A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING IDENTIFICATION AND PREVENTION OF SUICIDE AMONG CAREGIVERS OF MENTALLY ILL PATIENT IN SELECTED HOSPITALS AT MEERUT

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Abstract: *According to a recent WHO report, about 450 million people are affected by mental, neurological and behavioural problems in their lives and among these 873,000 people die of suicide every year with mental illnesses. People with mental disorders usually suffer from social isolation, poor quality of life and has an increased change for mortality (WHO report, 2005). Mental illnesses have been found to be precipitated with chronic conditions of cancer, cardiovascular diseases, diabetes and AIDS.*

Aims of the study:

1. *To develop and validate a video assisted teaching regarding identification and prevention of suicide among caregiver of mentally ill patient.*
2. *To assess the knowledge regarding identification of suicide among caregiver of mentally ill patient in experimental group and control group.*
3. *To assess the knowledge regarding prevention of suicide among caregiver of mentally ill patient in experimental group and control group.*
4. *To evaluate the effectiveness of video assisted teaching on knowledge regarding identification of suicide among caregiver of mentally ill patients in experimental group.*
5. *To evaluate the effectiveness of video assisted teaching on knowledge regarding identification of suicide among caregiver of mentally ill patients in experimental group*
6. *To compare the post test knowledge score regarding identification of suicide among caregiver of mentally ill patient in experimental group and control group.*
7. *To compare the post test knowledge score regarding prevention of suicide among caregiver of mentally ill patient in experimental group and control group*
8. *To find out the association between pre-test and post-test knowledge score regarding identification of suicide among caregivers of mentally ill patients with selected socio demographic variables in both group.*
9. *To find out the association between pre-test and post-test knowledge score regarding prevention of suicide among caregivers of mentally ill patients with selected socio demographic variables in both group.*

METHOD: *A quasi experimental study was done on 60 caregiver of mentally ill patient, 30 in both experimental and control group selected by non-probability purposive sampling technique. Data was collected by using Structured questionnaire on identification of suicide and Structured questionnaire on prevention of suicide pre-test and post-test was taken from both xperimental and control group, pre-test and post-test was taken from both experimental and control group, video assisted teaching was given only in experimental group.*

RESULT: *Finding revealed that administered of video assisted teaching to experimental group has improve the knowledge regarding identification of suicide among caregiver of mentally ill patient the knowledge score of participants in pre-test majority of caregivers of mentally*

ill patients, 25 (83.33%) had inadequate knowledge, 5 (16.66%) had moderate knowledge and 0(0%) had shown adequate knowledge. But in post-test majority of caregivers of mentally ill patients, 27(90%) had moderate knowledge, 3(10%) had adequate knowledge and 0(0%) had inadequate knowledge and finding related to knowledge regarding prevention of suicide among caregivers of mentally ill patient the knowledge score of participants in pre-test majority of caregivers of mentally ill patients, 23(76.66%) had inadequate knowledge, 7(23.33%) had moderate knowledge and 0(0%) had shown adequate knowledge. But in post-test the majority of caregivers of mentally ill patients had 27(90%) moderate knowledge, 3(10%) had adequate knowledge and 0(0%) had shown inadequate knowledge.

CONCLUSION: The study concluded that the video assisted teaching was effective to improve the knowledge regarding identification and prevention of suicide among caregivers of mentally ill patients in selected hospital in meerut.

Key words: knowledge, identification, prevention, caregiver, mentally ill.

Index Terms - **Component, formatting, style, styling, insert.**

I.INTRODUCTION

Suicide is a major health problem, and the global suicide mortality rate amounts to 1.4% of all deaths worldwide. Most suicides are related to psychiatric disease, with depression, substance use disorders and psychosis being the most relevant risk factors . However, anxiety, personality, eating, and trauma-related disorders, as well as organic mental disorders, also contribute. Psychological autopsies from the middle of the previous century and onwards have revealed that most people who have died by suicide have suffered from mental disorders . A recent figure suggests this number could be at least 90%. According to a recent WHO report, about 450 million people are affected by mental, neurological and behavioural problems in their lives and among these 873,000 people die of suicide every year with mental illnesses. People with mental disorders usually suffer from social isolation, poor quality of life and has an increased change for mortality (WHO report, 2005). Mental illnesses have been found to be precipitated with chronic conditions of cancer, cardiovascular diseases, diabetes and AIDS. Although cost effective treatment methods for mental disorders do exist; according to the WHO, the obstacles to effective treatment of mental illness include, lack of recognition of the seriousness of mental illness and lack of understanding of the benefits of mental health services WHO had figured most poorly developed economies devote less than 1% of their health expenditure on mental health needs of people.

Suicide is that the third leading reason for death among young worldwide. The final outcome of these complicated interactions of biological, genetic, psychological, sociological and environmental factors is Suicide. It is a progressively necessary community problem: from 1990 to 2010 the Number of Suicide has increased by by 32%. It is significantly found in the age group of 15 to 49 years of age young adults, from which 4.8% of all deaths are female and 5.7% are male deaths.

These are numerous reason and factors which leads to committing suicide among mentally ill patient. Unsound patients are the major focus for health care providers to prevent and suicidal incidence. Health care providers plays a major role in reducing the incidence of suicidal incidence. If all the health care providers have adequate knowledge and sensitising regarding observation and warning sign of suicide, then incidence of suicide can be reduce gradually.

II.RESEARCH METHODOLOGY

RESEARCH APPROACH

A research approach instructs the researcher on what information to gather and how to interpret it. A general strategy or blueprint has been selected to carry out the study. It also implies a conclusion that might be formed based on the information. The research approach used for this study was evaluation to accomplish the objectives of the study.

According to American sociologist - Earl Robert Babbie, states that Research is a methodical inquiry to describe, explain, anticipate, and manage the observed phenomenon

Therefore, **A Quantitative Research Approach** is thought to be the most suitable with a view to achieving the objectives and evaluating the effectiveness of video assisted teaching on knowledge regarding identification and prevention of suicide among caregiver of mentally ill patient.

RESEARCH DESIGN

According to Polit and Beck, the research design is the overarching strategy for determining the answers to the questions being investigated and for resolving some of the challenges that may arise. The ultimate goal of a research project is to find an answer to a specific research topic. A **Quasi-Experimental Research Design** is adopted in this work.

Therefore, quasi-experimental research design has been deemed appropriate to assess and evaluating the effectiveness of video assisted teaching on knowledge regarding identification and prevention of suicide among caregivers of mentally ill patient in a selected hospitals, Meerut.

SETTING OF THE STUDY:

According to Polit and beck (2015) " setting is a physical location and condition in which data collection takes place in the study."

The selection of appropriate set up is important because the set up can influence the way people behave or feel and how they respond. The researcher needs to decide where the data will be collected.

The study was conducted in Lala Lajpat Rai Memorial Medical College (Sardar Vallabh bhai Patel hospital) and Chhatrapathi Shivaji Subhati Hospital at Meerut.

POPULATION:

Polit and beck (2015) describe population as the entire aggregation of cases that meet a designated set of criteria. The need for defining a population for a research project arises out of the requirements to specify the group on which the result of the study can be applied.

The population will be easily accessible to the investigator since the researcher's permission will be taken from the concerned authorities.

The target population for the study was caregivers of mentally ill patients.

SAMPLE AND SAMPLING TECHNIQUES

According to Polit & Beck (2011), sampling is the act of choosing a subset of the population to represent the full population. A sample is a subject of the population chosen to participate in a research project.

In this study caregivers of mentally ill patients are sampled at Meerut's Lala Lajpat Rai Memorial Medical College (Sardar Vallabh bhai Patel hospital) and Chhatrapati Shivaji Subharti Hospital.

Miller (1991) defined sampling as the process of picking units from a population of interest in order to fairly generalise our findings from the sample back to the population from which they were selected.

The sample for the current study was gathered using a **Non-Probability Purposive Sampling Technique.**

SAMPLE SIZE:

Sample size, **according to Polit and Hungler (1990),** is the number of study participants in a sample.

The sample size of this study was 60 caregivers of mentally ill patients.

30 caregivers of mentally ill patients in an experimental group at Lala Lajpat Rai Memorial Medical College (Sardar Vallabh bhai Patel hospital) and 30 caregivers of mentally ill patients in a control group at Chhatrapati Shivaji Subharti Hospital.

DEVELOPMENT OF THE TOOLS

The following processes went into the creation of the tools.

- Review of research and non-research literature; and Expert opinion.
- Creating a blueprint for socio-demographic factors and checklists.
- Setting up tool scoring
- Testing tools
- Evaluating items for content validity.
- Reliability estimation, item analysis, and discrimination value.

DESCRIPTION OF TOOL

SECTION A - (demographic of the sample)

It includes age, gender, marital status, Education, residence, type of family, religion, family income, duration of care given to the patient, incidence of any attempt suicide in patient, previous information regarding suicide among mentally ill patient and source of information on suicide.

SECTION B

Tool-I: Structured questionnaire on knowledge regarding identification of suicide among caregivers of mentally ill patient.

Structured questionnaire on knowledge regarding identification of suicide with 20 items to asses the knowledge regarding identification of suicide among mentally ill patient.

Tool-II: Structured questionnaire on knowledge regarding prevention of suicide among caregivers of mentally ill patient.

Structured questionnaire on knowledge regarding prevention of suicide with 20 items to asses the knowledge regarding prevention of suicide among mentally ill patient.

DEVELOPMENT OF VIDEO ASSISTED TEACHING

A video assisted teaching programme regarding identification and prevention of suicide among mentally ill patient was developed. The video assisted teaching programme was based on review of literature and non research literature and opinions of experts. It consist of the following area-

- Introduction of suicide among mentally ill patient.
- Suicide among mentally ill patient.
- Etiology of suicide among mentally ill patient.
- Risk factors of suicide among mentally ill patient.
- Warning signs of the suicide among mentally ill patient.
- Suicidal tendency in mentally ill patient
- Prevention of suicide among mentally ill patient.

CONTENT VALIDITY OF THE TOOL

The validity refers to an instrument or test actually testing what it is supposed to be testing (**sharma,2014**).

The content validations of tools and criteria Structured questionnaires were prepared which consist of items with three responses against each criteria and were produced to ensure the content validity of the tools. The tool were given to seven experts from the different fields of psychiatric department for validation along with the request letter, statement of the problem, objectives, demographic variables, Structured questionnaire on knowledge regarding identification of suicide among caregivers of mentally ill patient and Structured questionnaire on knowledge regarding prevention of suicide among caregivers of mentally ill patient. Based on experts' suggestions, necessary modifications were made. The tools were found to be valid for the purpose of the study.

The essential modifications were made based on the experts' recommendations. The tools were determined to be appropriate for the study's goals. To ensure the accuracy of the translations, validation tools were translated into Hindi by a Hindi lecturer and then back into English.

RELIABILITY OF THE TOOL

S.NO.	TOOL	METHOD OF CHECKING RELIABILITY	'r' VALUE
1	Structured questionnaire on knowledge regarding identification of suicide among caregivers of mentally ill patient.	Test-retest method	0.98
2	Structured questionnaire on knowledge regarding prevention of suicide among caregivers of mentally ill patient	Test-retest method	0.97

PROCEDURE FOR FINAL DATA COLLECTION

According to Polit and Hungler (1999) "Data collection is a gathering of information needed to address a research problem

Formal administrative permission was taken from The office of the senior medical superintendent at CSSH, Meerut. 60 caregiver of mentally ill patient (30 experimental group and 30 control group) were selected from selected hospital Chhatarpati Shivaji Subharti hospital, Meerut and Lala Lajpat Rai Memorial Medical College (Sardar Vallabh bhai Patel hospital) by the purposive sampling technique. To obtain a free and frank response, the purpose of the study was explained and the subjects were assured about the confidentiality of their response.

STEPS: EXPERIMENTAL GROUP

- The researcher introduces herself and the purpose of the study was explained to the caregivers of mentally ill patients.
- The caregivers of mentally ill patient were explained about the nature of the study and their expected participation
- Verbal and written consent was taken and confidentiality was assured.
- To obtain a free and frank response the purpose of the study was explained.
- On 1st day pre-test knowledge score was assessed by Structured questionnaire on knowledge regarding identification of suicide among caregivers of mentally ill patient and Structured questionnaire on knowledge regarding prevention of suicide among caregivers of mentally ill patient and on the same day onwards video assisted teaching administered with duration of 30-45 minutes for client.
- A post-test was conducted on the seventh day.

STEPS : CONTROL GROUP

- The researcher introduces herself and the purpose of the study was explained to the caregiver of mentally ill patient.
- The caregivers of mentally ill patient were explained about the nature of the study and their expected participation
- Verbal and written consent was taken and confidentiality was assured.
- To obtain a free and frank response the purpose of the study was explained.
- On 1st day pre-test knowledge score was assessed by Structured questionnaire on knowledge regarding identification of suicide and Structured questionnaire on knowledge regarding prevention of suicide .
- A post-test was conducted on the seventh day.

PLAN FOR DATA ANALYSIS

The scores of the tools were planned to be organized, tabulated and analyzed by using the frequency distribution, descriptive statistics (mean, standard deviation and mean score percentage) and inferential statistics (paired and unpaired t-test & chi-square) which was done to find out the effectiveness of video assisted teaching among caregiver of mentally ill patient.

III.ANALYSIS AND INTERPRETATION OF THE DATA

Table 3.1: Frequency and percentage distribution to analyze the demographic data of caregivers of mentally ill patients in experimental and control group. (n=60)

S.NO.	Socio-demographic variables	Experimental group (n=30)		Control group (n=30)	
		frequency	%	frequency	%
1	AGE (IN YEARS)				
	18-35 YEARS	21	70%	14	46.66%
	36-45 YEARS	6	20%	9	30%
	46-55 YEARS	1	3.33%	5	16.66%
	56 & ABOVE	2	6.66%	2	6.66%
2	GENDER				
	MALE	20	66.66%	18	60%
	FEMALE	10	33.33%	12	40%
3	MARITAL STATUS				
	MARRIED	21	70%	18	60%
	UNMARRIED	6	20%	8	26.66%
	WIDOW	1	3.33%	2	6.66%
	DIVORCED/SEPARATED	2	6.66%	2	6.66%
4	EDUCATION				
	FORMAL EDUCATION	10	33.33%	14	46.66%
	HIGHER SECONDARY	8	26.66%	4	13.33%
	SENIOR SECONDARY	6	20%	8	26.66%
	GRADUATION	6	20%	4	13.33%
5	OCCUPATION				
	UNEMPLOYED	4	13.33%	4	13.33%
	SELF-EMPLOYED	4	13.33%	8	26.66%
	PRIVATE/GOVERNMENT EMPLOYED	22	73.33%	18	60%
6	RESIDENCE				
	URBAN	8	26.66%	10	33.33%
	RURAL	22	73.33%	20	66.66%
7	TYPE OF FAMILY				
	NUCLEAR FAMILY	20	66.66%	17	56.66%

	JOINT FAMILY	6	20%	7	23.33%
	EXTENDED FAMILY	4	13.33%	6	20%
8	**RELIGION**				
	HINDU	9	30%	13	43.33%
	CHRISTIAN	3	10%	2	6.66%
	MUSLIM	18	60%	15	50%
9	**FAMILY INCOME PER MONTH**				
	BELOW 5000	9	30%	9	30%
	5001-10000	8	26.66%	8	26.66%
	10001-15000	10	33.33%	9	30%
	MORE THAN 15000	3	10%	4	13.33%
10	**DURATION OF CARE GIVEN TO THE PATIENT**				
	<1 YEAR	19	63.33%	17	56.66%
	<5 YEARS	8	26.66%	11	36.66%
	5-10 YEARS	2	6.66%	1	3.33%
	>10 YEARS	1	3.33%	1	3.33%
11	**INCIDENCE OF ANY ATTEMPT SUICIDE IN PATIENT**				
	YES	9	30%	6	20%
	NO	21	70%	24	80%
12	**PREVIOUS INFORMATION REGARDING SUICIDE AMONG MENTALLY ILL PATIENT**				
	YES	5	16.66%	4	13.33%
	NO	25	83.33%	24	80%
13	**SOURCE OF INFORMATION ON SUICIDE**				
	TELEVISION	3	10%	2	6.66%
	BOOKS	1	3.33%	1	3.33%
	OTHERS	1	3.33%	1	3.33%
	NO INFORMATION	25	83.33%	26	86.66%

Table:2 Frequency and percentage of pre-test & post test knowledge score regarding identification of suicide of the experimental group.

n=30

Knowledge score	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Inadequate knowledge	25	83.33%	0	0%
Moderate knowledge	5	16.66%	27	90%
Adequate knowledge	0	0%	3	10%

Table:3 Frequency and percentage of pre- test & post test knowledge score regarding prevention of suicide of the experimental group.

n=30

Knowledge score	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Inadequate knowledge	23	76.66%	0	0%
Moderate knowledge	7	23.33%	27	90%
Adequate knowledge	0	0%	3	10%

Table:4 Mean and standard deviation of pre- test and post – test knowledge score regarding identification of suicide among caregiver of mentally ill patient in Experimental group.

n=30 ; df=29

Knowledge score	Mean	Mean Diff.	SD	SD Diff.	Paired t-test	Table value	P value
Pre- test	11.13	11	2.62	1.34	27.94	2.05	0.00001
Post -test	22.43		3.96				

Table:5 Mean and standard deviation of pre- test and post – test knowledge score regarding prevention of suicide among caregiver of mentally ill patient in Experimental group.

n=30 ; df=29

Knowledge score	Mean	Mean Diff.	SD	SD Diff.	Paired t-test	Table value	P value
Pre- test	11.33	10.07	2.87	0.82	27.34	2.05	0.00001
Post -test	21.40		3.69				

Table:6 Compare the post test knowledge score regarding identification of suicide among caregiver of mentally ill patient in experimental and control group.

n=60 ; df=29

	Post test Mean	Mean Diff.	SD	SD Diff.	unpaired t-test (cal.)	Table value	P value
Experimental group	22.43	12.46	3.96	0.99	13.7871	2.00	0.00001
Control group	9.97		2.97				

Table:7 Compare the post test knowledge score regarding prevention of suicide among caregiver of mentally ill patient in experimental and control group.

n=60 ; df=29

	Post test Mean	Mean Diff.	SD	SD Diff.	unpaired t-test (cal.)	Table value	P value
Experimental group	21.40		3.69				
		11.37		1.29	14.1478	2.00	0.00001
Control group	10.03		2.40				

Table:8 Chi square values showing the association between pre-test knowledge score regarding identification of suicide in experimental groups with their selected demographic variables.

n=30

S.NO.	Selected demographic variable	Experimental group	Knowledge score	Chi-square value	DF		S/NS			
		Category	Inadequate knowledge	Moderate knowledge	Adequate knowledge	Cal. Value	Table value		P value	
1	AGE (IN YEARS)	18-35 YEARS	20	1	0	8.77	12.59	6	0.990	NS
		36-45 YEARS	3	3	0					
		18-35 YEARS	1	1	0					
		36-45 YEARS	1	1	0					
2	GENDER	MALE	16	4	0	0.48	5.99	2	0.606	NS
		FEMALE	9	1	0					
3		MARRIED	18	3	0	1.88	12.59	6	0.910	NS

	MARITAL STATUS	UNMARRIED	5	1	0				
		WIDOW	1	0	0				
		DIVORCED/SEPARATED	1	1	0				
4	**EDUCATION**	FORMAL EDUCATION	9	1	0	6.72	12.59	6	0.071	NS
		HIGHER SECONDARY	8	0	0				
		SENIOR SECONDARY	5	1	0				
		GRADUATION	3	3	0				
5	**OCCUPATION**	UNEMPLOYED	4	0	0	1.03	9.49	4	0.878	NS
		SELF-EMPLOYED	3	1	0				
		PRIVATE/GOVERNMENT EMPLOYED	18	4	0				
6	**RESIDENCE**	URBAN	4	4	0	8.72*	5.99	2	0.053	S
		RURAL	21	1	0				
7	**TYPE OF FAMILY**	NUCLEAR FAMILY	18	2	0	3.83	9.49	4	0.823	NS
		JOINT FAMILY	5	1	0				
		EXTENDED FAMILY	2	2	0				
8	**RELIGION**	HINDU	7	2	0	1.2	9.49	4	0.785	NS
		CHRISTIAN	2	1	0				
		MUSLIM	16	2	0				
9	**FAMILY INCOME PER MONTH**	BELOW 5000	7	2	0	18.8*	12.59	6	0.0008	S
		5001-10000	8	0	0				
		10001-15000	10	0	0				
		MORE THAN 15000	0	3	0				
10	**DURATION OF CARE GIVEN**	<1 YEAR	17	2	0	6.31	12.59	6	0.480	NS

	TO THE PATIENT	<5 YEARS	6	2	0				
		5-10 YEARS	2	0	0				
		>10 YEARS	0	1	0				
11	INCIDENCE OF ANY ATTEMPT SUICIDE IN PATIENT	YES	6	3	0	2.57	5.99	2	0.049	SN
		NO	19	2	0				
12	PREVIOUS INFORMATION REGARDING SUICIDE AMONG MENTALLY ILL PATIENT	YES	3	2	0	2.35	5.99	2	0.158	NS
		NO	22	3	0				
13	SOURCE OF INFORMATION ON SUICIDE	TELIVISION	1	2	0	18.28*	12.59	6	0.0007	S
		BOOKS	0	1	0				
		OTHERS	0	1	0				
		NO INFORMATION	24	1	0				

Table:9 Chi square values showing the association between pre-test knowledge score regarding prevention of suicide in experimental groups with their selected demographic variables.

n=30

S.NO.	Selected demographic variable	Experimental group	Knowledge score	Chi-square value	DF		S/NS		
		Category	Inadequate knowledge	Moderate knowledge	Adequate knowledge	Cal. Value	Table value	P value	
1	AGE (IN YEARS)	18-35 YEARS	16	5	0	1.25	12.59	6	0.990	NS
		36-45 YEARS	5	1	0				
		18-35 YEARS	1	0	0				
		36-45 YEARS	1	1	0				
2	GENDER	MALE	15	5	0	0.09	5.99	2	0.606	NS
		FEMALE	8	2	0				

3	MARITAL STATUS	MARRIED	16	5	0	1.25	12.59	6	0.910	NS
		UNMARRIED	5	1	0					
		WIDOW	1	0	0					
		DIVORCED/SEPARATED	1	1	0					
4	EDUCATION	FORMAL EDUCATION	7	3	0	5.21	12.59	6	0.071	NS
		HIGHER SECONDARY	8	0	0					
		SENIOR SECONDARY	5	1	0					
		GRADUATION	3	3	0					
5	OCCUPATION	UNEMPLOYED	2	2	0	1.92	9.49	4	0.878	NS
		SELF-EMPLOYED	3	1	0					
		PRIVATE/GOVERNMENT EMPLOYED	18	4	0					
6	RESIDENCE	URBAN	2	6	0	16.27*	5.99	2	0.053	S
		RURAL	21	1	0					
7	TYPE OF FAMILY	NUCLEAR FAMILY	16	4	0	1.86	9.49	4	0.823	NS
		JOINT FAMILY	5	1	0					
		EXTENDED FAMILY	2	2	0					
8	RELIGION	HINDU	5	4	0	3.91	9.49	4	0.785	NS
		CHRISTIAN	2	1	0					
		MUSLIM	16	2	0					
9	FAMILY INCOME PER MONTH	BELOW 5000	5	4	0	17.57*	12.59	6	0.0008	S
		5001-10000	8	0	0					
		10001-15000	10	0	0					
		MORE THAN 15000	0	3	0					

10	DURATION OF CARE GIVEN TO THE PATIENT	<1 YEAR	15	4	0	3.96	12.59	6	0.480	NS
		<5 YEARS	6	2	0					
		5-10 YEARS	2	0	0					
		>10 YEARS	0	1	0					
11	INCIDENCE OF ANY ATTEMPT SUICIDE IN PATIENT	YES	4	5	0	7.46*	5.99	2	0.049	S
		NO	19	2	0					
12	PREVIOUS INFORMATION REGARDING SUICIDE AMONG MENTALLY ILL PATIENT	YES	1	4	0	10.77*	5.99	2	0.158	S
		NO	22	3	0					
13	SOURCE OF INFORMATION ON SUICIDE	TELIVISION	1	2	0	11.91	12.59	6	0.0007	NS
		BOOKS	0	1	0					
		OTHERS	0	1	0					
		NO INFORMATION	22	3	0					

IV. RESULT AND DISCUSSION

The findings of this study had been discussed in terms of objectives, hypothesis and results obtained by other investigations in the same aspects.

On the basis of the objectives of the study and findings revealed that discussion can be framed as follows.

1. **To develop and validate a video assisted teaching regarding identification and prevention of suicide among caregivers of mentally ill patient.**

In this study a video assisted teaching was prepared based on review of literature, expert guidance and personal experience of the researcher. Video assisted teaching was prepared as a guide to improve knowledge regarding identification and prevention of suicide among caregivers of mentally ill patient.

Joyce R. Javier (2015) conducted a qualitative study on the use of video assisted teaching to increase the knowledge on suicidal risky behaviour among caregiver of mentally ill patient. The researcher was create 14 min video to increase knowledge about suicidal risky behaviour. The finding reveals that knowledge of suicidal risky behaviour was effectively targeted in a video format in order to promote enrolment.

2. **To assess the knowledge regarding identification of suicide among caregivers of mentally ill patient in experimental group and control group.**

In the experimental group in pre-test knowledge score majority of caregivers of mentally ill patient, 25(83.33%) had inadequate knowledge, 5(16.66%) had moderate knowledge and 0(0%) had adequate knowledge. Where in post-test knowledge score majority of caregivers of mentally ill patients had, 27(90%) had moderate knowledge, 3(10%) had adequate knowledge and 0(0%) had inadequate knowledge. The result of this study was supported by **Rajesh.M, (2010)** conducted a study to evaluate the effectiveness of planned teaching program on knowledge regarding identification and prevention of suicide among caregiver of mentally ill patient in Punjab. The study consists of 60 samples selected by non probability convenient sampling method. The pretest result showed that 57(95%) had inadequate knowledge, 3(5%) had moderately adequate knowledge and none of them had adequate knowledge regarding prevention of suicide.

3. **To assess the knowledge regarding prevention of suicide among caregivers of mentally ill patient in experimental group and control group.**

In the experimental group in the pre-test knowledge score majority of caregivers of mentally ill patients, 23(76.66%) had inadequate knowledge, 7(23.33%) had moderate knowledge and 0(0%) had adequate knowledge. In the post-test knowledge score, the majority of caregivers of mentally ill patients had 27(90%) moderate knowledge, 3(10%) had adequate knowledge and 0(0%) had shown inadequate knowledge.

4. **To evaluate the effectiveness of video assisted teaching on knowledge regarding identification of suicide among caregiver of mentally ill patients in experimental group.**

The Mean of the pre-test and post test score 11.13 and 22.43 respectively and the Standard Deviation score of pre and post test was 2.62 and 3.96 respectively. The mean difference was 11 and paired t" test score was 27.94 that is more than the table value so, that shows the results were significant The results of this study is supported by the **Nandagaon Veeresh.S**, **(2012)** conducted a study to assess the effectiveness of video assisted teaching programme on knowledge regarding identification and prevention of suicidal behaviour among caregiver of mentally ill patient in university students, Karnataka.By using a non-probability convenient sample, 60 caregivers were chosen. Self-administered questionnaires were applied in this study to gather data. According to the study's findings, the calculated paired 't' test value was 25.91, which was higher than the tabulated value of 1.960 and significant at the $p<0.05$ level. The researcher came to the conclusion that the caregivers of patients with mental illnesses benefited from the video assisted instruction programme.

5. **To evaluate the effectiveness of video assisted teaching on knowledge regarding prevention of suicide among caregiver of mentally ill patients in experimental group.**

The Mean of the pre-test and post test score 11.33 and 21.40 respectively and the Standard Deviation score of pre and post test was 2.62 and 3.96 respectively. The mean difference was 10.07 and paired t" test score was 27.34 that is more than the table value so, that shows the results were significant.

6. **To compare the post test knowledge score regarding identification of suicide among caregivers of mentally ill patient in experimental group and control group.**

The difference of mean post test score was 22.43 in the experimental group and 9.93 in the control group and the standard deviation score was 3.96 in experimental and 2.92 in control group. The mean difference score was 12.5. The calculated unpaired "t" score was 13.9153 for df 58 at 0.05 level of significance which is higher than the table value. The results of this study is supported by the Rita moni sharma (2020) conducted a study to compare post test knowledge score regarding identification and prevention of suicide. There was significant difference ('t'=14.607, p=0.000) between control and experimental group in the post test of knowledge on identification and prevention of suicide. The overall post test knowledge score on identification and prevention of suicide showed that majority of the respondents acquired good knowledge in experimental group. The results indicated that caregiver suicide can be identify and prevented by increasing knowledge, awareness and developing positive attitude.

7. **To compare the post test knowledge score regarding identification of suicide among caregivers of mentally ill patient in experimental group and control group.**

The difference of mean post test score was 21.40 in the experimental group and 10.03 in the control group and the standard deviation score was 3.69 in experimental and 2.40 in control group. The mean difference score was 11.37. The calculated unpaired "t" score was 14.1478 for df 58 at 0.05 level of significance which is higher than the table value.

8. **To find out the association between pre test and post-test on knowledge regarding identification of suicide among caregivers of mentally ill patients with selected socio demographic variables in both group.**

In this study there was a significant association between pre- test knowledge score on identification of suicide in experimental group among caregiver of mentally ill patient with their socio demographic variables such as , family income, residence, source of information were significant and there was a significant association between post- test knowledge score on identification of suicide in experimental group among caregiver of mentally ill patient with their socio demographic variables such as age, gender, marital status, education, family income, residence, duration of care given to patient, incidence of any attempt suicide, previous information regarding suicide among mentally ill patient, were significant to improve the knowledge regarding identification and prevention of suicide among caregiver of mentally ill patient. **Shriharsha.C, (2013)** conducted a study to assess the effectiveness of video assisted teaching regarding factors and preventive measures for suicidal behaviour among caregiver of mentally ill patient at Bagalkot, Karnadaka with the aim of associating the information to their demographic variables, such as age, gender, religion, parent's occupation, and information source. 50 caregivers participated in the investigation. The research reveals that there was no correlation between the knowledge of suicidal behaviour identification and prevention strategies and their chosen demographic characteristics.

9. **To find out the association between pre test and post-test on knowledge regarding prevention of suicide among caregivers of mentally ill patients with selected socio demographic variables in both group.**

In this study there was a significant association between pre- test knowledge score on prevention of suicide in experimental group among caregiver of mentally ill patient with their socio demographic such as family income, residence, source of information were significant and there was a significant association between post- test knowledge score on prevention of suicide in experimental group among caregiver of mentally ill patient with their socio demographic variables such as gender, type of family, religion, family income, residence, previous information regarding suicide among mentally ill patient, source of information were significant

Imogene King's Goal Attainment Theory, (1981) was adopted as a conceptual framework. This was aimed at assessing the effectiveness of video assisted teaching programme on knowledge regarding identification and prevention of suicide among caregiver of mentally ill patient. Imogene king explains the concept of nurse and the patient as 'they are expected to get involved mutually in communicating information, establishing goals and taking action to attain goals'. The goal achievement indicates when there is improvement seen followed with any defined intervention.

CONCLUSION

Based on the results and findings of this study shows that the video assisted teaching was effective way to improve the knowledge regarding identification and prevention of suicide among caregiver of mentally ill patient. Post test level of knowledge regarding identification and prevention of suicide in experimental group was more than the post test score of control group.

SUMMARY OF THE STUDY

A Quasi experimental study was conducted to evaluate the effectiveness of video assisted teaching on knowledge regarding identification and prevention of suicide among caregiver of mentally ill patient. Knowledge was assessed by using self-structured checklist on knowledge regarding identification of suicide and self-structured checklist on knowledge regarding prevention of suicide and video assisted teaching was administered with duration of 30-45 minutes. By using self-structured checklist on knowledge regarding identification of suicide and self-structured checklist on knowledge regarding prevention of suicide post-test score of knowledge was assessed. The study revealed that the video assisted teaching helps to improve the knowledge and found that there was a partial significant association between knowledge and selected demographic variables.

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