2) per 1000 population. The urban morbidity rates were two per 1000 higher than the rural rate (Murali S. M., 2001).

How to cite this article: Almeida V, Paniyadi N, Nayak A. (2021). Effectiveness of video-assisted teaching on awareness (knowledge and attitude) towards mental illness among public. *Manipal Journal of Nursing and Health Sciences*, 7 (1). 19-24.

A prominent study conducted in Karnataka by using the Patient Health Questionnaire (PHQ) for screening mental health problems revealed that 39% of the adult population has a mental illness. The proportion of psychiatric morbidity among males and females was 36.2% and 42.2% respectively (Barua A. *et al.*, 2007).

A WHO study report showed that in comparison to the prevalence, there are very limited mental health professionals and services in India. In India, we have per 10,000 population, total psychiatry beds: 0.25; psychiatry beds in mental hospitals: 0.2; psychiatry beds in general hospitals: 0.05; psychiatry beds in other settings: 0.01; the number of psychiatrists: 0.2 (Mental Health Atlas, 2005). Additionally, the topic was selected for the study by analyzing the problems of mental illness in society and the researcher's interpretation of the review of the literature. It was conducted in the year 2008 to assess the (knowledge and attitude) of the public towards mental illness and thereby developing VAT to reduce the social stigma.

Objectives

- To determine the knowledge and attitude of the people towards mental health problems
- To develop and validate VAT on awareness of the public towards mental illness
- To find the association between the pre-test knowledge and attitude of the people on mental illness and selected variables such as age, gender, education, occupation, socioeconomic status, and religion
- To find the effectiveness of the VAT in terms of gain in knowledge score.

Methodology

The research technique adopted for the study was an evaluative approach using one group pre-test post-test design. The study plan was based on Modified Dunn's High-Level Wellness Model. Mental wellness is influenced by personal, family, and socio-cultural factors of the individual located in their natural settings. Knowledge of mental health problems and attitude towards the mentally ill were two major variables under the study. The study was conducted in Moodbettu village, Katpady panchayat, Udupi district,

Karnataka. The sample of the study was taken from the general population consisting of 80 subjects, between the ages of 18-60 years the subjects for the study were determined by the judgmental sampling technique, because of the stigma related to mental illness. The inclusion criteria were people in the age group 18-60 years who were willing to participate in the study, who can read, write, and communicate in Kannada/Konkani/English/Hindi, and who were available during data collection. The exclusion criteria were locked houses on three separate occasions.

Description of the tool

Data collection was performed using the knowledge questionnaire on mental illness and attitude scale towards the mentally ill. The tools used for data collection were:

- 1) Demographic proforma: It was developed by the investigator to understand the sample characteristics. The items included were age, gender, level of education, marital status, type of family, occupation, religion, and monthly per capita income. There was no scoring for these items.
- 2) Knowledge questionnaire on mental illness: The items were 26 multiple choice questions in selected areas of mental illness and were arbitrarily classified into high, moderate, and low knowledge.
- 3) Attitude scale on mental illness: The 30 structured items under four main categories of prejudice and discrimination, labelling and stereotyping, separation and status loss, and stigma resistance were developed. Alternative responses were- strongly agree, agree, disagree, and strongly disagree.
- 4) Opinionnaire on the acceptability of VAT: A 10 item structured opinionnaire was created with a maximum score of 30 and a minimum score of 10.

Validity and reliability

The content and language validity of the tool was ensured by nine experts. The reliability of the awareness questionnaire was determined and tested using the split-half method and Spearman's brown prophecy formula and the tool was found reliable ($r=0.99$). The reliability of the attitude scale was done by using Cronbach's alpha, and it was found reliable ($\alpha=0.724$).

Data collection procedure and analysis

The ethical approval was obtained from the Institutional ethics committee (IEC). For the main study, prior permission was obtained from panchayat president Moodbettu village and HOD, concerned department. A pilot study was conducted among ten samples in Kadekar village, adopted village of Community Medicine to assess the practicality of the study and to decide on the statistical technique to be used. Informed consent was taken from the participants and they were explained that the data obtained will be used only for research purposes. After obtaining the consent, the purpose of the study was explained to the participants, tools on demographic proforma, knowledge questionnaire, and attitude scale on mental illness were administered. Awareness program (VAT) on mental illness was conducted by going from house to house. Post-test and opinionnaire regarding the acceptability of the VAT on mental illness were taken on the seventh day.

Data analysis was done using Statistical Package for Social Sciences (SPSS) version 16 based on the objective and assumption of the study. The sample mean was found to be normally distributed, so the sample size was not calculated and considered to be sufficient for the study. Socio-demographic data were analyzed using frequencies and percentage distribution. The difference between the mean pre-test and post-test awareness score was analyzed by applying a paired 't' test to interpret the statistical significance ($p \leq .05$).

Results

Table 1:

Frequency and Percentage Distribution of the Selected Population
(N=80)

Demographic variables	Frequency (f)	Percentage (%)
Age group in years		
18 - 30	30	37.5
31 - 40	15	18.8
41 - 50	18	22.5
51 - 60	17	21.3
Gender identity		
Male	26	32.5
Female	54	67.5

Schooling		
Primary/lower secondary	35	43.8
Upper secondary	16	20
University/postgraduate/above	29	36.3
Marital status		
Single	24	30
Married	55	68.8
Widowed	1	1.3
Family		
Extended	28	35
Nuclear	45	56.3
Living alone	7	8.8
Occupation		
Non-professional	26	32.5
Professional	31	38.8
Others	23	28.8
Religion		
Hindu	31	38.8
Christian	47	58.8
Muslim	2	2.4
Monthly per capita income (Rs)		
1,000 – 4,000	41	51.3
4,001 -7,000	14	17.5
7,001 - 10,000	9	11.2
>10,000	16	20.0
The mentally ill person in a family		
Yes	9	11.25
No	71	88.75
Seen mentally ill		
Yes	68	85
No	12	15

Data in Table 1 reveals that (37.5%) were of the age group 18 to 30 years, most of them (67.5%) were females, (43.8%) had primary education or lower secondary education, (68.8 %) were married, (56.3 %) were of nuclear families, (38.8%) were professionals, (58.8%) were Christians, (51.3%) had their monthly capita income in the range of Rs 1000- 4,000, (88.5%) of the participants did not have a mentally ill person in their family but the majority 85% had seen the mentally ill person in their locality.

Distribution of knowledge and attitude regarding mental illness

In the pre-test, most of the people (75%) had moderate, (15%) had low and (10%) had high knowledge regarding mental illness. It was found that the knowledge regarding mental illness is moderately prevailing in the public (Fig 1).

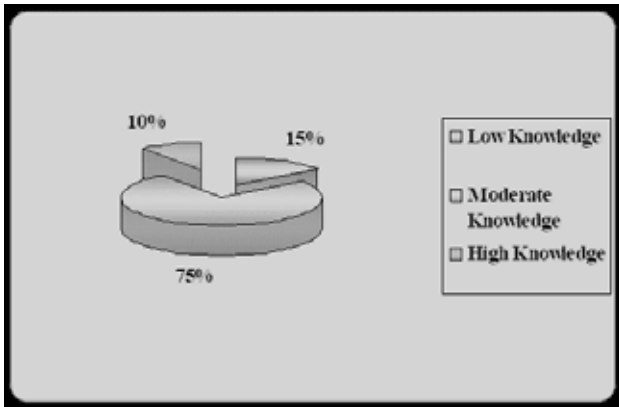


Figure 1: Pie diagram on the percentage of knowledge level on mental illness N=80

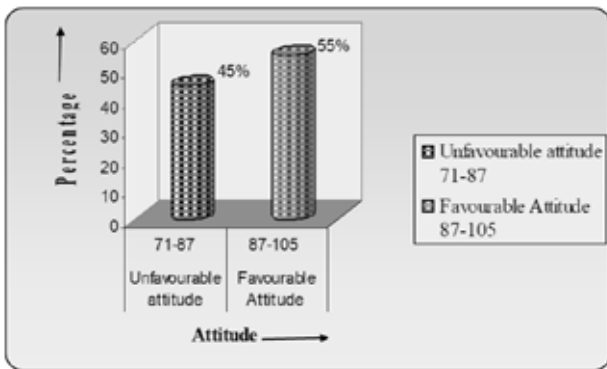


Figure 2: Cylindrical diagram of the percentage of attitude level towards mental illness.N=80

For the attitude scale, most of the subjects (55%) had a favourable attitude towards the mentally ill, and (45%) had an unfavourable attitude. The data revealed that there was less variation in the attitude of the people towards the mentally ill (Fig 2).

The post-test knowledge score was used to calculate the effectiveness of VAT. Based on discussion with the statistician and guide, it was collectively decided not to collect the post-test attitude score, as it would be insignificant if data was collected just one month after the test considering that population attitude takes years to change.

However, after conducting VAT, 50% had gained high knowledge in the post-test, and the remaining 50% had gained moderate knowledge of the mental illness.

The Shapiro-Wilk goodness of fit test was used to test normality. It showed that the value of $p=.163$ was found to be higher than the p -value at 0.05 level of

significance, so it can be deduced that the population sample represents a normal distribution curve. The data were analyzed using a paired ‘t’, ($t(30) = 7.371$, $p < .001$) which was found to be significant. Hence, it was inferred that the awareness program was effective (Table 2).

Table 2:
Mean, Mean Difference, Standard Deviation Difference, and t value of Mean Pre-test and Mean Post-test Knowledge Scores.

N=80					
Knowledge	Mean	Mean difference	Standard deviation difference	t value	p-value
Pre-test	13.07				
Post-test	17.40	4.33	3.22	7.371	.001

The association between pre-test awareness and selected socio-demographic variables:

The association was determined using the Pearson chi-square test. Outcome revealed a significant association between pre-test level of knowledge with gender ($c2 = 7.029$), occupation ($c2 = 17.694$), religion ($c2 = 15.505$) and monthly income ($c2 = 19.4$). However, there was no association of knowledge with age ($c2 = 5.971$) and education ($c2 = 8.65$).

The association between the pre-test attitude and selected sociodemographic variables:

The relationship was determined using the Pearson chi-square test. The outcome revealed a significant association found between the pre-test ratings of attitude with occupation ($c2 = 16.593$). However, there was no association of attitude with age, gender, education, religion, and monthly income.

Opinion regarding awareness of the mental illness

Out of 80 participants who had participated in the study, 50 opted out and the remaining participants continued with the VAT. The data showed that 50% of the participants expressed the educational session was good and the remaining 50% expressed it was average. Hence, the researcher inferred that the VAT was successful in providing awareness to the public on mental illness (Table 3).

Table 3:
Description of the Opinionnaire on Mental Illness:
 (N=30)

Opinion of awareness program	Scores	Frequency (f)	Percentage (%)
Poor	10-16	0	0
Average	17-23	15	50
Good	24-30	15	50

Discussion

In the present study, the data revealed that the knowledge regarding mental illness is moderately prevailing in the public. The study by Salve H. et al. (2013) on the perception and attitude of the urban community in South Delhi reported that 32% of the participants perceived that living without tension, living happily, and satisfied in routine life as indicators of a healthy mental status. Almost one-fourth (24%) of the participants did not know the meaning of being mentally healthy. Sudden changes in behaviour like remaining quiet or over talkativeness (59%) and abusing or fighting with others (53%) were among the most common symptoms/signs of mental illness identified by the participants. The findings are supported by this study.

In the study, the data revealed that there was less variation in the attitude of the people towards the mentally ill, 44 (55%) subjects had favourable attitudes, and 36 (45%) had unfavourable attitudes. The comparative study of Kumar D. et al. (2012) on attitude towards mental illness of key informant of patients and the general population, found a positive attitude towards etiquette towards the mentally ill, but 50% responded in affirmative to build a mental institution far from the residential area. The study showed that stigma persisted as a problem among the participants. The difference of opinion was not found between the groups. The findings are supported by this study.

In the study, it was inferred that knowledge of mental illness is dependent on gender, occupation, religion, and monthly income. This study also infers that attitudes towards the mentally ill and occupation are associated with each other. However, Gandhi S. et al. (2019) conducted a cross-sectional descriptive study among 126 randomly selected nurses working under

the District Mental Health program in Karnataka. A significant association was not found between knowledge and attitudes towards mental illness and the demographic variables - age, residence, religion, and professional experience. The findings of this study are dissimilar and more such studies should be done in various other communities to understand the influence of dependent variables on knowledge and attitude towards mental illness.

In the study, it was inferred that the awareness program was effective. The study by Joel D. et al. (2006), which was conducted to study bio-medical educative intervention to change Explanatory Models of psychosis among health members in South India. The result of the study showed that the change in Explanatory Models of psychosis was possible with training. The findings are supported by this study.

Conclusion

The mentally ill in our society are discriminated because of their illness, leading to physical, psychological, and social deprivation, which is a major dimension of human life. It is an awakening situation for all of us, as individuals and health professionals go deeper into the society to bring out issues and problems faced by the mentally ill people and educate the society for developing a positive attitude to give support to the rehabilitated and ex-mentally ill persons for re-joining the societal mainstream.

Acknowledgement: Heartfelt thanks to the study participants

Sources of support: None

Conflict of interest: None declared

Sources of support in the form of grants: None

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