

# A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON MISCONCEPTION RELATED TO MENTAL HEALTH AMONG THE ADOLESCENTS IN SELECTED SCHOOLS OF GUWAHATI, ASSAM

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**Abstract: Introduction:** Mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a co-existence between the realities of the self and that of other people and the environment. Mental illness on the other hand is a maladjustment in living. Misconceptions refers to a set of negative attitudes and beliefs that influence individuals to fear, reject avoid and discriminate against people with mental illness. These misunderstanding can lead to harmful consequences, including delays in seeking treatment, discrimination and social isolation. **Objective:** To assess the effectiveness of psychoeducation in reducing misconception related to mental health among the adolescents. **Methodology:** In this study, a Quantitative Research Approach and Pre Experimental (One-Group Pretest Post-Test) Research Design was adopted. 60 adolescents were selected by Non-Probability (Convenience sampling) technique. The study was conducted in North East Public School and Divine Buds English School of Guwahati, Assam. Sociodemographic Performa and Self-Structured questionnaire was used for data collection. **Result:** The finding of the study revealed that in pre test 11 (18.3%) participants had inadequate knowledge, 49 (81.7%) had moderate knowledge whereas in the post test majority 55 (91.7%) had adequate knowledge and minority 5( 8.3%) had moderate knowledge regarding misconception on mental health .The mean post test score (25.23) was higher than the mean pre-test score (13.31). The post test score SD (2.06) seemed to be less than pre test score SD (2.30). So it is evident that the post -test knowledge scores were higher than the pre-test knowledge scores. Findings showed that the post -test mean knowledge score was  $25.23 \pm 2.06$  which was higher than the pre-test mean knowledge score was  $13.31 \pm 2.30$  with mean difference 11.91 and obtained (t value= 30.83 , df = 59 , p= 0.001) was found statistically significant at  $p < 0.05$  level. **Conclusion:** The study concluded that psychoeducation program was effective in improving the knowledge regarding misconception on mental health.

**Keywords-** Effectiveness, Psychoeducation, Misconception, Adolescents.

## INTRODUCTION

Health is a state of complete physical, mental and social well-being and not merely the absence of disease. Hence Mental health is an integral and essential component of health. It is the cornerstone of both personal fulfilment and productive community operation. Additionally, mental health is about promoting mental well-being, preventing mental disorders and treating and rehabilitant of people affected by mental disorders.<sup>1</sup>

Three elements of mental health were recognized by Keyes – emotional well-being, psychological well-being and social well-being. Emotional well-being includes- happiness, interest in life and satisfaction. Having positive relationships with others, being adept at handling daily obligations and enjoying most aspects of your personality are all indicators of psychological well-being. Social well-being refers to – positive functioning and social contribution, social integration and social actualization.<sup>2</sup>

Mental illness on the other hand is a maladjustment in living. It results in an imbalance in the individual's capacity to function within a culture and comfortably or successfully meet human needs and function within a culture.<sup>1</sup>

Misconceptions about mental health are widespread and deeply ingrained in many cultures, contributing significantly to the stigma surrounding mental illness. Misconceptions are incorrect opinion that is usually based on distorted understanding. These misunderstanding can lead to harmful consequences, including delays in seeking treatment, discrimination and social isolation. Beliefs about mental illness have been characterized by superstition, ignorance and fear.<sup>3</sup>

According to WHO 2021, half of all mental issues began by the age of 14 but the majority of cases are unaware and untreated. Adolescents still do not know enough about mental illnesses, especially when it comes to the different kinds of mental illnesses, characteristics of mental illness, false belief about mental illness. Therefore, misconception, stigma remain pervasive among this population.<sup>4</sup>

Therefore, without a good level of mental health literacy (MHL), adolescents will not grow healthfully to adulthood as they lack of knowledge and abilities needed to stop mental illnesses from manifesting themselves and to encourage good mental health. For this reason, adolescents are a primary target population for the promotion of MHL.

## **NEED OF THE STUDY**

Adolescence is a unique and pivotal time for developing psychological, social and emotional habits which are important for mental well-being. Physical, emotional and social changes, including exposure to poverty, abuse or violence, can make adolescents vulnerable to mental health problems. Adolescents with mental health conditions are particularly vulnerable to social isolation, discrimination, stigma, educational difficulties, risk-taking behaviors etc. Multiple factors affect mental health of adolescence. This are -exposure to adversity, peer pressure, identity exploration, media influence, harsh parenting, stigma, discrimination, lack of access to quality support and services.<sup>5</sup>

Half of the all mental health issues began by the age of 14 but the majority of cases went undiagnosed and untreated. There is a still a lack of knowledge about mental disorders among teenagers, particularly in terms of causes, types of mental disorders. Therefore misconception, stigma and discrimination are still widespread.<sup>6</sup>

The rate of mental health literacy is low in most developing countries such as Malaysia. According to the National Health and Morbidity Survey 2015, only 5.1% of secondary school students had sufficient mental health literacy. The most common misconception among youth population is that people are responsible for their mental illness.<sup>7</sup> Therefore, the need has been felt by the researcher on the topic "A study to assess the effectiveness of psychoeducation on misconception related to mental health among Adolescents in the selected schools of Guwahati, Assam" and is selected as problem statement for further research study.

## **OBJECTIVES**

### **GENERAL OBJECTIVE**

To assess the effectiveness of psychoeducation in reducing misconception related to mental health among the adolescents.

### **SPECIFIC OBJECTIVES**

1. To assess the knowledge regarding misconception related to mental health among the adolescents.
2. To evaluate the effectiveness of psychoeducation on knowledge regarding misconception related to mental health
3. To find out the association between the pre-test knowledge score of misconception related to mental health among adolescents with demographic variables.

## **HYPOTHESES**

H<sub>1</sub>: There is significant difference before and after the psychoeducation on misconception related to mental health among the adolescents.

H<sub>2</sub>: There is significant association between pre test knowledge score of misconception related to mental health with demographic variables.

## RESEARCH METHODOLOGY

The present study was conducted to assess the effectiveness of psychoeducation on misconception related to mental health among the adolescents in selected schools of Guwahati, Assam.

**Research approach:** Quantitative research approach.

**Research design:** Pre-experimental (one group pre-test post-test) research design.

**Population:** Adolescents.

**Target Population:** Adolescents studying in class VII-XII in selected schools of Guwahati, Assam.

**Accessible Population:** Adolescents who are available at the time of data collection in selected schools of Guwahati, Assam.

**Sample:** 60 adolescents of class IX and X in selected North East Public School and Divine Buds English School of Guwahati, Assam.

**Sampling technique:** Non-probability (Convenience sampling) technique.

**Theoretical framework:** The conceptual framework for the study is based on Modified General System Theory.

**Tools for data collection:** Tool 1- SOCIO-DEMOGRAPHIC PROFORMA, Tool 2- SELF-STRUCTURED KNOWLEDGE QUESTIONNAIRE

**Data Analysis:** I. Descriptive Statistics- Frequency, Percentage, Mean, Median and Standard Deviation are used. II. Inferential statistics- Paired t-test and Pearson’s chi-square test are used.

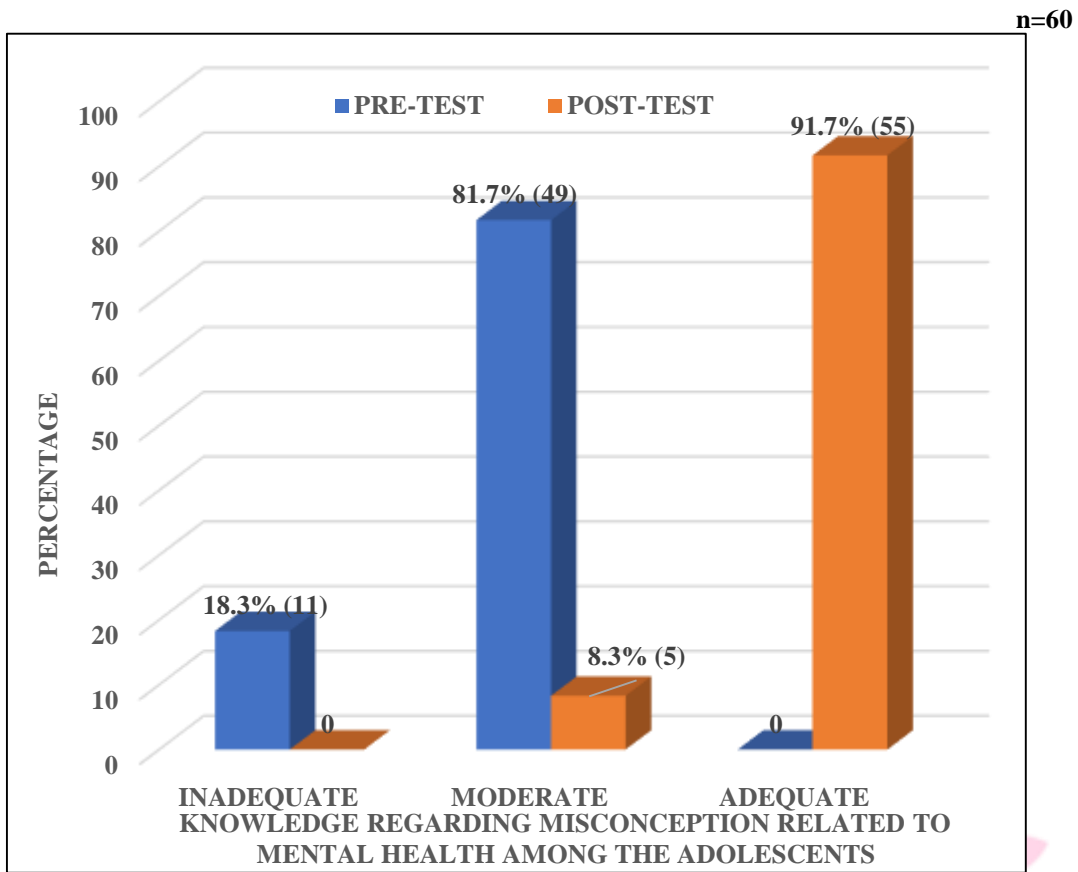
**Result:** SPSS version 20 is used to analyze the collected data.

**Table 1: Frequency and Percentage distribution of Pre-test and Post-test knowledge score of misconception related to mental health among the adolescents.**

n=60

KNOWLEDGE REGARDING MISCONCEPTION	PRETEST		POST-TEST	
	f	%	f	%
Inadequate knowledge	11	18.3	0	0
Moderate knowledge	49	81.7	5	8.3
Adequate knowledge	0	0	55	91.7

Data depicted in table 1 shows that before psychoeducation pre-test, 11(18.3%)had inadequate knowledge and 49(81.7%) had moderate knowledge. While after psychoeducation post test 5(8.3%) had moderate knowledge and 55(91.7%) had adequate knowledge.



**Fig 1: Frequency and Percentage distribution of Pre-test and post-test knowledge score regarding misconception related to mental health among the adolescents**

**Table 2: Descriptive statistics showing Minimum Score, Maximum Score, Range, Mean, Median, Mode and Standard Deviation of Pre-test and Post-test level of knowledge regarding misconception related to mental health among the adolescents.**

DESCRIPTIVE STATISTICS	PRETEST	POST-TEST
Minimum score	8	19
Maximum score	17	28
Mean	13.31	25.23
Median	14	26
Standard Deviation	2.303	2.069

**Table 3: Comparison of pre-test and post-test level knowledge score regarding misconception on mental health among the adolescents.**

n=60

Comparison of knowledge regarding misconception	Mean	SD	Mean Difference	t test value	df	p value
Pre-test	13.31	2.303	11.91	30.83	59	<0.001*
Post-test	25.23	2.069				

\*p<0.05 level of significance

NS-Non significant

Table 3 depicts the effectiveness of psychoeducation on misconception related to mental health among the adolescents which was tested by using paired t test. Results regarding misconception showed that mean post-test score was 25.23 (2.06) higher than mean pre-test score 13.31 (2.30) with mean difference of 11.91 and obtained (t value=30.83, df=59, p=0.001) was found statistically significant at p<0.05 level. Thus, hypothesis H<sub>1</sub> is accepted.

Findings conclude that psychoeducation was effective in correcting the misconception related to mental health among the adolescents.

**Table 4: Association between pre-test knowledge score regarding misconception on mental health among the adolescents with the demographic variables.**

n=60

S. No	Demographic Variables	Pre-test knowledge level		Fishers/ χ <sup>2</sup> value	df	p value
		Inadequate knowledge	Moderate knowledge			
1	Gender			0.270	1	0.606 <sup>NS</sup>
	a. Male	7	27			
	b. Female	4	22			
2	Age in years			0.270	1	0.606 <sup>NS</sup>
	a. 12-13	--	--			
	b. 14-15	7	27			
	c. 16-17	4	22			
	d. 17-18	--	--			
3	Class			0.111	1	0.739 <sup>NS</sup>
	a. VII	--	--			
	b. VIII	--	--			
	c. IX	6	24			
	d. X	5	25			
	e. XI	--	--			

	f. XII					
4	Religion					
	a. Hinduism	8	45	3.896	2	0.147 <sup>NS</sup>
	b. Islam	1	2			
	c. Christianity	2	2			
5	Area of residence					
	a. Urban	7	37	1.199	2	0.514 <sup>NS</sup>
	b. Rural	3	9			
	c. Semiurban	1	3			
6	Type of Family					
	a. Nuclear	4	32	3.831	2	0.163 <sup>NS</sup>
	b. Joint	7	16			
	c. Extended	0	1			
7	Family income					
	a. 2,13,814 and above	2	15	3.683	5	0.620 <sup>NS</sup>
	b. 1,06,850 - 2,13,813	2	6			
	c. 80,110 - 1,06,849	2	14			
	d. 53,361 - 80,109	2	3			
	e. 31,978 - 53,360	1	6			
	f. 10,703 - 31,977	2	5			
8	Father Educational status					
	a. No formal education	0	9	2.603	3	0.484 <sup>NS</sup>
	b. High school	3	14			
	c. Higher secondary	3	9			
	d. Graduate and above	5	17			
9	Mother Educational status					
	a. No formal education	1	7	0.782	3	0.901 <sup>NS</sup>
	b. High school	2	11			
	c. Higher secondary	4	19			
	d. Graduate and above	4	12			
10	History of any family mental illness					
	a. Yes	--	--	NA	NA	NA
	b. No	11	49			
11	Previous attended awareness program on mental health					
	a. Yes	0	3	1.250	1	0.538 <sup>NS</sup>
	b. No	11	46			

\*p value < 0.05 level of significance NS-Non Significant

Table 4 depicts the association between pre-test score of misconception related to mental health among the adolescents with the demographic variables which was tested by using chi-square test. Result revealed that demographic variables such as age, gender, religion, class, area of residence, type of family, fathers educational status, mothers educational status, history of any family mental illness and attended awareness program on mental health were not found significant association at  $p < 0.05$  level with pre-test level of misconception related to mental health among the adolescents. Thus hypothesis  $H_2$  is rejected.

## DISCUSSION

- The present study revealed that before psychoeducation 81.7% participants had moderate knowledge on misconception and 18.3% participants had inadequate knowledge on misconception related to mental health, but after the psychoeducation 91.7% participants had adequate level of knowledge on misconception, 8.3% participants had moderate knowledge. The study findings are supported by study Dini Cahyani 2023, conducted a pre-experimental study to assess the effectiveness of psychoeducation on mental health of adolescents in SMP Malang city, Indonesia. In this study pre-test knowledge score was 0.43 which was increased after receiving psychoeducation on mental health i.e. in post test knowledge score was 7.07 with a p value 0.000 which is significant at the value of  $p < 0.05$ . This result showed that students increased knowledge related to understanding mental health and mental illness, symptoms of mental illness, misconception on mental illness.<sup>8</sup>
- The present study shows the effectiveness of psychoeducation on knowledge regarding misconception on mental health. Result showed that post -test mean knowledge score was  $25.23 \pm 2.06$  was higher than pre-test mean knowledge score was  $13.31 \pm 2.30$  with mean difference was 30.83. The effectiveness was tested using paired t test with obtained ( $t=30.83$ ) was statistically significant at  $p < 0.05$  level. It can be concluded that psychoeducation was effective in improving knowledge regarding misconception on mental health. Thus, hypothesis  $H_1$  is accepted. These findings supports the study conducted by Narayan K. Ghorpade et al 2025, on impact of psychoeducation on mental health of non-medical students in Sangli, Maharashtra, India. In this study pre-experimental pre-test and post -test design was used. Psychoeducation session was provided to the 60 participants. In result pre -test mean score was  $33.55 \pm 11.37$  and post -test mean score was  $57.93 \pm 7.015$  and t value was 14.67, with a p value 0.00001, which was significant at  $p < 0.05$  level.<sup>9</sup>
- The present study, there is no significant association between the pre-test knowledge level of misconception on mental health among the adolescents with their demographic variables. Thus, hypothesis  $H_2$  is rejected. These findings contradicted to the study conducted by Hailemariam Mamo Hassen et al 2022 on mental health literacy of adolescents and the effect of socio-demographic characteristics in Ethiopia. In this study 934 adolescents were selected from the school by using random sampling technique. Data were collected by self-structured questionnaires. Analysis was done by descriptive statistics, one way ANOVA etc. The result showed that mental health literacy was higher among female than male participants, ( $138.12$  vs  $133.84$ ;  $p < 0.01$ ).<sup>10</sup>

## CONCLUSION

The present study was concluded to evaluate the effectiveness of psychoeducation on knowledge regarding misconception related to mental health among the adolescents in selected schools of Guwahati, Assam. The results revealed that psychoeducation was found to be effective at  $P < 0.05$  level of significance. Results also showed that there was no significant association of pre test knowledge scores with demographic variables.

After conducting the study, the investigator found that psychoeducation was effective on knowledge regarding misconception on mental health among the adolescents.

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