

Psychiatric Patients' experiences of Involuntary Hospital Admissions & Treatment at the Amanuel Mental Specialized Hospital : A qualitative study

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Dr. Teferra Beyero

Advisors:

Dr. Solomon Teferra

Dr. Asnake Lemenih

**Department of Psychiatry,
College of Health Sciences,
Addis Ababa University,**

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Abstract

Introduction

Involuntary admission of psychiatric patients is practiced throughout the world. As most of the patients lack insight and have problems in communication, few professionals bother to find out how they perceive the activities around them at the time. This paper tries to shed some light on the issue as pertains to the Ethiopian context.

Methods

Following purposive sampling, Semi-structured interviews were done with 11 patients with severe mental illness at the Amanuel Mental Specialized Hospital. The participants were asked to express various aspects of their experiences on their admission, stay at the hospital, and how they retrospectively view the whole process.. The interviews were transcribed word for word and translated. Thematic analysis was carried out to pick out the major issues that emerged in the discussions.

Results

Nine of the participants were men. Seven participants came from regions outside Addis Ababa, while four lived in Addis Ababa. All of the patients were admitted against their will. Many patients did not understand why they were being taken to the hospital and some even didn't know they were being taken to the hospital at all. Most were suspicious of the staff although almost all affirmed that they were received well at the hospital. Some said they were not listened to and complained the treatment was not explained to them and they were also not treated as ordinary adults. All participants in retrospect said that their forced admissions were justified. But there were differing views on whether they would like to be treated the same way if they pass through similar health problems in the future.

Conclusion & recommendations

Psychiatric patients need to be listened to and their concerns taken seriously. That would go a long way in building a good rapport which is essential to any successful patient management. The findings in the study also clearly indicate the need for a mental health legislation in Ethiopia and clear guidelines for the involuntary admission of psychiatric patients.

Psychiatric patients' experiences of involuntary Hospital admissions at Amanuel Mental Specialized Hospital: A qualitative study.

Introduction

Two traditional legal justifications, *parens patriae* and police power, provide state jurisdictions with the authority to involuntarily hospitalize, or civilly commit, mentally ill people for the purpose of treatment. *Parens patriae* refers to governmental power to care for individuals who are unable to care for themselves. The police power principle refers to the interest of the society in permitting government authority to protect the general public from potential harm(1).

Involuntary hospital admission of psychiatric patients is practiced throughout the world. It is generally challenging for mental health professionals to provide effective and appropriate treatment to patients who have been admitted to hospitals against their will.(2,3). The involuntary admission usually tries to balance the rights of the individual , with the desire to protect the community. The issue sometimes becomes contentious If coercive measures like police force, restraint, seclusion and forceful administration of medication are involved, particularly in the west.(2)

Most countries regard involuntary hospitalization necessary, although it is questioned a great deal(4). In many countries, there are laws (Mental Health Laws) that stipulate the criteria for using coercion.

In South Africa, according to the MHCA(Mental Health Care Act), established in 2002, a mental health care user may be treated involuntarily at a health establishment on an inpatient basis under very specific regulations that serve to protect the users' rights as much as possible. But protecting user's rights in a resource and infrastructure constrained facility, and still upholding involuntary hospitalization is challenging, and may in fact infringe on those rights. Sensitive,

respectful and conservative dealing with the patients is recommended, while at the sometime complying with the letter of MHCA(5).

In Ethiopia psychotic patients are almost always, forcibly brought to mental health facilities by people who are concerned about their welfare (families, friends, neighbors, workmates, and very occasionally, the police). As a rule, consent is usually not sought for the admission or initiation of treatment in such patients. There is no mental health legislation in the country and a draft legislation prepared by a joint committee of psychiatrists & lawyers has been submitted to the Council of Ministers in 1995(6).

There are few, if any studies on the experiences of involuntarily hospitalized patients in the third world, and particularly in Africa. As the involuntary admission of severely ill psychiatric patients and the perception that they have no insight, is usually taken for granted, there has been few, if any effort to find out how they perceive their experiences of involuntary admission.

In many of the qualitative studies done to date regarding patients' experiences of involuntary hospitalization, they have smaller sample sizes(5 or 6 participants). There has also not been much effort to study distinct patient groups in terms of diagnosis, education, marital status, etc. This study will attempt to address both of these issues.

Psychiatric patients' experiences of involuntary admission have been studied in many developed countries (2,3,8,10,11,13,14,15). In search of the available literature, the researcher could not find any studies on the issue in Ethiopia to date.

Exploring patients' experiences during their forced admissions to the hospital & care will help the mental health staff better understand the patient's perception of his/her experiences. That will in turn lead to better understanding by the staff of their sometimes disturbing behavior, both during admission and also throughout their stay in hospital care. Such understanding will hopefully encourage the staff to treat the patients with more compassion and take some of their complaints seriously. This will again likely make the staff's work less stressful and the patients' perception of their stay less negative. Patients could feel more understood and

increase their cooperation with the staff regarding their treatment and other issues in the hospital.

The study could also be of some use for policy, to take the patients' view of involuntary hospitalization into consideration while formulating the mental health policy of the country.

Aims of the study

- To explore patients' experiences of the process & procedures of involuntary admission
- To explore the experiences of the patients in the hospital and their perception of care
- To explore how they retrospectively look at the whole process after discharge

Methods

I. Study design

A qualitative study design was used. Semi-structured in-depth interviews were conducted on a total of 11 patients. Among them were 9 males and two females.

II. Setting

The study was conducted at Amanuel Mental Specialized Hospital. The hospital was built during the Italian occupation of Ethiopia in the 1930's and has been the only specialized psychiatric care facility in the country for many years. It has about 280 beds and gives inpatient & outpatient services. Because of the fact that it is the only specialized mental hospital in the country, patients are referred to the hospital from all over the country with the resulting workload on the staff. Now, there is a move to integrate psychiatric services in General Hospitals, where there are psychiatrists, and psychiatric nurses. The recently inaugurated Kotebe General Hospital is a case in point.

III. Study population

The study population consisted of people who have been admitted to the Amanuel Mental Specialized hospital for any type of severe mental illness against their will and were discharged or were on the process of being discharged and waiting for their families to come and take them home.

The inclusion criteria was:

- People admitted to the hospital & discharged in the past 12 months.
- History of involuntary hospitalization
- Age 18 years or older
- Willing to participate in the study and to give informed consent
- Able to speak the language of the interview (Amharic).

The exclusion criteria was

- Persons in acute symptoms of the illness(severe mania or psychosis)
- Patients with any obvious cognitive impairment
- Unable to communicate because of any other reason

Sampling & Sample size

People who fulfilled the above criteria were selected by a nurse working in the wards who was provided with a screening check list. Purposive sampling was used. The potential participants were approached by the nurse and the purpose of the study was explained to them. Informed consent was sought and those who confirmed their participation were included in the study. recruitment continued, till theoretical saturation was reached.

Data collection

Clinical & Socio-demographic characteristics were obtained from the participants using a structured form.

In depth Interview, was conducted in Amharic by the investigator, with the selected participants of the study, using a semi-structured topic guide. It was also audio recorded. Notes were taken during the discussion. The notes were used to describe the participants' emotions, specific actions or facial expressions at particular moments of the interview, which helped put some of the responses into context. The interview took 30 to 45 minutes. The interview with the participants was done once while their discharge was being processed

IV. Data analysis

Following the completion of the interview, the recordings were transcribed verbatim. The transcribed notes were translated into English. The analysis was done using open code version 4.03 system package. Thematic analysis was used to identify prominent issues. Coding was done manually.

Ethical consideration

Ethical approval was obtained from the ethical committees of Department of Psychiatry, College of Health Sciences, Addis Ababa University and The Amanuel Mental Specialized Hospital. The purpose of the study was explained to the patients and they were asked for their consent. Informed consent was obtained from those who were willing to take part in the study. The interviews were conducted privately in a comfortable setting at Amanuel Hospital. If they decided to opt out of the interview before it is completed, they were free to do so. Strict Confidentiality was maintained and all information which could specifically identify the patients was not recorded in the study. It was explained to the participants, that their participation or non participation in the study or whatever they say in the interview will not in any way affect their treatment or follow up at the hospital.

Results

Four of the patients were from Addis Ababa. Seven were from the regions (Oromia & Amhara). Experiences of involuntary hospitalization of the patients were seen under the three aims of the study.

1. Their experiences of the process and the procedures of involuntary hospitalization
2. Their experiences during their stay in the hospital and their perception of care
3. How they retrospectively look at the whole process after discharge

Issues that were raised by the patients which emerged as themes during the analysis will be discussed.

Basic characteristics of the patients

Age	
20-29	5
30-39	4
40-49	1
≥50	1
Gender	
Male	9
Female	2
Marital status	
Married	2
Single	5
Divorced	4
Religion	
Orthodox	6
Moslem	4
Protestant	1

Diagnosis	
Schizophrenia	8
Bipolar disorder	2
Major Depressive Disorder	1
Number of hospitalizations	
<5	8
5-10	2
>10	1
Length of stay in the hospital (in months)	
<1	2
1-2	6
>2	3
Duration of illness (in Years)	
<5	4
5-10	4
>10	3

1.Experiences of the process and procedures of involuntary hospitalization

Perception of coercion.

All of the patients interviewed said they were not willing to be admitted to the hospital. They all had to be brought by members of their family and close relatives. The police were involved in the admission of two patients in addition to family members. Although all of them were admitted against their will to the hospital, there were circumstances which were unique to each individual.

A woman who was diagnosed as a case of major depressive disorder and was suicidal on admission said “ *I couldn’t even get out of bed. When my husband, his brother and a cousin came to take me, I didn’t want to go, because I thought I will not get well*”

A man admitted as a case of schizophrenia complained of being regarded as sick by his family and neighbors because he has no money “ *when my family see me without money, they say ‘he can’t take care of himself, he is dirty’...but what made me dirty is poverty...you know that creates something on your mind.. they then bring me here although I didn’t want to come”*

Many of the patients refused to be brought to the hospital because they thought at the time that they were not ill.

“I now see that my mind was sick at the time, I was disturbed, I actually didn’t know what was going on around me. I was about to hit them (his brother & his nephew). But at that time I thought I had no problem. They then brought me in chains...”

Except two patients who said they did not feel anything at the time of admission, the rest said they were very angry because they didn’t know why they had to be brought to the hospital against their will.

The process of admission

Many of the participants did not know that they were being brought to the hospital. The family had to give them different explanations as to where they were going.

One patient who came from a regional town said:

“ They (the family) told me they are going to Addis Ababa for work, they didn’t say they are taking me to the hospital”

A man from Addis said :

“my family told me that we are going to visit a relative in Kera (a locality in the city) and then after I went into the car...I fell asleep...I usually get asleep when I am in a car...and then I woke up when we reached the hospital , I have then to be restrained and brought in..”

Others were actually told that they were being taken to the hospital

“They applied handcuffs and told me they are taking me to the ‘usual place’...I then knew I was going to the hospital”

“when I woke up in the morning, my sister locked my room. I asked her to give me my breakfast, but she said there is no bread. She then said ‘your brothers and sisters are coming and you are going to the hospital’ then they brought me here”

A patient admitted for bipolar disorder said

“ I wasn’t forced.. there were arguments at home...then the police came and I then came to the hospital without a fight like a visitor...I was afraid that if I resisted they would put handcuffs on me.”

Almost all participants in retrospect admitted that they wouldn’t have come to the hospital willingly if some force was not applied to them.

2. Experiences during their stay in the hospital and their perception of care

Perceptions about the staff

One man said:

“I was regarding the staff as my enemies, I was afraid they will detain me and that they will be injecting a dangerous medicine and harm me. Therefore, I say a prayer (moslem) when they give me injections that the needle may not be broken while injecting me, and also say another prayer when I take tablets so that they wouldn’t harm me.”

Another said:

“ I thought they were going to harm me...do bad things to me. I also thought they were going to lock me up. I think it is the effect of the illness.”

Information about activities, especially treatment

All of the patients except two of them said they were not given any information about the treatment they were given.

“They just give you the medicines. They make no explanations. We are called to the nurses’ office and given one by one. I would have liked that they tell me what the medicines are and what they are for.” When asked what difference that would make, he said *“for example a drug is given for my brain, but causes problems in the eyes...I feel it and I get disturbed...but if I am told earlier I would know...and not get disturbed”*

Another person also said no explanations are given, but asked whether he would have liked to be told about the treatment he said:

“But I wouldn’t mind them telling me, even if they tell me that wouldn’t make any difference”

The former was a soldier with a 4th grade education from Addis Ababa, while the latter is illiterate.

Regarded as important, as a human being

A man said *“the person who is suffering from the illness is the one that should be asked...a doctor normally orders medicine after asking the patient. But here they don’t ask me about how I feel, my problems, they ask the people who have brought me here about me...the person who brought me knows only superficial(general) things about me...I am the one who came for treatment...even though the patient has some difficulty speaking...you have got to ask information from the source, the patient himself”*

The same person also said *“ The guards here say to you ‘go there, come here’. You are kept like cattle here. There is no freedom, there are no spacious grounds, it is narrow...no where to move around...these things could also make the illness worse...keeping a lot of people in one place makes them dull...I feel relieved now that I am leaving, it is like being released from Guantanamo prison.”*

Regarding reception on their stay and general care, all of the patients said they were well received although there were some complaints about the food and the washing facilities.

3. A retrospective look at the whole process

Attitudes towards the involuntary admission

All of the patients except one admitted that their involuntary admission and treatment was justified.

The dissenting voice said, *“No, it wasn’t right I was brought here by force. They should have lied to me or made up some stories to bring me here, rather than tying me up. It is not right to bring people here by beating or tying them up. I prefer I am not brought by force.”*

The general consensus was expressed in the following few quotes:

“the fact that I was brought against my will was right. Otherwise things would have gone out of control. I would have completely destroyed the house which I have started tearing down.”

“it was right I was brought by the police because I have now benefitted and I am now well”

“I have now realized that it was the right decision to bring and keep me here till I get better”

“It was right that I was forcefully admitted. The fact that I stopped taking the medication was a problem”

“the fact that I was brought by force is justified. It helped me and my family. I was causing them trouble but I am now fine.”

Attitudes about future involuntary admissions

When being asked whether they would prefer to be brought by force again if they experience similar problems, their responses were not as uniform.

“They shouldn’t tie me up to bring me here. They should allow me to rest for some time. Some rest could help me, and then they can bring me to the hospital when I am calm.”

“I will not stop the medication so that force is not necessary”

“I would like to come and get treated before things get worse”

“I will come willingly on my own without force”

Discussion

In this study, patients who have been admitted against their will express various aspects of their experiences on admission, as inpatients and on discharge from the hospital.

As is commonly observed and because of the nature of the illness, most psychiatric admissions are involuntary. This stems from the fact that many mental illnesses result in the lack of insight and thereby leading patients to believe that they do not need any medical care, as they regard themselves not sick. Because of that health professionals sometimes consider psychiatric patients as not having opinions of their own and developing an attitude of knowing what is best for them. This study we hope will go some way to improving this attitude and therefore make health professionals to be more closely attentive to the needs of their patients.

Some of the issues that emerged in this study regarding circumstances of admission, seem to apply, only to the local context in Ethiopia. Involuntary hospitalizations are fairly simpler in the Ethiopian context. Usually the family of the patient initiate the process. They can enlist the help of neighbors, friends and the police and bring the patient to the hospital, anytime they deem necessary. But such processes are not as simple elsewhere, especially in the west. In Norway, for example involuntary admissions are typically complex processes involving different people and services and patients with various needs (12). The process is initiated by other health services, families of the patients, the police or friends of the patient and are referred to the patient’s GP who then makes the decisions on involuntary admission (12).

In the Ethiopian context, the patients may not even have to be informed that they are being taken to a hospital. Some patients even said they were deceived into going somewhere other than the hospital, to bring them for admission. Regarding the complexity of the involuntary admissions elsewhere, such acts are probably unthinkable in the west, as it would raise various legal & ethical issues. Most of the patients in our study have said that they were not informed about the treatments that they were given. Some have said they would have liked to be told about , as it would have helped them to understand when possible side effects arise, and thereby not get alarmed. Patients in Sweden also expressed similar views of lack of information regarding treatment and services, and also of not being listened to. They also complained about not being involved in the decision of their own treatments. (4).

At least one patient complained of the lack of space to move about in the compound and suggested that could make the illness worse. A similar perception was also shared by a study in U.K. where physical freedoms are viewed as both a human right and also therapeutic in reducing feelings of confinement. A lack of freedom could induce mental distress . Some felt as if their rights were taken away (10,13).

The study in Sweden cited above also mentions about patients being treated as inferior type of human beings, not being given due respect as ordinary people(4). A patient in our study also aired similar sentiments.

Looking back retrospectively, about the involuntary admission, most patients said that their forceful admissions were justified. They said they would have posed a lot of danger to themselves and others. Similar views were expressed by participants mentioned in the literature. Most of the participants in studies elsewhere also said their forceful admissions were justified. (8,14, 15).

Limitations of the study

A prominent limitation of the study is that it is difficult to generalize the findings in this study as in any qualitative study. The other limitation of the study was that females were underrepresented (there were only two of them), and both of whom happen to be with mood disorders.

The other limitation is that the narratives of the patients could have been influenced by the interviewer. And also the fact that the interview itself took place in a room in the hospital may also have influenced their narratives due to social desirability.

Conclusion

The study has shown that psychiatric patients who have been admitted against their will have interesting stories to tell about the circumstances of their admission and their stays in the hospital. Many preferred explanations about what is going on around them including treatment. Although almost all in retrospect said their involuntary admissions were justified, many were reluctant of being forcefully brought back again if they experience a relapse. That seems to indicate how negatively they perceive the actual procedure of involuntary admission.

Recommendations

Patients need to be taken seriously and health professionals taking care of them should pay close attention to their needs. They should be actively inquired about, explained to and treated as any other adults. That would facilitate a very good rapport which is essential to any successful management. The findings in the study also clearly indicated the need for a mental health legislation in Ethiopia and clear guidelines for the involuntary admissions of psychiatric patients.

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Appendix I

Data collection form

Demographic & Clinical Characteristics.

Age _____

Gender _____

Marital status _____

Religion _____

Diagnosis _____

Duration of the illness _____

Number of hospitalizations _____

Length of stay in the hospital (of the last involuntary hospitalization) _____

Appendix II

Topic Guide (English & Amharic versions)

I. Before admission

- How were you brought to the hospital? (allow them to freely narrate)
 1. Who brought you to the hospital? Did you know you were going to the hospital? if not where were you told you were going? What type of force was used ?
 2. How were you received at the hospital on admission(out patient)? Was it explained to you what was going on by family, friends, or hospital staff, on admission?
 3. Did you understand you had a problem at the time (that you were sick)? What were your feelings (emotions) at the time?

II. During hospitalization

- How were you received in the wards? (allow them to freely narrate)
 4. What were your feelings(emotions) being at the ward? How would you describe your attitude and relationship with the staff at the wards?(allow them to freely narrate)
 5. How was the treatment? Were you informed about the treatment given to you? What would you have liked to have been done in that respect?
 6. How about the other services (food, clothing, washing, etc...)
 7. What would you say is the most important thing you wanted during your stay in the hospital ?

III. Post hospitalization(after discharge, NOW)

8. How about now, do you feel you have benefited from your stay in the hospital? Do you feel being admitted to the hospital against your will, was justified?
9. If not what do you think should have been done?
10. What do you think should be done in the future if similar situations arise?

Appendix II, contd.

Topic Guide(Amharic version)

I. ሆስፒታል ከመተኛትዎ በፊት

- ወደ ሆስፒታሉ የመጡት እንዴት ነው? (በነጻ መናገር እንዲችሉ ፍቀዱላቸው::)

1. ወደ ሆስፒታል ያመጣዎ ማን ነው? ወደ ሆስፒታል እየሄዱ መሆንዎን ያውቁ ነበር ወይ? ያውቁ የነበረ ካልሆነ የት እንደሚሄዱ ነበር የተነገርዎት? ተገደው ነበር ወይ? ተገደው የነበረ ከሆነ እንዴት ነበር የተገደዱት?
2. በሆስፒታሉ የተደረገልዎት አቀባበል እንዴት ነበር (ተመላላሽ ክፍል)? እንዲተኙ በተደረገበት ወቅት ፣ ምን እየተካሄደ እንደ ነበር በቤተሰብ፣ በወዳጅ ወይ በሆስፒታል ሰራተኞች ተገልጿልዎት ነበር ወይ ?
3. በጊዜው (በዚያን ጊዜ) ችግር እንደ ነበረብዎት ተረድተው ነበር ወይ? (ታመው እንደነበር ተረድተው ነበር ወይ)? በጊዜው የነበርዎት ስሜት እንዴት ነበር ?

II. ሆስፒታል በተኛበት ወቅት

- በመኝታ ክፍል ውስጥ የተደረገልዎ አቀባበል እንዴት ነበር ? (ነጻ ሆነው እንዲናገሩ ያበረታቷቸው)

4. መኝታ ክፍል ውስጥ የነበርዎ ስሜት እንዴት ነበር? መኝታ ክፍል ውስጥ ስለነበሩት የጤና ባለሙያዎች የነበርዎት አመለካከት እንዴት ነበር? ከነርሱ ጋርስ የነበርዎት ግንኙነት እንዴት ነበር ?

5. ሕክምናው(መድኃኒቱ) እንዴት ነበር? ስለተሰጠው ሕክምና ተነግሮታል? ነበር ወይ?
(ምን ዓይነት መድኃኒት እንደሆነ ተብራርቶታል? ነበር ወይ?) ወይንስ ይህን በተመለከተ
ምን ቢደረግ ደስ ይልዎት ነበር?
6. ሌሎችን አገልግሎቶች እንዴት ነበሩ (ለምሳሌ፣ ምግብ፣ ልብስ፣ መታጠብ...ወዘተ)?
7. በሆስፒታል ቆይታዎ ወቅት እንዲሆን ወይስ እንዲደረግልዎት የፈለጉት ዋና ነገር
ምን ነበር?

III. ከሆስፒታሉ በኋላ (ከወጡ በኋላ)፣ አሁን?

8. አሁን ምን ይላሉ? በሆስፒታሉ ቆይታዎ ተጠቅመው ነበር ወይ? ያለፈቃድዎ
ሆስፒታል መተኛትዎ ትክክል ነበር ብለው ያስባሉ?
9. ትክክል አልነበረም ብለው የሚያስቡ ከነበረ፣ ምን መደረግ ነበረበት ብለው ያስባሉ?
10. ወደ ፊት ተመሳሳይ ሁኔታዎች ሲያጋጥሙ ምን መደረግ አለበት ብለው ያስባሉ?

Appendix III

Consent form(English & Amharic versions)

English version.

I have been informed that:

My participation in this study is absolutely voluntary.

I will be interviewed about my experiences of involuntary admission in this hospital and that the interview will be audio recorded. The interview will cover my experiences at the moment of admission, stay in the hospital & my reflections after discharge.

I have been told that my identity will be protected and none of the data will have my name on it.

Whatever I say here will be kept in strict confidence. It will not be made available to anyone else. When it is reported as a research finding it will not have my name or any identification on it. I have been told I can opt out of the interview if I want. I have also been told that my participation or non participation or whatever I say during the interview or not say, will not in any way affect my treatment and follow up at the hospital.

I have read the above information or it has been read to me and I have fully agreed to be interviewed .

Name _____

Signature _____

Date _____

Appendix IV

Consent form (Amharic version)

የስምምነት ቅጽ

እዚህ ሆስፒታል ውስጥ ለህክምና ስገባና ተኝቼም እታከም በነበረበት ጊዜ ስላጋጠሙኝ ሁኔታዎች ቃለ መጠይቅ እንዲደረግልኝ ተስማምቻለሁ። ቃለመጠይቁ በመቅረጸ ድምጽ እንዲቀዳም ተስማምቻለሁ። ቃለ መጠይቁ፣ ወደሆስፒታሉ ስገባ የነበረውን ሁኔታ፣ ሆስፒታሉ ውስጥ የቆየሁበትን ጊዜና ከወጣሁም በኋላ ነበሩኝን ልምምዶች ያጠቃልላል።

ማንነቴን የሚገልጽ ማንኛውም መረጃ በቃለመጠይቁ መዝገቦች ውስጥ እንደማይኖር ተነግሮኛል። እዚህ የምናገረው ማንኛውም ነገር በምስጢር እንደሚያዝም ተነግሮኛል። ለማንም እንደማይሰጥም ተነግሮኛል። የጥናቱ ግኝት ይፋ በሚወጣበትም ጊዜ ስሜ እንደማይጠቀስና ማንኛውም ማንነቴን የሚገልጽ ነገር እንደማይኖር ተነግሮኛል። ከፈለግሁኝ ቃለመጠይቁ ሳይፈጸም በፊት ማቋረጥ እንደምችልም አውቃለሁ። ከዚያም በተረፈ፣ በዚህ ቃለ መጠይቅ መሳተፍ ወይም አለመሳተፍ፣ ሆስፒታሉ ውስጥ ያለኝን ሕክምናም ሆነ ክትትል በምንም ዓይነት እንደማይነካው ተነግሮኛል።

ከላይ የተጠቀሱትን ነገሮች አንብቤ ወይም ተነቦልኝ በቃለመጠይቁ ለመሳተፍ ሙሉ በሙሉ ተስማምቻለሁ።

ስም _____

ፊርማ _____

ቀን _____