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Contents

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1. Post-Intervention Cortisol Level in Victims-Survivors of Intimate Partner Violence Living in Transition-Housing..... 1
Ezra C. Holston, Janette Y. Taylor
2. Assessment of Substance Use Behavior and Effectiveness of Structured Teaching Programme on Prevention and Ill Effects of Substance Abuse among Adolescents 8
Jaya Simon, Raminder Kalra, M.Jibanlata
3. A Quasi Experimental Study to Evaluate the Effect of Information Booklet on Attitude Towards Mental Illness among Adults in Selected Community, Bhopal 13
Pallavi Biswas
4. Schizophrenia of Childhood: A Brief Overview 20
Rinu J George, Shiny .T. Sam

Post-Intervention Cortisol Level in Victims-Survivors of Intimate Partner Violence Living in Transition-Housing

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Abstract

Background: Intimate partner violence (IPV) is devastating women worldwide, contributing to being incarcerated or re-entering society as previously-incarcerated women. The Music and Account-Making Behavioral -Related Adaptation (MAMBRA) Intervention positively impacts incarcerated victims-survivors of IPV as demonstrated by decreased cortisol levels. However, cortisol changes have not been reported for previously-incarcerated victims-survivors of IPV living in low-income community transition-housing. Thus, this brief report focuses on cortisol changes for these victims-survivors after four sessions of MAMBRA Intervention.

Methods: With an exploratory descriptive design, a sample (n=11) was recruited from a Midwestern transition-housing for previously-incarcerated women victims-survivors of IPV. Index of Spouse Abuse (ISA) measured physical and nonphysical abuse. MAMBRA was administered over four sessions. Salivary cortisol was collected before and after each session. Data were analyzed with descriptive and univariate statistics.

Participants were middle aged ($M_{AGE}=44.6\pm 10.6$), White women (n=10, 91%) who have experienced physical abuse ($M_{ISA-P}=48.9\pm 19$) and nonphysical abuse ($M_{ISA-NP}=55.7\pm 24$). Cortisol levels differed ($F_{T\chi^2}(df=7)=24.5$, $p<.00$) and decreased over the four MAMBRA sessions.

Conclusion: Cortisol changes indicated a physiological reaction to MAMBRA by the participants. This finding indicates that MAMBRA may be a useful intervention for this vulnerable population of victims-survivors of IPV. Future studies need to be executed to examine MAMBRA longitudinally.

Keywords: Gender-sensitive and trauma-informed psychoeducation intervention, Music and Account-Making Behavioral-Related Adaptation Intervention, Salivary cortisol,, Previously-incarcerated, Intimate partner violence, Community transition-housing.

Introduction

Intimate partner violence (IPV) has and is devastating women across all ages, ethnicities, gender identities, and socioeconomic levels worldwide.¹ In the U. S. alone over 43 million women, 1 in 3, experience IPV (or domestic violence) by an intimate partner.^{2,3} Victims-survivors of IPV manifest depressive symptoms, anxiety, low self-esteem, social isolation, insomnia and poor concentration or inability to prevent thought intrusion.^{4,5} These symptoms over time can lead to suicidal ideation/

attempts/completion, major depression disorder, and/or post-traumatic stress disorder (PTSD).⁵

Some victims-survivors of IPV may fight back, leading to charges of aggravated assault, homicide,^{6,7,8} or even involvement with inadequate policy changes not supporting women for "fighting back against domestic violence".^{8,9 para 7} At least 60% of incarcerated women are victims-survivors of IPV,^{6,8} and, attribute their incarceration to following their partner's instruction, trying to avoid further abuse/assault, and needing to

protect their children.⁷ This is a growing vulnerable population in immediate need of treatment.

Treatment involves reflecting on experiences and feelings through therapies (e.g., cognitive behavioral, interpersonal psycho-awareness, trauma-informed, desensitization techniques, or psychopharmaceutical treatment).¹ A measure of reactivity to therapies can be cortisol changes that occur as a stress response to issues of personal safety, depressive thoughts, and memories.^{10,11} Cortisol changes are associated with major depression, PTSD, suicide, stress, and physical signs of traumatic events, causing health consequences.^{10,11,12} Current therapies do not focus on the psychoeducational needs of women victims-survivors of IPV or use cortisol changes.

Previous research with the Music and Account-Making Behavioral-Related Adaptation (MAMBRA) Intervention indicated a positive impact on psychosocial symptoms for victims-survivors of IPV, incarcerated and previously-incarcerated¹³ with decreased cortisol for incarcerated.¹⁴ However, cortisol changes have not been reported for previously-incarcerated victims-survivors of IPV living in low-income community transition-housing. Thus, this brief report focuses on cortisol changes for these victims-survivors after four sessions of the MAMBRA intervention.

Materials and Methods

Participants and recruitment

This brief report was part of a larger study at the PI's University with some findings already published. For this brief report, a convenience sample (n=11) was recruited in a low-income community transition-housing in the Midwest. Recruitment involved flyers and word-of-mouth. Eligibility included reading/speaking English, being at least 21 years of age, and free of abusive relationships for at least 1 year. All participants signed an informed consent document. The study protocol was approved by the university's Institutional Review Board (IRB).

Instruments

The Index of Spouse Abuse (ISA)¹⁵ confirmed a

history of IPV with two 15-item subscales: ISA-P for severity of physical abuse and ISA-NP for severity of non-physical abuse. The ISA had a Cronbach α of .98 when used with incarcerated women.¹⁵

Salivary cortisol was selected as a relatively low risk, non-invasive method to measure the physiological response to MAMBRA.¹⁶ It has a sensitivity of .01 with an intraassay of <5%, and an interassay of 6.7%.¹⁶ Salivary cortisol also correlates to serum cortisol ($r=.91$, $p>.0001$).

Protocol

All participants, as a group, engaged in four sessions of the MAMBRA intervention. As previously described,¹³ this group-based interactive intervention uses participatory music design and psychoeducation to encourage the reflection on experiences of the violence. A "receptive experience" results when clients listen and verbally respond to pre-determined music. This internationally recognized practice facilitates the ability to assume responsibility and participation in recovery.¹³

Sessions were facilitated by the principal investigator (co-author). Each session lasted 1-1.5 hours. Each session began with a psychoeducation presentation about a topic related to IPV and recovery. Participants then listened to 1 or 2 music selections with themes supporting the presented psychoeducation topic. Paper copies of song lyrics were provided as the music played. After the music selection ended, participants discussed the topic and related it to the music as well as their experiences.¹³

Salivary samples were collected by participants, using the PI-supplied pre-coded/pre-labeled salivette vials. Samples were collected at 2 time points during each session—before the intervention (preMAMBRA) and at the end of the intervention (postMAMBRA).

Data analysis plan

Data were analyzed with SPSS 27.0 (Windows). Data consisted of demographics, spousal abuse, and cortisol levels. Participants were their own control. Saliva samples were assessed for free cortisol levels

using the HS-Cortisol High Sensitivity Salivary Cortisol Enzyme Immunoassay Kit.¹⁶ Two salivary assays were provided for each sample with a computed mean, when possible. There was no statistical difference between the two salivary assays. The Friedman Test ($FT\chi^2$) and the Wilcoxon Signed Ranks Test (Z) were used to determine how the cortisol changed over the four MAMBRA sessions. A subsample ($n=8$; 73% of the original 11 participants) was used after data cleaning. In the original sample, the mean ($\bar{x}_{\text{cortisol}}=1.05\pm 2.40$) indicated outliers. The sample size was adjusted by excluding from analysis any cortisol values over 3 standard deviations (1 participant) or missing 5 of the 8 cortisol data points

(2 participants). There were 64 data points for analysis (8 participants x 4 sessions x 2 cortisol collections). The level of significance was .05.

Results

The baseline (BL) sample ($n=11$) were previously-incarcerated middle-aged, White women residing in transition-housing ($\bar{x}_{\text{AGE}}=44.6\pm 10.6$, range=24-58). All participants reported a history of physical abuse ($\bar{x}_{\text{ISA-P}}=48.9\pm 19$) and non-physical abuse ($\bar{x}_{\text{ISA-NP}}=55.8\pm 24$) (see Table 1).

Table 1. Demographics

Demographics	n	%
Sample size	11	100%
Age		
<45	5	45%
≥ 45	6	55%
Race/Ethnicity		
White	10	91%
Bi-racial	1	9%
Marital Status		
Single	6	55%
Married	1	9%
Divorced	3	27%
Unmarried couple	1	9%
Education		
High school degree	3	28%
Some college	4	36%
College degree	4	36%
Income		
<\$10,000	1	9%
<\$20,000	5	46%
<\$30,000	2	18%
<\$50,000	2	18%
<\$70,000	1	9%

Cont... Table 1. Demographics

Health Status		
Poor/fair	4	36%
Good	3	28%
Very good/excellent	4	36%
Use Prescribed Meds, yes	9	82%
Use Street Drugs, yes	10	91%
HX S-Abuse TX, yes	10	91%

ISA-NP = Index of Spouse Abuse Non-Physical;

ISA-P = Index of Spouse Abuse Physical;

HX = history; S-Abuse = Substance abuse; TX = treatment

Using the subsample, cortisol significantly differed over the MAMBRA sessions ($FT\chi^2(df=7)=24.5, p=.00$), indicating a physiological reaction to MAMBRA (see Figure 1).

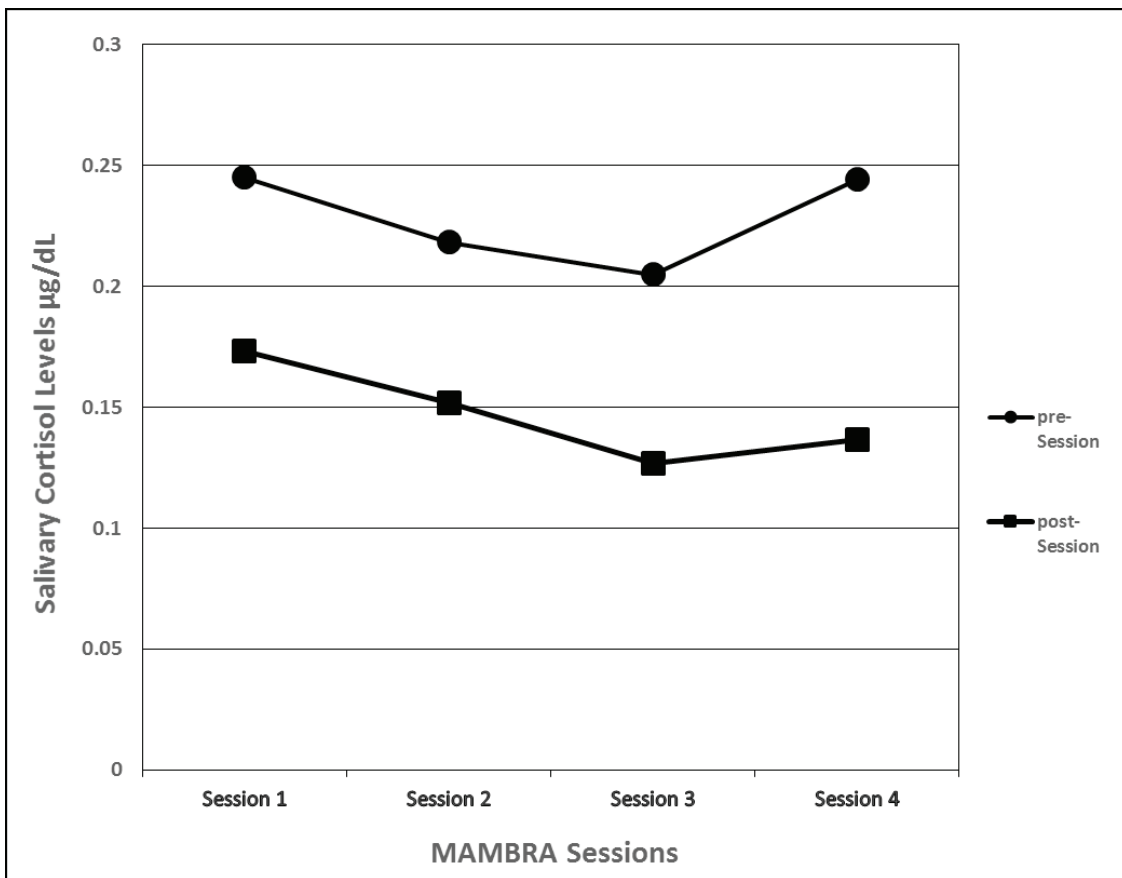


Figure 1. Salivary Cortisol Levels (pre- and post-) over the Four MAMBRA Sessions.

The pre/postMAMBRA cortisol levels were significantly different in all sessions with lower cortisol in postMAMBRA (session 1: $Z=-2.52$, $p=.01$; session 2: $Z=-2.20$, $p=.03$; session 3: $Z=-2.24$, $p=.03$; session 4: $Z=-2.37$, $p=.02$). Cortisol was significantly different and decreased across all MAMBRA sessions ($Z=-1.96$, $p=.05$). Session 1 preMAMBRA was also higher than session 4 postMAMBRA approaching significance ($Z=-1.82$, $p=.07$). A sustained physiological response to MAMBRA was evident.

Discussion

To the authors' knowledge, this is one of the first brief reports about a gender-sensitive and trauma-informed psychoeducation intervention like MAMBRA for previously-incarcerated victims-survivors of IPV residing in community transition-housing. The findings suggest that the MAMBRA intervention creates a safety and comfortable environment for the reflection on the IPV experiences. Future research is warranted.

These findings differ from those reported for incarcerated women victims-survivors of IPV.¹⁴ Our participants had a significantly **sustained decrease** (.07 $\mu\text{g/dL}$) in cortisol across the MAMBRA sessions, indicating a positive reactivity to MAMBRA. Our findings are similar to those where the intervention was individualized to the participants' needs. Salivary cortisol levels significantly decreased after HIV-seropositive women completed four sessions of relaxation therapy.¹⁷ Pregnant women's salivary cortisol levels decreased after they completed Hatha yoga.¹⁸ A reduction in salivary cortisol levels occurred over time with music therapy using relaxing music specific to the needs of the 31 depressed participants.¹⁹ These findings substantiate those in our study.

Transition-housing may have added to MAMBRA's impact on the cortisol levels. For 28 previously-incarcerated women, living in transition-housing gave them the chance to think about their experiences, become optimistic about their mental health.²⁰ They expressed a decrease in stress. For our participants, the decreased cortisol may indicate a decrease in stress from feeling safe through MAMBRA and transition-housing so they

can begin to address psychological symptoms from IPV.

There are limitations for this brief report. The convenience sampling and small sample size ($n=11$) limit the generalizability so that the findings are specific to the eleven previously-incarcerated victims-survivors of IPV residing in low-income community transition-housing. The potential researcher bias resulted from the PI (co-author) administering the intervention. This limitation was addressed by reviewing the sessions with the research team for potential biases. Future studies should include larger samples with appropriate staff administering the intervention.

Conclusion

Victims-survivors of IPV engage in therapy for relief from experiences of abuse and violence. The MAMBRA intervention may be capable of initiating a safe and comfortable environment for the reflection of experiences of IPV. The cortisol change can be a physiological indicator of reactivity to MAMBRA.

Ethical Clearance: All research procedures performed in this study with human participants complied with the ethical standards of the institutional review board and with the 1964 Helsinki declaration and ethical standards.

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Assessment of Substance Use Behavior and Effectiveness of Structured Teaching Programme on Prevention and Ill Effects of Substance Abuse among Adolescents

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Abstract

Background: Substance abuse has become a major problem in any growing society, the pattern of consumption of medical and non-medical use of drugs, especially by pre adolescents, adolescents and young adults, is both complex and changing. In 1992, WHO declared June 26 as the International Day against substance abuse and illicit trafficking¹.

Methods: It was a two-phase study, during phase-I of the study 485 adolescents were assessed for substance use behavior. During phase-II 100 adolescents were given structured teaching programme, pre-test and post-test knowledge and attitude were assessed.

Results: The study results revealed that out of 485 adolescents only 3.2% (16) of the adolescents had tried or experimented with substances and 11.1% (54) of the adolescents reported that their friends use the substance in the school. The calculated Z score value was found to be 11.316 which was greater than the table value (1.98) indicates the effectiveness of structured teaching programme. There was a moderate positive correlation (0.568) between the post-test knowledge scores and post-test attitude scores of adolescents.

Conclusion: The incidence of drug abuse among children and adolescents is higher than the general population. Therefore, keeping in focus, the investigator felt the need to conduct a research study to assess the knowledge and attitude regarding the ill effects of substance abuse and its prevention among adolescents, and the study was found to be effective in increasing the knowledge and attitude among adolescents.

Keywords: *Ill effects of substance abuse, Knowledge and attitude, Substance use behavior.*

Introduction

Substance abuse is a social problem, not only in India, but the entire world which varies from country to country. Global trade and liberalization of socio-cultural interaction of the society has made easy access to use and spread of narcotic substances. Substance abuse is a universal phenomenon with its roots in history and tradition². Adolescents are “biologically

wired” to seek new experiences and take risks, as well as to carve out their own identity. Trying drugs may fulfil all of these normal developmental drives, but in an unhealthy way that can have very serious long-term consequences. Many factors influence whether an adolescent tries drugs, including the availability of drugs within the neighbourhood, community, and school and whether the adolescent’s friends are using them. The family environment is also important: Violence, physical or emotional abuse, mental illness, or drug use in the household increase the likelihood an adolescent will use drugs³. The student drug use survey conducted among senior secondary schools of Imphal revealed that substance use was very common, and more than 50% of

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the students reported the use of one or more substances. Tobacco and alcohol were the most common substances used. Substance use was higher among males and those students whose fathers or siblings used substances. A majority of the students reported that their friends introduced them to substance use⁴.

Materials and Methods

It was a two-phase study. The research design for phase-I was non-experimental descriptive survey and phase-II was pre-experimental one group pre-test post-test design. Inclusion criteria for the study were (a) adolescents who were within the age group of 13 – 17 years. (b)Who could understand and speak Hindi and English.(c)Who were willing to participate in the study. (d)Who were present at the time of study.

Data collection procedure: It was conducted from the month of December 2019 to January 2020 after seeking formal permission from the concerned authority, that is, the Ethical Committee of Holy Family Hospital and the concerned School authority. The informed written consent was obtained from the parents of the adolescents.

Phase I - To assess the substance use behaviour, 485 adolescents were selected using purposive sampling technique and informed consent was taken from the parents after informing them of the objectives and purpose of the study. Confidentiality of the adolescents was assured. A semi structured questionnaire was given to all the participants to assess substance use behaviour among them.

Phase II – During phase-II of the study the structured teaching programme was developed regarding

the ill effects of substance abuse and its prevention for adolescents studying in 9th class of selected schools of New Delhi. The Semi Structured knowledge questionnaire and 5-point Likert attitude scale were administered to 100 adolescents using convenient sampling technique, in the month of December 2019 to January 2020.

The pre-test and the teaching programme were organized and administered on the same day. On the eighth day of the intervention, the post-test was performed.

Results and Discussion

The data collected was analysed by using descriptive and inferential statistics. The demographic data from the study participants revealed that the majority (92.8%) of the adolescents were in the age group of 13-14 years. More than half (63.5%) of the adolescents were having only one sibling. 67.8% of the adolescents were from nuclear family. 17(3.5%) of the adolescents reported that they have personal source of income. About half (50.1%) of the adolescents were having previous information about substance abuse through mass media.

1. Assessment of substance use behaviour among adolescents.

Out of 485 adolescents only 3.2% (16) of the adolescents had tried or experimented with substances. There were 0.7% (3) of the adolescents who used substances within last 30 days. 11.1% (54) of the adolescents reported that their friends used the substance in the school premises.

2. Effectiveness of Structured Teaching Programme in terms of gain in knowledge and attitude on ill effects of substance abuse and its prevention among adolescents.

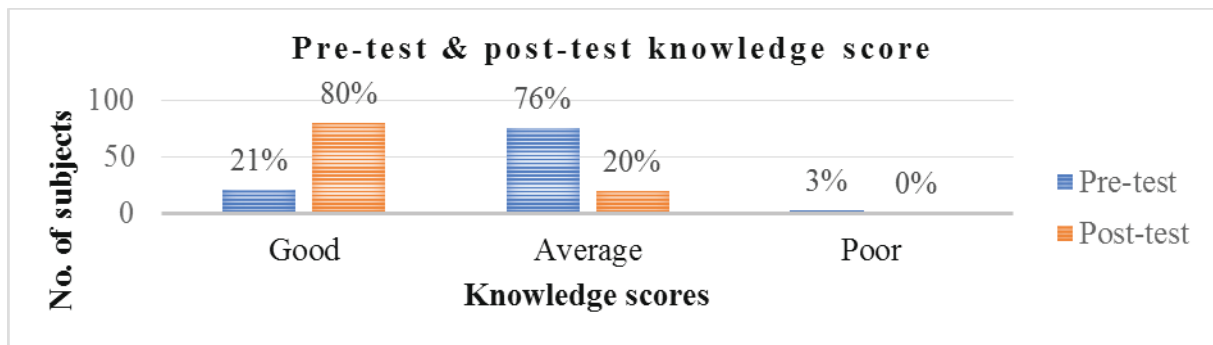


Figure 1: A bar graph showing frequency and percentage distribution of the pre-test and post-test knowledge scores of adolescents on the ill effects of substance abuse and its prevention.

Figure 1: depicts that before administering the structured teaching programme most of them i.e.76%, had average knowledge, 21% had good knowledge and only 3% of the adolescents were having poor knowledge regarding the ill effects of substance abuse and its prevention.

After administration of the structured teaching programme, 80% of the adolescents had good knowledge, 20% of them had average knowledge and none of them had poor knowledge.

H01- There will be no significant difference between the mean pre-test and post-test knowledge scores of adolescents after a structured teaching program on the ill effects of substance abuse and its prevention at $p < 0.05$ level of significance.

TABLE 1

n= 100

TEST	MEAN	MEAN DIFFERENCE	STANDARD DEVIATION	Z SCORE	TABLE VALUE
Pre- test knowledge score	20.53		4.514		
Post- test knowledge score	26.56	6.030	3.857	11.316*	1.98

* Significant at $P < 0.05$ level of significance.

Table 1 shows a significant difference between the mean pre-test and the post-test knowledge score. This indicates that the post-test knowledge score was higher than the pre-test knowledge score. The computed Z score value was found to be 11.316 which was higher than the table value (1.98) at 0.05 level of significance. Hence the null hypothesis was not accepted and the research hypothesis was accepted. This indicates that the structured teaching programme was effective in increasing the knowledge of adolescents regarding the ill effects of substance abuse and its prevention.

3. Association between the pre-test knowledge scores with the selected demographic variables of adolescents.

No significant association was found between the knowledge score related to substance abuse and its ill effects and their selected demographic variables among the adolescents except type of family, for which the computed chi square value was found to be 0.048 to establish the association.

4. Correlation between the post-test knowledge scores and post-test attitude scores of adolescents.**TABLE 2****n=100**

Variables	Mean	SD	r
Post-test knowledge score	26.56	3.857	0.568
Post-test attitude score	59.02	10.681	

Significant at $p < 0.05$ level of significance.

Table 2 shows the correlation between the post-test knowledge scores and post-test attitude scores of adolescents. The computed Pearson correlation value was found to be 0.568, hence there was a moderate positive correlation among the post-test knowledge and attitude scores of adolescents.

Discussion

The present study was undertaken to assess the substance use behaviour among adolescents and assess the effectiveness of structured teaching programme in terms of gain in knowledge and attitude on the ill effects of substance abuse and its prevention among adolescents and it was found that the structured teaching programme was effective in terms of gaining knowledge regarding the ill effects of substance abuse and its prevention among the adolescents.

The results of the present study were supported by the study conducted by **Goswami P Y**⁵ among 91 adolescents of 17-18 years of age studying in B.Sc. Nursing Colleges at Udaipur District of Rajasthan revealed that the mean post test scores (26.90%) were higher than the mean pre test scores (12.93%) with 't' value ($t=18.9425$) being significant at $p < 0.001\%$ level on the finding of the data indicates that this study was feasible and enhanced the knowledge of adolescents regarding Substance abuse.

The present study findings revealed that there was a significant association between type of family with pre-test knowledge score at 0.05 level of significance. This is supported by the study conducted by **Kumar D**⁶,

among Secondary School students studying in XI and XII classes in selected schools at Hassan, Karnataka. The study findings revealed that the pre-test knowledge score was 35.1 % with the mean knowledge level 10.53 ± 1.32 and the post-test knowledge score was 80.8% with the mean knowledge level 24.23 ± 1.8 . According to the findings of the study there was statistically a significant association present between the level of knowledge gain and age, place of residence and type of family at 0.001 level of significance. A moderate positive correlation was found between post-test knowledge and attitude scores of adolescents which was found to be 0.568 by pearson correlation.

Limitations

The present study was limited to 9th class students only, thus posing restriction to make a generalization.

Conclusion

The study was done by the investigator to assess the substance use behavior and to assess the effectiveness of structured teaching programme on the ill effects of substance abuse and its prevention in terms of gain in knowledge and attitude among adolescents in selected schools of New Delhi. The study results revealed that the structured teaching programme was effective in increasing the knowledge of adolescents and not that effective in changing the attitude of adolescents towards the prevention of substance abuse.

Implications

The findings of the present study have several

implications for community psychiatry, nursing practice, nursing education, nursing administration and nursing research.

§ Nurses' role is very vital in educating the citizens and adolescents in prevention of substance abuse. Nurses can reach and teach the masses by educating the adolescents regarding prevention of substance abuse.

§ Community psychiatric nurses can help the community in organizing and strengthening community support system for preventing substance abuse.

§ Health education programme can be conducted using various AV aids emphasizing on the ill effects of substance abuse.

§ Educational sessions may be organized for the people already fallen in the trap of substance abuse, to motivate and encourage them to seek professional help for coming out of this problem.

§ There is a need for research in the areas of substance abuse problems; it helps in gaining knowledge and developing an unfavourable attitude and practice towards substance abuse.

Ethical Clearance: Ethical clearance was obtained from the ethical committee of Holy Family Hospital, New Delhi.

Conflict in the study: None

Source of Funding: The study was self-funded.

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A Quasi Experimental Study to Evaluate the Effect of Information Booklet on Attitude Towards Mental Illness among Adults in Selected Community, Bhopal

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Abstract

Background of the Study: People with mental disorders experience discrimination which result as stigmatizing attitudes towards mentally ill people in society. An individual's value and personal beliefs affect his attitude about mental illness, the mentally ill and the treatment of mental illness. There still exists a stigma surrounding individuals who need or use psychiatry mental health services. The need continue for public education to modify or alter misconception about mental illness and people with mental disorders.

Material and Method: A non equivalent control group quasi experimental design was used. There were 60 adult of selected community were selected using purposive sampling technique. In this study 2 groups (experimental and control group) were selected. During data collection information booklet were given to experimental group only. Research tool were submitted to 7 expert from various specialty for validity. Reliability was calculated. Reliability of tool was established by Split Half method and Spearman Brown prophecy formula and it was 0.83. The obtained data was analyzed and interpreted in terms of objectives and research hypothesis. Analysis was done by using descriptive and inferential statics.

Result : Result of the present study revealed that mean score of structured attitude scale among experimental group was 70.46 with SD of +/- 14.61, and among control group was 69.5 with SD of +/- 13.14 the computed 't' value was 0.26 at degree of freedom 58.

Keyword : *Attitude, Effect, Adult, information booklet, mentally ill person.*

Introduction

“Nothing can stop the man with the right mental attitude from achieving his goal; nothing on earth can help the man with the wrong mental attitude.”

Adverse attitude to mental illness are found in all societies in the world. In narrow sense mental health is describe as a healthy mind. Mental health is a part of

general health. It requires a balance between body, mind and spirit and the environment in which a person lives.¹

In 2017 it's estimated that worldwide 970 million people suffering from some mental or substance use disorder.²

WHO has projected that by the year 2030 mental disorders will be one of the leading causes of the global disease burden. According to World Health Organization mental health problems is about 2443 whereas disability adjusted life years is per 100000 population, & suicide rate per 100,000 population is 21.1%.³

India is a developing country but here stigma associated with mental health problem is increasing.⁴

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The public attitude towards mentally ill are formed from ignorance and misinformation about the causes of mental illness. It remains negative also because of the difficulty in understanding the illness, as the symptoms are manifested mostly in terms of behavioral change, and rarely as physical symptoms.⁵ And the public finds it difficult to understand and tolerate this behavioral change.

There still exists a stigma surrounding individuals who need or use psychiatry mental health services. The need continue for public education to modify or alter misconception about mental illness and people with mental disorders.

Statement of the Problem

A quasi experimental study to evaluate the effect of information booklet on attitude towards mental illness among adults in selected community Bhopal.

Objectives

1. Assess the existing attitude regarding mental illness among adults of selected communities.
2. Assess post interventional attitude towards mental illness among adults of selected communities.
3. Compare between pre and post interventional level of attitude towards mental illness among adults of selected communities.
4. Associate the pre interventional attitude towards mental illness among adult with their selected demographic variables.

Research Hypotheses

v H₁:- There is a significant difference in pretest attitude scores of experimental and comparison group of selected community before administration of information booklet at 0.05 level of significance.

v H₂:- There is a significant difference in mean post test attitude score of experimental group and comparison group of selected community after administration of information booklet at 0.05 level of significance.

v H₃:- There is a significant difference in mean pretest and post test attitude score of, experimental group of selected community before and after the administration of information booklet at 0.05 level of significance.

v H₄:- There is a significant association of pre interventional attitude score among experimental and comparison group with their selected demographic variables at 0.05 level of significance.

Methodology

Research Approach

An **evaluatory approach** was selected to assess the attitude of adults residing in selected community towards mental illness.

Research Design

In this present study non equivalent control group quasi experimental design was used to assess the effectiveness of Information Booklet on attitude towards mental illness among adult of community. In this study 2 groups (experimental and control group) were selected. Experimental group was intervened with Information Booklet.

E O₁ X O₂

C O₁ O₂

O OBSERVATION

E EXPERIMENTAL GROUP

C CONTROL GROUP

X INTERVENTION (ADMINISTERED INFORMATION BOOKLET)

O₁ pre intervention score – attitude score before administration of information booklet

O₂ post interventional score – attitude score after administration of information booklet.

Independent Variable: - Information Booklet on mental illness was the independent variables in the study.

Dependent Variables: - Attitude of community towards mental illness was the dependent variable in the study.

Setting of the Study

This study was conducted in Gandhi Nagar urban community of, Bhopal, which is adopted by the Gandhi Nagar Community Health Center. The approx population of that community is about 15700 according to 2011 censuses.

Population

In the present study target population was all adult between the age group of 21 and above residing in Gandhi Nagar community, Bhopal city.

Target Population:-The target population of the research study was adults who residing in Gandhi Nagar community of Bhopal city.

Accessible Population:-In this study accessible population was the adults residing in Gandhi Nagar community who fulfill the inclusive criteria has been included in the study.

SAMPLE :In the study the sample comprised of 60 adults residing in Gandhi Nagar Bhopal fulfilling the inclusive criteria.

Experimental group -30

Control group- 30

SAMPLING TECHNIQUE :Purposive sampling technique was used to select the sample.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

Closed ended questions were proposed ,

Section A: Socio Demographic Variables (6 items)

Section A consist of socio demographic variables of adults residing in selected community such as age, sex, education, occupation, religion, family member with mental illness.

Section B: Structured Attitude Scale

Section B It consists of 30 items on attitude towards mental illness. Structured attitude scale.

Structured Attitude Scale

Researcher will ask to participants to rate their opinion regarding mental illness between strongly disagree, disagree, partially disagree, agree, strongly agree , it is also explained to them that there is no right and wrong answer. It was used before and after intervention. Score of attitude score range from 1 -5 according to the questions. The structured attitude scale is divided in 6 categories.

Table 1: Area of structured attitude scale

S. NO.	AREAS	ITEMS
1.	Separatism	5
2.	Stereotyping	5
3.	Restrictiveness	5
4.	Benevolence	5
5.	Pessimistic	5
6.	Stigmatization	5
	Total	30

Scoring Key

Section B

Table 2: Scoring Key of Attitude Scale for assessing the attitude towards mental illness

Attitude Scale for assessing the attitude towards mental illness						
Study Variables	Type of statement	Attitude Scale				
		Strongly Disagree	Disagree	Partially Disagree	Agree	Strongly Agree
Attitude towards mental illness	Positive	1	2	3	4	5
	Negative	5	4	3	2	1

To interpret the attitude towards mental illness the attitude scores was classified into 3 categories:

Favorable 30-69

Partially favorable 70-110

Unfavorable 111-150

Scoring was done in according with the review of literature and suggestion of expert.

Information Booklet

Information booklet was developed on the review of the literature and the objectives state for attitude, the title of the booklet was “**mental health and mental illness**”. The investigator prepare information booklet on mental health, mental illness, common mental illness, cause of mental illness, myths related to mental illness, rights of mentally ill.

VALIDATION OF TOOL

Content validity: The prepared tool and information booklet along with problem statement, objectives, hypothesis, operational definition, research design, sample size, sampling technique and criteria checklist was given to 7 experts of mental health nursing specialty for establishing content validity. The final tool consists

of 2 sections necessary change were made according to correction given by experts and guides.

TRY OUT OF TOOL

“The process of collecting data using appropriate subject is known as tryout”.⁶ After obtaining the administrative approval the tool was administered, this was done to check for their relevance, clarity and the nature of response from adult of selected community. The item was found to be clear and unambiguous. There was no problem in administering the tool in the try out.

RELIABILITY OF THE TOOL

The tool was tested for reliability on 10 respondents i.e. adults residing in selected community. Reliability of tool was established by Split Half method and Spearman Brown prophecy formula. Obtained reliability score was $r = .83$ hence the tool was consider reliable & feasible.

PROCEDURE FOR DATA COLLECTION

A total 60 samples were selected for the studies who are residing in Gandhi Nagar Bhopal city.

Prior to the data collection a brief introduction of self and study was given and informed consent was obtained from the respondent and confidentiality was assured to the subjects. **After** 7 days of intervention post test was taken.

Results

Table no 3: Frequency and percentage distribution of pre interventional attitude among adults of experimental & control group.

(N=60)

s. no	Attitude	Experimental Group		Control Group	
		Frequency	Percentage	Frequency	Percentage
1	Favorable	0	0	0	0
2	Partially favorable	9	30	9	30
3	Unfavorable	21	70	21	70

Data present in the table depicts that prior to administration of information booklet, majority 21(70%) of participants had unfavorable attitude towards mental illness among experimental group and control group.

Table no 4: Frequency and percentage distribution of post interventional attitude among adults of experimental & control group.

(N=60)

s. no	Attitude	Experimental Group		Control Group	
		Frequency	Percentage	Frequency	Percentage
	Favorable	29	96.66	0	0
	Partially favorable	1	3.33	10	33.33
	Unfavorable	0	0	20	66.67

Data present in the table shows that after administration of information booklet, most of 29(96.66%) were develop favorable attitude, and only 1 (3.33%) were develop partially favorable attitude towards mental illness among experimental group. Among control group It depicts the majority 20(66.67%) of participants had unfavorable attitude, and less than half 10(33.33%) of them had partially favorable attitude towards mental illness.

Table no 5: Comparison between pre and post score of experimental group**(n=30)**

Group	Mean	Mean Difference	SD	DF	't' value
Experimental (pre test)	70.46		14.61		
Experimental (post test)	135.03	64.57	9.35	29	6.44

*P≤0.05

**P≤0.01

***P≤0.001

Data in table 6 depicts mean score of attitude assessed by structured attitude scale the mean score of structured attitude scale among post test score of experimental group was 135.03 with SD of +/- 9.35, among pre test score of experimental group was 70.46 with SD of +/- 14.61 and the computed 't' value was 6.44 This indicates that there were significant difference in the post interventional score of attitude among experimental group and control group at the level of $P < 0.05$, hence research hypothesis H_3 is accepted.

Major Findings

Section A

1. The socio demographic findings shows that among experimental group majority 14(46.66%) of them belong to age group of 31-40 years, among control group majority 12(40%) of them belong to age group of 21-30 years.

2. Equal percentage of sample 15 (50%) were female, in and control group.

3. Regarding educational status among experimental group less than half 10(33.33%) had middle school, and majority 11(36.66%) had higher secondary among control group.

4. Majority were Muslims among experimental group and control group.

5. Majority of them did not have any known

person or family member with mental illness, among experimental group & control group.

Section B

Out of 30 most of 29(96.66%) were develop favorable attitude, and only 19(3.33%) were develop partially favorable attitude towards mental illness among experimental group. Among control group It depicts the majority 20(66.67%) of participants had unfavorable attitude, and less than half 10(33.33%) of them had partially favorable attitude towards mental illness.

NURSING PRACTICE: Nursing personal can educate and encourage the person with mental illness and their family towards care, and can help them by showing a positive attitude towards them. Nursing personals can also help other community people to develop a positive attitude and humanitarian behavior with mentally ill.

NURSING EDUCATION

Health care personals should be educated to community people about myths and facts of mental illness. The important aspect of positive attitude as some of myths related to mental illness, rights of mentally ill can also include in the curriculum which gave the student nurses to develop a positive attitude towards mental illness. Student nurses or staff who works at other than psychiatry setting must have workshop, continue nursing education program, and discussion on this topics.

NURSING ADMINISTRATION

The findings of the present study will help nurse administrator to organize and plan various awareness program on an attempt to change the attitude of community towards mental illness. Nursing administrations should take initiatives in creating policies or plan in providing education about mental illness, which will develop a positive attitude towards mental illness among community.

NURSING RESEARCH

A profession seeking to improve the practice of its members and to enhance its professional stature strives for the continual development of a relevant body of knowledge. Nursing research represent a critically important tool for the nursing profession to acquire such knowledge. By conducting research and by formulating new theories researcher could improve the knowledge and attitude of general public towards mental illness and mentally ill. There is a great need of such kind of research to develop a positive attitude towards mental illness, and give a respectable position to mentally ill in society. It also important to remove the myths related to mental illness among general public.

RECOMMENDATIONS

Recommendation are offered for further research

- A survey of the factors that influence the attitude of adults towards mental illness can be undertaken.
- A similar study on a single group of adults to compare their attitude towards mental illness before and after information booklet.
- A similar study can be done on family members of mentally ill towards their attitude on mental illness.

· A similar study can be done using multiple tools to measure the attitude rather than using a single tool.

· A similar study can be done to assess the knowledge and attitude on mental illness among general public.

Conclusion

From the results of the study it was concluded that information booklet on mental illness is an effective method to change the attitude towards mental illness among adults of community. Mentally ill person are also a part of our society, we have to behave in humanitarian manner. These all things develop when we made a positive attitude towards them.

Ethical Clearance: Taken

Source of Funding: Self

Conflict of Interest: Nil

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Schizophrenia of Childhood: A Brief Overview

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Abstract

Childhood schizophrenia is an uncommon but severe mental disturbance during which children interpret reality abnormally. Schizophrenia has no single cause; there are not well defined etiological factors of this condition. Distorted perception of reality confused thinking, detailed and bizarre thoughts and ideas are some early symptoms of Childhood schizophrenia. According to the DSM-5, a diagnosis of schizophrenia is made if a person has two or more core symptoms, one of which must be hallucinations, delusions, or disorganized speech for at least one month. Childhood schizophrenia can be differentially diagnosed as autism because there are common symptoms among them. The management of Childhood schizophrenia include anti psychotic drugs along with psychotherapies .a combined action of different modalities shows good prognosis.

Key words: *Childhood schizophrenia, child, therapy, hallucinations, delusions, factors.*

Introduction

Schizophrenia of Childhood or Childhood schizophrenia is an uncommon but severe mental disturbance during which children interpret reality abnormally. Schizophrenia involves a variety of problems with thinking (cognitive), behavior or emotions. Schizophrenia is rare among children and a few of the symptoms and risk factors may overlap with those of autism¹.The problems which are initially seen may end in some combination of hallucinations, delusions, and very disordered thinking and behavior that impairs your child's ability to function².

1: Understood but not still completely understood: Complexities in Causes of Childhood Schizophrenia

Schizophrenia has no single cause. No well defined cause is established. A combination of genes from both parents plays a role. So do unknown environmental

factors. Experts believe that a child has to inherit a chemical imbalance in the brain to develop this condition³. The most important cause of childhood schizophrenia is a physiological crisis such as birth, severe illness or accident, and prepubertal or pubertal crises. The emotional climate in the family helps to determine the defense mechanisms⁴.

Many who show schizophrenic features in infancy retain many features throughout their lives even with fluctuations within the severity of the symptoms. Nevertheless the image offered has significant features which should be known so as to supply a prognosis in early schizophrenia, and to gauge the consequences of therapeutic programs and anticipate danger periods which may even appear in the midst of or following quiescent behavior⁵.

Recently neurosciences and genetics tries to understand how social experience across the life course interacts with genes, and impacts on biological development, to shape adult outcomes. These insights probably may show a more clear and well defined patho mechanism for conditions like childhood schizophrenia⁶.

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· **Genetics**

A combination of genes passed down by both parents can cause schizophrenia: If a parent has the disorder, a toddler has an estimated 10 to fifteen percent chance of developing it; if a sibling is schizophrenic, a toddler has an estimated 7 to 8 percent chance of developing the disease.

· **Environmental Stresses During Pregnancy**

Though data isn't conclusive, some experts believe a child's schizophrenia could also be linked to certain environmental factors that affect the mother during pregnancy, such as:

- exposure to certain viruses or infections
- extreme stress
- drug or alcohol use
- exposure to particular hormonal or chemical agents

This is what makes this disease complex ⁸.

2. Symptoms Are Not Doubts

No parents are aware about the symptoms of Childhood schizophrenia so there is always a chance that symptoms may turn out to just doubts. Parents might think as the child is growing they may have confusion with some concepts, so it will resolve by self in course of time.

Early warning signs of schizophrenia in children may include:

- distorted perception of reality
- confused thinking
- bizarre thoughts and ideas
- suspiciousness

- hallucinations (seeing, hearing, or feeling things that aren't real like hearing voices telling them to try to do something)

- delusions (ideas that appear real but aren't based in reality)

- extreme moodiness

- severe anxiety or fearfulness

- flat affect (lack of emotional expression when speaking)

- difficulty in performing schoolwork

- social withdrawal (severe problems in making and keeping friends)

- disorganized or catatonic behavior (suddenly becoming agitated and confused, or sitting and staring, as if immobilized)

The symptoms of schizophrenia often are classified as positive (symptoms including delusions, hallucinations and bizarre behavior), negative (symptoms including flat affect, withdrawal, and emotional unresponsiveness) ¹⁰.

Thirty-five children, aged 4 to 13 ($X = 9.54$), meeting strict DSM-III criteria for schizophrenia, all subjects were diagnosed employing a replacement semi structured interview. All were within the normal range of intelligence (mean IQ = 94) and freed from neurological disorders. Characteristic auditory hallucinations were present in 80% and delusions in 63% of the sample. The mean age of onset of psychotic symptoms was 6.9 years ¹¹.

3. Know your diagnosis

The table given below throws insight to the necessary criteria's required to diagnosis Schizophrenia both in child and adult

Table 1: DSM IV-TR Criteria for Schizophrenia⁷.

<p>A. Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):</p>	<ol style="list-style-type: none"> 1. delusions 2. hallucinations 3. disorganized speech (e.g., frequent derailment or incoherence) 4. grossly disorganized or catatonic behavior 5. negative symptoms, i.e., affective flattening, alogia, or avolition
<p>B. Social/occupational dysfunction:</p>	<p>For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).</p>
<p>C. Duration:</p>	<p>Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).</p>
<p>D. Schizoaffective and Mood Disorder exclusion:</p>	<p>Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either (1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or (2) if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.</p>
<p>E. Substance/general medical condition exclusion:</p>	<p>The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.</p>
<p>F. Relationship to a Pervasive Developmental Disorder:</p>	<p>If there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).</p>

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) cautions that although the essential features of schizophrenia are an equivalent in childhood, it's harder to diagnose. Symptoms like disorganized speech and behavior, which are typically present in schizophrenia, also occur in many disorders of childhood⁹. To diagnose schizophrenia in childhood; the kid must meet equivalent diagnostic criteria as schizophrenic adults and adolescents. Despite the consequences of developmental factors, hallucinations, delusions, and formal thought disorder are often reliably assessed in childhood schizophrenia¹². Children with different severity forms of disorders may respond in several while in assessing them¹³.

Differential diagnosis: The onset of childhood schizophrenia usually follows a period of normal, or near normal, development. Strange interests, unusual beliefs, and social impairment are often prodromal symptoms of childhood schizophrenia, but also can be signs of autism spectrum disorder. Hallucinations and delusions are typical for schizophrenia, but not features of autism spectrum disorder¹⁷.

Since childhood disintegrative disorder (CDD) features a very similar set of symptoms and high co morbidity it are often misdiagnosed as childhood schizophrenia which may cause prescribing ineffective medications¹⁸.

5. Multi Modalities of Treatment

Pharmacotherapy in children with schizophrenia find efficacy and safety on use of antipsychotics (clozapine, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole), Adverse effects like extrapyramidal side effects and dyskinesia , metabolic syndrome (including hyperglycaemia and hyperlipidaemia), weight gain, hyperprolactinaemia, hepatotoxicity, seizures also observed¹⁶. There is not any convincing evidence suggesting that atypical antipsychotic medications are superior to the older typical medications for the treatment of adolescents with psychosis¹⁹.

Psychotherapy: In addition to medication, psychotherapy assists you and your child deal with the disorder. Psychotherapy may include:

- **Individual therapy.** Psychotherapy, like cognitive behavioral therapy, with a talented mental state professional can help your child learn ways to affect the strain and lifestyle challenges brought on by schizophrenia. Therapy can help reduce symptoms and help your child make friends and succeed at school. Learning about schizophrenia can help your child understand the condition, affect symptoms and persist with a treatment plan.

- **Group therapy.** Your child and your family may enjoy therapy that provides support and education to families. Involved, caring relations who understand childhood schizophrenia are often extremely helpful to children living with this condition. Group psychotherapy can also assist you and your family to reinforce communication, compute conflicts and affect stress related to your child's condition.

The treatment of the kid and adolescent presenting with psychosis depends on several factors. The character and etiology of the first disorder must be considered. Treatment interventions are multimodal and include targeted pharmacotherapy also as psycho education and family and supportive psychotherapy¹⁵.

Life skills training: Treatment plans that include building life skills can help your child function at age-appropriate levels when possible. Skills training may include:

- **Social and academic skills training.** Training in social and academic skills is a crucial a part of treatment for childhood schizophrenia. Children with schizophrenia often have troubled relationships and faculty problems. They'll have difficulty completing normal daily tasks, like bathing or dressing.

- **Vocational rehabilitation and supported employment.** This focuses on helping people with schizophrenia steel oneself against , find and keep

jobs¹⁴.

6. Seek Medical Advice If Your Child:

- Has developmental delays compared with other siblings or peers
 - Has stopped meeting daily expectations, like bathing or dressing
 - No longer wants to socialize
 - Is slipping in academic performance
 - Has strange eating rituals
 - Shows excessive suspicion of others
 - Shows a scarcity of emotion or shows emotions inappropriate for things
 - Has strange ideas and fears

7. Prevention of Schizophrenia

Preventive measures to scale back the incidence of schizophrenia aren't known well. Identification and early intervention, however, can improve the standard of life experienced by children and adolescents with schizophrenia. Treatment is most successful when symptoms of the primary psychotic episode are addressed properly and promptly¹⁰.

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