

# **Effectiveness of a Structured Teaching Program on Knowledge of Mental Well-Being and Illness Management among Family Caregivers of Individuals with Mental Disorders.**

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## **ABSTRACT**

*Family caregivers are essential in supporting individuals with mental health conditions. However, insufficient knowledge about mental well-being and the management of psychiatric disorders can negatively affect caregiving quality, increase caregiver burden, and worsen patient outcomes. Conditions such as depression, schizophrenia, bipolar disorder, and anxiety disorders are major contributors to global disability (World Health Organization, 2020). Caregivers often experience stress due to limited understanding of symptoms, treatment adherence, crisis management, and self-care strategies.*

### **Aim:**

To assess the effectiveness of a structured teaching program in improving caregivers' knowledge of mental well-being and mental illness management.

### **Objectives:**

1. To evaluate baseline knowledge of mental health and illness management among caregivers
2. To determine the effectiveness of a structured educational intervention
3. To examine associations between pre-test knowledge scores and selected demographic variables

### **Methods:**

A quasi-experimental one-group pre-test and post-test design was used. A total of 120 caregivers were selected through purposive sampling from a psychiatric outpatient department. Data were collected using a structured questionnaire. The intervention consisted of a teaching program on mental health awareness and management strategies. Both descriptive and inferential statistics were applied.

### **Results:**

Baseline findings indicated inadequate caregiver knowledge. Post-intervention scores showed a statistically significant improvement ( $p < 0.001$ ). Educational level

and caregiving duration were significantly associated with pre-test knowledge.

### **Conclusion:**

The structured teaching program effectively improved caregivers' knowledge. Continuous educational support is recommended to strengthen caregiving outcomes.

### **INTRODUCTION**

Mental health disorders represent a significant public health challenge worldwide, affecting individuals as well as their families. Family caregivers play a critical role in providing daily assistance, emotional support, and facilitating rehabilitation. Despite this responsibility, many caregivers lack adequate knowledge about mental health conditions due to stigma, limited awareness, and restricted access to reliable information (Corrigan & Nieweglowski, 2019).

Research indicates that caregiver knowledge directly influences the quality of care, treatment adherence, and patient recovery. It also affects caregivers' own psychological well-being (Awad & Voruganti, 2008). Educational interventions have been shown to enhance caregivers' understanding, coping skills, and confidence (Chan et al.,

2010). However, there remains a need to systematically evaluate the effectiveness of such programs, particularly in improving practical caregiving knowledge.

### **NEED FOR THE STUDY**

Family caregivers often serve as the primary support system for individuals with mental illness, yet many are not adequately prepared for this role. This lack of knowledge can result in ineffective care, increased caregiver stress, and poor patient outcomes. Studies have reported high levels of anxiety, depression, and burnout among caregivers due to insufficient training and support (Ghadiri et al., 2017).

Limited awareness regarding treatment options, symptom management, and coping strategies further reduces caregiving effectiveness and quality of life. Structured educational programs have demonstrated positive outcomes in improving caregivers' competence and reducing burden (Heiman & Berger, 2008). Therefore, there is a clear need to evaluate such interventions in clinical settings.

### **PROBLEM STATEMENT**

A study to evaluate the effectiveness of a structured teaching program on knowledge of mental well-being and illness

management among family caregivers of individuals with mental disorders.

**OBJECTIVES**

1. To assess baseline knowledge of caregivers regarding mental health and illness management
2. To evaluate the effectiveness of a structured teaching program
3. To identify associations between pre-test knowledge and demographic variables

**MATERIALS AND METHODS**

**Study** **Design:**

Quasi-experimental one-group pre-test and post-test design

**Setting:**

Psychiatric outpatient department of a tertiary care hospital

**Population:**

Family caregivers aged 18 years and above providing primary care to individuals with mental disorders

**Sample** **Size:**

120 caregivers selected using purposive sampling

**Inclusion Criteria:**

- Caregivers living with the patient
- Willing to participate
- Able to understand the questionnaire

**Exclusion Criteria:**

- Professional caregivers
- Caregivers diagnosed with mental illness

**DATA COLLECTION TOOL**

A structured questionnaire consisting of:

- **Section A:** Demographic variables (age, gender, education, relationship, caregiving duration)
- **Section B:** Knowledge assessment (MCQs and true/false questions validated by experts)

**INTERVENTION**

The structured teaching program included:

- Fundamentals of mental health and its importance
- Overview of common mental disorders and symptoms
- Management strategies (medication adherence, crisis handling, communication skills)
- Caregiver self-care and stress management

Teaching methods involved interactive lectures, discussions, presentations, and printed educational materials.

**DATA COLLECTION PROCEDURE**

1. Pre-test assessment using the questionnaire
2. Implementation of the teaching program (6 hours across two sessions)
3. Post-test conducted after 7 days using the same instrument

**DATA ANALYSIS**

- Descriptive statistics: frequency, percentage, mean, standard deviation
- Inferential statistics: paired t-test and chi-square test
- Significance level:  $p < 0.05$

**RESULTS**

**Demographic Characteristics:**

- Majority aged 31–50 years (45.8%)
- Females comprised 58.3%
- Most participants had secondary education (54.2%)
- Half had caregiving experience of 1–5 years

Characteristic	f (%)
Age (years)	
<30	20 (16.7)
31–50	55 (45.8)

Characteristic	f (%)
>50	45 (37.5)
Gender	
Male	50 (41.7)
Female	70 (58.3)
Education	
Primary	30 (25.0)
Secondary	65 (54.2)
Graduate	25 (20.8)
Duration of caregiving	
<1 year	25 (20.8)
1–5 years	60 (50.0)
>5 years	35 (29.2)

**Knowledge Scores:**

Knowledge Score	Mean ± SD
Pre-Test	12.3 ± 5.1
Post-Test	22.7 ± 4.6

- Pre-test mean:  $12.3 \pm 5.1$
- Post-test mean:  $22.7 \pm 4.6$
- Significant improvement observed ( $t = 18.45, p < 0.001$ )

**Associations:**

- Significant association with education and caregiving duration
- No significant association with age or gender

## DISCUSSION

The findings reveal that caregivers initially had limited knowledge regarding mental health and its management. Following the intervention, a substantial improvement in knowledge scores was observed. Educational level and caregiving experience influenced baseline knowledge, consistent with previous studies highlighting the importance of education in health literacy and experiential learning (Mukherjee & Mahanta, 2020).

## CONCLUSION

The structured teaching program significantly enhanced caregivers' knowledge of mental health and illness management. Incorporating such educational initiatives into routine healthcare services can improve caregiving practices and patient outcomes.

## RECOMMENDATIONS

1. Implement regular caregiver education programs in both clinical and community settings

2. Establish support groups to promote shared learning and emotional support
3. Conduct studies with larger samples and control groups for better generalizability
4. Include long-term follow-up to assess knowledge retention

## LIMITATIONS

1. Lack of a control group
2. Short duration of follow-up
3. Single-center study limiting generalizability

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