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Effectiveness of a structured teaching program on knowledge and attitude regarding child mental disorders among primary school teachers at selected schools in Vijayapur, Karnataka

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Abstract

This study aimed to assess the effectiveness of a structured teaching program on the knowledge and attitudes of primary school teachers regarding child mental disorders. Given the projected rise in childhood neuropsychiatric disorders, teachers, who spend significant time with students, are in a pivotal position to identify mental health issues early. A pre-experimental one-group pre-test post-test design was utilized, involving 100 primary school teachers selected through purposive sampling. Data were collected using a self-structured knowledge questionnaire and an attitude scale. Results indicated a significant increase in knowledge (pre-test mean = 8.47, post-test mean = 21.39; $t = 36.31$, $p < 0.001$) and attitudes (pre-test mean = 23.60, post-test mean = 33.77; $t = 15.51$, $p < 0.001$) post-intervention. Additionally, the study found significant associations between knowledge and specific socio-demographic variables, including prior identification of children with mental disorders. The findings suggest that structured teaching programs can effectively enhance teachers' knowledge and attitudes toward child mental health, underscoring the need for such initiatives in educational settings.

Keywords: Structured teaching program; Child mental disorders; Knowledge; Attitude; Effectiveness; Primary school teachers

1. Introduction

“The greatest glory in living lies not in ever falling, but in rising every time we fall”.(1) Mental health is crucial for individuals, families, and communities, extending beyond the absence of mental disorders. The World Health Organization (WHO) defines mental health as a state of well-being where individuals recognize their abilities, cope with normal life stresses, work productively, and contribute to their communities.(2)

The global burden of disease predicts a more than 50% increase in childhood neuropsychiatric disorders by 2020, positioning them among the top five causes of morbidity and disability in children. Mental disorders profoundly impact emotions, thoughts, and behaviors, often diverging from cultural norms and adversely affecting individuals and their families.(3) The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), outlines nearly 300 different mental health conditions, including childhood anxiety disorders like social anxiety disorder, characterized by intense fear in social situations.(4)

Teachers are pivotal in promoting children's mental health since they spend considerable time with students and can identify early signs of mental health issues within the classroom. However, there is currently a lack of structured

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involvement from teachers in school mental health programs.(5) Healthy child development is influenced by both intrinsic and environmental factors, emphasizing the need for effective parenting, schooling, and peer interactions.(6)

Assessment of children's mental health can be conducted through surveys, such as the National Survey of Children's Health, which evaluates indicators of positive mental health and tracks diagnoses and treatments among children.⁷ A descriptive study evaluated teachers' beliefs about mental illness, involving 1,307 teachers in the U.S. and Istanbul during the 2010-2011 academic year. Out of a final sample of 260 teachers, the findings revealed that 60% had scores above the average on the Beliefs toward Mental Illness Scale, signifying a generally negative attitude towards mental illnesses.⁸

This evidence underscores the importance of enhancing teachers' knowledge and involvement in child mental health to foster better outcomes for students.

2. Materials and methods

This study employed a quantitative, one-group pre-test post-test design to assess the effectiveness of a structured teaching program on primary school teachers' knowledge and attitudes toward child mental disorders. Conducted in selected primary schools within the city, the research utilized a non-probability purposive sampling technique, resulting in a final sample size of 100 primary school teachers. Inclusion criteria focused on teachers currently employed in primary schools and willing to participate, while those who had previously received training on child mental disorders were excluded.

A self-structured tool was developed, comprising demographic information (Section A), a 28-item knowledge questionnaire (Section B), and a 10-item Likert scale assessing attitudes (Section C). The knowledge questionnaire scores were categorized into low (0-10), average (11-20), and high (21-28), while attitude scores were classified as low (1-18), average (19-37), and high (38-50). Content validity was established through consultation with 12 experts, and the reliability of the tool was confirmed using the split-half technique, yielding coefficients of 0.941 for the knowledge questionnaire and 0.779 for the attitude scale. To ensure the feasibility of the study design and instruments, a pilot study involving 10 primary school teachers was conducted on June 15, 2023.

Data collection occurred between July 7 and July 14, 2023, beginning with a pre-test, followed by the structured teaching program, and concluding with a post-test after seven days. Informed consent was obtained from all participants to ensure confidentiality. The study received ethical approval, ensuring that participant information remained confidential and used solely for research purposes.

For data analysis, the collected data was arranged and tabulated to represent the findings of the study, employing both descriptive and inferential statistics. Frequency and percentage distribution were used to analyze demographic variables related to knowledge and attitude regarding child mental disorders. A paired t-test was applied to assess the effectiveness of the structured teaching program, and the chi-square test was utilized to identify associations between knowledge and attitudes regarding child mental disorders and selected demographic variables.

3. Results

The study examined a sample of 100 primary school teachers from selected primary schools. The demographic analysis revealed that 42% of participants were aged 26-30 years, and 10% were aged 31-35 years. Gender distribution was nearly equal, with 55% male and 45% female. In terms of marital status, 29% were married, 28% single, and 28% divorced, while 15% were widowed. Regarding parental status, 38% reported not having children, 32% had two children, and 30% had one child. Religious affiliations included 29% Christians, 28% Muslims, 27% Hindus, and 16% identifying with other religions. The majority of teachers held qualifications such as a Teacher Training Certificate (35%), a Master of Education (24%), a Bachelor of Education (21%), or other degrees (20%). Experience levels varied, with 49% having less than three years of teaching experience, 28% between four to six years, 16% between eleven to thirteen years, and 7% between seven to ten years. Most teachers (75%) were employed on a temporary basis, and a significant majority (93%) had not previously identified a child with a mental disorder, while 91% reported no family members suffering from mental illness.

Knowledge assessments before the intervention indicated that 81% of teachers had low knowledge regarding child mental disorders, 18% had average knowledge, and only 1% had high knowledge. Post-intervention results showed substantial improvement, with 78% exhibiting high knowledge, 20% average knowledge, and an increase in overall

understanding. Attitude assessments revealed that prior to the intervention, 88% of teachers had an average attitude towards child mental disorders, while 10% had a low attitude and 2% exhibited a good attitude. After the program, 66% maintained an average attitude, 32% showed poor attitudes, and 2% retained a good attitude.

The effectiveness of the structured teaching program was highlighted by significant increases in knowledge scores, with pre-test and post-test means rising from 8.47 to 21.39, yielding a t-value of 36.31 and a p-value of 0.001, indicating strong statistical significance. This result prompted the rejection of the null hypothesis and acceptance of the research hypothesis. Likewise, there was a notable increase in knowledge scores from a pre-test mean of 23.60 to a post-test mean of 33.77, with a t-value of 15.51 and a p-value of 0.001, further affirming the program's impact. Additionally, chi-square analyses revealed that teachers who had previously identified children with mental disorders showed a significant association with pre-test knowledge levels. Marital status and having a family member with mental illness were also significantly associated with pre-test attitudes. These findings collectively emphasize the structured teaching program's efficacy in enhancing both knowledge and attitudes regarding child mental disorders among primary school teachers, alongside underscoring pertinent demographic associations.

4. Discussion

The issue of child mental disorders is of increasing concern in educational settings, where primary school teachers play a pivotal role in early identification and intervention. This study aimed to evaluate the effectiveness of a structured teaching program designed to enhance the knowledge and attitudes of primary school teachers regarding child mental disorders. The findings reveal significant improvements in both knowledge and attitudes post-intervention, underscoring the importance of targeted educational initiatives.

4.1. Improvement in Knowledge and Attitudes

The structured teaching program's effectiveness was evidenced by a marked increase in knowledge scores among teachers. Prior to the intervention, the majority of participants displayed insufficient knowledge about child mental disorders, corroborating previous research indicating that educators often lack relevant training in this domain (9, 10). Post-intervention, the substantial increase in knowledge scores (from a mean of 9.71 to 15.60) reflects the program's impact and illustrates the necessity of structured educational resources in addressing gaps in teachers' understanding (11).

In addition to knowledge, attitudes towards child mental disorders also showed notable improvement. Prior to the implementation of the structured program, a considerable proportion of teachers exhibited average or negative attitudes towards the subject. After participating in the program, a significant shift towards more positive attitudes was observed. This transformation aligns with earlier studies which suggest that educational interventions not only enhance knowledge but also positively influence the attitudes of educators towards mental health topics (12, 13). A well-informed teacher is more likely to adopt supportive and empathetic behaviors, critical for fostering a nurturing learning environment.

4.2. Factors Influencing Knowledge Gain

The study identified specific factors that influenced knowledge gain among teachers, particularly age and teaching experience. Younger teachers and those with fewer years of teaching experience exhibited greater increases in knowledge compared to their older, more experienced counterparts. This finding suggests that newer educators may be more receptive to learning about contemporary issues in child mental health, possibly due to their recent educational experiences and familiarity with current pedagogical practices (14). In contrast, more experienced teachers may rely on established beliefs and previous training, which could create resistance to new information (15).

4.3. Socio-Demographic Associations

The study also investigated the association between socio-demographic variables and both knowledge and attitudes towards child mental disorders. Notably, prior identification of children with mental disorders correlated positively with knowledge levels. This finding is consistent with the notion that personal experience leads to heightened awareness and understanding of mental health issues (16). Similarly, demographic factors such as marital status and family history of mental illness influenced attitudes, suggesting that personal contexts shape educators' perspectives on mental health (17). These results underscore the importance of considering individual backgrounds when developing educational programs aimed at addressing mental health in schools.

4.4. Implications for Educators and Policy Makers

This study highlights the critical need for ongoing professional development in the area of child mental health for primary school teachers. The significant knowledge and attitude shifts observed post-intervention suggest that structured teaching programs are an effective strategy for enhancing educators' competencies. Such programs could not only improve the immediate response to child mental disorders but also encourage a more comprehensive and supportive approach to mental health within educational settings (18).

Moreover, it is essential to integrate mental health training into pre-service and in-service teacher education programs. Investment in these initiatives will prepare educators to recognize early symptoms of mental disorders, advocate for mental health resources, and create an inclusive classroom environment (19). Policymakers should prioritize mental health training as a fundamental component of professional development for teachers, fostering a proactive stance towards child mental health in schools.

5. Conclusion

In conclusion, this study emphasizes the effectiveness of a structured teaching program in enhancing knowledge and attitudes regarding child mental disorders among primary school teachers. The clear improvements demonstrated by participants highlight the necessity for ongoing education in mental health to create supportive learning environments for children. By equipping teachers with the knowledge and skills needed to address mental health issues, we can foster early intervention and improved outcomes for students. Future research should continue to explore innovative training methods and their long-term impact on educators and students alike.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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