



## “Self- Instructional Module On Knowledge Regarding Mental Health & Mental Illness Among Adults”

Dr. Nitin Chicholkar<sup>1</sup>,

<sup>1</sup>Assistant Professor,

Index Nursing College, Malwanchal University,

Indore M.P.

### ABSTRACT

**Background and Aim:** Mental health and mental illness are critical public health issues that affect individuals and communities worldwide. Despite their significance, knowledge regarding these topics often remains limited in rural populations. This study aimed to evaluate the effectiveness of a self-instructional module (SIM) on knowledge regarding mental health and mental illness among adults in selected village areas of Indore (M.P.).

**Methods:** A pre-experimental pre-test and post-test design was adopted for the study. The sample comprised 60 adults selected through non-probability purposive sampling. Data were collected using a structured questionnaire divided into two sections: Section A covered demographic variables, and Section B assessed knowledge on mental health and mental illness. Descriptive and inferential statistics were used for data analysis.

**Results:** The findings revealed that the mean pre-test knowledge score was 16.77, while the mean post-test score increased to 24.16. The mean difference of 7.39 was statistically significant ( $p < 0.05$ ), indicating the effectiveness of the SIM. In the pre-test, 70% of participants had poor knowledge, 25% had average knowledge, and 5% had good knowledge, with none achieving excellent knowledge. Post-test results showed a significant improvement, with 35% attaining excellent knowledge, 55% good knowledge, 10% average knowledge, and none with poor knowledge. There was a significant association between pre-test knowledge scores and variables such as age, income, and type of family, while no significant association was observed with marital status, religion, educational status, or history of mental illness in the family.

**Conclusion:** The self-instructional module significantly improved adults' knowledge regarding mental health and mental illness. Such interventions can be instrumental in raising awareness and fostering better mental health practices in rural communities.

**Keywords:** *mental health, mental illness, self-instructional module, knowledge assessment, rural population.*

### Introduction

WHO defines mental health “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Mental health is a condition of psychological maturity—a relatively constant enduring function of personality. More than the absence of mental disease symptoms, it is a condition of personal and social functioning with a

maximum of effectiveness and satisfaction. A Guide for Teachers and Others Working in Schools (Young Minds, 1996), proposed that: “Mental health is often confused with mental illness, and as such quickly passed over to psychiatrists and other specialists to sort-out. But in fact, mental health is simply what it says it is. It is about the health of the mind—that is, the way we feel, think, perceive and make sense of the world.”

Good mental health is integral to human health and well-being. A person's mental health and many common



mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Over the course of one's life, if one experiences mental health problems, thinking, mood, and behavior could all be affected. Many factors contribute to mental health problems, including biological factors, such as genes or brain chemistry, life experiences, such as trauma or abuse and family history of mental health problems. Mental health is a global public health issue. The concept of mental health is aligned with the central principle to 'leave no one behind' and to the contemporary notions of human capabilities and capital. To summarize, mental health is promotion of mental well-being, prevention of mental disorders, and rehabilitation of people suffering from mental disorders.

### 1.3 PROBLEM STATEMENT

**“A STUDY TO ASSESS THE EFFECTIVENESS OF SELF- INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING MENTAL HEALTH & MENTAL ILLNESS AMONG ADULTS IN SELECTED VILLAGE AREAS INDORE (M.P.)”**

**1.4 OBJECTIVE OF THE STUDY:** -To assess the pre test and post test knowledge score regarding mental health & mental illness among adults in selected village areas of Indore.

1. To assess the effectiveness of Self instructional module regarding mental health & mental illness among adults in selected village areas of Indore
2. To determine the association between pre test knowledge score regarding mental health & mental illness among adults with their selected socio demographic variable.

### 1.5 HYPOTHESIS: -

**RH1:** There will be significant difference between pre test knowledge and post test knowledge score regarding mental health & mental illness among adults at the level of  $P \leq 0.05$ .

**RH2:** There will be significant association between the pre test knowledge score and selected socio-demographic variables at the level of  $P \leq 0.05$ .

### Material and Methods

**Research approach:** Quantitative research approach  
**Research design** Pre experimental pre-test post-test design to measure the knowledge regarding mental health & mental illness among adults.

### Variables

**Independent variable:** Self instructional module on mental health & mental illness.

**Dependent variable:** To the knowledge level mental health & mental illness among adults.

**Exogenous variable:** Demographic data include age, sex, religion, income and Types of family.

**Research setting:** Morathat in community area, Indore (M.P.), with a total strength of 100 adults.

**Population:** In the present study the population for this study includes all adults at Morathat community area, Indore.

**Target population:** The target population in this study comprised of all adults at Morathat community area, Indore.

**Accessible population:** The accessible population in this study was the community area adults who were available and willing to participate in the study at Morathat in community area, Indore (M.P.),

**Sample and Sample Size:** 100 adults Morathat in community area, Indore (M.P.),

**Sampling Technique:** Simple random sampling technique was used to select the sample.

### CRITERIA FOR SELECTION SAMPLE

#### Inclusion Criteria

1. Adults who are available in selected Village areas, Indore.
2. Adults who are not willing to participate in the study.
3. Adults who are able to read and write English or Hindi

#### Exclusion Criteria

1. Those who don't understand Hindi and English.
2. Adults who are sick at the time of data collection.



## DEVELOPMENT AND DESCRIPTION OF THE TOOLS

The investigator developed a structured questionnaire to assess the knowledge score regarding mental health & mental illness before and after providing Self instructional module among adults of selected Village areas at Indore.

A structured knowledge questionnaire was prepared to assess the knowledge score regarding mental health & mental illness before and after providing Self instructional module the tool consisted of two sections.

### Section-A: Demographic variables

The demographic data consisted of baseline information of adults regarding their age of adults, sex, marital status, religion, educational status, income, types of family, history of mental illness in family.

**Section-B:** Structured knowledge questionnaire. There were total 32 item was related to characteristics of mental health. Multiple choice based questionnaires have prepared. For correct answer it was marked as one and for wrong answer it was marked as zero.

**Scoring Procedure:** The scoring procedure categorized participants' knowledge about mental health and mental illness into four levels based on their test scores. Scores ranging from 0 to 8 indicated poor knowledge, reflecting a minimal understanding of the subject. A score of 9 to 16 denoted average knowledge, suggesting a basic but limited grasp of the concepts. Participants scoring between 17 and 24 were classified as having good knowledge, demonstrating a solid understanding of mental health and mental illness. Finally, scores from 25 to 32 indicated excellent knowledge, representing a comprehensive and thorough understanding of the topic. This categorization allowed for a clear assessment of knowledge levels and the effectiveness of the intervention.

## DATA COLLECTION PROCESS

Formal permission was taken from concerned authorities. The investigator collected data from Morodhat Hat Indore (M.P.). The investigator discussed the study with the authorities of the selected village areas. The investigator

approached the sample individually, discussed the objectives of the study and obtained consent for participation in the study. **Phase I :** In this phase, pre test was conducted by distributing the structure knowledge questionnaire and instructions was given on answering the questionnaire. **Phase II :** In this phase, Self instructional module on knowledge score regarding Mental health & mental illness was administered to the subjects. All the questions or queries asked by the subjects were clarified. **Phase III:** In this phase, post test was conducted on 7<sup>th</sup> days of Self instructional module. It was conducted by administering the same structured knowledge questionnaire. The investigator did data collection on schedule of village time and hours. All samples gave good co- operation during data collection procedure and no problem was faced during data collection.

## RESULTS & Research Findings

### Section –I : Social Demographic Variables

- 1. Age (in years)-**The data presented in the above table shows, the number of sample was 04 (4%) in the age group of 20 -25 year, 10 (10%) adults were in the age group of 26 – 30 years, 41(41%) adults were in the age group of 31 – 35 years and 45 (45%) in the age group of 36 years and above adults.
- 2. Gender -** Percentage sex of adults, 30 (30%) adults were male, 70(70%) adults were female.
- 3. Marital status:** Percentage of marital status 12 (12%) adults were Unmarried, 78 (78%) adults were Married, 08 (8%) adults were Widow, and 02 (2%) adults were Divorced.
- 4. RELIGION:** 95(96%) adults were Hindu, 03(3%) adults were Christian, 01(1%) adults were Muslim and 01 (1%) adults were others.
- 5. Educational status:** educational qualification of adults, 87 (87%) adults were Primary school, 09 (9%) adults were Middle school, 03 (3%) adults were High school, and 01 (1%) adults were College.
- 6. Income:** Regarding monthly family income 04(4%) adults were >2000, 08 (8%) adults were

2001- 5000, 86 (86%) adults were 5001-10000, 02 (2%) adults were <10001.

7. **Type of family:** Regarding Type of family 74 (74%) adults were Joint, 25(25%) adults nuclear and 01 (1%) adults were extended family.
8. **History of mental illness in family:** Regarding history of mental illness in family Yes 20 (20%) and 80 (80%) adults were no.

**Section –II : analysis and interpretation of data collected on structured knowledge questionnaire**

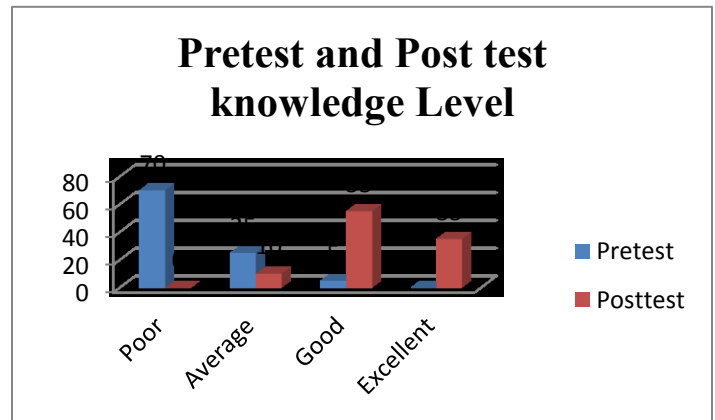
**Table No. 1: Grading of sample based on before and after intervention score**

**N=100**

Score	Grade	Pretest score		post test score	
		Frequency	Percentage	Frequency	Percentage
0-8	Poor	70	70%	00	00%
9-16	Average	25	25%	10	10%
17-24	Good	05	05%	55	55%
25-32	Excellent	00	00%	35	35%
<b>Total</b>		<b>100</b>	<b>100%</b>	<b>100</b>	<b>100%</b>

**Fig. no 01 show Distribution of samples according to the Pretest and Post test knowledge scores of adults regarding mental health & mental illness.**

The data presents the pretest and posttest scores of



participants categorized by their performance levels—Poor, Average, Good, and Excellent—based on a score range. Before the intervention, 70 participants (70%) scored in the Poor category (0-8), 25 participants (25%) in the Average category (9-16), and only 5 participants (5%) in the Good category (17-24). None scored in the Excellent range (25-32). After the intervention, a significant improvement is observed: no participants remained in the Poor category, 10 (10%) moved to Average, 55 (55%) scored in the Good category, and 35 (35%) achieved Excellent scores. This demonstrates a remarkable shift in performance, indicating the effectiveness of the intervention in enhancing the participants' knowledge or skills. The total number of participants remained consistent at 100.

**SECTION II: comparison of the pre test and post test knowledge on adults regarding mental health & mental illness.**

**Table 5 : Effectiveness of Self instructional module**

Knowledge score	Mean	MeanDifference	SD	Df	Paired 't' value	P Value
Pre test	16.77	7.39	3.29	99	26.18	<0.5
Post test	24.16		6.19			

\*p<0.05 table

The paired value was computed to determine the effectiveness of self instructional module on mental health & mental illness among adults. The following research hypothesis was started.

**H1** - The mean post- test knowledge scores of the among adults will be significantly higher than their mean pre – test knowledge scores. **Table 5** – Illustrates that the mean post – test knowledge scores 24.16 was greater than the mean pre – test score 16.77.

The mean difference between pre – test and post - test score was 7.39. Paired t test knowledge score is 26.18 \*p< 0.05 is significant at 0.05 levels. Hence research hypothesis H1 was accepted. This indicates that teaching programme was effective in increasing the knowledge of among adults regarding mental health & mental illness among adults.

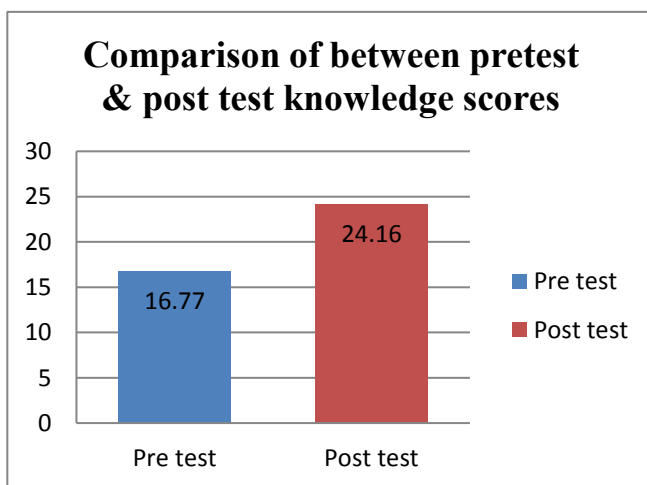


Fig.13 Comparison of between pretest & post test knowledge scores of simple.

## ANALYSIS AND INTERPRETATION OF ASSOCIATION BETWEEN THE PRE TEST

## KNOWLEDGE SCORES WITH SELECTED DEMOGRAPHIC VARIABLES.

**Table 6: Association between the Pre Test Knowledge Scores with Selected Demographic Variables.**

S.No.	Particular	Pre- Test				Df	$\chi^2$ Value
		Poor	Average	Good	Excellent		
1	Age (in years )						
	20 -25 year	03	01	00	00	03	25.71 Significant (P= 0.002)
	26 – 30 years	08	01	01	00		
	31 – 35 years	37	01	02	01		
	36 years and above	42	02	01	00		
6	Income						
	>2000	03	01	01	00	03	34.28 significant (P= 0.005)
	2001-5000	06	02	00	00		
	5001-10000	83	02	01	00		
	<10001	01	01	00	00		
7	Type of family						
	Joint	65	05	03	01	04	33.45 significant (P= 0.004)
	Nuclear	22	02	01	00		
	Other	01	00	00	00		
8	Source of information						
	Mass Media	19	00	01	00	02	34.962 significant (P= 0.003)
	ASHA workers	73	04	02	01		

The analysis highlights the significant associations between demographic and contextual factors with pre-test evaluations. Age groups showed a strong correlation ( $\chi^2=25.71, p=0.002$ ), indicating that performance levels varied significantly across age categories. Similarly, income levels demonstrated a notable impact on outcomes ( $\chi^2=34.28, p=0.005$ ).



0.005 $\chi^2=34.28, p=0.005$ ), with lower income groups more prominently represented in poorer performance categories. The type of family also showed a significant relationship ( $\chi^2=33.45, p=0.004$ ), suggesting that joint family systems might provide better support or resources for educational outcomes. Furthermore, the source of information was strongly linked to performance ( $\chi^2=34.962, p=0.003$ ), with individuals relying on ASHA workers exhibiting better scores compared to those informed by mass media. These findings underscore the importance of socio-demographic and informational factors in influencing educational or evaluative outcomes.

**H2:** The hypothesis testing reveals significant relationships between key variables and pre-test performance levels, as indicated by P-values below 0.05 across all factors. This supports the alternative hypothesis that demographic variables such as age, income, family type, and source of information significantly influence evaluation outcomes. The chi-square analysis confirms that these associations are unlikely to occur by chance, highlighting their importance in shaping performance metrics.

## Discussion

1. Pre-test results showed that 70% of participants scored in the Poor category, 25% in Average, and 5% in Good, with none achieving Excellent scores. Post-test results demonstrated significant improvement, with 55% scoring Good and 35% achieving Excellent, and no participants remaining in the Poor category.
2. The Self-Instructional Module (SIM) was effective, as evidenced by the increase in mean scores from 16.77 (pre-test) to 24.16 (post-test), with a mean difference of 7.39.
3. A paired t-test value of 26.18 ( $p < 0.05$ ) confirmed the significant effectiveness of the intervention, validating the research hypothesis (H1) that post-test knowledge

scores would be significantly higher than pre-test scores.

4. Chi-square analysis revealed significant relationships between pre-test knowledge and variables such as age, income, family type, and source of information, emphasizing their role in influencing outcomes.
5. The results highlight the effectiveness of teaching interventions like SIM in enhancing knowledge and demonstrate the importance of considering demographic factors to tailor educational programs for improved outcomes.
6. The hypothesis testing reveals significant relationships between key variables and pre-test performance levels, as indicated by P-values below 0.05 across all factors. This supports the alternative hypothesis that demographic variables such as age, income, family type, and source of information significantly influence evaluation outcomes. The chi-square analysis confirms that these associations are unlikely to occur by chance, highlighting their importance in shaping performance metrics.

## Summary

The study demonstrated the effectiveness of a Self-Instructional Module (SIM) in improving knowledge about mental health and mental illness among adults. Pre-test results showed 70% of participants with poor knowledge, but post-test results revealed a significant improvement, with 55% scoring Good and 35% achieving Excellent. The mean knowledge score increased from 16.77 to 24.16, with a mean difference of 7.39, and a paired t-test value of 26.18 ( $p < 0.05$ ) confirmed the intervention's significance. Demographic variables such as age, income, and family type showed significant associations with pre-test knowledge, underscoring their role in shaping educational outcomes. These findings highlight the potential of targeted teaching interventions to enhance awareness and understanding.

## Conclusion

The study concludes that the Self-Instructional Module (SIM) was highly effective in improving knowledge about mental



health and mental illness among adults. Significant improvements were observed in post-test scores, with a marked shift from poor to good and excellent performance levels. Statistical analysis confirmed the intervention's effectiveness, and demographic factors like age, income, and family type significantly influenced baseline knowledge levels. These findings emphasize the importance of targeted educational strategies in increasing awareness and understanding of mental health issues in community settings.

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