

Research Article

Effectiveness of Planned Teaching Programme on Knowledge Regarding Warning Signs of Mental Illness And its Prevention Among Adolescents In Selected Educational Institutions: A Quasi Experimental Study

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ABSTRACT

Introduction: A vital component of total wellbeing is mental health, especially throughout adolescence, a developmental stage characterized by emotional, psychological, and social shifts. adolescents are susceptible to mental health problems because they frequently deal with pressures like peer pressure, social interactions, academic pressure, and familial expectations. Early detection of mental disease warning signals is crucial for prompt prevention and intervention.

Methodology: This study was based on quantitative approach. The research design used in this study was Quasi experimental Design. One group pre-test post -test design was used to find the effectiveness of planned teaching programme on knowledge regarding warning signs of mental illness and it's prevention among adolescents from selected educational institutions and association of knowledge score with the selected demographic variables

Results: Mean knowledge score in pre test was 13 ± 5.87 and mean percentage of knowledge score in pre test was 43.33 ± 19.59 . After the planned teaching program, mean knowledge score in post-test was 26.04 ± 2.00 and mean percentage of knowledge score in post test was 86.80 ± 6.67 and the mean difference was 13.04 ± 5.85 . The tabulated value was 1.96. The calculated 't' value i.e. 18.64 which is much higher than the tabulated value.

Conclusion: The study concluded that the post test knowledge score was improved after implementation of planned teaching program. Planned teaching program plays important role in improving the knowledge.

Keywords: Warning Signs Of Mental Illness, Planned Teaching Program, Knowledge, Prevention Among Adolescents From Selected Educational Institutions.

INTRODUCTION

Throughout history, there has been intense debate about the nature of mental disease. The word "mental health" was originally used in ancient Greece by Plato, who advocated a mentalist view of mental disorder and defined it as reason supported by temper and dominating over passion. Around the same period, Hippocrates³, using a more physicalist perspective, described various mental illnesses as a range of disequilibrium's between various types of "humours." The idea that "mental illness is brain illness," first put forth by Griesinger than two centuries ago, has greatly influenced the more modern medical understanding of mental illness. The previous few decades have seen significant advancements in brain imaging and genomics, which have strengthened biological psychiatry more than ever. helped to legitimize mental

health conditions as brain diseases. The prevalence of the nearly entirely biogenetic conceptual framework for understanding mental illness has affected mental health professionals and initiatives aimed at enhancing public perceptions of the mentally ill. Because of this, the adage "mental illness is like any other illness" has come to be taken for granted and is, by definition, an acknowledged fact that doesn't require evidence to support it.[1]

Every mental health condition has distinct symptoms. Nonetheless, there are a few universal warning indicators that may indicate to you that someone requires expert assistance. Among these indicators are marked changes in eating or sleeping patterns, severe mood swings, abuse of alcohol or drugs, excessive anger, hostility, or violent behavior, strange or grandiose ideas, excessive anxieties, prolonged depression and apathy, marked

changes in personality, and the inability to cope with problems and day-to-day activities. Anyone exhibiting any of these symptoms thought to consult a licensed healthcare provider for assistance.[2]

Teenage mental health issues place a heavy financial and social burden on families and society in terms of distress, treatment costs, and years of disability, making early detection, accurate diagnosis, and prompt treatment of these disorders essential. Additionally, teenage mental health issues can worsen into adulthood, impacting not only one's physical but also one's mental well-being and prospects for a happy life (World Health Organization, 2018) [3].

Background of the Study

Adolescents make up over a fifth of India's population (243 million), making it the country with the highest proportion of adolescents worldwide. 6.5% of the general population and 23.3% of school-age children and adolescents had psychiatric illnesses, according to a meta-analysis. Suicide is the primary cause of death for young people in India, where it has the highest rate in the world. According to the National Mental Health Survey (2015–2016), the prevalence of psychiatric problems in individuals aged 13–17 was 7% and almost equal for both genders. The total toll that mental illnesses take on society is staggering, and there is a dearth of knowledge on the gravity of mental health issues.[4]

The multifaceted nature of adolescent mental well-being is impacted by changes in teenage risks and behaviours in the twenty-first century. In addition to the traditional hazards to mental health—low socioeconomic position, unfavourable living circumstances, substance misuse, early sexual engagement, and bullying—newer risks include social media use, cyberbullying, and a lack of social support from peers, parents, or instructors. Adolescents who do not receive enough emotional and financial support may experience overwhelming feelings of stress, uncertainty, and powerlessness [5].

Need of the Study

Globally, the prevalence rate is nearly 15% of young people ages 10-19 experience a mental health disorder, accounting for 13% of the global burden of disease in this age group. In 2016, almost 20% of children in the United States ages 2-8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.³ In 2018- 2019, about 15% of

adolescents ages 12-17 years had a major depressive episode, 37% had persistent feelings of sadness or hopelessness, and nearly 20% reported that they seriously considered suicide [5].

According to population totals from the 2011 Census, there are 158.8 million children in India between the ages of 0 and 6—13.12% of the country's total population. Thirty-nine percent of the nation's overall population is in the 0–14-year age bracket. The adolescent population in India makes up 25% of the nation's 243 million total population, or 20% of the 1.2 billion adolescents worldwide. 35–50% of people live in low- and middle-income countries as children and adolescents. Before the age of 14, over half of all lifetime mental illnesses start. prevalence rates for childhood and adolescents 10% to 20% of people have mental illnesses [6].

Epidemiological studies report prevalence rates for psychiatric disorders varying from 9.5 to 370 per 1000 people in India [7].

Aim of the Study

From the findings, the researcher felt the prevalence rate is very high among adolescents. Hence, it is needed to assess the knowledge of warning signs of mental illness and educate the adolescents about its prevention.

Primary Objective

1. To assess the effectiveness of planned teaching programme on knowledge regarding warning signs of mental illness and its prevention of among adolescents in selected educational institutions.

Secondary Objective

1. To assess the pretest knowledge regarding warning sign of mental illness and its prevention among adolescents.
2. To assess post-test knowledge regarding warning sign of mental illness and its prevention among the adolescents.
3. To evaluate the effectiveness of planned teaching programme among adolescents.
4. To find out the association between post-test knowledge score with selected demographic variables

Hypothesis:

Hypothesis will be tested at 0.05 level of significance.

H0: There is no significant difference between pre and post-test knowledge regarding warning signs of mental illness and its prevention

among adolescents from selected educational institutions.

H1: There is significant difference between pre and post-test knowledge regarding warning signs of mental illness and its prevention among adolescents from selected educational institutions.

METHODOLOGY

Research Approach: In this study quantitative approach is used.

Research Design: The research design selected for the present study was Quasi-experimental One group pre-test post-test design.

Setting of the Study

The present study was conducted in selected educational institutions after obtaining permission from concerned authority.

Variables:

- **Independent Variables:** The independent variable in this study is planned teaching program.
- **Dependent Variables:** The dependent variable in this study is knowledge regarding warning signs of mental illness and its prevention among the adolescents

Population: In this study population were all adolescents in selected educational institutions.

Target Population: In this study the target population include adolescents in selected educational institutions.

Accessible Population: The accessible population selected for adolescents in selected educational institutions and are available during data collection.

Sampling Technique: In the present study non probability convenient sampling technique is used.

Sample Size:

In this study, the sample consisted of 70 adolescents in selected educational institutions.

Validity and Reliability

The content and construct validity of the tool was determined by 16 experts; including mental health nursing specialty, MD psychiatrist-2, statistician-2 etc. The correlation coefficient 'r' of the questionnaire was 0.9567 which is more than 0.9. Hence the tool was found to be reliable.

Pilot Study: A sample of 7 adolescents was selected from the educational institution. The investigator approaches the sample

individually, discussed the objective of study and obtained consent for participation in study.

Description of Tool:

Section A: Semi Structured Questionnaire on Demographic Variable:

- It includes total 9 demographic variables like age, gender, educational status a head of family, religion, type of family., occupation of head of family, monthly family income, knowledge regarding mental illness if yes than sources of knowledge

Section B: Self-Structured Questionnaires on Knowledge Regarding Warning Signs of Mental Illness and its Prevention

- The questionnaire consisted of 30 questions on knowledge about knowledge regarding cold-chain. Total score was 30. Each question carries 1 mark and a zero for the wrong answer.

RESULT

Percentage Wise Distribution of Adolescents According to Their Demographic Characteristics

- **Age:** Majority of the adolescents is 64.3% were in the age group of 16-17 years, 20.0% of them were in the age group of 18-19 years, 15.7% of them were in the age group of 14-15 years
- **Gender:** Majority of the adolescents is 64.3% were is the male, 34.3% of them were is the female 1.4% of them were is the transgender
- **Religion:** Majority of the 61.4% of adolescents were Hindus, 31.4 % of them were Buddhist, 1.4% of them were Christian, 2.9% of them were Muslim and others 2.9%.
- **Education of Father:** Majority of the adolescents fathers education is were 35.7 % up to higher secondary, 22.9% of them were up to primary, 15.6% of them up to secondary, 18.6% of them up to graduate
- **Occupation of Father:** Majority of the 48.6% of adolescent's fathers occupation were private service, 22.9% of them were doing others service, 17.1 % of them were self-employed and 5.7% of them were govt service, 5.7% of them were doing housemaker.
- **Monthly Family Income:** Majority of the 41.4% of adolescents having monthly family income between Below 15000 Rs., 31.4% were having between 15001-20000 Rs., 17.1% were having monthly family

income ≥ 25001 Rs. and 10.0% were having monthly family income 20001-25000 Rs.

- Type of family: Majority of the 58.6% were from nuclear families 32.9% of adolescents were from joint families, 8.6% of adolescents were from extended families.
- **Knowledge About Mental Illness:** Majority of the adolescents 51.4% having knowledge about mental illness, were as 48.6 having no knowledge about mental illness

- **Source of Knowledge:** Majority of the adolescents about 41.7% having source of knowledge from teacher, 25.0% were having source of knowledge from their friends, 19.4% were having source of knowledge from others, 11.1% were having source of knowledge from social media, 2.8% were having source of knowledge from their family

Table 1: Assessment with Level of Pre-Test Knowledge Regarding Mental Illness and its Prevention n=70

Level of pre-test knowledge	Score Range	Level of Pre-test Knowledge Score	
		No of Adolescents	Percentage
Poor	0-20%(0-6)	9	12.86
Average	21-40%(7-12)	26	37.14
Good	41-60%(13-18)	22	31.43
Very Good	61-80%(19-24)	10	14.29
Excellent	81-100%(25-30)	3	4.29
Minimum score		2	
Maximum score		26	
Mean knowledge score		13 $\pm$ 5.87	
Mean % Knowledge Score		43.33 $\pm$ 19.59	

Table no 1 shows that 12.86% of the adolescents had poor level of knowledge score, 27.14% had average, 31.43% had good, 14.29% had very good and 4.29% had excellent level of knowledge score.

Minimum knowledge score in pretest was 2 and maximum knowledge score in pretest was 26. Mean knowledge score in pretest was 13 $\pm$ 5.87 and mean percentage of knowledge score in pre-test was 43.33 $\pm$ 19.59.

Table 2: Assessment with Level of Post-Test Knowledge Regarding Mental Illness and its Prevention n=70

Level of post-test knowledge	Score Range	Level of Post-test Knowledge Score	
		No of Adolescents	Percentage
Poor	0-20%(0-6)	0	0
Average	21-40%(7-12)	0	0
Good	41-60%(13-18)	0	0
Very Good	61-80%(19-24)	22	31.43
Excellent	81-100%(25-30)	48	68.57
Minimum score		22	
Maximum score		30	
Mean knowledge score		26.04 $\pm$ 2.00	
Mean % Knowledge Score		86.80 $\pm$ 6.67	

The table no 2 shows that 31.43% of the adolescents had very good and 68.57% had excellent level of knowledge score.

Minimum knowledge score in post-test was 22 and maximum knowledge score in post-test was 30.

Mean knowledge score in post-test was 26.04 ± 2.00 and mean percentage of knowledge score in post-test was 86.80 ± 6.67 .

Table 3: Significance of Difference between Knowledge Score in Pre and Post- Test of Adolescents $n=70$

Overall	Mean	SD	Mean Difference	Calculated t-value	df	Tabulated t-value	p-value	Level of significance
Pre-Test	13	5.87	13.04 ± 5.85	18.64	69	1.96	0.0001	S, $p < 0.05$
Post-Test	26.04	2.00						

Table 3 shows the comparison of pretest and post-test knowledge scores of adolescents regarding warning signs of mental illness and its prevention from selected educational institutions. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for $n=70-1$ i.e. 69 degrees of freedom was 1.96. The calculated 't' value i.e. 18.54 are much higher

than the tabulated value at 5% level of significance for overall knowledge score of adolescents which is statistically acceptable level of significance. Hence it is statistically interpreted that the Planned Teaching Programme on knowledge regarding warning signs of mental illness and its prevention from selected Educational Institutions was effective. Thus the H1 is accepted.

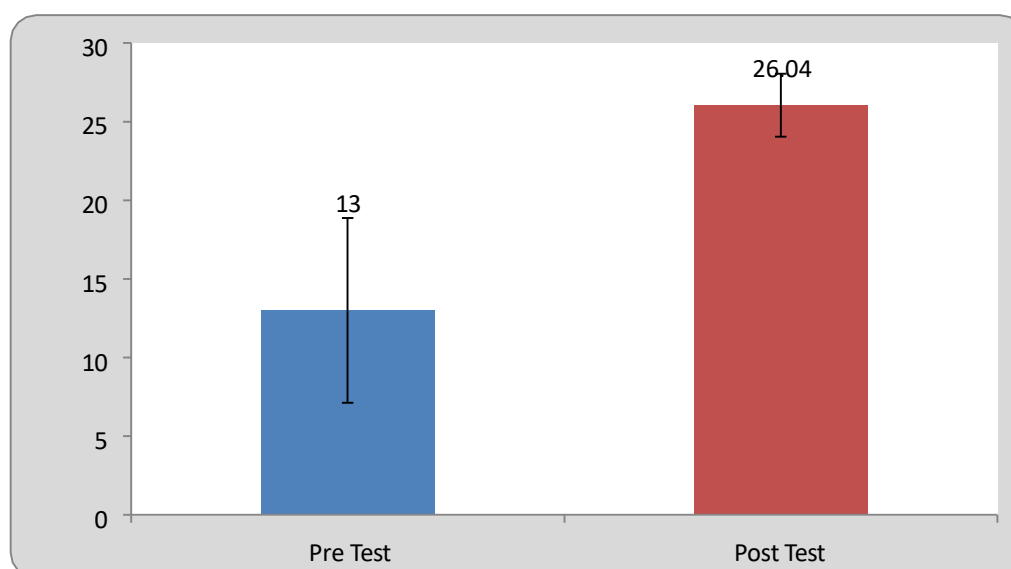


Figure 1: Bar Diagram Representing Significance of Difference between Knowledge Score in Pre and Post-Test of Adolescents

DISCUSSION

Mr. Jain, A., & Patel, P.(2021) researcher evaluates how well adolescents in a few Ahmedabad city schools understood the warning signs and primary prevention of mental illness as part of a planned education program. The study's goals were to determine how well-informed teenagers at a few Ahmedabad city schools were on the warning signals and primary prevention of mental illness. In order to assess the efficacy of a planned curriculum on mental health warning signs and primary

prevention among teenagers in a few Ahmedabad city schools, to determine the relationship between a few chosen demographic factors and the degree of awareness about mental disease warning indicators and primary prevention.[8] The present study was undertaken to assess effectiveness of planned teaching program on knowledge regarding warning signs of mental illness and its prevention among adolescents in selected educational institutions. In the present study post-test knowledge score of adolescents

was higher than pre-test. It shows that 68.57% of the adolescents had excellent level of knowledge score, 31.43% of adolescents had very good level of knowledge score. The mean and standard deviation of the result reveals that mean score is 13 and SD is 5.87 in pre- test and mean score is 26.04 and SD 2.00 in post-test. Both the studies demonstrate the effectiveness of a planned teaching programme (PTP) in improving adolescents' knowledge regarding warning signs and prevention of mental illness. In present study with a sample size of 70, the pre-test findings showed that 12.86% of adolescents had poor knowledge, 27.14% had average, 31.43% had good, 14.29% had very good, and only 4.29% had excellent knowledge. However, after the intervention, the post-test results revealed a significant improvement, with 31.43% having very good knowledge and 68.57% achieving excellent knowledge levels. The mean pre-test score was 13 ± 5.87 , which increased to 26.04 ± 2.00 in the post-test. Similarly, in other study conducted by Jain and Patel among 120 adolescents in Ahmedabad also showed improvement, where the pre-test mean score of 10.10 increased to 15.73 in the post-test, with a mean difference of 5.63. Both studies used a one-group pre-test post-test design and applied the t-test for analysis. The calculated t-values in present study (18.64) and other study (14.42) were much higher than the tabulated value at 0.05 level of significance, indicating that the improvement in knowledge was statistically significant and not due to chance. Hence, in both studies, the research hypothesis (H1) was accepted and the null hypothesis (H0) was rejected. Furthermore, both studies found a significant association between knowledge scores and demographic variables such as age and educational level, suggesting that these factors influence awareness levels among adolescents. The findings imply that structured teaching programmes are highly effective tools for increasing mental health awareness and should be incorporated into school health education. In conclusion, both studies clearly establish that planned teaching programmes significantly enhance adolescents' knowledge regarding warning signs and prevention of mental illness and are essential for promoting mental health awareness.

CONCLUSION

The study findings clearly demonstrate that the Planned Teaching Program significantly improved the knowledge of adolescents

regarding warning signs of mental illness and its prevention. In the present study Assessment of adolescents have good and average level of knowledge regarding warning signs of mental illness and its prevention. There was a significant increase in knowledge of adolescents after introduction of planned teaching programme. To find the effectiveness of planned teaching programme paired „t“ test was applied and post test score was significantly higher at 0.05 level than that of pre-test score. It reveals that in post-test 31.43% of the adolescents had very good and 68.57% had excellent level of knowledge score. Thus, it was concluded that planned teaching programme on knowledge regarding warning signs of mental illness and its prevention in selected educational institution was found to be effective as a teaching strategy. Hence, based on the above cited findings, it was concluded undoubtedly that the educational intervention by the investigator in the form of planned teaching programme helped the adolescents to increase knowledge regarding warning signs of mental illness and its prevention

Implication of the Study

The findings of this study have implications for Nursing Practice, Nursing Education, Nursing Administration and Nursing Research.

Recommendation

- A similar study can be replicated on a larger population for the generalization of the findings
- A Study may be conducted to evaluate the effectiveness of planned teaching programme on knowledge regarding warning signs of mental illness and its prevention among adolescents in selected educational institution.
- A comparative study can be done to assess the knowledge regarding warning signs of mental illness and its prevention among adolescents in selected educational institution.

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Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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