Effectiveness of a Structured Teaching Programme on Knowledge Regarding Tele-Manas Among Secondary School Students in Surat

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I.INTRODUCTION

Mental health remain one of the most unaddressed aspect of health, specially among adolescents. The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This statement emphasizes that mental health is not secondary, but a core component of overall wellbeing. For adolescents going through the emotional and psychological challenges of growing up, mental health is not a minor issue—it is essential for their ability to develop, learn effectively, and function in daily life.

The global impact of mental health disorders among adolescents is significant. According to the World Health Organization, about 50% of mental health conditions begin by the age of 14, and nearly 75% develop by the age of 24. In India, the National Mental Health Survey (2015–16) conducted by NIMHANS reported that around 7.3% of adolescents are affected by diagnosable mental health disorders, which accounts for nearly 18 million young individuals. Even with this significant burden, over 80% of affected individuals do not receive any professional care or support due to factors such as low awareness, strong societal stigma, and insufficient mental health services and infrastructure .

Unaddressed mental health issues in adolescents lead to consequences that go well beyond emotional distress. According to the National Crime Records Bureau Report 2023, 13,892 students in India died by suicide, with major contributing factors including academic stress, family-related challenges, and psychological distress. These statistics highlight the critical need to provide easily accessible and stigma-free mental health support systems specifically designed for young people.

In response to this increasing demand, the Government of India introduced Tele-MANAS (Tele Mental Health Assistance and Networking Across States) in October 2022 as a key initiative under the National Mental Health Programme. This service is accessible via the toll-free helpline number 14416, and supports multiple regional languages. It follows a two-tier system, where the first level includes trained counsellors offering immediate psychosocial assistance, while the second level links individuals to specialized mental health professionals. For secondary school students, Tele-MANAS serves as a highly suitable resource, as it is free of cost, ensures anonymity, does not require in-person visits, and is available at all times. However, despite being implemented nationwide, its awareness among adolescents remains significantly low.

II.NEED OF THE STUDY

Secondary school students in India experience a significant psychological strain due to academic demands, peer relationships, family expectations, and the widespread impact of social media. This burden is intensified by the almost complete lack of structured mental health support systems within schools. Research by Srinath et al. indicates that less than 5% of schools in India have dedicated mental health facilities. Moreover, traditional mental health services often require in-person visits, financial capacity, and the readiness to openly admit one's difficulties—challenges that many adolescents find hard to navigate.

Although Tele-MANAS has been functioning nationwide across all states and union territories of India since 2022, it is still largely unfamiliar to secondary school students. Singh et al. (2023) identified lack of awareness as the primary barrier to its use and emphasized the need for focused educational initiatives within schools. Similarly, Dua (2023) observed that awareness of Tele-MANAS remains low even among the broader population, highlighting the necessity of structured awareness programmes specifically designed for adolescents and students.

A well-structured teaching programme implemented within schools is considered the most effective, evidence-based approach to address this gap. Research by Joshi et al. (2018) showed that such a programme on mental health awareness led to an improvement of over 60% in post-test knowledge scores compared to baseline levels. However, despite the national importance of Tele-MANAS, no research had specifically assessed secondary school students' knowledge about it or evaluated how effective a structured teaching programme could be in enhancing this knowledge—an area that the present study aimed to investigate.

III.REVIEW OF LITERATURE

Kessler et al. (2005) conducted a landmark epidemiological study across 14 countries and found that half of all lifetime mental disorders begin by mid-adolescence, emphasising the urgent need for early detection and preventive interventions during school years.[31]

Gulliver et al. (2010) investigated perceived barriers to mental health help-seeking among young people and found that stigma, confidentiality concerns, and low mental health literacy were the most prominent obstacles. Adolescents expressed a strong preference for anonymous and digitally accessible modes of support over conventional face-to-face services.[22]

Hilty et al. (2013) conducted a comprehensive review of tele-mental health services and concluded that telepsychiatry was clinically effective and comparable to face-to-face care across a range of conditions including depression and anxiety, while significantly improving access for underserved populations.[26]

Wei et al. (2015) examined the impact of mental health literacy programmes among secondary school students and observed statistically significant improvement in knowledge, attitudes, and help-seeking intentions following structured educational interventions.[59]

Chavan and Makasare (2023) evaluated the effectiveness of an awareness programme on knowledge regarding Tele-MANAS among adolescents in junior colleges and demonstrated a highly significant improvement in post-test knowledge scores. The authors concluded that structured teaching programmes are effective strategies for enhancing awareness of tele-mental health services among adolescent populations.[17]

Gupta et al. (2023) conducted an evaluative study on the utilisation patterns of Tele-MANAS across selected states and highlighted that awareness of the service remained uneven across age groups, particularly among younger populations, underscoring the need for targeted outreach initiatives within schools.[24]

Statement of the Problem:

"A TRUE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF A STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING Tele-MANAS AMONG SECONDARY SCHOOL STUDENTS OF THE SELECTED SCHOOLS IN SURAT."

IV.OBJECTIVES

The objectives of the study were:

1. To assess the pre-test knowledge score regarding Tele-MANAS among secondary school students of the experimental group and control group.
2. To evaluate the effectiveness of a Structured Teaching Programme on knowledge regarding Tele-MANAS among secondary school students of the experimental group and control group.
3. To find the association between pre-test knowledge scores and selected socio-demographic variables among secondary school students of the experimental group and control group.

V.METHODOLOGY

Research Approach: A quantitative research approach was adopted for this study, as it aimed to assess and measure knowledge scores objectively through pre-test and post-test evaluations.

Research Design: A True Experimental Pre-test Post-test Control Group Design was used. Participants were randomly assigned to experimental and control groups, ensuring control over extraneous variables and strengthening the internal validity of the study.

Variables:

- Independent Variable: Structured Teaching Programme on Tele-MANAS
- Dependent Variable: Level of knowledge regarding Tele-MANAS
- Demographic Variables: Age, area of residence, annual family income, mother's education, father's education, mother's occupation, and father's occupation.

Research Setting: The study was conducted at two selected secondary schools in Surat, Gujarat: Sir Viththaldas Damodardas Thakersy Girls High School and T. & T.V. Sarvajanik High School.
Population: All students studying in Class 9 in Surat, Gujarat.

Sample and Sampling Technique: A total of 60 Class 9 students were selected through simple random sampling — 30 assigned to the experimental group and 30 to the control group. The experimental group was drawn from one school and the control group from the other, thereby minimising the possibility of interaction between groups.

Inclusion Criteria: Students of Class 9 present on the day of data collection, willing to participate, and able to understand the language of the tool.

Exclusion Criteria: Students with prior knowledge of tele-mental health services, those receiving counselling, or those with any learning disability.

Ethical Consideration:

- Ethical clearance was obtained from the Institutional Ethics Committee.
- Written administrative permission was obtained from the school authorities.
- Written informed consent was obtained from all participants.

Description of the Tool: The data collection instrument comprised two sections:

- Section A: Socio-demographic variables — age, area of residence, annual family income, father's and mother's education, and father's and mother's occupation.
- Section B: A self-structured knowledge questionnaire comprising 20 Multiple Choice Questions (MCQs) covering the definition, objectives, helpline number, services, two-tier structure, target population, advantages, and relevance of Tele-MANAS to adolescent mental health. Each correct answer was awarded one mark and each incorrect answer zero, with a maximum score of 20.

Scoring and Interpretation: Score ≤ 7 = Poor Knowledge; Score 8–14 = Average Knowledge; Score >14 = Good Knowledge.

Validity and Reliability: Content validity was established through review by 10 subject matter experts. A Content Validity Index (CVI) was computed, and items with acceptable CVI values were retained. The reliability of the tool was assessed by the split-half method, yielding a reliability coefficient of 0.87, indicating high internal consistency.

Data Collection Procedure: Pre-tests were administered to both groups on 3rd February 2026. The STP on Tele-MANAS was then delivered exclusively to the experimental group through lecture, discussion, and audio-visual aids including PPT and handout, covering all key aspects of Tele-MANAS. Post-tests were conducted 7 days later on 10th February 2026 under conditions similar to those of the pre-test.

Plan for Data Analysis: Data were analysed using descriptive statistics (frequency, percentage, median,

IQR) and inferential statistics. Normality was assessed using the Shapiro-Wilk test, which indicated non-normal distribution in the control group post-test; hence non-parametric tests were selected. The Wilcoxon Signed-Rank test was used for within-group comparisons, the Mann-Whitney U test for between-group comparisons, and the Kruskal-Wallis H test for association with socio-demographic variables. A p-value of less than 0.05 was considered statistically significant.

VII.INTERPRETATION OF FINDINGS

Objective 1: To assess the pre-test knowledge score regarding Tele-MANAS among secondary school students of the experimental group and control group.

Table 1: Frequency and Percentage Distribution of Pre-test Knowledge Levels of Secondary School Students

Knowledge Level	Experimental (n)	Experimental (%)	Control (n)	Control (%)
Poor (Score ≤ 7)	11	36.67%	10	33.33%
Average (Score 8–14)	19	63.33%	18	60.00%
Good (Score > 14)	0	0.00%	2	6.67%
Total	30	100%	30	100%

Table 1 reveals that in the experimental group, the majority 19 (63.33%) had average pre-test knowledge, 11 (36.67%) had poor knowledge, and none had good knowledge regarding Tele-MANAS. Similarly, in the control group, the majority 18 (60.00%) had average pre-test knowledge, 10 (33.33%) had poor knowledge, and only 2 (6.67%) had good knowledge. The distribution of knowledge levels was comparable across both groups, confirming baseline homogeneity.

Objective 2: To evaluate the effectiveness of a Structured Teaching Programme on knowledge regarding Tele-MANAS among secondary school students of the experimental group and control group.

Table 2: Within-Group Comparison of Pre-test and Post-test Knowledge Scores — Wilcoxon Signed-Rank Test

Group	Pre-test Median	Pre-test IQR	Post-test Median	Post-test IQR	Z Value	p-value
Experimental (n=30)	8.5	7.0–10.75	13.5	12.0–15.0	-4.07	< 0.0001***
Control (n=30)	9.0	7.0–10.0	7.0	6.0–9.0	-0.51	0.6071 (NS)

*** Highly significant at $p < 0.0001$ | NS = Not Significant

Table 3: Between-Group Comparison of Post-test Knowledge Scores — Mann-Whitney U Test

Group	N	Post-test Median	Mann-Whitney U	p-value
Experimental	30	13.5	U = 211.5	< 0.0001***
Control	30	7.0	—	—

*** Very highly significant | Level of significance: $p < 0.05$

Table 2 illustrates that the experimental group demonstrated a very highly significant improvement in knowledge following the STP, with the median knowledge score rising from 8.5 to 13.5 ($Z = -4.07$, $p < 0.0001$). In contrast, the control group showed no significant change ($p = 0.6071$), with the median score declining slightly from 9.0 to 7.0, confirming that no spontaneous improvement occurred without intervention. Table 3 further confirms that the experimental group's post-test knowledge scores were significantly higher than those of the control group ($p < 0.0001$).

Table 4: Frequency and Percentage Distribution of Post-test Knowledge Levels of Secondary School Students

Knowledge Level	Experimental (n)	Experimental (%)	Control (n)	Control (%)
Poor (Score ≤ 7)	0	0.00%	15	50.00%
Average (Score 8–14)	19	63.33%	15	50.00%
Good (Score > 14)	11	36.67%	0	0.00%
Total	30	100%	30	100%

Table 4 shows that following the STP, 36.67% of students in the experimental group attained good knowledge, while none retained poor knowledge. The control group, in contrast, showed a deterioration in knowledge levels, with 50.00% falling into the poor knowledge category in the post-test, underscoring the absence of any natural improvement without structured intervention.

Objective 3: To find the association between pre-test knowledge scores and selected socio-demographic variables among secondary school students of the experimental group and control group.

Table 5: Association Between Pre-test Knowledge Scores and Socio-demographic Variables — Kruskal-Wallis H Test

Socio-demographic Variable	Categories (k)	Experimental H	Experimental p-value	Control H	Control p-value
Age	3	0.244	0.8851 (NS)	1.268	0.5301 (NS)
Area of Residence	3	0.162	0.9223 (NS)	0.592	0.7437 (NS)
Annual Family Income	4	4.816	0.1858 (NS)	4.346	0.5007 (NS)
Education of Father	6	6.564	0.2551 (NS)	3.780	0.4366 (NS)
Education of Mother	5	7.265	0.2016 (NS)	2.584	0.6297 (NS)
Occupation of Father	5	7.497	0.1862 (NS)	7.267	0.2969 (NS)
Occupation of Mother	4	5.145	0.2728 (NS)	2.118	0.5489 (NS)

NS = Not Significant | Level of significance: $p < 0.05$

Table 5 illustrates that the Kruskal-Wallis H test revealed no statistically significant association between pre-test knowledge scores and any of the selected socio-demographic variables in either the

experimental or control group (all $p > 0.05$). This finding indicates that limited awareness of Tele-MANAS was uniformly distributed across all demographic subgroups, irrespective of age, family income, parental education, or occupation.

VIII.DISCUSSION

The baseline assessment revealed that knowledge regarding Tele-MANAS was limited across both groups. This finding is consistent with the broader reality described by the NIMHANS National Mental Health Survey (2016), which documented that more than 80% of people with mental health conditions in India never seek treatment, largely because they are unaware of available support.[7] Sharma and Nagar (2019) and Patel and Mehta (2020) similarly found that students at the secondary school level had very limited prior knowledge about mental health services before any structured teaching was introduced.[51,41]

The effectiveness of the STP was very highly significant. The improvement in median knowledge scores from 8.5 to 13.5 in the experimental group ($Z = -4.07$, $p < 0.0001$) closely parallels findings by Joshi et al. (2018), who reported post-test knowledge improvements exceeding 60% following a mental health STP.[28] Chavan and Makasare (2023) similarly demonstrated highly significant post-test improvement in Tele-MANAS knowledge following a structured awareness programme among junior college adolescents.[17] Torous et al. (2020) further showed that structured educational approaches significantly enhanced awareness and utilisation of digital and tele-mental health services among young people.[57]

The finding that no significant association existed between pre-test knowledge and any sociodemographic variable is consistent with observations by Gaiha et al. (2014), who found that limited awareness of mental health services was a universal barrier among adolescents regardless of family background.[21] This suggests that the need for Tele-MANAS awareness education is equally relevant across all socioeconomic and demographic groups. The theoretical framework of the study, Imogene King's Goal Attainment Theory (1981), was validated by these findings. The purposeful interaction between investigators and students through the STP, followed by active knowledge transaction, culminated in the goal of enhanced awareness — precisely as King's framework would predict.

IX.RECOMMENDATIONS

Based on the above findings, the following recommendations are proposed:

- The Government of India and school health authorities should incorporate Tele-MANAS awareness into the standard school health education curriculum, given the demonstrated effectiveness of structured teaching programmes in improving student knowledge.
- Regular mental health awareness programmes focusing on Tele-MANAS should be established in secondary schools, with nurse educators and community health nurses specifically trained to deliver them.
- Similar studies should be conducted on larger samples across multiple schools, districts, and states to strengthen the generalizability of findings.
- Follow-up assessments should be conducted at one month and three months after the STP to evaluate long-term retention of knowledge.
- Future research should assess not only knowledge but also attitudes toward mental health and actual help-seeking behaviour following Tele-MANAS awareness interventions.
- The STP developed in the present study should be replicated in rural and semi-urban school settings to assess its effectiveness across different geographic and socioeconomic contexts.

X.CONCLUSION

The present study clearly establishes that secondary school students in Surat held limited baseline knowledge regarding Tele-MANAS, and that this awareness gap was uniformly present across all sociodemographic subgroups. The Structured Teaching Programme was very highly effective in improving knowledge, with the experimental group demonstrating a statistically significant rise in post-test scores ($p < 0.0001$) while the control group showed no meaningful change. The proportion of students attaining good knowledge rose from 0% to 36.67% following the intervention, and none retained poor knowledge. These findings confirm that nurse-

led, school-based structured teaching programmes represent an effective, accessible, and cost-efficient strategy for building Tele-MANAS awareness among adolescents. Integrating such programmes into routine school health education has the potential to bridge a critical awareness gap, promote timely help-seeking behaviour, and ensure that adolescents across India know where to turn when they need support.

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