A Study to Assess Effectiveness of Structured Teaching Programme for The Caregivers on Knowledge Regarding Psycho Social Interventions on Caring the Mental Health Needs of Mentally Ill Inmates of Beggar Relief And Rehabilitation Center

Greeny Treesa Jose[1]*, Dr. V.V. Mohan Chandran[2], Dr. Christopher Sudhakar[3]

[1]PhD Scholar, Psychiatry Department, Yenepoya University, Mangalore, Karnataka, India
[2]Professor Emeritus, Psychiatry Department, Yenepoya Medical College, Yenepoya University, Mangalore, Karnataka, India
[3]Professor, Manipal College of Nursing, Manipal University, Mangalore, Karnataka, India

*Corresponding author
Greeny Treesa Jose

Abstract: A study was conducted to assess effectiveness of structured teaching programme on knowledge regarding psycho social interventions for the caregivers on caring the mental health needs of mentally ill inmates. The study was conducted in Shivamoga Beggar Relief and Rehabilitation Centre. Total samples were 10. Non probability purposive sampling technique was used. A structured questionnaire was used as an instrument to measure the level of knowledge of caregivers. It was seen that the pre - test mean $(6.8+\_2.7)$ was lesser than post – test mean $(23.7+\_1.9)$. Here p value is $(<0.001*)$ which is highly significant. The study revealed that the 60% samples had poor knowledge and 40% of them had average knowledge in pre- test. But in post-test 80% of samples had excellent knowledge and 20 % had good knowledge. The study concludes that structured teaching programme was effective in improving the knowledge of caregivers regarding psycho social interventions. We have performed Fishers exact test to know the significant association between knowledge and selected demographic variables. We observed that there is no significant association between knowledge and selected demographic variables.
Keywords: Knowledge, caregivers, beggar relief and rehabilitation center, psycho social interventions, mental health needs, central relief committee.

INTRODUCTION

According to Karnataka beggary prevention act 1975, people who are begging in the public are arrested and detained in beggar relief and rehabilitation center for a period of 3 months to one year. During screening most of them are identified with severe mental illnesses like Schizophrenia, BPAD, Mania, Depression etc. One percent of the population of India includes beggars, homeless mentally ill, and persons with disability. Psychiatric disorders are generally seen to be common among homeless individuals [3]. A study conducted among the 49 inmates of beggar home in Vadodara (Gujarat) shows that 38.8 percent of inmates were suffering from one or other types of psychiatric disorders. The study also revealed the high scores on GHQ among the beggars suffering from the psychiatric illness[1]. Another study was conducted in beggar's colony, Bangalore. A period of prevalence of 131.09/1000 serious neuro psychiatric morbidity was found with psychoses, mental retardation and epilepsy being more frequent than in general population studies[2]. A similar study conducted among 50 inmates of a center for destitutes shows that 42 (84%) inmates were suffering from psychiatric disorders. Most common psychiatric disorder among them was psychotic disorders in 19 (38%) [3]. The caregivers (nurses and warders) working in RRC are not professionally trained in psychiatry. Aim of the study is to build the knowledge of the caregivers regarding psycho social interventions on caring the mental health needs of mentally ill inmates of beggar relief and rehabilitation center of Karnataka. Learning more about mental health care will help the caregivers to better care the mentally ill inmates.

MATERIALS AND METHODS

Evaluative research approach is used in this study. The research design used in this study is pre experimental research design. Independent variable is structured teaching programme. Dependent variable is knowledge. Study setting is Shivamoga Beggar Relief and Rehabilitation Center. Sample of the present study is caregivers which includes nurses and warders. Sample size of these study is10 caregivers. Purposive

sampling is the sampling technique used in this research study. Ethical clearance was obtained from yenepoya university ethics committee. Permission to conduct study in shivamoga beggar relief and rehabilitation center was obtained from central relief committee (CRC) which is the head office of all 14 beggar relief and rehabilitation centers of Karnataka. SPSS version 23.0 is used for data analysis.

Inclusion criteria
- The caregivers of Relief and rehabilitation center
- The caregivers who know to read and write Kannada, English
- The caregivers who have minimum working experience of 3 months in RRC

Exclusion criteria
- Caregivers who are willing to participate

Details and Description of tools and structured teaching programme

Demographic Performa to collect baseline information of caregivers consisted of 8 items. Knowledge questionnaire for caregivers consisted of 28 items. The prepared tools were validated and Incorporated relevant suggestions. A language expert translated the tool in local language (kannada). The validity of translated tool was re-established by translating it into English. The reliability of the tool was established using cronbach's alpha. The reliability obtained was 0.88. The knowledge questionnaire had 4 sub areas. a) Commonly seen mental illnesses in RRC. b) commonly used psychiatric medications in RRC and its side effects c) technical jargons of commonly practiced or already existing psycho social interventions in RRC d) caring the uncared unmet mental health need - poor social interaction by introducing a non-existing psycho social intervention-social skills training. It consisted of multiple choice questions. Each multiple choice question has four options with one correct response. The respondents have to select the correct answers. Each correct answer carries one mark. The total items were 28 and maximum possible score is 28. The arbitrary scoring is 0-7 poor knowledge, 8-14 average knowledge, 15-21-good knowledge, 22-28-excellent knowledge. The final draft of structured teaching programme was prepared by incorporating valuable suggestions given by the experts, previous literatures etc. A Kannada version of structured teaching programme was prepared and language validity was established by translating it back to English.

Table-1: Socio demographic profile of the caregivers

	Variables	Frequency	Percentage
Age (in years)	21-30	2	20
	31-40	3	30
	41-50	4	40
	51-60	1	10
Gender	Male	7	70
	Female	3	30
Religion	Hindu	10	100
	Muslim	-	-
	Christian	-	-
Education Status	Primary	1	10
	Secondary	6	60
	ANM	2	20
	GNM	1	10
Native State	Karnataka	10	100
	Other states		
Years of experience in RRC(in months)			
	2 - 5	-	-
	6 – 9	3	30
	9- 11	1	10
	≥12	6	60
Have you undergone any training in psychiatric care?			
	No	-	-
	Yes	10	100

Procedure for data collection

Ethical clearance was obtained from Yenepoya University Ethics Committee. The investigator obtained the formal permissions for the study from concerned authorities. The purpose of the study was explained and information sheet was given to the participants. Written consent was obtained from the caregivers. The participants were assured about confidentiality of their responses. The inclusion exclusion criteria were kept in mind while selecting the caregivers. Socio demographic

data is collected from the participants. Participants were asked to fill the knowledge questionnaire. Five to ten minutes was required to complete the questionnaire. Structured teaching programme was delivered to the caregivers. 3 days (5 hours each day) required to conduct structured teaching programme. Provided 7 days of gap and assessed knowledge again.

RESULTS

Most of the caregivers (40%) belong to age group of 41 – 50 years. 70% of the caregivers were females. 100% of the caregivers were Hindus. 60% of the caregivers were having secondary education. 100% of the caregivers belonged to Karnataka state. 60% of the caregivers were having above one year of experience in RRC. And 100% of the caregivers had undergone some training in psychiatric care (Table-1).

Table-2: Comparison of pretest and post knowledge of caregivers

Knowledge	Mean	SD	Mean difference	t value	p value
Pre test	6.8	2.7	16.9	28.8	<0.001*
Post test	23.7	1.9			

N=10

The knowledge of the caregivers was tested using a questionnaire. The Maximum possible score is 28. Minimum score is zero. The statistical test used for comparison between pre-test and post-test scores is student paired t test. It was seen that the pre - test mean (6.8+_2.7) was lesser than post – test mean (23.7+_1.9). Here p value is (<0.001*) which is highly significant.

The table shows that in pre-test 60% of caregiver's knowledge level was very poor and in post-test 80% of caregiver's knowledge level was excellent (Table-3).

Table-3: Category wise distribution of level of knowledge of caregivers

Knowledge	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Poor	6	60	-	-
Average	4	40	-	-
Good	-	-	2	20
Excellent	-	-	8	80

N=10

Table-4: Association of selected demographical variables of the caregivers with pre- test knowledge scores of the caregivers

Variable		Knowledge		p-value
		<Median (6.5)	>Median (6.5)	
Age (in years)	21-30	0	2	0.381
	31-40	2	1	
	41-50	3	1	
	51-60	0	1	
Gender	Male	3	4	1.000
	Female	2	1	
Education Status	Primary	1	0	0.286
		4	2	
Secondary		0	2	
	ANM	0	1	
	GNM			
Years of experience in RRC (in months)				
	6 – 9	0	3	
	9- 11	1	0	
	≥12	4	2	0.167

N=10

We performed Fisher's exact test to know the significant association between knowledge and selected demographic variables. We observed that there is no significant association between pre-test knowledge scores and selected demographic variables such as age, gender, religion, educational status, native state, year of experience in RRC, previous training attended in psychiatric care.

DISCUSSION
Baseline variables of caregivers
In this study 10 caregivers working in beggar relief and rehabilitation center were selected using purposive sampling technique. Most of the caregivers (40%) belonged to the age group 41-50. Most of the caregivers (70%) are males. All the caregivers (100%) are Hindus. Most of the caregivers (60%) had secondary education. All the caregivers (100%) belong to Karnataka state. Most of the caregivers (60%) had above one-year experience. All the caregivers (100%) had undergone some training in psychiatric care. No supporting studies conducted were found among care providers of beggar relief and rehabilitation centers.

Pretest and posttest comparison of caregivers
In the present study, the pre-test knowledge level of the caregivers was very poor (60%) and post-test knowledge level was excellent (80%). In the present study, it was seen that the pre - test mean (6.8+_2.7) was lesser than post – test mean (23.7+_1.9). The p value is highly significant (<0.001*). A study was conducted by Arpitha G titled effectiveness of video assisted teaching programme on knowledge regarding screening of mental illness among staff nurses working in selected hospitals of Vadodara in the year 2015. Findings revels that in pre-test staff nurses having on average 19.75% knowledge regarding screening of mental illness 14.47 ± 2.99 and in post-test, average 55.32 % knowledge regarding screening of mental illness and mean score was 22.13 ± 3.44. This study concludes that there is significant difference between pre-test and post- test knowledge score of staff nurses[4].

Association of selected demographical variables of the caregivers with pre- test knowledge scores of the caregivers
We performed fishers exact test to know is there any significant association between knowledge and selected demographic variables (p>0.05). we observed that there is no significant association between pre-test knowledge scores and selected demographic variables such as age, gender, religion, educational status, native state, year of experience in RRC, previous training attended in psychiatric care

CONCLUSION
The study concludes that the pretest knowledge on caring the mental health needs among the health workers was poor. The knowledge increased during the posttest. The structured teaching program was effective in improving the knowledge of caregivers on caring the mental health needs. The study findings reveal that there is no significant association between pretest knowledge scores of the caregivers with selected demographical variables of the caregivers like age, gender, religion, educational status, native state, and years of experience in RRC, previous training attended in psychiatric care.

REFERENCES
1. Thakker, Y., Gandhi, Z., Sheth, H., Vankar, G. K., & Shroff, S. (2007). Psychiatry morbidity among inmates of the 'beggar home'. *International Journal of Psychosocial Rehabilitation*, *11*(2), 31-36.
2. Sharma, P. S. V. N., Muralidhar, D., & Gopinath, P. S. (1985). Neuropsychiatric morbidity in a beggars'colony. *Indian journal of psychiatry*, *27*(4), 303.
3. Nayak, R. B., Patil, S., Patil, N., Chate, S. S., & Koparde, V. A. (2015). Psychiatric morbidity among inmates of center for destitutes: A cross-sectional study. *Journal of the Scientific Society*, *42*(2), 92.
4. Arpitha, G., Suresh, V. (2015). A study to evaluate the effectiveness of video assisted teaching programme on knowledge regarding screening of mental illness among staff nurses working in selected hospitals Vadodara. IOSR Journal of Nursing and Health Sciences, 4(2), 36-39.