ASSOCIATION OF POST TEST KNOWLEDGE SCORE WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES IN MENTAL HEALTH PROMOTION AND EARLY IDENTIFICATION OF MENTAL ILLNESS IN ADOLESCENCE AMONG TEACHERS IN SELECTED SCHOOLS OF GUJARAT.

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ABSTRACT

Mental health is an integral and essential component of health. School teachers should have an effective role in promoting mental health of their students. The objective is to investigate teachers` attitude towards their role in pupils' mental health promotion, and identify barriers they may encounter. According to World Health Organization, psychiatric issues are the single most common causes of disability in young people. Early identification precise conclusion and viable treatment of emotional well-being and substance use conditions can reduce tremendous languishing over youngsters and their families managing social wellbeing challenges. Providing early care can assist youthful to more quickly recoup and takes advantage from their education, to develop positive relationships, to gain access to employment, and ultimately to lead more meaningful and productive lives. Mental Health America (MHA) believes that early recognition of mental health and substance use issues ought to happen where and when youngsters are mostly likely to present concerns, such as in school. The population for the present study was 500 School teachers at selected district of Gujarat. Probability sampling technique was used for this study. The association of post test knowledge was found significant with age, number of children, educational qualification, technical qualification, teaching experience, type of school, previous knowledge and source of previous knowledge.

Keywords: *languishing, youngsters, disability, encounter, psychiatric issues*

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INTRODUCTION

Mental health is essential for individual and public health. To improve mental health, promotion, prevention, and the treatment of disease are required. These three kinds of interventions are interrelated but independent from one another. Although separate efforts for mental health promotion and prevention are needed as well as the public need of mental health promotion and well-being, psychiatrists usually are not accustomed to mental health promotion and prevention. This review introduces an overview of the concept, subjects according to target populations, and various intervention strategies for mental health promotion and prevention of mental illnesses. Based on literatures to date, understanding of developmental psychology, lifestyle medicine, and bio psychosocial contributors of mental health with a macroscopic perspective might help to practice mental health promotion and illness prevention. (CBSE MH) Further, any substance abuse, especially long-term use and abuse, can cause the development of mental illness in adolescents. Relatively environmental causes tend to be difficulties or stressors that adolescents deal with on a daily basis. **(Parikh 2016)**

Positive interpersonal relationships in school context, the quality of teacher-student relationships, and teacher-parent relationships are associated with teachers' role in promoting mental health. Constructive interpersonal relationships can contribute in preventing behaviour problems and enhancing student's psychosocial development and adaptation.

. When you recognize or see this in your students, hold space for them. Holding space just means allowing students to feel their feelings without judgment in a supportive environment. It's also important to foster an atmosphere of confidence and faith in your pupil's words. **(Griffiths K)**

Sometimes, when something seems off, simply talking to the student and asking how they are doing can be enough to learn about what may be going on with the student at home or in the classroom that is affecting performance.

Emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life; social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization), and thatthe way society works makes sense to them (social coherence). **(Tillmann 2018)**

TITLE OF THE STUDY

Association of Post test knowledge with selected socio demographic variables

OBJECTIVES

1. To find the association of post test knowledge score with selected socio demographicvariables

REVIEW

Cheng G , Tomson G , Keller C & Soderqvist F (2018) , issued an article regarding their study on topic , entitled Prevalence and correlates of positive mental health in Chinese adolescents , was an attempt made to investigate the prevalence of positive mental health and correlates of positive mental health in Chinese adolescents. The researcher uses questionnaire including Mental Health Continuum-Short Form (MHC-SF) and items regarding multiple aspects of adolescent life. The sample involved a total of 5399 students from grade 8 and 10 in Weifang, China. They reported that more than half (57.4%) of the participants were diagnosed as flourishing. The correlated factors of positive mental health in regression models included gender, perceived family economy, the occurrence of sibling(s), satisfaction of self-appearance, physical activity, sleep quality, stress, social trust, desire to learn, support from teachers and parents as well as whether being bullied at school. They lastly opinion that adolescents with advantageous socio-economic situations, life style, social support and school life are experiencing better positive mental health than others.

Kawsar S, Yilanli M, Marwaha R (2020), wrote an article on the topic, School refusal, the present notes illustrate the role of inter-professional team members in managing school refusal. The author stated that school refusal is considered a symptom and may be associated with diagnoses such as social anxiety disorder, generalized anxiety disorder, specific phobias, major depression, oppositional defiant disorder, post-traumatic stress disorder, and adjustment disorder, among others. This activity reviews the causes of school refusal, its evaluation, and management options.

Matangwina Thomas (2017) discussed a study on the topic, Health, Academic Achievement and School-Based Interventions. Research evidence shows that children who are healthy are at a low risk for school problems than students who are unhealthy. The study described that students with good health tend to perform better in school than those with poor health. Problems that emanate from poor health include a higher probability of school failure, poor levels of concentration, grade retention and dropout. The present study critically examines the concept of health and establishes the connection between health and achievement. Further, it also

proposes health interventions that are effective in influencing academic achievement.

Polotskaia A, Gomes P (2015), detailed their findings on the topic, the relationship between student health and academic performance: Implications for school psychologists. They work upon the common phenomenon that relationship between student health and academic success is complex. Common manageable factors of student health are nutrition, maintaining healthy weight, and physical fitness. Through a comprehensive literature review the relationships among school achievement and nutrition, maintaining healthy weight, and physical fitness are examined. Furthermore, the efficacy of educational programs to improve nutrition, maintain healthy weight, and increase physical fitness is evaluated. The complexity of the relationship among variables is presented and areas for future research and practice for school psychologists are described.

LR Anuradha, Yagnik, V Sharma (2012), portrayed an article in one of the celebrated Indian diary, entitled, Improving Positive Mental Wellbeing among Adolescents: Current need outlined that young people of the present world are living in a universe of rivalry and there is merciless rivalry in each circle of life. They further depicted that psychological well-being is a basic piece of comprehensive prosperity. The general prosperity of young people has been the subject of extensive discussion lately. They felt that great psychological well-being is key to the youthful sound turn of events. It is related with feeling glad and positive about yourself and getting a charge out of life, sound associations with loved ones support in physical movement and eating a solid eating regimen, the capacity to unwind and to get a decent night's rest network cooperation and having a place. The analyst likewise portrayed that young people psychological well-being is a worry for wellbeing experts as the pervasiveness of emotional wellness issues seems to top in youth and early adulthood on account of the organic and psychosocial advances that are happening in this age gathering.

METHODOLOGY

Quantitative evaluative research approach was discovered to be suitable for present study. One group pre-test and post-test Pre-Experimental Research Design was used for the study. The population for the present study was 500 School teachers at selected district of Gujarat. Probability sampling technique was used for this study. Probability Simple random sampling technique was used for the present study.

RESULTS

TABLE:-1 ASSOCIATION OF AGE OF SCHOOL TEACHERS WITH KNOWLEDGE LEVEL ATPOST-ADMINISTRATION (POSTTEST) STAGE

Age of schoolteachers	**Posttest Knowledge Level**			
	Average (15-28)	**Good (29-42)**	**Excellent (43-56)**	**Total**
21-25 year	7 1.4%	42 8.4%	35 7.0%	**84** **16.8%**
26-30 year	13 2.6%	18 3.6%	19 3.8%	**50** **10.0%**
31-35 year	19 3.8%	76 15.2%	90 18.0%	**185** **37.0%**
≥36 year	19 3.8%	83 16.6%	79 15.8%	**181** **36.2%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2 = 13.47*; *p<0.05 (Significant)*
6

*The association is significant for 6 degrees of freedom at the 0.05 level of significance.

Table 1 presents the relationship of age of studied school teachers with level of knowledge on mental health promotion and early identification of mental illness in adolescence after administration of structured teaching program regarding mental health promotion and early identification of mental illness in adolescence.

Analysis clearly demonstrated that there was a significant relationship of age with knowledge of studied school teachers. However, the age was the significant factor that dependent on level of knowledge on mental health promotion and early identification of mental illness in adolescence among school teachers at post-administration stage. This was also noticed that the knowledge of none (0.0%) of the school teachers found to be poor at post-administration stage.

Research showed at post-administration stage that most (83, 16.6%) of the school teachers had more

frequently good level of knowledge on mental health promotion and early identification of mental illness in adolescence had aged above 35 years and that followed by 76 (15.2%) school teachers belonged to age group of 31-35 years. Further, this was noted that level of knowledge of 42 (8.4%) and 18 (3.6%) school teachers was good belonged to age group of 21-25 and 26-
30 years respectively. Levels of knowledge on mental health promotion and early identification of mental illness in adolescence of 90 (18.0%) school teachers found to be more frequently excellent post administration had belonged to age group of 31-35 years and that followed by 79 (15.8%) who belonged to age group of above 35 years. However, 35 (7.0%) and 19 (7.0%) school teachers belonged to age group of 21-25 years and 26-30 years respectively had excellent level of knowledge of mental health promotion and early identification of mental illness in adolescence. Further, relationship indicated that the knowledge of each 19 (3.8%) school teachers was poor regarding mental health promotion and early identification of mental illness in adolescence who belonged to age group of 31-35 years and more than 35 years respectively post administration and that followed by 13 (2.6%) school teacher belonged to age group of 26-30 years. Further this is also reported that seven (1.4%) school teacher belonged to age group of 21-25 years had poor level of knowledge.

Nevertheless, these proportional differences in knowledge levels of school teachers with respect to age after administration of structured teaching program revealed that the association of age of school teachers was statistically significant ($p<0.05$) with levels of knowledge about mental health promotion and early identification of mental illness in adolescence at post-administration stage.

Moreover, the statistical agreement indicated at post-administration stage that the age of school teachers was the significant demographic factor that influenced the knowledge regarding mental health promotion and early identification of mental illness in adolescence.

TABLE 2:-

ASSOCIATION OF GENDER OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) STAGE

	Posttest Knowledge Level			
Gender	**Average (15-28)**	**Good (29-42)**	**Excellent (43-56)**	**Total**
Male	36 7.2%	142 28.4%	144 28.8%	**322** **64.4%**
Female	22 4.4%	77 15.4%	79 15.8%	**178** **35.6%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

$\chi^2 = 0.16$; *p>0.05 (Insignificant)*

The association isn't significant (insignificant) for 2 degrees of freedom at the 0.05 level ofsignificance.

Table 2 reports the bonding of gender of school teachers with knowledge about mental health promotion and early identification of mental illness in adolescence after administration of structured teaching program on mental health promotion and early identification of mental illness in adolescence. At post-administration stage, this was noticed that the knowledge of none (0.0%) of the school teachers regarding gender discrimination found to be poor.

Gender of school teachers did not have a significant impaction on knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage. Gender of school teachers wasn't the significant factor that dependent on level of knowledge on mental health promotion and early identification of mental illness in adolescence among school teachers at post-administration stage.

Research showed at post-administration stage that the gender of 144 (28.8%) school teachers was male who had more frequently excellent level of knowledge on mental health promotion and early identification of mental illness in adolescence at post-administration stage as compared to 79 (15.8%) female school teachers.

This was identified that 142 (28.4%) male school teachers had good level of knowledge about mental health promotion and early identification of mental illness in adolescence at post-administration stage as compared to 77 (15.4%) female school teachers.

Research showed that the 36 (7.2%) male school teachers had poor level of knowledge about mental health promotion and early identification of mental illness in adolescence at post-administration stage as compared

to 22 (4.4%) female school teacher.

After administration of structured teaching program, the association of gender of school teachers was not statistically significant (p>0.05) with knowledge levels of school teachers regarding mental health promotion and early identification of mental illness in adolescence at post-test stage.

Moreover, the statistical agreement indicated that the gender of school teachers was not the demographic factor that influenced significantly the knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage.

TABLE 3:- ASSOCIATION OF NUMBER OF CHILDREN IN FAMILIES OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) STAGE

Number of Children	**Posttest Knowledge Level**			**Total**
in Family	**Average (15-28)**	**Good (29-42)**	**Excellent (43-56)**	
One	12 2.4%	69 13.8%	56 11.2%	**137** **27.4%**
Two	29 5.8%	100 20.0%	119 23.8%	**248** **49.6%**
Three	10 2.0%	23 4.6%	12 2.4%	**45** **9.0%**
More than Three	0 0.0%	2 0.4%	6 1.2%	**8** **1.6%**
None	7 1.4%	25 5.0%	30 6.0%	**62** **12.4%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2 15.83; *p<0.05 (Significant)*
8

*The association is significant for 6 degrees of freedom at the 0.05 level of significance.

Association of number of children in family of studied school teachers with knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage was analyzed after administration of structured teaching program which can be easily obtains in table 3.

Investigation demonstrated that the number of children in family of school teachers showed a significant impaction on knowledge levels regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage.

Number of children in family found to be the significant factor that impacted the knowledge regarding mental health promotion and early identification of mental illness in adolescence among school teachers at post-administration stage. However, this was noticed that the knowledge of none (0.0%) of the school teachers found to be poor after administration of structured teaching program at post-test stage.

Level of knowledge of large chunk (119, 23.8%) of population of school teachers found to be excellent regarding mental health promotion and early identification of mental illness in adolescence after administration of structured teaching program had more frequently two children and that followed by 56 (11.2%) and 30 (6.0%) school teachers had one and none children respectively who had excellent level of knowledge. This was noted that number of children in family of 12 (2.4%) school teachers was three had excellent knowledge of mental health promotion and early identification of mental illness in adolescence than 6 (1.2%) whohad more than three children.

At post-administration stage, number of children in families of 100 (20.0%) and 69 (13.8%) school teachers were two and one had good knowledge of mental health promotion and early identification of mental illness in adolescence and that followed by 23 (4.6%) school teachers had three who observed with good level of knowledge. Further, this was noted that number of children in family of 2 (0.4%) school teachers was more than three had good level of knowledge of mental health promotion and early identification of mental illness in adolescence than 25 (5.0%) who had none.

Further analysis indicated after administration that the number of children in family of 29 (5.8%) and 12 (2.4%) school teachers was two and one found with average level of knowledge regarding mental health promotion and early identification of mental illness in adolescence as compared to 10 (2.0%) and 7 (1.4%) had three and none respectively.

Moreover, the association of number of children in family of school teachers found to be statistically

significant (p<0.05) with knowledge regarding mental health promotion and early identification of mental illness in adolescence.

Finally, the statistical agreement indicated that the number of children in family of school teachers was the demographic factor that influenced significantly the knowledge regarding mental health promotion and early identification of mental illness in adolescence.

TABLE 4:-ASSOCIATION OF EDUCATIONAL QUALIFICATION OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) STAGE

Educational Qualification	**Posttest Knowledge Level**			
	Average (15-28)	**Good (29-42)**	**Excellent (43-56)**	**Total**
Higher Secondary	2 0.4%	3 .6%	19 3.8%	**24** **4.8%**
Graduate	45 9.0%	163 32.6%	168 33.6%	**376** **75.2%**
Post-Graduate	8 1.6%	51 10.2%	35 7.0%	**94** **18.8%**
Any other higher qualification	3 0.6%	2 0.4%	1 0.2%	**6** **1.2%**
Total	**58**	**219**	**223**	**500**
	11.6 %	**43.8%**	**44.6%**	**100.0%**

χ^2 = 25.17[#]; *p<0.001 (Highly Significant)*
6

[#] The association is highly/strongly significant for 6 degrees of freedom at the 0.001 level of significance.

Table 4 reveals the strength of bonding between educational qualification and levels of knowledge regarding mental health promotion and early identification of mental illness in adolescence among studied school teachers after administration of structured teaching program at post-administration stage.

Bonding between educational qualification and knowledge of mental health promotion and early identification of mental illness in adolescence indicated a very strong relationship of educational qualification of school teachers with knowledge levels at post-administration stage. However, the educational qualification of school teachers found to be dependent of knowledge of mental health promotion and early identification of mental illness in adolescence at post- administration (posttest) stage.

At post-administration stage, major parts (168, 33.6%) of population of school teachers had more frequently excellent level of knowledge regarding mental health promotion and early identification of mental illness in adolescence possessed a graduate degree and that followed by 35 (7.0%) acquired a post-graduate degree. Further, this was also noted that the level of knowledge of 19 (3.8%) and only one (0.2%) school teacher(s) were excellent after administration of structured teaching program who possessed higher secondary level of education and any other higher qualification respectively.

Analysis reported that the level of knowledge of 163 (32.6%) school teachers was good after administration of structured teaching program who acquired a graduate degree in comparison to
51 (10.2%) and 3 (0.6%) acquired a pot-graduate degree and higher secondary level of education respectively had good knowledge regarding mental health promotion and early identification of mental illness in adolescence. Further, this was also noted that the level of knowledge of only two (0.4%) school teachers found to be good after administration that possessed any other higher qualification.

After administration of structured teaching program, the level of knowledge of 45 (9.0%) school teachers was average regarding mental health promotion and early identification of mental illness in adolescence possessed a graduate degree and that followed by 8 (1.6%) and 3 (0.6%) acquired a pot-graduate degree and any other higher qualification respectively. The level of knowledge of 2 (0.4%) school teachers was poor who acquired higher secondary level of education at post-administration stage. Nevertheless, these proportional differences after administration of structured teaching program revealed that the association of educational qualification of school teachers was statistically highly significant (p<0.001) with knowledge regarding mental health promotionand early identification of mental illness in adolescence at post-administration stage.

Overall, the statistical agreement showed that the educational qualification of school teachers was the strongly significant demographic factor that influenced the knowledge after administration of structured teaching program regarding knowledge regarding mental health promotion and early identification of mental

illness in adolescence.

TABLE 5:- ASSOCIATION OF TECHNICAL QUALIFICATION OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) STAGE

Technical qualification	Posttest Knowledge Level			
	Average (15-28)	**Good (29-42)**	**Excellent (43-56)**	**Total**
Senior Teaching Certificate & OtherSpecified	17 3.4%	26 5.2%	35 7.0%	**78** **15.6%**
B. P. Ed.	2 0.4%	7 1.4%	6 1.2%	**15** **3.0%**
D. Ed.	1 0.2%	4 0.8%	2 0.4%	**7** **1.4%**
B. Ed.	33 6.6%	141 28.2%	153 30.6%	**327** **65.4%**
M. Ed.	5 1.0%	41 8.2%	27 5.4%	**73** **14.6%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2 15.76; *p<0.05 (Significant)*
8

*The association is significant for 8 degrees of freedom at the 0.05 level of significance.

Table 5 shows the relationship of technical qualification with levels of knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage among studied school teachers after administration of structured teaching program. The relationship showed a significant relationship of technical qualification of school teachers with knowledge levels regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage. Henceforth, the technical qualification of school teachers found to be dependent of knowledge of mental health promotion and early identification of mental illness in adolescence at post-administration (posttest) stage.

Major part (153, 30.6%) of population of school teachers had more frequently excellent level of knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage possessed a bachelor of education (B. Ed.) degree and that followed by 35 (7.0%) school teachers who acquired either senior teaching certificate or other specified qualification. Further, this was also noted that the level of knowledge of 27 (5.4%), 6 (1.2%) and 2 (0.4%) school teachers found to be excellent after administration of structured teaching program that possessed master of education (M. Ed.) degree, bachelor of physical education (B. P. Ed.) and diploma in physical education (D. P. Ed.) respectively.

Analysis reported that the level of knowledge of 141 (28.2%) school teachers was good after administration acquired a bachelor of education (B. Ed.) degree in comparison to 41 (8.2%) and 26 (5.2%) acquired master of education (M. Ed.) degree, senior teaching certificate & other specified qualification respectively who had good knowledge regarding knowledge regarding mental health promotion and early identification of mental illness in adolescence. Further, this was also noted that the level of knowledge of 7 (1.4%) and 4 (0.8%) school teachers found to be good after administration of structured teaching program that possessed bachelor of physical education (B. P. Ed.) degree and diploma in physical education (D. P. Ed.) respectively.

After administration of structured teaching program, the level of knowledge of 33 (6.6%) school teachers was poor regarding mental health promotion and early identification of mental illness in adolescence possessed a bachelor of education (B. Ed.) degree and that followed by
17 (3.4%) who acquired either senior teaching certificate or other specified qualification. Further, this was also noted that the level of knowledge of 5 (1.0%), 2 (0.4%) and 1 (0.2%) school teachers was poor at post-administration stage that possessed master of education (M. Ed.) degree, bachelor of physical education (B. P. Ed.) and diploma in physical education (D. P.Ed.) respectively.

Nevertheless, these proportional differences after administration of structured teaching program revealed that the association of technical qualification of school teachers was statistically significant ($p<0.05$) with knowledge level regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage.

Overall, the statistical agreement showed after administration of structured teaching program that the

technical qualification of school teachers was the significant demographic factor that impacted the knowledge regarding knowledge regarding mental health promotion and early identification of mental illness in adolescence.

TABLE 6:- ASSOCIATION OF TEACHING EXPERIENCE OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) TEACHINGEXPERIENCE

Teaching experienceof school teachers	**Posttest Knowledge Level**			
	Average (15-28)	**Good (29-42)**	**Excellent (43-56)**	**Total**
0-60 month	8 1.6%	44 8.8%	43 8.6%	**95** **19.0%**
61-20 month	29 5.8%	58 11.6%	67 13.4%	**154** **30.8%**
121-180 month	4 0.8%	46 9.2%	54 10.8%	**104** **20.8%**
≥180 month	17 3.4%	71 14.2%	59 11.8%	**147** **29.4%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2 17.26[#]; *p<0.008 (Highly Significant)*
6

[#] The association is highly/strongly significant for 6 degrees of freedom at the 0.008 level of significance.

Table 6 presents the association of teaching experience of studied school teachers with knowledge on mental health promotion and early identification of mental illness in adolescence after administration of structured teaching program regarding mental health promotion and early identification of mental illness in adolescence.

Statistical analyzes demonstrated that there was a strongly significant relationship of teaching experience with knowledge of studied school teachers. The teaching experience found to be the strong significant factor that dependent on knowledge of mental health promotion and early identification of mental illness in adolescence among school teachers at post-administration teaching experience. This was also noticed that the knowledge of none (0.0%) of the school teachers found to be poor at post-administration stage.

Research showed that most (67, 13.4%) of the school teachers had excellent level of knowledge on mental health promotion and early identification of mental illness in adolescence at post- administration stage had teaching experience between 61-120 months and that followed by 59 (11.8%) school teachers had teaching experience of more than 180 months. Further, this was noted that 54 (10.8%) and 43 (8.6%) school teachers had teaching experiences between 121-180 months and 0-60 months respectively that had excellent level of knowledge.

Levels of knowledge on mental health promotion and early identification of mental illness in adolescence of 71 (14.2%) school teachers found to be more frequently good after administration of structured teaching program had teaching experience of more than 180 months and that followed by 58 (11.6%) who had teaching experience between 61-120 months. However, 46 (9.2%) and 44 (48.8%) school teachers had teaching experiences between 121-180 months and 0-60 month respectively who had good level of knowledge after administration of structured teaching program.

Further, relationship indicated that the level of knowledge of 29 (5.8%) school teachers was poor after administration of structured teaching program had teaching experience between 61- 120 months and that followed by 17 (3.4%) who had teaching experience of more than 180 months. However, 8 (1.6%) and 4 (0.8%) school teachers had teaching experiences between 0- 60 and 121-180 months respectively who had poor level of knowledge after administration of structured teaching program.

Nevertheless, investigation reported after administration of structured teaching program revealed that the association of teaching experience of school teachers found to be statistically highly significant ($p<0.008$) with levels of knowledge about mental health promotion and early identification of mental illness in adolescence at post-administration teaching experience .

Moreover, the statistical agreement indicated at post-administration stage that the teaching experience of school teachers was the significant demographic factor that influenced strongly the knowledge of school teachers regarding mental health promotion and early identification of mental illness in adolescence.

TABLE 7:-

ASSOCIATION OF TYPE OF SCHOOL OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) STAGE

	Posttest Knowledge Level			
Type of school	**Average (15-28)**	**Good (29-42)**	**Excellent (43-56)**	**Total**
Semi-government	35 7.0%	120 24.0%	145 29.0%	**300** **60.0%**
Private	20 4.0%	69 13.8%	63 12.6%	**152** **30.4%**
Government	3 0.6%	30 6.0%	15 3.0%	**48** **9.6%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2 = 9.61; *p<0.05 (Significant)*
4

*The association is significant for 8 degrees of freedom at the 0.05 level of significance.

Table 7 reports the relation of type of school of studied school teachers with knowledge level regarding mental health promotion and early identification of mental illness in adolescence after administration of structured teaching program at post-administration stage. Results indicated that the knowledge of none (0.0%) of the school teachers found to be poor at post- administration stage.

There was a significant impaction of type of school at post-administration stage on knowledge of school teachers about mental health promotion and early identification of mental illness in adolescence. Henceforth, at post-administration stage the type of school after intervention found to be the dependent demographic factor of knowledge of school teachers about mental health promotion and early identification of mental illness in adolescence.

Investigation showed that the level of knowledge of most (145, 29.0%) of the school teachers found to be excellent after administration of structured teaching program who were associated with semi government type of school and that followed by 63 (12.6%) and 15 (3.0%) school teachers whose type of schools were private and government respectively and that had excellentlevel of knowledge.

This was noted after administration of structured teaching program that the type of school of 120 (24.0%) school teachers was semi government had good level of knowledge about mental health promotion and early identification of mental illness in adolescence and that followed by 69 (13.8%) and 30 (6.0%) school teachers whose type of schools were private and government respectively and that had good level of knowledge.

Proportional differences indicated after administration of structured teaching program that the type of school of 35 (7.0%) school teachers was semi government who had average level of knowledge regarding mental health promotion and early identification of mental illness in adolescence and that followed by 20 (4.0%) and 3 (0.6%) school teachers whose type of schools were private and government respectively and that had average level of knowledge.

Nevertheless, the association of type of school of school teachers at post-administration was statistically significant ($p<0.05$) with knowledge levels regarding mental health promotion and early identification of mental illness in adolescence.

Henceforth, the statistical agreement indicated that the type of school of school teachers found to be the significant demographic factor that influenced the knowledge level regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage.

TABLE 8-

ASSOCIATION OF MONTHLY INCOME OF SCHOOL TEACHERS WITH KNOWLEDGE AT POST-ADMINISTRATION (POSTTEST) STAGE

Monthly Income(Indian Rupee)	Posttest Knowledge Level			
	Average (15-28)	**Good (29-42)**	**Excellent (43-56)**	**Total**
5000/- to 10000/-	9 1.8%	22 4.4%	26 5.2%	**57** **11.4%**
10001/- to 15000/-	15 3.0%	70 14.0%	83 16.6%	**168** **33.6%**
15001/- to 20000/-	11 2.2%	51 10.2%	42 8.4%	**104** **20.8%**
≥ 20000/-	23 4.6%	76 15.2%	72 14.4%	**171** **34.2%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2 = 5.23 *and p>0.05 (Insignificant)*

Table 8 highlights the relationship of income per month of studied school teachers with knowledge levels after administration of structured teaching program on mental health promotion and early identification of mental illness in adolescence.

Present enquiry demonstrated that there was not a significant impaction of monthly income on knowledge of school teachers about mental health promotion and early identification of mental illness in adolescence at post-administration stage. Henceforth, the monthly income was the independent demographic factor of knowledge at post-administration (posttest) stage. However, knowledge of none (0.0%) of the school teachers found to be poor after administration of structured teaching program.

ASSOCIATION OF PREVIOUS KNOWLEDGE OF SCHOOL TEACHERS WITHPOST-ADMINISTRATIONAL KNOWLEDGE (POSTTEST)

	Posttest Knowledge Level			
Previous knowledge	**Average (15-28)**	**Good (29-42)**	**Excellent (43-56)**	**Total**
Yes	22 4.4%	79 15.8%	113 22.6%	**214** **42.8%**
No	36 7.2%	140 28.0%	110 22.0%	**286** **57.2%**
Total	**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

χ^2_2 = 10.26[#]; *p<0.006 (Highly Significant)*

[#] The association is highly/strongly significant for 2 degrees of freedom at the 0.006 level of significance.

Table 9 presents the information on relationship of previous knowledge about mental health promotion and early identification of mental illness in adolescence of studied school teachers with knowledge levels after administration of structured teaching program about mental health promotion and early identification of mental illness in adolescence.

Previous knowledge on mental health promotion and early identification of mental illness in adolescence of school teachers reported with a very strongly significant bonding with post- administrational knowledge about mental health promotion and early identification of mental illness in adolescence. Henceforth, the previous knowledge about on mental health promotion and early identification of mental illness in adolescence of school teachers found to be the strongly significant demographic factor after administration of structured teaching program that dependent on post-administrational knowledge.

Nevertheless, the previous knowledge about on mental health promotion and early identification of mental illness in adolescence of school teachers found to be the dependent of post-administrational knowledge.

Research showed after administration of structured teaching program that the levels of knowledge of 113 (22.6%) school teachers was more frequently excellent who had previous knowledge on mental health

promotion and early identification of mental illness in adolescence as compared to 110 (22.0%) school teachers that didn't have any previous knowledge on mental health promotion and early identification of mental illness in adolescence

Further this was noticed that the 79 (15.8%) school teachers had previous knowledge on mental health promotion and early identification of mental illness in adolescence observed with good level of knowledge after administration of structured teaching program as compared to 140 (28.0%) school teachers who didn't have any previous knowledge on mental health promotion and early identification of mental illness in adolescence.

After administration, the level of knowledge of 22 (4.4%) school teachers found at poor level had previous knowledge of mental health promotion and early identification of mental illness in adolescence after administration of structured teaching program as compared to 36 (7.2%) school teachers that didn't have any previous knowledge on mental health promotion and early identification of mental illness in adolescence.

Post-administrational proportional differences in knowledge levels of school teachers with respect to previous knowledge revealed that the association of previous knowledge of school teachers was statistically highly significant ($p<0.006$) with post-administrational knowledge about mental health promotion and early identification of mental illness in adolescence.

Moreover, the statistical agreement showed that that the previous knowledge about mental health promotion and early identification of mental illness in adolescence of school teachers was the highly significant factor that influenced the knowledge at post-administration stage.

TABLE 10:-

ASSOCIATION OF SOURCE OF PREVIOUS KNOWLEDGE OF SCHOOL TEACHERS WITH POST-ADMINISTRATIONAL KNOWLEDGE (POSTTEST)

Source of Knowledge	***Previous***	**Posttest Knowledge Level**			
		Average (15-28)	**Good (29-42)**	**Excellent (43-56)**	**Total**
None		36 7.2%	140 28.0%	110 22.0%	**286** **57.2%**
Newspaper	**and**	13	26	35	**74**
Mass Media		2.6%	5.2%	7.0%	**14.8%**
Television	**and**	6	37	52	**95**
Internet		1.2%	7.4%	10.4%	**19.0%**
Observed Patient		1 0.2%	8 1.6%	20 4.0%	**29** **5.8%**
In-Service		2	8	6	**16**
Education		0.4%	1.6%	1.2%	**3.2%**
Total		**58** **11.6%**	**219** **43.8%**	**223** **44.6%**	**500** **100.0%**

$\chi^2 = 20.63^{\#}$; *p<0.008 (Highly Significant)*

[#] The association is highly/strongly significant for 8 degrees of freedom at the 0.008 level of significance.

Table 10 highlights the relationship of source of previous knowledge about mental health promotion and early identification of mental illness in adolescence with post-administrational knowledge among studied school teachers after administration of structured teaching program.

The association between sources of previous knowledge with knowledge of mental health promotion and early identification of mental illness in adolescence showed a very strongly significant relationship between sources of previous knowledge of school teachers with post- administrational knowledge. Henceforth, the source of previous knowledge of school teachers found to be dependent of post-administrational knowledge of mental health promotion and earlyidentification of mental illness in adolescence.

Comparison revealed that source of previous knowledge of 110 (22.0%) school teachers was none had more frequently excellent level of knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-administration stage and that followed by 52 (10.4%) school teachers that acquired knowledge previously from television and internet. Further, this was also noted that the source of previous knowledge of 35 (7.0%), 20 (4.0%) and 6 (1.2%) school teachers found to be newspaper and mass media, observed patients and in-service education respectively had excellent level of knowledge post administration of structured teaching program.

Analysis reported that the source of previous knowledge about mental health promotion and early identification of mental illness in adolescence of 140 (28.0%) school teachers was none after administration of structured teaching program who acquired good level of knowledge in comparison to 37 (7.4%) and 26 (5.2%) acquired knowledge previously from television and internet, and newspaper and mass media respectively had good level of knowledge regarding knowledge regarding mental health promotion and early identification of mental illness in adolescence. Further, this was also noted that the level of knowledge of each 8 (1.6%) school teacher found to be good after administration who acquired knowledge from observed patient and in-service education respectively after administration of structured teaching program.

After administration of structured teaching program, the level of knowledge of 36 (7.2%) school teachers was poor who didn't have any source of previous knowledge in comparison to 13 (2.6%) and 6 (1.2%) that acquired previous knowledge from television and internet, and newspaper and mass media respectively had poor level of knowledge regarding knowledge regarding mental health promotion and early identification of mental illness in adolescence. Further, this was also noted that the level of knowledge of 1 (0.2%) and 2 (0.4%) school teacher found to be poor post administration who acquired knowledge from observed patient and in- service education respectively.

Nevertheless, post-administrational proportional differences revealed that the association of sources of previous knowledge of school teachers was statistically strongly significant ($p<0.001$) with post-administrational knowledge regarding mental health promotion and early identification of mental illness in adolescence at post-test stage.

Overall, the statistical agreement showed that the source of previous knowledge of school teachers was the highly significant demographic factor after administration of structured teaching program that influenced the knowledge regarding knowledge regarding mental health promotion and early identification of mental illness in adolescence.

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