

# A Study to Assess the Level of Depression among Alcoholic by Using Beck Depression Inventory in Order to Develop Information Booklet in Certain Deaddiction Centre Bhopal M. P.

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**Abstract:** ***Aim of the study:** The study aims to find the level of depression among alcoholic by using beck depression inventory in order to develop an information booklet in certain de-addiction center Bhopal [M. P.]” **Primary objective:** 1) To assess the level of depression among alcohol dependence 2. To identify the association between selected demographic variable with BDI scale score 3. To develop an information booklet on management of depression. **Method:** a non-experimental research design with descriptive study with prevalence study and quantitative approach was carried out on 100 alcoholic patients selected by non-probability purposive sampling technique to test the level of depression among alcoholic by BDI Self-structure questionnaire. The data was collected by using section-A demographic variable data and section-B structured questionnaire consists of 21 items. **Results:** The presents study evaluates and found that demographic variables, the highest % of people having depression were in age 25-34 & 35-44 of 21-30 years, majority of alcoholic patients 100% men and 0 % female and 0% undefined people, 60% married and 36% unmarried suffered depression, Majority 40% of respondents belongs to post graduate education, 40% of them belong to the high secondary education, 20% of them belong to the high school education, majority 60% of respondents belongs to government job and 40% private job, majority 40% belongs to above 15000, 30% belongs to 15000-10000 and 30% belongs to 10000-50000 monthly income. **Interpretation and conclusion:** The data were analysed by applying descriptive and inferential statistics. The result of the study indicated that Table value 2.09 which is more than calculated value 1.09 since p value is less than 0.05 hence there is significant association between alcoholics and depression. The hypothesis is proved and accepted.*

**Keywords:** BDI, Assess

## 1. Introduction

Now-a-days alcohol plays a very significant part in our culture and is present in almost every type of social occasion<sup>1</sup>. However, alcoholism is a devastating condition that can lead to many physical and mental health problems for the individual. It is not only the alcoholic who suffers from such substance abuse but also those who live with them as well<sup>2</sup>. Alcohol is a depressant, so the depression caused by alcohol alone goes with the territory<sup>1</sup>.

Alcoholism, also known as Alcohol addiction, is a broad terms for problems with alcohol, and is generally used to mean compulsive and uncontrolled consumption of alcoholic beverages, usually to the detriment of the drinkers health, personal relationships, and social standing<sup>3</sup>. The average person with alcohol-related problems may be neatly dressed, may not show signs of alcohol withdrawal, may have job and good family support, but may still have physical, psychiatric, social or family complications due to excessive consumption of alcohol. The medical consequences include gastric, cardiovascular, neuromuscular, endocrinological complications and sexual dysfunctions. Neurological complications like blackout, wernick’s encephalopathy, Korsakov’s syndrome, intellectual deficit are also seen in over consumption of alcohol. It causes social, family, occupational and legal consequences also. Another main complication with regard to alcohol consumption is the number of traffic accidents related to people driving under the influence of alcohol. Alcoholism leads to some of the psychiatric disorders such as a variety of depressive

symptoms like sadness, feeling low, lack of interest and pessimistic thoughts

Everyone experiences variation in mood, blues that comes and go, disappointments, the normal grief that accompanies the loss of someone you love. But a severe or prolonged depression that interferes with the ability to function, feel pleasure, or maintain interest is not a mere case of the blues. It is an illness. A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way you feel about yourself, and the way you think about things. A depressive disorder is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years<sup>12</sup>.

## 2. Need for the Study

The breath is the link between the body, mind and spirit, when the mind is free of fear, guilt and anger and is more centred, and then it can heal the system of any ailments”. The lifetime risk of depression in males is 8-12% and in females is 20-26%. Though the lifetime risk of major depression or depressive episode is about 8%. The typical depressive episode is characterized by depressive mood, depressive ideation, psychomotor activity, biological function, psychotic feature, and suicide [6]. International health and behavioural survey involving 6, 932 males and 8, 816 female university students ages 17-30 year from 20 countries. Alcohol consumption was assessed in terms of number of drinks per week and number of drinks per episode. And the beck depression inventory was

Volume 11 Issue 2, February 2022

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administered. Proportion of respondents with elevated BDI score was 19.3%, 16.3%, and 20.0% for non drinkers, moderate drinkers, and heavy drinker's respectively<sup>16</sup>.

- A research conducted by Jane Goodekar 2007

Depicts that the internal consistency of the beck depression inventory is assessed in 106 inpatient alcoholics by using a latent trait model. The analysis confirms that the BDI measure a single underlying dimension of depressive severity among alcoholics. Seven symptom discriminate well for severity of depression. These seven work inhibition, guilt, self-disgust, irritability, indecision, dissatisfaction, and loss of social interest may represent criteria for depressive severity that are not confounded by chronic drinking, physical withdrawal, unique personality organization of alcoholics<sup>1</sup>

- In India in 2014

This article studied the diagnostic accuracy, reliability and validity of beck depression inventory while used by paediatricians in a primary care setting in India. The result was a cut – off score of > 5 (sn = 90.9%, sp = 17.6%) for screening and cut-off score of >22 (sn=27.3%, sp = 90%) for diagnostic utility is suggested. The 4 week test – retest reliability was good (r = 0.82). In addition to the adequate face and content validity, BDI has very good internal consistency (# = 0.96), high convergent validity with CDRS-R (r = 0.72; p = 0.001), and high discriminant validity with IES (r = 0.26; p = 0.23). There was a moderate concordance rate with the reference standard (54.5%) in identifying depression among the adolescents. Factor analysis replicated the 2-factor structure explaining 30.5% of variance<sup>20</sup>.

### 3. Review of literature

#### 3.1 Literature related to depression

**A study conducted by Indian J Psychiatry.2010 Jan. in shows** the prevalence of depression increased from 49.93 cases per 1000 population to 73.97 cases per 1000 population<sup>51</sup>. Studies done in primary care clinics/center have estimated a prevalence rate of 21-40.45%<sup>54-57</sup>. Studies done in hospitals have shown that 5 to 26.7% of cases attending the psychiatric outpatient clinics have depression. Studies on the elderly population, either in the community, inpatient, outpatient and old age homes have shown that depression is the commonest mental illness in elderly subjects.

**A study conducted in new York university by Symsunder in 2013** A study evaluating the cognitive model of depression as given by Beck failed to find support for the causal role of cognitive errors in relapse of depressed subjects as a significant proportion of patients were free from cognitive distortions following remission. However, it was also observed that those who had persistent cognitive distortions during remission ran the risk of early relapse. It has also been seen that patients with neurosis, including depression, have poor social interactions and reports of more interactions of unpleasant type and less of pleasant type of social interactions as compared with healthy controls. With

regard to personality factors, a study showed that higher scores on the hardiness, a personality trait, correlates with lower scores on the depression scale suggesting that presence of hardiness doesn't allow depressive feelings to become more severe.

**March 2013** According to a review article by Rosenvinge and Rosenvinge<sup>112</sup>, 10–19% of older persons in the general population suffer from symptoms of depression, and 2–4% suffers from a major depressive disorder. Among older people living in an institution, a systematic review reports a median prevalence of major depression of 10%, and of depressive symptoms in 29% of the residents<sup>1</sup>. Another study showed that about 50% of elderly people in long-term care suffer from depressive symptoms and 20% from major depression.

#### 3.2 Literature related to depression among alcoholics.

**A study conducted by Sabhesan and Natarajan (1988) in Karnataka,** found posttraumatic amnesia (PTA) to be prolonged in subjects who were alcohol dependents prior to head injury. A comparison with controls indicated that the PTA in the alcoholics was significantly longer<sup>126</sup>.

**A study by Shankar, Ray and Desai (1986) in Chandigarh** analysed liver tissue from 41 male alcoholics and blood samples from the alcoholics and from 52 male non alcoholic controls. Mean consumption of alcohol among alcoholic subjects was 183.1 g of ethanol for an average of 9.7 years. Only 5 subjects had normal livers. Six subjects had fatty livers, 23 had alcoholic hepatitis, and 4 had pre cirrhosis and cirrhosis. Biochemical analysis showed that alcoholics had elevated values of SGOT, SGPT and GGT compared to controls<sup>127</sup>.

**A study by Kurup and Kurup (2003) in America** assessed the pathway in patients with alcoholic addiction, alcoholic cirrhosis, and acquired hepatocerebral degeneration internal medicine practices affiliated with an academic medical centre. One hundred sixty-one persons aged 60 and older who reported drinking one or more drinks in the previous 3 months. Two commonly used thresholds of excessive drinking: (1) eight to 14 drinks per week for women and men (lower threshold) and (2) more than 14 drinks per week for women and men (higher threshold); a measure of binge drinking (> or = 3 drinks per occasion for women or > or = 4 drinks per occasion for men); and self-reported instrumental activities of daily living (IADLs) and advanced activities of daily living (AADLs). Results showed that older persons consuming even or fewer drinks per week, those exceeding the higher threshold.

**Problem Statement:** “A study to assess the level of depression among alcoholic by using beck depression inventory in order to develop an information booklet in certain de-addiction center Bhopal [MP]”

**Delimitations:** The study was limited to 1 alcoholic dependents in selected de-addiction center in Bhopal, 2 limited selected area, 3 limited to alcoholic dependents that are able to read and write Hindi or English and 4 limited to de-addiction center only.

**Hypothesis:**

**H<sub>1</sub>** There is significant relation between alcohol dependency and depression

**H<sub>2</sub>** There is significant relationship between alcoholic depression and the socio-demographic Variable.

**4. Methodology**

**Research approach:** A quantitative research approach was used for the study

**Research design:** Quantitative, A non-experimental research design with descriptive study.

**Variables under study:**

**Dependent Variables-** assess the level of depression

**Independent Variables-** beck depression inventory

**Setting of the study:** Polit & Beck (2008) states that "setting refers to the areas where the study is conducted"<sup>137</sup>. The study is conducted in the De-addiction centre Bhopal. The rationales of selection of this setting are adequate sample, familiarity, cooperation, feasibility of conducting the study.

**Population**

**Polit & Beck (2008)** stated that the population can be defined as, "The entire set of individuals and objects having some common characteristics."

Population selected for present study are alcoholics.

**Target population –**

According to **Polit and beck (2008)** the entire population in which the researcher is interested and to which he or she would like to generalize the results is called as target population. Target population of present study is alcoholics dependents who are meeting the criteria of the study adolescent.

**Accessible population-**

According to **Polit and Beck (2008)** the portion of the target population which is conveniently accessible to the investigator is called as accessible population.

In this study accessible population at the time of study is the alcoholics in certain De-addiction centre Bhopal.

**Sampling Technique**

**Polit and Beck (2008)** Sample is the subset of population containing all the characteristics of the population which has been selected to participate in the study.

The samples were selected by non probability purposive sampling technique. The samples that fulfill the inclusion criteria were admitted in study.

**Sample Size**

**Polit & Beck (2008)** states that, sample size as the numerical value assigned to a subset of the population selected to participate in a study. Sample consisted of 100

alcoholics patients.

**Inclusion Criteria:**

- Availability
- Alcoholics who are willingly to participate
- Those who read and understand the Hindi and English.

**Exclusion criteria**

- Those who are not available at the time of data collection.
- Those who are not willingly to participate in the study.
- Those who are not in the position to participating to the study.

**Sample**

Alcoholic's patients in De-addiction centre Bhopal were selected

**Tool Preparation:**

A tool is an instrument or equipment used for collecting the data.

**Selection of Tools**

Tool is an instrument used by the researcher to collect the data. The demographic data were collected using a structured baseline proforma prepared by the investigator. The level of depression among alcoholic patients by using beck depression inventory which is the structured questionnaire

**Development of tool:**

An instrument in research refers to the tools asked for collecting data. A structure knowledge questionnaire with multiple choice questions was chosen by investigator known as beck depression inventory.

**Description of Tools**

In order to determine the level of depression among alcoholic a standard structure questionnaires known as back depression inventory and consist of 21 items.

**Section-I:** Demographic data like Age, sex, marital status, educational, occupation, monthly income, number of children.

**Section-II:** structured knowledge questionnaire.

Structured Knowledge questionnaires regarding level of depression among alcoholics. The back depression inventory created by Aron t. beck is a 21 question multiple choice self report inventory one of the most widely used psychometric tests for measuring the severity of depression. using a four pointer scale ranging from 0 to 3 and the evaluation criteria is point 1 to over 40 points were we includes normal in 1 to 10 points, 11 to 16 we put in mild mood disturbance, borderline clinical depression points is 17 to 20, moderate

depression comes from 21 to 30 and 31 to 40 is severe

Evaluation Criteria

**Table no.**

|         |                                |
|---------|--------------------------------|
| 1-10    | Normal                         |
| 11-16   | Mild mood disturbance          |
| 17-20   | Borderline clinical depression |
| 21-30   | Moderate depression            |
| 31-40   | Severe depression              |
| Over 40 | Extreme depression             |

### Pilot Study

A Pilot Study is a miniature version of the planned Research, searches to identify and correct problems which could affect the research process. Prior to commencement of Pilot study, permission was obtained from concerned Authority. Pilot study was conducted on 15<sup>th</sup> Aug.-19<sup>th</sup> Aug., 2018 in selected De-addiction center Bhopal. The purpose of the study was explained to the subjects, confidentiality was assured and the tool was administered. Pilot study was conducted, the tool was found to be feasible and practicable. Data analysis was done using descriptive and inferential statistics. Minor changes were done in questionnaire. No further changes were made in the tool after the pilot study.

### Ethical Aspect

The study proposal was sanctioned by ethical committee of the college.

- Written informed consent was taken from subjects in the study.
- Permission was obtained from the concerned authority.
- Confidentiality and anonymity was maintained throughout the procedure.
- The data gathered through research will strictly utilized for benefits of subjects by giving health education to the alcoholics patients regarding depression.

### Data Collection

To conduct the research study in selected areas of city, formal written permission was obtained from the concerned authority and ethical committee of selected areas. Data collection was held in the selected De-addiction centre Bhopal. Were Sudhi Nashamukti Kendra Bhopal, Shridisha Nashamukti Kendra Bhopal, K. S. Nasha Mukti Punerwash Kendra Bhopal. The data collection period was from 5<sup>th</sup> sept. 2018-20<sup>th</sup> sep. 2018 non Probability purposive sampling technique was used to select 100 samples. The investigator introduced her and the purpose of the study was explained to subjects and their informed consent was obtained.

“A study to assess the level of depression among alcoholics by using beck depression inventory in order to develop an information booklet in certain De-addiction centre Bhopal”.

The research study was great satisfaction to investigator as this study helped subjects to know their depression level. The investigator thanked and appreciated all the subjects for

their co-operation.

## 5. Analysis

Data analysis is the systematic organization and synthesis of the research data and the testing of research hypothesis using data. The statistical analysis was made on basis of objectives. The data analysis was planned to include descriptive and inferential statistics.

For analysis of demographic data, frequencies and percentage will be calculated.

The significance will be calculated by using mean, standard deviation, and ‘p’ value. Chi-square will be applied to find co-relation with every item and findings will be documented in tables, graphs and diagrams.

**Section 1:** Distribution of respondents in relation to demographic data.

**Section 2:** Distribution of respondents according to item wise analysis in respect to beck depression inventory.

**Section 3:** Association of alcoholics with depression in relation with beck depression inventory.

### Data Analysis

It is the body of method that help to describe facts, detect patterns, develop explanations, and test hypothesis. It is used in all of the sciences<sup>138</sup>.

### Data Interpretation

The process of making sense of the results of a study and examining their implications<sup>138</sup>.

### Objectives

- To assess the level of depression among alcohol dependence
- To identify the association between selected demographic variable with BDI scale score.
- To develop an information booklet on management of depression.

**The data was analysed and presented in the following sections:**

- **Section 1:** Distribution of respondents in relation to demographic data.
- **Section 2:** Distribution of respondents according to item wise analysis in respect to beck depression inventory.
- **Section 3:** Association of alcoholics with depression in relation with beck depression inventory.
- **Section 4:** association of depression in relation to socio-demographic variable

**Plan for data analysis:**The data collected was planned to analyze by using both descriptive and inferential statistics based on objectives and hypothesis of the study. The

descriptive statistics includes; mean median, mode, mean percentage and standard deviation. The inferential statistics includes; t test and chi-square.

**Section A: Distribution of respondents in relation to demographic data**

- There were total 7 demographic variables assessed in this study. Total 100 alcoholics were selected for the study. Following findings were noted:
- Findings related to Age, Majority 20% of respondents belongs to above 55, 20% of them belong to the age group of 45-55 years, 25% of them belong to the age group of 35-44years and 25% of respondents belong to the age group of 25-34years, 10% of them belongs to the age group below 25.
- Findings related to sex, Majority 100% of respondents belongs to male patients, women's and undefined categories 0% belongs.
- Findings related to education, Majority 40% of respondents belongs to postgraduate education, 40% of them belong to the high secondary education, 20% of them belong to the high school education, middle school, primary and no formal education belongs to 0%.
- Findings related to occupation, Majority 60 % of respondents belongs to government job, 40% of them belong to private job.
- Findings related to number of children. Majority 70% of respondents belongs to less than 70, 30% of them belong to less than 4 children.

**Distribution of respondents according to sex**

| Serial no | Sex       | Frequency | Percentage |
|-----------|-----------|-----------|------------|
| 01        | Male      | 100       | 100%       |
| 02        | Female    | 0         | 0%         |
| 03        | Undefined | 0         | 0%         |

**Distribution of respondents according to marital status**

| Serial no | Marital status | Frequency | Percentage |
|-----------|----------------|-----------|------------|
| 01        | Married        | 60        | 60%%       |
| 02        | Unmarried      | 36        | 36%%       |
| 03        | divorced       | 04        | 0%         |

**Distribution of respondents according income**

| Serial No. | Income      | Mean | Percentage |
|------------|-------------|------|------------|
| 01         | Below 5000  | -    | -          |
| 02         | 5000-10000  | 0.30 | 30         |
| 03         | 10000-15000 | 0.30 | 30         |
| 04         | Above 15000 | 0.40 | 40         |

**Distribution of respondents according to age**

| Serial no | Age      | Frequency | Percentage |
|-----------|----------|-----------|------------|
| 01        | Below25  | 10        | 10%        |
| 02        | 25-34    | 25        | 25%        |
| 03        | 35-44    | 25        | 25%        |
| 04        | 45-55    | 20        | 20%        |
| 05        | Above 55 | 20        | 20%        |

**Distribution of respondents according to education**

| Serial no | Education status                | Frequency | Percentages |
|-----------|---------------------------------|-----------|-------------|
| 01        | Non formal education            | 0         | 0%          |
| 02        | Primary school education        | 0         | 0%          |
| 03        | middle school education         | 0         | 0%          |
| 04        | high school education           | 20        | 20%         |
| 05        | High secondary school education | 40        | 40%         |
| 06        | Post graduate education         | 40        | 40%         |

**Distribution of respondents according to occupation**

| Serial No. | Occupation            | Mean | %  |
|------------|-----------------------|------|----|
| 01         | Daily wages           | -    | -  |
| 02         | Private Job           | 0.40 | 40 |
| 03         | Government Job        | 0.60 | 60 |
| 04         | Home maker and others | -    | -  |

**Distribution of respondents according to number of children**

| Serial No. | Number of Children | Mean | Percentage |
|------------|--------------------|------|------------|
| 01         | Not applicable     | -    | -          |
| 02         | Less than 2        | 0.70 | 70         |
| 03         | Less than 4        | 0.30 | 30         |
| 04         | More than 4        | -    | -          |

**SECTION B: Distribution of respondents according to item wise analysis in respect to Beck's Depression Inventory.**

Item wise analysis in respect to becks depression inventory 21 item

- Findings related to sadness 1.65%
- Findings related to pessimism 1.49%
- Findings related to past failure 1.45%
- Findings related to loss of pleasure 1.38%
- Findings related to guilt feelings 1.515
- Findings related to self dislike 1.38%
- Findings related to self criticalness 1.42%
- Findings related to suicidal thoughts 1.53%
- Findings related to crying 1.60&
- Findings related to agitation 1.28%
- Findings related to loss of interest 1.65%
- Findings related to indecisiveness 1.49%
- Findings related to worthlessness 1.45%
- Findings related to loss of energy 1.38%
- Findings related to loss of sleep pattern 1.51%
- Findings related to irritability 1.25%
- Findings related to changes in appetite 1.38%
- Findings related to concentration difficulty 1.42%
- Findings related to tiredness and fatigue 1.53%

**SECTION C: Association of alcoholics with depression in relation with Beck's Depression Inventory.**

Table value 2.09 which is more than calculated value 1.09 since p value is less than 0.05 hence there is significant association between alcoholics and depression.

| S. no | Demographic variables | Chi square | Degree of freedom | value  | Table value | Significant     |
|-------|-----------------------|------------|-------------------|--------|-------------|-----------------|
| 01    | Age                   | 11.6       | 20                | 31.410 | p>0.05      | Not significant |
| 02    | Sex                   | 13.2       | 10                | 22.36  | p>0.05      | Not significant |
| 03    | Marital status        | 25.78      | 15                | 24.99  | P<0.05      | significant     |
| 04    | Education             | 26.7       | 25                | 37.67  | p>0.05      | Not significant |
| 05    | Occupation            | 25.9       | 15                | 24.99  | p>0.05      | significant     |
| 06    | Monthly income        | 25.89      | 15                | 24.99  | P<0.05      | significant     |
| 07    | Number of children    | 14.9       | 15                | 24.99  | p>0.05      | Not significant |

#### SECTION D: Association of depression in relation to socio demographic variables.

According to age value of  $X^2$  is 11.6 which is less than the table value since there is no significant, According to sex value of  $X^2$  is 13.2 which is less than the table value since there is no significant, According to marital status value of  $X^2$  is 25.78 which is greater than the table value since there is significant, According to education value of  $X^2$  is 26.7 which is less than then table value since there is no significant, According to occupation value of  $X^2$  is 25.9 which is greater than the table values in cethere is significant, According to monthly income value of  $X^2$  is 25.89 which is greater than the table value since there is significant, According to number of children value of  $X^2$  is 14.49 which is less than then table value since there is no significant.

#### Testing of Hypothesis:

#### Association of alcoholics with depression in relation with Beck's Depression Inventory

Table value 2.09 which is more than calculated value 1.09 since p value is less than 0.05 hence there is significant association between alcoholics and depression.

#### Association of depression in relation to socio demographic variables

According to age value of  $X^2$  is 11.6 which is less than the table value since there is no significant, According to sex value of  $X^2$  is 13.2 which is less than the table values in cethere is no significant, According to marital status value of  $X^2$  is 25.78 which is greater than the table value since there is significant, According to education value of  $X^2$  is 26.7 which is less than then table value since there is no significant, According to occupation value of  $X^2$  is 25.9 which is greater than the table values in cethere is significant, According to monthly income value of  $X^2$  is 25.89 which is greater than the table value since there is significant, According to number of children value of  $X^2$  is 14.49 which is less than then table value since there is no significant

## 6. Summary

Depression affects many people of all ages. It is estimated that one in five people will suffer from depression at some point in their lives. More than 80% of those suffering from depressive illness can be treated successfully with modern medication. Now-a-days alcohol plays a very significant part in our culture and is present in almost every type of social occasion. However, alcoholism is a devastating condition that can lead to many physical and mental health problems for the individual. It is not only the alcoholic who suffers from such substance abuse but also those who live with them

as well. Alcohol is a depressant, so the depression caused by alcohol alone goes with the territory.

The present study was conducted to assess the level of depression among alcoholics by using beck depression inventory in order to develop information booklet in certain De-addiction center Bhopal. A univariate with prevalence research design was adopted. Probability random sampling was used. Thesamplesizewas100.

**H<sub>1</sub>** There is significant relation between alcohol dependency and depression

**H<sub>2</sub>** There is significant relationship between alcoholic depression and the socio demographic Variable.

## 7. Conclusion

According to my study the sample population consisted of below 25yr 10%, 25yr-34yr 25%, 35yr-44yr 25%, 45yr-55yr 20% and above55yr 20%.

According to sex 100% men and 0 % female and 0% undefined

According to education study shows the distribution of demographic data of respondents according to education. Majority 40% of respondents belongs to post graduate education, 40% of them belong to the high secondary education, and 20% of them belong to the high school education.

According to occupation shows the distribution of demographic data of respondents according to occupation. Majority 60% of respondents belongs to government job, 40% of them belong to private job.

#### Nursing Implications

Study findings will be used as assessing the level of depression among alcoholic by using beck depression inventory in De-addiction center.

#### Nursing practice:

- Nurses in clinical practice will utilize study findings to prepare appropriate nursing care plan while dealing with alcoholics.
- It can be further utilized for a larger number of sample in research
- It helps a nurses to better implicate depression in association with alcoholism.

#### Nursing Education:

- Nurse educators will emphasize on evidence based practices while imparting nursing knowledge to nursing students.

**Nursing Administration:**

- Nursing administrators will use study findings in planning therapeutic modalities for nursing care of alcoholic patient with depression.

**Nursing Research:**

- Study results will provide clues to nursing researcher for further studies

**8. Limitation**

Following were the limitations of the study, it includes:

- The study was limited only poor & Average vision level.
- The study was limited to urban area only.
- The study was limited to private selected school of Maharashtra state only.
- The study was limited to school going children only
- The Sample size was limited to only 40 school going children.
- Data collection period was limited for 1 month.

**9. Recommendations**

On the basis of the findings of the study following recommendation have been made for the study:

- The study can be replicated with larger sample to generalize the findings.
- A study could be conducted in different De-addiction center and Community areas to find alcoholism and alcohol related depression.

**10. Acknowledgement**

*“The deepest craving of human nature is the need to be APPRECIATED”*

*I express my hearty gratitude to Honorable **Chancellor**, SRK University, Bhopal for providing me an opportunity to undertake the course in SRK University.*

*I am highly obliged to **Vice Chancellor**, SRK University, Bhopal for giving me an opportunity to undergo this project.*

*I owe my heartfelt gratitude and sincere thanks to most diligent **Lt. col. (Retd). Dr. Archana Selvan, Principal** of RKDF Nursing College, Bhopal for her untiring, expert guidance in each milestone and in the successful completion of the study.*

*Word can't express my whole hearted gratitude to **Prof. Mr. Dinesh Patidar, Vice Principal**, for him expert guidance, valuable suggestions, approachable attitude and timely support throughout my endeavor. I am very thankful for her patience, love and knowledge in each and every step with time and effort for the completion of the study and make a fruitful one. .*

*Word can't express my whole hearted gratitude to **Prof. Mrs. Beena Joseph, HOD of Mental Health Nursing** for him expert guidance, valuable suggestions, approachable*

*attitude and timely support throughout my endeavor. I am very thankful for her patience, love and knowledge in each and every step with time and effort for the completion of the study and make a fruitful one*

*I am thankful to my **Mrs. Neha Dubey, Asso. Prof. Agnes Sanga, Prof. Sutish Pillai Asst. Porf. Mr. Santosh Sharma**, all other teachers for their every day guidance and timely help.*

*A very special thanks to **Mr. Rohit singh statistics** for his immense help, timely suggestion and statistical guidance, I wish to record grateful attitude to all Expert validators for their suggestion and advice in preparing the tool.*

*I am very much thankful to **Singh printings & binding's** further punctuality and dedication towards the work.*

*I extend my thanks to **Librarian**, of RKDF Nursing College in procuring the literature related to the study.*

*Thanks to merciful Lord for all the countless gifts you have offered me, and thanks to my **Mom and Dad, my brother and sister** for their esteem love and support.*

*It is a great pleasure to express my deep gratitude and thanks to my dear friend and the list would be incomplete without my classmates who extend their cooperation and help throughout the course.*

*I express my warm appreciation to all those who have helped me directly and indirectly to complete the study.*