



The Knowledge and Attitude of Counselors Toward Mental Health Counseling and The
Practice of Mental Health Counseling Provision: The Case of three selected
Government Hospitals in Addis Ababa

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A Thesis Submitted to the School of Psychology,
College Of Education and Behavioral Science
Addis Ababa University

Presented in Partial Fulfilment of the Requirement for the master's degree of
Counseling Psychology

Addis Ababa University

Addis Ababa, Ethiopia

October 2024

Addis Ababa University

School of Graduate Studies

This is to certify that the thesis prepared by Eyob Ali, entitled: *The Knowledge and Attitude of Counselors toward Mental Health Counseling and The Practice of Mental Health Counseling Provision: The Case of Addis Ababa City Health Institutions* and submitted in partial fulfillment of the requirements for the Master's Degree of Counseling Psychology complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Acknowledgments

I would like to acknowledge my advisor Dame Abera (PhD.) for the unreserved support he has been providing me. My gratitude is extended for his patience with me throughout the whole preparation and ongoing support. Additionally, I would like to express my gratitude to Addis Ababa University Collage of Humanity and Behavioral Studies, School of Psychology for providing me with this opportunity to prepare this thesis. I would also extend my acknowledgment to my friends and colleagues. Finally, I would very much like to express my gratitude to my wife D/R Kalkidan Yae, for pushing me all the way, for my sons Nathan Eyob and Solomon Eyob, for bringing joy and motivation into my life, for my dad Ali Mohammed (PhD.) and my mom W/ro Yeshiwork Mosisa. And the rest of my family for being there to lift me up when I am down.

Abstract

This research aims to investigate the knowledge and attitudes of counselors towards mental health counseling and how mental health counseling is provided in their institutions. The study seeks to explore how counselors perceive mental health counselling issues, their understanding of various mental health counseling approaches, and their preparedness to provide effective mental health counselling services. And to assess the present situation and future expectations, on the practice of mental health counseling and the knowledge and attitude of counseling providers towards the practice of mental health counseling. In this study exploratory case-study approach was employed, involving semi-structured interviews and focus group discussions with mental health counseling providers from diverse backgrounds and setting. The practice of mental health counseling in all selected institutions is functioning with a limited number of professionals and with inadequate infrastructures. Even though there are a lot of therapeutic modalities it is possible to conclude that the method of their choice is mainly cognitive behavioral therapy. Most of the counselors in the study sites are graduates from well-recognized universities and the study suggested that the dearth of handiness in training and not being able to be certified in different therapeutic approaches is hindering the practice of mental health counseling. As the study indicates, the practice of mental health counseling services in the study sites is positive and employees are energetic in providing the service regardless of clients' beliefs and cultural background. in collaboration with a multi-disciplinary team.

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Chapter One

1. Introduction

1.1. Background of the study

Mental health is the way in which we are aware of our own abilities and can cope relatively well with the ups and downs of life. Someone with good emotional well-being is capable of working productively and contributing to his or her community.

Mental health refers to a person's emotional, psychological, and social well-being. It affects how people think, feel, and behave. It also determines how individuals handle stress, relate to others, and make choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood. It encompasses a wide range of conditions that can affect mood, thinking, and behavior, such as depression, anxiety disorders, schizophrenia, and more. Maintaining good mental health involves finding a balance in all aspects of life: emotional, psychological, and social.

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and Carrere goals (American Counseling Association website, 2013). The practice of counseling explores different theories including, person-centered, cognitive-behavioral therapy, existential, and some other theories to address assessment and diagnosis (G. Corey-1991).

Mental health counseling has identified itself as a profession in which the person is conceptualized both developmentally and holistically with attention to contextual influences on persons' lives providing effective mental health intervention. (Herschensohn & Power, 1987). It involves the application of therapeutic techniques and

interventions to help individuals cope with and overcome mental health issues. It encompasses a wide range of approaches, including cognitive behavioral therapy, psychodynamic therapy, and person-centered therapy among others (American Counseling Association, 2014).

The practice of mental health counseling involves the implementation of evidence-based intervention. Counselors rely on research and empirical evidence to guide their treatment decisions and interventions. Evidence-based practice has been shown to be effective in treating specific mental health disorders (Hunsely & Di Giulio, 2002). In the assessment and diagnosis of mental health disorders, counselors utilize various assessment tools and techniques to gather information about client symptoms, functioning, and overall well-being. This information is then used to formulate an accurate diagnosis, which guides the treatment planning process (American Psychiatric Association, 2013).

In Africa, the practice of mental health is neglected and a burdensome problem affecting all segments of the population throughout the continent. Prioritizing mental health has also been difficult due to a lack of resources, limited funding, and no or ineffective mental health policies. Furthermore, a considerable segment of the population in African countries is vulnerable to mental illness due to psychosocial and socioeconomic stressors such as poverty, mitigation, war, conflict, and disaster (Okasha, 2002).

A study conducted in Ethiopia in Jimma University Teaching Hospital and Amanuel Mental Health Specialized Hospital (2019), showed that counseling practice is characterized by the regularity of the session. It is also noted that counseling services

didn't gain attention and were considered as ignored part of treatment in JUSH. (Amanuel, 2019).

In addition, the knowledge and attitude of counseling providers significantly impact the effectiveness and quality of mental health services. Providers with a strong knowledge base are better equipped to assess, diagnose, and develop appropriate treatment plans for the clients. They can effectively implement evidence-based intervention and monitor progress throughout the therapeutic processes (American Counseling Association, 2014). Knowledge of counseling theories such as psychodynamic, cognitive-behavioral, and person-centered therapy enables providers to tailor their approaches to meet the unique needs of each client (Smith,2018).

Similarly, the attitudes of providers significantly influence the therapeutic relationship and treatment outcomes. Research indicates that the attitude of counseling providers towards mental health counseling is generally positive (Jones et.al.,2019., Smith and Cashwell,2010). The investigation of the attitude of mental health professionals toward mental illness is far from complete (Averett et.al.,2015). A positive attitude characterized by empathy, non-judgmental acceptance culturally sensitive, and genuine concern for clients fosters a safe and supportive environment for individuals seeking help. (Rogers,1957). Providers who possess a positive attitude towards mental health counseling are more likely to engage in ongoing professional development, seek supervision, and collaborate with other healthcare professionals to enhance client care (Lambert, 2013).

However, limited access to continuing education, lack of cultural competence, and personal biases can hinder the delivery of effective counseling services. To address

these challenges, it is crucial for counseling providers to engage in ongoing professional development, seek supervision, and actively work toward enhancing their cultural competency (APA, 2017). Having this in mind the researcher intended to conduct research on The Knowledge and Attitude of Counselors toward Mental Health and The Practice of Mental Health Counseling Provision in three selected government hospital in Addis Ababa City administration.

1.2. Statement of the Problem

The practice of mental health counseling is a crucial component of health care that aims to improve the psychological well-being of individuals experiencing mental health challenges. The knowledge and attitude of counseling providers towards mental health counseling significantly impact the effectiveness of therapeutic interventions. Counseling providers should continuously update their knowledge, engage in ongoing professional development, and cultivate a positive attitude to provide high-quality care to their clients.

Although knowledge plays a crucial part in the practice of mental health counseling, lack of training, continuing education and not having a proper guideline manual has a negative impact on the practice of mental health counseling. In addition, having varying attitudes by counseling providers towards mental health counseling and providing service to individuals with mental illness, may affect the effectiveness of the counseling process. It is not still to the level as it is expected to be.

Despite counselors' and hospitals' attempts, there are still gaps in the practice in the provision of mental health counseling and no use of the proper theory for the specific problems. In addition, there is little study done in the area under study in the Ethiopian

context. The problem may stem from different factors such as lack of manual for the practice, lack of training and misconceptions surrounding mental health, hence hindering the delivery of quality and effective mental health counseling service. Therefore, my study will explore the practice of mental health counseling and the knowledge and attitude counseling providers have towards mental health counseling and attempt to give insight on what has been done and what should be done in the future and to fill the gap on the area.

1.3. Purpose of the Study

The general objective of this study is to examine the present situation and the future expectations, on the practice of mental health counseling and the knowledge and attitude of counseling providers towards the practice of mental health counseling.

More specifically, the objectives are to:

1. To examine the practice of mental health providers in practicing mental health counseling.
2. To explore the feelings of counseling providers about their knowledge in the practice of mental health counseling
3. To examine the attitude and beliefs of counseling providers towards mental health counseling
4. To come up with a guiding statement about mental health counseling and its significance in addressing mental health needs.

1.4. Research Questions

The use of counseling as an approach to address individual mental health issues has been practiced in Ethiopia through pastoral counseling, spiritual counseling, and biblical counseling even though no research or documentation reflects the level of practice (Paul, M.B, 1996). The following research questions will help to explore the research focus.

1. How do mental health counseling services are provided in the study sites?
- 2: Do counselors who provide mental health counseling feel that they have adequate knowledge about mental health counseling?
- 3: What attitude do the counselors have on mental health counseling?

1.5. Significance of the Study

This study will help in filling theoretical and practical gaps regarding the practice of mental health counseling provider's knowledge and attitude of counseling providers towards the practice of mental health counseling. It will help mental health counselling professional to look inside and use the recommendations of this study for their professional quality and development in the area.

More specifically the study will in turn: -

- show something basic about the practice of mental health counseling.
- initiate hospital administration, policymakers, and psychological associations in creating awareness and work in accessibility of the service
- improve the quality of service given to the community, by showing the necessity of ongoing training in the field

- reduce stigma by understanding counseling provider's attitudes and beliefs about mental health
- initiate others to raise questions to formulate on mental health counseling guidelines and motivate others to conduct further research on these issues.

1.6. Delimitation of the Study

The study is delaminated in scope in terms of area, sample, and variable, so as to make it manageable. Concerning the research area, it is delimited to the mental health counseling unit and mental health counselors of Amanuel Specialized Mental Hospital, Saint Paul Millenium Medical Collage Hospital Hospital, and EKA Kotebe General Hospital considering that all hospitals serve a wide range of populations. With regard to the research variables, the practice of mental health counseling, knowledge of the mental health counselors, and their attitudes are the very concerns of the study. The study is supposed to consult all the concerned groups having substantial contributions as partners in mental health counseling services. Thus, in order to get holistic and adequate information, together with mental health counselors, department heads of various sections in a hospital setup were consulted since the individual is seen as a document that provides information about the large group (Gall, Walter, and Joyce 1996). Hence, the independent variables of the study are Knowledge and Attitude, and the dependent variable is sought to be the practice of mental health.’’

Chapter Two - Review of Related Literature

2.1. Background and Context of Mental Health Counseling

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and Career goals (American Counseling Association website, 2013).

Mental health refers to the way in which we are aware of our own abilities and can cope relatively well with the ups and downs of life. Someone with good emotional well-being is capable of working productively and contributing to his or her community. It has identified itself as a profession in which the person is conceptualized both developmentally and holistically with attention to contextual influences on persons' lives providing effective mental health intervention. (Herschensohn & Power, 1987).

Mental health counseling, often referred to simply as counseling or therapy, is a professional service provided by trained therapists, counselors, or psychologists. Its primary goal is to help individuals manage and overcome challenges related to their mental health and well-being.

Mental health counseling involves a therapeutic relationship where clients can openly discuss their thoughts, feelings, and behaviors in a safe and confidential environment. Counselors use various therapeutic techniques and approaches to address issues such as anxiety, depression, trauma, relationship problems, grief, and more.

Professional counseling of mental health services refers to the interventions given by a professional mental health worker to individuals or a group of people facing adjustment /psychological/ mental health problems in order to restore effective functioning (McLeod, 2003).

Psychological counseling is one of the most difficult, challenging, and needing skillful forms of communication. For effective outcomes, counselors rely on training and experience with clients to acquire skills.

Mental health is a global phenomenon, availability and accessibility of relevant information on current mental health issues, effectiveness of treatment, and service provisions are extremely limited in developing countries such as Ethiopia (Hohenshil et al. 2013; Kakuma et al. 2011; Wondie 2014). The American Counseling Association (ACA) revised its code of ethics in 2014. Unanticipated changes to the world of clinical mental health counseling are inevitable. However, in the midst of change, clinical mental health counselors will continue to perform a broad range of therapeutic services among diverse client populations in a variety of settings. Clinical mental health counselors will use evidence-based approaches that promote prevention, early intervention, wellness, and advocacy, taking into account the client, the environment, and the interaction between the two. Clinical mental health counselors will continue to develop skills in working with crisis and trauma (Samuel gladding & Deborah w. newsome2010).

Mental illness has been characterized as a neglected and increasingly burdensome problem affecting all segments of the population throughout Africa. Prioritizing mental health has also been difficult due to lack of resources, limited funding and no or ineffective mental health policies. Furthermore, a considerable segment of the population in African countries is vulnerable to mental illness due to psychosocial and socioeconomic stressors such as poverty, migration, war, conflict, and disasters (Okasha 2002).

The counseling profession in Ethiopia is still in its infancy stage. Certainly, the counseling on course by the church seems directive since the counselor gives the clients an option that she or he believes is better. Regarding the modern counseling system employed in Ethiopia (Disassa, 2020) stated that mental illness is considered as a silent epidemic throughout most parts of African countries. It is owing to structural and systemic barriers such as inadequate healthcare infrastructure, insufficient number of mental health specialists, and lack of access to all levels of care, (Becker and Kleinman, (2013).

Like some nations on developing roads, Ethiopia's professional counseling service provisions are still in their infancy stage (Wondie, 2014). Ethiopia is a state that consists of different cultures and cultural backgrounds with its own way of practicing mental health counseling. Some studies suggested that in Ethiopia mental health and wellness is understood and treated in much different ways than the rest of the states with modern counseling practice. Most of other countries follow mental health as a biomedical model of disease. Saying this, in countries like Ethiopia, mental health is associated with traditional and religious views to explain mental illness (Abebe 2011)

According to a large community-based study conducted in a predominantly rural area of Ethiopia, mental illness was found to comprise 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions (Abdullahi, 2001).

2.2. Practice of Mental Health Counseling

The practice of mental health counseling plays a crucial role in promoting and maintaining individuals' psychological well-being. It involves a collaborative relationship

between the counselor and client, in which the counselor provides professional guidance and support to help clients address their mental health concerns.

The practice of mental health counseling involves the application of therapeutic techniques and interventions to help individuals cope with and overcome mental health issues. It encompasses a wide range of approaches, including cognitive behavioral therapy, psychodynamic therapy, and person-centered therapy among others (American Counseling Association, 2014). In the assessment and diagnosis of mental health disorders, counselors utilize various assessment tools and techniques to gather information about client symptoms, functionality, and overall well-being. This information is then used to formulate an accurate diagnosis, which guides the treatment planning process (American Psychiatric Association, 2013).

The practice of counseling explores different theories including, person-centered, cognitive-behavioral therapy, existential, and some other theories to address assessment and diagnosis (G. Corey-1991). It involves the implementation of evidence-based intervention, where counselors rely on research and empirical evidence to guide their treatment decisions and interventions. Evidence-based practices have been shown to be effective in treating specific mental health disorders and are supported by rigorous scientific research (Hunsely & Di Giulio,2002).

Professional counselors are involved in helping people to make better decisions about matters relating to their personal development and, by logical extension, contribute to overall national development. In an era characterized by educational, social, and economic reforms coupled with an ever-increasing need for efficient service delivery, counselors are expected to become more proactive in assisting individuals to achieve

their life goals and in facilitating the realization of national development goals. (Popoola, B. I., & Oluwatosin, S. A. (2018).

Research studies indicate that counselors in a variety of settings consider testing and assessment as important aspects of their professional work. It is critical for counselors of any specialization to acquire basic counseling and relationship skills such as empathy, genuineness, and unconditional positive regard, developing a relationship of trust and mutual respect between them (Corey 1991). Having this in mind, upon conducting counseling practice, professionals must ensure or develop skills in communication and strengthen multicultural competency.

Counselors must be skillful in working with resistant clients whose experience has been remarkably different from the counselor's experience. Acknowledging external relationships and contextual factors may encourage clients to be more engaged in the counseling process, which helps to reinforce the therapeutic alliance (West 2005). Mental health counselors should be trained to communicate and present concepts clearly, observe verbal as well as non-verbal messages and remain cognizant of client impairment that may interfere with communication. They should also know how to deliver methods in concrete simple and understandable ways (Stevens-Roseman & Leung 2004).

Practice and understanding of counseling and counseling service standard are different across continents and countries. In a similar manner, the state of counseling in the Ethiopian context is at a promising stage. According to Asfaw, Shen, & Lei, (2019), Low (2009) and Janetius, Bekele, & Alemayehu (2013) since the utilization of HIV counseling service, school counseling and spiritual/or endogenous counseling get low attention in Ethiopia, studies done in Ethiopia several decades ago showed people

exclusively held traditional and religious views regarding causes of mental illnesses and their preferred treatment was religious and traditional (Jacobson and Merdasa 1991; Kortmann 1987).

Some study shows that in a country like Ethiopia, the awareness of counseling services as well as the understanding of mental health differs from the rest of western countries. It also has differences in seeking treatment modalities which have a practice of seeking mental health counseling but rather, they prefer religious and traditional treatments (Jakobsson and Merdasa 1991; Kortmann 1987).

Although the practice of counseling in Ethiopia is still a lesser-understood concept, many still benefit from traditional counseling services that are offered by religious leaders, wise men/women, the elderly, and other community leaders (Kortmann 1987). Recognizing the need to address mental health and well-being for both governmental and non-governmental stakeholders, the gap in knowledge as to how counseling can be a culturally appropriate intervention and profession to address the needs in practice and research in Ethiopia is largely unexplored (Waganesh A. Zeleke 2019)

2.3. Counseling Practice Gaps and Challenges

The disgrace and stigma dotting to counseling profession continue and there is a huge wavering with regard to the qualification prerequisites of a counselor and counseling service in various settings (Rajagopal, 2013). Threats to the counseling profession are challenges in the realization of the present-day wide range of prevention and intervention needs of community bodies (Amoon & Cooperman, 2017). Counseling is not ineffective progress in that it imposes great harm to culturally diverse groups by

invalidating their life experiences, defining their cultural values or differences as deviant and pathological, by denying them culturally appropriate care, and magnifying the values of a dominant culture upon them (Wendt, Gone & Nagata 2015).

In most service delivery points the major issue that is identified regarding the practice of mental health counseling is that the clients with mental health problems seek treatment approaches after exhausting other traditional and religious alternatives (Bekele 2009). Health relationships in maintaining peace and tolerance among people induced its challenge to the area “The government has minimal knowledge of human interaction or fails to notice its relevance; which puts most graduates of psychology unemployed or hardly secure jobs in their profession” (Disassa, 2020).

Most counseling service-giving centers are organizations driven by structural purposes rather than directed by counseling principles, techniques, and theories applicable in the modern world (Getachew & Tsehay, 2019). Early medical studies investigating the effectiveness of counseling were hampered by serious confusion about counselors and counseling. (Mellor-Clark, 2000). A study conducted by (Waganesh A. Zeleke 2019) stated that some of the challenges faced on the practice of mental health counseling are cultural misbelief, lack of infrastructure, and well-trained professionals.

2.4. Knowledge and Attitude of Counseling Providers

Knowledge and attitude play a crucial role in providing an effective and complete practice of a given task as saying this in the practice of mental health counseling knowledge and attitude a direct relationship in which good knowledge and attitude give good practice. Education and training influence the attitudes of those preparing to go into

the fields of counseling and mental health, but how exactly each attitude impacts will vary with the individual. (Allison Crowe Paige Averett2015)

Having a positive attitude towards the practice of counseling is essential in carrying out the task. and also having adequate knowledge to carry out a counseling session will be essential having this in mind counselors' training and programs should encompass the necessary time and space to evaluate students who are enrolled in the program on their value. there are basic attitudes and values that counselors should be encouraged to examine and challenge (van Zuilen. Rubert. &Silverman, 2001).

In Western societies, there is generally a more positive attitude towards seeking mental health services. However, stigma remains a significant barrier. A study by Corrigan (2004) shows that many individuals refrain from seeking help due to fear of being labeled as "mentally ill". In contrast, in many non-Western cultures, traditional beliefs and lack of awareness contribute to negative attitudes toward mental health counseling. While most primary care physicians recognize the importance of mental health counseling, they often lack detailed knowledge about specific counseling techniques and their efficacy (Thompson 2004).

In some related research on the attitude of mental health professionals toward mental health results indicates that professionals hold more negative stereotypes of patients with mental illness. (Panayiotopoulos, 2012). On the same study it suggests that a group of mental health professionals indicate the need for a shift toward a careful examination of their own attitudes and contemporary mental health knowledge having this in mind we have no evidence on the attitude of providers towards the attitude of the mental health counseling practice.

A number of factors have shaped the prevailing attitudes, understanding of causes, and treatment of mental health problems. These included: ignorance, fear, cultural contexts, superstition, religion, and now science. These have caused mental health to be characterized as being either a forward or backward enterprise depending on the given moment of time (Carson, Butcher, & Mineka, 1996; Nsereko, 2014). Some providers expressed a reluctance to address certain sensitive topics or engage in challenging and complex therapeutic work (Walji 2014).

Furthermore, knowledge is key for the practice of mental health counseling. Study shows that the need for better and well-organized training programs are required and demanded (Waganesh A. Zeleke 2019). There is growing awareness about mental health issues, misconceptions and a lack of understanding about the role of mental health counseling persist. Common misconceptions include equating counseling with merely talking to a friend and underestimating the professional training counselors undergo (Jorm (2012). Adaptation of the modern counseling methods to the level of harmonizing and pertaining to the local community custom was recommended. Besides, developing locally employed methods and principles of counseling services that could benefit the community, counseling service-giving agents and the government was accentuated (Disassa.G 2020). This led to the prevalence of mixed perceptions towards mental health counseling.

However, the current understanding and perspectives of counseling providers in order to identify areas for improvement and potential barriers that may hinder effective counseling provision. The study found that counseling providers generally possessed a

strong theoretical knowledge of mental health counseling techniques and interventions (Moitra , 2023).

Chapter Three - Research Methods

The research design part of this study deals with a general research approach or framework that was qualitative in this approach and process. The methodology part of this research work dealt with research design, study settings and rationale for selection, research population and sampling, data collection tools and procedures, data analysis techniques and finally research trustworthiness and ethical consideration.

3.1 Research Design

The research design refers to the master plan or framework guiding the conduct of the research (Yin, 2003). It's aim is to guide the researcher through the process of collecting, analyzing, and interpreting research data (Yin, 2009). The primary objective of this study was to understand the Practice of mental health counseling and knowledge and attitudes towards the practice in three governmental hospitals in Addis Ababa. As a result, the choice of research design is an instrument and a key determinant to achieving this objective. Hence, an exploratory case study research design is assumed pertinent and most suitable to accomplish the objective of the research.

Yin (2014) defines a case study design as “an empirical inquiry that investigates a contemporary phenomenon in depth and within the real-world context”. As a result, case studies provide a means by which readers can learn through the discussions of actual situations and circumstances, by following the actions and analyzing the thoughts and decision processes of real people, faced with real problems, in real settings. Case studies necessitate a detailed and intensive analysis of a single case (Bryman, 2012) and are mostly suitable for studies that seek to explore or investigate the “why” “how” and “what” aspects of a given phenomenon (Yin, 2009).

As a result, the three government hospitals in Addis Ababa, Amanuel Specialized Mental Hospital, St Paul Millennium Medical College Hospital, and EKA Kotebe General Hospital, constitute the case sites for the study. In other words, the researcher used case study design because it provides practical examples that illustrate how theories or concepts apply in real situations and also entails a detailed and intensive analysis of the phenomenon of the practice of mental health counseling and the knowledge and attitude of counseling providers towards the practice of mental health counseling from the perspective of the government hospitals in Addis Ababa.

3.2. Description of the study site

Addis Ababa is one of the two city administrations and the capital city of Ethiopia. It is the largest city in the country with an estimated area of 530.14 km² and a population density of 5,704,00 individuals per km². It has an estimated total population of 4,030,00 million in 2024 based on (2007–2037) population projection (Ethiopian Central Statistical Agency 2024). Addis Ababa has 11 public hospitals. The number of hospitals providing mental health service nationally at the outpatient level is estimated to constitute 25% 11 in Addis Ababa (Tikur Anbessa, Amanuel, St Paul's, Alert, St Peter, Zewditu, Tirunesh Beijing, Ras Desta, Yekatit 12, Minilik the II, Police, Armed Force, and Prison administration). Out of those, there is one dedicated psychiatric hospital in Addis Ababa with 268 beds, namely Amanuel Specialized Mental Hospital. Eka Kotebe General Hospital is the second big hospital with 150 psychiatric beds and St Paul's Millennium Medical Collage Hospital with 30 dedicated beds. In terms of child and adolescent mental health units, there are two dedicated facilities in the city administration (St Paul's and Yekatit 12 Hospitals). In terms of substance use treatment centers in Addis

Ababa (St Amanuel, St Paul's, Zewditu) (National Mental Health Strategy 2020-2025). Based on the above data I purposely selected three of the government hospitals based on the types of service they provide for the clients such as outpatient mental health counseling service, in-patient mental health counseling service, child and adolescent mental health counseling service, and substance use and treatment mental health counseling service, based on the total number of mental health counseling providers they have and by their total number of in-patient admissions. Amanuel Specialized Mental Hospital, St Paul Millennium Medical Collage Hospital, and EKA Kotebe General Hospital were selected.

3.3. Population

The research participants are mental health counselors working at the three selected government hospitals, officials, having direct access to the issue like department heads of mental health counseling, psychiatrists, psychiatry professionals (MSc), and social workers. As it has been discussed earlier, the prime purpose of this study is to explore “the practice of mental health counseling and knowledge and attitude of the providers towards the practice, “Focusing on three government hospitals in Addis Ababa, Ethiopia. These three hospitals are selected purposively for several reasons. The rationale behind the selection of the research setting was hospitals based on the types of service they provide for the clients like outpatient mental health counseling services, inpatient mental health counseling service, child and adolescent mental health counseling services, and substance use and treatment mental health counseling service, by total number of mental health counseling providers they have and by the total number of in-patient admissions were among reasons of selection.

3.4. Sampling

The study initially adopts the Convenience sampling technique, which assumes individuals who are available, relevant, and “information-rich” or knowledgeable with respect to the purpose of the study (Bryman, 2012; Rubin & Rubin, 2005). Thus, from these three government hospitals, all available counseling providers were selected for key informant interviews, and department heads and different professionals (psychiatrists, psychiatric professionals (MSc), and social workers) from each hospital were included for focus group discussion.

As a result, the research participants consisted of both female and male participants numbered fourteen mental health counseling providers for key informant interviews eight females and six males. Also, three department heads, three psychiatrists six psychiatry professionals (MSc), and three social workers, a total of 15 professionals for the focus group discussion were selected from the three hospitals. The total number of samples selected in any form mentioned to conduct the research were twenty-nine.

3.5. Data Collection instrument

3.5.1 Data Collection Tools

Regarding data collection instruments, there are different procedures for collecting qualitative research data for scientific or academic research. This study therefore relied on primary data. The primary source of data is collected using a semi-structured face-to-face interview and focus group discussions.

3.5.1.1 Semi-Structured Interview

Semi semi-structured interview is a qualitative research method tool to collect primary data from the study participants with the flexibility to explore topics in depth

fostering a conversational atmosphere while maintaining focus on the research objectives. Face-to-face, semi-structured interviews were used for fourteen mental health counselors eight female and six male participants because of its advantage in providing each participant an opportunity to express the standpoint of their respective hospitals concerning the practice of mental health counseling and the knowledge and attitude of counseling providers without any restriction.

Additionally, a semi-structured interview guarantees a high level of response especially when interviewees are given sufficient time to respond to questions. Furthermore, semi-structured interviews create more room for any other issue regarding the subject area, which is relevant to be discussed which would have been difficult to capture using a questionnaire. It also enables the researcher to check on the spot the reliability of a response by rephrasing the same question differently and asking it at various stages of the interview process (Freebody, 2003).

3.5.1.2 Focus Group Discussion

The use of Focus Group Discussion (FGD) enables participants members with diverse educational backgrounds and experiences, further implying internal consistency and potential stability over time (Yin, 2003). In addition, Morgan states “The hallmark of focus groups is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in the group” (Cited in Hansen et al 1998).

Thus, three focus group discussion sessions were conducted with five participants in each group with purposively selected mental health counseling department heads, psychiatrists, psychiatry professionals (MSc) and social workers. The first reason for

having multiple focus group discussions was, to get reliable data from different angles that help to in reach the investigation process and the second one is for the purpose of triangulating data gained from different sources by different approaches.

3.6. Data collection Procedures

3.6.1. Interview Procedure

An integral part of my study was to gain access to participants' experiences, views, beliefs, meanings, and values, which are aspects that are impossible to obtain through other means (Hamersley, 2006). An interview guide was designed for each group of informants and included major themes to be covered and mainly open-ended questions on the information that to be obtained. An interview procedure involved: -

A, Preparation – where questions are carefully planned, and their type decided considering what to yield from the interview.

B. Conducting the interview- The researcher organized the setting by communicating with the hospital administrations to use spare rooms in their hospital for key informant interviews to avoid interruption and attempts were made in order not to show any symptoms of surprise, admiration or emotions but to maintain a neutral attitude.

C. Regarding interview -for repeated listening and to develop a comprehensive understanding of the data collected, voice recorder pro-App version 3.30 was used to devote full attention to the information to save time, and to use the data for the analysis repeatedly. The interviews were held in Amharic and varied in length from 30 minutes to 1 hour.

3.6.2. Focus Group Discussion Procedure

The reason of having multiple focus group discussions was to get reliable data from different angles and for data triangulation purposes. Hence a focus group discussion procedure involves: -

- A. setting discussion settings- Ask department heads for their willingness to use their office as a discussion place and make sure the area is as much as possible to undergo focus group discussions.
- B. Topic introduction -I introduced myself and the topic for the focus group discussion team.
- C. Preparation time – Participants were given three minutes to gather their thoughts and prepare themselves.
- D. Initiation – Based on the selected discussion points participants initiated the discussion by presenting their viewpoint.
- E. Main discussion- the participants were discussing while listening to each other's opinions either in favor or against the topic.

3.7. Data Analysis Techniques

The data from the interview were transcribed and grouped according to the similarity of responses and rate of occurrences. The collected data are analyzed verbally by constructing descriptive paragraphs based on the thematic analysis technique. We used a cross-case analysis procedure (Patton, 1990) to analyze the interview data. In this approach, responses to a common question from all interviewees in each category are analyzed together. As noted by Patton (1990), it is easier to do a cross-case analysis for each question in the interview when an open-ended approach is used.

Common themes across participants were identified, analyzed, and interpreted item by item. The purpose of the research, the number of individuals involved, the research settings, and the time spent on the interview were taken into consideration in the analysis, which was then followed by interpretations aimed at explaining the findings, answering why questions, and attaching meanings to the novel ideas and the original view of the participants.

The collected data from participants are analyzed in a systematic manner. First, the researcher transcribed all audio recordings into printable formats and then printed them out for the purposes of coding and onward analysis. The researcher transcribed sentences and phrases directly to avoid misinterpretation of the sense or meaning of the information participants provided as suggested by Patton (1990). And read through the responses for each item across all the sampled counseling providers and department heads of three hospitals separately and make notes of the key ideas or themes.

Then, analyze the primary data based on a thematic approach. According to Braun and Clarke (2006), “thematic analysis is a method of identifying, analyzing, and reporting

patterns (themes) within data”. A theme according to Maxwell (2008) refers to the central ideas that recur or pervade from the data identified in relation to the research questions and objectives, and which represent some level of patterned response or meanings within the data set.

After simplifying responses into themes, both the interview and focus group discussion data were analyzed separately and based on their themes they were integrated to create images.

3.8. Research Trustworthiness

Prior to performing the pilot study, the researcher provided the interview guide to be evaluated by a subject matter expert who has a PhD and works as an instructor and consultant in the field of psychology. After making various modifications the results were satisfactory to proceed with the interview. At last, I randomly chose three volunteers to pilot test the interview. Both validity and reliability are essential components in qualitative research and they are seen in terms of trustworthiness, credibility, transferability, dependability, confirmability, and authenticity (Guba & Lincoln, 1994 as cited in Bryman, 2012).

Thus, I conducted the open-ended interviews so that the approach would be consistent and the sample instrument for data collection was given a critical review by colleagues and the research supervisors.

3.9. Ethical Consideration

Neuman (2006) points out that, ethics in research is a set of principles that reveal what is or is not legitimate to do in research practice. Sarandakos (2012) suggests that,

for research to be ethical, the study should provide adequate information on the type of questions being asked, the degree of sensitivity, and the consequences of the questions.

The study has the responsibility to recognize the participant's right to privacy, and anonymity and that all information about them remain confidential (Sarandakos, 2012). In conducting a qualitative study of this nature, ethical concerns such as how access is gained are critical, and the richness of the data collected ultimately depends largely on the extent of access and range of sources. During the engagement with each participant in the process of collecting data, the researcher paid great attention to their interests, rights, and independence.

The anonymity of participants and the confidentiality of their responses was also assured. In obtaining data prospective participants were made to understand how significant their contributions to the study will be, but they were left to decide on whether to assist or not. Thus, members' participation in the interview process was based on one's willingness to voluntarily give out information that helps achieve the study objectives.

Chapter Four – Results and Discussion

4.1. Results

This chapter presents the empirical assessment of mental health counseling services specifically in relation to knowledge and practice of mental health counseling services in three selected government hospitals in Addis Ababa city namely Amanuel Specialized Mental Hospital, EKA Kotebe General Hospital, and St Paul Millennium Medical Collage Hospital. The analysis is based on data collected through interviews with key informants and focus group discussions (FGDs).

To meet the purpose of the study, the data gained is organized in major themes namely the practice, knowledge, and attitude of mental health counseling services in the study sites, where each major theme consisted of sub-themes related to the basic issues raised in the investigation. While quoting the views of research participants, I used pseudonyms (fictitious names) in the whole part of the report where names are required (See the appendices) -

4.1.1 Demographic Characteristics and Respondent's Information

In this qualitative research study, a total of 29 respondents were selected to provide a comprehensive analysis of mental health counseling services specifically in relation to knowledge and practice of mental health counseling services in selected government hospitals of Addis Ababa city. The interviewees and participants of the focus group discussion were individuals from the three selected health hospitals having roles and responsibilities in relation to mental health counseling. The details of participants' bio data for both the key informants and focus group discussion FGD is listed below in table forms.

Table 1 Demographic characteristics of the Key informants

Category (Total)	Subcategory	Number	Percentage (%)
Gender (14)			
	Male	6	42.8
	Female	8	57.2
Education Level (14)			
	Bachelor's degree	2	14.3
	Master's degree	12	85.7
Degree In (14)			
	Counseling	1	7.1
	Clinical	11	78.6
	Other	2	14.3
Number of service provision outlet of the participant (14)			
	In patient	1	7.1
	Outpatient	1	7.1
	More than one	12	85.7
Years of Experience (14)			
	3 years	2	14.3
	4 years	2	14.3
	6 years	3	21.4
	7 years	4	28.6
	8 years	1	4.1
	9 years	2	14.3
License or Certificate Status (14)			
	Certified	9	64.2
	Not Certified	5	35.8
Certification in what (9)			
	Trauma and clinical psychology	1	11.1
	Clinical psychology	7	77.8
	Counseling psychology	1	11.1

The demographic characteristics of the key informants of the semi-structured interview from the data source were predominantly female 8 (57.2%), this marks the majority of mental health counseling services is provided by females where the service is like what role of mothers are in the real world and their hospitality. Their years of experience spanned a wide range, from 3 to 9 years, suggesting a mix of members within the organizations. While only 2 (14.3%) of the professionals work only in one

service outlet, the rest 12 (85.7%) of them provide services at more than one outlet. The professional positions held by the respondents varied significantly, with some being predominantly clinical psychologists 11 (78.6%), indicating that they were responsible for counseling aspects with only 1 person (7.1%) having a counseling profession. This indicates that the mental health counseling service given in well-organized medical institutions is practiced by professionals. This hierarchical spread provided a comprehensive insight into the organizational dynamics and conserving professional certification, 9 (64.2%) of the mental health counselors working in the study sites were certified. Out of the 9 certified, 7 (77.7%) were clinical psychologists with no special certification to undergo specific therapeutic modalities.

Table 2 Demographic characteristics of the participants of the Focus group discussion

Category (Total)	Subcategory	Number	Percentage (%)
Gender (15)			
	Male	11	73.3
	Female	4	26.7
Education Level (15)			
	Bachelor's degree	3	20
	Master's degree	9	60
	Specialists	3	20
Degree In (15)			
	Social worker	3	20
	Clinical psychology	3	20
	Psychiatrist	3	20
	MSc Psychiatry	6	40
Number of service provision outlets of the participant (15)			
	Outpatient	9	60
	Department Heads	3	20
	More than one	3	20
Years of Experience (15)			
	2 years	1	6.65
	3 years	1	6.65
	4 years	4	26.7
	5 years	3	20
	6 years	4	26.7
	9 years	2	13.3
License or Certificate Status (15)			
	Certified	12	80
	Not Certified	3	20
Certification in what (12)			
	Psychiatrist	3	25
	Psychiatry professional	6	50
	Clinical psychology	3	25

There were 15 participants in the three focus group discussions that took place in three selected government hospitals. From the three hospitals one department heads of mental health counselling from each hospital, one psychiatrist from each hospital, two psychiatry professionals (MSc) from each hospital and one social worker from each hospital were part of the discussion. Out of the 15 participants, one-third (73.3%) were

male professionals. The FDG was inclusive of 3 Psychiatrists accounting for 20% of participants, 3 clinical psychologists (20%), 3 social workers (20%), and 6 Masters holders in Psychiatry (40%). The inclusion of different professionals involved in the provision of mental health services has enriched the level of information that was received during the FDG as it was being viewed from different perspectives. Among the 15 participants, 3 (20%) are Bachelor's degree holders, 9 (60%) are Master's degree holders and 3 (20%) are specialists. The years of professional experience among them varied from 2 to 9 years, where the average stood at 5 years. Out of the 12 that are certified to practice in their line of work, psychiatry professionals account for the largest proportion of 50%, and psychiatrists and clinical psychologists account for 25% each.

4.2. Data presentation

The data collected from participants presented the following three major and eleven supportive sub-themes for discussion. Each of the major themes and the sub-themes that follow are dealt in the study accordingly.

4.2.1. The practice of mental health counseling service

R.Q 1 How do mental health counseling services are provided at the study site?

According to fourteen key informants from the three study hospitals, those engaged in Interview and focus group discussion (FGD) suggested the following concerning the practice exercised in delivering mental health counseling services. According to six respondents from Amanuel Specialized Hospital, there were a lot of methods to use.

Pseudonyms Mamo and Maraki said.

“mainly CBT (cognitive behavioral therapy), MT (motivational interview) for addiction /substance and IPT (interpersonal therapy) therapeutic alliance used most of the time for all psychological illness”..

Similarly, participants from Amanuel Specialized Mental Hospital, fictitiously named Mesfine and Eyerusalem said.

“...in our institution, we use all kinds of therapy approaches for substance we use Motivational therapy for substance users, for depressed patients we use mainly CBT and psychotherapy, and for personality disorder we use positive psychotherapy even if it is less effective. But mainly we use CBT (cognitive behavioral therapy)” (00;2;26)

The other Participants from the same study site fictitiously named Fouzia and Zewdie said,

“...After assessing the patient and identifying where the patient would benefit, the patient could be treated with CBT or group therapy (MI). Patients could also switch from individual therapy to group therapy if they seem to be benefiting from it more. Hence in all circumstances, the first step is assessment which is knowing the patient more than the diagnosis but also knowing the cause of the illness, the cultural and environmental information about the clients, where the methods used depend on the client’s problem which could be Interpersonal psychotherapy (IPT), cognitive behavioral therapy (CBT), Motivational intervention (MI), Trauma-focused intervention (TFI), Eclectic or more where, more than one method could also be used based on the problem of the client” (Am 5, and Am 6, 00:19 - 05:10).

At the same time, respondents from the other study site, Eka Kotebe General Hospital with the pseudonym Lidiya said. EKA 1,

“...00:13 – 01:34 Cognitive Behavioral Therapy (CBT), interpersonal therapy (IPT) used together with other supportive therapies, mainly CBT because there are many trainings available on it, additionally, it has many treatment options for different illnesses. Like for those with cognitive impairment, behavioral therapy can be used so it is convenient as it can be used combined”.

In addition, participant from EKA Kotebe General Hospital fictitiously named Meaza EKA 2, 00:21 - 01:10 stated as.

“...Cognitive behavioral therapy (CBT) is used, and for substance abuse clients we use Motivational therapy, DBT (Direct behavioral therapy)), and interpersonal therapy (IPT)”

Participant from the same study area with the pseudonym Girma said.

“CBT is that it is –an approach our seniors t gave us a hint about which will cover all the aspects both the cognitive and behavioral aspects and it is a modified version of therapy. But that doesn’t mean we only use CBT” , (01; 10-2;40).

Other respondents from Eka Kotebe General Hospital fictitiously named Golla and Tafa asserted that,

“... (00:15 – 01:17) and, (00:12 – 04:27) asserted that the service provision depends on the nature of the case and differs from client to client but mostly Cognitive Behavioral Therapy (CBT) was used”.

As mostly the cause of mental illness can be cognitive in nature therefore addressing both cognitive and behavior where the concepts forwarded by respondents from Amanuel and Eka Hospital also supported by suggestions from the other study site

that was Saint Paul Hospital Millennium Medical Collage Hospital pseudonyms Selam, Kale and Hiwot said. S'P 1,S'PA2 and S'PA3

“.....practicing mental health counseling uses different methods and approaches based on the given symptoms and complaints such as CBT (cognitive behavioral therapy) since most of the time the clients we see come with distorted thoughts”.

Therefore, the practice of mental health counseling uses a different therapeutic approach based on the nature of the cases but mainly due to the nature of the cases and the hospital setup all of the respondents use cognitive behavioral therapy approaches for the majority of cases they encounter.

4.2.2. Accessibility of mental health counseling services

In the course of interviews conducted with key informants, several critical aspects about the accessibility of mental health counseling services were forwarded.

According to the participant from Amanuel Specialized Mental Hospital fictitiously named Mamo said.

“..... accessibility of mental health counseling services is very low “በጣም ዝቕተኛ ነው” the availability of the service given is not problem-focused, so the availability is poor, because of first, lack of structured therapeutic alliance second, lack of professionalism, majority of us including me are not professionals third, the educational system is not adequate fourth, lack of therapy’s adopted to our country context ”.

Participant from the same hospital pseudonym Maraki said.

“it’s not about the service delivery but rather the quality of the service, where our hospital is the only specialized hospital for mental health. So the accessibility both in the community as well as in the health facility is low its very low and the government tried to

integrate with the health centers, they are only there for referring the patients to hospitals but not to treat (02; 30-04; 30)”

Participant from Amanuel Specialized Mental Hospital fictitiously named Eyerusalem said.

“... I believe it is low. There is no adequate mental health institution; no adequately trained professionals are there. Currently, the health centers started to give service on psychiatry but I don't think they are giving psychotherapy there”.

Similarly participant from the same hospital pseudonym Fouzia

“...the service is not accessible. There are private facilities even a rehabilitation centers that provide the service including psychotherapy and psychiatric treatment. But those can only be accessed by those who can afford them”.

From Amanuel Specialized Mental Hospital participant fictitiously named Zewdie said. *“... the service is not accessible to all. The number of health professionals and clients are not comparable. But its progress was evaluated from time to time as more professionals are being hired (05:19 – 06:37)”*

In addition, as witnessed from interviews conducted in EKA Kotebe General Hospital fictitiously named Lidiya and Meaza stated.

“...with only a few facilities providing the service I do not think it is accessible (01:43 – 02:23 and 2, 01:18 – 01:48)”.

A participant from the same study site pseudonym Girma said,

“... To be honest for those seeking mental health counseling service we are providing the service and it is accessible in our hospital. but as a community, we only have one specialized hospital so it is no easily accessible for the community ((2;45-5;10)”.

“The accessibility is not as expected and not enough where psychotherapy is considered a luxury treatment in our society...”

Said fictitiously named Golla and Tafa (01:26 – 01:52 and 04:37 – 06:32).

Similarly, in the interview conducted concerning the accessibility of mental health counselling services participant from St Paul Millennium Medical Collage Hospital pseudonym Selam stated.

“...mental health counseling service is not that much accessible in our community. Most of the time rather than the accessibility it is considered as a fancy service only the rich need. But as a service, it is accessible in my hospital but with a limited number of professionals and infrastructure.”

From similar study site participant fictitious named Kale said.

“...It is easily accessible both in my hospital and my community currently the government has launched integrated mental health service in health centers on psychiatry but the mental health counseling service is limited to hospitals even if they provide the service, it is difficult for me to say they are giving according to standard and protocols for many reasons .”

“The accessibility is low we are providing the service in only two rooms with a limited number of professionals. From the same study site pseudonym Hiwote ”.

Furthermore, responses from focus group discussion (FGD) group members from Amanuel Specialized Mental Hospital, EKA Kotebe General Hospital, and St Paul Millennium Medical Collage Hospital imply that a mental health counselling service is not that accessible at uniform standard throughout all due to differences in infrastructure,

professional man power, adequate and comfortable rooms and awareness towards mental health counseling made it less accessible.

Hence the responses gained from key informants and focus group discussion fundamentally indicate the problem of accessibility to mental health counseling services is mainly due to lack of adequate infrastructures, lack of adequate mental health institutions, and inadequate professionals.

4.2.3. Barriers preventing individuals from seeking mental health counseling

According to insights gathered from participants from the three study sites with regard to barriers preventing individuals from seeking mental health counseling was said to be a lack of professionals or professionalism and abuse of the profession without delivering any kind of service (therapy). There are few psychological services in the country. The curriculum focuses on the theoretical part ignoring the practical concern. Further, lack of awareness towards mental health and its counseling service was said to be another reason.

In support of this participant from Amanuel Specialized Mental Hospital fictitiously named Mesfin said. AM3,

“(…04;45-06;17) the major challenge is that the community was not well aware of mental health counseling and that client’s perception towards psychotherapy or mental health counseling depends on believe that mental health counseling is for those is with a serious mental health condition.”

Furthermore, responses from the three-focus group discussion all together about barriers that prevent individuals from seeking mental health counseling illustrate a lack of awareness of the community, not fully aware of mental health counseling as well as the

service which is given and believes that it is not that much important. In addition, the service is given in limited areas so that it is not accessible to the community like other medical services. Stigma and fear from the community for not being framed as mentally ill” እብድ ላለመባል” was another barrier in relation to the mental health counseling service.

Therefore; the suggestions gained from focus group discussion(FGD) and key informants (KI) indicate that there is a lack of awareness among the community towards mental health counseling service as well as mental health itself. Also, the emphasis given by the stakeholders in the creation of awareness is low which resulted in stigma and fear of being diagnosed.

4.2.4. Challenges hindering mental health counseling practice

There could be as many factors that hinder mental health practices. include Lack of comfortable infrastructure, lack of proper training or inaccessibility of continuous developmental platform, and lack of motivation together with the fundamentals of mental health practices there are factors that mitigate its practice.

Information gained from participants from Amanuel Specialized Mental Hospital pseudonym Mamo said.

“...one of the factors for poor performance of mental health practice is “value is not given for the profession and the professionals”. In addition, absence of professional associations and continuous supervision which is responsible for the quality of the profession and professional’s carrier development could serve as one factor that hinder the practice of mental health counseling.”

Similarly, a participant from the same study site fictitiously named Maraki, problem in relation with the provision of mental health counseling said.

“.... the attitude of other professionals towards the mental health counseling profession, the service quality clients come to get service but the service quality they get is low because of lack of adequately trained manpower... the man power gap is a lot and we will see at least ten cases per day which is a lot and results in burn out and also majority of the cases that are linked to us are not well understood whether they need a therapy (counseling) or not with other professionals and the institutions set up is not suitable to give therapy as well as are affecting the mental health counseling service”.

Participants from the same study site fictitiously named Fouzia and Zewdie said .
“...Not being able to encounter the patients with the frequency that would benefit them as they are appointed further from their follow-up due to the distance they are coming from. As an inpatient, patients cannot stay more than 35 days during one admission and until the patients respond to medications, which takes longer time, we only encounter patients for therapy few times, and on their follow-up, patients may not even come themselves but family member may come with lack of awareness, lack of commitment and the perception of the health professionals about psychotherapy and problem of contextualizing the theory. (07;45-08;18) 00:08 – 01:41).”

In addition, a participant from EKA Kotebe General Hospital pseudonym Lidiya said.

“ (03:46 – 04:45) – indicates the ... post-service challenge is that after giving service, not being able to see the outcome because of not having anyone to support or follow up them, and absence of adequate service provision room to perform the psychotherapy, the health care policy is not aligned well with mental health counseling programs, less

emphasis towards mental health and mentally ill together with lack of training and not able to be certified on the therapy modality all therapeutic modality has their own structural problem in providing mental health counseling service”.

Similarly, participants from St Paul Millennium Medical College Hospital fictitiously named Selam and Hiwote said.

“... the biggest challenge as a provider is that inadequate working institution, lack of professional development platform and lack of standard protocols or guide and infrastructure and lesser emphasis given by the government for the field and the therapeutic outcomes”.

Further, information gained from the focus group discussion (FGD) from various groups of EKA, Amanuel, and St Paul, proposes the biggest challenges in practicing mental health counseling as lack of policies, lack of training, lack of standard guidelines, infrastructure problems where the infrastructure is not adequate and well organized to give therapy, little emphasis given, lack of motivational packages.

Research Question 2: Do counselors who provide mental health counseling feel that they have adequate knowledge about mental health counseling?

4.3 Knowledge of mental health counseling service providers

Any counseling practice needs to have the right knowledge so as to help those who are in need of it. When it is a mental health service it demands a lot from the professionals. Hence, concerning with the knowledge that counselors have, various themes were developed from the responses of the participants. These are,

4.3.1. Mental health disorders diagnostic criteria and treatment protocols

Concerning mental health disorders, diagnostic criteria, and treatment protocols, participants from Amanuel, Eka and St Paul hospital forwarded their respective ideas

A participant from Amanuel Specialized Mental Hospital fictitiously named Mamo said.

“...good question but I said earlier that lack of structure affected the therapeutic alliance and also on the professions... there are a lot of protocols like psychometric tests the rarer a time frame for advancement in which we are not working on it there are no ways that we can engage or be updated on the protocol tools. Also if there are guidelines to be up to date in our institution there is no guideline on which we agreed up on. Psychology doesn't have guidelines”.

Similarly, participant from the same study site pseudonym Meaza said .

“... we update ourselves by ourselves, there are no mechanism facilitated by the institution for us to acquaint with the current and modern therapeutic techniques and classifications.”

“...usually we will ask one other to get updated informally with other psychologists and we read that's all” pseudonym Mesfin and Zewdie (08;24-11;45)(01:52 – 05:40).

Similarly, respondents from EkA Kotebe General hospital participant fictitiously named Lidiya said. *“(04:55 – 06:56)*

“...Personal reading of manuals and protocols, use DSM for diagnosis”

Similarly from the same study site pseudonym Girma and Meaza said,

“...use of standard tests to update each other as a team on the sessions that we have case presentation that takes place once a week among the psychology team and taking online training, reading, and updating each other through the debriefing session are among the way to develop ones knowledge on the area ”“(15;22-23;45)

12:06 – 15:07) Further, participants from St Paul Millennium Medical Collage Hospital fictitiously named Selam, Kale and Hiwote stated.

“...forwarded the same as what others suggested engaging in online training even though they are not easily accessible”.

The finding from the key informants indicates that there is no a formal means to be UpToDate with the current ongoing approaches facilitated by their institution but rather they try to be UpToDate by taking online training and debriefing sessions with their colleagues. And also they stated that there are no guidelines which are adopted aligned with our culture context’s.

4.3.2. Culturally competent strategies and diverse perspectives in mental health counseling

Any counseling practices demands both theoretical understanding and practical application of standard protocols and procedures. Without it remain to be aggravating the problem then to offer remedy for the patient. Concerning culturally competent strategies and diverse perspectives in mental health counseling,

Participants from Amanuel Specialized Mental Hospital fictitiously named Mamo said.

“...it is difficult for me to put one in one on this if there is one I will link. I will stick in my culture but I will not be deviant as deviation is abnormal. ”.

Similarly participant from the same study site pseudonym Maraki said .

“...as much as possible we respect client’s culture”.

Participant fictitiously named Mesfin said .

“...as counselors I will align myself with the current trends. Even if there are some thing that we don’t accept in our country I well be patient and help the client(12; 37-13; 30)”.

Participant from the same study sites pseudonym Eyerusalem said.

“... as much as possible we will ask the clients relatives from where they came from to align my therapy with their cultural context because there are different cultures”..

In the same study site participant fictitiously named Fouzia said

“...(13:37 – 15:27) assessment and problem identification is used to find the cultural structure of the client that helps to develop trust and rapport which in turn helping the therapy”.

similarly respondent from the same Hospital pseudonym Zewdie said .

“... (05:50 – 09:12) being ethical and be present both physically and psychologically, and being respectful. And use the principles that we use for medical practices.”

Similarly, participants from EKA Kotebe General Hospital forwarded the following regarding culturally competent strategies and diverse perspectives in mental health counseling.

According to participant from EKA Kotebe General Hospital fictitiously named Lidiya said.

“ (07:13 – 07: 49)... assessment, questions to assess what their opinion is about the illness, what the illness is, what are the causes, how they think they got it and the like. So by using the interview technique, depends on my cultural competence”.

Similarly participants from the same study site fictitiously named Meaza, Girma and Golla said.

“...to see the protective factor, if clients have their culture or religion as a protective factor, then they need to build on that and have self-acceptance. Through experience one can acquire a belief, and speeches to become culturally competent(05:43 – 06:30), (24:02-26:02) and (07:49 – 09:16).”

Participant from the same stud site pseudonym Tafa said .

“... (15:20 – 17:06) The first session is usually used to get to know the client better, to understand where the client came from, to know about the culture and the like. There is an advantage in relating culture with therapy. As not all disorders on DSM are considered as disorders in our case, therefore, we need to be careful when we label diagnosis. Social culture and social norms need to be considered and the deviation from these needs to be evaluated to enable us to integrate culture with therapy.”

In addition, participants from Saint Paulos Hospital furthered the following with regard to culturally competent strategies and diverse perspectives in mental health counseling.

According to St Paul Millennium Medical Collage Hospital participant fictitiously named Selam said.

“... I will stay as culturally competent in all way. I will try to understand by client’s cultural background his beliefs and his thoughts. and personally, will explore different cultures and try new things myself”

Similarly participant from the same hospital pseudonym Kale said

“... I will explore, ask , read about different cultures and understand their uniqueness to use it in my clients”.

Similarly participant from the same hospital fictitiously named Hiwote said.

“... mainly I will explore different culture outside of my own so that I can get a clear understanding about different cultural backgrounds. The second one is I will ask my clients family or relatives about their cultures to facilitate my clients therapy sessions”.

4.3.3. Ethical guidelines and standards that govern the performance of mental health counselor

Counseling as one and fundamental task in mental health counseling profession is something that demands anyone who professional engage in it to do the counseling service professionally. This requires ethical guidelines and standards that govern the performance of mental health counselor.

Accordingly, informants from Amanuel Specialized Mental Hospital participant pseudonym Mamo said.

“...because we don’t have guideline. we don’t have code of conduct... our code of conduct is from the APA we don’t have even an adopted conduct based on our culture because there are some things which I didn’t agree up on so if we have had a code of conduct, we might have frame our work”.

Similarly participants from the same hospital fictitiously named Maraki, Mesfin, Eyerusalem, Fouzia and Zewdie said similarly .

“... There wasn't well knows standard code of conduct that I am aware of. I utilize the knowledge I had when I went to school and the personality also matters. Additionally, doing once work happily or doing something that one like will help in this regard”.

Similarly, participants from the other study site, EKAKotebe General Hospital mentioned the following about ethical guidelines and standards that govern the performance of mental health counselor. Along with the point under discussion, participants fictitiously named Lidiya said.

“...(08:00 – 08:41) usually we use code of conduct, like confidentiality and privacy there is no written code of conduct available but we ensure that their confidentiality and privacy is ensured orally”.

Participant from the same study site pseudonym Meaza said

“For the clients to develop trust, there needs to be confidentiality, understand the clients empathetically and to let the clients express themselves emotionally, however there is no written code of conduct agreement but there is only a verbal one. If forensic cases come, then they are referred to forensic psychiatrists, (06:43 – 07:48)”.

Similarly participants from the same hospital fictitiously named Girma and Golla said .

“we don't have written ethical code of conduct but as professional we have our own ethical approaches that we learned from our stay in schools and as a human as well (26:36-28;55),(09:54 – 10:22)”

Fictitiously named Tafa said

“Ethics and ethical road is very important...there are different ways to show including, punctuality, respecting clients as humans, that ensure confidentiality, and respect of the client’s right (17:17 – 19:11)”.

Likewise, participants from St Paul Millennium Medical Collage Hospital participant pseudonym Selam said.

“...observing clients progress by doing assessment so as to see the effectiveness of the therapy demands ethical guidelines and standards that govern the performance of mental health counselor, but, it is not as such simple and readily available”.

Similarly participant from the same hospital fictitiously named Kale said.

“... we don’t have written ethical guide line or ethical code of conduct we just use what we learn during our stay in universities. We don’t have standard as well or a guide line”.

Participant factiously named Hiwote said. From the same stud site.

“...we don’t have written ethical guide line but we practice the mental health counseling with ethical approach from the education we get from our stay at school, even if we say we have one it’s not adopted to our own culture and context”.

Therefore, it is possible to conclude that even thou the service is given there is no written code of conduct specifical tailored to the country context which governs mental health counseling providers service and their performance and ways to make them accountable regarding procedural miss conduct.

4.3.4. Effectiveness and adjustments of counseling interventions.

The success of any counseling service based on adjustments of counseling interventions. Concerning this

Participants from Amanuel Specialized Mental Hospital pseudonym Mamo said .

“...for me it in my patients satisfaction before the termination I do assessment on the therapeutic alliance”.

participant from the same hospital fictitiously named Maraki said.

“... it’s a subjective matter mainly to get positive feedback from my clients and from their relatives and families”.

Similarly participants from the same study site fictitiously named Mesfin, Eyerusalem and Fouzia said.

“... the effectiveness measure is the comparison of the clients progress before attending the therapy till the end of the therapy, ((15; 27-17; 00),. 17:12 – 19:54)”.

Participant from Amanuel Specialized Mental Hospital fictitiously named Zewdie said .

“...Measuring prognosis and severity differs depending on the illness. So on each visit, tests are provided for clients in order to have an objective measurement of their status. The second one is to observe the clients and see clear symptomatic changes like behavioral, thought, and emotional and the like. The other is through feedback from the clients themselves. When no changes are seen, then we assess the reason why improvements or changes were not seen and act on it (09:26 – 11:29”.

Correspondingly, Participant from EKA Kotebe General Hospital pseudonym Lidiya said.

“(08:53 – 10:09) ...pre and post-test for clients to know their level of improvement in sessions. But these are only used for common mental illnesses like depression and anxiety. For the other mental illnesses, we observe functional improvements of the clients”.

Participants from the same hospital fictitiously named Meaza and Girma said.
“...a therapy is effective but there is a relapse rate. To increase the effectiveness, providing integrated therapy and health education is among the interventions (08:00 – 08:44), (29;15-35;20)”.

Participants from the same study site fictitiously named Golla and Tafa said.
“...The changes are seen through time, and sometimes the clients themselves provide testimony about getting better, or their family members tell us the difference they saw. There is possibility to not see changes, and there might be factors resulting in the client not to get better. For example, a substance abused client with alcohol addiction come from the grocery (10:35 – 12:48, 19:24 – 21:26).”

The effectiveness of the therapy can be identified with feedback provided from the client. Additionally, it can be seen through change observed from the client, when the client is found to be happy with the therapy, and when the client finishes the required session follow-ups.

Equally, participant from St Paul Millennium Medical Collage Hospital pseudonym Selam, said..

“... working in collaboration with multi-disciplinary team is that it will give the client’s a holistic service, social, medical and psychological benefits and prevent mainly relapse in most of the cases”.

Participants from the same study site fictitiously named Kale said.
“.... mainly by assessing the progress of my client in every session”.

Similarly participant from the same hospital pseudonym Hiwote said .

“...I assess the effectiveness of my methods by doing assessment on my client and by observing the changes that my client has”.

Thus, from the data obtained it is possible to summarize that mental health counselling service providers assess their methods effectiveness by conducting pre and post evaluation and based on their client’s feedback. Relied on this they will make therapeutic method adjustment tailored for their specific client’s

4.3.5. Collaboration of healthcare professionals

The provision of mental health counseling service above all is a team work that demands sharing of knowledge and experience one another. Accordingly, participants from all study sites forwarded their idea with regard collaboration of healthcare professionals as follows,

According to Amanuel Specialized Mental Hospital fictitiously named Mamo said.

“... Healthcare profession and its approach is multi-disciplinary when the team varies the delivery will be high and other professions reach where one can’t reach this will benefit the patient”.

Participant from the same hospital pseudonym Maraki said .

“...The benefit of working with other professional is that it prevents relapse but these days we are not giving a holistic approach to the patients due to lack of social workers and psychiatrists.”

participant from the same hospital as well said fictitiously named Mesfin (17;25-18;46) *“...it will give the patient a holistic service, for a better outcome we work together.”*

Similarly from the same hospital pseudonym Eyerusalem said .

“... because mental health by itself has a biological ,social ,and psychological factors as a causative agent so in order to bring the best results for a patient it’s important to deal with multi- disciplinary team like psychiatrists , sociologist and others to bering the best in clients”.

Similarly from the same hospital participant fictitiously named Fouzia said

“... clients need to get cooperative treatment to ensure the health of the clients.this will help in addressing the clients need as it differs from one person to another and ensures the clients continues their life . for example social workers will ensures clients has somewhere to go if he or she does not have a place to live it and the like.”

. participant from the same hospital pseudonym Zewdie said .

“...At Amanuel Hospital, we believe a multidisciplinary team has made us to have very successful services in the past many years. Psychiatrists, senior psychiatrists, psychologists, master’s holders, and social workers make rounds twice a week during which time the necessary information and decisions is made by the multidisciplinary team. So as an outpatient, as a referral, and at an inpatient through rounds, we work together (11:40 – 14:14).”

At the same illustration, respondents from EKA Kotebe General Hospital participant factiously named Lidiya and Meaza said.

“(10:20 – 12:03) ... treatment model is Bio-psychosocial and it has all the biological, psychological, and social components, that need to be treated for the client to have better improvements. Social support is also provided so that the improvement continues after patient is discharged.”. “ (08:58 – 10:07) ...The psychiatrist will treat the client with

medication, the psychologist with psychotherapy and the social worker will address those with the low socio-economic status who need support, who are jobless and the like by looking for jobs or linking them with opportunities. So it is very helpful. And therefore, the collaboration is very important.”

At the same demonstration, responses of participants from St Paul Millennium Medical Collage Hospital pseudonym Kale and Hiwote said.

“... all services provided is an integrated approach with multiple professionals which give the client a –better treatment plan for effective outcome.”

Furthermore, responses gained from various focus group discussion held in the three study sites fundamentally indicated the importance of working collaboratively with other professional and showed that currently almost all medical systems are organized from multi-disciplinary team (MDT) where patients or clients benefits the therapy from the psychologist and the medication part .In order to give a holistic service and to provide a wide range benefits to clients it is important to work with psychiatrists and psychologists as well as medical professionals and social workers it will benefit the clients very well, since all professions have their own unique service to the client it will highly –declined relapse of cases (FGD group 1 of Eka ,group 2 of Amanuel and group 3, of Saint Paul Hospital.

Hence this marks that working with multi-disciplinary team-based approaches benefits client’s improvement and declines relapse rate and build professional relationships among professionals.

Research Question 3: What attitude do counselors have on mental health counseling?

The motivation and commitment counselors expected to have were seen as an attitude to promoting effective and efficient mental health counseling services. Hence the following themes were extracted for discussion and analysis

4.4. Attitudes of counselors on mental health counseling.

Participants from the three study sites had made their efforts to clearly mark what the mental health counselors' -seems behaviorally in -providing of mental health counseling service.

For evidence a participant from Amanuel Specialized Mental Hospital fictitiously named Mamo said.

"...for me I thought that the diagnosis given to the patients were not appropriate. So that is why I joined the field."

Similarly, from the same hospital pseudonym Maraki said.

"...I don't have any specific reason to become a psychologist... I am just interested in the field because of clients change and progresses and feedback that impress me and give me professional satisfaction".

Similarly, fictitiously named Mesfin said.

" (19;20-20;52)...it was not by my choice but once I get in I started liking it , and seeing clients improvement and changes made me to stick more on the counseling profession."

,...

Pseudonym Eyerusalem said from the same hospital

"...I was interested in reading psychological books and that led me to become one of counselors in mental health and I find it interesting while working and the feeling that is created for me from my clients progress."

Similarly participant from the same hospital factiously named Fouzia said.
“...Exposure to the family member as a child and a need to treat a person with mental case when grown up, who had a migraine headache... and being raised around a hospital that gave mental health services... observing patients on follow-up, taking medication, getting treated, getting improved, going out, and living their life made me to have an inspiration to join the mental health counseling profession (21:32 – 23:52).”

fictitiously named Zewdie said.

“... I decided to learn psychology when I was a grade 9 student...and was leading the guidance and counseling team in my school (14:25 – 17:53).”

Similarly, participants from EKA Kotebe General Hospital pseudonym Lidiya said

“(12:14 – 14:19...getting fascinated by the brain when I was younger... understanding the impact thought, emotion and behavior has on a person is one of the personal developments that I gained. Apart from that, the satisfaction is not as I expected, because you do not get to see improvements in clients that much. Some patients come very late at a point when not much can be done and in some clients, you only get to see minimal improvements.”

Other participant from the same study site pseudonym Meaza said.

“10:16 – 11:10 ...exposure to the mentally ill people around the neighborhood in my child hood ... as a type of treatment, mainly holy water treatment being givento them, this made me eager to contribute to their health when I grow up. Its satisfaction is to see a crying or sad client on their visit and by giving them a temporary relief, I can see the client smile this made me to like and choose my profession.”

Similarly, a participant from the same hospital fictitiously named Girma said.

“... I always liked behavioral studies and I joined the field and observing the progress of my clients was one of the happiest things for me (39;07-41;23).”

Another participant from EKA Kotebe General Hospital fictitiously named Golla stated. their opinion with regard to attitudes of counselors on mental health counseling services as

“...it was in their teen age observing people with mental illness on the road that triggered their need to know the problem (14:24 – 16:31).”

Similarly, from the same hospital pseudonym Tafa said.

“...as a person working in the Psychiatry profession in my previous experience I realized that not all problems can be solved with medical treatment only. So it is those clients I had when I worked as a psychiatry professional that helped me realize that I want to try psychology and provide therapy to get better outcomes. The satisfaction comes from seeing improvement in clients, to see them happy. Many clients are thankful; some come with gifts even if not acceptable and seeing improvement is my satisfaction (22:57 – 25:53). “

Furthermore, participants from St Paul Millennium Medical Collage Hospital indicated the same as others indicated. For instance, a participant pseudonym Selam stated that

“..., I always wanted to help people since we all have a traumatized experience in our childhood I always wondered in what way am I going to help others who need therapy so I joined the field.”

Similarly, a participant from the same hospital fictitiously named Kale said.

“..., psychological books enlightened me there is a lot in the human mind than one can observe.”

From the same hospital pseudonym, Hiwote stated.

“... having the desire to help people who have mental health problems growing up in a family where my sister was suffering from panic disorder I believe those things influenced me to become a mental health counselor.”

Therefore, this indicates that the respondents were interested in starting from childhood from different sources for some it's from psychological books, for some it's the intention of helping others, and for some of them, it is by understanding that through therapy one might benefit.

4.4.1. The role of empathy and Compassion in establishing a therapeutic relationship with clients

Empathy and compassion are among the professional qualities that are expected to be demonstrated by a professional mental health counseling provider. Hence, participants from various study locations engaged in the study reflected their own practice in relation to the role and responsibility expected from any certified counseling professional focusing on the concepts of empathy and compassion as instruments to establishing a therapeutic relationship with clients.

Hence, participants from Amanuel Specialized Mental Hospital fictitiously named Mamo said.

“... I am not a sociologist... I am psychologist; there are some pains that I feel. I don't find myself in a situation which can make me sympathetic. in any case scenario I will try

to be on the spot but if I feel that I'm sympathetic towards the case I immediately transfer the case to other psychologists.”

Similarly, from the same hospital pseudonym Maraki said.

“ ... as a professional, we apply an empathetic approach not a sympathetic approach.”

Fictitiously named Mesfin stated regarding empathy

“(21;03-23;00), ... I will try to be emphatic and understand my clients' feelings and his journey towards the counseling medication provided.”

Similarly, from the same hospital pseudonym Eyerusalem said. ...

“... as a society, we share some common factors that put us in the shoes of our clients. But I will try to not cross the therapeutic boundary and be empathetic.”

Pseudonym Fouzia from Amanuel Specialized Mental Hospital said

“(24:07 – 25:34) ...because a little bit of sympathy and empathy needs to be there but it should not cross the boundary.”

Similarly, from the same hospital fictitiously named Zewdie said

“... sometimes there needs to balance empathy and sympathy. If not balanced, it creates pressure on the professional. Their existence is important as a service provider, their empathy can be expressed by being punctual, physical presence, and psychological presence. There needs to be a limit and within that limit, what is expected from the health professional needs to be provided to the clients. Therefore, it should be implemented in a way that brings change to the client but not pressure to the health professional (18:04 – 19:35).”

Likewise, participants in this study from the other site EKA Kotebe General Hospital fictitiously named Lidiya said.

“ (14:28 – 15:44) ...advocates as Sympathy and empathy have a big place as where psychology work starts by understanding people’s problems, after which support can be provided with commitment which is believed that psychologists need to be empathic.”

A participant from the same hospital pseudonym Meaza said

“...the role the counselors supposed to demonstrate as it is both good and bad. It depends on the client’s status where some clients might be dependent which is not good and therefore limiting the boundary of being empathic is good for the positive impact of the therapy.” ,

Fictitiously named Girma from the same hospital said.

“...mental health counselors should always be empathetic but not sympathetic which will help the client greatly.”

Participants from the same hospital pseudonym Golla and Tafa stated that .

“...not be judgmental, to provide better service and be effective, to get cooperation from the clients, to develop rapport by the clients, being understanding and empathic is very important as equal as part of the therapy.”

Equally, a participant from the other study site , Saint Paul Milinium Medical Collage Hospital, fictitiously named Selam said.

“...While building rapport it is important to be empathetic it will help the client open up his problem and the therapy will be easy.” t (S’PA 1

Similarly participants from the same hospital pseudonym Kale and Hiwot said.

“... better to set therapeutic boundaries and be empathetic towards the client for the best outcome in the therapeutic relationship /”.

Therefore, this implies that all participants stated that a psychologist should feel and understand the pain of his client but shouldn't sympathize with his patient's pain saying this the professional should set boundaries for the effectiveness of the therapeutic outcome and also state that being empathetic will strengthen the therapeutic relationship, which aligns with pragmatic attitude represented by sensitive, non-judgmental acceptance culturally thoughtful providers. (Rogers,1957).

4.4.2. Approach to serve clients with different cultural backgrounds or beliefs.

The provision of mental health counseling service above all is a profession that demands to scan the client and the environment that surrounds them. It is a profession that makes to look the culture and beliefs of individual clients and family and residential environments mandatory the effectiveness of the therapy and success of the professional career. Therefore, concerning approaches to serve clients with different cultural backgrounds or beliefs, participants from Amanuel Specialized Mental Hospital fictitiously named Mamo said

"... the service is provided for many clients with different beliefs' it is demanding to outfit the service for those differences."

Pseudonym Maraki said from the same hospital

"...As long as it doesn't affect the professional obligations, as a professional, it is good to fit the therapy to the differences individuals have in relation to culture and beliefs."

According to a participant factiously named Mesfin from Amanuel Specialized Mental Hospital.

"(23;28-26;30),...it will be mandatory to provide service to the client but there will be some cases that will put a lot of pressure on the service provider if it is not acceptable"

in his own culture and belief system that makes transfer or link them to the one who is capable of working. Because sometimes staying with clients with differences of will change service providers thoughts towards some aspects.”

participants from the same hospital pseudonym Eyerusalem said.

“... the relationship between the client and a therapist should be professional. This means the difference with the service provider is not a critical concern, rather see the client as a person who looks for care and service.”

Similarly, participants from the same hospital fictitiously named Fouzia stated.

... *“...if a patient comes with some values that I am not comfortable with like bisexual individuals or gay people, then I may not provide the services as I am not sure I will provide the proper therapy given than I have a different stand in these values (25:45 – 27:07)”*.

Participant from Amanuel Specialized Mental Hospital with pseudonym Zewdie.

“...There is no need for any kind of prerequisite but only being human. As a professional, what needs to be done is first know the illness (problem) of the clients. As the client comes with a problem, then as a person, we need to focus on that, validate the problem, work together, and be committed to solving the problem. Of course, there could be some differences like language and religious differences, but despite those, service need to be provided (19:46 – 21:53).”

Equally, respondents from a study site, EKA Kotebe General Hospital pseudonym Lidiya said.

“(15:59 – 16:24) in relation to approaches to use to serve clients with different cultural backgrounds or beliefs as what is needed is to understand client’s values and

culture. Sometimes, if there are extreme outliers transferring to other health professionals is mandatory.”

Participant from the same hospital pseudonym Meaza said.

“...The first thing is to accept the clients as they are. This will help them in building trust. Even different from my beliefs, I approach the client as a professional leaving my personal belief behind.”

Participant from the same hospital fictitiously named Golla said.

“...The professional tends to come across with multicultural backgrounds from different clients. So understanding the client’s culture is crucial to providing better service and understanding the client better. The professional should not be limited with knowledge related to his or her own culture or religion only (18:17 – 19:21).”

Similarly participant from the same hospital pseudonym Tafa stated that .

“...It is a possibility to come across with a difference in thought. .. I will let the client know that I respect the idea and thought. .I. Will try to have the same understanding about the therapy. But if the client refuses to get the therapy, as we cannot force them to seek care, we can provide alternate appointment, and there is a possibility to have a different view then (28:03 – 29:41).”

Similarly, participants from the other study site, Saint Paul Millennium Medical Collage Hospital, fictitiously named Selam. articulates her opinion concerning the role and responsibility expected from any certified counseling professional focusing on the concepts of empathy and compassion as instruments for establishing a therapeutic relationship with clients.

“...has to be in an ethical way whether he has a different belief system or cultural background.”

A participant from the same hospital fictitiously named Hiwote stated.

“...The professionals are there to provide a service to the client whether there is a different belief or thought. I will approach the client in the way who has the same cultural background and belief system.”

Hence, this implies that the majority of the respondents stated that they regardless of the client’s beliefs and cultural background they will give service to the client’s.

4.5. Discussion

This section examines the specific point to knowledge and practice of mental health counseling services in Addis Ababa city health institutions namely Amanuel, Eka and saint Paulos Hospitals,, including all other related issues listed as themes of the study. It also explores potential opportunities for better Knowledge and practice of mental health counseling services in the study area.

To provide a comprehensive understanding, the discussion is supported by a review of related literature, focusing on Knowledge and practice of mental health counseling services in Addis Ababa city health institutions its dynamics, challenges, and standardized counseling approaches relevant to this study.

To fully contextualize the findings, it is essential first to address the practice of mental health counseling services in Addis Ababa city health institutions focusing primarily on the research questions stated as “How mental health counseling services are provided” and fundamental themes extracted from the responses of participants in logical order proceeding to discuss the challenges and opportunities identified during the

research. The study research question and themes identified in each research question are listed here for discussion.

4.5.1. Mental health counseling practice

- In response to the first research question (How mental health counseling services are provided” in the study site?) The practice of mental health service provision was identified as main theme of the first research question which was followed by .
the sub-themes
- Accessibility of mental health counseling services.
- Barriers preventing individuals from seeking mental health counseling.
- Challenges hindering mental health counseling practice.

As pointed out by the review of essential literature in chapter two of this study, several scholars have documented that the practice of mental health counseling uses a different therapeutic approach based on the nature of the cases but mainly due to the nature of the cases and the hospital set up all of the respondent’s uses cognitive behavioral therapy approaches for the majority of cases they encounter. In support of this literature in the area indicates a wide range of approaches, including cognitive behavioral therapy, psychodynamic therapy, and person-centered therapy among others (American Counseling Association, 2014).

Concerning the accessibility of mental health counseling services, the literature reviewed and the responses gained from key informants and focus group discussion fundamentally indicate the problem of accessibility towards mental health counseling service is mainly due to a lack of adequate infrastructures and lack of adequate mental

health institutions and inadequate professionals. A study in Ethiopia stated that uncomfortable infrastructure and inadequate setup is hindering the delivery and accessibility of counseling services (Waganesh A. Zeleke 2019)

Regarding barriers preventing individuals from seeking mental health counseling, the literature reviewed in chapter two and the findings from FGD and KI indicated that there was a lack of awareness among the community towards mental health counseling services as well as mental health itself. Also, the emphasis given by the stakeholders on the creation of awareness is low which resulted in stigma and fear of being diagnosed.

Concerning the challenges hindering mental health counseling practice, the situation in the study area lacks health policies aligned with mental health counseling, inadequate or poor continuous professional development packages or training that certify mental health counseling service providers in different specialized areas, and also inadequate infrastructures to provide the service freely to clients and implement different therapeutic approaches. In conclusion, the finding aligns in all forms with previously conducted research by APA (2017) low availability of training and education will result in ineffective service delivery.

4.5.2. Mental Health Counselors' knowledge about mental health counseling

In response to the second research question “Do counselors who provide mental health counseling have adequate knowledge about mental health counseling?” the following sub-themes were identified for discussion:

- Mental health disorders diagnostic criteria and treatment protocols.
- Culturally competent strategies to be aware diverse perspectives in mental health counseling.

- Ethical guidelines and standards that govern the performance of mental health counselor.
- Effectiveness and adjustments of counseling interventions.
- Collaboration of healthcare professionals

Concerning mental health disorders diagnostic criteria and treatment protocols, the literature reviewed in chapter two and the finding from the KI indicates that there is no formal means to be up-to-date with the current ongoing approaches facilitated by their institution but rather they try to be up-to-date themselves by taking online training and debriefing sessions with their colleagues. And also, they stated that there are no guidelines that are adopted aligned with our cultural contexts.

Concerning culturally competent strategies and diverse perspectives in mental health counseling, it is possible to infer those respondents were culturally competent in respecting cultural differences regardless of their cultural background and thoughts. They use different approaches to be culturally competent by reading, asking clients' relatives about the client's cultural background, by being open-minded and positive about different cultures. This aligns with A pragmatic attitude represented by sensitive, non-judgmental acceptance of culturally thoughtful providers. (Rogers, 1957).

Relating to ethical guidelines and standards that govern the performance of mental health Counselors, the literature and participants in this study stated a lot and from that, it is possible to conclude that even thou the service is given there is no written code of conduct specifically tailored to the country context which governs mental health counseling providers service and their performance and ways to make them accountable regarding procedural miss conduct.

The effectiveness and adjustments of counseling interventions, together with the literature reviewed, the data obtained marked that it is possible to summarize that mental health counseling service providers assess their method's effectiveness by conducting pre and post-evaluation and based on their client's feedback. based on this they will make therapeutic method adjustments tailored to their specific clients

Concerning the collaboration of healthcare professionals, the literature reviewed and information gained from participants in all study sites indicated that working with multi-disciplinary team-based approaches benefits clients with positive outcomes and improvement decreases relapse rates, and builds professional relationships among professionals.

4.5.3. Attitudes of counselors on mental health counseling

In response to the third research question “What attitude do counselors have on mental health counseling?” the following sub-themes were identified for discussion.

- Attitudes of counselors on mental health counseling.
- The role of empathy and compassion in establishing a therapeutic relationship with clients?
- Approach to serve clients with different cultural backgrounds or beliefs.

Concerning attitudes of counselors on mental health counseling, literature consulted in chapter two together with responses from participants marked that professionals who engaged in mental health counseling service were interested starting from childhood from different sources for some it's from psychological books, for some it's the intention of helping other, and for some of them it is by understanding that through therapy one might benefit.

With regard the role of empathy and compassion in establishing a therapeutic relationship with clients, literatures referred and data from respondents stated that a psychologist should feel and understand the pain of his client but shouldn't sympathize his patient's pain as saying this the professional should set boundaries for the effectiveness of the therapeutic outcome and also stated that being empathetic will strengthen the therapeutic relationship. Which aligns with A pragmatic attitude represented by sensitive, non-judgmental acceptance culturally thoughtful providers. (Rogers,1957).

In relation with approach to serve clients with different cultural backgrounds or beliefs, literature reviewed and facts gained from research participants revealed the necessity to Provide the service regardless of the clients' beliefs and thought since the provider is at that chair to deliver service for those who need. And some of the providers stated that there are some types of cases that they don't want to address since it is prohibited in their culture and belief system. Which aligns with a pragmatic attitude represented by sensitive, non-judgmental acceptance culturally thoughtful providers. (Rogers,1957).

Chapter Five – Summary Conclusion and Recommendation

Research questions

1. How do mental health counseling services are provided in the study sites?
- 2: Do counselors who provide mental health counseling feels that they have adequate knowledge about mental health counseling?
- 3: What attitude do the counselors have on mental health counseling?

5.1. Summary of Finding

The study came up with the following summary of the findings

- The response gained from the participants indicates that in terms of therapy and counseling the practice matches with a minimum requirement of the mental health counseling practice.
- In terms of service delivery accessibility, the findings stated that compared to global standards accessibility of the service is less due to inadequate infrastructure availability and inadequate professionals.
- The finding indicates that the level of consciousness towards mental health counseling service in the community and the significance given by the clients is at a minimal level of dedication in promoting mental health counseling and reduction of stigma.
- A dearth of handiness in training and certification in different counseling approaches is in its infancy as seen in the current global trends.
- The current mental health problem investigation modalities and counseling approaches are not easy for mental health counseling providers.

- There is no written code of conduct specifically tailored to the country's cultural context on how to work and how to be accountable for any mischief.
- The response gained from the study sites indicates that working in collaboration with different professionals increases the positive outcome in the client's well-being and decreases the relapse rate.
- The response gained from the respondents shows that the majority of the mental health counseling providers joined the profession of mental health counseling to help others.
- While working as a mental health counselor the responses r gained from the participant's emphasis on being compassionate and understanding towards their clients.

5.2. Conclusions

In conclusion, the study sought to find how mental health counseling is practiced, to assess the providers have the knowledge and their attitudes towards the practice of mental health counselling.

The practice of mental health counseling in all selected institutions is functioning with a limited number of professionals and with inadequate infrastructures. Even though there are a lot of therapeutic modalities it is possible to conclude that the method of their choice is mainly cognitive behavioral therapy because the majority of the cases they come across are with thought-distorted clients which makes them choose cognitive behavioral approaches.

Even though the mental health counseling service is available at the study sites, accessibility to it is at the infancy stage due to poor infrastructure and a lack of community awareness about mental health counseling services.

Most of the counselors in the study sites are graduates from well-recognized universities and the study suggested that the dearth of handiness in training and not being able to be certified in different therapeutic approaches is hindering the practice of mental health counseling..

As the study indicates the practice of mental health counseling services in the study sites is positive and employees are energetic in providing the service regardless of clients' beliefs and cultural background. in collaboration with a multi-disciplinary team.

5.3. Recommendation

The findings of the study are believed to have some implications for practice. These implications might show areas of interventions to improve the practice of mental health counseling services and the knowledge and attitudes of mental health counseling providers. This could in turn contribute to the provision of quality mental health counseling services.

Based on the study findings and its assumptions, the following recommendations are suggested

- Though the practice of mental health counseling services was in a good situation, it demands the government, especially the health sector to improve existing infrastructural problems by building an appropriate working environment in collaboration with local and international donors working on the health sector.

- Attempts should be made by all concerned bodies to organize timely and appropriate training that best fits the required level to improve the service and maintain the counselors' up-to-date and motivated
- Quality training and quality counseling service is a matter of continuous professional development. Therefore all concerned groups need to emphasize preparing for career development or activating the existing one
- Institutional leaders and policymakers should consider forming adequate and comfortable counseling service delivery areas as well as facilitate ongoing continuous professional development programs where mental health counselors get certified on specific therapeutic approaches and deliver the service to those in need.
- Attempts should be made by all concerned bodies and the media to aware the community about mental health and mental health counseling services.

Finally, the study was limited to some government hospitals, in Addis Ababa city administration. hence further researchers and researchers should include a larger study area, and sample and use objectives measurement further to validate the findings further.

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Annexes

Annex I: Semi-structured English Version interview guide

Addis Ababa University College of Education and Behavioral Studies School of Psychology

A consent form that certifies the respondent's agreement before the interview on
The Knowledge and Attitude of Counselors Toward Mental Health, and the Practice of
Mental Health Counseling Provision in Some Selected Government Hospitals in Addis
Ababa, Ethiopia.

Name of the interviewer.....Signature.....Date.....

Introduction: My name is ----- . I am representing a study that is being
coordinated by the School of Psychology, College of Education and Behavioral Studies
of Addis Ababa University and interviewing all mental health counseling service
providers and mental health department heads in..... Hospitals about the
knowledge and attitude of counselors towards mental health, and the practice of mental
health counseling provisions. You are selected to be one of the participants in the study.

The study will be conducted through interviews. Your name is not going to be required
(registered) and the information you give us will be kept confidential and will be used
only for study purposes. A code number will identify every participant and no names will
be used.

If a report of the result is published, only summarized information of the total group will
appear. The interview is voluntary; you have the right to participate, or not to participate
(refuse to do so) at any time during the interview. Your refusal will not have any effect
on you. However, your participation is important to fulfill the study and in order to help

to examine the extent of the service provision, to design appropriate curriculums and guidelines, and to design appropriate service strategies in health facilities in Addis Ababa and other similar setups.

Was the information/objective clear? Yes No

Are you willing to participate in the study? Yes No

Thank you!!

If the study subject agrees to participate in the study, start the interview.

I have been informed about this study and understand its purpose and objective. I

understand the details, have been informed about the requirements and hereby agree to participate in the study.

Name of the study participant

Signature

Date

Name of the Data Collector

Signature

Date

Annex II: personal information form**Please provide the following information about yourself**

1. SEX? 1. Male 2. Female
2. What is the highest level of education you've completed?
 1. diploma 2. Bachelor's degree 3. Master's degree 4. Doctoral degree 5. Other (please indicate)
3. For the highest level of education you've completed, what is your degree in?
 1. Social Work 2. Counseling psychology 3. Health science 4. Clinical Psychology
 5. Other (please indicate)
4. In your current position, where do the majority of the services you provide take place?
 1. in patient 2. Outpatient 3. Child and adolescent 4. Substance and rehabilitation.
5. Approximately how many years of experience do you have as a mental health counselor?..... Years
6. Do you have licenses or certifications?
7. Are you certified or licensed in the below areas?
 1. certified substance abuse counselor 2. certified marriage and family counselor
 3. certified trauma counselor 4. Certified child and adolescent counselor
 5. certified clinical psychologist 6. certified counseling psychologist.

Annex III Interview Guide for KI

Interview guide assessing practice

1. What are the primary methods or approaches used in mental health counseling practices today?
2. How accessible are mental health counseling services in your hospital or communities?
3. What barriers exist that prevent individuals from seeking mental health counseling?
4. What is the biggest challenge in practicing mental health counseling?

Interview guide assessing knowledge

5. How do you stay informed about changes in diagnostic criteria and treatment protocols for various mental health disorders?
6. What strategies do you employ to stay culturally competent and aware of diverse perspectives in mental health counseling?
7. Could you explain the ethical guidelines and standards that govern your practice as a mental health counselor?
8. How do you assess the effectiveness of your counseling interventions, and what adjustments do you make based on client progress?
9. Can you discuss the importance of collaboration with other healthcare professionals (e.g., psychiatrists, social workers) in providing comprehensive mental health care?

Interview guide to assess attitude

10. What motivates you to work in the field of mental health counseling, and what aspects of the work do you find most fulfilling?
11. How do you view the role of empathy and compassion in establishing a therapeutic

relationship with clients?

12. How do you approach clients who may have different cultural backgrounds or belief systems from your own?

Annex IV focus group discussion interview guide

1. How accessible are mental health counseling services in your hospital or communities?
2. What barriers exist that prevent individuals from seeking mental health counseling?
3. What is the biggest challenge in practicing mental health counseling?
4. Can you discuss the importance of collaboration with other healthcare professionals (e.g., psychiatrists, social workers) in providing comprehensive mental health.

Annex V – Amharic interview guide

አባሪ 2. የግል መረጃ ቅፅ

እባክዎ ስለ እርስዎ የሚቀጥለውን መረጃ ይሰጡን

1, ጾታዎት 1. ወንድ 2. ሴት

2. የደረሰብት ትልቁ የትምህርት ደረጃ ምንድን ነው?

- 1. ዲፕሎማ 2. የመጀመሪያ ዲግሪ 3. የማስተርስ ዲግሪ 4. ዶክተሬት ዲግሪ 5. ሌላ (ምን እንደሆነ እባክዎ ይግለጹ)

3, የጨረሱት ትልቅ የትምህርት ደረጃ ዲግሪ በምንድን ነው?

- 1. ሶሻል ወርክ 2. ካውንሰሊንግ ሳይኮሎጂ 3. የጤና ሳይንስ 4. ክሊኒካል ሳይኮሎጂ 5. ሌላ (ምን እንደሆነ እባክዎ ይግለጹ)

4, አሁን ባልዎት የስራ ድርሻ ብዙውን ጊዜውን አገልግሎት የሚሰጡበት ክፍል የት ነው?

- 1. የተኝቶ መታከሚያ 2. የተመላላሽ ህክምና 3. የህፃናት እና ወጣቶች 4. የሱስ እና የማገገሚያ ክፍል

5, እንደ የእእምሮ ጤና አማካሪ በአማካኝ የስንት ጊዜ ልምድ አካብተዋል? ____ አመት

6, የሞያ ፈቃድ ወይም ሰርተፍኬት አለዎት?

7, ከታች ከተዘረዘሩት ውስጥ የሞያ ፈቃድ ወይም ሰርተፍኬት ለየትኛው አለዎት?

- 1. ፈቃድ ያለው በሱስ ተጠቂ አማካሪ
- 2. ፈቃድ ያለው የጋብቻ እና የቤተሰብ አማካሪ
- 3. ፈቃድ ያለው የጥቃት አማካሪ
- 4. ፈቃድ ያለው የህፃናት እና ወጣቶች አማካሪ
- 5. ፈቃድ ያለው ክሊኒካል የስነ ልቦና ባለሞያ
- 6. ፈቃድ ያለው የማማከር አገልግሎት የሚሰጥ የስነ ልቦና ባለሞያ

አባሪ 3. መጠይቅ 1

1, በአሁኑ ወቅት ከአእምሮ ጤና የማማከር አገልግሎት ጋር በተያያዘ በመጀመሪያ ደረጃ የምንጠቀመው ዘዴ ወይም ዘዴዎች ምንድናቸው?

2, በሚያገለግሉበት ሆስፒታል ወይም በሚኖሩበት አካባቢ ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎት ተደራሽነቱ ምን ያህል ነው?

3, ግለሰቦች ወይም ተገልጋዮች ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎት እንዳይፈልጉ የሚያደርጉ ምን እንቅፋቶች አሉ?

4, ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎትን በጣም የሚፈትኑ ነገሮች ምንድን ናቸው?

5, በተለያዩ የአእምሮ ጤና እክሎች ጋር ተያይዘው የሚወጡ የመመርመሪያ መስፈርቶች እና የህክምና ፕሮቶኮል ለውጦች ጋር እራስዎን በምን መልኩ ያስተዋውቃሉ?

6, ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎት ጋር በተያያዘ ከባህል አንፃር ብቃት ያለው እንዲሁም ደግሞ የተለያዩ አመለካከትን የተረዳ ለመሆን ምን አይነት ስልቶችን ይጠቀማሉ?

7, ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎትዎ በምን አይነት ሥነ ምግባራዊ መመሪያ እንዲሁም ደረጃዎች መሠረት እንደሚተገብሩት ሊገልፁልኝ ይችላሉልን?

8, የእርስዎን የማማከር የህክምና ዘዴ ውጤታማነትን እንዴት ይገመግሙታል? በደምበኛዎት ወይም ተገልጋዩት ላይ በሚታይ ለውጥ እና እድገት መሰረት ምን አይነት ማስተካከያዎችን ይተገብራሉ?

9, የተሟላ የአእምሮ ጤና አገልግሎት ለመስጠት ከሌሎች የጤና ባለሙያዎች (ለምሳሌ: የስነ አዕምሮ ጤና ባለሙያዎች, ሶሻል ወርከር) ጋር በጥምረት የመስራትን ጥቅምን ሊገልፁን ይችላሉ?

10, የአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎት የስራ መስክ ውስጥ ለመግባት ያነሳሳዎት ምንድን ነበር? በስራውም በጣም አርኪ አድርገው ያገኙት ገፅታው ምንድን ነው?

11, ከደንበኞች ወይም ደግሞ ተገልጋዮች ጋር ያለውን የህክምና ግንኙነት ከመመስረት ረገድ የርህራሄ እና አዘኔታን ቦታ እንዴት ያዩታል?

12, እርስዎ ካለዎት ባህል ወይም የእምነት ስርዐት የተለየ አመለካከት ያለው ደንበኛ ወይም ተገልጋይ በሚያጋጥምዎት ጊዜ ምን አይነት መንገድ ወይም ቀረቤታን ይጠቀማሉ?

አባሪ 4. መጠይቅ 2

1. በሚያገለግሉበት ሆስፒታል ወይም በሚኖሩበት አካባቢ ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎት ተደራሽነቱ ምን ያህል ነው?
2. ግለሰቦች ወይም ተገልጋዮች ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎት እንዳይፈልጉ የሚያደርጉ ምን እንቅፋቶች አሉ?
3. ከአእምሮ ጤና ጋር የተገናኘ የማማከር አገልግሎትን በጣም የሚፈትኑ ነገሮች ምንድን ናቸው?
4. የተሟላ የአእምሮ ጤና አገልግሎት ለመስጠት ከሌሎች የጤና ባለሙያዎች (ለምሳሌ፡ የስነ አዕምሮ ጤና ባለሙያዎች, ሶሻል ወርከር) ጋር በጥምረት የመስራትን ጥቅምን ሊገልፁን ይችላሉ?

Annex VI: Approval of Advisor**Approval of Advisor**

Name of advisor: _____


Date. _____

Signature _____

Annex VII – Ethical Clearances

Annex C: Research Ethical Approval Form

Ref. No SOP/Eth-Co/13/16
Date 20/12/2016



Addis Ababa University
College of Education and Behavioral Studies
School of Psychology


RESEARCH ETHICAL APPROVAL APPLICATION FORM

Tick one box:	<input type="checkbox"/> Staff project	<input checked="" type="checkbox"/> Graduate project	<input type="checkbox"/> Undergraduate Project
Title of Project: The knowledge and attitude of counselors towards mental health and the provision - of mental health counseling practice			
Name of researcher(s): Eyob Ali Mohammed			
Name of supervisor (for student research): Dame Abera (Ph.D) Date: 22/7/24			

Please answer the following questions by selecting from these choices and ticking:		YES	NO	Not Applicable
1	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	✓		
2	Will you tell participants that their participation is voluntary?	✓		
3	Will you obtain written consent for participation?	✓		
4	If the research is observational, will you ask participants for their consent to being observed?	✓		
5	Will you tell participants that they may withdraw from the research at any time and for any reason?	✓		
6	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	✓		
7	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	✓		
8	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?	✓		

If you have ticked 'No' to any of questions 1 – 8, please give an explanation on a separate sheet of paper.

Please answer the following questions by selecting from these choices and ticking:		YES	NO	Not Applicable
9	Will your project involve deliberately misleading participants in any way?		✓	



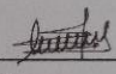

Please answer the following questions by selecting from these choices and ticking:		YES	NO	Not Applicable
10	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If Yes, give details on a separate sheet and state what you will tell them to do if they should experience any problems (e.g. who they can contact for help).		<input checked="" type="checkbox"/>	

If you have ticked 'Yes' to questions 9 or 10, please give your justifications on a separate sheet of paper

Please answer the following questions by selecting from these choices and ticking:		YES	NO	Not Applicable
11	Do participants fall into any of the following special groups?		<input checked="" type="checkbox"/>	
	Schoolchildren (under 18 years of age)		<input checked="" type="checkbox"/>	
	People with learning or communication difficulties		<input checked="" type="checkbox"/>	
	Patients		<input checked="" type="checkbox"/>	
	People in custody		<input checked="" type="checkbox"/>	
	People engaged in illegal activities (e.g. drug-taking, etc)		<input checked="" type="checkbox"/>	

There is an obligation on the lead researcher to bring to the attention of the School Research Ethics Committee any issues with ethical implications not clearly covered by the above checklist.

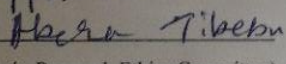
I am familiar with the APA Guidelines for ethical practices in psychological research (and have discussed them with the other researchers involved in the project).

EYOB ALI _____ 22/7/24 _____ 
 Researcher (capital letters) Date Signature
 DAME ABERA (Ph.D) _____ 22/7/24 _____ 
 Supervisor (capital letters: for students) Signature

FOR OFFICIAL USE ONLY

OUTCOME OF ETHICAL APPROVAL APPLICATION

This research project has been considered using agreed Departmental procedures and is now

approved

 _____ 20/12/2016 _____
 (Chair, Research Ethics Committee) Date Signature



