DISSERTATION

ON

"A STUDY TO ASSESS THE EFFECTIVENESS OF ACTIVITY THERAPY ON THE LEVEL OF IMPROVING THE SELF ESTEEM AMONG WOMEN WITH MENTAL ILLNESS, ADMITTED AT INSTITUTE OF MENTAL HEALTH, CHENNAI."

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CERTIFICATE

This is to certify that this dissertation titled **a study to assess the effectiveness of activity therapy on the level of improving the self esteem among women with mental illness, admitted at Institute of Mental Health, Kilpauk, Chennai.** Is a bonafide work done by **Ms. A. Murugeswari, II year M.Sc** Nursing Student, College of Nursing, Madras Medical College, Chennai-03, submitted to the **Tamil Nadu Dr. M.G.R Medical University, Chennai-32**, in partial fulfillment of the university rules and regulations towards the award of degree of Master of Science in Nursing, **Branch V, Mental Health Nursing,** under our guidance and supervision during the academic cperiod from **2014-2016.**

Dr .V.KUMARI, M.Sc (N)Ph.D,
Principal,
College of Nursing,
Madras Medical College,
Chennai.

Dr R.VIMALA, MD
Dean,
Madras Medical College,
Chennai.

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Approved by the Dissertation Committee on: 21.10. 2014

RESEARCH GUIDE
Dr. V. Kumari, M.Sc. (N), PhD., _____
Principal
College of Nursing,
Madras Medical College, Chennai-03.

CLINICAL SPECIALTY GUIDE
Mr. M. Nithyanantham, M Sc (N), _____
Lecturer,
Department of Mental Health Nursing,
College of Nursing,
Madras Medical College, Chennai-03.

MEDICAL EXPERT
Prof. Dr. V. Venkatesh Mathan Kumar MD _____
Associate Professor of Psychiatry,
Madras Medical College,
Chennai - 03.

A dissertation submitted to

THE TAMILNADU DR. MGR. MEDICAL UNIVARSITY, CHENNAI - 600 032.

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ABSTRACT

Title: A study to assess the effectiveness of activity therapy on the level of improving the self esteem among women with mental illness, admitted at institute of mental health, Chennai".

Self-esteem and social functioning, perceived quality of life, depression, and psychotic symptoms. All activities are also designed to keep their mind active all the time, which helps to restore normal function.

Need for study

Self-esteem is a most important and the psychiatric patients are more prone to get affected with low self-esteem. The investigator in the rehabilitation department or in the wards use activity therapy engage them and to promote their quality of life.

Objectives

1) To assess the pre-test level of self esteem before activity therapy among the women with mentally ill clients.

2) To evaluate the post test level of self esteem after activity therapy among the women mentally ill clients.

3) To determine the effectiveness of activity therapy among the women with mentally ill clients.

Methodology

Research approach: Quantitative approach.

Study setting: Psychiatric inpatient wards at Institute of Mental Health

Study population: women with mental illness.

Sample size: 60 samples

Design: pre experimental one group pre test one group pre test and post test design

Sampling technique: Non – probability convenient sampling technique.

Tool: Roesnberg Self Esteem Scale

Data collection procedure :

Data were collected from selected samples in Institute Mental Health at Chennai. There are 60 samples collected and divided in to four groups. In pre test the level of self esteem was assessed by Rosenberg self esteem scale. Each group should to select in each week and gave the activity intervention such as paper cover making. After the intervention the post was conducted.

Data Analysis

Demographic variables were analyzed with descriptive (mean, median and standard deviation) and clinical variables were inferential statistics (Chi-square and paired‘t’ test).

Results

In this study 70.0% of the women have low self esteem score. After activity therapy intervention 76.7% of them are having normal self esteem score, 23.3% of the women are having low self esteem score,. Women are gained 26.3% of self esteem.

Discussion

Activity therapy is a healing technique. The activity therapy was effective to improve the self esteem among mentally ill clients. So that the hypotheses were proved in this study.

Conclusion

This study concluded that nurse’s role in managing and improving the self esteem is mandatory. Through activity therapy, women with mentally ill client’s self esteem had got improved 26.3%. So this improvement of self esteem reflects the effectiveness of activity therapy.

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LIST OF ABBREVIATIONS

ABBREVIATION	EXPANSION
BPRS	Brief Psychiatric Rating Scale
CI	Confidence interval
DALY	Disability Adjusted life Year
GBD	Global Burden Of Disease
ICD	International Classification of Disease
IPS	Individual Placement and Support
IMH	Institute of Mental Health
NIMHANS	National Institute of Mental Health and Neurosciences
PANS	Positive and Negative Syndrome
PTR	Pathways to Recovery
RSES	Rosenberg Self Esteem scale
SD	Standard deviation
SSES	Semsunnisah Self Esteem Scale
TSCS	Tennessee Self Concept Survey
WHO	World Health Organization
X^2	Chi square test

CHAPTER-I
INTRODUCTION

“Being active can boost your feel good endorphins and distract you from daily worries”

– Mayo clinic staff.

Mental health is a level of psychological well-being, or an absence of a mental disorder; it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment". From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience.

According to **World Health Organization (WHO)** mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others." However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. A person struggling with his or her mental/behavioural health may face stress, depression, anxiety, relationship problems, grief, and addiction problem.

A mental disorder, also called a mental illness, psychological disorder or psychiatric disorder is mental or behavioural pattern that causes either suffering or a poor ability to function in ordinary life.

It is estimated that 6 -7 % of population suffers from mental disorders. The World Bank report (1993) revealed that the Disability Adjusted Life Year (DALY) loss due to neuro-psychiatric disorder is

much higher than diarrhoea, malaria, worm infestations and tuberculosis if taken individually. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicates this will increase to 15% by 2020 (**World Health Report, 2001**). One in four families is likely to have at least one member with a behavioural or mental disorder (WHO 2001). These families not only provide physical and emotional support, but also bear the negative impact of stigma and discrimination. Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

Services are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, clinical psychologists and clinical social workers, using various methods but often relying on observation and questioning. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options. Other treatments include social interventions, peer support and self-help.

In a minority of cases there might be involuntary detention or treatment. Prevention programs have been shown to reduce depression. Common mental disorders include depression, which affects about 400 million, dementia which affects about 35 million, and schizophrenia, which affects about 21 million people globally. Stigma and discrimination can add to the suffering and disability associated with mental disorders, leading to various social movements attempting to increase understanding and challenge social exclusion.

Overall rates of psychiatric disorder are almost identical for men and women but striking gender differences are found in the patterns of

mental illness. Gender differences occur particularly in the rates of common mental disorders - depression, anxiety and somatic complaints. These disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious public health problem. According to **World Health Organization (2015)** an estimated, worldwide 121 million people were currently suffers from mental illness or mental disorder. Women suffer up to 40% more mental health problems than men due to stress of juggling roles, study claims. Psychological disorders are 20% to 40% more common in women than men

Self-esteem has emerged as an important concept potentially related to the etiologic, understanding, and treatment of individuals with severe mental illness. Schizophrenia studies have found links between self-esteem and social function, perceived quality of life, depression, and psychotic symptoms. Moreover, theorists and experimental psychologists have found significant links between low self –esteem and the development of paranoid delusions, as well as the maintenance of psychotic symptoms (**Bentall et al.., 2001**). Treatment studies have hypothesized –and at time found-improvements in self- esteem following programs such as cognitive remediation, supported employment, stress management , and specific self -esteem enhancement interventions (**Hall and Tarrier, 2003**)and [**Lacombe et al.,1999]).**

Successful treatment of mental illness depends on a combination of factors. Medication alone is not enough. It is important to educate about the illness a strong support system, healthy lifestyle choices, and stick to treatment plan. Vocational and social rehabilitation teaches basic life skills to people with schizophrenia so that they can function in their families or communities. There are many different types of rehabilitation programs that can help to learn home to live more

independently and make the most of capabilities (Melinda smith and feanne scagel, 2011).

Different types of vocational rehabilitation programs have been developed. These are classified as follows(Bond and Boyer1988): (i) hospital –based program ; (ii) shelters work ; (iii) assertive case management; (iv)psychosocial rehabilitation , including prevocational training, transitional employment, and volunteer Placements;(v) supported employment; and (vi) counselling and education. The outcomes targeted by vocation rehabilitation interventions are divided into two broad categories. Vocational outcomes include full-time competitive employment, acquisition of job-related skills, acquisition of any job (paid or volunteer), percentage of time in paid employment (full-time or part-time , competitive or sheltered),total job earnings, level of job (unskilled, skilled, etc.) job satisfaction, and job performance. Vocational rehabilitation also may enhance outcomes other than work. These therapeutic outcomes include treatment compliance and symptom reduction, functional status in other areas (activities of daily living, maintenance of living situation, etc,) self – esteem, and subjective quality of life.

Even India, where a person gets too much support & does not need to earn money due to over protectiveness of parents, as a result, the prognosis & function level remains below others who are actively participating in rehabilitation process. Few simple methods of vocational training include fabric work, glass painting, earthen pots and wall hangings etc.

Activity therapy is a healing technique that is often employed with people overcoming physical addictions or emotional issues. The main focus of the therapy is to engage the individual in creative endeavours that help to alter the thought processes of the patient in a

positive manner. This therapy may take place between a therapist and a single patient or be utilized in a group environment.

Many different types of therapeutic activities can be utilized as part of activity therapy. Learning to play a musical instrument or a new dance move are two common examples of how this therapy works. By providing the patient with something that is both physical and mentally challenging and rewarding, activity therapy makes it possible to shift attention away from the aches, pains, and general discomfort caused by substance abuse, depression, or anxiety.

1.1. Need for the study

When a person is retarded they are kept aloof by their relatives. No humanity is shown to them. Thus the year 2015 gave importance to mental health. In 2015 Mental Health Day theme is **Dignity in Mental Health.**

Self-esteem is a most important factor in the development of human's personality. Low self-esteem will lead to unbearable psychological pressure and that pressure can lead to mental illness. Psychiatric patients are more prone to get affected with low self-esteem because they are less confident, neglected by the community, limited thinking level, less self coping mechanism, high dependency level, jobless, isolated and stigmatized. These all lead to low self-esteem and low self-esteem affects his treatment process.

It's certainly plausible that women experience higher levels of stress because of the demands of their social role. 'Increasingly, women are expected to function as carer, homemaker, and breadwinner - all while being perfectly shaped and impeccably dressed. These are the kind of pressures that can leave women feeling as if they've somehow failed; as if they don't have what it takes to be successful; as if they've been left

behind. And those kinds of feelings can lead to psychological problems like anxiety and depression.'

Mental health professionals guide psychiatric patients with occupational therapy activities that address crucial day to day functioning, as well as employment issues. They might also undertake occupational activities that will either update or give them new vocational skills, and the confidence to reintegrate back into the world of work. The occupational therapy helps in recovery through the use creative outlet boosts the patient's confidence until it leads to greater recovery. The ability to help patients to start believing in themselves is indeed the first step to recovery. The positive self-concept improves self-esteem.

Institute of Mental Health is the second largest Institute in India offering mental health services to a massive population of Tamil Nadu and Pondicherry. Now it has grown up to an institute with 1800 in patients it has been well established with all special services. And there are separated areas for male female patients. Nearly 400 female clients were admitted in this hospital and most of them were stay back above two years in chronic female wards. Here rehabilitation, industrial, and occupational therapy are practiced but few female clients involving in this therapy and most of them were simply roaming around the wards.

In rehabilitation department and in the wards use activity therapy engage them and to promote their quality of life. Independent living, self esteem. Hence it is needed to study the effect of activity therapy scientifically. Since the investigator belongs post graduate in psychiatric nursing interested to provide activity therapy

1.2. Statement of problem

"A study to assess the effectiveness of activity therapy on the level of improving the self esteem among women with mental illness in institute of mental health at Chennai."

1.3. Objectives

The study's objectives are

4) To identify the socio demographic variables of mentally ill women.

5) To assess the pre-test level of self esteem before activity therapy among the mentally ill women.

6) To evaluate the post test level of self esteem after activity therapy among the mentally ill women.

7) To determine the effectiveness of activity therapy among the mentally ill women.

8) To find out the association between post test level scores of self esteem with selected demographic variables.

1.4. Operational definition

Assess

It refers to the process of documents in the level of improving self esteem among women with mental illness.

Effectiveness

It refers to the extent to which the interventation programme implemented has achieved the desired results as expressed in the scores of improvement of self esteem among women mentally ill clients by the indicator of effectiveness.

Activity therapy

It refers to the activity therapy included are the low self esteem women mentally ill clients on the provision raw materials for making paper beads mala, greeting card, hand kerchief and paper cover.

Self esteem

It refers to self esteem refers to the subject's overall evaluation or appraisal of his or her own worth as expressed in the scores assess by Rosenberg Self esteem scale.

Women with mental illness

It refers to the female clients that affect their mood, thinking, and behavior, examples of mental illness include mania, depressin, anxiety disorders, schizophrenia etc.

1.5. Assumption

The investigator assumes that

- The female mentally ill clients have low self esteem.
- The clients will be improving the self esteem by adopting activity therapy

1.6. Hypothesis

H1→ There will be a significant difference between pre test and post test level of self esteem scores among women with mental illness.

H2→ There will be a significant association between post test level of self esteem scores with selected demographic variables of mentally ill women

1.7 Delimitation

- ❖ The study period is only for 4 weeks.
- ❖ They study is limited in Institute of Mental Health.
- ❖ The sample size is limited to 60 in number.

CHAPTER-II
REVIEW OF LITERATURE

A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. In the literature, one is really creating a new forest which will be built by using the trees found in the literature read.

In this chapter the literature reviewed is presented under the following headings,

2.1. Literature related to level of self-esteem in clients with

mental illness

2.2. Literature related to effectiveness of activity therapy

2.3. Literature related to effectiveness of activity therapy on self esteem

2.1. Literature related to level of self-esteem in clients with mental illness

Karatzias T, Gumley A, Power K , O'Grady M (2013) Investigated the hypothesis that grater negative beliefs about illness and lower self – esteem significantly associated with the presence of anxiety or affective co morbidity in a sample of persons (n = 138) diagnosed with mental illness. The authors have collected clinical data regarding patients admitted to private psychiatric institute of Naples hinterland. Lower levels of self esteem(Rosenberg Self – esteem Scale). The strong association between personal beliefs about self illness and co morbidity suggests that negative beliefs about psychotic experiences and self-esteem may be linked to the development and maintenance of anxiety and affective co morbid conditions among people with a diagnosis of schizophrenia or the like.

Smith B, Fowler DG, et al.(2012) estimated the links between depression, self-esteem, negative schematic beliefs and delusions and hallucinations. 100participants who had suffered and admitted in Surat city a recent relapse in psychosis recruited at baseline for the Prevention of Relapse in psychosis (PRP) trial. Analysis indicated that individuals with more depression and 57% lower self-esteem had auditory hallucinations or greater severity and more intensely negative content, and were more distressed by them. This study provides evidence for the role of emotion in schizophrenia spectrum-disorders (48%). Mood, self-esteem and negative evaluative beliefs should be considered when conceptualising psychosis and designing interventions.

Smith and Mackie (2011) conducted a cross sectional study on the mentally ill clients in South Africa "The self-concept is what we think about the self; self-esteem is the positive or negative evaluations of the self, as in how we feel about it. Self-esteem is attractive as a social psychological construct because researchers have conceptualized it as an influential predictor of certain outcomes, such as academic achievement, happiness, satisfaction in marriage and relationships, and criminal behaviour. The prevalence of low Self-esteem was moderately high 46.67% of anxiety disorder clients. It can apply specifically to a particular dimension or a global extent. It is a judgment of oneself as well as an attitude toward the self. Self-esteem encompasses beliefs and emotions such as triumph, despair, pride, and shame.

Lysaker P H, Erickson M, et al.(2011) focused on whether participants with differing capacities for Mastery, a domain of met cognition that reflects the ability to use knowledge about mental states to respond to psychological challenges, had difficulties in different elements of daily function. Participants were 98 adults with schizophrenia Participants completed assessments of coping preference, insight, self esteem, and anxiety. Multivariate analysis of variance

(MANOVA) and analysis of variance (ANOVA) revealed that these findings of Mastery group difference in self-esteem and anxiety persisted when neurone- cognition was controlled for in an analysis of covariance (ANCONA) Mastery appears limed to coping preference, insight, self-esteem, and anxiety in a generally nonlinear manner.

Pauly K, Kircher T, Weber J, Schneider F, Habel U, (2011) conducted a study to assess the Self- concept, emotion and memory performance in schizophrenia. 15 schizophrenia patients and 15 matched healthy controls were asked to decide on positive and negative personality traits across three separate conditions; self –evaluation other evaluation (of an intimate person), and during a lexical control task, respectively. The amount of patients passivity symptoms, increase in the permeability of their "self-other boundary", correlated negatively with their recognition performance for previously low self –esteem characteristics and traits referred to the intimate other this war not the case for lexically processed stimuli or an increase of negative symptoms. The data underline the necessity of taking into account symptom subgroups when dealing with specific cognitive dysfunctions in schizophrenia.

Bowins B, Shugar G (2010) conducted a study to examine the relationship between delusions and self-esteem. The objective is to investigate the hypothesis that the content of delusions and hallucinations is significantly influenced by subjects global self-esteem, negative self-esteem and for the extent to which the delusional content would be self-enhancing (or diminishing) and comforting (or discomforting) to the subject. The content of delusions reflects both global self-esteem and self –regard. Delusional content is therefore consistent with patient's views of themselves, and this may partially account for the persistence of delusions.

Barrowclough, Christine, Tarrier, Nicholas, Humphreys Lioyd Et al. (2010) studied effectiveness of relationships between self-evaluation, family attitudes and symptomatology. Participants with mental disorders (N=59) were assessed on self-evaluation, symptomatology and positive and negative affect (expressed emotion) from significant others. An interview-based measure of self-evaluation was used and two independent dimensions of self –esteem were derived; negative and positive evaluation of self. As predicted, negative self-evaluation was strongly associated with positive symptoms, a more critical attitude from family mummers was associated with greater negative self-evaluation, and analyses supported a model whereby the impact of criticise, on patients positive symptoms was mediated by its association with negative self-evaluation.

Shamsunnisah A B, Hasanah I, Kubang Kerian, Kelantan, (2010) conducted a study in Calcutta to determine the association of self-esteem with socio-demographic and clinical characteristics of patients with mental illness. The validated Malay version of Rosenberg Self-esteem Scale (RSES) under multiple linear regression analysis, the socio-demographic factors associated significantly with high of self-esteem were being married and perceived social support. Clinical factors associated with higher self-esteem were denial of mental illness. Perceive good overall health and quality of life, and being free from psychotic and depressive symptoms. Majority of patients with schizophrenia had a relatively self-esteem. High level of self-esteem in schizophrenia was associated with more subjective factors rather than clinical, occupational and functional factors.

Lysaker PH, Davis LW, Tsai J (2009) performed a study on suspiciousness and low self-esteem as predictors of misattributions of anger in schizophrenia spectrum disorders, the data of 52 persons with a schizophrenia spectrum disorder who kade significant numbers of errors

on the Bell-Lysaker Emotional Recognition Test underwent cluster analysis based on measures of suspiciousness from the Positive and negative syndrome scale and self-esteem from the Rosenberg Self-Esteem Schedule, ad found the following four groups: a)High suspiciousness/ High self –esteem: b) Mild suspiciousness/high self-esteem; c) High suspiciousness/low self-esteem; and minimal suspicious/low self –esteem .comparisons between groups made significantly more misattributions of anger than other groups, even when levels of depression were controlled for statistically. Implications for addressing the misattributions of anger in schizophrenia are discussed.

Warman D M, Lysaker P H, Luedtke B, Martin J M (2009) carried out a study on self esteem and delusions proneness. Individuals with no history of psychotic disorder (N=121)completed a measure of delusion prone –proneness and also a measure of self-esteem than lower self-esteem results indicated high delusion prone individuals had lower self-esteem than low delusion prone individuals ($p=0.044$). In addition, higher levels of paranoid ideation and suspiciousness were associated with lower self esteem ($p< 0.001$). Significant, yet smaller relationships also emerged between low self-esteem and higher levels of beliefs related to thought disturbances, catastrophic ideation/ thought broadcasting, and ideation of reference /influence.

2.2. Literature related to effectiveness of activity therapy

Chi Young (2012) investigated a study on the effects of activity therapy on depression patients. Totally 109 subjects' involved occupational activities in this study .Among these 48 subjects were in activity intervention therapy group and 61 subjects in control group. GAS (Geriatric Depression Scale) was used as tool. Activity therapy was practiced daily 30 minutes morning and evening session up to 15 days. Post test depression score of experimental group is 56.6 % and control group is so 43.4%. So the study concluded that occupational

therapy was considered to be useful, more effective and easily accessible intervention and it has positive effects on depression, insomnia, quality of life and self confidence.

Van Dongen C J (2013) compared the quality life and self – esteem in working and nonworking persons with mental illness and examined first the relationship between work status and quality of life and self esteem in persons with severe, (a) demographic characteristics, attitudes toward psychotropic medications, and perceptions of the meaning of work and (b) quality of life and self-esteem in working and in working persons with severe mental illness. The sample included 92 persons (51workers and 41nonworks). Rosenberg's (1965) self-esteem inventory, and apperception of work instrument, developed by the researcher. No significant differences in drug attitudes were found based on work status. Workers rated the importance of work higher than did non workers (t=6.46, df =90, p=.000). Analysis of qualitative data revealed that contrary to the non workers fears, workers reported that work provided a distraction from symptoms and contributed to better mental health.

Franklin Stein (2013) conducted a study to find the current trends in the rehabilitation centres at United States by the use of vocational rehabilitation services for the psychiatric client in relation to occupational therapy. The total 109 participants was assessed by the techniques and services that can be employed, occupational therapists working in psychiatric rehabilitation centres, nine vocational rehabilitation prototypes have been identifies, i.e., evaluation of skills and aptitudes. Pre-employment group counselling, transitional volunteer work, sheltered work, temporary tryout work and special placement based on a number of descriptive clinical studies. In general, work provides the psychiatric client with opportunities to be in the

mainstream of life and to attain the psychological satisfactions that are derived from being employed.

Erin BRumleve (2012) investigated a study on the effects and the need for art therapy for people with mental illness. Totally (68) patients were selected by convenience sampling for art therapy stands in contrast with other kinds of creative or expressive arts therapies that use dance, music or drama. Art therapy sessions were conducted for 8weeks. This active response was empowering as it increases sense of control, hopefully provide a realization to have a choice in how to relate to disability. This freedom of choice boosts self-esteem and self confidenceThe results showed that 45% maintaining self esteem and psychological satisfactions. Art-imagery, especially when created in a therapeutic setting, can provide insight into patient's diagnosis. Research demonstrates that traumatic memories are stored in the right hemisphere of the brain, while verbal capacity is controlled by the left hemisphere of the brain

Bond G H, Resnick S G, et.al., (2011) conducted a study that to assess the cumulative effects of work on symptoms, quality of life, and self esteem for 149 unemployed clients with severe mental illness reviving vocational rehabilitation in Belgium. Non vocational measures were assessed at 6 month intervals throughout the 18 months study period, and vocational activity was tracked continuously. The groups did not differ are baseline on any of the non vocational measures. The authors found that the competitive work group showed 68% higher takes of improvement in symptoms; in satisfaction with vocational services. Leisure, and finances and in self-esteem than did participants in a combined minimal work group. The sheltered work group showed no such advantage.

Noomi kaatz G, Navahos Keren (2011) evaluated the effectiveness of Occupational Goal Intervention (OGI) in clients with schizophrenia and compared with that of the Frontal Executive Program and a control group. They used a quasi-experimental design with 18 adult participant's ages 20-38 who were randomly assigned to three groups. Testing was performed before treatment, after treatment, and at 6-months follow-up. Instruments assessed executive functions (EFs) and activity and participants received 18 treatment sessions over a period of 6-8 week. The OGI group showed relative improvements were maintained at time 2. Results provide initial support for the OGI's effectiveness for clients with schizophrenia.

Deborah R Becker, Robert E Drake, William J Naughton (2010) conducted a study to assess the effectiveness of supported employment for people with co-occurring disorders. 200 samples were selected by convenient sampling technique. Research shows that people with dual disorders (i.e., a co –occurring mental illness and substance use disorders) are successful in supported employment programs and that employment can be a crucial step in their recovery. Supporting employment provide better self confident and self worthy. Based on experience of serving supported employment services for 15 years, researchers propose guidelines for people with dual disorders. Successful programs share several approaches (i) encourage employment (ii) understand substance abuse as a part of the vocational profile (iii) find a job that supports recovery (iv) help with money management (v) use a team approach to integrate mental health, substance abuse and vocational services.

Lloyd, King, & Bassett, (2011) investigated activity-based group work is widely used by occupational therapists in community mental health settings in rural Taiwan but the evidence to support this intervention is unclear. The 60 participants selected and conducted a

systematic review focused on the question, “Is activity-based group work effective in helping people with severe and enduring mental illness in community settings. After assessment of relevance and quality, only 3 articles met the minimum criteria. Heterogeneity and flaws in quality meant it was not possible to make specific inferences for practice from the studies. Large-scale rigorous research, in the form of randomized controlled trials, is urgently needed to identify whether activity-based group work is effective.

Meng peixin, Zheng Richang, et al(2010) assessed the effectiveness of group intervention for schizophrenia inpatient with art as medium. The aim of this research was to explore the effect of group art therapy to the bio-psycho-social function for schizophrenia inpatients, selected by the standard of ICD-10 were distributed randomly to the intervention group and the control group. The intervention group participated in psychological intervention with art medium. The control group just took part in the other activities as arranged by the hospital. Both of the two groups were tested and re-tested by the positive and Negative Syndrome (PANS). Tennessee self-concept Survey (TSCS), and Group art therapy conducted in the research has been quality of life of schizophrenia inpatients. Art therapy also helped to develop the group members’ function of emotion, cognition and social interaction.

Sadaaki Fukui, Lori J, Davidson, (2010) examined the positive effects of recovery outcomes for people with severe and persistent mental illness using peer –led groups based on pathways to Recovery (PTR). PTR translates the evidence supported practice of Strength Model in to a self help approach; allowing users to identify pursue life goals based on personal and environmental strengths. Single group pre-test post test research design was applied. The Rosenberg Self-Esteem Scale, Findings revealed statistically significant improvements for PTR participants in self-esteem, self-efficacy, social support, spiritual well-

being, and psychiatric symptoms. This research is promising for establishing PTR as an important tool for facilitating recovery using a peer-led group format. The provision of peer-led service has been emphasized as critical to integrating consumer's perspectives in recovery-based mental health services

Phill Richardson, Kevin jones, et al.,(2009) conducted the exploratory RCT of art therapy as an adjunctive treatment in schizophrenia. The aim is to conduct the first exploratory RCT of group interactive art therapy (AT) as an adjunctive treatment in chronic schizophrenia. The outcomes of 43 patients randomized to 12 sessions of AT were compare with those of 47 who received standard psychiatric care. Patients were assessed on range of measures of symptoms. Social functioning and quality of life at pre-and post –treatment and six-month follow-up. Art therapy produced a statistically significant positive effect on negative symptoms (assessed by Scale for the Assessment of negative Symptoms) though had little and non-significant impact on other measures.

Ernic C Dunn, Nancy J wewiorski, sally Rogers E (2008) conducted a study on activity therapy on serious mental illness. This study sought to add to determine how individuals perceive work and its effect on their recovery. Self-referred participants at moderate to advanced levels of recovery and qualitatively analyzed semi-structured interviews conducted with 23 individuals to identify themes related to work activity in the context of recovery from serious mental illness. Overall, individual's reported that employment conferred significant benefits in their process of recovery from mental illness and that work played a central role in their lives and identities. The themes from this study should be considered when developing employment or other recovery-oriented programs for with people with serious mental illness.

Keith H Nuechterlein, Kenneth L Subotnik, et al., (2008) evaluative study to find out the effectiveness of individual placement and support (IPS) for individuals with resent onset schizophrenia. Totally 75 samples selected in department of psychiatry in Oulu in that integrating supports education and supported employment. Participants in the IPS condition have returned to school, competitive work, and combined school and work with approximately equal frequency.IPS principles can be successfully extended to integrate supported education and supported employment within one treatment program. The distribution of schizophrenia supports the view that an integrated program of supported education and supported employment fits this initial period of illness.

Lisa J Evans, Gary R Bond (2008) assessed the expert rating on the critical ingredients of supported employment for people with severe mental illness. The expert sample (n=19) consisted primarily of university based researchers, while the practitioner sample (n=55)was a convenience sample generated from lists provided by state leaders in 2 Western, 2 central, and 2 eastern states. It was found that strong agreement on the critical ingredients of supported employment within the expert and practitioner groups. The IPS Fidelity Scale suggested general endorsement of IPS principles, except in the area of staffing. Ideal model specifications included case load size of 16 and twice weekly supervision. Respondents were improved in their employment skills in group of items and 39.9% had self confidence to reduce psychiatric systems.

Robert E Cimera (2008) assessed the cost of providing supported employment services to individuals with psychiatric disabilities Cambridge rehabilitation centre. The purpose of this study was to determine whether supported employees with psychiatric disorders cost vocational rehabilitation more to severe than supported employees with

other conditions. A structures cost –accounting methodology was used to compare the adjusted costs of services received by all supported employees funded by vocational rehabilitation in Wisconsin Supported employees funded by vocational rehabilitation in Wisconsin Supported employees with psychotic and non-psychotic disorders were among the least costly populations to serve via supported employment. Based upon data presented, it appears that individuals with psychiatric disorders are cheaper to serve than population more traditionally referred to supported employment.

Ginette Aubin M, Christine Chapparo N, et al.,(2009) conducted a study to assess the use of the perceive, Recall, Plan and Perform system of Task Analysis for persons with schizophrenia. Task analysis that targets information processing skills is an essential tool to understanding difficulties encountered by people with schizophrenia in their daily activities. In the first part of this study, 10 participants with schizophrenia living in the community were assessed using the PRPP during both simple and a complex meal preparation task. The PRPP total score for the complex task is strongly related to the community functioning score. Results indicate good interpreter reliability for the PRPP total score and moderate interpreter reliability for the quadrant scores.

2.3 Literature related to effectiveness of activity therapy on self esteem

Sukanya T, Prabhudeva G (2013) conducted a study to evaluate the intervention in training self help skills of schizophrenia. The study was undertaken at NIMHANS, with the objectives to study the efficacy of self help skills training of schizophrenia in relation to activities of daily living and to understand the effectiveness of health teaching in improving the same. The data was collected by using Activities of Daily Living Check List which was developed by the researcher. The total of

20 sessions conducted. The data were analysed by Mc Nemea's test. The results showed that there was significant improvement in performance of activities of daily living after the training.

Dalontaria (2012) a study was assessed on self esteem among depressive clients. A sample size of 58 female clients was selected by random sampling technique. The tools are coping self esteem scale, Rosenberg Esteem Scale (RBES). The study results showed that the main effects of hoping rehabilitation activity remained significant after accounting for actual expected performances discrepancies incremental F (1,41) =5.57, p,0.025 higher self esteem scores were associated with increased use of activities of hand work technique are assessed by the RBES of the ways of coping measure. (r= 0.7, p,0.05). those individual scoring high on the coping self esteem scale.

Kiruthika T K, (2012) conducted a study indicate that, activity training, a base line comparison in schizophrenia clients of pre test score between the experimental group and the control group in self esteem were employed. The data were collected by using Rosenberg Self Esteem Scale which had 10 statements reflecting the self esteem. The data were analysed using the unpaired 't' test. The mean value obtained for the experimental group was 12.93 and standard deviation was 3.150. In control group the total mean value was 14.53 and standard deviation was 4.373.The 't' value was 0.431 and it was not significant since the P value was 0.670 comparatively it was found that there was slightly increase in self esteem in the control group than the experimental group.

Reddemma K (2011) studies basic living skills of psychiatric patients. The study was aimed at finding out deficits in basic living skills of psychiatric patients and training them in basic living skills and assessed the effectiveness of structured teaching. The main objective of the study was to evaluate the effectiveness of structured teaching and to

compare pre and post test performance scores on basic living skills. Tools used were Socio Demographic Profile and Rating Scale on Basic Skills (self developed). The data was analysed by using paired "t" test. The results showed that the experimental group had significantly higher score on the performance of basic living skills than the control group.

Yadav (2010) examined the impact of group skills training by psychiatric nurses on social skills of patients with schizophrenia. The study was conducted on 60 schizophrenia patients who were attending the occupational rehabilitative services at day care centre at NIMHANS. A single group design with pre and post test was adopted. The data were collected by social skill questionnaire, staff rating scale which is developed and implemented. The data were analysed by using paired t' test. The findings showed the significant difference between pre and post test scores n all domains and components of social skills and found to be statistically highly significant.

Bhanumathi (2010) tested out the efficacy of nursing intervention on work behaviour of persons suffering from mental illness. The design of the study was quasi experimental with pre and post test without control group. The study was carried out on 30 schizophrenia, 30 other mental illness patients who were attending Department of psychiatric and neurological rehabilitation centre as day boarders, at NIMHANS. Were conducted but the concerned technical supervisors for a period of one month. The finding showed the significant difference between pre and post test scores in all domains of work behaviour. It was also found to be statistically significant.

Klatt M.D (2009*)* conducted a study to assess the effectiveness of activity therapy among 50 individuals employed in various occupations in Iran. Individuals are divided as 15 depression clients, 15 phobia clients , 9 schizophrenic clients, 5 mania, 6 others. Self esteem

inventory was used as a tool. Rehabilitation activity was provided for 30 minutes daily. After each session they are asked to continue in work environment. The post-test stress was 20.7% .These result showed that there was a relief from the stress and anxiety, improving self esteem after activity therapy.

Padmavathi N (2010) evaluated the effectiveness of structured activity programme on the level of functional ability of patients with schizophrenia. The study was conducted at NIMHANS. An experimental study design with two groups pre test, post test was used samples of 30 patients with schizophrenia was selected through random sampling. The experimental group was given a total of twelve sessions to develop skill in personal hygiene activities and fitness session on conversational skill. The data were analysed using Chi-square test, Wilcox on Signed Ranks Test and Mann-Whitney U test. The statistical analyses revealed that there was a significant difference between the pre and post assessment scores of functional ability.

Raja Sudhakar (2009) evaluated the effectiveness of contingency management programme on activities of daily living in patients with schizophrenia. A pre-test and post test control group design was used. Samples of 60 patients with schizophrenia were selected through purposive sampling. They were divided into control and experimental group of 30 each. The data were analysed using paired‘t’ test and Pearson’s correlation. The statistical analyses revealed that there was a significant between the pre post assessment scores of ADL and negative signs of schizophrenia.

Labott Tall (2000) assessed a study among 33 healthy adult women who were divided into 2 groups (Experimental – 17 controls - 16). Experimental group watched humorous video while control group viewed a tourism video. All participates were complete questioned

regarding their activities and humour level before and after watching the videos. The post test score of experimental group was 30.5% and control group was 60.5%. The study result showed that compared to control group, the activity participant group reported a significant increased in self esteem following treatment. Their self esteem level appeared inversely co-related with their level of activities.

Detouring of literatures, it was found that there was relationship between neuro cognition, meta cognition, and memory performance self-esteem in patients diagnosed with mental illness such as schizophrenia, depression, anxiety disorders etc., in the done by **Pauly K Kircher T, Weber J, Schneider F, Chabel U in 2011. Martin JM (2010)** focused specifically on the relationship between self esteem and delusions, hallucination, depression in patients with schizophrenia.

Rosenberg self- Esteem Scale was found to be used by many researchers it assess the self esteem of patients with schizophrenia as it has only 10 items, short, comprehensive comparing to many other tools in the field of mental health. **Van Dongen C J (1996), Perla Werner, Alex, Yoram Barak (2008), Shansunnisah A B, Hasanah I, kubang Kerian, Kelantan (2008), Sadaaki Fukui, Lori J Dacidson, Mark C Holter, Charles A Rapp(2011)** used this scale.

Phil Richardson, Kevin Jones, Chris Evans, Peter Stevens, and Anna Rowe (2007) focused of the importance of art therapy in improving the bio-psycho-social functions positive and negative symptoms and quality of life in persons living with schizophrenia.

Sukanya prabhudeva (1992) did health teaching and self help skills training. Yadav (1998) gave group skills training. Reddemma (1995), Raja Sudhakar (2006) and padmavathi N (2010) did structured teaching on basic living skills of psychiatric patients. The functional

ability patients diagnosed with schizophrenia can be improved. But these studies sis not attempt to relate skill training with self-esteem.

The studies conducted by nursing researchers in this field and in India situation are very scanty. The present study is an attempt to highlight the need for self –employment increasing the self-esteem of clients with mental illness.

2.2 conceptual frameworks

Conceptual frame works are structured from a set of board ideas and theories that help a researcher to properly identify the problem they are looking at frame their questions and find suitable literature. Conceptual framework deals with concepts assembled together by virtue of their relevance to research problem which provides a certain frame of reference to clinical practice, research and education. The framework gives direction for planning research design, data collection and interpretation of findings.

- Smyth (2004)

Imogene King's Goal Attainment Theory

Imogene king's concepts focus on this method to help nurses in nurse-patient relationship. King used a "systems" approach in the development of her dynamic interacting systems frame work and in her subsequent Goal Attainment of Theory. She developed a general systems framework and a theory of goal attainment where the frame work refers to the three interacting systems individual or personal, group or interpersonal, and society or social, while the theory of goal attainment pertains to the importance of interaction, perception, communication, transaction, self, role, stress, growth and development, time, and personal space. King emphasizes that both the nurse and the client bring

important knowledge and information to the relationship and that they work together to achieve goals.

Nursing is a process of action, interaction and reaction, whereby nurse and client share information about their perceptions in the nursing situation. The nurse and client share specific goal, problems, and concerns and explore means to achieve a goal.

In this study Psychiatric Mental Health Nursing which is one of the subjects in nursing that deals with mental illness, client treatment and rehabilitation measures.

Health is a dynamic life experience of a human being which implies continues adjustment to stressors in the internal and external environment through optimum use of one's resources to achieve maximum potential for daily living.

Mental health is the basis for the healthy individual to live in the community. Being with physical health is not healthy but the individual must be sound in mentally can live happily and to met the daily living incidents and other hurdles.

Individuals are social beings who are rational and sentient; humans communicate their thoughts, actions customs, and beliefs through language. Persons exhibit common characteristics such as the ability to perceive, to think, to feel, to choose between alternative courses of action, to set goals, to select the means to achieve goals and to make decisions.

Mentally ill individual is refers to a person has touch with reality cause burden and distress, and low self esteem. In this study it refers that the client is repeatedly getting admission in health care system which will cause inevitable loss to the state as well as to government and repeatedly spending resources on this aspect.

Environment is the background for human interactions. It is both internal and external state of individual. In this study it refers to in patients at institute of mental health where the investigator provides activity therapy to women with mental illness.

Action is defined as a sequence of behaviours involving mantel and physical action. The sequence is first mental action to recognize the presenting conditions; and finally, mental action in an effort to exert control over the situation, combines with physical action seeking to achieve goals.

In this study it refers to the mentally ill client admitted in the mental hospitals as well as the outpatient wards with care givers, investigator will investigate the demographic variables and knowledge regarding self esteem and activity therapy in a detailed manner.

Interaction is a process of perception and communication between person and environment and between person and person represented by verbal and nonverbal behaviours that are goal-directed.

In this study it refers to activity therapy teaching given on general aspects, demonstration the step of each activity, explain them the way of doing the activity therapy and help them do to the activities of making paper cover, greeting card of mentally ill.

Reaction is not specifically defined but might be considered to be included in the sequence of behaviours described in action.

In this study it refers to the mentally ill client admitted in the health care system as well as attending the outpatient review clinic with the care givers, investigator will do the post assessment scores on the knowledge regarding self esteem with investigator modified tool.

Transaction is a process of interactions in which human beings communicate with the environment to achieve goals that are valued; transactions are goal directed human behaviours.

In this study it refers that the effectiveness of study by the knowledge attained by women with mentally ill clients who are attending in the activity therapy in Institute of Mental Health.

Perception is "each person's representation of reality".

Communication is defined as "a process whereby information is given from one person to another either directly in face-to-face meetings or indirectly through verbal and nonverbal communication.

Role is defined as "a set of behaviours expected of persons occupying a position in a social system; rules that define rights and obligations in a positions; a relationship with one or more individuals interacting in specific situations for a purpose."

Stress is dynamic state where being interacts with the environment to maintain balance for growth, development, and performance… an energy response of an individual to persons, objects and events called stressors."

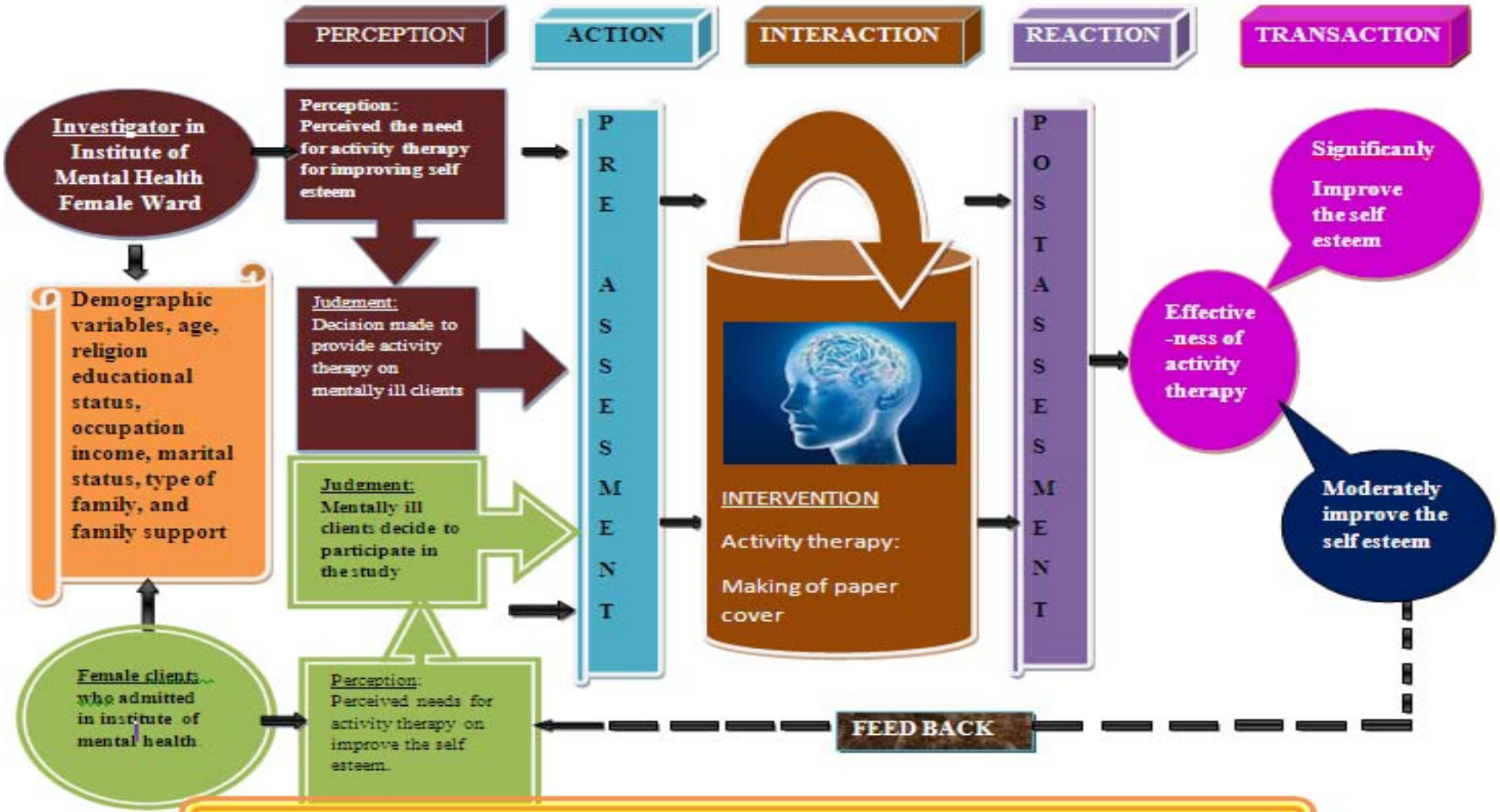


FIG 1 - THEORETICAL FRAME WORK ON MODIFIED KING'S GOAL ATTAINMENT

CHAPTER III

3.1. METHODOLOGY

Methodology in research refers to controlled investigations of the ways of obtaining, organizing and analyzing data. Methodological studies address the development, validation and evaluation of research tools or techniques. It consist of the research design variables, research setting, study population, study sample size, sampling technique development and description of tool, scoring interpretation, testing of tool, data collection procedure and data analysis.

3.1. Research approach

The research approach was selected as Quantitative Approach.

3.2 Data collection period

The study was conducted four weeks from 14.07.2015 to 16.08.2015

3.3 Study setting

Psychiatric inpatient wards at Institute of Mental Health at Chennai. Institute of Mental Health involved in mental health care for the past 207 years. It was founded in 1974 as an Asylum to manage only 20 in- patients. Now it has grown up to an institute with 1800 in patients it has been well established with all special services like rehabilitation, industrial, occupational, recreational, family therapies and yoga. And there are separated areas for male female patients.

3.2. Research design

A pre experimental one group pre-test and post-test design was adopted to assess the effectiveness of activity therapy to improve the

self esteem among the women with mental illness in Institute of Mental Health at Chennai.

Table 3.1 Schematic Representation

Group	Pre-test	Intervention	Post test
One group	O1	X	O2

Key

O1 - Pre-test to assess the level of self esteem among women with mental illness

X - Activity Therapy

O2 - Post-test to assess the level of self esteem among women with mental illness

3.5 Study population

The target population of this study is women with mental illness clients who were admitted in the Institute Mental Health at Chennai.

3.6 Sample size

The samples of this study were women with mental illness who were staying in the ward during the time of data collection at Institute Mental Health, at Chennai. A Sample of 60 mentally ill clients who met the inclusion criteria was selected for this study.

3.7 Criteria for sample selection

3.7.1 Inclusion criteria

- The female patients who are diagnosed with mentally ill.
- All sub categories are included.
- Both acute and chronic patients are included.

- ❖ The clients who are having insight.
- ❖ The women who are willing to give consent for the study.
- ❖ The clients who speaks and understands Tamil.

3.7.2. Exclusion criteria

- ❖ Patients who are having co morbid conditions like alcoholism, mental retardation
- ❖ Patients who are having high suicidal tendencies.
- ❖ Patients who were attending programmer in department of psychiatric and neurological rehabilitation (DPNR).

3.8 Sampling technique

Non – probability convenient sampling technique was used to select the sample in this study.

3.9. Research variable

Dependent variable : Level of Self esteem amongwomen with mental illness

Independent variable : Activity Therapy

3.10. Development and description of the tool

3.10.1 Development of the tool

The tool was selected after extensive literature review from the various text book, internet search, guidance and discussion with experts in the field of nursing, psychiatry, psychology and statistic. A structured questionnaire was used to collect data from the women with mental illness who are admitted in the Institute of Mental Health.

3.10.2. Description of the tool

The tool consisted of Section A and B

1) Section A: Socio – Demographic profile

It includes socio demographic details such as: Age, religion, marital status, education, type of family, occupation, pre-morbid occupational status, pre morbid income status, family support, and duration of hospitalization.

2) Section B: Rosenberg Self –Esteem scale

The Rosenberg Self-Esteem Scale (RSES), developed by Dr. Morris Rosenberg, in 1965, is a self esteem measure widely used in research. It consists of 10 items that is like yes or no type scale. Fourteen of the scale items have positively worded statements and eight of the scale items have negatively worded ones. The scale measures state self esteem by asking the respondents to reflect on their current feelings. The Rosenberg self esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment.

The Rosenberg self esteem scale has been translated and adapted to various languages, such as Persian, French, Chinese, Italian, Portuguese, and Spanish. The scale is extensively used in cross-cultural studies in up to 53 different nations.

3.10.2 Scoring interpretation

The questionnaire which is used to assess the self esteem level and the responses of the subjects were assessed as.

Score

- If you answered YES to the following questions give yourself “1” point after each answer 1, 4, 7, 9, 12, 14-22. The answer NO equals “O” point.

- If you answered YES to the following questions give yourself "O" point after each answer; 2, 3, 5, 6, 8, 10, 11, 13.
- The answer NO equals "1" point.

The higher score- the higher the level of your self-esteem.

You can print out this questionnaire on self-esteem and start working to boost your self-esteem with the help of the links below.

Descriptionof scoring key:

S.No.	Question	No. of Question
1.	Positive questions	1,4,7,9,12,14,15,16, 17,18,19,20,21,22
2.	Negative questions	2,3,5,6,8,10,11,13.

The scale ranges from 0-22.

Scores between 11 and 22 are within normal range;

Scores below 11 suggest low self-esteem

- Maximum score: 22
- Minimum score: 11

3.3 Description of scoring interpretation

Level of self –esteem	Range
Normal	11-22
Low self esteem	0 -11

3.10.3 Intervention protocol

Place: Institute of Mental Health – Female Wards

Activity: paper cover making were explained with the raw materials.

Tool: Rosenberg self esteem scale

Time: 45mts Morning and evening with client's convenient time

Frequency: Once a day

Administered By: Investigator explained and demonstrated the procedure and gave the raw materials to them making activities

Recipient: Women mentally ill clients

3.10.4. Content Validity

Data collection tool is an instrument that measures the variables of interest of the study accurately, precisely and sensitively.

Content validity of the tool was obtained from experts in the field of psychiatric nursing, psychiatry, and psychology and statistics. The experts were requested to check the relevance, sequence and adequacy of the content. There was uniform agreement of the tool which is adopted to conduct the study. Hence, the investigator precedes the same tool.

3.11. Ethical consideration

The study objectives, intervention, data collection procedure were approved by reach Ethics Committee, Madras medical college, Chennai-3. The respondents were explained about the purpose and need for the study. They were assured that their details and answers will be used only for the research purpose. Further they were ensured that their details

will be kept confidentially. Thus the investigator followed the ethical guidelines, which were issued by the Ethics Committee after getting a written permission.

3.12. Pilot study

Pilot study is a trail run for the main study to test the reliability, practicability and feasibility of the study. The study was conducted in Institute of Mental Health at Chennai. A formal permission was obtained from the Director of Institute of Mental Health.

The main objective of the pilot study is to help the researcher to become familiar with the use of tool and to find out the difficulties in the main study. The investigator underwent Activity therapy training program from 01.07.2015 to 31.07.2015 and obtained a certificate in Journal of School Social Work, Ashok Nagar, at Chennai. The pilot study was conducted after getting ethical clearance and the permission from the Institute of Mental Health, Chennai. It was conducted for a period of one week (22.06.15- 27.06.15). Sample of 10 women with mental illness were selected by non-probability convenient sampling technique. Informed consent was obtained from them before collection of the data.

Data were collected from the women with mental illness by structured_questionnaire before the implementation Activity therapy. After completion of Activity therapy sessions, the women were assessed their self esteem level by using same scale.

3.13. Reliability of the tool

After pilot study reliability of the tool was assessed by using test-retest method. Self esteem score reliability correlation coefficient value is 0.83. This correlation coefficient is very high and it is good tool for assess the Activity therapy on the level of improving the self esteem

among women with mental illness in Institute of Mental Health at Chennai.

3.11. Data collection procedure

The study was conducted in Institute of Mental Health at Chennai. The Investigator obtained data from the women with mental illness who were admitted in the inpatient psychiatric ward. The main study was conducted for a period of 4 weeks that from 16. 7. 2015 to 14. 8. 2015. Initially the investigator approaches each woman with mental illness after getting permission from the Director. Investigator selected 75 women initially. In a 5 of them were dropped due to chronic illness, 4 of them were unable to attend due to their physical inability, 3 of them were discharges and 3 were not willing to participate the study.

The investigator selected 60 women as per the inclusion and exclusion criteria. The women with mentally ill clients were introduced with the whole program after an introduction and then a written informed consent was obtained from them for willingness to participate in the study. They were assured that their responses and details will be kept confidential and will be used only for the research purpose. Before the tool was administered some informal discussion were made with participants to establish rapport so that they would be relaxed.

The total 60 women were divided into four groups. Each group contained 15 people. Every day the participants were gathered around 10AM in the common hall. The pre-test questionnaire was administered to them and they were asked to give appropriate answers for all statements to find out the self esteem level by structured scale before activity therapy.

First the investigator demonstrated the activity therapy steps to each group for 45 to 50 minutes in the morning or evening session per day up to one week. Then the post- test was done by using the same scale in the 2nd week. By the same time the activity therapy was practiced with the second group in the 2nd week and 3rd weeks and post-test was done on the 4th week. At the end of each session doubts were clarified. During the activity therapy the participant's involvement was good.

Table 3.4 Activity therapy training programme schedule

Day	Time	Activities	Method of Teching
1.	45mts	Pre- test Introduction about activity therapy.	lecture cum discussion
2.	45mts	Explain about importance and need of activity therapy. Motivate them to participate the activities	Discussion
3.	60mts	Demonstration of activities with all raw materials like paper covers making. Encourage them do to the return demonstration of activity	Demonstration
4.	60mts	Support them do to the return demonstration with minimal assistance	Demonstration
5.	60mts	Return demonstration with no assistance.	Encourage them with token economy.
6.	60mts	Clarified the doubts and help them continue the activity.	Discussion
7.	60mts	Assigned to making paper covers and to display with only psychological rewards. Post test was done.	Encourage them with psychological rewards

Association was established between selected demographic variables. Towards the end of the data collection, mentally ill clients shared their experience about the study that it will help to improve the self esteem and they are requested to practice similar activity therapy program in their future.

Activity Therapy Intervention

Title: paper cover

Aim:

- To provide recreation and purposeful spending of leisure time.
- To assume roles and responsibilities.
- To prepare cost effective and harmless paper cover.
- To create interest in work and learning a new skill.
- To sustain attention and concentration
- To improve motivation and commitment

Articles required

Papers (New paper, brown paper, white paper), pencil with rubber, and gum.

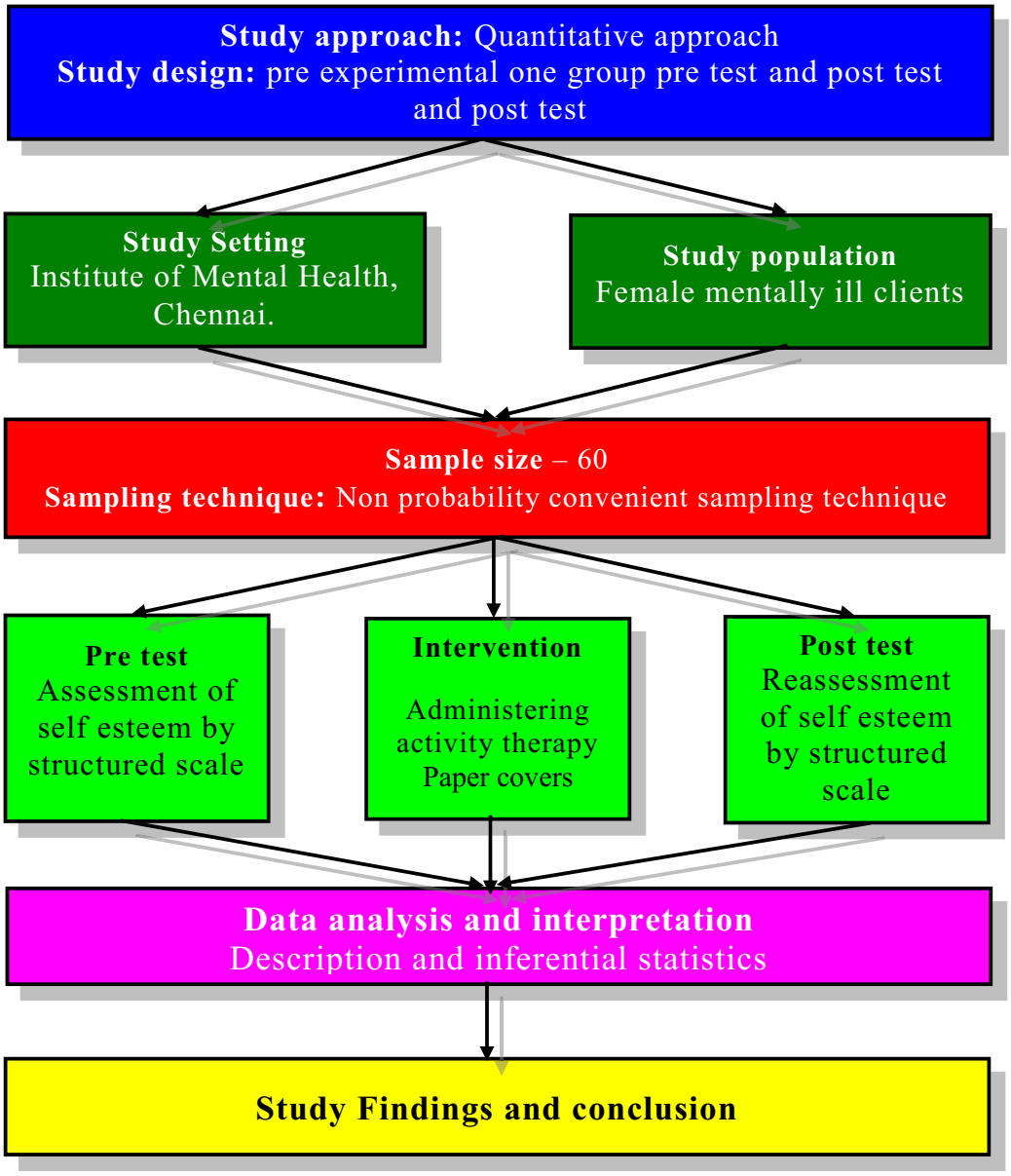
Steps:

1. Drew the line over the paper according to the size and shape.
2. Fold the paper according to line shape.
3. Apply the gum over the corner of the cover.
4. Dry in the air for some time.
5. Paper cover kept ready for use.

3.12. Plan for data analysis

- Demographic variables in categories were given in frequencies with their
- percentages.
- Self esteem score were given in mean and standard deviation.
- Association between demographic variables and self esteem gain score were analyzed using chi square test
- Pre-test and post-test self esteem score were compared using paired t-test.
- Differences between pre-test and post test score was analyzed using proportion with 95% CI and mean difference with 95% CI (confidence Interval).

SCHEMATIC REPRESENTATION OF RESEARCH



CHAPTER IV

4.1. DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data obtained from 60 women with mental illness who were admitted in Institute of Mental Health at Kilpauk, Chennai. The collected data were tabulated and presented according to the objectives under the following headings

Section I: Socio demographic profile of the women with mental illness.

Section II: Self Esteem level of women with illness before Activity therapy intervention

Section III: Self Esteem level of women with illness after Activity therapy intervention

Section IV: Effectiveness of the Activity therapy

Section V: Associate the effectiveness of Activity therapy with selected demographic variables.

Section - I

Table 4.1: Socio Demographic profiles of women with mentally ill patients

S.No	Demographic variables		No. of women	In %
1.	Age	20 -30 yrs	22	36.7
		31 -40 yrs	16	26.6
		41 -50 yrs	15	25.0
		> 50 yrs	7	11.7
2.	Residence	Corporation	12	20.0
		Municipality	30	50.0
		Panchayat	18	30.0
3.	Religion	Hindu	39	65.0
		Muslim	6	10.0
		Christian	15	25.0
4.	Marital status	Married	28	46.7
		Not married	22	36.7
		Widow	8	13.3
		Separated	2	3.3
5.	Education status	No formal education	16	26.
		Primary	20	33.3
		High school	14	23.3
		Higher secondary	10	16.7
6.	Type of family	Nuclear family	36	60.0
		Joint family	24	40.0
7.	Pre morbid Occupation	Employed	40	66.7
		Not employed	18	30.0
		Housewife	2	3.3
8.	Pre morbid monthly income	< Rs.6000	37	88.1
		Rs.6001 -10000	4	9.5
		> Rs.20000	1	2.4
9.	Family support	Good	4	6.7
		Moderate	11	18.3
		Mild	28	46.7
		Poor	17	28.3
10.	Duration of hospital stay	< 6 months	21	35.0
		7 - 12 months	4	6.7
		13 - 18 months	3	5.0
		19 - 24 months	5	8.3
		> 24 months	27	45.0

Table 4.1: Shows the demographic information of women with mentally ill patients those who participated in this study:

Among the women with mentally ill clients, higher proportion 36.7% of the women belong to the **age group** of 20-30years, about 25% of the women belong to 31-40 years and 41-50years of age groups, 11.7% of the women were 50years.

Residence wise, about 50.0% of the women were lived in municipality, other 20% in corporation 30% in panchayat.

In **religion**: 65% of the women were Hindu, 25% of women belongs Christian, 110% of them were Muslim.

Majority of the women 45.7% were **married**, unmarried women were 36.7%, widow 13.3% and separated 3.3%

As far as the **educational status** of the women were concerned higher proportion 33.3% of the women had primary education. Only 23.3% and 16.7% had higher and higher secondary educations, 26.7% of women were no formal education.

Half of them around 60% of women lived in **nuclear family**, 40% of them belongs to joint family.

According to their premorbid occupation status, mostly 66.7% of them employed, unemployed were 30% and house wise were 3.3%.

Premorbid **monthly incomes** were 88.1% of the women got below Rs 6000, 9.5% of them were got Rs6001-10000, only 2. 4% of women got above Rs.20, 000.

Among the respondents almost 46.7% of the women had mild **family support,** other women were below 25% of good and moderate family support, 28.3% of women had poor family support.

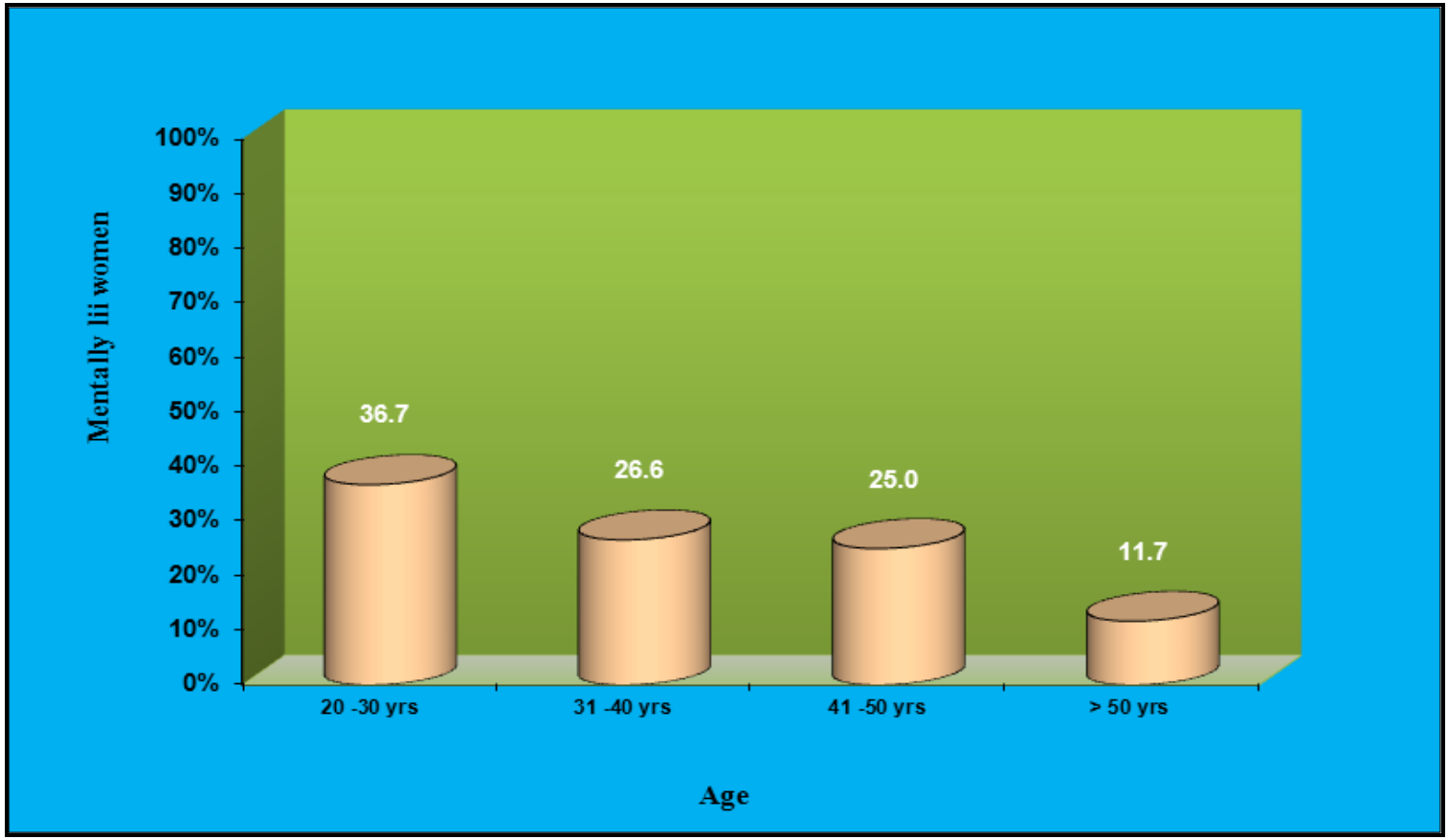


Fig 4.1 Age wise distribution of the mentally ill women

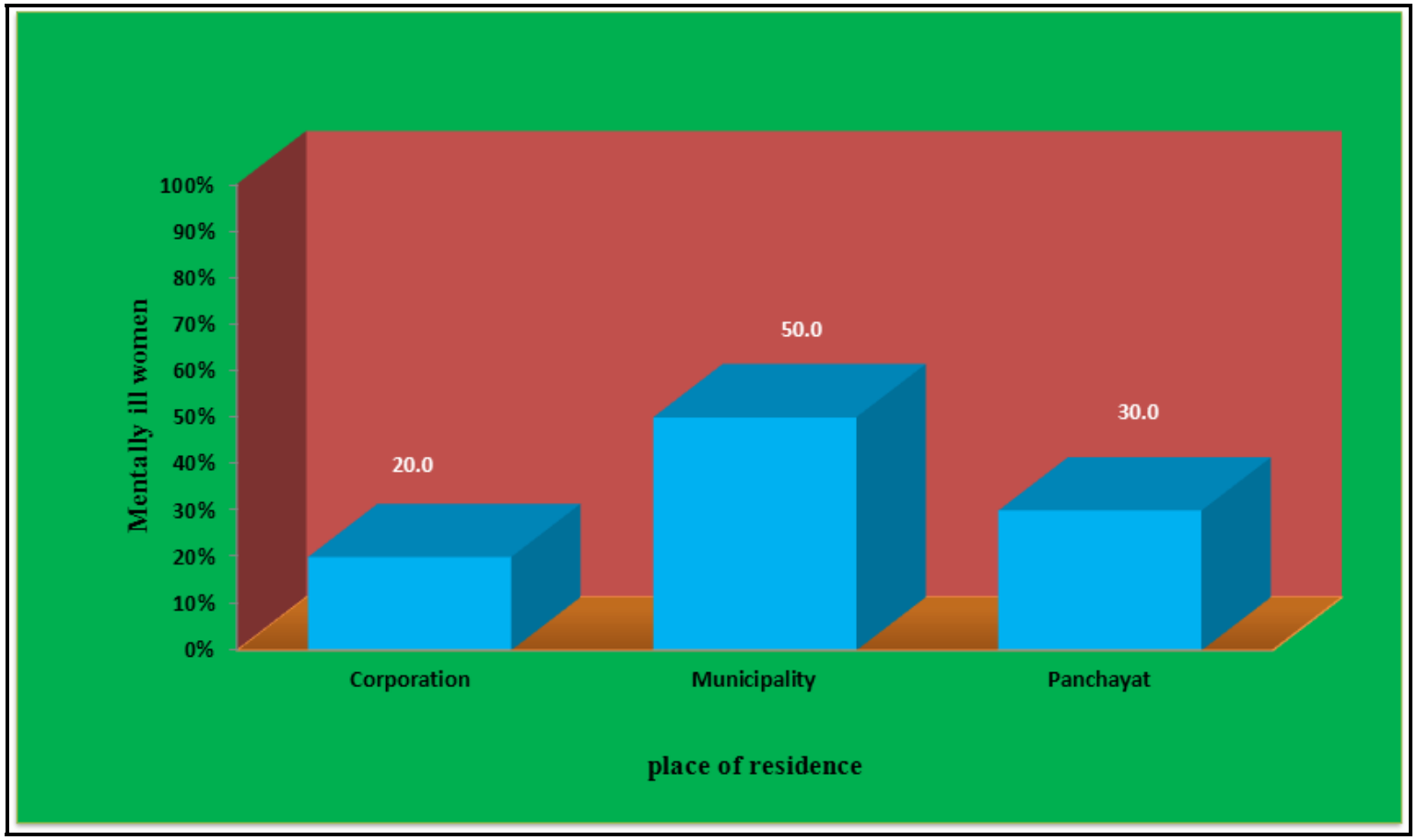


Fig 4.2 - Place of residence wise distribution of the mentally ill women

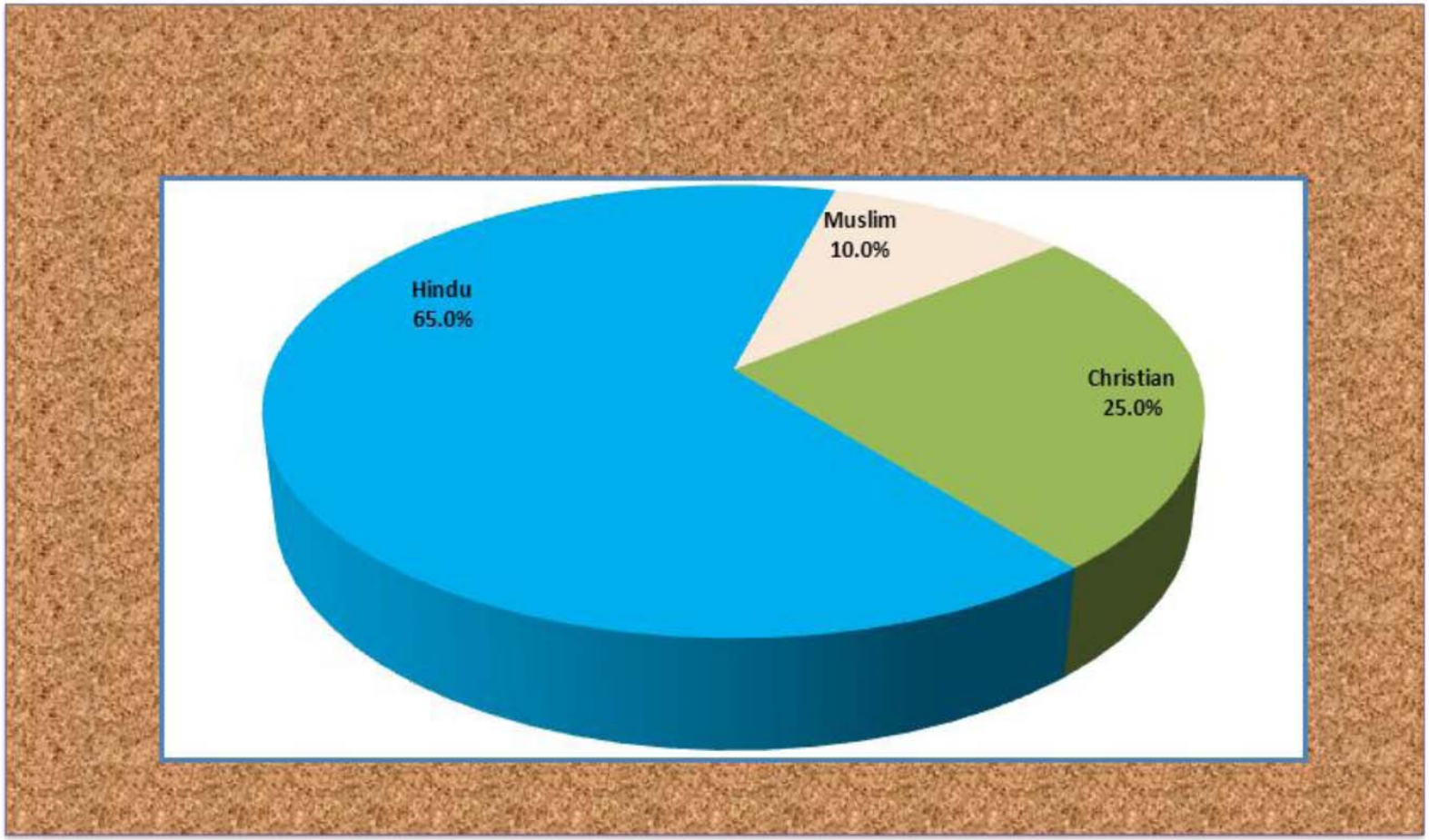


Fig 4.3- Religion wise distribution of the mentally ill women

Fig 4.4 Marital status wise distribution of the women with mentally ill women

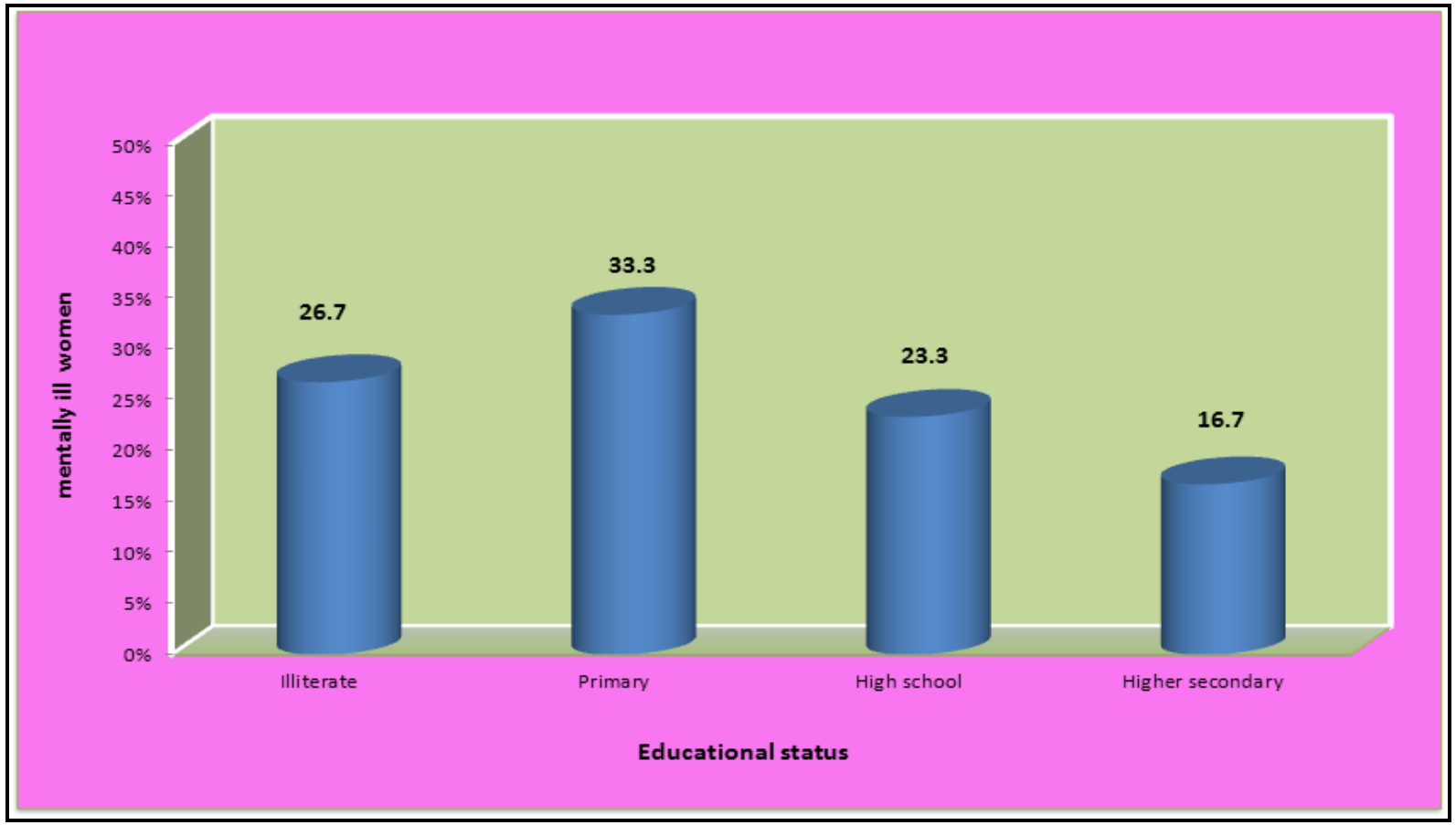


Fig 4.5- Educational status wise distribution of the mentally ill women

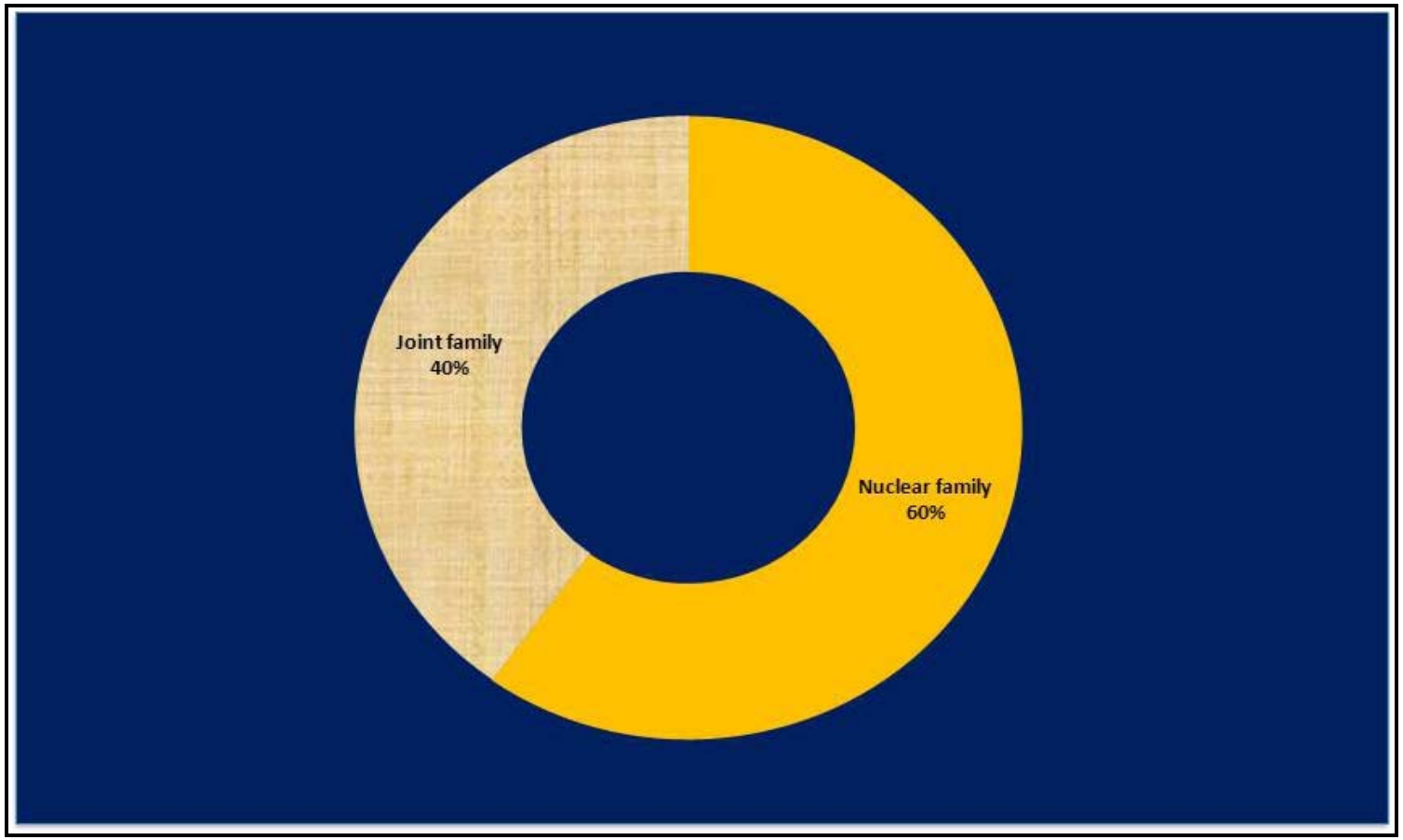


Fig4.6 – Type of family system wise distribution of the mentally ill women

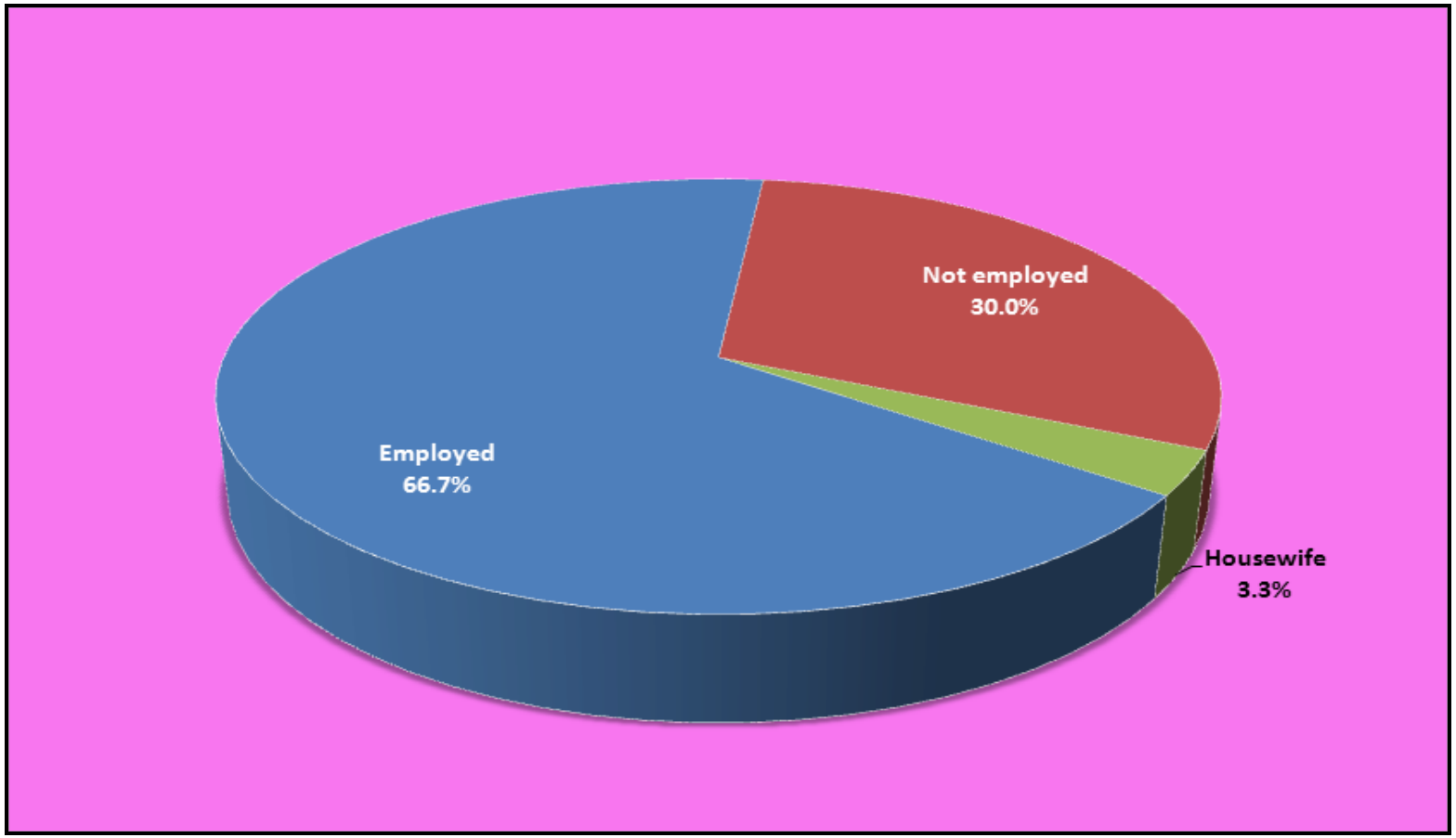


Fig 4.7 Occupation status wise distribution of the mentally ill women

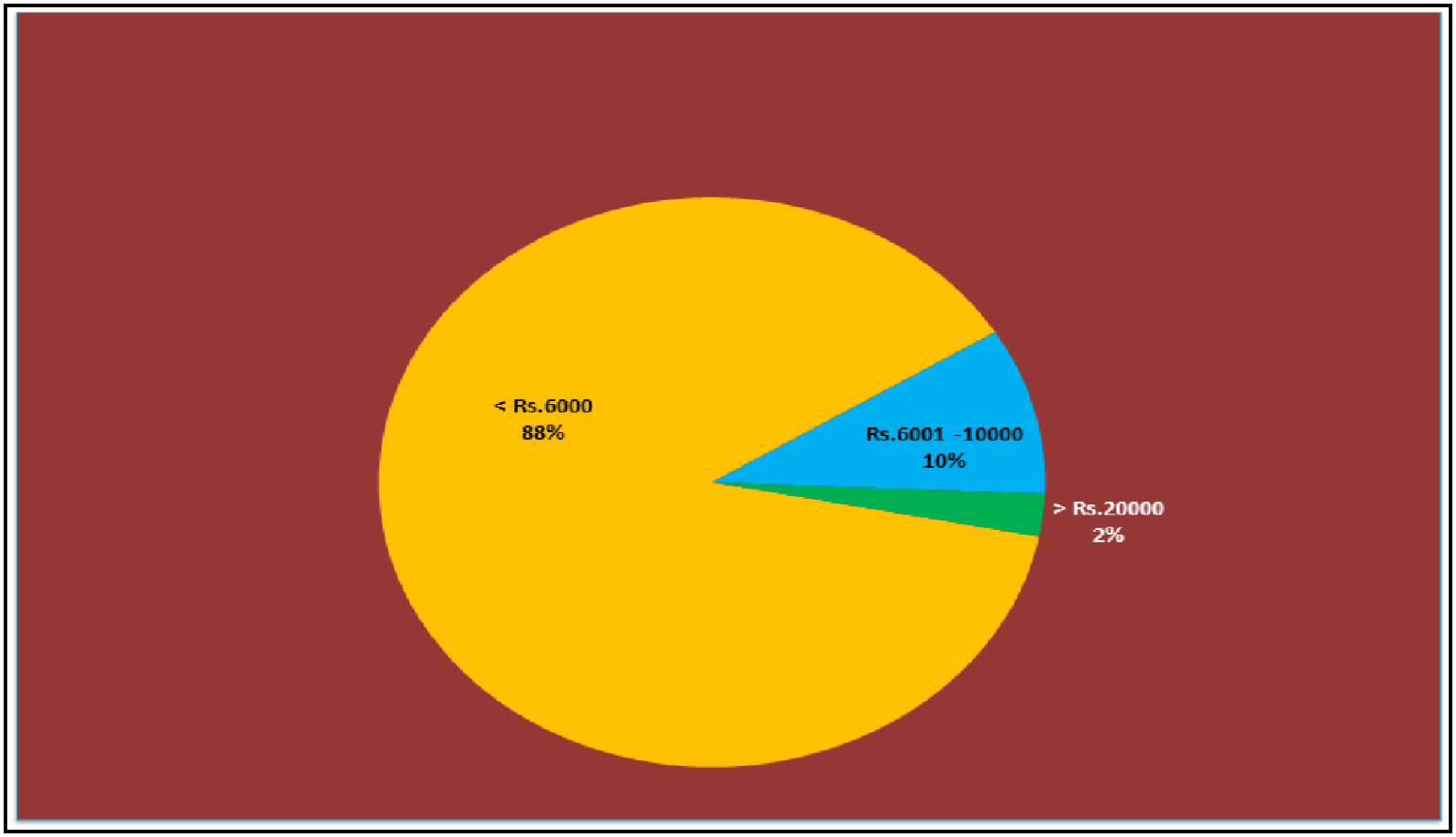


Fig 4.8- pre morbid monthly income wise distribution of the mentally ill **women**

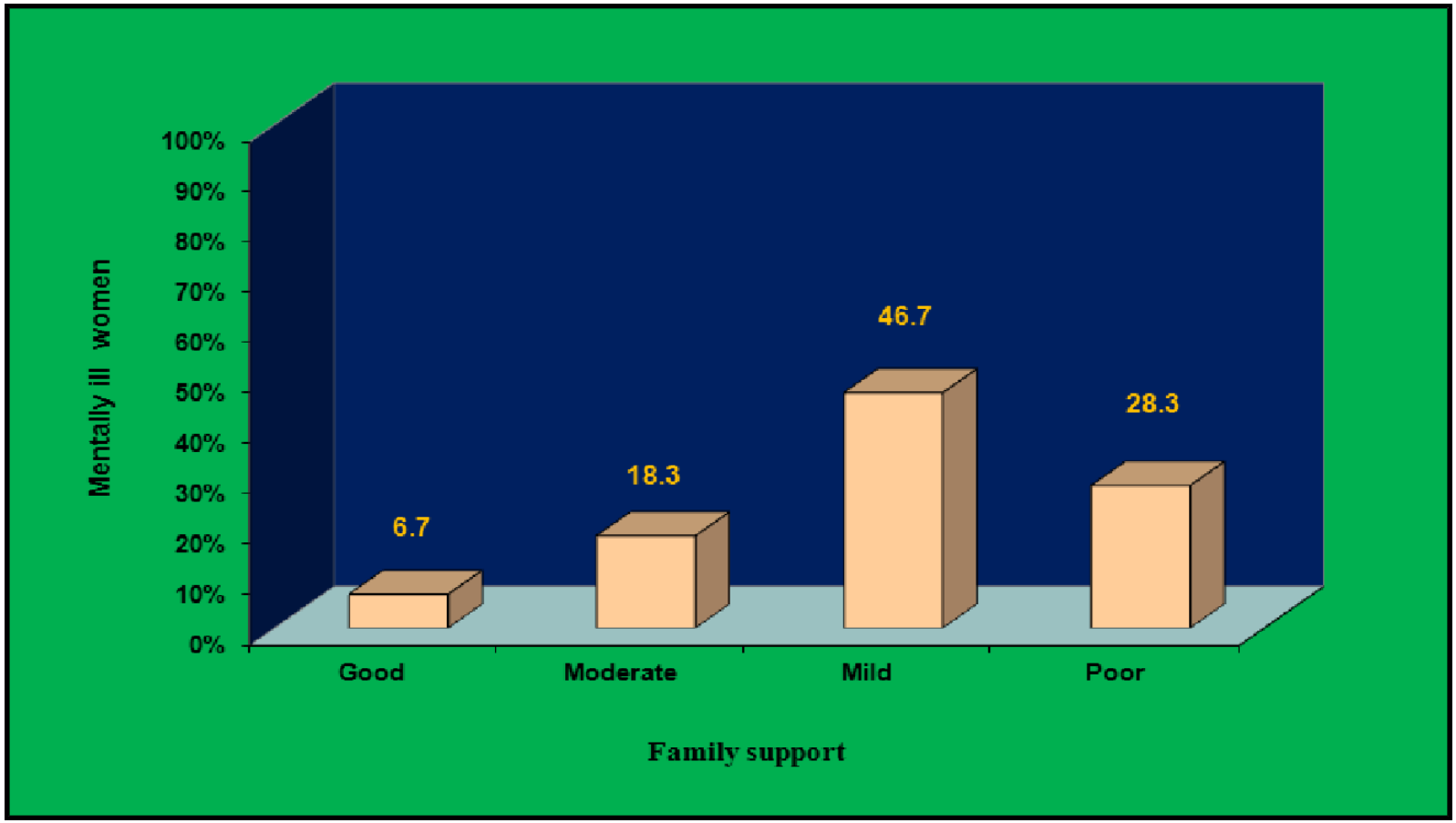


Fig 4.9- Type of the family support wise distribution of the mentally ill clients

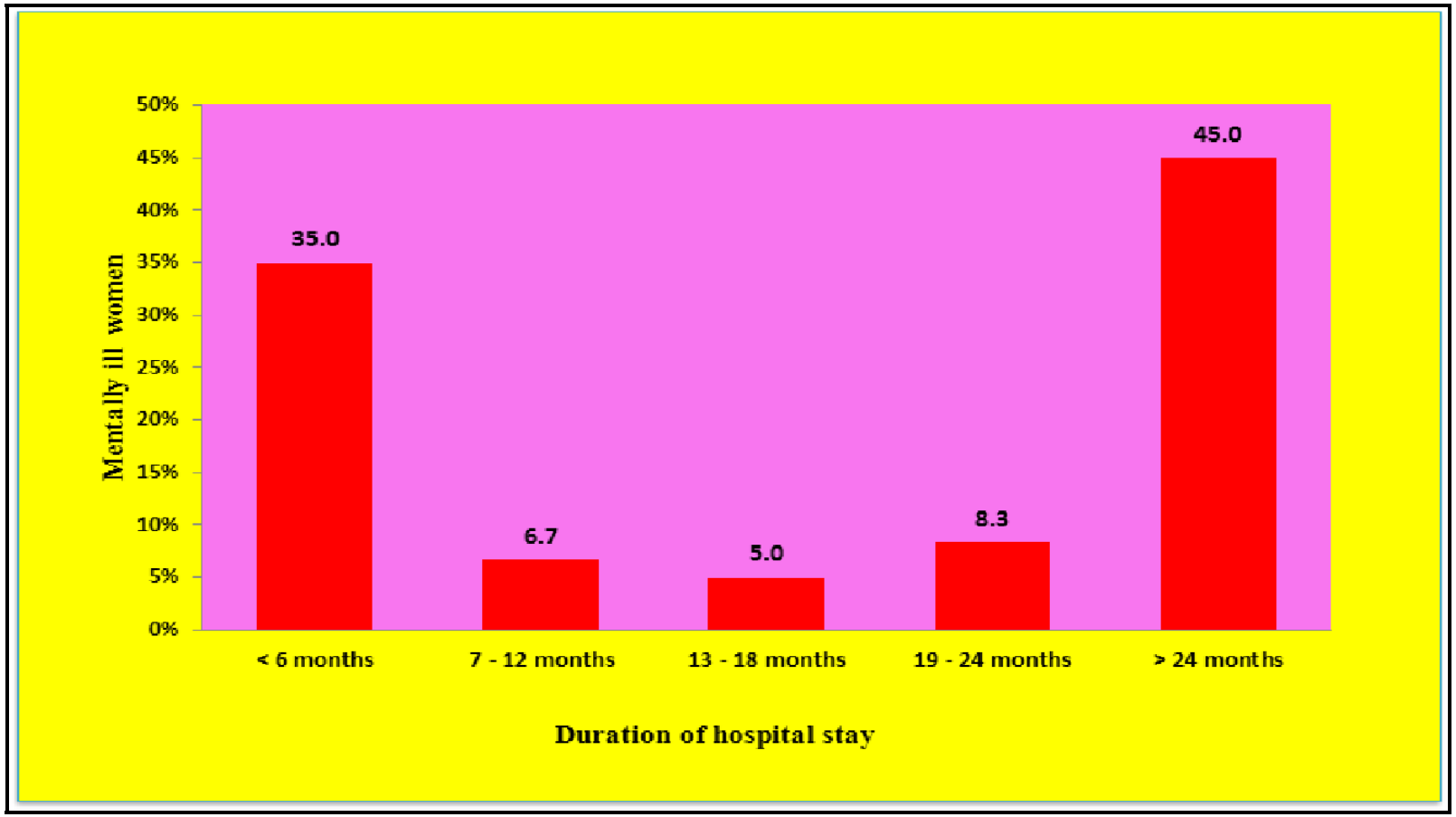


Fig 4.10 – Duration of hospital wise distribution of the mentally ill clients

SECTION -II

Table 4.2: Assessment of Pre-test level of self esteem score

S. No	Question Items	Yes		No	
		frequency	In %	frequency	In %
1	Do you like yourself?	40	66.7	20	33.3
2	Do you feel lonely most of the time?	23	38.3	47	61.7
3	Do you want to look different?	40	66.7	20	33.3
4	Do you take full responsibility for your actions?	35	58.3	25	41.7
5	Do you compare yourself to others?	22	36.7	38	63.3
6	Are you concerned about what others say about yourself?	30	50.0	30	50.0
7	Do you feel comfortable attending to a party?	15	25.0	45	75.0
8	Do you focus on your failures instead of your successes?	13	21.7	47	78.3
9	Do you think that you are worthy to be loved?	27	45.0	33	55.0
10	Do you blame others often?	25	41.7	35	58.3
11	Do you blame yourself often?	42	70.0	18	30.0
12	Do you always finish what you started?	34	56.7	26	43.3
13	Do you need recognition to feel good about yourself?	34	56.7	26	43.3
14	Are you confident all the time?	26	43.3	34	56.7
15	Do you stand up for yourself?	29	48.3	31	51.7
16	Do you think that you are talented?	22	36.7	38	63.3
17	Do you have goals or dreams to accomplish?	20	33.3	40	66.7
18	Do you give before you get?	34	56.7	26	43.3
19	Do you tell the truths to yourself?	19	31.7	41	68.3
20	Do you think you can handle any situations?	27	45.0	33	55.0
21	Do you like being alone sometimes?	14	23.3	46	76.7
22	Do you always achieve your goals?	35	58.3	25	41.7

Table 2 shows the each question wise pre test level of self esteem of patient with mental illness.

Table 4.3: Pre test level of self esteem score

Level of self esteem	No. of women	In %
Low self esteem	42	70.0
Normal	18	30.0
Total	60	100

Table 3 shows pre test level of self esteem score of women before the investigator administering activity therapy.

- In general 70.0% of the women are having low self esteem score,
- About 30.0% of them are having normal self esteem score.

Table 4.4 Score interpretation

Minimum score = 0 Maximum score =1, questions= 22 Total score=22

S no.	Grade	score
1.	Low self esteem	< 11
2	Normal	11 -22

The scale ranges from 0-22.

Scores between 11 and 22 are within normal range;

Scores below 11 suggest low self-esteem

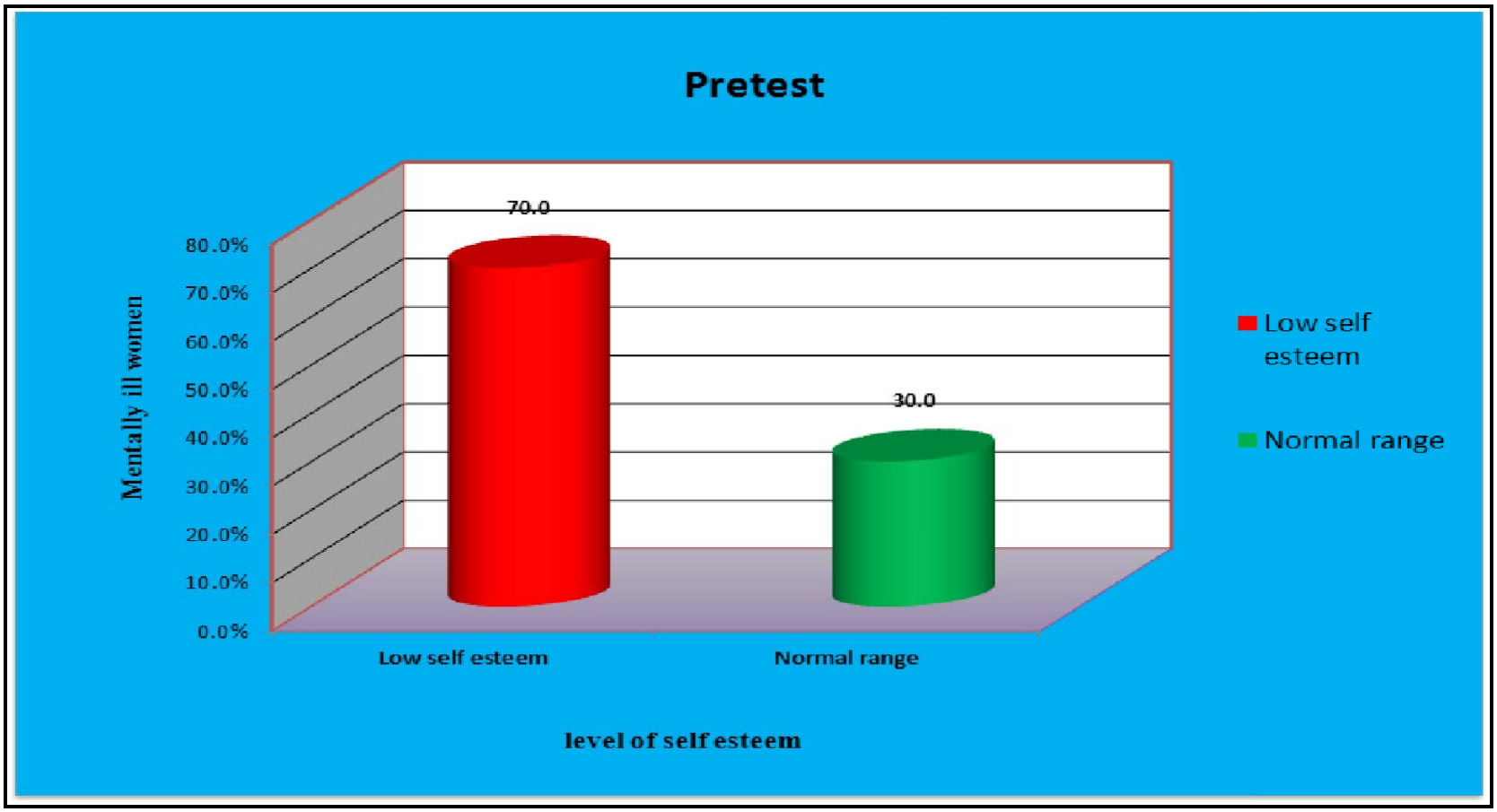


Fig 4.11 Pre test level of self esteem score wise distribution of mentally ill women

SECTION - III

Table 4.5: Assessment of Post test level of self esteem

Q. No	Question	Yes		No	
		frequency	In %	Frequency	In %
1	Do you like yourself?	58	96.7	2	3.3
2	Do you feel lonely most of the time?	46	76.7	14	23.3
3	Do you want to look different?	55	91.7	5	8.3
4	Do you take full responsibility for your actions?	45	75.0	15	25.0
5	Do you compare yourself to others?	40	66.7	20	33.3
6	Are you concerned about what others say about yourself?	43	71.7	17	28.3
7	Do you feel comfortable attending to a party?	32	53.3	28	46.7
8	Do you focus on your failures instead of your successes?	45	75.0	15	25.0
9	Do you think that you are worthy to be loved?	41	68.3	19	31.7
10	Do you blame others often?	45	75.0	15	25.0
11	Do you blame yourself often?	36	60.0	24	40.0
12	Do you always finish what you started?	43	71.7	17	28.3
13	Do you need recognition to feel good about yourself?	40	66.7	20	33.3
14	Are you confident all the time?	47	78.3	13	21.7
15	Do you stand up for yourself?	42	70.0	18	30.0
16	Do you think that you are talented?	39	65.0	21	35.0
17	Do you have goals or dreams to accomplish?	34	56.7	26	43.3
18	Do you give before you get?	47	78.3	13	21.7
19	Do you tell the truths to yourself?	37	61.7	23	38.3
20	Do you think you can handle any situations?	49	81.7	11	18.3
21	Do you like being alone sometimes?	42	70.0	18	30.0
22	Do you always achieve your goals?	46	76.7	14	23.3

Table 4 shows the each question wise post-test level of self esteem of patient with mental illness.

Table 4.6: Post test level of self esteem score

Level of self esteem	No. of women	In %
Low self esteem	14	23.3
Normal	46	76.7
Total	60	100

Table 5 shows post test level of self esteem score of women after investigator administering activity therapy. 23.3% of the women are having low self esteem score, 76.7% of them are having normal self esteem score.

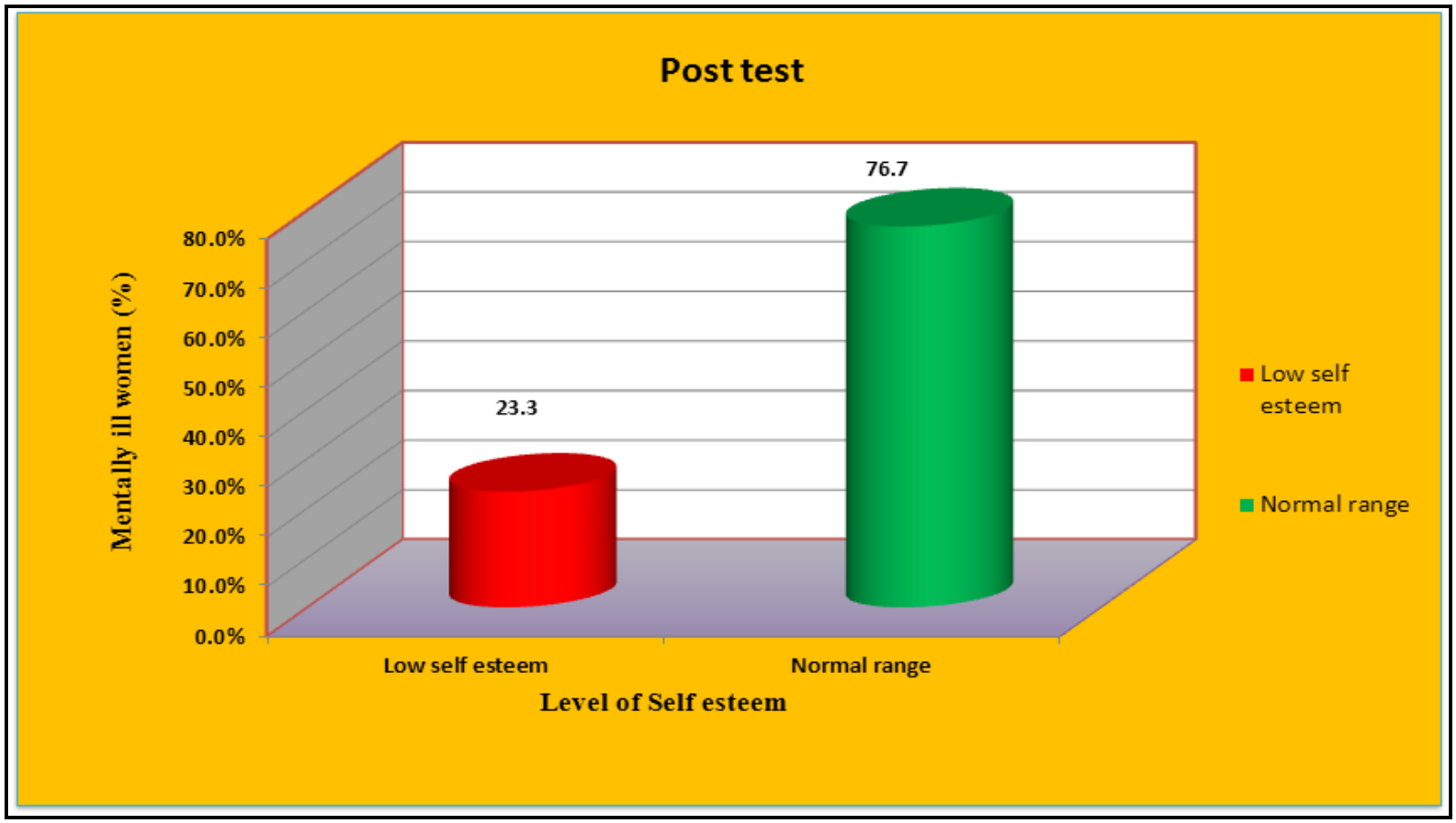


Fig 4.12 Post test level of self esteem score wise distribution of mentally ill women

Table 4.7: Assessment of Comparison of self esteem score

Q. No	Question	Pre test		Post test		Proportion test
		frequency	In %	frequency	In %	
1	Do you like yourself?	40	66.7	58	96.7	Z=4.26 p=0.001***
2	Do you feel lonely most of the time?	23	38.3	46	76.7	Z=4.24 p=0.001***
3	Do you want to look different?	40	66.7	55	91.7	Z=3.37 p=0.001***
4	Do you take full responsibility for your actions?	35	58.3	45	75.0	Z=1.93 p=0.06
5	Do you compare yourself to others?	22	36.7	40	66.7	Z=3.28 p=0.001***
6	Are you concerned about what others say about yourself?	30	50.0	43	71.7	Z=2.43 p=0.02*
7	Do you feel comfortable attending to a party?	15	25.0	32	53.3	Z=3.17 p=0.001***
8	Do you focus on your failures instead of your successes?	13	21.7	45	75.0	Z=5.84 p=0.001***
9	Do you think that you are worthy to be loved?	27	45.0	41	68.3	Z=2.58 p=0.01**
10	Do you blame others often?	25	41.7	45	75.0	Z=3.70 p=0.001***
11	Do you blame yourself often?	42	70.0	36	60.0	Z=1.16 p=0.25
12	Do you always finish what you started?	34	56.7	43	71.7	Z=1.71 p=0.09
13	Do you need recognition to feel good about yourself?	34	56.7	40	66.7	Z=1.12 p=0.25
14	Are you confident all the time?	26	43.3	47	78.3	Z=3.92 p=0.001***
15	Do you stand up for yourself?	29	48.3	42	70.0	Z=2.41 p=0.02*
16	Do you think that you are talented?	22	36.7	39	65.0	Z=3.10 p=0.001***
17	Do you have goals or dreams to accomplish?	20	33.3	34	56.7	Z=2.58 p=0.01**
18	Do you give before you get?	34	56.7	47	78.3	Z=2.53 p=0.01**
19	Do you tell the truths to yourself?	19	31.7	37	61.7	Z=3.29 p=0.001***
20	Do you think you can handle any situations?	27	45.0	49	81.7	Z=4.16 p=0.001***
21	Do you like being alone sometimes?	14	23.3	42	70.0	Z=5.12 p=0.001***
22	Do you always achieve your goals?	35	58.3	46	76.7	Z=2.14 p=0.03*

Significant at P≤ 0.05

** Highly significant at P≤0.01

*** Very high significant at P≤0.001

Table 4.8: Comparison of overall self esteem score

	No. of women	Mean ± SD	Mean Difference	Student's paired t-test
Pre-test	60	10.07±2.37	5.80	t=17.01 P=0.001***
post-test	60	15.87±2.21		

Significant at P≤ 0.05
** Highly significant at P≤ 0.01
*** Very high significant at P≤0.001

Table No-7 shows the comparison of overall self esteem score between pre-test and post-test.

In pre-test, women are having 10.07 score where as in post test they are having 15.87 score, so the difference is 5.8. This difference between pre-test and post test is large and it is statistically significant. Differences between pre-test and post test score was analyzed using paired t-test.

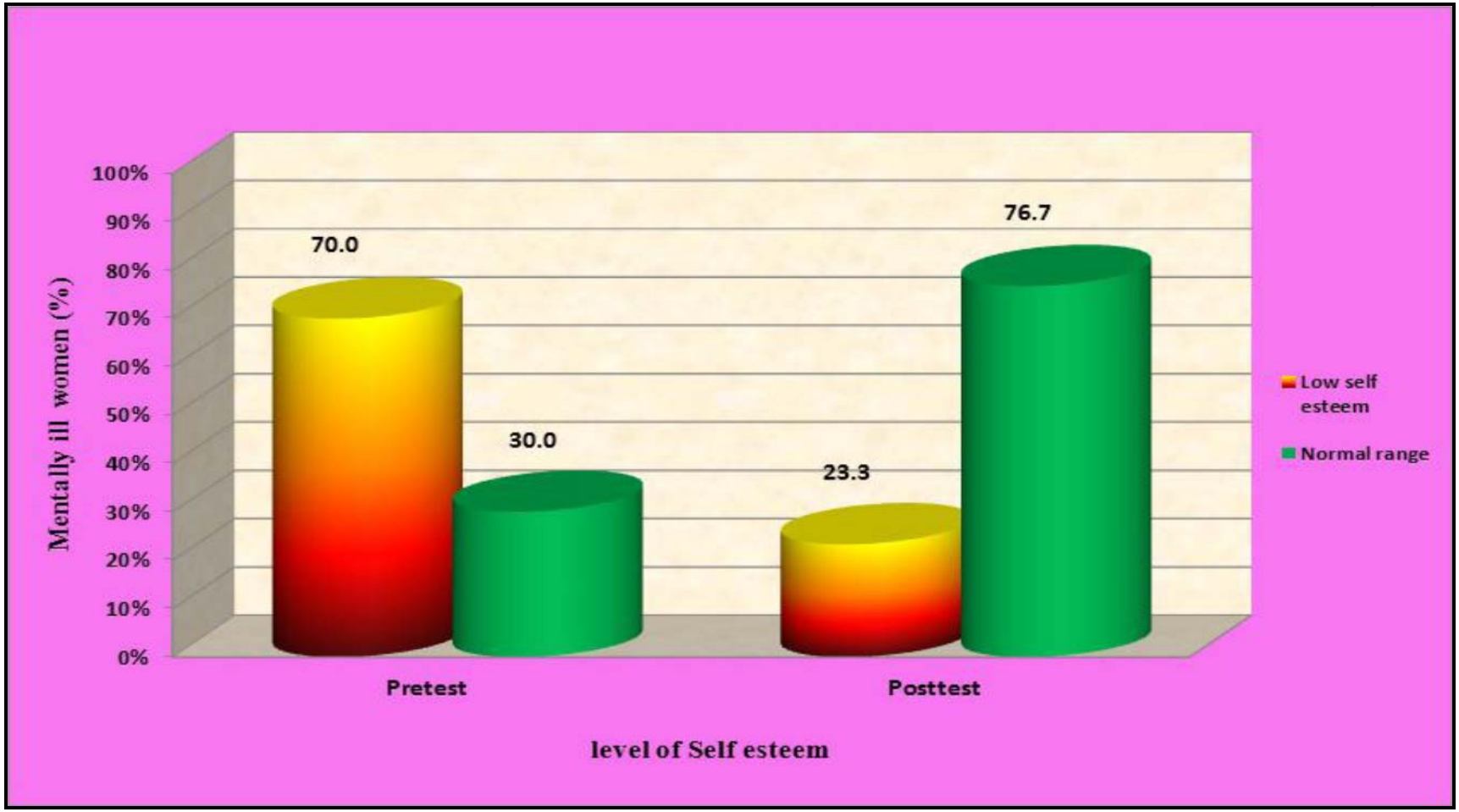


Fig 4.13- Comparison of pre test and post test self esteem score of mentally ill women

Table 4.9: Comparison of pre-test and post-test score

Level of self esteem	Pre-test		Post-test		Chi-square test
	No. of women	In %	No. of women	IN %	
Low self esteem	42	70.0	14	23.3	$\chi 2=26.25$
Normal range	18	30.0	46	76.7	P=0.001***
Total	60	100	60	100	

Significant at P≤ 0.0
** Highly significant at P≤ 0.01
*** Very high significant at P≤0.001

Table no.8 assesses the pre-test and post-test level of score.

Before activity therapy, 70.0% of the women are having low self esteem score, 30.0% of them are having normal self esteem score.

After activity therapy, 23.3% of the women are having low self esteem score, 76.7% of them are having normal self esteem score. Chi-square test was used to test the statistical significance.

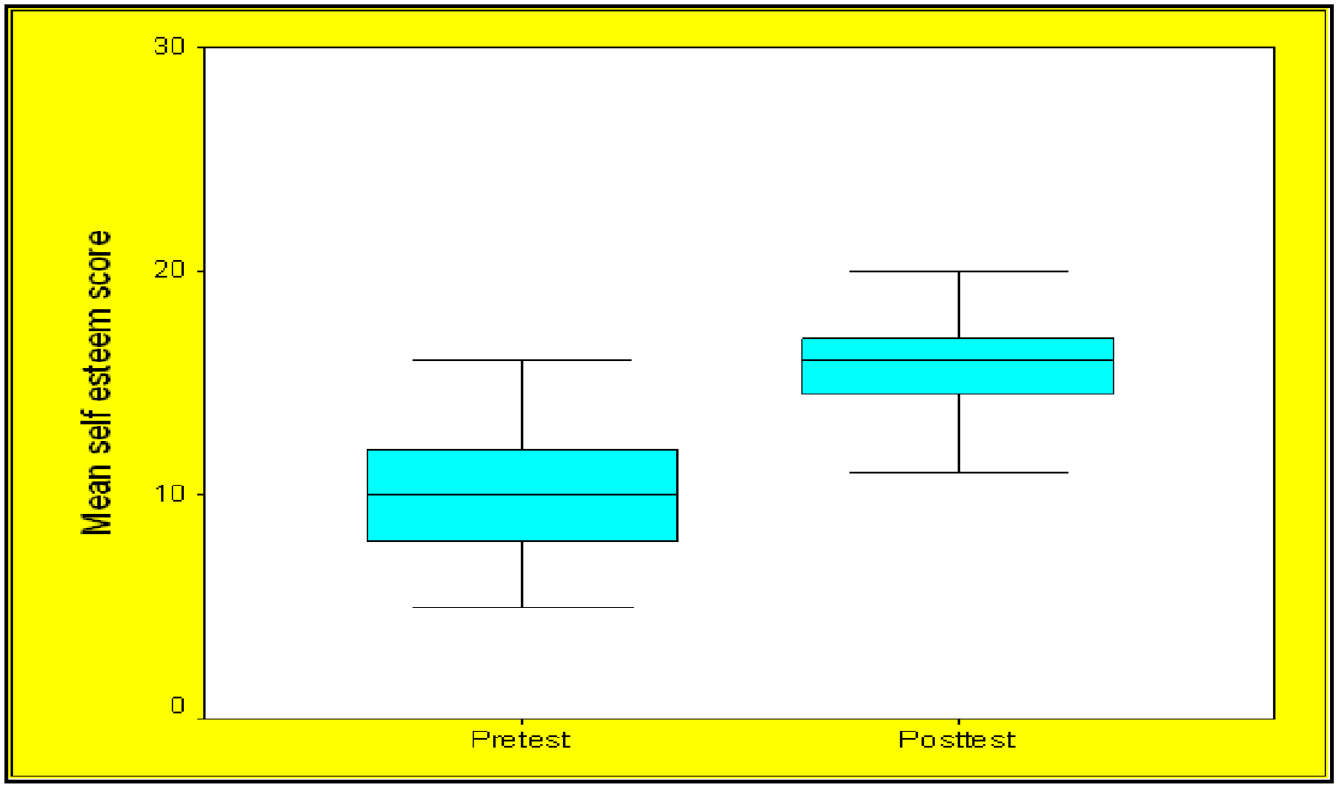


Fig 4.14- Comparison of pre-test mean self-esteem among women with mentally ill clients

SECTION - IV

Table 4.10: Effectiveness of activity therapy

	Max score	Mean self esteem score	Mean Difference in self esteem score with 95% Confidence interval	Percentage of self esteem gain score with 95% Confidence interval
Pre-test	22	10.07	5.8(5.12 – 6.48)	26.3 (23.3–29.5)
Post-test	22	15.87		

Table no 11shows the comparison of overall self esteem score between pre-test and post test.

On an average, in post test, women are gained 26.3% of self esteem score after implementing activity therapy. Differences between pre-test and post test score was analyzed using percentage with 95% CI and mean difference with 95% CI.

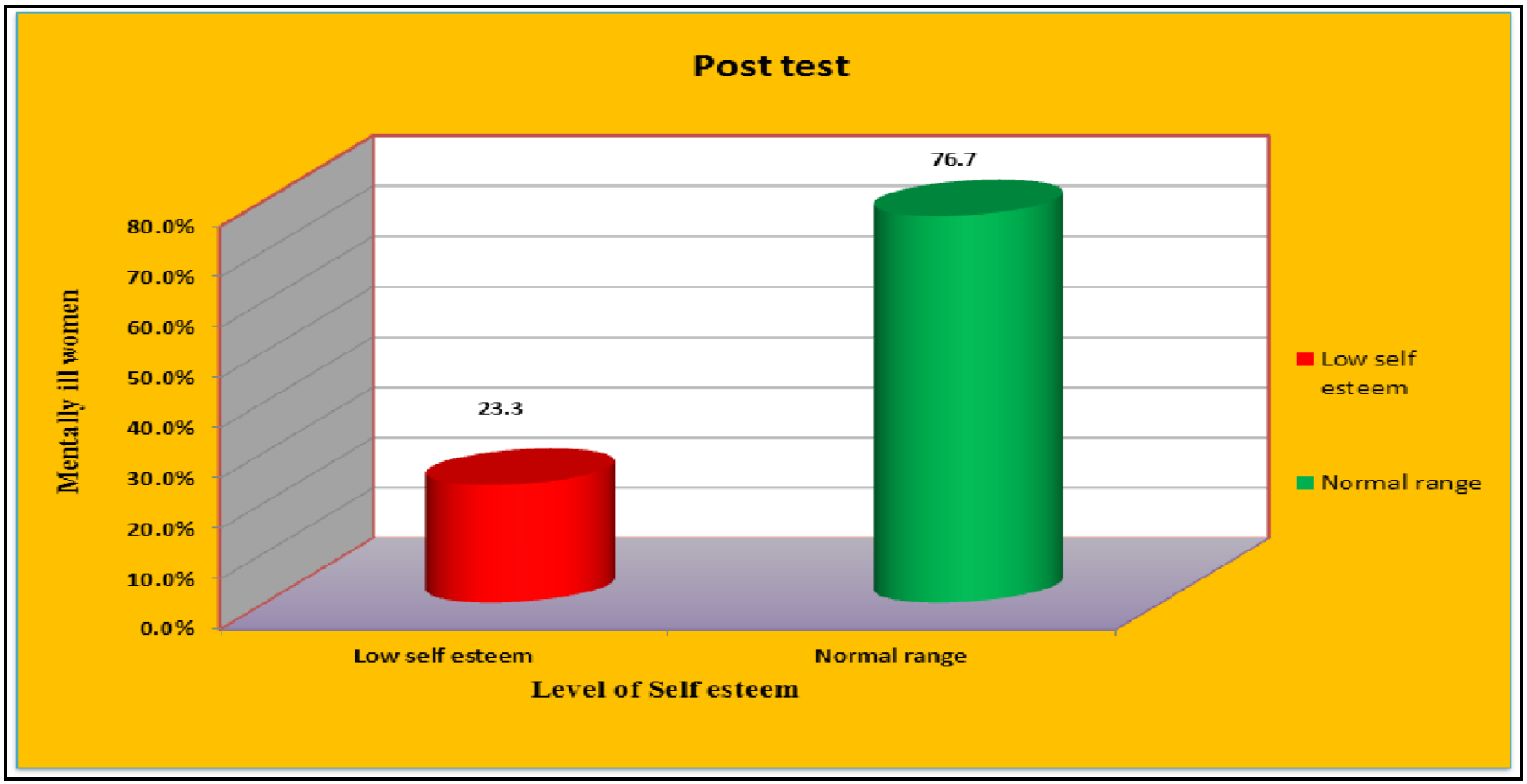


Fig 4.15 Effectiveness of activity therapy among women with mental illness

Table 4.11: Each question wise self esteem gain score

S. no	Questions	Pre-test In %	Post-test In %	% of Gain score
1	Do you like yourself?	66.7	96.7	30.0
2	Do you feel lonely most of the time?	38.3	76.7	38.4
3	Do you want to look different?	66.7	91.7	25.0
4	Do you take full responsibility for your actions?	58.3	75.0	16.7
5	Do you compare yourself to others?	36.7	66.7	30.0
6	Are you concerned about what others say about yourself?	50.0	71.7	21.7
7	Do you feel comfortable attending to a party?	25.0	53.3	28.3
8	Do you focus on your failures instead of your successes?	21.7	75.0	53.3
9	Do you think that you are worthy to be loved?	45.0	68.3	23.3
10	Do you blame others often?	41.7	75.0	33.3
11	Do you blame yourself often?	70.0	60.0	-10.0
12	Do you always finish what you started?	56.7	71.7	15.0
13	Do you need recognition to feel good about yourself?	56.7	66.7	10.0
14	Are you confident all the time?	43.3	78.3	35.0
15	Do you stand up for yourself?	48.3	70.0	21.7
16	Do you think that you are talented?	36.7	65.0	28.3
17	Do you have goals or dreams to accomplish?	33.3	56.7	23.4
18	Do you give before you get?	56.7	78.3	21.6
19	Do you tell the truths to yourself?	31.7	61.7	30.0
20	Do you think you can handle any situations?	45.0	81.7	36.7
21	Do you like being alone sometimes?	23.3	70.0	46.7
22	Do you always achieve your goals?	58.3	76.7	18.4

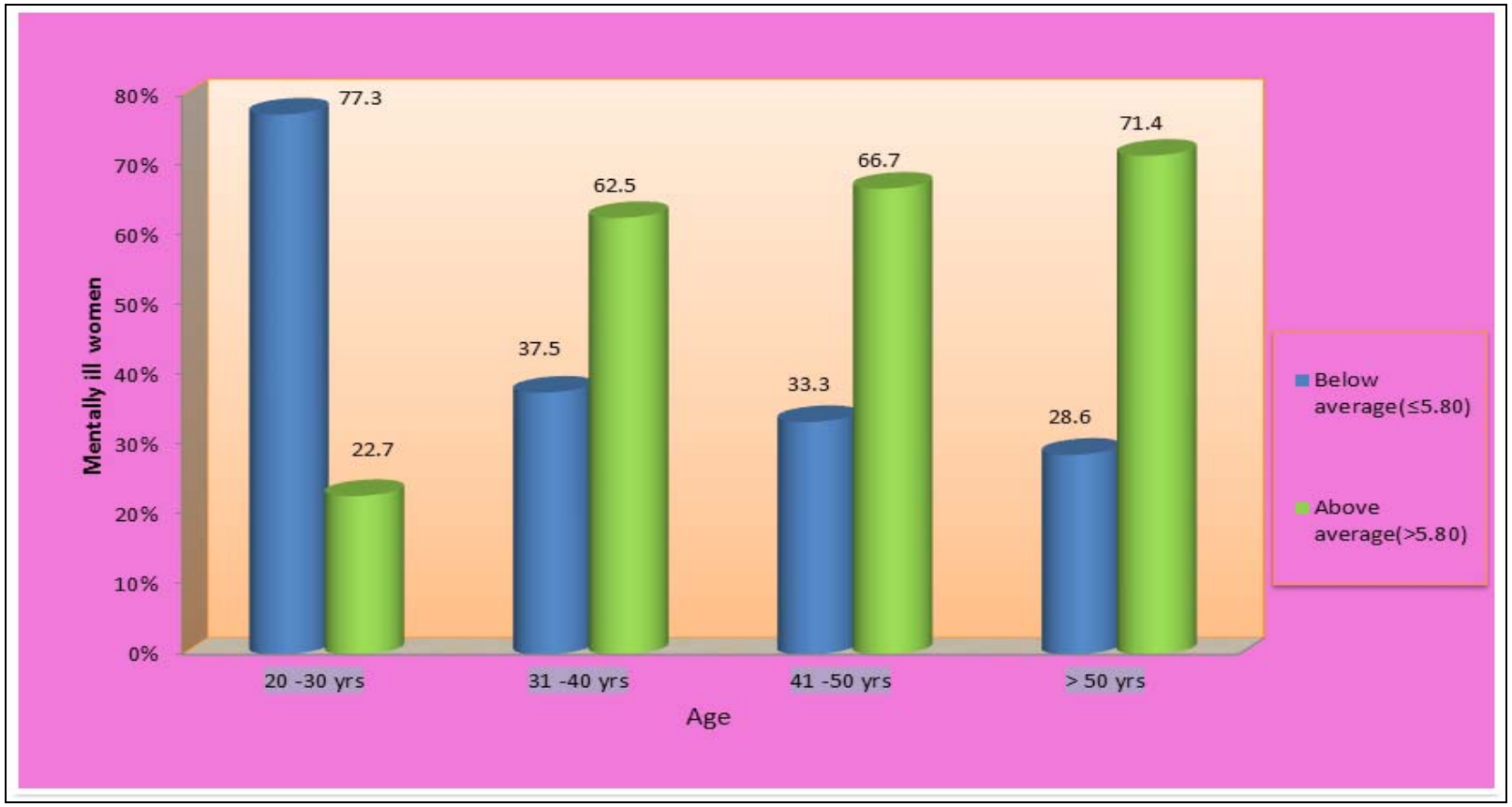
Table 12 Shows each question wise self esteem gain score.

SECTION - V

Table: 4.12 Association between level of self esteem gain score and women demographic variables

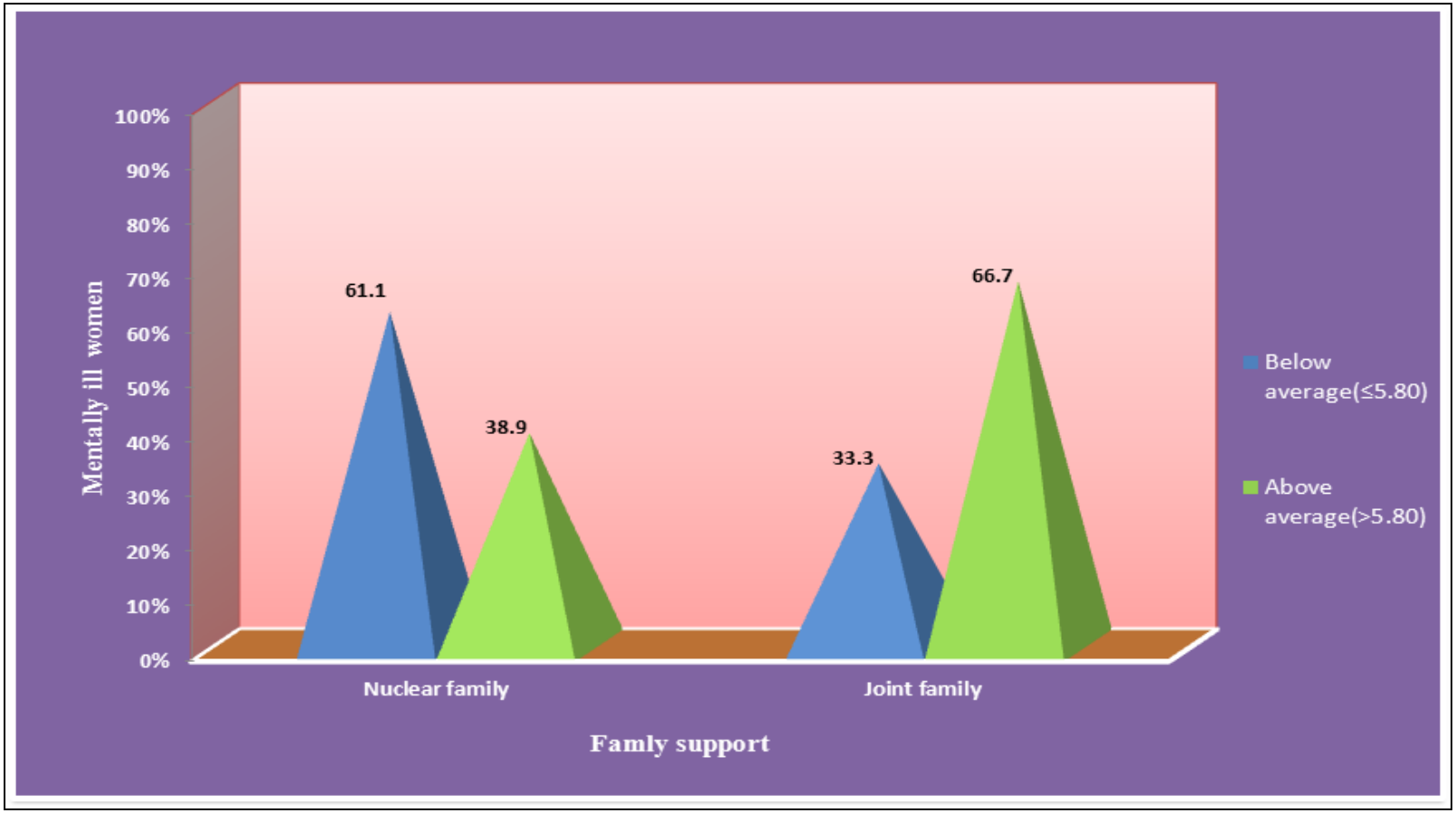
S. No	Demographic variables		Level of self esteem gain score				frequency	Chi square test
			Below average (≤5.80)		Above average (>5.80)			
			frequency	In %	frequency	In %		
1.	Age	20 -30 yrs	17	77.3	5	22.7	22	$\chi2$=10.49 P=0.05* DF=3
		31 -40 yrs	6	37.5	10	62.5	16	
		41 -50 yrs	5	33.3	10	66.7	15	
		> 50 yrs	2	28.6	5	71.4	7	
2.	Residence	Corporation	7	58.3	5	41.7	12	$\chi2$=1.35 P=0.50 DF=2
		Municipality	16	53.3	14	46.7	30	
		Panchayat	7	38.9	11	61.1	18	
3.	Religion	Hindu	16	41.0	23	59.0	39	$\chi2$=3.59 P=0.17 DF=2
		Muslim	4	66.7	2	33.3	6	
		Christian	10	66.7	5	33.3	15	
4.	Marital status	Married	13	46.4	15	53.6	28	$\chi2$=4.27 P=0.23 DF=3
		Not married	14	63.6	8	36.4	22	
		Widow	3	37.5	5	62.5	8	
		Separated	0	0.0	2	100.0	2	
5.	Education status	No formal Education	12	66.7%	4	33.3	16	$\chi2$=10.97 P=0.05* DF=3
		Primary	12	60.0	8	40.0	20	
		High school	4	28.6	10	71.4	14	
		Higher secondary	2	20.0	8	80.0	10	
6.	Type of family	Nuclear family	22	61.1	14	38.9	36	$\chi2$=4.44 P=0.05* DF=1
		Joint family	8	33.3	16	66.7	24	
7.	Previous Occupation	Employed	18	45.0	22	55.0	40	$\chi2$=4.40 P=0.11 DF=2
		Not employed	12	66.7	6	33.3	18	
		Housewife	0	0.0	2	100.0	2	
8.	Previous monthly income	< Rs.6000	17	45.9	20	54.1	37	$\chi2$=0.87 P=0.65 DF=2
		Rs.6001 -10000	2	50.0	2	50.0	4	
		> Rs.20000	0	0.0	1	100.0	1	
9.	Family support	Good	2	50.0	2	50.0	4	$\chi2$=0.15 P=0.99 DF=3
		Moderate	6	54.5	5	45.5	11	
		Mild	14	50.0	14	50.0	28	
		Poor	8	47.1	9	52.9	17	
10.	Duration of hospital stay	< 6 months	14	66.7	7	33.3	21	$\chi2$=4.68 P=0.32 DF=4
		7 - 12 months	2	50.0	2	50.0	4	
		13 - 18 months	1	33.3	2	66.7	3	
		19 - 24 months	3	60.0	2	40.0	+5	
		> 24 months	10	37.0	17	63.0	27	

Table 13 shows the association between level of self esteem gain score and women demographic variables. It shows the elders, more educated and joint family women are gained more self esteem than others. Statistical significance was calculated using chi-square test.



4.16 Association between level of self esteem gain score and women age

4.17 Association between level of self esteem gain score and women education status



4.18 Association between level of self esteem gain score and women family support

CHAPTER-V
SUMMARY OF RESULTS

This chapter presents a brief summary of the study. The present study aimed to prepare activity therapy and evaluate its effectiveness on the level of self esteem for clients diagnosed with mental illness.

The study had the following objectives

The study's objectives are

1) To identify the socio demographic variables of women with mental illness clients.

2) To assess the pre-test level of self esteem before activity therapy among the women with mentally ill clients.

3) To evaluate the post test level of self esteem after activity therapy among the women mentally ill clients.

4) To determine the effectiveness of activity therapy among the women with mentally ill clients.

5) To find out the association between post test level scores of self esteem with selected demographic variables.

Pre experimental design with one group pre-test and post test was applied in the study. The hypothesis tested in the study. A sample of 60 subjects with mental illness was selected through simple random sampling method.

In the pre intervention phase, the study subjects were assessed for socio demographic characteristics and the self esteem with Rosenberg Self Esteem scale and the data was collected through interview method.

During the intervention phase, activity therapy for promoting the self esteem was conducted in some sessions.

In post intervention phase, self esteem of the study subjects was collected using the same tool which was used in the pre intervention phase to evaluate the effectiveness of activity therapy.

The data obtained was analyzed using descriptive statistics such as frequency, percentage. Association of selected socio demographic characteristics of group with post test score was done by using Chi-square test and paired "t" test.

5.1 Findings of socio demographic profile of the women with mentally ill clients

- Among the women with mentally ill clients, higher proportion (36.7%) of the women belongs to the age group of 60- 65 years.
- About 50.0% of the women were lived in municipality.
- In religion wise 65.0% of the women were Hindu
- Most of them 45.7% were married women.
- As far as the educational status of the women were concerned higher proportion 33.3% of the women had primary education.
- Type of family most of them lived as nuclear family 61.7%.
- According to their pre morbid occupational status, mostly 66.7%.
- They are employed and pre-morbid monthly income were 88.1% of the women got below Rs.6000.
- Among the respondents almost half of the people 46.7% had mild family support.

- ❖ Higher proportion of the women 45.6% who were staying at the institute of mental health nearly above 24 months.

5.2 Finding the self esteem level of mentally ill women before activity therapy

Before administration of activity therapy, In general 70.0% of the women are having low self esteem score, 30.0% of them are having normal self esteem score.

5.3 Finding the self esteem level of women with mental illness clients after activity therapy

In the post test level of self esteem score of women after administering activity therapy. 23.3% of the women are having low self esteem score, 76.7% of them are having normal self esteem score.

5.4 Finding the effectiveness of activity therapy with regard to self esteem level in women with mental illness clients

In the comparison of overall self esteem score between pre test and post test. In pre-test, women are having 10.07 score where as in post test they are having 15.87 score, so the difference is 5.8. This difference between pre-test and post test is large and it is statistically significant (P = 0.001). Differences between pre test and post test score was analyzed using paired t-test.

Assess the pre-test and post-test level of score.

Before activity therapy, 70.0% of the women are having low self esteem score, 30.0% of them are having normal self esteem score.

After activity therapy, 23.3% of the women are having low self esteem score, 76.7% of them are having normal self esteem score. Chi-square test was used to test the statistical significance

On an average, in post test, women are gained 26.3% of self esteem score after implementing activity therapy. Differences between

pre test and post test score was analyzed using percentage with 95% CI and mean difference with 95% CI.

5.5 Finding of an association of self esteem with the selected demographic variables

There is close association in thelevel of self esteem gain score and women demographic variables. It shows the elders, more educated and joint family women are gained more self esteem than others statistically significant.

CHAPTER-VI
DISCUSSION

"Speak out your speech, when once is past dispute. That none can utter speech that shall your speech refute".

This chapter deals with the demographic variables and findings of the data statistically analyzed in occurrence with the objectives of the study. The present study was an attempt to find out the effectives of activity therapy on the level of self esteem of the women with mental illness. One group pre-test and post test design was adapted to find out the effectiveness of activity therapy. Data were collected from 60 clients diagnosed with mentally ill through simple random sampling methods. Data collection was done sing the Rosenberg Self Esteem Scale through interview method. Collected data were analyzed and interpreted and presented in the form of tables and graphs. To describe socio demographic characteristics of the study subjects frequency and percentage were calculated. Association of socio demographic characteristics of experimental group with post-test self –esteem was tested out by using chi-square test. To compare the scores between the pre test and post test paired' test was used.

Objective- I : To identify the socio demographic variables of women with mental illness clients.

Among the women with mentally ill clients, higher proportion 36.7% of the women belongs to the age group of 20-30years. Residence wise 50.0% of the women were lived in municipality. In religion wise 65.0% of the women were Hindu. Most of them 45.7% were married women. As far as the educational status of the women is concerned higher proportion 33.3% of the women had primary education. Type of family most of them lived as nuclear family 61.7%. According to their

pre morbid occupational status, mostly 66.7%. They are employed and pre-morbid monthly income were 88.1% of the women got below Rs.6000. Among the respondents almost half of the people 46.7% had mild family support. Higher proportion of the women 45.6% who were staying at the institute of mental health nearly above 24 months.

Similar findings were observed in the study by **Bowins B, Shugar G (2010)** results indicated that relationship between delusions and self esteem and found that delusional content is consistent with patient's views of themselves, and this partially accounted for the level of self esteem. In this comparative study characterised that age, gender, educational level, pre-morbid employment, marital status, family support. The respondents reporting their gender were female members about 77.8%, in addition most of the respondents were in the age group of > 25 years. In experimental group, majority of the subjects 46.5% were married. The participants had 40% of completed graduation. In experimental group majority of the subjects (33.3%) were unemployed and in control group majority of the subjects (26.7%) were equally unemployed, employed and belonged to others category. In experimental group of the subjects (46.7%) were married and in control group majority of the subjects, (73.3%) were unmarried. The family support in both experimental group (93.3%) and control group (86.7%), majority of the subjects were receiving much satisfactory and much adequate support from their family members.

Objective - II : To assess the pre-test level of self esteem before activity therapy among the women with mentally ill clients.

Pre test level of self esteem score of women before administering activity therapy. In general 70.0% of the women are having low self esteem score, 30.0% of them are having normal self esteem score.

The present study consistent with this study which was conducted by **Dalbirkaur.G** on activity therapy among mentally ill clients to examined the relationship between depression and self esteem. In this study majority of the subjects 48.14% were male and high level of self esteem and half of the subjects 52.86% were female and having low self esteem. In the way from unborn 57.14% were having high level of self esteem and half of the subjects from rural 50% were having low level of self esteem. Majority of the subjects had school education (57.7%) and had high level of self esteem. Half of the subjects had college education (50.0%) and have low level of self esteem.

Objective – III : To evaluate the post test level of self esteem after activity therapy among the women mentally ill clients.

Post test level of self esteem score of women after teachers after administering activity therapy. 23.3% of the women are having low self esteem score, 76.7% of them are having normal self esteem score.

This study consistent with the study conducted by **Brekke J S, Kohrt B, Green M F (2007)** which focussed on measuring changes in self esteem level before and after 4 weeks of executive physical functioning sessions. It was done in comparative study for the 30 clients in experimental group and 30 clients in control group at NIMHANS. Researchers carefully measured the physical, psychological and emotional indicators of self esteem. The self esteem was assessed by structured scale of Rosenberg Self Esteem scale. The total mean pre test value obtained was 12.93 and standard deviation was 3.150. The total mean post test value obtained was 25.07 and standard deviation was 3.863.The total means value of the post of 25.07 was higher than the total mean value of the pre test score of 12.93 indicating that the improvement was 12.14. The ‘t’ value was 18.561 and it was found significant at ‘p’ value <0.001.

Objective - IV: To evaluate the post test level of self esteem after activity therapy among the women mentally ill clients.

The comparison of overall self esteem scores between pre-test and post-test.

In pre-test, women are having 10.07 score where as in post test they are having 15.87 score, so the difference is 5.8. This difference between pre-test and post test is large and it is statistically significant. Differences between pre test and post test score was analyzed using paired t-test.

Assess the pre-test and post-test level of score.

Before activity therapy, 70.0% of the women are having low self esteem score, 30.0% of them are having normal self esteem score.

After activity therapy, 23.3% of the women are having low self esteem score, 76.7% of them are having normal self esteem score. Chi-square test was used to test the statistical significance

On an average, in post test, women are gained 26.3% of self esteem score after implementing activity therapy. Differences between pre test and post test score was analyzed using percentage with 95% CI and mean difference with 95% CI.

The study was support by **Kiruthika T K, (2012)** conducted a study indicate that, activity training, a base line comparison in schizophrenia clients of pre test score between the experimental group and the control group in self esteem were employed. The data were collected by using Rosenberg Self Esteem Scale which had 10 statements reflecting the self esteem. The data were analysed using the unpaired 't' test. The mean value obtained for the experimental group was 12.93 and standard deviation was 3.150. In control group the total mean value was 14.53 and standard deviation was 4.373.The 't' value was 0.431 and it was not significant since the P value was 0.670

comparatively it was found that there was slightly increase in self esteem in the control group than the experimental group.

Objective – V : To determine the effectiveness of activity therapy among the women with mentally ill clients.

The association between level of self esteem gain score and women demographic variables. It shows the elders, more educated and joint family women are gained more self esteem than others. Statistical significance was calculated using chi-square test.

These finding were in tune with **Franklin Stein (2004)** who found that work provides the psychiatric client with opportunities to be provide main stream of life which positively influence self esteem and to attain the psychological satisfaction that are derived from being employed. The association of self esteem and activity with selected socio demographic variables such as age, gender, religion, marital status, type of family and economical support was statistically non-significant except gender, education and duration of stay in the pre test of experimental group. It was found association with the rehabilitation related activities at the level of 5% that is 2.52 > 1.960 means females have more level of self esteem than male of the study sample. The experimental group has shown a dramatic change in the level of self esteem compared to control group by activity therapy at selected rehabilitation centre.

The findings highlighted that significantly improvement in self esteem. The result of the present study indicated that there were improvements in self esteem after the activity therapy. The interventional programme used in the study was found to be useful in increasing the level of self esteem. Based on the above findings both the stated hypotheses such as

H1→ There will be a significant difference between pre test and post test level of self esteem scores among women with mentally ill.

H2→ There will be a significant association between post test level of self esteem scores with selected demographic variables of mentally ill women were proved in this study.

CHAPTER-VII
CONCLUSION, AND RECOMMENDATION

"The world we have created is a product of our thinking; it cannot be changed without changing our thinking"

-Albert Einstein

Self-esteem is important because it shows ourselves how we view the way we are and the sense of our personal value. Thus, it affects the way we are and act in the everybody else. Self –esteem is attractive as a social psychological construct because investigator has conceptualized it as an influential predictor of certain outcomes, such as academic achievement, happiness, satisfaction in goal attainment and maintains relationships and criminal behaviour

So the researcher conducted a study to assess the effectiveness of activity therapy to improve the self esteem among women with mental illness clients in selected Institute of Mental Health at Chennai. The data was collected for 4 weeks in selected Institute of Mental Health, at Kilpauk, Chennai from 16. 7. 2015 to 14.8. 2015. The collected data was analyzed by using the descriptive statistics (percentage, mean, standard deviation) and inferential statistics (student paired t test and chi square test). The study findings were discussed based on the objectives.

7.2 Implication of the study

The finding of the study has implications for nursing education, nursing practice, nursing research and nursing administration.

Mental illness is a chronic disease associated with a significant and long- lasting health, social, and financial burden, not only for patients but also for families, other caregivers, and the wider society the

self esteem is also an important factor which influences the symptamatology, quality of life and subjective well being. Rehabilitation should involve use of all those forms of physical medicine coupled with vocational retraining, and one or other form of residential facilities, and functioning. It should involve a purposeful, action-oriented programme ideally involving an activity schedule for the entire day, if necessary in a sheltered, nurturing environment. The importance of rehabilitation is recognized across the spectrum of health and social care, in primary, secondary and tertiary care settings. Nurses should focus on rehabilitative aspects of their role, irrespective of their area of practice and client group. The findings of the present study have implications in the field of nursing education, nursing practice, nursing research and nursing administration.

7.2.1. Nursing education

- ❖ Nursing curriculum focuses to develop skills in identifying the low self esteem level and its management.
- ❖ Conferences, workshops and seminars can be held for nurses to improve the self esteem level among mentally ill clients and positive attitude.
- ❖ Arrange in-service education to update their knowledge regarding rehabilitation in activity therapy.
- ❖ Make available literature related to therapy.

7.2.2. Nursing practice

- ❖ Nurses should play an important role in identifying the disabilities of patients with mental illness, as they participate in nursing activities at all the three levels like primary, secondary and tertiary.

- More number of nurses should be encouraged to work as a rehabilitation nurse and community health nurse should be encouraged to work as rehabilitation programmes to achieve the objectives of Mental Health Care Act, 2010.

- The extended and expanded role of nurses being the trends, the mental health nurse, rehabilitation nursed, and community health nurse can assume role as health educators in promotion of rehabilitation to the patients with mental illness.

- Using the activity therapy, where nurses can incorporate several strategies in identifying and intervening in patients with mental illness and help them to improve self esteem.

7.2.3 Nursing research

- Nurse should be interested in doing research on this topic with the patients of other mental illness. They should not stop with it, but they must implement the findings in their practice as a means of promoting evidence based practice.

- The module on activity therapy may serve as a guide and help the future researchers in developing a newer one.

- Nurses are doing research methodologically but the results should be communicated through different media so that it could be useful for many patients, nurses, educators, administrators, care givers in a variety of settings.

7.2.4. Nursing administration

- The findings of the study simply that the psychiatric nurses should plan for rehabilitation since the first day of admission of the patient in the hospital.

- ❖ Nurse administrators should plan for the in service education programme like on the job training, skill training in order that the study topic will help nurses to provide effective care to the patients.

- ❖ She also should encourage similar kinds of activities in the psychiatric wards and make it as a routine in the activity schedule.

- ❖ The feedback should be taken from the patients, care givers by nurses to plan for a variety of activity therapy over a period of time.

- ❖ She could arrange for an exhibilitation and display the articles for sale, which will promote confidence, both to the patients and care givers.

- ❖ She also may inform the patients about the small scale industries and the support given by the government, which in turn may help the patients to work or start the same with the help of family members.

7.1 Limitation of the study

- ❖ The study was limited to the women only

- ❖ The study was limited to the female wards in Institute of Mental Health at Chennai.

- ❖ The women with mentally ill clients who were willing to participate in the study.

- ❖ The data collection was restricted only for 4 weeks.

- ❖ The self esteem level was assessed based on the score obtained

- ❖ The findings of study cannot be generalized.

7.3 Recommendation for father study

- ❖ Keeping in view, the finding of the present study can be used as a guide for future research.
- ❖ A similar study can be undertaken on a large sample in different setting
- ❖ A similar study can be conducted to assess the effectiveness of other complimentary therapies on self esteem
- ❖ A longitudinal study can be undertaken to find out the long term effect of activity therapy on self esteem.
- ❖ New activities can be included in the activity therapy and the impact of training on self esteem may be reassessed.
- ❖ A comparative study between male female can be done to find out the effectiveness of intervention in both genders.

Conclusion

Education in evidence based care gives the opportunity to nurses to improve their ability to use theoretical knowledge in practice.

Self-esteem is a most important factor in the development of human's personality. Psychiatric patients are more prone to get affected with low self-esteem because they are less confident, neglected by the community, limited thinking level, less self coping mechanism, high dependency level, jobless, isolated and stigmatized. These all lead to low self-esteem and low self-esteem affects his treatment process.

Activity therapy can also help people with their social skills. The benefits of activity in these types of situation can help with people that are withdrawn or shy, or who, for some reason or another, have a difficult time functioning with in social situations. Basically the benefits

of art therapy can be quite broad. It can improve lives by helping people, and it's worth considering if it can aid you in some way or another.

This study concluded that nurse's role in managing and improving the self esteem is mandatory. Through activity therapy, women with mentally ill client's self esteem had got improved 26.3%. So this improvement of self esteem reflects the effectiveness of activity therapy. So the nurses should educate the women with mentally ill clients to understand the causes of low self esteem and advantages of activity therapy.

This chapter enlightens the importance of this research and reveals that the improvement of self esteem among women with mental illness is significant.

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INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI-3

EC Reg No.ECR/270/Inst./TN/2013
Telephone No. 044 25305301
Fax : 044 25363970

CERTIFICATE OF APPROVAL

To
Mrs. MURUGESWARI.A
M.Sc., (Nursing)
College of Nursing
Madras Medical College,
Chennai – 600 003.

Dear Mrs. MURUGESWARI.A,

The Institutional Ethics Committee has considered your request and approved your study titled **A STUDY TO ASSESS THE EFFECTIVENESS OF ACTIVITY THERAPY ON THE LEVEL OF IMPROVING THE SELF ESTEEM AMONG WOMEN WITH MENTAL ILLNESS, ADMITTED AT INSTITUTE OF MENTAL HEALTH, KILPAUK. No.38102014.**

The following members of Ethics Committee were present in the meeting held on 21.10.2014 conducted at Madras Medical College, Chennai-3.

1. Dr.C.Rajendran, M.D.,	: Chairperson
2. Dr.R.Vimala, M.D., Dean, MMC, Ch-3	: Deputy Chairperson
3. Prof.B.Kalaiselvi, M.D., Vice-Principal, MMC, Ch-3	: Member Secretary
4. Prof.R.Nandhini, M.D., Inst.of Pharmacology, MMC	: Member
5. Prof.K.Ramadevi, Director i/c, Inst.of Biochemistry, MMC	: Member
6. Prof.Saraswathy, M.D., Director, Pathology, MMC, Ch-3	: Member
7. Prof.S.G.Sivachidambaram, M.D., Director i/c, Inst.of Internal Medicine, MMC	: Member
8. Dr.Raghumani, M.S., Professor of Surgery, MMC	: Member
9. Thiru S.Rameshkumar, Administrative Officer	: Lay Person
10. Thiru S.Govindasamy, B.A., B.L.,	: Lawyer
11. Tmt.Arnold Saulina, M.A., MSW.,	: Social Scientist

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary, Ethics Committee

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **Ms.Murugeswari.A,** M.Sc. Nursing II year, College of Nursing, Madras Medical College which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF ACTIVITY THERAPY ON THE LEVEL OF IMPROVING THE SELF ESTEEM AMONG WOMEN WITH MENTAL ILLNESS,ADMITTED AT INSTITUTE OF MENTAL HEALTH, KILPAUK."** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

SIGNATURE WITH SEAL

NAME : MRS. H. CATHERINE BABY SUHASINI

DESIGNATION: LECTURER

COLLEGE : MADHA COLLEGE OF NURSING.

MADHA COLLEGE OF NURSING
15 JUL 2015
CHENNAI - 600 069

PLACE: CHENNAI

DATE: 15.07.15

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SIGNATURE WITH SEAL

NAME : K. Vijayalakshmi.

DESIGNATION: Professor.

COLLEGE : Apollo College of Nursing, Chennai

PLACE: Chennai.

DATE: 31.07.2015.

CERTIFICATE FOR CONTENT VALIDITY

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B. SUDHAKARAN, M.A.,M.Phil(Cl.Psy).,
Regn.No: A07047
Assistant Professor of Psychology cum
Clinical Psychologist,
Institute of Mental Health, Chennai-10.

SIGNATURE WITH SEAL

NAME : B. SUDHAKARAN

DESIGNATION: ASST. PROF OF PSYCHOLOGY CUM CLINICAL PSYCHOLOGIST

COLLEGE : INSTITUTE OF MENTAL HEALTH

PLACE: CHENNAI

DATE:

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SIGNATURE WITH SEAL

SENIOR CIVIL SURGEON
INSTITUTE OF MENTAL HEALTH
KILPAUK, CHENNAI 10

NAME : Dr. V. Venkatesh Mathankumar.

DESIGNATION: Associate Professor

COLLEGE : Madras Medical college

PLACE: Chennai

DATE: 31.7.2015

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **Ms. Murugeswari. A,** M.Sc. Nursing II year, College of Nursing, Madras Medical College which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF ACTIVITY THERAPY ON THE LEVEL OF IMPROVING THE SELF ESTEEM AMONG WOMEN WITH MENTAL ILLNESS,ADMITTED AT INSTITUTE OF MENTAL HEALTH, KILPAUK."** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

03.08.2015

SIGNATURE WITH SEAL

JOURNAL OF SCHOOL SOCIAL WORK
No. 8, (NEW 14), SRIDEVI COLONY
7th AVENUE, ASHOK NAGAR
CHENNAI - 600 083

NAME : Prof P. J. Naidu

DESIGNATION: Editor, Journal of School Social Work
Visiting Professor

COLLEGE : 1. LISTAR, Loyola,
2. Vikrama Simhapuri University Nellore.

PLACE: Chennai

DATE: 03.08.2015

From

Mrs.A.Murugeswari,
M.Sc. (N) II year,
College of Nursing,
Madras Medical College,
Chennai - 600003.

To

The Director,
Institute of mental health,
Kilpauk,
Chennai – 10

6-7-15

Through Proper Channel

Respected Sir,

Sub: Requesting for permission to conduct a nursing research study-regarding

I A.Murugeswari,M.sc Nursing II year, College of Nursing, Madras Medical College, request you to kindly grant me permission to conduct nursing research study on the topic**'A STUDY TO ASSESS THE EFFECTIVENESS OF ACTIVITY THERAPY ON THE LEVEL OF IMPROVING THE SELF ESTEEM AMONG WOMEN WITH MENTAL ILLNESS IN INSTITUTE OF MENTAL HEALTH ATCHENNAI'.**As partial fulfilment of dissertationstudy for the degree of Master of Science in Nursing.

Hourly
prosic
Okay
01.07.15

I assure you that it will not interfere with the routine activities of the study settings as well as keep confidentiality and anonymity of each elderly people.

Thanking you

Place: chennai.

Date: 01-07-2015

Yours obediently

A.Murugeswari

(A.MURUGESWARI)

APPENDIX -1V

SECTION – A

1. SOCIO DEMOGRAPHIC PROFILE

Read the following question and put a tick mark (√)

1. Age
   - a. Below 21 to 30 ☐
   - b. 31 to 40 ☐
   - c. 41 to 50 ☐

2. Habitat
   - a. Rural ☐
   - b. Urban ☐
   - c. Semi-urban ☐

3. Religion
   - a. Hindu ☐
   - b. Christian ☐
   - c. Muslim ☐

4. Marital status
   - a. Unmarried ☐
   - b. Married ☐
   - c. Widow ☐
   - d. Divorced/separate ☐

5. Educational level
   - a. No formal education ☐
   - b. Primary ☐
   - c. Secondary ☐
   - d. Higher secondary ☐
   - e. Graduation ☐

6. Type of family
    a. Nuclear ☐
    b. Joint ☐
    c. Extended ☐

7. Pre-morbid occupational status
    a. Unemployed ☐
    b. Employed ☐
    c. House wife ☐

8. Pre morbid monthly income status
    a. Rs. 6000 & below ☐
    b. Rs. 6001 to 10,000 ☐
    c. Rs. 10,001 to 20,000 ☐
    d. 20,000 & above ☐

9. Family support and interactional patterns
    a. More satisfactory ☐
    b. Moderate satisfactory ☐
    c. Slightly satisfactory ☐
    d. Unsatisfactory ☐

10. Duration of hospitalization
    a. Below to 6 months ☐
    b. 7 to 12 months ☐
    c. 13 to 18 months ☐
    d. 19 to 24 months ☐
    e. Above 24 months ☐

SECTION –B

2. Questionnaire on assessing the self-esteem level of women with mental illness Rosenberg's self-esteem scale

S.NO	STATEMENT QUESTIONS	YES	NO
1.	Do you like yourself?		
2.	Do you feel lonely most of the time?		
3.	Do you want to look different?		
4.	Do you take full responsibility for your actions?		
5.	Do you compare yourself to others?		
6.	Are you concerned about what others say about yourself?		
7.	Do you feel comfortable attending to a party?		
8.	Do you focus on your failures instead of your successes?		
9.	Do you think that you are worthy to be loved?		
10.	Do you blame others often?		
11.	Do you blame yourself often?		
12.	Do you always finish what you started?		
13.	Do you need recognition to feel good about yourself?		
14.	Are you confident all the time?		
15.	Do you stand up for yourself?		
16.	Do you think that you are talented?		
17.	Do you have goals or dreams to accomplish?		
18.	Do you give before you get?		
19.	Do you tell the truths to yourself?		
20.	Do you think you can handle any situations?		
21.	Do you like being alone sometimes?		
22.	Do you always achieve your goals?		

SCORE

- If you answered **YES** to the following questions give yourself "**1" point** after each answer;

  1, 4, 7, 9, 12, 14-22. The answer **NO** equals **"O" point**.

- If you answered **YES** to the following questions give yourself **"O" point** after each answer;

  2, 3, 5, 6, 8, 10, 11, 13. The answer **NO** equals "1" **point**.

The higher score--- the higher the level of your self-esteem.

You can print out this questionnaire on self-esteem and start working to boost your self-esteem with the help of the links below.

The scale ranges from 0-22.

Scores between 11 and 22 are within normal range;

Scores below 11 suggest low self-esteem

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Certificate

This is to Certify that *Murugeswari A.* M.Sc., (Psychiatric Nursing) had undergone an intensive training programme (part-time) in **Activity Therapy** from **01-07-2015** to **31-07-2015** and had been awarded **D** Grade after an objective evaluation of her skills in Activity Designing (90%), Documentation (85%), Message Inclusion (80%) and Activity Evaluation (90%).

She is capable of conducting Activity Therapy sessions independently & effectively.

Key:
Grade A: 51% - 60%. B: 61% - 70% C: 71% - 80% D: 81% - 90% E: Above 90%

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Jayachandran Naidu P MA, MEd, DCP.,
Cognito-Academic Consultant
Editor, Journal of School Social Work

APPENDIX VI

MODULE ON ACTIVITY THERAPY

PREPARED BY :

Mrs. A. Murugeswari,

M.SC. (N) II Year

Psychiatric Nursing,

M.M.C., Chennai-3.

ACTIVITY THERAPY

Activity therapy is healing technique that is often employed with is often employed with people overcoming physical addictions or emotional issues. The main focus of the therapy is to engage the individual in creative endeavours that help to alter the thought processes of the patient in a positive manner. Activity therapy may take place between a therapist and a single patient or be utilized in a group environment. It is the prescription of and assistance with specific physical, cognitive, social, and spiritual activities to increase the range, frequency, or duration of an individual's (or group's) activity.

The therapists work with individuals who suffer from a mentally, physically, developmentally, and/or emotionally disabling condition by utilizing treatments that develop, recover, or maintain clients' activities of daily living. The therapist helps clients not only to improve their basic motor functions and reasoning ability, but also to compensate for permanent loss of function. The litigate goal of activity therapy is to help clients have independent, productive, and satisfying lives. Furthermore, therapists are becoming increasingly involved in addressing hte impact of social political and environmental factors that contribute to exclusion and occupational deprivation.

Psychiatric disorders as a cause of occupational disability are under-recognised and under-treated disabilities associated with mental disorders are equally or more debilitating than those associated with chronic general medical conditions, activity therapy has assumed increasing importance as part of the array of services available for persons with schizophrenia. Work not only provides financial

remuneration but is a normalizing experience, allowing individuals to participate in society, and may promote self esteem and quality of life.

In this technology driven 21st century, psychiatric nurses are gaining knowledge and developing skill in providing quality care to the patients and also showing more interest in evidence based practice. The purpose of this module on "Activity Therapy" is to assist nurses to give traing to patients in making various products of art and craft thereby improving their productivity and to lead an independent life in the society.

The information in this includes simple activity therapies the nurses need to know, in order to provide holistic care for clients who are suffering from schizophrenia, who seek or the skill and prove to be beneficial in nursing practice.

GENESIS OF ACTIVITY THERAPY IN PSYCHIATRY

Activity therapy is a profession that involves the therapeutic use of art making within a professional relationship, by people who experience illness, trauma or challenges in living and by people who seek personal development. The people can experience increased awareness of self and other, can better cope with distressing symptoms, stress, and traumatic experiences, enhance cognitive abilities and enjoy the process. The activity therapist has an understanding of the psychological and aesthetic perspective and assists clients in a building internal sense of self- awareness through their artwork and personal reactions to the work. With the development of occupational therapy, activity therapy had emerged out of it with main focus on craft works, which also helped the people in earning for their ,living.

The history of occupational therapy is an interesting “story”. Many people believe that Occupational Therapy is a new profession. Its development is woven into the fabric of human existence; as, “occupation” has been central to our survival since the beginning of time.

Many different ideas have been presented throughout history concerning; who should work, what type of work should be performed, what is considered to be “work”, who should play, and when the “playing” should begin and end. Health and occupation have evolved to become intertwined, after all, when health suffers, so too does the ability to perform an “occupation” and take part in daily activities.

The 1700’s during the “Age of Enlightenment”, Occupational Therapy began to emerge. It was during this period that revolutionary ideas were evolving regarding the infirmed and mentally ill. At that time in history, the mentally ill were treated like prisoners; locked up and considered to be a danger to society.

In 1793’s Phillipe Pinel began what was then called “ Moral Treatment Na Occupation”, as an approach to treating people with mental illness. He firmly believed that moral treatment meant treating one’s emotions. This moral treatment movement then began to define occupation as ‘man’s goal-directed use of time, energy, interests, and attention”. Treatment for the mentally ill thus becomes based on purposeful daily activity. Pinel began advocating for, and using, literature, music, physical exercise, and work as a way to heal emotional stress, thereby improving one’s ability to perform activities of daily living.

This organization flourished through the 1920’s and 1930’s until the great depression. It was during this time that Occupational Therapy become more closely related to and aligned with organized medicine,

thus creating a more “scientific approach” to this field of study. It is also this organization that would later be known as the American Occupational Therapy Association of today.

From the 1940’s through the 1960’s the “Rehabilitation Movement” was in full force. With the thousands of injured soldiers (physically and mentally) returning home from the war, there was a surge in the demand for occupational therapists.

During the 1980’s and 1990’s, Occupational Therapy began to focus more on a person’s quality of life, thus becoming more involved in education, prevention, screenings, and health maintenance. Goals of occupational therapy could now focus on prevention, quality, and maintaining independence.

Today, occupation is the main focus of the profession. It is certainly an ever-evolving and dynamically moving profession. You will find occupational therapists working in a variety of setting with several different age groups and disabilities. Anyone with a physical, emotional, or developmental deficit can be referred by his/her physician, school, or parent for sensory dysfunction, autism, hyperactivity, and Down syndrome.

Psychiatric diagnoses commonly treated by the Psychiatric OT are depression, dissociative disorder, conversion reaction, adjustment disorder, atypical psychosis, schizophrenia, early onset dementia, borderline personality disorder, obsessive compulsive disorder, and panic disorder and anxiety disorders.

Nurses are actively organizing activity therapy in psychiatric wards and also included it in the ward activity schedule. They teach about its importance; also assists in performing; and creates interest in doing by teaching a variety of activities which prevents the patients

from boredom. They also organize exhibitions, display it in ward programmes, thereby creating awareness among the public about the capabilities and performance of patients diagnosed with mental illness.

Activity therapy is a product of, and dependent on, a social environment that values the individual and believes that each person has the capacity to act on his/ her own behalf to achieve a better state of health through occupation. Many challenges still need to be met the future is now!.

THERAPEUTIC USES OF ACTIVITY THERAPY

The therapeutic uses make it clear and better understand why it is important to consider activity therapy as a treatment option for patients of mentally ill. Here are the benefits one can enjoy;

1. Improves the patient's concept of self-image and quality of life.
2. Promotes positive attitude and beliefs in self.
3. Builds awareness for patients of schizophrenia that they can resolve problems by adapting a step by step procedure.
4. Helps the families of patients.
5. Improves patients independence in activities of daily livig (meal planning, shopping, cooking, using public transport, cleaning, budgeting, personal hygiene) and prepares patients ofr more independent living in the community.
6. Improves patients self esteem, self worth and confidence by achievement of activities and goals and engaging in valued occupations.
7. Enables patients to develop leisure skills and interests
8. Improves patients physical fitness and stamina through spots/exercise and increasing activity levels.
9. Develops patients interpersonal skills and increases future employment opportunities through voluntary work and therapeutic work in hospital and in the community.

10. Improves patients interpersonal skill by encouraging interaction, sharing and negotiation between members of the group.
11. Improves patients cognitive skills through engagement in activity (e.g. concentration, memory, problem-solving, decision-making) improves patients, social skills through engaging in group work in the hospital and accessing the community.
12. Improves patients vocational skills and increases future employment opportunities through voluntary work and therapeutic work in hospital and in the community.
13. Allows patients to assume valued roles and responsibilities (within groups, through taking up therapeutic work roles or engaging in education).
14. Provides a balanced structure to the patients day and promotes beneficial use of their time whilst is hospital.
15. Enables patients to maintain links with the community outside of the hospital and promotes social inclusion by accessing mainstream facilities.
16. Allows patients to achieve a satisfying performance and balance of occupations, in the areas of self-care, productivity and leisure, which support recovery, health, well-being and social participation.
17. Patients are able to perform activities which have purpose and meaning for them, which improves patients levels of motivation and commitment.
18. Nurses and patients work actively together in treatment to increases patients responsibility, choice, autonomy and control, and prepare them for discharge into a less secure environment

ROLE OF PSYCHIATRIC NURSE IN ACTIVITY THERAPY

Before the therapy:

- Creates awareness about the nature and benefits of activity therapy to patients and family members.

- Assesses the patient's beliefs, knowledge interest of and plan for the therapy accordingly.
- Selects the activities which do not require harmful materials like knife, scissors, bell pins, in preparing the items.
- The time schedule and place should be decided which is convenient and comfort to the patients.
- Co ordinates with the Psychiatric rehabilitation unit for expert teaching.
- Plans for the motivational methods, ways of displaying the items made.
- Suggests that the patient gather as much information about the therapy as possible.
- Assists in the development of policies and procedures for the use of activity therapy services in the psychiatric wards.

During the therapy:

- Explains the title, aim, articles required, time, and procedure to the patients.
- Recommends that a significant other accompany patients for support and understanding of therapy
- Encourages the patient to do the items through positive reinforcement.
- Addresses the patient difficulties during the therapy and plan for change, if needed
- Cost effectiveness to be discussed which in turn will motivate to perform
- Progressive assistance should be given to the patients, thereby gaining independency in work
- Promotes a good work climate among the patients
- Observes the patients behavior during the therapy and report, if any deviations are noted.

After the therapy

- Evaluates performance and give feedback for their improvement to the family members and treating team.
- Discussions, including the patient behavior, group involvement and associated patient education, must be documented in the patient's record.
- The items should be stored in properly for display
- Arranges for proper sale and display the items made.

TITLE: PAPER COVER

AIM:

- To provide recreation and purposeful spending of leisure time.
- To assume roles and responsibilities.
- To prepare cost effective and harmless paper cover.

ARTICLES REQUIRED

Papers (New paper, brown paper, white paper), pencil with rubber, and gum.

STEPS

6. Drew the line over the paper according to the size and shape.
7. Fold the paper according to line shape.
8. Apply the gum over the corner of the cover.
9. Dry in the air for some time.
10. Paper cover kept ready for use.

CONCLUSION

Activity therapy can help people when they may have lost confidence; find day to day activities difficult for a variety of reasons; and would like to improve their ability to look after themselves or take part in community activities. In the light of new concepts that will reshape and redirect nursing practices pressurises the mental health nurse to assume new roles from the traditional care giver to nurse administrators, counsellors, educations, and other specialised roles in activity therapy. Increases interest in cultural groups, social groups and the great variety of groups with designated life styles forced the change of focus of mental health nursing education and practice to social group behaviour, group dynamics and group cultural values which can be well facilitated through activity therapy.

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INFORMED WRITTEN CONSENT

Investigator : A. Murugeswari.

Name of Participant :

Age/sex :

Date :

Name of the institution : Institute of Mental Health.

Title : "A study to assess the effectiveness activity therapy on the level of improving the self esteem among women with mental illness in Institute of Mental Health in Chennai."

Documentation of the informed consent: (legal representative can sign if the participant is minor or competent).

- I _____have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason
- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional ethics committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator Signature of Participants

Date Date

ஆராய்ச்சி ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு	:	மனநோயினால் பாதிக்கப்பட்ட பெண்களுக்கு செயல்முறைப் பயிற்சி சிகிச்சை கொடுப்பதினால் ஏற்படும் சுய முயற்சி திறன்கள் பற்றிய ஆய்வு
ஆய்வாளர் பெயர்	:	அ.முருகேஸ்வரி
பங்கேற்பாளர் பெயர்	:	
தேதி	:	
வயது/ பால்	:	

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி, முழு மனதுடனும், சுய நினைவுடனும் சம்மதிக்கிறேன்.
- ஆய்வாளர் மேற்கொள்ள போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக் கூறினார்.
- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்துகொண்டேன்.
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்துகொணேடேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப்பட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன். எனக்கு ஏதேனும் உடல்நலக்குறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.
- நான் வேறு எந்த ஆராய்ச்சியிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துக்கொள்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன். அப்படி வெளியிடும்போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்

தேதி

பங்கேற்பாளர் கையொப்பம்

தேதி

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MAY CONERN

This is to certify that the study conducted by Ms.A.Murugeswari, M.Sc, Nursing II year, college of Nursing, Madras Medical College, Chennai-03, on the topic **"A study to assess the effectiveness of activity therapy on the level of improving the self esteem among women with mental illness, admitted at institute of mental health, Chennai."** has been edited by me for English language appropriateness.

Signature : Poornima. M

Name : POORNIMA. M ., M.A., B.Ed., M.Phil.

Designation: English Teacher

Seal :