ADDIS ABABA UNIVERSITY

SCHOOL OF SOCIAL WORK MASTERS PROGRAM

EXPLORING THE ROLE OF SPIRITUALITY IN COPING WITH MENTAL HEALTH: A QUALITATIVE PHENOMENOLOGICAL STUDY AT ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE,

ADDIS ABABA, ETHIOPIA (2025)

PREPARED BY: BETHLEHEM TESHOME

ADVISOR: ABEBE ASSEFA (PHD)

ADDIS ABABA, ETHIOPIA

2025 G C

A RESEARCH REPORT SUBMITTED TO ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER'S DEGREE OF SOCIAL WORK ADDIS ABABA, ETHIOPIA, 2025

PREPARED BY:

BETHLEHEM TESHOME

ADVISOR:

ABEBE ASSEFA (PHD)

ADDIS ABABA, ETHIOPIA

2025 G C

APPROVAL SHEET

ADDIS ABABA UNIVERSITY
GRADUATE STUDIES

MA in Social Work Program

TITLE

EXPLORING THE POSITIVE IMPACT OF SPIRITUALITY IN COPING WITH MENTAL HEALTH: A QUALITATIVE STUDY AT ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE,

ADDIS ABABA, ETHIOPIA (2025)

By

BETHLEHEM TESHOME

Approved by the Board of Examiners	**Signature**
Principal Advisor: ABEBE ASSEFA (PHD)	_____
Internal Examiner:	_____
External Examiner:	_____
Chairman of the research committee:	_____
Dean of college:	_____

Table of Contents

Statement of the Author

I am asserting and confirming that this thesis is my work. I followed all ethical and technical principles of scholarship in the preparation, data collection, data analysis, and completion. Any scholarly matter that is included in the thesis has been given recognition through citation.

This thesis has been submitted in partial fulfilment of the requirements for an advanced master's degree in social work at Addis Ababa University School of Social Work. I solemnly declare that this proposal paper has not been submitted to any other institution for the award of an academic degree, diploma, or certificate. The Addis Ababa University library may utilize it and may make it available to borrowers in accordance with the library's rules.

Brief quotations from this thesis may be made without special permission provided that accurate and complete acknowledgment of used source is made. Requests for permission for extended quotation from reproduction of this manuscript in whole or in part may be granted by the head of the department or dean of the school of graduate studies when his/her judgment, the proposed use of material is in the interests of scholarship. However, in all other instances, permission must be obtained from the author of the thesis.

Name: - Bethlehem Teshome

Date of submission: July 01, 2025, G.C.

Campus/department: Addis Ababa University main campus

Signature: ……

ACRONYMS AND ABBREVIATIONS

AAU	ADDIS ABABA UNIVERSITY
COR	CONSERVATION OF RESOURCES
SOC	SENSE OF COHERENCE
FMOH	FEDERAL MINISTRY OF HEALTH
HBM	HEALTH BELIFE MODEL
LOT-R	LIFE ORIENTATION TEST-REVISED
OR	ODDS RATIO
PTSDS	POST TRAUMATIC STRESS DISORDER SYMPTOM
SPHMMC	SAINT PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE
TSQ	TRAUMA SCREENING QUESTIONNAIRE
WHO	WORLD HEALTH ORGANIZATION

ACKNOWLEGMENTS

It is my great pleasure to extend my sincere gratitude to the creator of earth and heaven, Almighty God, who stood nearby me from my childhood till the end of this Research paper. I always thank him for not leaving me alone. Next, I am indebted to my academic advisor, Dr. Abebe Assefa (PhD), whose guidance made this work possible through their persistent advice, support, comments, and encouragement. And finally, but not least, I have sincere gratitude to the entire respondent, my colleagues, staff co-workers, and my families, who directly and indirectly supported me and boosted my morale.

Thanks a lot!

ABSTRACT

This research is conducted to understand the role of spirituality in developing coping skills among people with mental health disorders in Ethiopia. As widely recognized, mental health issues have escalated globally; therefore, there is a growing interest in adopting holistic approaches that address both emotional and practical aspects of well-being. Spirituality, as a deeply personal and transformative human experience, is regarded as a potential source of strength and a way to cope with mental health challenges. This qualitative research, using a phenomenological approach, involved 11 in-depth interviews with participants who had experienced mental health issues and viewed spirituality as an important part of their lives, along with insights from nine healthcare professionals. Participants reported that prayer, meditation, and participation in faith communities helped them become more self-aware and foster acceptance of themselves.

In a nutshell, clients are committed to different spiritual practices that give them meaning, hope, and strength, whereas healthcare providers, on their part, are overwhelmingly positive about their influence. However, healthcare providers emphasized that a significant disconnects exists in formally integrating spirituality into clinical care.

Based on the findings of this study, the following recommendations are put forth to enhance the integration of spirituality into mental health care in Ethiopia: Develop formal training programs on spiritual care and integrate spirituality into Mental Health Policies and guidelines. Further research is also recommended to examine culturally diverse expressions of spirituality and their implications for holistic mental health intervention.

Keywords: Coping, Exploring, Role, Positive, Mental health, Mental illness, qualitative study, phenomenology

1. CHAPTER I: INTRODUCTION

1.1 Background of the study

Religion and spirituality are traditional coping methods that promote an inner status of controlling stressful situations (Barbarin, 1993; Hefti, 2011). The spiritual activities help to reframe stressful events in a way that motivates the individual innately to deal with life stressors.

The origin of the word spirituality is from the Latin word *'spiritus'*, meaning "breath" or "life" (Elkins, 1999). The term spirituality can be defined as "a subjective belief system that incorporates self-awareness and reference to a transcendence dimension, provides meaning and purpose in life, and feelings of connectedness with God or the larger reality" (Bensley, 1991, p. 288). Whereas Koenig, George, & Titus (2004) separated religion as "an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent". However, religious activities may be the source of nurturing spirituality, and healthy religious activities provide a medium for the expression of spirituality (Elkins et al. 1988). Though religion is culturally flavored, individuals use their beliefs for the expression and development of their spiritual capacities (Campbell, 1969; Ingersoll, 1994).

Spirituality influences many decisions that people make. It encourages people to have better relationships with themselves and others. It can help to deal with stress by generating a sense of peace, purpose, and forgiveness, which enhances a person's positive sense of self. Specifically, Spirituality is a determinant of better mental health because it can serve as a source of hope and strength in times of crisis (Koenig, McCullough, & Larson, 2001). It also promotes reframing problems and perseverance in the face of psychosocial stressors (Hefti, 2011).

According to Frankl (1964) view, spirituality is associated with meaning in life, and a lack of life meaning is associated with various psychopathologies. There is a need for psychologists to understand how the devoutness of an individual impact's different aspects of life, to understand spirituality's role in mental as well as physical health (Hill et al. 2000). Enhance a person's positive sense of self, provide meaning to mental health challenges, lessen the severity of symptoms, and provide a framework for social behaviour.

Spirituality can also motivate a person toward the use of effective coping strategies. According to Lazarus & Folkman's (1984) definition, coping is a cognitive and behavioral effort aimed at managing external or internal demands that exceed the resources of the person. They proposed two types of coping strategies, the first one is emotion-focused coping strategies, which aimed at alleviating negative emotions, and the other one is problem-focused coping strategies that include efforts to deal with stressful situations directly. There has been a range of suggestions for how spirituality affects coping strategies. For instance, Barbarin (1993) suggested that, in stressful situations, spirituality enhances flexibility and hopefulness. Similarly, Hefti (2011) indicates that spirituality increases personal empowerment in the face of stressors with the sense of being secured by God. Strategies were also suggested by (Pargament et al. 1992), that spirituality increases reliance on problem-solving a hopeful choice, compared to surrendering to the stressors (Carver, Scheier, & Weintraub, 1989).

Using theories of human behavior and social systems in the social work profession empowers and liberates individuals to improve their well-being, address issues in human relationships, and foster social change. Social work intervenes at the points where people interact with their environment, and its core values are justice and human rights (IFSW, 2001). This expert exercise shows how social work interventions and skills can be applied in practice to increase our effectiveness and promote positive human outcomes (IFSW, 2001). Theories of human behavior and social systems address the alignment of the roles of social work. These include working with clients to resolve conflicts and cope with life's stressors; connecting people to possibilities, resources, and services; advocating for service delivery that is both effective and caring; and the development and improvement of social policies (Gambrills, 1999).

One of the key roles that social workers serve in an inpatient rehabilitation setting is as clients supporter in helping the clients understand and adjust to hospital procedures, understand medical plans, and assist the client’s family with financial planning. The social worker’s role as an advocate also includes maintaining open lines of communication between the clients, family, and other members of the health care team. He or she will also learn each family’s dynamics while understanding its strengths and encouraging the use of these strengths (IFSW 2001). In addition to advocacy work, social workers also help people solve problems in their daily lives. They may assist those who are adopting a child, fighting an illness, or facing an addiction. They help protect abused or neglected children, deal with behavioral problems in schools, and help hospice clients adjust (Mphelane, 2006).

Although mental health issues have not received enough attention from scholars and practitioners, the responsibilities of social workers in hospital settings are quite extensive. Hospital social workers use case management strategies to coordinate care for clients and their families, addressing the social, economic, and mental health challenges linked to their medical conditions (Yitbark, 2012). As core members of interdisciplinary hospital teams, social workers collaborate with medical doctors, nursing staff, and other health professionals to provide comprehensive clients care. They identify and communicate social and emotional factors that affect a client's condition to the medical team (Alemayehu, 2009). Social workers play a vital role in advocating for clients welfare and have significant influence in hospitals and healthcare environments. Since social workers are essential for a healthy society, it is crucial for the community to understand their roles, especially within the healthcare sector (Judd & Sheffield, 2010).

In Ethiopia, like other developing countries, it has very small numbers of social workers in hospitals and rehabilitation centers, including in mental treatment centers. Social workers help clients in mental treatment centers to become familiar with the hospital environment, cope with the challenges they face, facilitate the whole treatment process, and contribute to their well-being. This shows that the care social workers and the hospital institution provide to clients is multi-layered (Hiwot, 2014).

In Ethiopia, due to different factors, a significant percentage of the population suffers from a variety of mental health conditions. The World Health Organization (WHO) states that in low- and middle-income nations, like Ethiopia, where access to mental health care is restricted, mental health disorders represent a significant burden of disease. Socioeconomic difficulties, stigma, and a lack of knowledge about mental health concerns all contribute to the frequency of mental health disorders such as depression, anxiety, and psychosis (Alem et. al., 1999)

Coping with mental health issues is significantly supported by spirituality, especially in societies where religious beliefs are deeply rooted. In Ethiopia, spirituality and health are often connected, with over 80% of the population using traditional healers and engaging in spiritual activities. Spirituality is commonly linked to health and well-being. Many people turn to spiritual beliefs and practices to transition from depression to finding purpose, hope, and strength. Numerous studies indicate that spirituality enhances the ability to handle

various challenges and offers a framework for understanding suffering, which can lead to improved mental health (World Health Organization, 2018).

Not enough qualitative research has been done regarding the importance of spirituality and the use of traditional healing methods in the recovery of mental health. Also, the significance of spirituality is underestimated in a situation where the restoration of the body in a traditional way is very crucial in places like Ethiopia. Even though most people resort to spiritual practice and beliefs as their primary source of support, these factors are still largely silent in psychiatric contexts. Incorporating spirituality into mental health care is one of the ways to create holistic treatment plans that acknowledge and respect the cultural and spiritual backgrounds of the clients.

In conclusion, the outcome of this paper is to present the different research findings highlighting the relationship of spirituality with mental health as a source of coping. The researcher aimed to explore into the role of spirituality as a coping mechanism for the mental health problem in patients at St. Paul's Hospital Millennium Medical College.

1.2. Statement of the problem

There is a gap that still exists between recognizing the influences of spiritual practices and beliefs on mental health issues generally, and specifically in the Ethiopian context. That is, how spirituality can be used as a source of strength to overcome mental health problems has not been clearly explored in Ethiopia. The main idea is that one of the coping methods, which involve spiritual divinity, is rarely addressed, even though spirituality is recognized as being very important in the rehabilitation of people with mental illness. This gap is shown by many qualitative studies that specifically focus on the connection between spirituality and mental health recovery in Ethiopia, and which have identified this gap. Most existing research tends to overlook the spiritual aspects, which are central to the Ethiopian social context, in favor of biomedical approaches (Musyimi, et al., 2020).

There is a lack of sufficient qualitative research to ascertain the role of spirituality and traditional healing in the recovery of mental health. The significance of spirituality is at stake even when the traditional method of healing is the main way of medical care in countries like Ethiopia. Although many people use spiritual practices and beliefs as their main coping strategies, these elements are frequently disregarded in psychiatric settings. Creating

comprehensive treatment plans that respect individuals' cultural and spiritual beliefs requires incorporating spirituality into mental health care. Improved procedures and regulations in Ethiopia's mental health services can be informed by knowledge of how spirituality promotes healing. Due to the widespread stigma associated with mental health conditions, spiritual activities may be disregarded as acceptable sources of support.

Thus, the researcher is interested in studying how spiritual practice is helping the clients with mental health problems and how they use it as a coping mechanism. It also sees how spirituality motivates a person toward the use of effective coping strategies. Finally, this paper addresses how it helps clients as a supporting mechanism to overcome their mental health problems.

1.3. Research Questions

This research has tried to answer the following key research questions.

1. How do clients at St. Paul's Hospital view the role of spirituality in their mental health coping mechanisms?
2. What specific spiritual practices do clients at St. Paul's Hospital engage in?
3. How do healthcare providers at St. Paul's Hospital view the integration of spirituality in mental health treatment?

1.4. OBJECTIVES

1.4.1. General objectives

The general objective of the study was to explore the role of spirituality as a coping mechanism for clients with mental health problems in St. Paul’s Hospital Millennium College.

1.4.2. Specific objectives

- To explore clients view of spirituality in coping with mental health issues.
- To identify common spiritual practices among clients.

- To identify the role of spirituality in coping with mental health.
- To assess healthcare providers' views on the role of spirituality in treatment.

1.5. Significance of the study

This study shows the importance of spirituality as a coping mechanism for mental health problems. It aimed to provide understanding and to build knowledge about the role of spirituality as a coping mechanism in the Ethiopian context. Spirituality is often seen as a crucial part of an individual's general health. Although the proof is still uncertain, some pieces of research show that various aspects of spirituality may raise subjective well-being help to get rid of depression and other mental health problems, and even reduce rates of morbidity and mortality (Fetzer Institute, 2003). Therefore, the need is getting more and more evident for professionals in mental health and medicine to pay attention to and incorporate spirituality in their comprehensive treatment plans when taking care of clients. This exploration has indeed deepened our knowledge of the links between spirituality and mental health.

The results of this study provide information that healthcare providers, administrative staff, caring professionals like counsellors, and governing bodies can use to create programs or services geared to reducing the prevalence of mental disorders and improving the quality of life of those they serve. As well, this study provides a great deal of insight that social workers can leverage to enhance mental health services, as well as facts that future researchers may find useful.

Professionals, including those in social work offices, referred to this paper for helpful ideas on gathering resources and enhancing the mental health services provided in hospitals. The primary beneficiaries of this research were hospitalized clients with mental illness or mental disorders, along with their caregivers. As social work services in health centres have improved, clients became the main recipients of these enhancements. Hospitals and health centers thus became secondary stakeholders and beneficiaries of the social workers' services. Additionally, this research can serve as a foothold for future studies in this field.

1.6. Scope of the study

The research focuses on exploring the role of spirituality on mental health, the first, second, and third points being the contribution of spiritual beliefs, practices, and experiences on emotional well-being, resilience, stress reduction, and the general psychological balance, respectively. This research aims to study all the spiritual aspects, individual and collective, such as prayer, meditation, mindfulness, religious participation, and the feeling of being connected to a higher power or ultimate reality.

This research uses survey of adults from 18 years old and up, coming from different cultures, religions, and socio-economic backgrounds, so as to have an ample understanding of the role of spirituality in mental health. The information was gathered through in-depth interviews and Field notes. The study is committed to uncovering the typical patterns and the processes whereby spirituality might be a source of mental wellness and personal development.

2. CHAPTER II: LITERATURE REVIEW

2.1. Concept of Spirituality and Mental Health

The relationship between spirituality and mental health has drawn more attention in psychology and medical research. Numerous studies have demonstrated that spirituality provides coping mechanisms that enhance resilience and promote well-being, hence protecting against mental health issues. For instance, studies show that people who are spiritual report feeling more satisfied with their lives and experiencing less anxiety and depression (Koenig, 2012). Spirituality often gives people a sense of purpose and meaning, which may be quite beneficial during difficult times (Pargament, 1997). Furthermore, a meta-analysis by Ferrer et al. 2018 found that the healthy correlation between spirituality and religiousness is a means for improving mental health outcomes.

To investigate their function in mental health care, (Kovess-Masfety et al. 2017) surveyed religious guides in 21 different nations. In this study, 1.1% of those polled said they have sought mental health assistance from religious providers. The survey shows that only 12.3% of respondents from upper-middle-income countries and 9.5% from high-income countries reported that they sought treatment for a serious disorder, while 20.6% of respondents from low- and lower-middle-income nations did so. As an example, in Nigeria, which is in low-income country, religious leaders were reported to have treated 41.6% of the most serious clients. Certain respondents were more predisposed to seek mental health treatment from religious advisors. These include being younger, having a separated or widowed spouse, going to church more than once a month, turning to religion for solace during trying times, and residing in a certain nation. Religion was generally trusted when looking for relief from the difficulties caused by mental illness.

A study by Pandya (2018) reviewed the function of spirituality and spiritual education in helping migrants in Europe with their mental health. Two surveys were given to the participants: one before the commencement of the spiritual education program and one following its conclusion. Using questions from the PTSD Symptom Scale-Self Report, the life orientation test-revised (LOT-R), the mental health inventory-38 (MHI-38), and the trauma screening questionnaire (TSQ), the pre-test trauma scores were 8.01, but the post-test scores showed a decrease to 5.89 (p. 1398). The findings showed that the introduction of coping skills by spiritual services improved the mental health outcomes of refugees. It

was indicated that "Voluntary participation, full attendance, and self-practice willingness" for favourable results were additional predictors of mental health (Pandya, 2018).

Petts (2018) investigated the association between mental health and miscarriage, using religious participation as a moderator. According to the study, women who had a live delivery and a miscarriage in the same year were more likely to have poor mental health outcomes. Religion may offer some protection to improve mental health outcomes, as evidenced by the much higher mental health outcomes reported by women who attended religious services after experiencing a miscarriage. Participation in religion offers resources for coping mechanism development and social support, among other things. According to the study, religion may have a significant role in helping people deal with the loss of a pregnancy.

In a study, Keyes & Reitzes (2007) examined whether religious identification may account for variations in depression and self-esteem among older working and retired persons. According to this study, "as religious identity increased, self-esteem increased, and depression symptoms decreased" (Keyes & Reitzes, 2007). As a result, one significant predictor of mental health is religious identity.

Children who had survived an earthquake in Nepal were surveyed by (Jang et al. 2018). The purpose of the study was to determine whether prayer frequency and religion are related in any way. The increased physical symptoms, internalization of symptoms, and high levels of anxiety and misery were indicated on the group that prayed infrequently each day.

A systematic review of religion and mental health was conducted by (AbdAleati et al. 2016). Even though it was discovered that formal religious participation is linked to conflicting outcomes in terms of anxiety and depression symptoms. It was suggested that certain actions of religious practice might reduce substance usage and suicide rates. One of the study's main conclusions is that spiritual activities can assist people in setting goals and managing their anxiety and sadness.

2.2. Mental health

Anglero (2018) studied the impact of stigma on the behaviour of youth in Kenya concerning the seeking of mental health care. The study revealed that the stigma was among the most significant factors and was, in fact, a cause of the refusal of help by some family members. Discrimination and stereotyping can result in the isolation of the affected group and are, in most cases, referred to as stigma. Families are reluctant to seek care because they do not want to develop a negative reputation. The young person in the article claims that she was unable to express to her mother how dismal, dejected, and guilty she truly felt because of stigma. The article also discovered that mental health problems were believed to be caused by evil spirits. When it came to perceptions of people with mental illnesses, (Anglero's, 2018) study discovered broad themes of risk and uncertainty.

The mental health of aid workers in Uganda who had experienced multiple traumatic events was examined by (Ager et al. 2012). Accordingly, 61% of the 376 employees who took part in the study, hearing about trauma frequently, have been exposed to secondary trauma. Additionally, 53% of respondents scored at or above the anxiety subscale, and 68% of respondents scored at or above the depression subscale on the Hopkins Symptom Checklist.
In another study on Uganda and mental health treatment, (Akol et al. 2018) examined the preparedness of traditional healers to collaborate with contemporary mental health specialists. The popularity of seeking help from traditional healers is influenced by beliefs about the causes of mental health illnesses. Traditional healers believed that mental illness was caused by evil spirits or depressed ancestral spirits (Akol et al. 2018). Other viewpoints included envy, which is sometimes mistaken for the evil eye and is brought on by other wealthy people in the community. Another important conclusion from this qualitative study was that traditional healers were willing to collaborate with doctors because they both had the same goal of trying to alleviate client mental health issues.

In a review of the literature, Lasebikan (2016) looked at the cultural aspects of mental health in Nigeria. One of the review studies found that mental illness was a form of punishment that spiritualists had to heal. This viewpoint is like that of other African countries. Furthermore, most Nigerians are more likely to disregard the care of those with mental illnesses due to the stigma in the community and the pervasive perception that they are dangerous. One interesting finding from the literature review is that some Nigerian

Christians prefer to heal themselves through prayer instead of taking medication. This is challenging for mental health professionals who must prescribe medications for certain conditions. Overall, the study found that a high level of cultural competence was necessary for proper and effective mental health care for a diverse patient population.

Vergunst (2018) examined the state of mental health care in rural South Africa and found that there is a general lack of mental health therapy. Transportation was one of the largest barriers to care. This was mostly because getting a recommendation would necessitate going to a distant city to get care. Additionally, it was believed that medicine was a more Western intervention and might not be as effective for South Africans. It's interesting to note that, due to a general lack of medical doctors, mental health professionals were often left to administer medications.

Alemu (2014) investigated the reasons behind mental health issues among Ethiopian students. Of the 370 students surveyed, only 28.33% thought that mental illness was a common medical issue. There was a gender gap in the causes of mental illness, with 23.3% of male students and 31.2% of female students attributing it to supernatural origins. This viewpoint is like that of other African countries.

2.3. Spirituality

Spirituality must be viewed more widely than religious activities since it is the fundamental aspect of each person's being that gives life purpose. Jewell (2004), Individuals and groups can express spirituality in both religious and nonreligious ways, according to Edward & Leola (2010), who also noted that spirituality always has a private and individual expression in a person's life, and that people may or may not associate their spirituality with overt public expression or group participation. However, a person's spirituality always has an impact on their relationships, whether it permeates their daily life. A healthy spirituality encourages people to develop a sense of wholeness, joy, peace, contentment, coherence of worldview, personal integrity, meaningfulness, and purpose. It also fosters transpersonal experiences, the emergence of transpersonal levels of consciousness, and an expanded sense of identity and connectedness. Healthy spirituality engenders individuals' virtues, like compassion and justice, as well as relational webs of caring, respect, and support that extend outward to other people and beings; it encourages groups to develop mutual support, philanthropic activity,

appreciation of diversity, and actions for the common good of society and the world (Edward & Leola, 2010).

2.4. Theoretical framework of Spirituality and mental health

This essay's primary theory has been used to examine the fundamentals of spiritual care in mental health from a holistic standpoint, including Turbott's, 2015) holistic spiritual model, (Frankl's, 2003) logo therapy model and philosophical concept, and Antonovsky's (2012) salutogenic health model and (Rosenstock 1966, 1974) health belief model. My research comes from the concepts that emphasize the significance of spirituality for people with mental health disorders; besides, it absorbs the ideas of the caregivers' experience and their existential point of view in the process of the mental health patients' getting healthier both mentally and physically.

The addition of a spiritual aspect to the healing process of the clients, symptoms through the acknowledgment of the root causes of the symptoms and illnesses, instead of merely the treatment approach, thus gives a broader view of the symptoms connected to the mental health issues (Turbott, 2015). According to Turbott (2015), a person's overall welfare is very much dependent on their mental health, especially during hard times. The effectiveness of mental health care is, therefore, reliant on the clients and caregiver creating an interconnection that transcends biomedical treatment and considers the clients; spiritual needs (Turbott, 2015). This study is based on the idea that a comprehensive care system that addresses the physical and spiritual needs of clients, receiving mental health treatment is a successful strategy for achieving successful mental disease treatment. Wellness is viewed as the central idea in the holistic model. According to this perspective, offering comprehensive mental health care requires taking the spiritual dimension into account.

According to Antonovsky's (1979) salutogenesis theory, a healthy life is the result of a person's ability to handle adversity and live a resourceful life by being an optimistic and proactive person. The Sense of Coherence (SOC), a central idea in Hanson's (2007) and Antonovsky's (2012) salutogenic model, is one of several elements that support and preserve health and wellness. According to Antonovsky, the SOC is a global orientation that characterizes how much a person has a steady and fluctuating degree of confidence that:

(1) The stimuli that characterize one's external and internal surroundings are predictable, explicable, and structured.

(2) The individual has access to resources that can be used to meet the requirements of the stimuli.

(3) That these demands present challenges that are worth engagement and investment" (Antonovsky, 2012).

A holistic approach that "expresses the extent to which one has a pervasive, enduring but dynamic confidence that one's internal and external environment is predictable and follows a specific path" (Antonovsky, 2012) forms the foundation of the salutogenetic health model. Three fundamental elements "comprehensibility," "manageability," and "meaningfulness," makes up the salutogenic paradigm. Additionally, according to Antonovsky, people with a strong SOC perform better on these three factors than people with a weak SOC (Antonovsky, 2012). The term "comprehensibility" refers to the extent to which an individual experiences the stimuli to which they are exposed. Instead of noisy, chaotic, unorganized, unexpected, and unintelligible stimuli, the stimuli should be cognitively understandable, orderly, coherent, and structured with clear information from the internal or external environment. According to Antonovsky (2012), comprehension is the conviction that events in life follow a systematic and predictable pattern and the ability to comprehend past occurrences and make reasonable predictions about future events. According to Antonovsky, manageability is the conviction that one has the resources, support, assistance, or abilities required to handle situations that are under one's control and that can be handled. Last but not least, Antonovsky defined meaningfulness as the conviction that life is interesting and fulfilling, that things are valuable, and that there is a valid reason or motivation to care about what occurs. Antonovsky asserts that meaningfulness, the third component of the SOC, is the most crucial. A person lacks the drive to understand and control events if they feel that there is no cause to persevere, survive, and face obstacles. They will also lack a feeling of purpose (Antonovsky, 2012).

According to Antonovsky's (2012) salutogenetic model, a person in this state of mind has control over their resources, or they are controlled by a valid third party, such as their spouse, doctor, God, friend, co-worker, or someone they trust. People who believe in God can discover, fulfil, and report greater meaning in their lives (Antonovsky, 2012). Meaningfulness entails participation in one's own life, but most crucial is still the emotion of the meaning, which is more important than the cognitive component of the meaning

(Antonovsky, 2012). The degree to which one believes that life is emotionally intelligible and that one's difficulties are worthwhile is what matters (Antonovsky, 2012). For this master's thesis, Antonovsky is extremely pertinent.

Since it allows me to examine the relationship between the clients' spirituality and their quest for meaning in life and pain, Viktor Frankl's idea of the search for meaning in life and suffering is also pertinent to this master's essay. According to Frankl, patients' spirituality is closely related to their quest for purpose in life and suffering as a coping mechanism for meaninglessness, which can occasionally manifest as an existential emptiness (Frankl, 1966, p. 101; Frankl, 2003). Frankl (2007) uses three keywords: spirit, freedom, and responsibility, as well as their interrelationships, to characterize his existential or analytical being. The ultimate goal of Frankl's existence analysis, i.e., his Logotherapy or therapy based on Frankl's (2007) experience, is to help people to be accountable for their conduct, and be aware that their attitudes can be chosen, despite the ambient or context. The foundation on which logotherapy is based is the willingness of the clients to find meaning, as well as his/her interpretation of the actual meaning of life. According to Frankl (2003), logotherapy is an existential psychiatric method for treating people with mental disorders by acknowledging the pain that characterizes human existence, like guilt and death. The therapy has an optimistic view of the disorder and how this can lead to growth and thus how despair can be transformed into victory (Batthyany & Levinson, 2009).

An increasing percentage of clients, according to Frankl, report feeling empty and meaningless; he refers to this as the "existential vacuum." Additionally, according to Frankl, this "vacuum" poses a challenge to modern psychiatry (Frankl, 2007). He concurs that spirituality is one approach: "The psychiatrist can show the clients that life always has a meaning" (Frankl, 2007). Health treatment cannot show clients, “the meaning of life and suffering." Nevertheless, despite their pain, medical care can play a crucial role in helping patients understand the meaning of life. Furthermore, Frankl (2007) highlights that the client’s provider relationship, the personal and existential encounters between the two, determines the success of therapy rather than the treatment approach.

The Health Belief Model (HBM), introduced by Rosenstock (1966 & 1974), is rooted in a socio-cognitive framework. It was initially created in the 1950s by social psychologists to elucidate why certain individuals do not engage in preventive health behaviours aimed at the early detection of diseases, their reactions to symptoms, and adherence to medical advice

(Janz & Becker, 1984; Kirscht, 1972; Rosenstock, 1974). According to the theory, people are more likely to engage in a particular health-related behaviour if they (a) believe they are vulnerable to the problem or could get sick (perceived susceptibility); (b) believe the problem has serious consequences or will interfere with their daily functioning (perceived severity); (c) believe the intervention or preventative action will be effective in reducing symptoms (perceived benefits); and (d) believe there are few barriers to taking action (perceived barriers). All four variables are believed to be influenced by demographic factors like age, race, and socioeconomic status. Cues to action, a fifth unique element, are often overlooked in HBM research, despite being a significant social factor associated with the use of mental health services. Incidents that remind people of the seriousness or danger of a disease are known as cues to action. Furthermore, Rosenstock, Stretcher, & Becker (1988) incorporated elements of social cognitive theory (Bandura, 1977a, 1977b) into the Health Belief Model (HBM). All they pointed out that the concept of self-efficacy, which is a person's belief in his/her ability to bring about change, is a major factor in understanding the results of health behaviour. Hence, the belief that one can quit smoking successfully (efficacy expectation) is just as important in determining the probability of cessation as the person's perceived susceptibility, severity, benefits, and barriers. The Health Belief Model (HBM) provides a framework for evaluating existing initiatives aimed at raising mental health awareness and promoting treatment-seeking behaviour in different populations. Besides, this model allows programmatic research that determines which factors, such as sobering up the audience about the seriousness of the symptoms or lessening the treatment barriers, lead to the most effective results. As well, rational choice decision-making models of this nature enable researchers to determine the extent to which a positive factor can offset a negative one. Moreover, by employing a cognitive framework, the HBM proposes a methodical strategy for intervention, along with a theoretical basis for evaluating and modifying these interventions.

In addition to Mohr (2006), who examines nursing involvements in the spiritual domain and asserts that spiritual dimensions of care do not exist despite the North American Nursing Diagnosis Association (NANDA) identifying spiritual distress and the potential for enhanced spiritual nursing diagnoses, Coyle (2002), Mazzotti (2011), and Koenig & Cohen (2002) are pertinent to my master's thesis because they provided information about the relationship between tension and its growth into stress and how this mental strain leads to mental health problems for the individual. Mohr asserts that nurses should approach clients holistically, considering them to be more than the sum of their parts, in response to the question of what

they should do in terms of spirituality. Some studies also suggest that nurses should respect and acknowledge patients' spiritual lives and consistently concentrate on clients-centred therapies (Narayanasamy & Owens, 2001; Swinton & Narayanasamy, 2002). Thoits (2012) further highlights the value of having caregivers who grasp the essence of utilizing existential information in the psychotherapy process. According to their research, the therapists' history and existential perspective influenced their philosophy of therapeutic practice. These two experts say that through expanding the use of the existential dimension in the therapeutic process, the odds of recovery are significantly higher as the patient has access to information on existential issues that will bring meaning and purpose to their lives. This is in line with Thoits (2012), who claims that having a sense of meaning and purpose in life might lead to improved mental and physical health (Thoits, p. 362). The 10 chosen papers listed in chapters 2, 3, and 4 will be analysed using the theoretical framework that has been described here.

2.5. Theoretical Frameworks Related to Coping Strategies

Many theoretical frameworks can be used to explain how spirituality helps people deal with mental health issues. One well-known concept that makes a distinction between positive and negative religious coping strategies is (Pargament's, 1997) model of religious coping, which includes spiritual difficulties like feeling abandoned by God (Pargament et al. 2000). This idea is very much relevant to the situation in Ethiopia, where both traditional beliefs and religious practices can help and harm the people. Positively using religious coping, for example, praying, asking for support from God, and accepting one's suffering, has been associated with improved mental health.

The Conservation of Resources (COR) theory also suggests that people not only strive to acquire, but also to keep and protect their resources, among which can be counted their religious practices and beliefs (Hobfoll, 1989). People under pressure might turn to religion as a source of strength. This position is in line with the research of the Ethiopian communities, which demonstrates the pivotal role of spiritual resources in the process of coming out of the crisis (Kassaye et al. 2018). Knowing these theoretical frameworks through the lens through which spirituality is to be seen as a support might facilitate the formation of culturally appropriate mental health interventions.

People disclosed different methods through which they used religion in coping with the challenges of their psychological disorders. The findings of 34 studies revealed the spiritual activities, spiritual relationships, spiritual problems, and suicide prevention as four sub-contents of coping. Among the many spiritual practices which the participants found helpful in the management of their mental health issues, prayer was singled out as the most significant (Al-Solaim & Loewenthal, 2011; Eltaiba & Harries, 2015). Participants frequently described their spiritual relationships, whether with God, a spiritual figure, or a higher spiritual power, as being important to their faith or the most significant relationship in their lives, and they were deemed to be crucial for coping with illness (Lilja et al. 2016); (Hanevik et al. 2017); (Oxhandler et al. 2018). According to (Heffernan et al. 2016), the importance of a true reciprocal relationship with a spiritual figure was so great that it affected many other aspects of people's experiences, and that recovery was hindered when the relationship was broken in hospital settings. People occasionally struggled spiritually or had trouble coping, and common difficulties included feelings of shame, guilt, or stigma from spiritual communities. Perhaps the most striking sub-theme of coping, Preventing Suicide, focused on how people's religion or spirituality kept them alive during their most trying times with mental health issues (Mental Health Foundation, 2002; Nixon et al., 2010; Hustoft et al., 2013).

2.6. Spirituality as a Coping Strategy in Mental Health Care

Baldacchino & Draper (2001), state that coping involves a person's dynamic cognitive and behavioural decisions to pinpoint specific internal and external stressors that are deemed too demanding or beyond their capabilities (Baldacchino & Draper, p. 835). Identifying the type of stresses that are affecting the person and determining their significance for their well-being, whether they are frightening or thought-provoking, are the first step in managing mental illness. People who are dealing with a terminal or life-threatening illness may experience circumstances that are intimidating or difficult to handle. The clients determine whether or not the coping mechanisms and options given are sufficient to deal with the problem based on the initial assessment (Baldacchino & Draper, p. 835).

Baldacchino & Draper’s (2001) article also added on their article that several coping strategies are used by clients, with the central theme in coping being the management of

stressors. Efforts to manage stressors involve many coping strategies, including information search, direct action, and inhibition of action.

Baldacchino & Draper (2001) identify 'inward turning' as a spiritual coping strategy that can assist clients to understand the difficulty of their inner self as a spiritual need for relationship with others for sustenance and security; relationship with God through self-transcendence (which entails going beyond oneself to reach a higher power); and self-completeness (Baldacchino & Draper, p. 835). Therefore, it is thought that spiritual coping strategies could assist clients in discovering meaning and purpose in their illness, empowering them to handle their current stressors until they can adapt.

Another coping approach, according to Hefti (2011), is meeting the client's spiritual requirements by integrating religion into daily activities. The benefit of religious and spiritual coping is that it increases spiritual knowledge, which in turn increases the clients understanding of existential issues (like the meaning of life) and transcendence (like the search for God). Religious or spiritual coping is an essential component of coping behaviour for the majority of individuals receiving mental health therapy. According to the study by Hefti, 2011, religion is said to provide a framework for clients to conquer the hardships that come with their illness.

Religious coping, in the view of Koslander, Barbosa da Silva, & Roxberg (2009), is a significant factor in the healing process, and the clients feel a positive association between their religiosity or spirituality and their ability to handle the mental health condition (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 36). Besides, Koslander, Barbosa da Silva, & Roxberg argue that there are several advantages to be gained from the use of particular religious coping means such as meditation, prayer, rituals, and spiritual music, which can help alleviate mental distress (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 38). Their article points to the role of both social and spiritual support in helping clients become more resilient through talking and sharing with other clients as well as church members, which interaction is, indeed, very supportive in giving back to clients the hope that they need so much.

In contrast, Bush & Bruni (2008) define spiritual experience as institution affiliation, rituals, habits adopted, or beliefs, which are directed by a religious denomination or community of faith. Religious involvement, in their view, is based on concepts of intrinsic religiosity, religious coping, religious support, and religious attendance, which are four psychological

constructs that can be used as tools in the management of stress and trauma. According to Bush & Bruni, in order to deal with the slow influence of spirituality, the clients should be treated with a holistic approach, which can comprise both medical and spiritual aspects. This could enable the clients to receive sufficient assistance in meeting all their demands, including spiritual ones (Bush & Bruni, 2008).

Baldacchino & Draper (2001) report that the client's spiritual coping mechanisms include prayer (84%), religious items, music, and TV/radio (64%), Bible reading (56%), attending church (52%), and requesting communion (32%). According to the study, " clients experience the power of God and embrace that power in the fight against mental diseases and in overcoming loneliness through prayer and other rituals such as fellowship with other believers" (Baldacchino & Draper, 2001, p. 837). But according to Baldacchino & Draper (2001), religiously motivated clients see religion as a goal in itself; it is a major source of motivation in life and helps them deal with stress. According to Baldacchino & Draper (2001, p. 836), such a person internalizes religious ideas and values like humility and compassion "without reservation, and other needs and goals are accommodated, reorganized, and brought in harmony with these religious beliefs and values." Religious orientation "floods the whole life with motivation and meaning," according to the writers. The study by Baldacchino & Draper (2001) also looked at the connection between coping, managing illness, religious positioning, and the perception of transcendent significance. The sample study result of 44 adult clients with a mean age of 42 years, 26 with cancer, and 18 with non-life-threatening illnesses, indicates that religious pursuits like church attendance were associated with transcendent meaning (such as the search for God), which was a major source of support for clients who were dealing with life-threatening illnesses.

Fry's (2000) study spins around comparing the well-being of senior citizens living in communities versus those receiving institutionalized care. The study results showed that seniors living in the community had higher well-being levels than those living in institutions. These results also demonstrate that elderly people living in residential care had more negative life experiences, more physical health problems, a lower sense of personal importance, and a reduced feeling of social resources. Moreover, the research revealed that elderly clients in care homes were less involved in religious and spiritual activities than those living in the community. Nevertheless, older patients in institutions stated that they were less at peace with themselves as compared to those in community settings. Still, these seniors gave more

importance to religion and claimed that they found comfort in religious activities, especially during difficult times (Fry, 2000).

The results of Fry's (2000) research are instrumental in leading the discussion of how clients view the link between their mental health improvement and the fulfilment of their spiritual needs. In the study conducted by Fry, it was found that elderly clients in institutions had worse health conditions, partly due to their lack of spiritual and religious engagement. In another study by Galek, Flannelly, these older people also reported feeling less at peace, which could be related to the fact that they have a lot of unresolved existential issues and limited spiritual understanding (Galek, Flannelly, & Galek, 2005, p. 3).

2.7. The impact of spirituality on mental health

In a study of 115 out patients with psychotic disorders at psychiatric outpatient clinics, Hefti (2011) discovered that clients viewed religion as a spiritual resource that improved their mental health.

In Hefti's (2011) study, clients said that religion either increased (10%) or decreased (54%), psychotic and general symptoms. Although it occasionally caused social isolation (3%), religion was found to improve social integration (28%). According to Hefti (2011), p. 614, it either decreased (33%) or increased (10%) the probability of suicide attempts, decreased (14%) or increased (3%) substance use, and encouraged (16%) or opposed (15%) adherence to psychiatric treatment. Religion affects clients' mental health in both positive and negative ways, as demonstrated by Hefti's research. But it's important to note that religion has more benefits than drawbacks. Based on this assumption, it can be said that client's spiritual experiences, including their religious beliefs, greatly enhance their mental health.

Galek, Flannelly, & Galek (2005), in their study, imply that meaning in life (which the researchers correlate with religion and existential experience) allows clients to experience a better sense of purpose and reduced stress levels. Meaning in/of life has also been observed to have an inverse connection with anxiety in undergraduates, patients, and community samples in an article written by Galek, Flannelly, & Galek (2005, p. 3). By demonstrating the positive effects of such beliefs on obsessive-compulsive disorder symptoms, the authors demonstrated that psychological distress is inversely correlated with the belief that life has meaning and purpose. Therefore, Galek, Flannelly, & Galek contended that psychological

anguish might be directly linked to the view that life is meaningless and purposeless. They also confirmed that daily variations in client's perceptions of meaning are linked to their poor psychological wellness in terms of mental health.

"A lot of people that get sick get mixed up between religion and spirituality and they can become quite obsessed about some of the religious stuff in the Bible and the workers are a little bit reluctant... to actually broach the subject" (Wilding et al., 2006, p. 148), according to an interview with a mentally ill client named Alf by Wilding, Cochrane, & May (2006).

Although mental health professionals are hesitant to mention spirituality as a solitary resource with clients, the authors noted that Alf has found the experience of spirituality to be very useful in his rehabilitation from mental illness (Wilding et al., 2006).

The data from community-residing elders are analysed in Fry's (2000) tables of regression results. The experiences of meaning, existential spirituality, and religiosity are related in the following ways, according to participants in the Time 1 sample of a longitudinal study that examined changes in life purpose and future objectives for adults aged 60 to 90 who lived in the community and those receiving institutional care:

The variation accounted for increased significantly (27%), as a result of the inclusion of the seven existential variables in Step 3 of the study. Religion-derived comfort and personal meaning were found to be powerful predictors (beta=0.36, $p<0.01$; beta=0.38, $p<0.01$, respectively). Furthermore, a noteworthy and noteworthy contribution to the variation explained in the psychological well-being of institutional elders was made by the great accessibility of ministerial, pastoral, and synagogue resources as well as religious assistance (beta=0.45, $p<0.001$). Additionally important was the influence of the significance of religion (beta=0.22, $p<0.05$) (Fry, 2000, p. 383).

According to Fry, engaging in religious activities served as a form of comfort because of religion and the increased availability of religious resources and support services. The findings of Fry's study demonstrated that spirituality explained client's psychological well-being, which is a significant sign of its beneficial effects on mental health.

Furthermore, according to Wilding, Muir-Cochrane, & May (2006), a client's spiritual experience can prevent them from taking their own life, improve their mental health, and give medical professionals compelling reasons to take their client's spirituality into account as a standard part of providing healthcare. It has also been discovered that client's faith gives

their lives a lasting sense of purpose and has improved their ability to manage mental illness. Because it disregards the importance and role of spirituality in healthcare, mental health care based solely on biomedicine without additional treatment knowledge has been viewed as fragmentary and reductionist, whereas holistic care has been recognized as a "quality sign" for quality mental health care (Koslander, Barbosa da Silva, & Roxberg, 2009, p. 34). Holistic treatment offers ways to meet client's spiritual needs and is receptive to spiritual experiences.

Hefti (2011) conducted research at the Hollywood Mental Health Centre in Los Angeles on a single religious group. To help client's see their issues from a spiritual standpoint, feel more hopeful, accept responsibility for their own actions, forgive others for their wrongdoings (to ease past pain), experience and validate their sense of identity and self-worth, and strengthen their ties to their religious communities, the researcher conducted an intervening study. The following results were reported by Hefti (2011):

One participant with a 30-year history of agoraphobia and daily panic attacks reported that she was able to push away the symptoms by using a combination of prayer and relaxation techniques. The participants collectively reported that feeling God's presence helped to lessen feelings of sadness, calm fears and anxieties, deal with forgiveness, and resolve daily problems. "All 20 participants (100%) in the spirituality group achieved their treatment goals, compared to 16 out of 28 people (57%) in the non-spirituality group. The difference in goal attainment between the two groups was highly significant ($p = 0.0001$)" (Hefti, 2011).

It becomes clear from Hefti's research that some client's feel that meeting their spiritual needs aids in their mental health recovery. Hefti offers more study that focuses on how religiosity affects psychotherapy results. An "inpatient" sample study of 189 clients' from Langenthal's psychosomatics, psychiatry, and psychotherapy clinics served as the basis for the study. "Religiosity and also changes in religiosity play a significant role" in client's well-being.

According to Hefti's summary of the results, more specifically, twelve percent of the variation in subjective well-being was explained by the first step. An additional 38% of the variance was explained by the second phase. According to the standardized regression coefficients, religion and its variations are important predictors of subjective well-being and a reduction in symptomatic distress (Hefty, 2011, p. 622).

This quote demonstrates how client's religious faith can be a manifestation of their spiritual needs or resources that improve their mental health.

2.8. Gap in Literature

Regardless of the fact that several studies show the usefulness of spirituality in detecting mental health, contemporary literature still shows prominent gaps. The main concern is the absence of an entirely accepted and described definition of spirituality. Many writers repeatedly conceal the lines between spirituality and religion or confuse spiritual concepts with psychological results such as peace, hope, or life interpretation.

This coincides comprises measurement accuracy and undermines conceptual clarity (Konig, 2023). Furthermore, procedural weaknesses are common because the existing research depends on cross-sectional, self-reported data, which limits the capability to regulate casualty (NHS Likemind Review). The other essential gap is the limitation of availability of the study based on cultural diversity; studies prefer to focus on Western Christian populations, giving inadequate attention to how spiritual beliefs and practices vary across different cultures and religions (Gaiha et al., 2021).

Furthermore, even from much research and written documents, it was learned that the positive association of spirituality and mental well-being at the grassroots level continues to be poorly understood. There are a lot of questions still unanswered as to whether the positive changes in the mental health of people are due to their increased social connection, their better coping strategies, or their improved self-regulation, because these potential mechanisms have hardly ever been tested in a robust manner (Gaiha et al., 2021). Besides, the negative sides of spirituality, e.g. an inner conflict, feeling of guilt, or spiritual distress, are very frequently being ignored; thus, a biased picture, which overemphasizes the positive outcomes, might be formed (Exline et al., 2014). This perpetuated lack of deficiency issues the need for more culturally sensitive, theoretically grounded, and practically effective research to deepen our understanding of the role of spirituality in mental health care. Besides the mentioned above, the lack of longitudinal and experimental studies, including randomized controlled trials, which restricts the ability to assess how spiritual practices affect mental health over time (Aggarwal et al., 2023).

Another undiscovered area concerns how spirituality may relate differently across specific mental health disorders. Major contemporary studies do not differentiate related conditions such as anxiety, depression, psychosis, or bipolar disorder, regardless of the likelihood that spirituality may influence each differently (Kyron et al., 2021).

3. CHAPTER III: METHODOLOGY

Research methodology is the systematic approach used to conduct a research study, including the overall strategy, methods, and techniques for data collection and analysis to ensure valid and reliable results. The research design, study population, study approach, study area description, sample size and sampling, and data collection techniques were covered in this section. There will also be a plan for data analysis and ethical considerations.

3.1 Research Design

In social science research, there are typically three main study approaches: mixed, qualitative, and quantitative. The quantitative approach focuses on gathering and evaluating numerical data in order to measure variables and test hypotheses using methodical instruments like experiments and questionnaires. In an effort to better comprehend a phenomenon, the mixed-methods approach combines both qualitative and quantitative techniques. On the other hand, a qualitative method works best when the objective is to use instruments such as document reviews, interviews, and observations to investigate intricate human processes, meaning, and experiences (Creswell, 2009).

For this study employed a qualitative research design which involved a descriptive phenomenological approach, and also uses a case study was used in this research because it allows the researcher to conduct an in-depth and detailed investigation of the subject matter. A case study explains that individuals seek understanding of the world in which they live and work. In this process, they develop a subjective meaning of their experiences (Creswell, 2009). Phenomenology is the method that is most suitable for the exploration of the lived experiences of people (Creswell, 2009), which in turn gives the researchers an insightful understanding of the role of faith in coping strategies for mental health issues. In the context of mental health rehabilitation, this method is used to uncover the subjective meanings that patients and healthcare professionals interpret spirituality through their personal stories. The creation of culturally sensitive mental health treatments calls for an in-depth and subtle understanding of the participants' experiences, which this approach delivers. Understanding a phenomenon in its natural environment is the main goal of the case study research method. A case study has the benefit of enabling a more thorough examination of the essence of the

issue. The accompanying drawback is that it is frequently challenging to draw broad inferences and make generalizations based on a single case (Yin 2011).

3.2. Study Setting

This study was conducted in Saint Paul's Hospital Millennium Medical College (SPHMMC), which was established in 1968 by the late Emperor Haile Selassie as Saint Paul Hospital. It is a specialized teaching hospital located in the north-western part of Addis Ababa. Its catchment population is well over 7 million, making it one of the largest referral centres in the country. As a tertiary centre, it receives patients from every corner of the country

In 2010, to integrate it with a medical college, its medical school was opened through decree of the council of the ministries, and then got the name, Saint Paul's Hospital Millennium Medical College (SPHMMC) as it is called today. Being one of the candidates of the tertiary hospital and teaching hospital of the country, SPHMMC has been governed under the direct FMOH and has around 250 faculty members, more than 2800 clinical, academic, administrative & supportive staff. While its inpatient capacity is more than 700 beds, the hospital provides services for an average of 1200 emergency and outpatient clients daily.

3.3. Selection of the study

The participants of this research were the people who met the explicit criteria. Such criteria mainly aimed to hold the collected data of great value and depth.

Clients: Those are the people aged 18 and above who have been diagnosed with mental health disorders and have been treated at St. Paul's Hospital for at least six months. Such a period was determined to be sufficient for the client's to have undergone different treatment modalities, including spiritual practices.

Medical Staff: Experts in the field of mental health, such as psychiatrists, psychologists, and social workers who have been employed at St. Paul's Hospital for at least one year. Such work experience enabled them to gain valuable insights into the role of spirituality in patient care.

3.4. Sample size

In qualitative research, sample size is guided more by data saturation than statistical calculations (Krueger & Neuman, 2006; Creswell, 2014; Morse, 1994). The aim is to achieve depth and richness of data rather than a large number of participants. According to Creswell (2014), a case study may involve 4 to 5 participants when focused on a specific group. So in this study, the primary target group for in-depth interviews was clients, health professionals, and social workers at Saint Paul Hospital Millennium Medical College, so a total of 11 clients, 7 Health professionals, and 2 social workers were selected and interviewed.

3.5. Method Data Collection

Creswell (2009) emphasizes that in order to gain a thorough grasp of the primary and secondary data, qualitative research depends on a variety of data sources. Primary data is information that the researcher personally gathers for a specific study goal, such as through surveys, observations, or interviews. Information gathered by others for a different purpose, such as government statistics, books, journal articles, or reports, is referred to as secondary data. The study requires both kinds of data, with secondary data providing background and contextual information and primary data providing direct insight. Therefore, key informants at Saint Paul Hospital Millennium Medical College (SPHMMC) provided primary data for this study through in-person interviews, including key interviews and in-depth interviews with metal-ill client's. The key informant interviews include experts who offer insights based on their knowledge and professional experiences, whereas in-depth interviews are utilized to thoroughly examine participants' personal experiences (Kumar, 2011). So, according to Yin's (2018) explanation, this kind of multi-method approach asserts that case study research benefits from collecting diverse forms of evidence to ensure a more robust and holistic analysis and data triangulation in addition to a comprehensive understanding of the research.

3.5.1. In-depth Interviews

Horizontalization, clustering of meanings, textural and structural descriptions, and synthesis of the essence of the experience are the phases suggested by Moustakas (1994) for phenomenological analysis of the client's interviews. In order to provide a thorough knowledge of spirituality in mental health care, the two sets of findings will thereafter be compared and integrated to uncover convergences and divergences between clinicians'

approaches and client's actual experiences. In order to elucidate the questions and obtain the necessary information, the researcher employed in-depth interviews with participants that comprised guided semi-structured open-ended questions.

Because interviews allowed participants to exchange ideas, they were included. Additionally, by outlining the goal of the interview and the confidentiality of the data gathered, participants were made more at ease with in-person interactions. Amharic was the language of communication used during the interview. With the participants' permission, the researcher recorded the interviews using a tape recorder and took notes. The researcher transcribed and translated each recorded interview into English. After listening to the audio several times, the researcher translated it into English writing. The researcher copied and translated the report's primary content into English, word for word, with the exception of superfluous jargon that wasn't relevant.

3.5.2. Field Notes

An observational field note was taken during interactions at the hospital, including informal discussions with patients and healthcare providers. These notes provided contextual information and enhanced the understanding of the hospital environment and its influence on spiritual practices.

3.5.3. Key Informant Interview

A key informant interview was used to gather qualitative data from other personnel who are closer to the situation of mental health illness. The reason for limiting the number of participants for key informant interviews is due to time limitations and the fact that they were able to provide a lot of needed information in depth.

3.6. Data Analysis

According to Creswell (2014), data analysis in qualitative research is defined as the methodical study, organization, and interpretation of textual or visual data in order to identify patterns, themes, interpretations, and insights into the research problem. Data analysis is the process of organizing unprocessed information, such as transcripts of interviews or observation logs, into a meaningful understanding of participants' experiences. Because

thematic analysis made it possible to identify important patterns and themes that emerged from the interview data with social workers, clients, and healthcare professionals, the data analysis in this study combined coding and thematic analysis to systematically organize and interpret the data.

Braun and Clarke (2006) claim that theme analysis is a useful method for extracting rich and significant insights from qualitative data since it aids in the identification, interpretation, and reporting of patterns in the data. Coding the interview transcripts to identify and arrange the text into significant sections was the first stage in the data analysis process. The procedure then assisted in dividing the data into digestible chunks, enabling the researcher to pinpoint the important themes. Coding is crucial in qualitative research to assist in distilling the data into themes that are key to comprehending the experiences and viewpoints of the participants, as Creswell (2014) emphasizes. Themes emerged from the continuous comparison of the coded data after coding. As suggested by Braun and Clarke (2006), this procedure will entail classifying related codes into more general themes. In order to make sure that the themes appropriately represent the experiences of the participants and are in line with the goals of the study, the researcher thoroughly examined and improved them. Data triangulation, which involved multiple data sources, interviews with clients, social workers, and health professionals, interviews with healthcare professionals, and observations, allowed for additional theme verification in addition to bolstering the findings' validity and credibility. According to Yin's (2018) explanation, data triangulation is crucial in case study research because it improves the findings' dependability and richness by contrasting the outcomes from many viewpoints and data gathering techniques.

3.7. Ethical Consideration

The study adhered to ethical research considerations, including transparency, informed consent, confidentiality, and anonymity. The consent form used in the study was produced in English, translated into Amharic, and then signed by participants. Before the interview began, the subjects' consent was acquired. The participants were made aware of their freedom to choose whether or not to participate, to stop participating at any moment without incurring any penalties, and to skip any questions that made them uncomfortable. Additionally, they were assured of information confidentiality and the use of anonymity to reveal participants' identities in order to shield them from any potential or actual bodily or psychological harm. A

duty to thoroughly and meaningfully explain the purpose of the study and how it would be shared was indicated by informed consent. Because anonymity and secrecy were upheld throughout the investigation, the names of the subjects had no bearing on their answers. Anonymity was maintained in this study by separating the written consent from the report and not revealing the participant's true name throughout the interview and research reports. The researcher provided pseudonyms to participants so they could relate to their answers.

Generally speaking, the researcher made an effort to be morally upright and reduce any risks to participants, such as discomfort, anxiety, privacy violations, or humiliating or degrading methods.

The research project was approved by the Addis Ababa University Social Science Departmental Ethics and Research Committee of the Department of master's in Social Work. The purpose of the study was explained to the study participants accordingly. Permission was obtained from the hospital research centre. Only subjects who gave informed consent were enrolled. Information gathered from the study participants was kept confidential, and the study results were disseminated in Saint Paul's Hospital Millennium Medical College.

3.8. Expected Outcome

It is anticipated that the study will provide important new information about how spirituality plays a part in St. Paul's Hospital client's coping strategies for mental health issues. Important results could include:

Understanding Spirituality: A deeper understanding of how medical professionals and clients perceive and integrate spirituality into the treatment of mental health.

Coping Mechanisms: - Identifying spiritual practices that support people in managing their mental health problems.

Recommendations about Integration: - The research provided recommendations for the incorporation of spirituality into the mental health care department of St. Paul's Hospital based on the findings. This may include the development of collaborative care models that recognize client's spiritual beliefs, as well as training healthcare providers on how to engage in spiritual conversations in treatment plans.

CHAPTER IV: FINDINGS

4.1. Part one: - Clients' Response

Table I: Socio-demographic data of client's

No	Age	Sex			
		Male	Female	Diagnosis	Duration of Treatment
1	35	✓		Depression	Maybe 1 year
2	28		✓	Bipolar disorder	Above 7 years
3	33	✓		Substance abuse	Nearly to 2years.
4	24		✓	Bipolar disorder	4 years
5	30	✓		Substance abuse	Above 5 years
6	55	✓		Depression	Almost and above 20 years
7	42		✓	Depression	Around 8 months
8	49	✓		Stress	10 months
9	19	✓		Anxiety	The past 2years
10	27		✓	Personality disorder	Around one and a half years
KI	24	✓		Bipolar disorder	One and a half years
	Total	7	4		

The socio-demographic data of this study show that the participants were a diverse group, which comprised 11 people (7 men, 4 women), among them one was a key informant, their ages varied between 19 and 55, and they had different types of mental health diagnoses and treatment durations. Such a variety serves as a rich fabric of the different experiences of spirituality.

4.1.1 Definition of spirituality

Most of the participants described spirituality as an intimate bonding with a higher power (God/Allah), considering it a core "way of life" which brings "*peace, satisfaction, and meaning....*"

“**Participant 2** mentions spirituality as "*a way of connecting with Allah*," whereas **Participant 4** points it out as "*the act of casting one's thoughts on God*." "*Spirituality is about seeking a meaningful connection with my GOD."* which is addressed by **(Participant 8)** points as *“Spirituality for me is a sense of connection to GOD greater than all things,” issued by* **(Participant 9).** They highlight spirituality as the main guide of their moral and ethical conduct; the instrument in itself is seen as inherently useful. This underground belief of theirs is what constitutes the basis of their mental health conception. For many people, spirituality is the most intimate bond with the Supreme being that can be realized in prayer, thought, or personal communion. This goes to show that spirituality, as the basis of their existence, is the most firm of worldviews. (**Participant 1)** mentions that spirituality is not a thing that one can display; spirituality is a way of life. "*In my opinion, spirituality is very helpful because it is really life*," and also "*Whenever I go to church and pray... it makes me feel very calm and relaxed*," as (**Participant 6**) respond. Spirituality is often viewed as a peaceful, stress-free, and life-energizing source. Since it is a great emotional stabilizer and a personal well-being assistant, one can, therefore, hardly doubt its involvement in the therapeutic process. According to **Participant 3,** spirituality is "*a set of morals and ethics that guide one’s life*.” And *“Spirituality is a way of life… which helped me to participate in doing good deeds,” as* **(Participant7)** said. These responses demonstrate spirituality to be the source of ethical living and moral behavior, concentrating mainly on the values, compassion, and positive deeds. It is the core of one's personal character and daily life. **Participant 5** considers spirituality to be deeply linked with mental health and thus, he implied that spiritual well-being should be the main way to handle mental disorders, as *he stated that “Mental disease goes hand in hand with spirituality.”* Spirituality is defined as a commitment to religious principles, highlighting identity, belonging, and religious tradition as central to the spiritual experience. *“Spirituality is the quality of being attached to my religious value,”* as **(Participant 10)** said**.** Every single Participant describes spirituality as something very personal and different from each other, but the majorly of them agree on the three main points: an intimate connection with a higher power (God, Allah), psychological and emotional health as a result of spiritual practice, and a way of life led by morals, ethics, or religion. The implication is that for these people, spirituality is not something theoretical but rather it is a tangible experience which, among other things, sustains their mental health, gives them a sense of self and a purpose.

Key informant: - He said,

> *Spirituality is a deeply personal experience and often varies across individuals and cultures. At its core, spirituality involves connecting with something greater than oneself, whether that is God, the universe, or one's inner self. In the context of mental health, spirituality often serves as a foundation for providing meaning, purpose, and hope, which are essential in overcoming emotional and psychological challenges. It is less about strict religious observance and more about a sense of connection, whether through prayer, meditation, or reflection.*

4.1.2 Role of Spirituality in Mental Health Journey

Spirituality has been one of the main factors that have consistently and actively contributed to the mental health journeys of the individuals. **Participant 1** says it is *"a major way for us to connect with the Creator and renew ourselves," helping to renew and strengthen our minds."* **Participant 5** also notes about spirituality as, *"It can be put together to manage my depressed and stressed time," and* **Participant 6** observes it as *"a role which play well to contribute positive outcome in my treatment time."* While talking about their experience of deep emotional distress, the participants depict it as being emotionally overwhelmed. (As **Participant 3** feels *"drowning in different emotions"* like hopelessness, exhaustion, and isolation). **Participant 8** also wants *"being isolated from my family and others"*) at that time, which highlights the critical need for effective coping strategies. **Participant 10** says, *"It fosters comfort and strength during a challenging period."* One of the most effective ways spirituality can promote mental health is to be a source of coping and healing as it makes the recovery, strengthens the interior, and makes the person more resilient. **Participant 2** says, *"It is the main basis for life. Faith is necessary to live."* It is a power that sustains life and is very helpful when people go through difficult times, especially those related to mental health, as it gives them meaning, purpose, and hope. **Participant 4**: say *"Not everything is within our control...express you freely."* Here, spirituality is linked with acceptance and emotional freedom, enabling individuals to let go of control and articulate their inner experiences. **Participant 7 says,** *"It plays a significant role...to lead my personal growth."* This respondent considers spirituality a major influence on one's self-development, thus helping one's growth and self-actualization. According to this respondent, spirituality contributes in different ways to the psychological well-being: It provides power and revitalization, gives meaning, purpose, and hope, supports emotional expression and acceptance, helps in

managing distress, and, finally, it supports the individual's personal growth. The spiritual themes presented here indicate that spirituality, apart from being a belief system, is a necessary psychological resource in the mental health journey.

Key informant: - He mentioned,

> *In my view, spirituality is a very important source of support that goes along with mental health. A great number of people that I have worked with have told me their spiritual way of life gives them power, a sense of purpose, and understanding, particularly when they are going through a tough time. Spiritually, being optimistic and tough is what it gives you, which is why you can withstand it more easily. No matter it is praying, meditating, or thinking over, the consolation and peace of mind that spirituality gives you can be a very great help in the fight against mental health disorders.*

4.1.3 Time and feeling when they faced significant mental or emotional distress

Most of the respondents' expressions are those of being completely emotionally overwhelmed and feeling powerless, which means that sadness, fear, and emotional flooding were the emotions that participants felt to a great extent during their distress. **Participant 1** says, *"I was very upset and sad..."* and **Participant 2** says, *"It was very difficult,"* and also **Participant 3** says, *"I feel like I was drowning in different emotions."* **Participant 6** says, "I was afraid that I would not be able to stop crying". **Participants 4 and 8** show feelings of despair and a wish to be left alone, which are typical signs of depression and emotional shutdown. (As **P4** says, *"It feels like there was no way out from that feeling,"* and **P8 says,** *"I just wanted to be isolated from my family and others"*). **Participant 5 says,** *"I feel so exhausted,"* and **Participant 9 says,** *"It feels like I was so weak"*. They both indicate that the pain has affected their physical energy as well as their mental/psychological strength; thus, they are emphasizing the condition of being tired and weak. **Participant 7** states that "I really need someone to talk to."

According to this statement, the most essential thing to provide in times of need is emotional support and communication, suggesting that connection may be a way of shielding oneself during a hard time. **Participant 10**, in his turn, described the anger flare and breaking out at people as the most common ways in which his emotional suffering has been expressed. *("In that situation, I was arguing with someone that I met").* Participants identify emotional

distress as a deep, overwhelming sadness or emotional pain, a feeling of emptiness and isolation, numbness to both mind and body, craving connection and support, and reacting with conflict or emotional outbursts. The themes revealed indicate that emotional distress is complex, involving indwelling struggles, interactions with others, and an aching need for understanding and relief.

Key informant: He said,

> *I remember a time when I was going through a very difficult period in my life. A fan of personal and professional setbacks, I was emotionally drained. But I took comfort in my spiritual practices, especially during the times of silence and prayer. My spiritual exercises became my support when I was able to get out of the trap and see the problem from another angle. The tranquility I got through my spirituality was my strength to confront and overcome this emotional turmoil.*

4.1.4 Types and duration of Spiritual practices they adhere to

Most participants have been involved in some kind of spiritual practice over the last six weeks, where the common things were talking to God, reading their religious books, meditating, and going to religious services. Two of them (**Participant 2 and 5**) were engaged in 'prayer and Quran mekirat', and **Participant 6** was involved in 'prayer, reading religious texts, talking to spiritual leaders, and attending religious services'. These practices are performed from daily to once a week or on holy days, and hence they are both consistent and different in the extent of these practices they have incorporated in their lives. Participant 4 stated that, prays daily and goes to church on weekends,' was his ritual. And from this, it clearly indicates the frequency of the practices. **Participants 8** and **9** engage with *"spiritual leaders/counselors and religious books".* **Participant 1** (*" I have opportunities to participate in all kinds of spiritual practices and I do"*) *has* access to and participates in various practices. **Participant 10** engages in "*watching spiritual videos and listening to songs".* This theme shows that participants engage in a broad range of spiritual activities, personal (prayer, meditation), communal (fellowship, services), and media-based (videos, songs).

Participant 3 includes *"meditation, thinking, singing, and listening to spiritual songs,"* more emotional and introspective forms of spirituality. This may be interpreted as some of the participants considering personal reflection and expressive spirituality as their preference besides engaging in traditional religious activities. **Participants 7 and 8** participate in

“fellowship and interaction with spiritual leaders,” which is an indication of the shared spiritual life of a communal group. These activities, among others, may contribute to the building of social support and the upgrading of spiritual identity.

Participants 3, 4, 5, 6, 8 are participated in Religious activities like "daily prayer, (church/mosque on weekends or religious days"). So, **Participant 4** "Prays daily and goes to church on weekends" while **Participant 5 and 8** "weekly attendance at mosque or church" similarly express their involvement in their respective places of worship. On the other hand, **Participant 6** attends "weekly and sometimes on special days". These participants demonstrate systematic and habitual participation, which implies that faith is one of the main backgrounds of their way of life. Participants **1, 7,** and **9** only participate "occasionally or sometimes" take part in the activities. Besides, Participants **2** and **10** are "weekly participants, specifically on Juma day". This topic reveals different degrees of regularity, which could depend on factors like personal motivation, time, or access. In light of these revelations, spirituality appears to be embraced as different, individualized ways by the participants where most of them are mixing up the traditional, reflective, and communal elements of their spiritual routines which eventually leads to their emotional and mental well-being.

Key informant: - He said,

> *Spiritual practices can vary, but for me, prayer, meditation, and reflection on religious texts are the most helpful. I also find value in connecting with others through group spiritual activities, such as attending services or participating in community prayer groups. For many individuals, these practices foster a sense of belonging and collective healing. Spiritual practices should ideally be a consistent part of one's routine. Personally, I engage in daily prayer or meditation, even if it's just for a few minutes each day. For those facing mental health challenges, regular engagement in these practices is crucial as it creates a stable foundation of peace and self-awareness. However, the frequency can vary greatly depending on an individual's lifestyle and personal needs.*

4.1.5 Importance of Spiritual practices in coping with Mental Health

In the responses of the participants, it was shown that spirituality has been their coping mechanism for their hard times. Participant 1says that spirituality gives an inner strength which contributes to direct in the right path. Added that mental illness is usually a very

difficult thing to deal. *"When I see my hard time situation with the eyes of spirituality, I can look beyond the current situation, and then it becomes smaller, and I get the strength to manage it. Spirituality gives us inner strength and it contributes to direct oneself in the right path, then, I get the wisdom to manage and cope my stress"*. Participant 8 says spirituality *"Helps me reduce my stress and improve emotional stabilities" and* Participant 10 says spirituality "*Helps me to feel relax"*. The above participants describe spiritual practices as effective tools for calming the mind, reducing stress, and promoting emotional balance and relaxation. Participant 3 says spirituality "*Helps me to process my feelings and my distress,"* and Participant 7 says it "Helps me to improve my mood." Spiritual activities provide a safe space for reflection, helping participants understand and regulate emotions, key components of emotional intelligence and mental recovery. Participant 2 says spirituality "*Gives me understanding and helps me pass my difficult time,"* and Participant 4 says *spirituality "Helps me to sense peace and to see my future."* Spirituality gives people a broader view, reassurance, and a feeling of being guided; thus, it is one of the ways through which individuals can manage their psychological or emotional distress, as it brings back to them hope, peace, and clarity. According to participant 5, spirituality "*Helps me to reduce the loneliness of loneliness*." This implies that spirituality can create a feeling of belonging, whether to God or a community, thus alleviating isolation and promoting the social and emotional aspects of connectedness. Participant 6 says, "*Spirituality for me is meditation, spiritual book reading, and reflecting on what I read. It has been my lifeline and has been my means of survival through depression and fear. Spirituality has been my keep-alive in despair*." Similarly, participant 9 says that it "*Helps me to forget my bad times*." These statements show that spirituality enhances one's mental strength as it makes participants able to handle tough times and go beyond the painful memories. Moreover, spirituality is found as a single comprehensive coping strategy that also considers the emotional and existential aspects of mental health issues.

Key informant: - He stated that:

> *Spiritual practices are a safe place where emotions can be released, and the mind can be cleared. They assist individuals in processing challenging emotions, giving them support when they are going through difficult times, and when they experience anxiety or depression, they provide a feeling of peace. To a great extent, spirituality may become self-care through which one's emotional resilience is being strengthened and one gets*

some tools for the control of negative thought patterns. It is a means of stabilizing, particularly in those moments when there is a lack of certainty or a personal crisis.

4.1.6 Discussion among Health Care Providers and client's about Spiritual Practices

One of the major discoveries is the minimal talk about spirituality between patients and medical staff. Participant 1 together with other people directly says "*I don't discuss with a health care provider*." Although family and friends are mostly the people with whom participants share, only a couple of participants like Participant 5 state that they involved their doctor. If these talks happen, they usually feel positive as Participant 8 says "hakim advised me to use spiritual practices." Even though there is a gap in the communication, the majority of people agree that it would be very helpful to combine spirituality with mental health treatment as Participant 5 absolutely sure that "*spirituality and medical treatment are both beneficial for mental health*" and Participant 9 thinks that *"it helps to remind me that I am not a lonely person."*

Key informant: - He mentioned,

> *Discussing spirituality with healthcare providers or therapists should be a necessary integrating aspect of holistic treatment. I have witnessed the reaction in both ways, positive and negative. Some healthcare providers even welcome the discussion of spirituality as part of the treatment, but some are more reluctant and focus only on the medical or psychological side of things. By contrast, family and friends usually give more emotional support and are more willing to discuss these issues. Healthcare providers have to realize that spirituality is very important to many patients, and they need to create a setting where these talks can be done without any restrictions.*

4.1.7 Barriers to practicing spirituality during medical treatment

It is quite surprising that the majority of the participants have pointed out that there were hardly any barriers that prevented them from practicing their spirituality during their treatment, and they have often credited their "*self-effort*" as the main reason for their continuous engagement. For instance, **Participant 1** said, "*I think there are no obstacles; the main thing is self-effort*." Nevertheless, some of the participants acknowledged that there were some barriers, such as the stigma around mental illness (**Participant 5** mentions "*People's attitude towards mental illness*"), the fear of "*exacerbating psychiatric symptoms*"

(**Participant 6**), had personal feeling of "*lack of hope*" during a deep emotional crisis (**Participant 9**), Regarding the question how social workers or therapists could be of more help, the major concern was the lack of participant awareness of or contact with these professionals. Those who had the chance to interact with them said that support in meeting religious leaders (**Participant 7**), facilitating spiritual practices alongside medical treatment (**Participant 6**), and the provision of general family/financial support (**Participant 10** for families; Participant 8 for financial) were the most valuable interventions.

Key informant: - He stated,

> *The primary barrier that I have noticed is stigma, especially the stigma that surrounds mental illness in certain religious or cultural contexts. Sometimes the individuals become reluctant to seek help for their mental health because they are afraid that it may go against their spiritual beliefs."Additionally, some may feel that they are failing spiritually if they struggle with mental health, which can create a sense of isolation. Another barrier is the lack of support from healthcare providers in incorporating spiritual practices into mental health care. Both professionals and individuals need to understand that spiritual practices can coexist with medical treatment.*

4.1.8 Roles of Social workers and Therapists during Spirituality and Medical treatment

Over half of the participants (P1, P2, P3, P4, P5, and P9) have had little or no interaction with social workers or therapists. **Participant 1** says, *"I think their role is good, but I can't talk much about them because I haven't had much contact with these professionals during my treatment, and they haven't helped me much".* **Participants 2, 5, and 9** say, *"I haven't had the opportunity to meet social workers".* **Participant 3** says, *"I have seen them when they help someone, but I don't have much information about it," and* **Participant 4** says, *" I don't have any idea about them, who are they?"* There is a clear gap in exposure, awareness, or access to these professionals. Some **participants** (**6 and 7**) mention receiving support that includes spiritual components *("continuation of spiritual practice, connection with religious leaders"*). **Participant's (8 and 10)** mentioned that social workers were "*helping with financial issues and family dynamics during recovery*". Though these supports are not explicitly spiritual, they still help spiritually through the reduction of stress and the themes of

support in the environment. The responses depict the idea of social workers and therapists being able to spiritually support patients; however, their presence, getting there, and outreach are far from being good. Contacted people considered the support they got both spiritually and practically. This qualitative analysis discovers a deficit of awareness and appreciation to a high level, among those who received support. It emphasizes a socially and spiritually sensitive attitude in helping and therapy professions. Better training, accessibility, and cooperation may be a great help in the spiritual needs of patients.

Key informant: - One of his points was that

> *Social workers and therapists should go beyond the current model and integrate spirituality as a key element in the lives of their clients. It is more than just recognizing spiritual practices; it also involves providing support and encouragement to explore how these practices can be used along with the treatments. Therapists have to be ready to meet the client in an open, non-judgmental manner and allow them to share their spiritual beliefs and practices. Working together with spiritual leaders or using spiritual coping strategies in therapy may not only enhance the overall treatment plan but also give the individuals facing mental health issues more comprehensive care*.

4.2 Health workers and social workers' response

Table II: Socio-demographic data of the health care and social workers

No	Sex		Profession	Experience
	Male	Female		
1		✓	Psychiatry Nurse	5 Years
2		✓	Professional Nurse	5 Years
3	✓		Psychiatry Nurse	5 Years
4	✓		Psychiatry Nurse	5 Years
5	✓		R IV Psychiatry Resident Physician	4Years
6		✓	R II Psychiatry Resident Physician	2 Years
7	✓		Social Worker	2 Years
8		✓	Social Worker	1 and half Year
KI		✓	Psychiatry Nurse	Above 10 years
Total	4	5		

This analysis examines the qualitative data collected from seven healthcare professionals (**P1, P2, P3, P4, P5, and P6**) – four psychiatric nurses and two psychiatry resident physicians, and two social workers (**PSW1 and PSW2**), and one key informant concerning their views on spirituality and the incorporation of spirituality in mental health services in Ethiopia. The data has unfolded the main themes such as prevalence of mental disorders, acknowledgement of the importance and the beneficial influence of spirituality, definition of spirituality, common spiritual practices observed, difficulties in integration, and suggestions for the enhancement of services in Ethiopia.

4.2.1 Prevalence of Mental Health Disorders

The healthcare providers reported a wide range of mental health disorders commonly encountered in their workplaces. These include Depression, Dementia, Psychosis, Panic Disorder, Substance Abuse, Schizophrenia, Bipolar Disorder, Anxiety, Personality Disorder, Stress, and Generalized Anxiety Disorder. This diverse list highlights the significant mental health burden addressed by these professionals and underscores the varied needs of their patients.

4.2.2 Defining Spirituality in the Context of Mental Health

The participants' definitions of spirituality are different, but most of them focus on the function of spirituality to cope with life, being part of belief systems, and/or as something that guides one's behavior. **Participant 1** sees it as "*a mechanism which you often hear and do, and it have a big place in the mind*." In addition, they mention some patients who "*use it as they do not have anything that is proven by medicine*." **Participant 2** first of all points out the significance of spirituality by saying, "*Spirituality is very important, because now mental health is often inherited from the family, and they use it as a belief*." At last, they say, "*I believe that it should be done side by side*." Participant **3** characterizes the concept as "*a religious identity. This identity or ideology is different for everyone. Most of the time people link this with Satan*." This novel opinion uncovers how culture influences the idea of spirituality and the possible misunderstandings that come along with it. **Participant 4** describes spirituality as "*a process of religion which helps patients as a coping mechanism*." According to **Participant 5,** spirituality is "*a guideline for behavior and decision*," and **Participant 6** adds more aspects to the definition by saying*:" In the context of mental health, spirituality can be seen as holistic wellbeing like mental, emotional, and physical dimensions*." Their definitions of the term spirituality are diverse, but generally, they see spirituality as a help to cope with difficulties, a basis for belief, or a source that guides one's behavior. These definitions imply different things, but they all seem to agree that spirituality has a major role in mental health and living a balanced life.

Both social workers agree that spirituality is very significant, but they define it slightly differently, and their terms are not quite the same. **Participant SW 1** sees spirituality as a very important thing which can, "*play a crucial role in mental health, serving as a source of inner peace and resilience.*" The definition refers to the internal and uplifting facets of spirituality and emphasizes in particular how spirituality can help when one is suffering from mental health issues by providing comfort and strength. Conversely, **Participant SW 2** describes it mainly as "*a route that leads to personal development, raises self-awareness, and lessens mental health problems*." This definition is more about the change and growth aspects of spirituality, and it even goes as far as to link it with personal development and improvement of mental health conditions. In fact, these two definitions combined present spirituality as not only a firm inner source, which can be relied upon, but also an ongoing active process that is instrumental for mental well-being.

Key informant: - According to her,

> *The relationship between spirituality and mental health is complicated, and different people have different views about it. Some health care professionals argue that spirituality can bring essential advantages to mental health, thus enabling the patients to grow their resilience, discover the sense, and manage the stress. As per one participant's view, "while medical treatments remain inevitable, spirituality still offers what medicine is oftentimes not able to give—an emotional and existential coping mechanism." Yet, some providers are of the opinion that one shouldn't completely rely on spirituality alone, as a spiritual practice should only be a companion to, and not a substitute for, medical treatments. Most people seem to be of the opinion that spirituality as well as medicine has their own respective roles to play, and at times, they might be mutually compatible.*
>
> *Spirituality is considered a holistic and integrative approach that supports emotional, mental, and physical health in the context of mental health. It is a source of support to the people in making sense of their pain and finding relief. Spirituality-related concepts in mental health could be the adherence to a religion or just a simple personal reflection and feeling of closeness to a higher power. To a great number of people, it is a way of coping with life's hardships, gaining strength, and achieving tranquil inner serenity. On the other hand, individuals' understanding of "spirituality" is heavily influenced by their respective belief systems, whether they be religious or secular, and hence, can differ substantially."*

4.2.3 Importance and Role of Spirituality on Mental Health Outcomes

Participant's strongly agree on the point that spirituality plays a major role in influencing one's mental well-being. **Participant 1** clearly puts it as, "*Spirituality is more helpful for patients than medicine. Because there is no permanent solution in medicine or medical care*." In a way, it conveys an almost spiritual dimension where it even implies that spirituality might be able to deliver what medicine fails to do. **Participant 2** asserts, "*Both are important for mental health care. But many patients come to us after trying religious practice and fail. But I believe in both.*" This recognizes the truth of patients who first turn to religious practice for help, and at the same time, it supports the use of a combined treatment approach. **Participant 3** remarks, "*We promote it as it is one of the ways to be free from stress.*"

Participant 4 goes even further to support this by saying, "*It has a significant role in mental health illness as the source of strength and resilience for the patients*." **Participants 5 and 6** also confirm the significance of the two by **P5** claiming, "*Both are important for mental health care*," and **P6** implying it by saying "*To elaborate the quality of care that the patient receives."*

One of the major issues is the universal agreement that spirituality cannot be a cause of mental health problems. All six participants explicitly state they do not believe it has a negative effect (**P1, P2, P3, P4, P5, and P6**). Such strong consensus is indicative of the respondents' low estimation of the probability of negative consequences from spiritual care.

The health-care professionals gave the providers some inputs about the benefits of spiritual practices that can be incorporated in their care. **Participant 1** considers it offers a "*holistic approach to improve the outcome*." **Participant 2** points out that a spiritual bond with the patient "*can lead to a stronger the therapeutic alliance*," while **participant 3** refers to it as "*the mental health patient's best friend, a coping mechanism*." The emphasis by **Participant 4** is on the feeling of "*being connected with others and feeling supported*." That's because once connected, support will follow. **Participant 5** remarks that it assists "*to empower patients, helping them to find meaning in their experience*," while **Participant 6** anticipates the "*positive impact on the community to understand mental illness and its treatment*." These are some of the many benefits of spiritual engagement at personal, institutional, and community levels."

Both social workers mutually hold the view that spirituality is the main lever of mental health care. While **Social worker 1** says, "*I still think that both elements are necessary for mental health care*," **Social worker 2** adds, "*These issues are more advantageous for patients in my opinion.*" They have faith that the incorporation of spiritual care is not just an additional factor, but the very basis of achieving mental well-being and patient recovery. "When talking about the effects, both **Participant SW 1** and **Participant SW 2** are spiritually motivated enough to hold on to their views that when mental health services are combined with spirituality, the results are excellent. **Participant SW 1** says, "*Yes, it has, because it helps social workers to consult patients' emotional, psychological*," which shows a clear link to better therapeutic processes. **Participant SW 2** affirms this by saying: "*Yes, it has, social workers can help patients to improve their overall wellbeing and life satisfaction*." This

means that the integration brings about real benefits to the patients, going beyond mere symptom alleviation to a more comprehensive sense of well-being.

It is also worth noting that both social workers are of the same opinion that spirituality does not interfere with mental health outcomes in any way. **Participant SW** 1 says, "*I don't think that it has any negative impact*," and **Participant SW 2** agrees, "*I don't think that has an effect.*" Their strong consensus against the presence of detrimental effects, thus, greatly supports their call for the integration to be carried out.

Key informant: - She said,

> *Spirituality is of great significance in mental health care, particularly when the focus is on the holistic nature of the treatment. It is beyond just providing coping mechanisms; it is a source of purpose, belonging, and a deeper understanding of life, which are the main elements of mental well-being. In different cultures, the case of Ethiopia being one, spirituality is the major factor which determines how people view their problems and eventually get over mental health issues. It is not only about religious practices, but also the building up of faith, hope, and the inner power. Most of all patients, spirituality is a path that leads them to themselves and the others, and this helps them to handle stress, anxiety, depression, and emotional disturbance*.

4.2.4 Observed Spirituality Practice

The healthcare providers have noticed their client's engaging in various spiritual practices. Most of the client's were observed to be praying (**P1, P2, P3, P4, P6**), meditating (**P1, P4, P5, P6**), and reading the Bible/Quran (**P1, P6**). In addition to these, they have been seeing some patients drink holy water (**P2, P3**), apply holy water or oil on their body (P3), and talk to/spend time with spiritual leaders (**P2, P4, P5**). The patients' spirituality, as seen through these practices, is clearly one of the ways they turn to for support.

Key informant: - She mentioned,

> *I have noticed a wide range of spiritual habits among the ill. Regular prayer, meditation, and reading of the Bible or Quran are some of the most common activities. Some patients find comfort in spiritual leaders and thus they request prayers and blessings. I have also seen patients engaging in the ritual of applying holy water or oil, going to religious services, or taking part in community-based spiritual gatherings.*

These activities appear to give the patients a sense of relief, help them manage their anxiety, and create a feeling of being connected to a power greater than themselves.

4.2.5. Challenges in the Integration of spirituality in mental health treatment plans

Although the benefits are clear, the problem of limited incorporation of spirituality into formal treatment plans remains largely unresolved. Most of the times it is evident that participants "*never*" talk about spirituality with their patients (**P1, P2, P4, P5**). **Participant 3** seldom does so and only **Participant 6** "*sometimes*" talks about it. When they were confronted with the question about difficulties, **Participant 1** replied, "*I have never included spirituality in medical treatment till now, but I don't think there will be any problem even if it has a lot of benefits, if we can simply talk through things with our patients about spirituality*." Similarly, **Participants 2, 4, and 5** affirm that they "*never include spirituality into the medical care plan*" or that there "*had never been a plan about spirituality in medical care*." **Participant 3** cannot remember but one occasion "*a long time ago*" when they talked about spiritual practices with a patient. To follow, only **Participant 6** talked about advising the continuation of "*medical treatment along with spiritual practice when they want to be discharged from the hospital and start treatment in religious places.*" Here, we see a deep-rooted discrepancy between a system where spiritual practices are performed but hardly formally recognized or even initiated to be talked about in the clinical setting.

Key Informant: - She said,

The principal problem in the incorporation of spirituality into therapy plans is the deficiency of training and the absence of a framework for dealing with spiritual needs in a clinical environment. Some healthcare providers might be reluctant or uncomfortable in discussing spirituality, as they might be lacking knowledge or might be afraid of imposing their beliefs on patients. Besides, collaboration between mental health professionals and spiritual leaders is missing most of the time and this could be one of the ways to develop a more comprehensive treatment plan. Another dilemma is the presence of different cultural and religious backgrounds of patients which make the integration of spirituality in a standardized way quite a challenging task. They can, however, be taken as an opportunity to establish communication if the intentions behind them are right.

4.2.6. The Role of Social Workers in Mental Health and Spirituality Integration

The social workers' statements sketch a complex picture of the social workers' involvement in the promotion of mental health and the integration of spirituality. In their broad role concerning mental health, **Participant 1** states, "*We advocate client's '* rights and needs on mental health issues to reduce stigma and promote access to services." On the other hand, **Participant 2** mainly focuses on the establishment of a therapeutic atmosphere and states, "*We create a safe and supportive environment where clients can explore their feelings, thoughts, and behaviors*." These are the basic roles upon which any mental health intervention, also those involving spirituality, is built.

As far as the spiritual integration is concerned, both social workers are very much in favor of this. **Participant 1** illustrates facilitating patients "*to share their spiritual journey and challenges related to mental health*," thus, implying the creation of an arena where the patients feel free to talk and discovering their spiritual experiences. **Participant 2** changes this to a more community-oriented way by stressing, "*Collaborating with communities to create supportive groups that integrate spiritual teachings with mental health*." This indicates the role of community engagement and the development of support networks informed by spirituality. These are the social workers' steps to practically engage and use spirituality for the improvement of mental health.

4.2.7. Recommendations for Integrating Spirituality into Ethiopian Mental Health Services

These healthcare providers through the lens of their own experiences have come up with very effective and insightful solutions on how the mental health sector in Ethiopia can involve more spiritual elements in the treatment process. **Participant 1** expressed: "*As a health provider working in Ethiopia, I personally see that spirituality is a major contributing factor to the patients' lives.*" **Participant 2** is very much aware of the influence that is exerted by spiritual leaders "*in a lot of Ethiopian communities*" and, therefore, suggests that "*collaborating mental health and spirituality would have a positive effect on mental health problems.*" In response to the statement made by **Participant 3** about a "*shortage of resources and insufficient number of mental health professionals*," the participant goes on to suggest that spirituality might be integrated as a valuable source of assistance. **Participant 4** points to the importance of "*understanding and respecting the different spiritual viewpoints*

of their patients, even when providing care" as a result of Ethiopia's "*varied culture*." **Participant 5** is very clear about the point "*To address properly spiritual issues based on their culture and belief.*" Lastly, **Participant 6** is of the opinion that it "*makes mental health care more effective with better results.*"

A single proposal to significantly improve the integration of the spiritual dimension in the care of the sick is the unanimous opinion of all the healthcare personnel that education on this topic would be a great opportunity for them. **Participant 1** expresses that it would enable them to "*ask more openly what they want to ask and can engage in discussions*." **Participant 2** in his view points out that it "*facilitates the identification of the most influential ones in the implementation of care.*" **Participant 3** remarks on this by saying that it "*facilitates understanding of, and encouraging, resilience and coping strategies.*" **Participant 4** agrees that it "*supports to elevate the whole patient's care process*." **Participant 5** asserts that it *"invites the medical care giver to empower the patient in their healing journey*." Finally, **Participant 6** states to this effect that "*it leads to a more lengthy and effective support for the patients.*" The existence of this strong agreement indicates a very obvious need for more formal education and training to eliminate the prevailing gap between mental health and spirituality.

Based on this analysis, a clear and persuasive story has emerged from the Ethiopian healthcare providers about how spirituality remains an integral part that cannot be overlooked in the field of mental health. Despite repeatedly witnessing the use of spiritual coping strategies by client's and overwhelmingly supporting its positive influence without any negative side effects, there is an apparent and widespread gap relating to the formal integration of spirituality in treatment plans. The healthcare providers in the frontline recognize the pivotal role that faith and spiritual practices play in the lives of their client's, but the lack of formal training, proper guidance, and maybe even the confidence prevents them from engaging in discussions and incorporating these aspects into medical care.

Helping staff with their spiritual care training is the loudest call. Providers through such education will be able to engage effectively with client's spiritual beliefs, get the gist of different cultural contexts, and, finally, consider the incorporation of spiritual elements in the treatment that is both respectful of individual and cultural norms, and less imposing in nature. Also, a few participants who put forward the notion of cooperation with spiritual leaders say that it could be an opening to different resources and support networks among local

communities. Overall, going deeper into the spirituality issue by comprehensive training and policy development may not only improve cultural relevance and the quality of mental health services in Ethiopia but also, at the same time, create a more holistic and client's centered approach to care.

On one hand, both social workers witness the mental health services in Ethiopia to be potential of religious integration into treatment. **Participant SW 1** illustrates this interaction as one "*that enhances the doctor's roles and then helps them to do it in practice together with medical treatment,*" which means that a certain amount of structure and practical application of spirituality within a healthcare setting is required. Moreover, it is stressing the importance of acknowledging and appreciating the spiritual side already present in the client's lives. The statement of the **Participant SW 2**, "*Certainly, it is a tool for policy and guideline development,*" is indicative of a chasm between systemic initiatives and well-constructed frameworks in the stipulation of how spiritual integration is implemented to both be consistent and effective. This assertion alludes to the point that without setting explicit policies, the degree to which spirituality can be interwoven into health care may be left at the discretion of those few practitioners who happen to be the most proactive or capable.

On close inspection of both social workers' vantage points, it becomes evident that the two professionals hold almost identical stances regarding the issue at hand. Moreover, they underscore the importance of spirituality in the domain of mental health and, more specifically, propose it as a vehicle of vital role within the Ethiopian milieu. In their opinion, spirituality is an energizing factor that could bring serenity, strength, character development, and general well-being besides no drawbacks. Their definitions of spirituality vary slightly; nevertheless, end up pointing to it as a source of power and a road to self-betterment. The social workers position themselves as the necessary agents in the successful amalgamation, defenders of rights, creators of conducive atmospheres, and vigorous involvement of client's in their spiritual quests, which could be done not only in unison but also within communities. Importantly, they both perceive so much untapped potential to advance the synthesis of spirituality and mental health in the Ethiopian services and thus propose a two-step strategy: first, determining the ways in which one can actually carry out the spiritual roles and practices maybe via guidance and interventions; and second, paving the way by issuance of official documents and establishing rules so that co-working with spirituality becomes a norm and a professionally guided practice in mental health service provision all over the country. This implies that although the bond between spirituality and mental health is already

acknowledged and preferred, there still exists an evident necessity of formalized setups in conjunction with on-the-groundwork to thoroughly explore this link as to be beneficial for the users of mental health services in Ethiopia. The unveiling of this partnership can result in a more culturally sensitive, holistic, and at last more efficacious mental health care paradigm in the country.

Key informant: - She said that

> *In Ethiopia, spirituality is part of the culture, and a lot of patients go to spiritual leaders for advice and consolation. Considering that spirituality is the major factor in most communities, it could be very helpful if it is integrated into the mental health treatment. Medical practitioners need to work more with spiritual leaders and religious groups to create care plans that respect both the medical and spiritual aspects. Also, giving a mental health professional the knowledge of spiritual care will enable him/her to be more complete and provide culturally sensitive care. Lastly, to have better patient outcomes, it would be helpful if a setting is created where spiritual discussions are accepted and encouraged.*

4. CHAPTER V: DISCUSSION

This qualitative research emphasized the role of spirituality as a source of strength for client's suffering from mental health issues at St. Paul's Hospital Millennium Medical College and also included the views of the medical staff and social workers. The results of this study demonstrate the issues that are in harmony with, and go beyond, the previously published works concerning the complicated interaction between spirituality and mental health, especially in a highly culturally diverse context such as Ethiopia.

5.1 Defining spirituality and its perceived role in mental health

The majority of the participants in this research described spirituality primarily as a deep connection to a higher power (God/Allah) and considered it a central "*way of life*" that brings "*peace, satisfaction, and meaning*" into their lives. This finding is compatible with the conceptualization of spirituality in the literature, for instance, by Bensley (1991) who views spirituality as a subjective belief system that includes self-awareness and a transcendent aspect, giving meaning and purpose. Correspondingly, Elkins (1999) sees spirituality as the "*breath"* or "*life*" that gives purpose. The participants' focus on spirituality as being inherently beneficial and its use as a moral and ethical guide that is instrumental in the formation of character supports the idea advanced by (Edward & Leola's, 2010) that, among other things, spirituality in good health brings about virtues, personal integrity, and a sense of belongingness.

The primary theme emerging from the data... the role of spirituality was invariably portrayed as positive and influential throughout the mental health journey of the patients. They often recounted it as a method to "*connect with the Creator and renew themselves*," thus, making it available to them not only as a source of strength but also of rejuvenation of the mind. This is in perfect harmony with the research of (Koenig, McCullough, & Larson 2001), which pinpointed spirituality as an indispensable source of hope and strength in times of crisis. The idea that spirituality is one's very foundation of life, supplying meaning, purpose, and hope, in particular, when going through mental health issues, is also very much in line with Frankl's (1964, 2003) logotherapy which considers the quest for meaning in life and suffering as a primary means of coping with existential void. Antonovsky's (2012) salutogenic model offers, in addition, a theoretical perspective whereby the participants' accounts of spirituality giving "*understanding*" and assisting "*passing my difficult time*" can be interpreted as them

experiencing an increase in their sense of coherence (SOC), especially from the point of view of comprehensibility and meaningfulness.

5.2. Spiritual practices as coping mechanisms

Some of the points of the research raised were that the patients had a wide variety of religious practices to choose from, and that they would use prayer, meditation, reading the Holy Scriptures, going to church, talking to their spiritual leaders, and also consuming media related to spirituality. This range of activities is very much like the religious coping strategies talked about in the literature. Baldacchino & Draper (2001) also found that spiritual coping activities normally involve prayer, the use of religious items, and going to church. It is stated within the article that such activities made the brain calm, stress go away, emotional balance be achieved, and even gave the person a new perspective and hope. These effects fit well with Pargament's (1997) model of religious coping, which, among other things, differentiates positive and negative coping strategies and connects positive ones to mental health benefits.

One of the example phrases from the research is the one saying that in dealing with mental health issues prayer was "*particularly important*" - aligning tightly with the works of Al-Solaim & Loewenthal (2011) and Eltaiba & Harries (2015). The point about spiritual relationships helping to lessen the feeling of being alone and making the person feel that they belong to something was also backed up by Lilja et al. (2016) and Oxhandler et al. (2018), who, among other things, emphasized the need for the connection with God or spiritual community when facing illness.

Indeed, the participants' accounts of spirituality serving as a medium for emotional processing (*"Helps me to process my feelings and my distress"*) and an uplift of mood ("Helps me to improve my mood") can be explained by (Baldacchino & Draper, 2001) concept of "inward turning," where spiritual coping assists in the understanding of one's internal difficulties, as well as in finding meaning. It also agrees with Hefti's (2011) view that religious and spiritual coping leads to spiritual knowledge, which in turn facilitates the client’s grasp of existential issues. Beyond that, the use of spirituality to bolster mental resilience and, at the same time, to get participants off a painful past is an example of the Conservation of Resources (COR) model (Hobfoll, 1989), whereby spiritual rituals are considered as resourceful means geared at overcoming tough times.

5.3. Health care providers' perspectives and challenges in integration

Healthcare providers participating in this research had different conceptions of the term spirituality. Their views ranged from considering it as a coping mechanism and a belief system to a holistic dimension of well-being. Although there were a great variety of these opinions, all the providers agreed that spirituality highly contributes to positive mental health outcomes, and they hardly ever recognized any negative effects. This is in line with wider research, by Hefti (2011) and Galek, Flannelly, & Galek (2005), which found that spiritual beliefs promote mental health and that there is a negative correlation between having a sense of meaning in life and experiencing psychological distress.

On the other hand, the absence of spirituality in treatment plans was the most prominent and, therefore, critical issue according to the findings. Most of the providers said that they have never or very rarely talked about spirituality with their client's although they have seen a lot of spiritual coping mechanisms. This gap unveils a system challenge that is at odds with the growing demand of mental health professionals to incorporate spirituality as an integral part of treatment (Fetzer Institute, 2003). In their article, Koslander, Barbosa, & Roxberg (2009) stated that mental health care based only on biomedicine is "fragmentary and reductionist," and hence, they call for holistic care that acknowledges client's spiritual experiences. In this study, the observed hesitance or inability of providers to formal interaction with client's ' spirituality implies that the providers have identified the least amount of opportunity for the integration of comprehensive and patient-centered care in their practice, but they might not be aware of it.

Conversely, the social workers interviewed seemed to assume more proactive and varied responsibilities not only in advocating for mental well-being but also in connecting mental health and spirituality. Their attention to enabling client's spiritual experiences and partnering with communities to create spiritually aware support groups is consistent with the foundational principles of the social work profession of individual empowerment and social transformation through intervention at the interaction points where people come into contact with their environment (IFSW, 2001). By urging the need to define spiritual roles more clearly and to formulate formal policies, they pointed out that structured guidance is required in facilitating consistent and ethically integrated practice rather than leaving it up to individual practitioners. This matter becomes even more important in Ethiopia context, because, as Musyimi et al. (2020) observed, the existing research in that area tends to omit

significant spiritual aspects while giving preference to biomedical approaches, even though the culture strongly links spirituality with health (WHO, 2018).

5.4. Cultural context and stigma

These results are very important when we consider that in Ethiopia, a large proportion of the population is affected by mental health conditions, and more than 80% rely on traditional healers and spiritual activities. The study findings emphasize the influence of culture on people's religious beliefs and spiritual practices, which they regard as their main ways of coping. The obstacles to which client's point, for example, the stigma of mental illness and the fear that psychiatric symptoms may get worse, are in agreement with the research done in other African contexts (Anglero, 2018; Lasebikan, 2016; Alemu, 2014) where mental health is considered to be caused by the supernatural leading to social isolation and the lessening of going to the formal health sector due to shame. The stigma, which emerges from this, is probably one of the causes of the silence that exists between patients and healthcare providers regarding spirituality.

5. CHAPTER VI: CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study highlights the importance and complex ways in which religion serves as a support tool for clients with mental health issues in Ethiopia. It shows that client's immerse themselves in various spiritual activities that give them purpose, hope, and strength, and those health workers, on their part, generally recognizes the beneficial effect of spirituality. However, a marked difference is still evident in the formal integration of spirituality into health care. The provision of spiritual care training for healthcare providers as well as the requirement for well-established policies and guidelines has been strongly advocated and constitutes a decisive direction. Such measures would not only close the present gap but also create a culturally sensitive, holistic, and therefore more efficient mental health care system in Ethiopia, which is consistent with the acknowledged role of spirituality in global mental health discourse.

6.2 Limitations of the Study

While this qualitative study delivers detailed and profound insights; it acknowledges certain limitations. Firstly, the study sample for investigative research comprised 11 patients and 9 healthcare workers (7 nurses/physicians and 2 social workers) from a single institution (St. Paul's Hospital Millennium Medical College). Therefore, the results being generalized to a broader population or other healthcare settings in Ethiopia might be constrained. A phenomenological approach, great for understanding the lived experiences, by its very nature, concentrates on a smaller, purposive sample; thus, depth is prioritized over breadth.

Secondly, the study depended on self-reported data from interviews and focus groups. This, in turn, may result in a social desirability bias where the respondents present themselves in a manner that will be viewed favorably by others; hence, they might have replied what they felt were more acceptable or positive, especially concerning certain delicate issues like spirituality and mental health stigma. The researchers have tried their best to ensure a safe and confidential environment. However, this is an inherent limitation in qualitative self-reports that still exists.

Thirdly, the study's emphasis on the "positive impact" of spirituality, as mentioned in the goal, might have unconsciously led the research to highlight only the beneficial aspects, thus, lessening the possibility of negative or difficult experiences of spirituality in the context of mental health being voiced. Though providers stated that they have not noticed any negative impacts, some client's comments implied that there were times when spirituality "didn't help" and therefore, they might require further investigation.

At last, spirituality, being a changing and deeply personal issue, makes it difficult to capture all its aspects through just one qualitative study. The findings are a representation of the perceptions and practices at a particular time and place, and the individual experiences may change or be vastly different across various spiritual traditions in Ethiopia.

6.3 Recommendations

Based on the findings of this study, the following recommendations are offered to enhance the integration of spirituality into mental health care in Ethiopia:

1. Design Formal Training Programs on Spiritual Care: The demand is very apparent and high for organized training for the entire staff of the mental health department (psychiatrists, psychologists, nurses, and social workers) regarding the provision of spiritual care. The content of this training should be:

    - Effective communication strategies for discussing spirituality with client's
    - Understanding diverse spiritual and religious beliefs prevalent in Ethiopia.
    - Identifying and addressing spiritual distress.
    - Ethical considerations for integrating spirituality into treatment plans.
    - Recognizing when and how to refer clients to spiritual leaders or community resources.

2. Use Spirituality as one of the Aspects in Mental Health Regulations and Directives: The Federal Ministry of Health and other credentialed bodies should come up with definite policies and guidelines that detail how to incorporate spirituality in the provision of mental health services all over the country. It would be a way of formalizing the process, ensuring uniformity, and offering a framework to practitioners so that they can ethically and efficiently respond to the spiritual needs of their client's.

3. Initiate Interaction between Medical Personnel and Spiritual/Religious Leaders: As the spiritual leaders have a very strong influence in the Ethiopian communities, it is necessary to create formal collaborative ways through which mental health organizations and religious/spiritual groups can work together. This might be included in:

    - Creating referral systems for client's seeking spiritual support.
    - Joint training sessions to build mutual understanding and respect
    - Developing community-based support groups that integrate spiritual teachings with mental health principles.

4. Increase Knowledge and help to lower Stigma: To inform the public about the connection of the spiritual side with mental health, as well as to reduce the stigma that is still very strong towards the mentally ill, public health campaigns must be launched. To create a community where people with mental health issues are more accepted and supported, the campaigns should, by virtue of their respective characters, invite the spiritual leaders and community elders to put their influence to use to facilitate the promotion of a more welcoming and supportive environment for individuals suffering from mental health issues.
5. Enhance the Function of Social Workers: With their comprehensive and community-focused method, social workers are the only ones who can really lead the way in the fusion of spirituality. Their roles can be enhanced by:

    - Specific training on spiritual assessment and intervention.
    - Increased staffing in mental health facilities.
    - Empowerment to act as liaisons between client's, their families, and spiritual communities.

6. Conduct Further Research:

    - Longitudinal Studies: Upcoming studies may use longitudinal designs to delve into changes in client's use of spiritual coping strategies and the lasting influence of these strategies on their mental health recovery.
    - Comparative Studies: Comparative qualitative studies of various regions of Ethiopia or different spiritual traditions might reveal a deeper and more detailed understanding of the varied ways that spirituality affects mental health.

- Intervention Studies: Research is needed to evaluate the effectiveness of specific spiritual interventions or integrated care models on mental health outcomes.
- Provider Barriers: Further qualitative research could delve deeper into the specific barriers healthcare providers face in integrating spirituality, beyond just a lack of training, to identify systemic or attitudinal challenges.

Reference

Aggarwal, S., Wright, J Morgan, A. et al. Religiosity and spirituality in the prevention and management of depression and anxiety in young people: a systematic review and meta – analysis, BMC Psychiatry 23, 729 (2023).

Alemayehu Negash. (2009). Bipolar disorder in rural Ethiopia. Sweden Umea press.

Alem, A., Jacobsson, L., Araya, M., Kebede, D., &Kullgren, G. (2010). The role of Spirituality in coping with mental health issues in Ethiopia. BJPsych Open.

Alemu, Y. (2014). Perceived causes of mental health problems and help-seeking Behaviour among university students in Ethiopia. *International Journal for the Advancement of Counselling*, *36*(2), 219–228. -9203-y

AbdAleati, N. S., Zaharim, N. M., &Mydin, Y. O. (2016). Religiousness and mental health: Systematic review study. Journal of Religion and Health, 55(6), 1929–1937.

Anglero, D. Y. (2018). Case presentation: Mental health stigma and the effect on children in Kenya. *Brown University Child & Adolescent Behavior Letter, 34*(11), 1–7.

Ager A, Pasha E, Yu G, Duke T, Eriksson C, & Cardozo BL. (2012). Stress, mental health, and burnout in national humanitarian aid workers in Gulu, northern Uganda. *Journal of Traumatic Stress, 25*(6), 713–720. .

Akol, A., Moland, K. M., Babirye, J. N., &Engebretsen, I. M. S. (2018). “We are like co- wives”: Traditional healers’ views on collaborating with the formal Child and Adolescent Mental Health System in Uganda. *BMC Health Services Research, 18*(1), 1-9.

Al-Solaim L and Loewenthal K (2011) Religion and obsessive-compulsive disorder (OCD) among young Muslim women in Saudi Arabia. Mental Health, Religion & Culture 14, 169–182.

Antonovsky A. (1996). The salutogenic model as a theory to guide health promotion.

Health Promotion International, 11(1), 11-18. Retrieved from Antonovsky, (1979.) Health, stress and coping. New Perspectives on Mental and Physical Well-Being, 12-37.

Bandura, A. (1977a). Social learning theory. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1977b). Self-efficacy: Toward a unifying theory of behavioral change.Psychological Review, 84, 191–215

Barbarin, O. (1993). Coping and resilience: Exploring the inner lives of African American children. Journal of Black Psychology, 19, 472–498. Baldacchino, D., & Draper, P. (2001). Spiritual coping strategies: A review of the nursing research literature. Journal of Advanced Nursing, 34, 833–841.

Baldacchino, D. R. (2008). Teaching on the spiritual dimension in care to undergraduate nursing students: The content and teaching methods. Nurse Education Today, 28, 550–562. Retrieved from Batthyany, A., & Levinson, J. (2009). Anthology of Viktor Frankl'slogotherapy. Phoenix, AZ: Zeig, Tucker &Theisen between church attendance and purpose in life. Journal of Research on Christian

Bensley, R. J. (1991). Defining spiritual health: A review of the literature. Journal of Health Education, 22, 287–290.

Bush, T. &Bruni, N. 2008. Spiritual care as a dimension of holistic care: a relational interpretation. International Journal of Palliative Nursing, Vol 14, 11 539-545.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Campbell, J. (1969). The flight of the wild gander: Explorations in the mythological di- mentions. New York: Viking.

Carver, C. S., Scheier, M. F., &Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56 267–283. Coyle, J. (2002) Spirituality and health: towards a framework for exploring the relationship between spirituality and health. Journal of Advanced Nursing, 37, 589–597.

Creswell, J.W. (2009). Qualitative inquiry and research design: Choosing among five approaches (2nd ed.). Thousand Oaks, CA: Sage.

Edward, R. C. & Leola D. F. (2010). Spiritual diversity in social work practice, the heart of helping; Oxford University Press.

Eltaiba N and Harries H (2015) Reflections on recovery in mental health: perspectives from a Muslim culture. Social Work in Health Care 54, 725–737.

Elkins, D. N. (1999). Spirituality. Psychology Today, 32, 44–47.

Elkins, D. N., Hedstrom, L. J., Hughes, L. L., Leaf, J. A., & Saunders, C. (1988). Towards a humanistic-phenomenological spirituality. Journal of Humanistic Psychology, 28(4), 5–18.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling.

Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. M. (2014). *The Religious and Spiritual Struggles Scale: Development and Initial Validation.* Psychology of Religion & Spirituality,

Ferrer, R. A., et al. (2018). Spirituality and mental health: A meta-analysis. Health Psychology Review, 12(1), 80-87.

Fetzer Institute/National Institute on Aging Working Group (2003). Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute on Aging Working Group. Kalamazoo, MI: John E. Fetzer Institute.

Frankl, V. E. (1964). Man's search for meaning: An introduction to logo therapy. London: Hodder and Stoughton.

Frankl, V. E. (1966). The doctor and the soul: From psychotherapy to logotherapy. Harmondsworth, UK, Baltimore, and Camberwell, Australia: Penguin.

Frankl, V. E. (2003). Willingness to meaning: Foundation of logotherapy and application. Stockholm, Sweden: Nature and Culture.

Frankl, V. E. (2007). Man's search for meaning. New York: Washington Square Press.

Fry, P. S. (2000). Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders, Aging & Mental Health

Gambrills E.1997.Social Work Practice: A Critical Thinker Guide. New York: Oxford University

Gaiha S.M., Salisbury T.L.T., Usmani S., Koschorke M., Raman U. & Petticrew M. (2021). *Effectiveness of arts interventions to reduce mental-health-related stigma among youth: a systematic review and meta-analysis*

Galek, K., Flannelly, K. J., Vane, A., &Galek, R. M. (2005). Assessing a patient's spiritual needs: A comprehensive instrument. Holistic Nursing Practice, 19(2), 62–69.

Hanson, A. (2007). Workplace health promotion: A salutogenic approach. Bloomington, IN:health patients. Nursing Standard, 16(38), 33-36.

Hefti, R. (2011). Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. Religions, 2, 611–627. Heffernan S, Neil S, Thomas Y and Weatherhead S (2016) Religion in the recovery journey of individuals with experience of psychosis. Psychosis: Psychological, Social and Integrative Approaches 8, 346–356.

Hill, P. C., Pargament, K. I., Hood, W, Jr., McCullough, M. E., Swyers, J. P., Larson, D.B., et al. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. Journal for the Theory of Social Behavior,

30, 51–77. http:// dx.doi.org/10.1111/1468-5914.00119

Hiwot Temesgen (2014). The roles and challenges of social workers in selected hospitals in Addis Ababa, AAU (unpublished) MA Thesis.

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. American Psychologist, 44(3), 513-524.

Hustoft H, Hestad K, Lien L, Moller P and Danbolt L (2013) "If I didn't have my faith I would have killed myself!": spiritual coping in patients suffering from schizophrenia. International Journal for the Psychology of Religion 23, 126–144.

Ingersoll, R. E. (1994). Spirituality, religion, and counselling: Dimensions and relationships. Counselling and Values, 38, 98–111.

Janz, N., & Becker, M. H. (1984). The health belief model: A decade later. Health

Education Quarterly, 11, 1–47.

Jewell, A. (2004). Aging, spirituality and wellbeing. Jessica Kingsley Publishers.

Kahana, E &Kahana, B. (2001). Successful aging among people with HIV/AIDS: Journal of Clinical Epidemiology. Department of Sociology, Case Western Reserve University, pp. 53-56

Judd, G. R. and Sheffield, S. (2010). Hospital Social Work: Contemporary Roles and Professional Activities; Social work in health care.

Kassaye, M. et al. (2018). Coping strategies among Ethiopian patients with mental illness: The role of spirituality. International Journal of Social Psychiatry, 64(7), 640-646.

Keyes, C. L. &Reitzes, D. C. (2007). The role of religious identity in the mental health of older working and retired adults. Aging & Mental Health, 11(4), 434–443. Kirmayer, L. J., & Gold, I. (2016). Re-visioning cultural psychiatry: implications for global mental health. Transcultural Psychiatry, 53(4), 487-507.

Kirscht, J. P. (1972). Perceptions of control and health beliefs. Canadian Journal of Behavioural Science, 4, 225–237

Koenig, H. G., & Cohen, H. J. (2002). The link between religion and health: Psychoneuroimmunology and the faith factor. (Eds.). Oxford, UK: Oxford University Press.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). Handbook of religion and health. New York: Oxford University Press.

Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality, and health in medically ill hospitalized older patients. Journal of American Geriatrics Society, 52, 554–562.

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 1-8.

Koenig, H. G. (2023). Religion and mental health: Research and clinical applications. *Academic Psychiatry*, 47(1), 1–10.

Koslander, T., Barbosa da Silva, A., &Roxberg A. (2009).Existential and spiritual needs in mental health care: an ethical and holistic perspective. Journal of Holistic Nursing, 20 (10), 1-9. doi:10.1177/0898010108323302

Kovess-Masfety, V., Evans-Lacko, S., Williams, D., Andrade, L., Benjet, C., Ten Have, M.,et.al (2017). The role of religious advisors in mental health care in the World Mental Health surveys. Social Psychiatry & Psychiatric Epidemiology, 52(3), 353– 367.

Kyron M. J., Rikkers W., Bartlett J., Renehan E., Hafekost K., Baigent M., Cunneen R., Lawrence D. "Mental health and wellbeing of Australian police and emergency services employees." *Archives of Environmental and Occupational Health*. 2021

Krueger, R. A., & Neuman, W. L. (2006). Social work research methods: Qualitative and quantitative approaches. Pearson Education.

Lasebikan, V. O. (2016). Cultural aspects of mental health and mental health service delivery with a focus on Nigeria within a global community. *Mental Health, Religion & Culture,19*(4), 323–338.

Lilja A, DeMarinis V, Lehti A and Forssen A (2016) Experiences and explanations of mental ill health in a group of devout Christians from the ethnic majority population in secular Sweden: a qualitative study. BMJ Open 6, 1–9.

Mphelane, L. M. (2006). Thesis on the role played by the family in support of their mentally ill relative in a rural community in the Limpopo province. South Africa. South Africa University press

Mazzotti, E., Mazzuca, F., Sebastiani, C., Scoppola, A., &Marchetti, P. (2011). Predictors of existential and religious well-being among cancer patients.

Mental Health Foundation (2002) Taken Seriously: The Somerset Spirituality Project. London: Mental Health Foundation.

Musyimi, C. et al. (2020). Holy water and biomedicine: A descriptive study of active collaboration between religious traditional healers and biomedical

psychiatry in Ethiopia. BJPsych Open.

Moustakas, C. (1994) National Association of Social Workers (NASW) 2001. Social Work History.

Narayanasamy, A., & Owens, J. (2001). A critical incident study of nurses' responses to the spiritual needs of their patients. Journal of Advanced Nursing, 33(4), 446–455. doi:10.1046/j.1365-2648.2001.01690.x

Oxhandler HK, Narendorf SC and Moffatt KM (2018) Religion and spirituality among young adults with severe mental illness. Spirituality in Clinical Practice 5, 188–200.

Pargament, K. I., Olsen, H., Reilly, B., Falgout, K., Ensing, D., & Van Haitsma, K. (1992). God help me (II): The relationship of religious orientations to religious coping with negative life events. Journal for the Scientific Study of Religion, 31, 504–513. Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.

Pargament, K. I., et al. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. Journal of Clinical Psychology, 56(4), 519-543.

Pandya, S. P. (2018). Spirituality for mental health and well-being of adult refugees in Europe. Journal of Immigrant & Minority Health, 20(6), 1396–1403.

Petts, R. J. (2018). Miscarriage, religious participation, and mental health. Journal for the Scientific Study of Religion, 57(1), 109–122.

Rosenstock, I. M. (1966). Why people use health services. Milbank Quarterly, 44, 94–106.

Rosenstock, I. M. (1974). Historical origins of the health belief model. Health Education Monograph, 2, 328–335

Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. Health Education and Behavior, 15, 175–183

The Role of the Social Worker in Adult Mental Health Services_ April 2014

Thoits, P. A. (2012). Role-identity salience, purpose and meaning in life, and well-

being among volunteers. Social Psychology Quarterly, 75(4), 360–384. doi:10.1177/0190272512459662

Turbott, J. (January 01, 1996). Religion, spirituality and psychiatry: conceptual, cultural and personal challenges. The Australian and New Zealand Journal of Psychiatry, 30, 6, 720-7.

Vergunst, R. (2018). From global-to-local: Rural mental health in South Africa. *Global HealthAction, 11*(1), 1.

Walding, C., Muir-Cochrane, E. & May, E. (2006). Treading lightly: Spirituality issues in mental

World Health Organization. (2018). Mental health in Ethiopia: A country profile. WHO.

Yitbarek H.: The challenges of mental health rehabilitation center in Ethiopia, in the case of GMHRC, May, 2015.AAU

Yin, R. K. (2011). Qualitative research from start to finish. New York: The Guilford.

APPENDIX

ANNEXES-I

English version participant Information sheet

English Questionnaire Form Information Sheet Good morning/Good afternoon. This questionnaire is prepared for research work to be conducted on to explore the positive impact of spirituality in coping with mental health. The research is conducted to fulfil the thesis requirement of the MA degree in social work at Addis Ababa University.

Dear respondents, below are questions, which are designed to explore the positive impact of spirituality in coping with mental health. Knowing the determinants will help us at the city level as well as the country level.

Dear Participant, if there is any need for further clarification or concern, please contact the author at the following address,

Name: - **Betelhem Teshome**

Cell phone: - 0923125556

Email:- bettyteshome8108@gmail.com

Willingness of the participant: -

I, selected participants, who heard the information in the study's material sheet and understood the purpose and benefits, and what is required from me as well. I understood that all the information regarding me, like my name and all the answers given by me, will never be transferred to a third party. So, I am willing to participate in the study.

Signature of Participant _____Date _____

Data Collector Name _____Signature _____ Data _____

Appendix 2: Questionnaire

Section I: Socio-Demographic Characteristics of the Participants

1. Age: _____

2. Gender: _____

3. Diagnosis: _____

4. Duration of Treatment (in months): _____

Spirituality and Mental Health

1. How would you define spirituality in your own words?

2. How do you consider spirituality to play a role in your mental health journey?

Explain: _____

3. Can you describe a time when you faced significant mental or emotional distress?

4. What spiritual practices do you engage in?

5. How often do you engage in these practices?

6. In what ways do these spiritual practices help you cope with your mental health challenges?

7. Have you discussed your spirituality with your healthcare provider, family, and friends, and what has been their response?

If yes, how was that experience? _____

8. Do you believe that integrating spirituality into your treatment would be beneficial?

If yes, how so? _____

9. Have there been times when spirituality didn't help?

If it is yes, can you have described that_____

10. What barriers, if any, do you face in practicing your spirituality while undergoing treatment?

11. Is there any things else you like to share about spirituality and mental health?

12. How do you think social worker or therapists could better support spiritual cooping?

Section II: - Questionnaire for Healthcare Providers

Demographic Information

1. Job Title/Position: _____

2. Years of Experience in Mental Health: _____

3. Types of Mental Health Disorders Treated: _____

4. Perspectives on Spirituality and Mental Health

5. How do you define spirituality in the context of mental health?

6. In your experience, do you believe that spirituality can impact mental health outcomes?

If yes, please explain: _____

7. What spiritual practices have you observed among your client's?

8. How often do you discuss spirituality with your client's?

9. What challenges do you face when integrating spirituality into treatment plans?

10. Do you believe that training on spiritual care would benefit healthcare providers in your field?

If yes, what topics should be included? _____

11. In your opinion, what are the potential benefits of incorporating spiritual practices into mental health care?

12. How do you think mental health services in Ethiopia could better integrate spirituality into treatment?

ANNEXES-II

Amharic Questionnaire Form

የጥናቱ መግለጫ

ጤና ይስጥልኝ ፤ ይህ መጠይቅ የተዘጋጀው መንፍሳዊ አገልግሎቶች በአእምሮ ጤና ላይ ያላቸውን አወንታዊ አስተዋፅኦ ለመዳሰስ በአዲስ አበባ ዩኒቨርስቲ ሶሻል ሳይንስ ኮሌጅ በሚደረገው ለድህረ ምረቃ ምርምር ግብዓት ለመዋል ነው፡፡

ከቡር መላሻችን ፤ ከታች የእርሶን በጎ እና ትክክለኛ መልስ የሚጠብቁ ጥያቄዎች አሉ፡፡ እነዚህም ስለመንፈሳዊ አገልግሎቶች በአዕምሮ ጤና ላይ ያላቸውን አወንታዊ አስተዋፅዖ ለማዎቅ የሚደርገው ጥናት ውጤት በአዲስ አበባ ከተማ ሆነ በአገር አቀፍ ደረጃ ለሚደረጉ ጥናቶች ጉልህ አስተዋፅዖ ይኖረዋል፡፡ በዚህ ጥናት ላይ ተሳታፊ እንዲሆኑ የተደረገው ስለጉዳዩ የበለጠ ግንዛቤ ስለሚኖሮት ነው፡፡ ጥናቱ ላይ የሚሳተፉት ፍቃደኛ ከሆኑ ብቻ ነው፡፡ በዚህ ጥናት ላይ በመሳተፍዎ የእርሶ አስተዋፅዖ አስፈላጊ ቢሆንም በግለሰብ ደረጃ የሚያስገኝ ጥቅምም ሆነ ክፍያ አይኖረውም፡፡ በመሆኑም በሚያደርጉልን ቀና ትብብር ከልብ እናመሰግናለን፡፡

አጥኚዋን ማነጋገር ከፈለጉ የሚቀጥለውን አድራሻ መጠቀም ይችላሉ፡፡

ስም፡ - ቤተልሄም ተሾመ

ስልክ ቁጥር፡- 0923125556

ኢሜይል፡- bettyteshome8108@gmail.com::

ፈቃደኝነት ስለመግለፅ:-

እኔ የጥናቱ ተሳታፊ የጥናቱን አላማ እና አገልግሎቱ እንዲሁም ከእኔ የሚጠበቁ አስተዋፅዖችን ተረድቼአለሁ፡፡ ስሜ እና የምሰጣቸው መረጃዎች ለሶስተኛ ወገን ተላልፈው እንደማይሰጡም ቃል የተገባልኝ ስለሆነ ጥናቱ ላይ ለመሳተፍ ፍቃደኛ ሆኛለሁኝ፡፡

የተሳታፊው ፊርማ _____ ቀን _____

የመረጃ ሰብሳቢው ስም _____ፊርማ _____ቀን _____

ክፍል I፡ የተሳታፊዎቹ ማህበረ-ሕዝብ ባህሪያት

1. ዕድሜ፡ _____

2. ጾታ፡ _____

3. ምርመራ፡ _____

4. የሕክምናው ቆይታ (በወራት)፡ _____

መንፈሳዊነት እና የአእምሮ ጤና

1. በእርሶ አስተሳሰብ መንፈሳዊነትን እንዴት ይገልፀታል?

2. መንፈሳዊነት በአእምሮ ጤንነቶ ላይ ሚና እንደሚጫወት ያስባሉ?

አዎ ከሆነ፣ እባክዎን ያብራሩ፡- _____

3. በየትኛው መንፈሳዊ ልምምዶች ውስጥ ይሳተፋሉ?

4. በእነዚህ ልምዶች ውስጥ በምን ያህል ጊዜ ይሳተፋሉ?

5. እነዚህ ልምምዶች የአእምሮ ጤና ፈተናዎችን ለመቋቋም የሚረዱዎት በየትኞቹ መንገዶች ነው?

6. ስለ መንፈሳዊነት ከጤና እንክብካቤ አቅራቢዎ ጋር ተወያይተው ያውቃሉ?

አዎ ከሆነ ያ ተሞክሮ እንዴት ነበር? _____

7. መንፈሳዊነትን ከህክምናዎ ጋር ማዋሃዱ ጠቃሚ ነው ብለው ያምናሉ?

አዎ ከሆነ፣ እንዴት ነው? _____

8. በሕክምና ወቅት መንፈሳዊነትን ለመለማመድ ምን እንቅፋቶች ያጋጥምዎታል?

ክፍል II፡ - የጤና እንክብካቤ አቅራቢዎች መጠይቅ

የስነ ሕዝብ መረጃ

1. የስራ መደብ _____

2 በአእምሮ ጤና ህክምና የስራ ልምድ _____

3. የሚታከሙ የአእምሮ ጤና መታወክ ዓይነቶች _____

4. በመንፈሳዊ እና በአእምሮ ጤና ላይ ያሉዎት አመለካከቶች

5. በአእምሮ ጤና አውድ ውስጥ መንፈሳዊነትን እንዴት ይገልጹታል?

6. በእርሶ አመለካከት መንፈሳዊነት የአእምሮ ጤና ውጤቶችን ሊጎዳ ይችላል ብለው ያምናሉ?

አዎ ከሆነ፣ እባክዎን ያብራሩ፡- _____

7. በታካሚዎችዎ መካከል ምን ዓይነት መንፈሳዊ ልምምዶችን ሲያደርጉ ተመልክተዋል?

8. ከታካሚዎችዎ ጋር ስለ መንፈሳዊነት በምን ያህል ጊዜ ይወያያሉ?

9. መንፈሳዊነትን ከህክምና ዕቅዶች ጋር በሚያዋህዱበት ጊዜ ምን ችግሮች ያጋጥሙዎታል?

10. በመንፈሳዊ እንክብካቤ ላይ ማሰልጠን በመስክዎ ውስጥ ላሉት የጤና እንክብካቤ ሰጪዎች ይጠቅማል ብለው ያምናሉ?

አዎ ከሆነ፣ የትኞቹ ርዕሶች መካተት አለባቸው? _____

11. በእርስዎ አስተያየት፣ መንፈሳዊ ልምምዶችን በአእምሮ ጤና እንክብካቤ ውስጥ ማካተት ምን ጥቅሞች አሉት?

12. በእርሶ አመለካከት በኢትዮጵያ ውስጥ ያሉ የአእምሮ ጤና አገልግሎቶች መንፈሳዊነትን ከህክምና ጋር እንዴት ማዋሃድ ይችላሉ ብለው ያስባሉ?