Effectiveness of video Assisted role play to reduce the Myths and Misconceptions of Mental Illness

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Abstract

Mental illness refers to mental and emotional impairments; it also comprises mental retardation, organic brain disease, and learning disabilities. It can occur to any person without regard to personal characteristics. This study aimed to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district. An experimental study was conducted among 50 general populations of selected rural areas of Hubballi- Dharwad. Sample was selected using Non-Probability; convenient sampling technique. Pre-experimental; one group pre-test, post-test design was used for the study. Data was collected by structured questionnaire on myths and misconceptions about mental illness. Data analysis was done using descriptive and inferential statistics. Overall result of the study revealed that out of 50 subjects, majority of the subjects 24 (48%) had average knowledge, 16 (32%) had poor knowledge and 10 (20%) had good knowledge whereas, in post-test 43 (86%) had good knowledge, 07 (14%) had average knowledge and none of them had poor knowledge on myths and misconceptions about mental illness.

Keywords: Myths, Misconceptions, General population, Effectiveness, Video assisted role play

Introduction

Health is important for development of the country. World health Organization (WHO) defines health as "a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity". Health is important for development of the country. World health Organization (WHO) defines health as "a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity". WHO defines mental health as mental well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.[1]

Misconception refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness [2]. In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country [3]. The rates are higher in females by approximately 20-25%. As far as causation of

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mental morbidity is concerned, there are many factors similar to any other world community, but delayed health-seeking behavior, illiteracy, cultural and geographic distribution of people are special for India[4].

Need For Study

In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country[4]. The median conservative estimate of 65 per 1000 population has been given by Gururaj *et al*. The rates are higher in females by approximately 20-25%. As far as causation of mental morbidity is concerned, there are many factors similar to any other world community, but delayed health-seeking behavior, illiteracy, cultural and geographic distribution of people are special for India[5].

Access to adequate mental health care always falls short of both implicit and explicit needs. This can be explained in part by the fact that mental illness is still not well understood, often ignored, and considered a taboo. The mentally ill, their families and relatives, as well as professionals providing specialized care, are still the object of marked stigmatization. These attitudes are deeply rooted in society. The concept of mental illness is often associated with fear of potential threat of patients with such illnesses. Fear, adverse attitude, and ignorance of mental illness can result in an insufficient focus on a patient's physical health needs. The belief that mental illness is incurable or self-inflicted can also be damaging, leading to patients not being referred for appropriate mental health care 5.

It is found that current treatment coverage ranges from 15 to 45% only and there is, therefore, gross underutilization of services. Many factors contribute to such underutilization of services. The attitude of individual patient toward his or her mental disorders is important as far as health seeking is concerned [5].

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, and satisfactory health care, and affiliation with a diverse group of people.

Statement of the Problem

"A study to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district."

Objectives of the Study

1. To assess the level of knowledge on myths and misconceptions of mental illness among general population.
2. To assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness.
3. To find the association between pre test level of knowledge on myths and misconceptions of mental illness with selected socio demographic variables.

Operational Definitions

1. Assess: In this study, it refers to the procedure of judging the level of knowledge on myths and misconceptions of mental illness.
2. Effectiveness: In this study, it refers to the extent to which video assisted role play has achieved the results to reduce the myths and misconceptions of mental illness.
3. Video Assisted Role Play: In this study, it refers to the video recorded role play carried out by actions and information on myths and misconceptions of mental illness.
4. Reduce: In this study, it refers to marked decrease level in the myths and misconceptions of mental illness.
5. Myths: In this study, it refers to the false beliefs or ideas about mental illness
6. Misconceptions: In this study, it refers to the incorrect opinion or view on mental illness based on faulty thinking and understanding.
7. Mental Illness: In this study, it refers to a wide range of mental health conditions or disorders that affect mood, thinking and behavior.
8. General population: In this study, it refers to males and females residing in selected areas of Dharwad district.

Material & Methods

Research approach

Evaluative approach was used to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district."

Research Design

Pre-experimental; one group pre-test, post-test design was used to assess the effectiveness of video assisted role play to reduce the myths and misconceptions of mental illness among the general population residing in selected rural areas of Hubballi Taluka, Dharwad district."

Setting

Setting is the physical location and condition in which data collection takes place. The study was conducted in the selected rural areas (Byhatti/ Kusagal) of Hubballi taluka, Dharwad district

Variables Under Investigation

In quantitative studies, concepts are usually referred to as variables which may be qualities, properties or the characteristics of a person, things, or situations that can change or vary. The variables for present study were:

Independent variable: Video assisted role play

Dependent variable: Knowledge on myths and misconceptions of mental illness

Attributive factors: Socio-demographic variables such as age, sex, religion, residential area, marital status, type of family, education, occupation, monthly income of family, any mentally ill person in family, seen mentally ill person, Source of information.

Population

The population is referred to the aggregation of all the units in which researcher is interested. In other words, population is a set of people from which results can be generalized.

Sample and Sample Size

In the present study the sample consists of general population residing in selected rural areas of Hubballi taluka, Dharwad district. The sample size selected for the present study includes 50 general population.

Sampling Technique

The convenient non-probability sampling technique was used for the study, which is a type of non-probability sampling technique.

Criteria for Sample Selection

The criteria for selection of samples in the present study involve:

Inclusion Criteria:

General population who are ,

- Able to understand and read Kannada.
- In the age group between 30-60 years.
- Willing to participate in the study.

Exclusion Criteria:

- General population who are, with vision or hearing difficulty.

Results

Organization and Presentation of the Data

The data collected were edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams represent under following sections.

Section I : Distribution of sample characteristics according to socio- demographic variables.

Section II : Analysis and interpretation of level of knowledge on myths and Misconceptions of mental illness among general population.

Section III : Testing hypotheses

SECTION I: Distribution of Sample Characteristics According To Socio-Demographic Variables.

Table No 1: Frequency and Percentage distribution of subjects according to socio-demographic variables.

n=50

Sr. No	Variable	Frequency (f)	Percentage (%)
1.	**Age**		
	21 to 30years	20	40
	31 to 40 years	19	38
	41 to 50 years	11	22
2.	**Gender**		
	Male	24	48
	Female	26	52
3.	**Religion**		
	Hindu	32	64
	Muslim	5	10
	Christian	5	10
	Others	8	16
4.	**Residential area**		
	Rural Area	50	100
5.	**Personal information**		
	Married	38	76
	Unmarried	11	22
	Divorced	1	02
6.	**Type of family**		
	Nuclear	17	34
	Joint	38	76
7.	**Education**		
	Primary	17	34
	Secondary	17	34
	Higher secondary	9	18
	Graduation	6	12
	Uneducated	1	02
8.	**Occupation**		
	Agriculture	18	36
	Business	7	14
	Govt. Service	3	06
	Private Service	8	16
	Unemployed	14	28
9.	**Monthly income of family**		
	<Rs 10,000	32	64
	Rs 10000 to 20000	14	28
	>Rs20,000	4	08
10.	**Any Mentally ill Person in Family**		
	Yes	3	06
	No	47	94
11.	**Seen mentally ill Person?**		
	Yes	28	56
	No	22	44
12.	**Source of Information**		
	Mass media	12	24
	Television	29	58
	Newspaper	4	08
	Health education programme	1	02
	Books	2	04
	Others	2	04

SECTION-II: Analysis and interpretation of level of knowledge on myths and misconceptions of mental illness among general population.

Table no 2: Mean, Median, Mode, Standard Deviation and Range knowledge on myths and misconceptions of mental illness among general population.

n=50

Area of analysis	Mean	Median	Mode	Standard deviation	Range (H-L)
Pre-test	14.4	15	15	5.71	18
Post-test	36.6	37	36	1.07	3
Difference	22.2	22	21	4.6	15

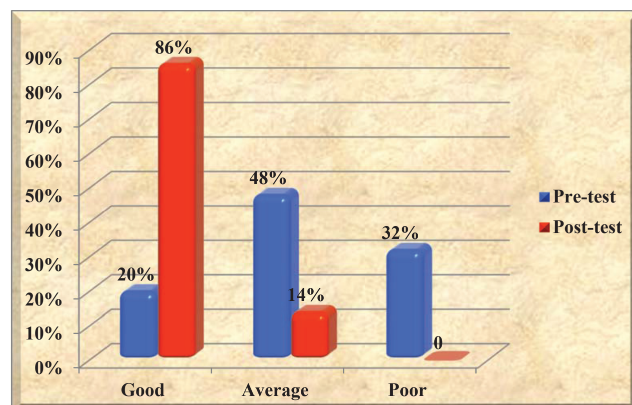
Table No 2 Reveals that, the mean pretest knowledge score was 14.4, median was 15, mode was 15, standard deviation was 5.71 and range was 18, where as in post test the mean knowledge score was 36.6, median was 37, mode was 36, standard deviation was 1.07 and range was 3. The overall difference in mean knowledge score was 22.2, median was 22, mode was 21, standard deviation was 4.6 and range was 15.

Table No 3: Frequency and percentage distribution of knowledge scores of subjects regarding myths and misconceptions of mental illness.

n=50

Level of Knowledge	Pre-test		Post-test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good (27 - 40)	10	20	43	86%
Average (14 - 26)	24	48	07	14%
Poor (0- 13)	16	32	00	00

Table No 3 shows that distribution of level of knowledge on myths and misconceptions of mental illness during pre-test and post-test. Most of them in pre-test 24 (48%) had average knowledge, 16 (32%) had poor knowledge and 10 (20%) had good knowledge. In post-test maximum subjects 43 (86%) had good knowledge, 07 (14%) had average knowledge and none of them had poor knowledge.



Graph 1: The clustered bar graph represents the distribution of the subjects according to their level of knowledge scores.

SECTION III: Testing of Hypothesis

H_1: There will be significant difference between the mean pre-test and post-test knowledge score among general population after video assisted role-play on myths and misconceptions of mental illness at 0.05 level of significance.

Table No 4: Mean difference ($\bar{d}$), Standard Error of difference ($\bar{S}$dE) and paired 't' values of knowledge scores of subjects.

n=50

Mean Difference ($\bar{d}$)	Standard error of difference ($\bar{S}$dE)	Paired 't' values	
		Calculated	Tabulated
05.92	0.44	13.45*	2.02

Table No 4 reveals that the calculated paired (t_{cal}=13.45*) was greater than the tabulated value (t_{tab}=2.02). Hence, H_1 was accepted. This indicates that the gain in knowledge score was statistically significant at 0.05 level of significance. Therefore, video assisted role play on myths and a misconception regarding mental illness was effective in improving the knowledge of subjects.

H_2: There will be significant association between pre test level of knowledge on myths and misconceptions about mental illness with selected socio demographic variables at 0.05 level of significance

Association between pre-test knowledge scores of subjects and selected socio demographic variables.

There was association between pretest knowledge scores with their income. And there is no association between pretest knowledge scores with their other socio demographic variables like, age, gender, religion, marital status, type of family, education, occupation, mentally ill person in family, seen any mentally ill person in community. Hence only $H_{2.9}$ was accepted.

Conclusion

Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, and satisfactory health care, and affiliation with a diverse group of people.

Limitations

The study was limited to-

- General population residing in selected areas of Hubli-Dharwad district
- Only 50 general population
- The present study was not having control group, hence the effect of extraneous variables could not be controlled.

Source of Funding : Self

Conflict of Interest : Nil

Ethical Clearance : Ethical Clearance was obtained from institutional ethical committee

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