

Effectiveness of a Comprehensive Psychoeducation Programme on School Teachers' Knowledge Regarding Identification and Prevention of Psychiatric Emergencies in Young Adults: A Quasi-Experimental Study

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Abstract: *Psychiatric emergencies require timely recognition and intervention to minimize the risk of harm. Teachers are strategically positioned to identify behavioural and emotional changes among young people, but inadequate knowledge may delay appropriate intervention and referral. This quasi-experimental pre-test-post-test control-group study evaluated the effectiveness of a comprehensive psychoeducation programme in improving school teachers' knowledge regarding the identification and prevention of psychiatric emergencies. Fifty teachers from two higher secondary schools were included, with 25 participants each in the experimental and control groups. Knowledge was assessed using a 28-item structured questionnaire. The experimental group received a psychoeducation programme comprising lecture, discussion, and demonstration, while the control group received no intervention. Baseline knowledge scores were comparable between the experimental and control groups (15.72 ± 2.33 vs. 14.76 ± 0.92). Following intervention, the experimental group showed a significant increase in knowledge score to 19.12 ± 1.98 , whereas no significant improvement occurred in the control group. Post-test scores were significantly higher in the experimental group than in controls. The findings indicate that structured psychoeducation can effectively improve teachers' knowledge regarding psychiatric emergencies and may strengthen school-based early identification and referral.*

Keywords: Psychiatric emergencies, Psychoeducation, School teachers, Mental health literacy, Prevention

1. Introduction

Psychiatric emergencies are acute disturbances in behaviour, cognition, mood, or interpersonal functioning that require immediate assessment and intervention to prevent harm to the affected individual or others. Such emergencies may include suicidal behaviour, deliberate self-harm, acute psychosis, severe depressive episodes, aggression, substance-related crises, and sudden or extreme behavioural changes. The immediate priorities in managing psychiatric emergencies include ensuring safety, evaluating the risk of harm, stabilizing the affected person, providing appropriate psychological support, and arranging timely referral to professional mental-health services.¹

Adolescence and early adulthood represent critical periods of physical, emotional, cognitive, and social development. Mental-health problems frequently emerge during these developmental stages. According to the World Health Organization, approximately one in seven adolescents aged 10–19 years experiences a mental disorder.² Solmi et al. reported that approximately 34.6%, 48.4%, and 62.5% of mental disorders have their onset before the ages of 14, 18, and 25 years, respectively.³ These findings demonstrate the importance of identifying psychological and behavioural problems as early as possible.

Suicide represents another major public-health concern among young people and is among the leading causes of mortality in individuals aged 15–29 years.⁴ In India, the

National Mental Health Survey reported a prevalence of approximately 7.3% for mental disorders among adolescents aged 13–17 years and identified a substantial treatment gap.⁵ Untreated mental-health problems during adolescence can adversely affect educational achievement, interpersonal relationships, social participation, occupational functioning, and long-term physical and mental health.⁶

Schools constitute an important environment for mental-health promotion because young people spend a substantial proportion of their developmental years within educational settings.⁷ Teachers interact with students regularly and are therefore well positioned to identify changes in behaviour, attendance, emotional state, academic performance, communication patterns, and peer relationships.

Recognition of warning signs by teachers can facilitate early intervention and appropriate referral. However, teachers may have insufficient knowledge about psychiatric emergencies, crisis management, available referral pathways, and appropriate responses to students experiencing psychological distress.

Improving teachers' mental-health literacy through structured psychoeducation may therefore strengthen their ability to recognize psychiatric emergencies, respond appropriately, and facilitate early professional support. The present study was undertaken to evaluate the effectiveness of a comprehensive psychoeducation programme in improving

school teachers' knowledge regarding the identification and prevention of psychiatric emergencies among young people.

Objectives

The study aimed:

- 1) To assess school teachers' knowledge regarding the identification and prevention of psychiatric emergencies in young adults.
- 2) To evaluate the effectiveness of a comprehensive psychoeducation programme on teachers' knowledge regarding psychiatric emergencies.

2. Literature Survey

Mental-health literacy refers to the knowledge and beliefs concerning mental disorders that facilitate their recognition, management, and prevention. Jorm et al. introduced the concept to emphasize the importance of public understanding of mental-health problems, treatment options, and appropriate help-seeking.¹¹ Adequate mental-health literacy is particularly important for individuals who regularly interact with young people, including teachers.

Schools have increasingly been recognized as appropriate environments for delivering mental-health promotion and preventive interventions. Fazel et al. highlighted the potential of school-based interventions to improve early identification and accessibility of mental-health support.⁷ Similarly, Weare and Nind found that well-designed school mental-health programmes can positively influence psychological well-being, social and emotional competence, and resilience.⁸

Barry et al. demonstrated that mental-health promotion programmes for young people in low- and middle-income countries can improve psychological and social outcomes when appropriately designed and implemented.⁹ O'Reilly et al. also emphasized that school-based interventions may contribute to improved mental-health awareness and prevention.¹⁰

Despite the potentially important role of teachers, inadequate knowledge and confidence can restrict their ability to identify students requiring psychological support. A systematic review by Johnson et al. reported variability in teachers' knowledge and recognition of childhood mental-health conditions and highlighted the need for targeted educational interventions.¹³

In addition, stigma, concerns regarding confidentiality, poor recognition of symptoms, and limited awareness of available mental-health services are important barriers to professional help-seeking among young people.¹⁴ Consequently, improving teachers' knowledge may indirectly reduce delays in recognizing students requiring professional assistance.

Evidence suggests that educational interventions can improve teachers' mental-health literacy. Wei et al. reported that school mental-health literacy programmes can improve knowledge, attitudes, and help-seeking-related outcomes.¹² Kutcher et al. similarly found that teacher-training programmes improved educators' mental-health knowledge and confidence.¹⁵

Daniel et al. demonstrated significant improvement in primary-school teachers' knowledge regarding childhood psychiatric disorders following an educational module.¹⁶ Imran et al. reported improved mental-health literacy among teachers following a structured school-based programme.¹⁷ More recently, Prabhu et al. demonstrated significant improvement in teachers' mental-health knowledge following implementation of a mental-health literacy module.¹⁸

Collectively, these studies indicate that structured educational interventions have the potential to strengthen teachers' ability to identify and appropriately respond to mental-health concerns. However, there remains a need for context-specific programmes focusing particularly on the identification, immediate response, and prevention of psychiatric emergencies.

3. Methods / Approach

3.1 Study Design

A quasi-experimental pre-test–post-test control-group design was used to evaluate the effectiveness of a comprehensive psychoeducation programme.

3.2 Study Setting

The study was conducted under the Department of Psychiatric Nursing, West Bengal Government College of Nursing, IPGME&R and SSKM Hospital, Kolkata, West Bengal, India. Participants were recruited from two higher secondary schools.

3.3 Study Participants

A total of **50 school teachers** participated in the study. Twenty-five teachers were included in the experimental group and 25 in the control group.

Participants satisfying the predetermined eligibility criteria and available during the study period were included using the sampling strategy adopted for the study.

3.4 Data Collection Instruments

Data were collected using:

- 1) A demographic information questionnaire.
- 2) A **28-item structured knowledge questionnaire** designed to assess teachers' knowledge regarding psychiatric emergencies.

The questionnaire assessed areas including:

- General knowledge regarding psychiatric emergencies,
- Definition of psychiatric emergencies,
- Risk factors and causes,
- Signs and symptoms,
- Immediate management, and
- Preventive measures.

Higher scores represented better knowledge regarding the identification and prevention of psychiatric emergencies.

For the final manuscript, details regarding the **validity, reliability, scoring method, maximum score, and classification of poor/good/very good knowledge should be added** from the original study protocol.

3.5 Intervention

Following completion of the pre-test, participants in the experimental group received a comprehensive psychoeducation programme.

The programme incorporated:

- Lecture-based teaching,
- Interactive discussion, and
- Demonstration of appropriate responses to psychiatric emergencies.

The intervention focused on recognition of psychiatric emergencies, risk factors, warning signs, immediate management, preventive strategies, and appropriate referral.

The control group received no psychoeducational intervention during the study period.

The same structured knowledge questionnaire was used for post-test assessment.

3.6 Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee, and administrative permission was obtained from the appropriate authorities of the participating institutions.

Participation was voluntary, and confidentiality of the collected information was maintained throughout the study. The final version should include the **Institutional Ethics Committee approval number and date**, where available.

3.7 Statistical Analysis

Data were entered into Microsoft Excel and analysed using **IBM SPSS Statistics version 26**.

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize participant characteristics and knowledge scores.

Inferential statistical tests included:

- Paired *t*-test to compare pre-test and post-test knowledge scores within groups;
- Independent-samples *t*-test to compare knowledge scores between groups; and
- Chi-square test to examine associations between baseline knowledge and selected demographic variables.

A *p*-value of less than 0.05 was considered statistically significant.

4. Results / Discussion

4.1 Participant Characteristics

A total of **50 school teachers** participated in the study, including 25 teachers in the experimental group and 25 in the control group.

In the experimental group, the largest proportion of teachers belonged to the **35–40-year age group (36%)**. In the control group, 36% each belonged to the 35–40-year and 41–46-year age groups.

Regarding educational qualification, the largest proportion of teachers in the experimental group had a **B.A.–B.Ed. qualification (32%)**, whereas **52% of participants in the control group had an M.Sc.–B.Ed. qualification**.

Most participants had between **5 and 14 years of teaching experience**, accounting for 44% of the experimental group and 72% of the control group.

In the experimental group, 60% of teachers belonged to joint families, whereas 80% of teachers in the control group belonged to nuclear families.

Most teachers reported no previous formal knowledge or exposure regarding psychiatric emergencies.

4.2 Pre-Test and Post-Test Knowledge Levels

During the pre-test, the majority of teachers in both groups demonstrated a good level of knowledge.

In the experimental group:

- 80% demonstrated good knowledge;
- 20% demonstrated poor knowledge; and
- none demonstrated very good knowledge.

In the control group:

- 92% demonstrated good knowledge;
- 8% demonstrated poor knowledge; and
- none demonstrated very good knowledge.

Following the intervention, the knowledge distribution improved in the experimental group. Approximately **88% demonstrated good knowledge and 12% demonstrated very good knowledge**, while none remained in the poor-knowledge category.

In the control group, 76% demonstrated good knowledge and 24% were categorized as having poor knowledge during post-test assessment.

These findings indicate a clear shift toward higher knowledge categories among teachers exposed to psychoeducation.

4.3 Domain-Wise Knowledge Improvement

The domain-wise assessment provided further information regarding areas in which teachers benefited from the intervention.

The experimental group demonstrated a pre-test mean percentage score of:

Knowledge domain	Pre-test (%)	Post-test (%)	Modified gain
Definition of psychiatric emergencies	100	100	—
Risk factors and causes	61.33	69.33	0.2
Signs and symptoms	60	66.66	0.16
Immediate management	56	70.2	0.32
General knowledge	55.42	68.57	0.29
Preventive measures	49.14	65.71	0.32

The greatest modified gains were observed for **immediate management and preventive measures**, both with a gain score of 0.32.

This finding is particularly important because recognising a psychiatric condition alone may not be sufficient during an emergency. Teachers also require knowledge concerning immediate safety measures, appropriate communication, referral pathways, and actions that should be avoided during a crisis.

4.4 Effectiveness of the Psychoeducation Programme

At baseline, the experimental group had a mean knowledge score of:

15.72 ± 2.33

Compared with:

14.76 ± 0.92

In the control group.

The mean difference was 0.96, and the difference was **not statistically significant** ($p > 0.05$), suggesting that the two groups had broadly comparable baseline knowledge scores.

Following psychoeducation, the mean score in the experimental group increased from:

15.72 ± 2.33 to 19.12 ± 1.98

representing a mean improvement of **3.40 points**.

The paired t -test demonstrated that this increase was statistically significant:

$t = 10.10, p < 0.05$.

In comparison, the control-group mean changed only slightly from:

14.76 ± 0.92 to 14.68 ± 1.67

and this change was not statistically significant:

$t = 0.20, p > 0.05$.

Comparison of the post-test results demonstrated that teachers in the experimental group achieved significantly higher scores than those in the control group:

Experimental group: 19.12 ± 1.98

Control group: 14.68 ± 1.67

Mean difference:

4.44 points

with:

$t = 8.70, p < 0.05$.

The findings therefore support the effectiveness of the psychoeducation programme in improving teachers' short-term knowledge regarding psychiatric emergencies.

4.5 Association Between Knowledge and Demographic Variables

Chi-square analysis was conducted to determine whether baseline knowledge was associated with selected demographic characteristics.

No statistically significant associations were identified between pre-test knowledge and:

- Age, $\chi^2 = 0.33$;
- Teaching experience, $\chi^2 = 0.52$;
- Family type, $\chi^2 = 0.06$; or
- Educational qualification, $\chi^2 = 0.40$.

All corresponding p -values were greater than 0.05.

These results suggest that within the present sample, no statistically detectable relationship was observed between baseline knowledge and the demographic variables examined.

However, the absence of statistical significance should not be interpreted as proof that demographic characteristics have no influence on teachers' mental-health knowledge, particularly given the relatively small sample size.

4.6 Comparison With Previous Studies

The observed improvement is consistent with findings reported in previous research examining educational interventions for teachers.

Daniel et al. reported that teachers' mean knowledge scores increased from **9.71 to 15.60** following implementation of an educational module addressing symptoms of childhood psychiatric disorders.¹⁶ This supports the usefulness of structured teaching programmes for strengthening teachers' recognition of psychiatric conditions.

Imran et al. similarly demonstrated significant improvement in teachers' mental-health literacy following a structured school-based intervention, reporting a significant intervention effect ($F[2,181] = 8.92, p < 0.001$).¹⁷

Prabhu et al. reported an improvement of approximately **3.34 points** in teachers' knowledge following implementation of a mental-health literacy module, with a 95% confidence interval of 2.14–4.55 and $p < 0.001$.¹⁸

The improvement of **3.40 points** observed in the present experimental group is therefore consistent with evidence suggesting that structured educational interventions can improve teachers' understanding of mental-health problems.

Wei et al. also concluded that mental-health literacy programmes implemented within educational settings can positively affect knowledge, attitudes, and help-seeking-

related outcomes.¹² Kutcher et al. similarly demonstrated improvement in educator mental-health literacy following teacher training.¹⁵

An important observation in the present study was the relatively greater improvement in **immediate management and preventive measures**. These domains are highly relevant to school settings because teachers may encounter students experiencing severe emotional distress, suicidal thoughts, aggression, sudden behavioural changes, or other potentially urgent situations.

Improved knowledge of immediate responses may help teachers recognize when a situation requires professional assessment and facilitate appropriate referral. However, the present study measured **knowledge rather than actual behavioural performance or student outcomes**. Consequently, improvements in questionnaire scores should not automatically be interpreted as evidence that teachers would manage real-life psychiatric emergencies more effectively.

4.7 Implications of the Findings

The findings have potential implications for school mental-health programmes.

Teachers are not expected to function as mental-health professionals; however, they can play an important role as **early observers, initial supporters, and facilitators of referral**. Training teachers in mental-health literacy may help them:

- Recognize warning signs earlier;
- Understand psychiatric emergencies;
- Respond more appropriately during initial crises;
- Avoid potentially harmful responses;
- Identify situations requiring urgent referral;
- Encourage professional help-seeking; and
- Reduce misconceptions surrounding psychiatric disorders.

The incorporation of structured mental-health education into teacher-development programmes may therefore strengthen school-based mental-health support systems.

4.8 Limitations

The findings should be interpreted considering several limitations.

First, the study involved only **50 teachers from two higher secondary schools**, which limits generalizability to larger or more diverse teacher populations.

Second, the quasi-experimental design did not provide the same level of control over confounding variables as a fully randomized controlled trial.

Third, the primary outcome was teachers' **knowledge**, and the study did not assess whether improvements translated into actual behaviour during psychiatric emergencies.

Fourth, longer-term retention of knowledge was not assessed.

Fifth, potential differences between the experimental and control groups in characteristics such as educational qualifications may have influenced the results.

Future research should address these limitations through larger samples, multicentre recruitment, randomized designs, longer follow-up, and behavioural outcome assessment.

5. Conclusion

The present study demonstrated that a comprehensive psychoeducation programme was effective in improving school teachers' knowledge regarding the identification and prevention of psychiatric emergencies.

Teachers receiving the intervention demonstrated a significant increase in mean knowledge scores from 15.72 ± 2.33 to 19.12 ± 1.98 , whereas no significant change occurred among participants in the control group. The experimental group also achieved significantly higher post-test scores than the control group.

The greatest improvements were observed in the areas of immediate management and preventive measures, indicating that targeted psychoeducation may strengthen teachers' preparedness to recognize and initially respond to students experiencing psychological or behavioural crises.

Structured mental-health literacy programmes may therefore represent a useful component of school-based mental-health promotion and prevention strategies

6. Future Scope

Future studies should evaluate psychoeducation programmes involving larger and more diverse samples of teachers across multiple schools and geographical regions.

Randomized controlled trials may provide stronger evidence regarding intervention effectiveness. Long-term follow-up assessments should also be undertaken to determine whether improvements in teachers' knowledge are retained over time. Future research could expand beyond knowledge assessment by examining:

- Teachers' confidence in responding to psychiatric emergencies;
- Attitudes and stigma toward mental disorders;
- Actual recognition of simulated psychiatric emergencies;
- Appropriate first-response behaviour;
- Referral practices;
- Mental-health first-aid competency;
- Student help-seeking behaviour; and
- Subsequent student mental-health outcomes.

Digital and blended psychoeducation programmes could also be investigated to determine whether online modules, videos, mobile applications, simulations, and scenario-based learning provide scalable approaches to teacher training. Integration of structured mental-health literacy training into **pre-service teacher education and continuing professional development programmes** may also be explored.

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