



**EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON  
KNOWLEDGE ON ELECTROCONVULSIVE THERAPY (ECT)  
AMONG CARE GIVERS OF MENTALLY ILL AT SELECTED  
PSYCHIATRIC HOSPITAL, HYDERABAD, TELANGANA**

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**ABSTRACT**

Electroconvulsive therapy (ECT) is a useful therapy in the treatment of a number of severe psychiatric disorders; nevertheless, insufficient knowledge and misconceptions regarding the procedure may affect the acceptance of treatment among the caregivers. The purpose of the current research was to assess the effectiveness of a formal teaching intervention on the knowledge of caregivers with mentally ill patients on electroconvulsive therapy. The study employed a quantitative pre- experimental one-group pretest- post-test design. The study took place in the Institute of Mental Health, Erragadda in Hyderabad, Telangana. A non-probability convenient sampling technique was used in selecting 60 caregivers of the mentally ill patients. A self-structured questionnaire containing demographic variables and knowledge related questions on electroconvulsive therapy were used to collect the data. The pre-test consisted of evaluation of the knowledge at the base level, and the structured teaching program with the help of audio-visual aids was implemented. The effectiveness of the teaching program was evaluated by conducting a posttest after the intervention. The data obtained was analysed through descriptive and inferential statistics like mean, standard deviation, paired t-test, and chi-square test. The results showed that most caregivers 90 % in the pre-test possessed low knowledge on electroconvulsive therapy. After the structured teaching program, 72% of the caregivers exhibited above-average knowledge which is a significant positive change in the



levels of knowledge. The average level of knowledge rose 13.18 in the pretest and 23.50 in the posttest. The t-value (33.84) calculated showed that the knowledge of the subject improved statistically after the intervention. Also, a very strong correlation was found between the source of information and the post-test knowledge scores of caregivers. The research concluded that the structured teaching program was useful in enhancing the knowledge of the caregivers concerning the electroconvulsive therapy.

**Keywords:** Pre-Experimental Study, Evaluate, Effectiveness, Structured teaching program, ECT, mentally ill, Caregivers of mentally ill

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## 1. INTRODUCTION

Mental illness is an important health issue of the population across the globe, the mental level of functioning of an individual, both emotionally and cognitively. Mental disorders can be characterized by impairment of daily functions and quality of life of the individuals living with it, because they tend to be disturbed in their thought processes, emotional regulation, as well as social interaction. Treatment and early intervention are important in recovery and enhancing functional outcome among individuals with mental illness.

Electroconvulsive Therapy (ECT) is among the well-established somatic treatment modalities in psychiatric practice. It is a medical procedure that entails the induced induction of therapeutic seizures by means of electrical stimulation. ECT is an extensively applied treatment method in the management of severe mental disorders including major depressive disorder, depression that is not responding to pharmacological therapy, bipolar disorder and catatonia, especially when pharmacological therapies do not yield satisfactory clinical responses. The contemporary ECT is carried out under anaesthesia using muscle relaxants, which makes the process safe and effective.

In spite of its clinical effectiveness, the electroconvulsive therapy remains the subject of misconception and stigma. Most people think that ECT is a torturous treatment or something that is harmful and causes serious brain damages or loss of memory. These wrong impressions are usually affected by old habits and false representations in the mass media. Such negative beliefs can result in fear and reluctance of patients and their family members and eventually impact on treatment acceptance.



The management and recovery of mentally ill people involves the caregivers. In most cases, caregivers are present in the treatment process and offer emotional, physical and social help to their patients under the psychiatric care process. Nevertheless, insufficient education about the use of electroconvulsive therapy by the caregivers can be one of the sources of misunderstanding, anxiety, and resistance to this treatment method. Thus, structured educational interventions may be used to increase the level of knowledge among the caregivers in order to diminish the misconceptions and facilitate informed decision-making.

Education, including organized teaching interventions, can play an important role in improving the knowledge of caregivers on electroconvulsive therapy, its indications, procedure, benefits, and possible side effects. Such programs can also be useful to lower stigma and enhance the confidence of caregivers to support patients receiving the ECT treatment. Thus, the evaluation of the usefulness of organized teaching interventions in enhancing caregiver knowledge is a significant milestone in enhancing mental health education and advancing evidence-based psychiatric care.

### **1.1. Historical Background of Electroconvulsive Therapy**

Convulsive therapy has a history of development since the beginning of the twentieth century. Chemical convulsive therapy was pioneered in 1934 by the Hungarian neuropathologist Ladislas Joseph von Meduna who injected patients with catatonic schizophrenia with pentylenetetrazol and camphor to cause seizures. This was done on the basis that psychiatric symptoms could be enhanced in case of seizures.

This was later followed by Italian neurologist, Ugo Cerletti and psychiatrist Lucio Bini, in 1938, in the first successful electrical induction of seizures into a catatonic patient. Electronic stimulation was more predictable and manageable as compared to the chemical ones and this resulted in the emergence of the electroconvulsive therapy. With time, ECT methods were perfected and the treatment procedure became an acceptable way of treating serious psychiatric illnesses.

Since then, professional organizations like the American Psychiatric Association (APA) have come up with guidelines on the safe administration of the electroconvulsive therapy, including the guidelines on the issue of patient consent, the placement of electrodes, voltage parameters,



and duration of treatment. These procedures have made ECT much safer and clinically acceptable in contemporary psychiatry.

### **1.2. Statement of the Problem**

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE ON ELECTROCONVULSIVE THERAPY(ECT) AMONG CARE GIVERS OF MENTALLY ILL AT SELECTED PSYCHIATRIC HOSPITAL, HYDERABAD, TELANGANA.

### **1.3. Significance of the Study**

Electroconvulsive therapy (ECT) is a powerful therapy of a variety of serious psychiatric disorders, such as major depression, psychotic depression, and catatonia. World Health Organization (2022) indicates that under proper clinical circumstances, ECT has a high response rate of treatment that ranges between 80 and 95 percent. Nevertheless, the level of awareness and knowledge on caregivers regarding ECT is still low in most of the areas. The research has shown that awareness of the caregivers is more in Europe (48%), the United States (46%), whereas it is lower in India (38%), Africa (28%), and Nepal (26%). The lack of knowledge usually puts in place misconceptions, stigma and unwillingness to consider ECT as a form of treatment. Structured teaching programs and other educational interventions have been proved to enhance the understanding and the attitude of caregivers towards ECT. Thus, structured education of caregivers could aid in the minimization of the misconceptions and contribute to the improved acceptance of psychiatric treatment.

### **1.4. Objectives of the Study**

- To assess the knowledge on ECT among care givers of mentally ill by pretest followed by self-structured teaching program.
- To evaluate the effectiveness of self-structured teaching program on ECT among care givers of mentally ill by posttest.
- To associate the post-test knowledge scores of care givers of mentally ill with their selected demographic variables.



## 2. REVIEW OF LITERATURE

Past research has investigated the knowledge, attitudes and perceptions of caregivers about electroconvulsive therapy (ECT). Other researchers have also evaluated the efficacy of educational interventions to enhance the knowledge and acceptance of caregivers towards ECT.

### 2.1. Studies Related to Knowledge and Attitudes Toward Electroconvulsive Therapy Among Caregivers

**Deng et al. (2023)** carried out a pilot study in South China to investigate the knowledge and attitudes of patients and caregivers regarding electroconvulsive therapy. The research indicated that a significant number of caregivers did not know much on ECT and in most cases they had negative or misinformed attitudes about the procedure. The results indicated that insufficient awareness and stigma may affect the attitude of caregivers towards ECT as a method of treatment.

**Kumar Meena and Samuel (2024)** conducted research in a group of hospitals of Madhya Pradesh to evaluate the knowledge and attitude of caregivers of mentally ill patients towards electroconvulsive therapy. The researchers have concluded that a substantial percentage of the caregivers lacked proper knowledge and quite a number of misconceptions when it comes to ECT. The researchers have noted that educational programs should be carried out to enhance awareness and knowledge about ECT among caregivers.

**Boone et al. (2025)** undertook a systematic review to bring out the knowledge, attitudes, and experience of relatives with respect to electroconvulsive therapy. The review has examined a number of studies that involved caregivers and family members of patients undergoing ECT. The results showed that insufficient knowledge about the procedure always led to anxiety, fear, and uncertainty in the caregivers. The authors made a conclusion that better caregiver education would contribute to decreasing stigmatization and increasing the acceptance of ECT.

### 2.2. Studies Related to Effectiveness of Educational Interventions on Knowledge of Electroconvulsive Therapy

**Bhatt et al. (2022)** carried out research to assess the effects of an educational module on caregivers based on the use of an electroconvulsive therapy. The research established that the caregivers were rather unaware of ECT initially but the level of both knowledge and attitude



towards the therapy had greatly improved following the educational intervention. The authors of the study made the conclusion that a systematic education program could be successfully used to raise the awareness of caregivers and eliminate the misconceptions about ECT.

**Meenu et al. (2023)** conducted a randomized controlled trial as a method of assessing the effectiveness of video-assisted teaching program in increasing knowledge, attitude, and attitude toward modified electroconvulsive therapy among primary caregivers of patients with psychotic disorders. The findings indicated that the caregivers who were given the educational intervention had a much better knowledge and a more positive attitude regarding ECT. The researchers came to a conclusion that educational interventions like video-assisted teaching programs proved to be effective in improving the level of caregivers and the decrease in the levels of stigma in relation to ECT.

### **3. RESEARCH METHODOLOGY**

This quantitative research study set out to evaluate the effectiveness of a self-structured teaching program in enabling caregivers to acquire knowledge regarding the electroconvulsive therapy.

#### **3.1. Research Design**

This study is based on the pre-experimental one group design that has a pretest, lesson plan and posttest. The design enabled us to make comparison of the outcomes of the pre- and post-tests.

#### **3.2. Study area**

The study was conducted in a single selected psychiatric hospital of Hyderabad, Telangana. The hospital was sampled conveniently and their participation in the research.

#### **3.3. Population and Sample**

The target population of the study is people who are caring the patients with mental illness and are at least 18 years of age and generally found in the Institute of Mental Health in Erragada, Hyderabad, Telangana. The population that was available was the caregivers of mentally ill in Institute of mental health, Erragada, Hyderabad, Telangana.



### **3.4. Sample and Sampling Techniques**

The study was done on a sample of 60 caregivers of mentally ill patients. A non-probability convenient sampling method was used to select the participants since they were available and willing to participate in the study.

### **3.5. Inclusion and Exclusion Criteria**

#### **Inclusion Criteria:**

Caregivers who met the following criteria were included in the study:

- Care givers of mentally ill
- Above 18 years of age
- Able to take part in the research session
- Understand, read and write Hindi, English or Telugu language
- Accessible when data is being collected

#### **Exclusion Criteria:**

The following participants were excluded from the study:

- Care givers of mentally ill
- less than 18 years
- Absent from the activity
- Not accessible when the data was being collected
- Cannot understand, read and write Hindi, English or Telugu language
- Who is unwell when the data is being collected

### **3.6. Hypothesis**

- **H1:** There is a significant difference between pretest and post-test knowledge scores on electroconvulsive therapy among care givers of mentally ill
- **H2:** There is a significant association between post-test knowledge score with selected demographic variables of care givers of mentally ill

### 3.7. Variables

- **Independent Variable:** A systematic education initiative among individuals who treat persons with mental problems within the context of electro convulsive treatment.
- **Dependent Variables:** Care giver knowledge scores of mentally ill.
- **Demographic Variables:** Data regarding the baseline of the chosen variables such as age, gender, education, occupation, previous knowledge about ECT, and source of this information.

### 3.8. Development & Description of Tool

To develop the tool, researchers and nursing professionals went through plots of literature, textbooks, journals, and case studies. The research is comprised of parts A and B.

- **Part A:** This part deals with demographic data of care givers of mentally ill such as Age, Gender, Education, Occupation, Previous knowledge of ECT and Source of information regarding ECT.
- **Part B:** This part deals with self-structured questionnaire knowledge of ECT among care givers of mentally ill.

### 3.9. Interpretation Of Score

- Inadequate knowledge: 0 to 33.3%
- Moderate knowledge: 33.4% to 66.6%
- Adequate knowledge: 66.7% to 100%

### 3.10. Description Of Intervention

The intervention was self-managed teaching program which lasted approximately 30 minutes. The self-structured teaching programme was designed using the aid of audio visuals like charts, flash cards and rolling black board, pamphlet and flip charts in order to increase understanding.

### 3.11. Data Collection Procedure

The collection of data was done at the Institute of Mental Health, Erragadda in Hyderabad. The pretest was done to the initial group of 30 caregivers on 17/04/2025 and to the other 30 caregivers on 18/04/2025. Structured teaching program was provided to all the participants after the pretest.



To assess the effectiveness of the structured teaching program, it was conducted on 24/04/2025 (first group) and 25/04/2025 (second group) 10 days after the intervention.

### **3.12. Validity**

The validity of an instrument can be described as to what degree it measures the target variable. An appropriate measure of the attributes is a legitimate one that is apt, exhaustive, and helpful. Mental health nursing experts were involved to determine the veracity of the content. The useful tip was also added and the relevant adjustments were introduced.

### **3.13. Reliability**

Karl Pearson formula was used to test the reliability of the instrument, which is the correct measure of consistency and accuracy of the data used in the study, and showed that the instrument was accurate ( $r=0.99$ ).

### **3.14. Data Analysis**

The descriptive statistics that were used to assess the ECT knowledge of mental health care providers included mean, the mean percentage, standard deviation, standard error, graphs and diagrams. The caregivers of the mentally ill were compared in terms of their awareness of the electroconvulsive therapy (ECT) relative to a paired t test. Researchers at the Institute of Mental Health at Erragadda, Hyderabad, Telangana applied inferential statistics, i.e. a Chi-square test, to investigate the relationship between knowledge scores of caregivers and some demographics.

## **4. RESULT AND DISCUSSION**

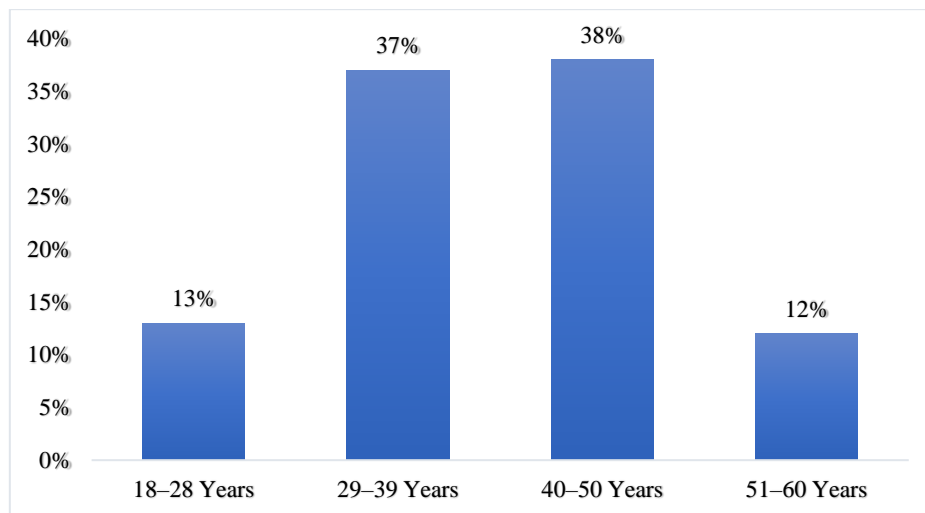
The data collected were interpreted and analyzed in respect to study objectives and hypotheses. The effectiveness of the structured teaching program on the knowledge of the caregivers on electroconvulsive therapy (ECT) was evaluated using both descriptive and inferential statistical analysis. The conclusions are in table, graphical and statistical forms. The results were also discussed according to the past research works as well as other literature.

#### 4.1. Results

The frequency and percentage of caregivers by their age group is illustrated in Table 1.

**Table 1:** Distribution of caregivers for people with mental illness by age group, both in terms of frequency and percentage

Age	F	%
18–28 Years	8	13%
29–39 Years	22	37%
40–50 Years	23	38%
51–60 Years	7	12%
Total	60	100%



**Figure 1:** Visual Representation of Distribution of caregivers for people with mental illness by age group, both in terms of frequency and percentage

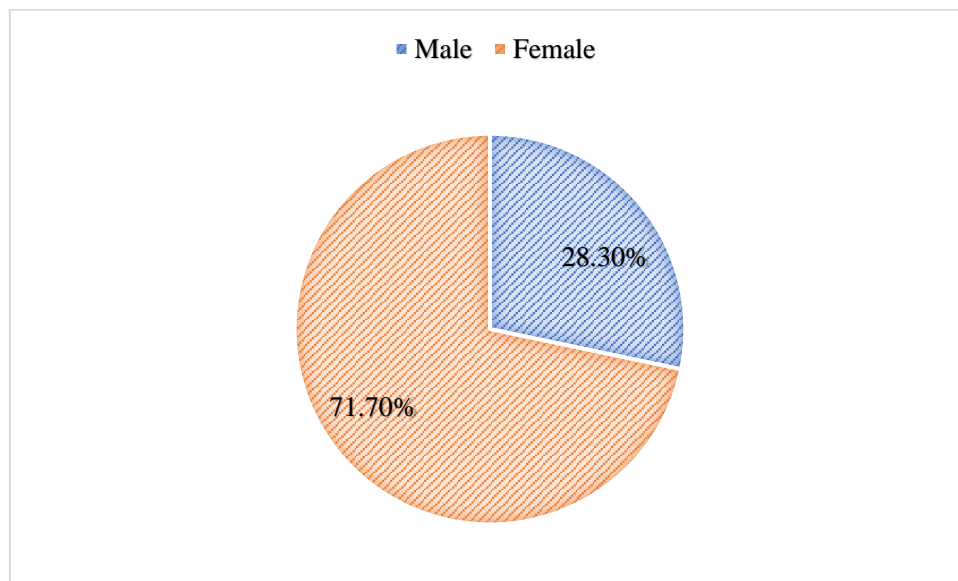
As the information provided in Table 1 reveals, most of the caregivers were between the ages of 38% and 40-50 years (38%), then 2939 years (37%). A smaller percentage of caregivers belonged to 18 28 years age bracket (13%), 12% belonged to 51-60 years. This implies that

majority of caregivers were of middle-aged age whose family roles and family duties are most likely to be huge.

Table 2 shows the statistical distribution of caretakers of mentally ill people based on their gender.

**Table 2:** Statistical Distribution of Caretakers for People with Mental illness by Gender

Gender	F	%
Male	17	28.3%
Female	43	71.7%
<b>Grand Total</b>	<b>60</b>	<b>100%</b>



**Figure 2:** Visual Representation of Statistical Distribution of Caretakers for People with Mental illness by Gender

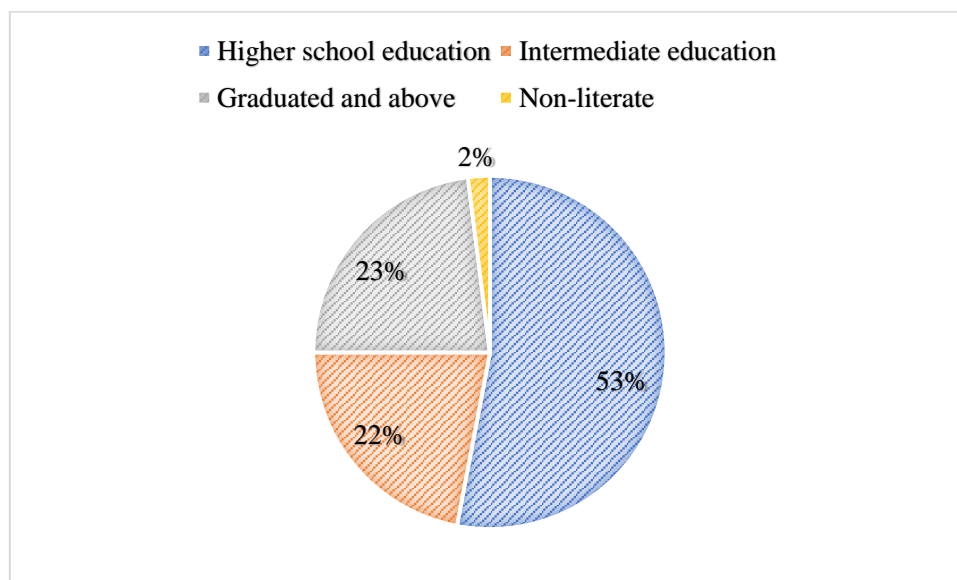
Table 2 indicates that among the total population of caretakers that took part in the study (60), 43 (71.7%) were female and 17 (28.3%) were male. This shows that most of the people who attended to mentally ill individuals were females. According to the findings, there is a higher tendency of women to engage in caregiving duties, which might be associated with the family

roles and duties in most families. The study population shows that a great role of women in giving care to the people with mental illness is indicated in this distribution.

Determining the level of education of caregivers will assist in determining their ability to understand health education and apply the information they get during the teaching program.

**Table 3:** Distribution of Caregiver Occupancy for People with Mental illness Based on Educational Attainment

Education	F	%
Higher school education	32	53%
Intermediate education	13	22%
Graduated and above	14	23%
Non-literate	1	2%
<b>Grand Total</b>	<b>60</b>	<b>100%</b>



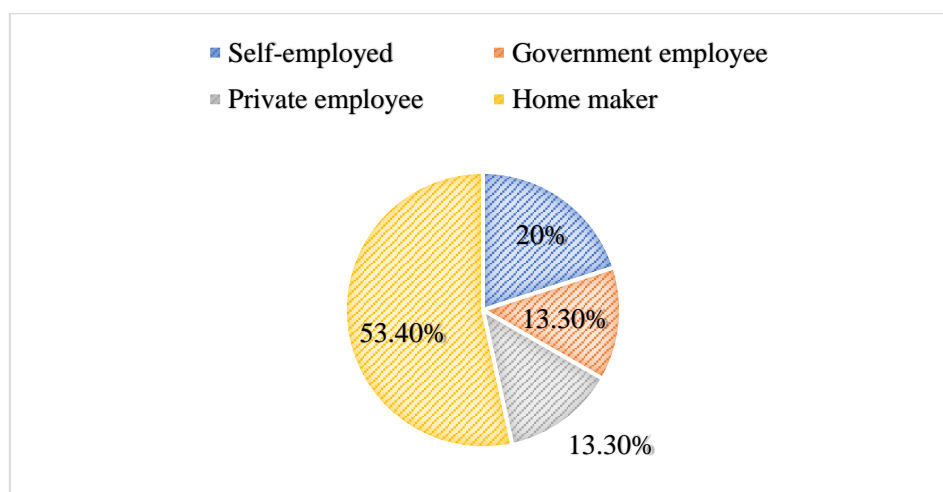
**Figure 3:** Visual Representation of Distribution of Caregiver Occupancy for People with Mental illness Based on Educational Attainment

As indicated in the table above, most caregivers, 32 (53%), were better educated and in higher school. Fourteen (23%) of the caregivers had a graduate level education and 13 (22%) a middle level education. There were only 1 (2%) non-literate caregiver. These results suggest that the majority of caregivers had at least basic degree of formal education, which could open the way to improve the information reception about mental illness and its treatment.

Table 4 shows the frequency and percentage of the mentally ill care providers based on the occupation.

**Table 4:** Occupation-Based Frequency and Percentage Distribution of Mentally ill Care Providers

Occupation	F	%
Self-employed	12	20%
Government employee	8	13.3%
Private employee	8	13.3%
Home maker	32	53.4%
<b>Grand Total</b>	<b>60</b>	<b>100%</b>



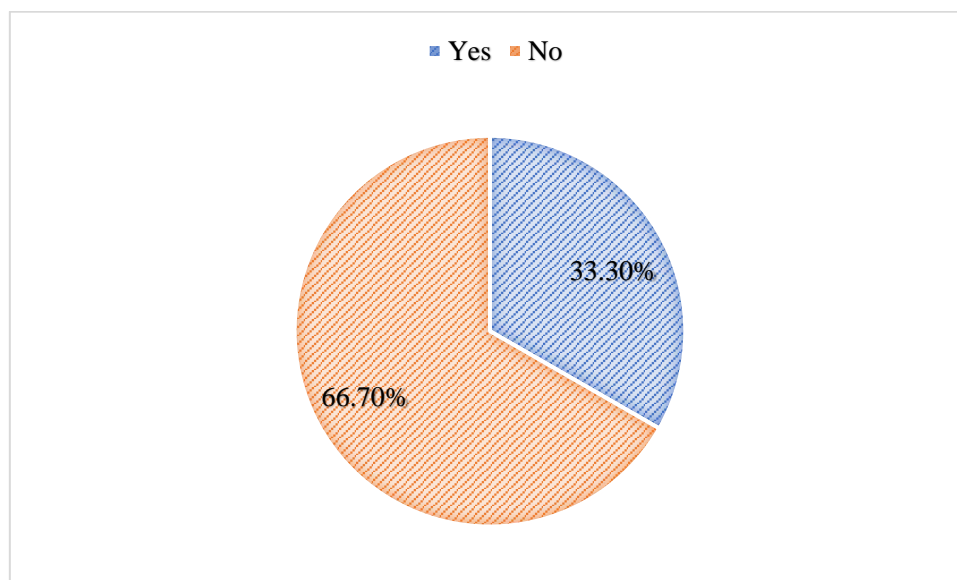
**Figure 4:** Visual Representation of Occupation-Based Frequency and Percentage Distribution of Mentally ill Care Providers

The table 4 data suggest that most of the caregivers were home makers (32, 53.4%), then there were self-employed people (12, 20%). The government employees (8, 13.3) and the private employees (8, 13.3) had an equal proportion of the participants. The result of this study indicates that majority of the caregivers of the mentally ill people in the study were homemakers, which may be attributed to the fact that they spend more time at home and are more engaged in offering unending care to their sickly patients.

Table 5 shows the number and percentage of caretakers of the mentally ill patients based on their prior awareness regarding the electroconvulsive therapy (ECT).

**Table 5:** Previous Knowledge-based frequency and percentage distribution of caretakers of mentally ill

Previous Knowledge	F	%
Yes	20	33.3%
No	40	66.7%
<b>Grand Total</b>	<b>60</b>	<b>100%</b>



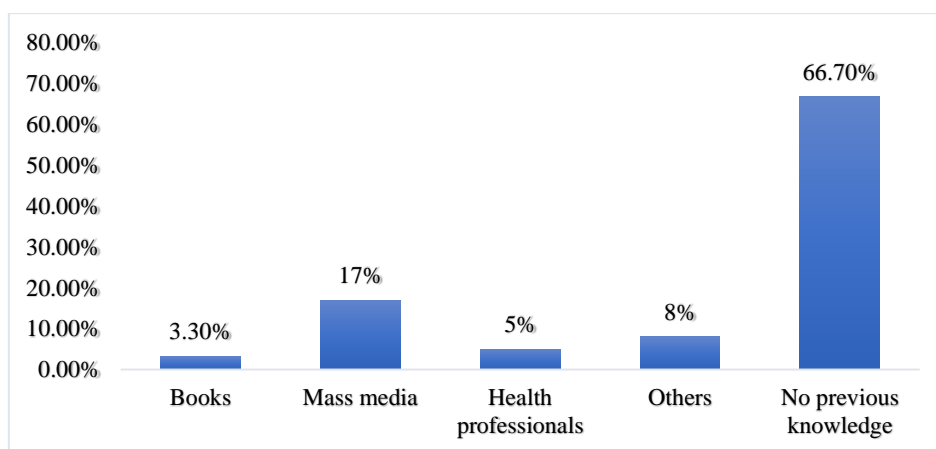
**Figure 5:** Visual Representation of Previous Knowledge-based frequency and percentage distribution of caretakers of mentally ill

Table 5 indicates that most of the caretakers (40, 66.7%), had no prior knowledge about electroconvulsive therapy whereas only 20 (33.3) reported that they knew about it. This shows that majority of caregivers were not very aware of the procedure and thus there was a need to carry out educational interventions like structured teaching programmes in order to enhance their knowledge.

Table 6 shows the distribution of the percentages and frequency of the caregivers based on their information sources.

**Table 6:** Caregiver frequency and percentage distribution by information source for people with mental illness

Source of Information	Frequency	Percentage
Books	2	3.3%
Mass media	10	17%
Health professionals	3	5%
Others	5	8%
No previous knowledge	40	66.7%
<b>Grand Total</b>	<b>60</b>	<b>100%</b>



**Figure 6:** Visual Representation of Caregiver frequency and percentage distribution by information source for people with mental illness

In Table 6, it is indicated that most of the caregivers, 40 (66.7%), had no prior knowledge on the matter. Out of the respondents who reported some information, 10 (17) % of the respondents indicated that they gained information through the mass media and 5 (8%) of the respondents indicated that they gained information through other sources, 3 (5%) through health professionals and 2 (3.3%) through books. These results show that the majority of caregivers did not have any previous knowledge which emphasizes the necessity to offer a series of educational programs to enhance their knowledge on how to care and treat mentally ill people.

Table 7 shows the breakdown of caretakers in terms of their pretest and posttest knowledge on mental illness.

**Table 7:** Caretakers pre- and post-test scores on a knowledge measure describing the frequency and distribution of those with mental illness.

Knowledge Levels	Pre-test F	Pre-test %	Post-test F	Post-test %
< average	54	90%	2	3%
Average	6	10%	15	25%
> average	0	0%	43	72%
<b>Grand total</b>	<b>60</b>	<b>100.00</b>	<b>60</b>	<b>100.00</b>

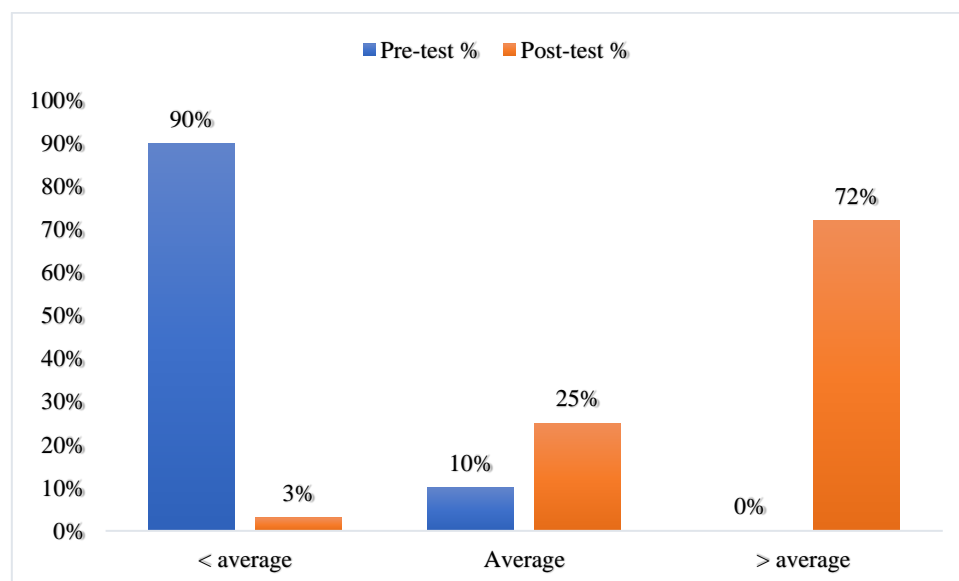


Figure 7: Visual Representation of Caretakers pre- and post-test percentage on a knowledge measure describing the frequency and distribution of those with mental illness.

The results also show that in the pre-test, most of the caretakers (54, 90%) possessed below average knowledge with only 6 (10%) possessing average knowledge and no individual possessed above average knowledge. But, following the structured teaching programme, a great deal of improvement in knowledge was recorded. During the post-test, a majority of the caretakers (43, 72 %), had above average knowledge, 15 (25 %) had average knowledge, and only 2 (3 %) were in the below average. This is a clear indication of the fact that the structured teaching programme was effective in increasing the knowledge of the caretakers on the issue of mental illness.

The paired t-test showed whether the difference in the knowledge scores acquired after and before the intervention was statistically significant. The analysis findings are given in Table 8.

**Table 8:** Paired T-Test to the Mean Scores on the Knowledge Exams Before and After

Parameters	Pre-test Knowledge Scores	Post-test Knowledge Scores
Mean	13.18	23.50
Standard deviation	1.60	2.25
Standard error	0.21	0.29
T-test	<b>33.84</b>	

Table 8 demonstrates that the average score of post-test knowledge (23.50) was more than the average score of pre-test knowledge (13.18) which means that the level of knowledge of caregivers improved significantly after the completion of the structured teaching programme. The t value calculated (33.84) was known to be statistically significant indicating that the teaching programme was effective in enhancing the knowledge of the caregivers on electroconvulsive therapy.

Table 9 shows the correlation between the chosen demographic factors and the post-test knowledge of the caregivers on the topic of electroconvulsive therapy.

**Table 9:** Relationship between the demographic characteristics and the care givers' post-test knowledge scores

S.No.	Demographic Variables	Knowledge Scores			Chi-Square		df	Inference
		Below Average	Average	Above Average	Cal. V	Tab. V		
1	<b>Source of information</b>							
	a. Books	0	2	0	21.64	12.59	3	S
	b. Mass media	0	4	6				
	c. Health professional	0	0	3				
	d. Others	0	0	5				
	e. No previous knowledge	10	20	10				

The results show that caregivers who were previously exposed to information via mass media, health professionals, books, or any other source had relatively high post-test knowledge than caregivers who were not exposed to information before. The Chi-square value (21.64) obtained was more than the value in the table (12.59) at 3 degrees of freedom, and this showed that the association between source of information and post-test knowledge scores were statistically significant. As such, the null hypothesis was discarded indicating that the source of information has a significant effect on the degree of knowledge among caregivers with regard to electroconvulsive therapy.

#### 4.2. Discussion

The results of the current research indicated that the structured teaching program was useful in enhancing the knowledge of caregivers in matters of electroconvulsive therapy (ECT). The demographic records showed that the majority of the caregivers were middle-aged adults with a high proportion of female and homemakers, which implies that women play a significant role in taking care of mentally ill patients in their respective families. Most of the caregivers were at least of basic formal education and this might have helped them in their capability to



comprehend the contents of the educational intervention. It also showed that a majority of the caregivers were unaware of ECT in the past, which shows that awareness of the treatment was limited, and there were certain misconceptions about it. Nevertheless, following the introduction of the structured teaching program, there was a significant level of knowledge improvement, and most of the caregivers scored above-average level of knowledge in the post-test as compared to the pre-test. The high mean knowledge score changes and statistically significant paired t-test value proved the success of the educational intervention. Additionally, chi-square test revealed that there was a significant correlation between the source of information and the post-test knowledge score of the caregivers as a possible effect of the previous exposure to information and the comprehension of the ECT. The findings, in general, underscore the value of organised educational exercises in improving caregiver education, and in minimizing myths and misconceptions about electroconvulsive therapy in psychiatric treatment.

## 5. CONCLUSION

The current study was carried out to evaluate the success of an organized pedagogical intervention on awareness about the electroconvulsive therapy (ECT) among the caregivers of mentally ill patients. The evidence showed that the majority of caregivers had poor knowledge on ECT, 90 percent of them showed poor knowledge in the pre-test. Nevertheless, following the introduction of the structured teaching program, the level of knowledge increased significantly. During the post-test, most caregivers (72% of the respondents) had sufficient knowledge, and only a minor fraction were in the below-average bracket. The results of pre-test and post-test scores showed that the level of knowledge of caregivers was significantly improved after the educational intervention. These results prove that the teaching program which was designed in a structure was efficient in improving the knowledge of caregivers regarding electroconvulsive therapy and demonstrates the need of educational interventions in improving the knowledge and reducing the misconceptions about psychiatric treatments.

## REFERENCES

1. Bhatt, R. B., Kumar, P., Vasavada, D. A., Shah, V. R., Nerli, L. M., & Tiwari, D. S. (2022). *Impact of electroconvulsive education module on knowledge and attitude of caregivers of mentally ill patients toward electroconvulsive therapy. Journal of Mental Health and Human Behaviour, 27(2), 113-118.*
2. Deng, C. J., Nie, S., Mai, J. X., Huang, X., Huang, X. B., & Zheng, W. (2023). *Electroconvulsive therapy knowledge and attitudes among patients and caregivers in South China: a preliminary study. Frontiers in Psychiatry, 14, 1145301.*
3. Boone, K., Geerts, P. J., Van de Velde, N., Verhaeghe, S., & Lemmens, G. M. (2025). *Relatives' Knowledge, Attitudes, and Experiences Toward Electroconvulsive Therapy: A Systematic Review. The Journal of ECT, 41(3), 161-173.*
4. Bhatt, R. B., Kumar, P., Vasavada, D. A., Shah, V. R., Nerli, L. M., & Tiwari, D. S. (2022). *Impact of electroconvulsive education module on knowledge and attitude of caregivers of mentally ill patients toward electroconvulsive therapy. Journal of Mental Health and Human Behaviour, 27(2), 113-118.*
5. Namdev Goral, P., Shanabhog, S., & Udipi, G.. (2025). *Effectiveness of video-based educational programme regarding ECT on knowledge and anxiety among the caregivers of mentally ill patients in selected tertiary care hospital, Belagavi. Journal of Neonatal Surgery, 14(8S), 42–51.*
6. Kumar Meena, S., & Samuel, J. (2024). *A Study to Assess the Knowledge and Attitude Regarding Electroconvulsive Therapy among Caregivers of Mentally Ill Patients in Selected Government Medical College Attached Hospital and Hospital for Mental Health of Madhya Pradesh State with a View to Devel. International Journal of Nursing and Medical Investigation, 6(4), 61–65.*
7. Meenu, M., Paniyadi, N. K., Mishra, B. R., Radhakrishnan, R. V., & Jacob, J. (2023). *Effectiveness of video-assisted teaching program on knowledge, attitude, and stigma toward modified electroconvulsive therapy among the primary caregivers of patients with psychotic disorder: A randomized controlled trial. The Journal of ECT, 10-1097.*
8. Zong, Q. Q., Qi, H., Wang, Y. Y., Zhang, C., Balbuena, L., Ungvari, G. S., ... & Xiang, Y. T. (2020). *Knowledge and attitudes of adolescents with psychiatric disorders and their caregivers towards electroconvulsive therapy in China. Asian journal of psychiatry, 49, 101968.*

9. Kar, N. (2024). *Attitude and knowledge about electroconvulsive therapy among trainee doctors and psychiatrists: A survey before and after a training session. Odisha Journal of Psychiatry, 20(2), 66-70.*
10. Mignone, S., Zufferey, C., & De Anstiss, H. (2018). *Family experiences of caring for relatives who have received electroconvulsive therapy (ECT). Australian Social Work, 71(1), 86-97.*
11. Sharma, N., Ghai, S., & Grover, S. (2017). *Knowledge and attitude of nursing students toward electroconvulsive therapy. Journal of neurosciences in rural practice, 8(Suppl 1), S7.*
12. Raeisi, S., Sadeghian, E., Tapak, L., Shamsaei, F., & Haghghi, M. (2025). *The impact of video-based education on the fear and anxiety of patients with bipolar disorders as candidates for electroconvulsive therapy: A clinical trial study. Journal of Education and Health Promotion, 14(1), 452.*
13. Shamsaei, F., Kazemian, H., Cheraghi, F., & Farhadian, M. (2019). *The effect of family teaching on depression, anxiety and stress in caregivers of patients received electroconvulsive therapy. The Journal of Mental Health Training, Education and Practice, 14(4), 289-296.*
14. Sharma, N., Ghai, S., & Grover, S. (2017). *Knowledge and attitude of nursing students toward electroconvulsive therapy. Journal of neurosciences in rural practice, 8(Suppl 1), S7.*
15. Ghasem Zadeh, N., Rabiei, S., Shahabi, S., Fakhraei, B., Bagheri, Z., & Tabrizi, R. (2025). *Investigating the factors that impede or facilitate the acceptance of electroconvulsive therapy (ECT): perspectives from psychiatrists and patients' companions. BMJ open, 15(2), e094005.*



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