



ADDIS ABABA UNIVERSITY

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DEPARTMENT OF PSYCHIATRY

CLINICAL PSYCHOLOGY PROGRAM

**LIVED EXPERIENCE OF DEAF AND HARD OF HEARING STUDENTS
WITH DEPRESSIVE SYMPTOM IN ADDIS ABABA UNIVERSITY**

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**A RESEARCH SUBMITTED TO DEPARTMENT OF PSYCHIATRY IN PARTIAL
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ADDIS ABABA, ETHIOPIA

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SCHOOL OF PUBLIC HEALTH

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ACRONYMS AND ABBREVIATION

AAU	Addis Ababa University
DHH	Deaf and Hard of hearing
HI	Hearing Impairment
IDEA	Individualized Educational Act
PHQ	Public Health Questionnaire
WHO	World Health Organization

Abstract

Background: Deaf and hard of hearing students face numerous challenges and barriers in higher education settings that can significantly impact their overall experience and academic success. Despite advancements in technology, there is a lack of comprehensive understanding of the lived experience of these students and their specific challenges

Objective: To explore the lived experience of DHH students with depressive symptom.

Methods and material: The study was conducted to understand the lived experience of deaf and hard of hearing students with depressive symptom in Addis Ababa University. To conduct the research PHQ 9 was administered to identify students who are experiencing depressive symptoms and In-depth semi-structured interviews were carried out to explore lived experience of DHH students with depressive symptom. I interviewed 10 deaf and hard hearing students to get a better sense of their situation.

- **Result:** The number of participant was 10 and the classification and range for the PHQ 9 From Moderate depression to severe (10 and above). Participants explained they face significant communication barriers due to the lack of sign language interpreters and the limited understanding of sign language among others leading to misunderstandings, frustration, and isolation which hinder their academic progress and contribute to feelings of discouragement. Additionally, there frequently encounter stereotypes and negative perceptions from others, which can lead to feelings of discrimination. DHH students are at an increased risk of depression due to the challenges they face in communication, accessibility, and social interactions.
- **Key word:** Deaf, Hearing difficulty, High educational institution

CHAPTER ONE

1.1. Background of the Study

The Individualized Educational Act (IDEA, 2004) defines hearing impairment as a condition in which a person struggles to comprehend language via their hearing. Since it cannot be seen, unlike other disabilities like physical or visual impairments, it is referred to as a hidden handicap. On the other hand, the definition of "hearing impairment" in society might be debatable. The following definitions are used in this study to classify hearing impairments as "deaf" or "hard of hearing": According to Margit H. Kvam, Loeb, and Tambs (2007), hard of hearing people have hearing loss that impacts their lives but may still communicate with or without hearing aids in suitable circumstances. Deaf people are unable to comprehend speech regardless of having hearing aids.

The terms "Deaf" and "hard-of-hearing" are often used interchangeably in the Ethiopian context, without a clear understanding of their meaning. Additionally, the commonly used Amharic term "donkoro" refers to someone whose hearing organ does not function at all (Tirussew, 1998).

Millions of individuals worldwide suffer from hearing impairment, a common ailment that has a big influence on their life. Although it is more common in older persons, teens still face serious challenges with it. According to projections from the World Health Organization (WHO), 34 million children globally suffer from hearing loss that is incapacitating, with avoidable causes accounting for 60% of cases (WHO, 2021). Research has indicated that the likelihood of developing hearing loss rises with age and that hearing impairment is more common in men than in women (Goman & Lin, 2016). Due to restricted access to hearing healthcare and a general lack of knowledge regarding the causes and prevention of hearing loss, low- and middle-income countries confront substantial hurdles when it comes to treating hearing impairment (WHO, 2021).

According to global statistics, over 5% of the world's population, around 430 million people, have disabling hearing loss of greater than 35 dB in the better ear, with close to 80% of them residing in low- and middle-income countries. In Ethiopia, an estimated 5 million individuals have varying degrees of hearing impairment (Anon,2021).

Deaf and hard of hearing (DHH) individuals, especially those born to hearing parents, face unique challenges in terms of communication, development, social inclusion, and increased risk of social isolation. They may experience developmental delays, communication challenges, disruption in parental bonding, and increased use of physical violence compared to their hearing counterparts (Mekonnen et al., 2016).

Deaf and hard of hearing people have particular difficulties in higher education settings because of the increased expectations and demands. Access has been made easier by developments in technology and support services, but a thorough knowledge of their lived experiences and the particular causes of their difficulties, social inclusion, communication hurdles, and academic success remains lacking. Prior studies have indicated that deaf and hard of hearing students frequently suffer with communication hurdles, limited access to sign language interpreters, and challenges connecting with classmates and fully participating in class discussions (Hauser et al., 2010; Marschark et al., 2015).

1.2. Statement of the Problem

Deaf and hard of hearing students face numerous challenges and barriers in higher education settings that can significantly impact their overall experience and academic success. Despite advancements in technology, there is a lack of comprehensive understanding of the lived experience of these students and their specific challenges. The purpose of this study is to investigate the challenges and opportunities DHH students with depressive symptom face in their daily lives, the impact of hearing impairment on social interactions and communication, and the ways in which these individuals have accessed support and resources. While there is some research on the experience of individuals with hearing impairment, there is a lack of in-depth exploration of the lived experience of DHH peoples in Ethiopia. This research aims to address this gap by exploring and understanding the lived experience of deaf and hard of hearing students with depressive symptoms at Addis Ababa University.

1.2 Research Questions

The research questions are as follows.

- What is the lived experience of DHH students with depressive symptoms at AAU?
- What are the challenges faced by DHH students with depressive symptom?
- What the experience of DHH students regarding to their mental health and emotion?
- What are the social experience and interaction of DHH students with depressive symptom?
- What are the coping strategies and support system utilized by DHH students with depressive symptom?

1.3 Research Objectives

1.3.1 General Objective

To explore and understand the lived experience of DHH students with depressive symptoms at Addis Ababa university

1.3.2 Specific Objectives

- ❖ To understand the specific challenges faced by DHH students with depressive symptoms at Addis Ababa University and copings they use.
- ❖ To explore the presentation and understanding of depressive symptoms, students' coping and access to services of DHH students with depressive symptoms at Addis Ababa University.
- ❖ To identify unmet needs of DHH students with depressive symptoms at Addis Ababa University.

1.4 Significance of the Study

The finding of this study offers valuable insight into the lived experience of DHH students. This information can potentially improve to develop more effective support systems for the DHH students, which can improve their social, emotional and academic development. Additionally, the study contributes to the development of inclusive education policies that take into account the unique need of students with HI. Notably, there is a lack of understanding about the unique challenges and experience faced by adolescents with HI. Despite the growing recognition of the importance of inclusive education and support systems for individuals with disabilities there is a significant gap in knowledge about the significant needs and experiences of DHH students.

1.5 Scope of the Study

This study will be delimited in terms study area and the research problem. In terms of the research title the researcher wants to explore the lived experiences of DHH students with depressive symptoms. In terms of the study area the researcher will conduct the research at Addis Ababa University.

CHAPTER TWO

Review of Related Literature

One sensory issue that has a significant impact on people's quality of life is hearing impairment. The profound and profoundly altering effects of childhood hearing impairment have been the subject of numerous research studies. People who are hard of hearing have unique obstacles in their social and personal lives, which can significantly affect their general quality of life. Research indicates that teenagers and young adults with hearing impairments frequently experience social isolation, bullying, discrimination, low self-esteem, and communication difficulties (Fellinger et al., 2012). Lowered self-esteem is frequently the outcome of these difficulties (Marschark & Spencer, 2010).

The prevalence of hearing impairment is rising in Ethiopia, but little is known about the difficulties Deaf and Hard of Hearing (DHH) people encounter and how these difficulties affect their experiences and general well-being. According to research, compared to their hearing counterparts, many DHH children and teens face noticeably higher social and emotional challenges (Antia & Kreimeyer, 2015; Batten, Oake, & Alexandr, 2014). According to research by Wiefferink et al. (2012), early DHH children have more peer issues, struggle with emotion control, and have less social competence than their hearing peers.

Hearing loss has a substantial influence on day-to-day functioning, including social interaction, communication, and mental health. Many studies' participants complained about being unable to understand discussions, especially in noisy settings, which made them feel embarrassed, alone, and frustrated (Hyde, 2010). Personal connections may also be impacted; according to some individuals, communication problems have caused tension in their relationships with friends and family. People with hearing impairments often struggle with social isolation, which can result in feelings of exclusion and loneliness. Their emotional health may be significantly impacted by this solitude, which may exacerbate anxiety, despair, and poor self-esteem. Adolescents with hearing impairments suffer additional obstacles due to discrimination and stigmatization, which restricts their social and economic possibilities and reinforces marginalization.

Whether or not DHH pupils were enrolled in special classes, a research done in Ethiopian schools to gauge their socioemotional distress revealed a greater frequency of socioemotional

issues (Mekonnen et al., 2015). According to a different study done at the Adigrat School for the Deaf, deaf students' incapacity to communicate effectively caused them to perceive themselves as less competent than their hearing peers, which in turn caused them to become frustrated, lonely, and inferior (Berhie, 2002). A study on the frequency and correlates of mental health disorders in teenagers carried out in Nigeria produced similar results (Adeniyi, 2019).

However, studies have also demonstrated that people with hearing loss may have successful, meaningful lives if they receive the right care. For kids with hearing impairments, support solutions including cochlear implants, hearing aids, and sign language interpreters can enhance academic performance and communication (Marschark & Spencer, 2010). Participants used lipreading, wearing hearing aids, and asking for help from others as coping mechanisms for their hearing impairment. These tactics, however, are not always successful, and some participants claimed that their hearing disability had caused them to feel stigmatized or discriminated against (Hyde, 2010).

Teens with hearing impairments may worry about their academic performance since they may find it challenging to keep up with their hearing classmates' language and reading proficiency. Lower academic attainment and fewer professional opportunities may result from this (Marschark & Spencer, 2010). These issues are exacerbated by the inaccessibility of educational environments, which makes it harder for people with DHH to get essential information and services.

In adolescence, developmental processes and problems are very similar between deaf and hearing individuals. The problems experienced by deaf individuals in addition to these problems arise from the difficulty of communication. It is quite normal that children who have not been able to communicate since their infancy and who do not have a secure attachment with their parents may experience different problems or problems in their adolescence. Due to the lack of communication, the child who cannot obtain the information in the world around him/her and cannot make sense of it, becomes obliged to live a socially isolated life (Young, Green & Daniels, 2011). The problem created by the communication barrier is spreading to all social circles starting in the family. In this development process, children who have difficulty in establishing a relationship from infancy to adolescence have problems in regulating their emotions, emotional maturity, learning social and moral rules (Marschark, 2007; Steinbeck & Kohn, 2013). Overall,

there is a need for more research to understand the unique experience of and needs of DHH individuals. This study aims to address this gap in the literature and contribute to the development of more effective support systems for this population.

The mental health of deaf individuals is a potential problem, as their social – emotional development can be adversely affected by communication difficulties. Co-occurring cognitive and physical impairment are additional risk factors for many children with hearing impairment. Overall, there is a need for more research to understand the unique experience of and needs of individuals with hearing impairments. This study aims to address this gap in the literature and contribute to the development of more effective support systems for this population. Study done In Addis Ababa University on the prevalence of depression has found the results of the prevalence of depressive symptoms on DHH individuals based on the PHQ-9 scoring was found to be 42%. DHH students exhibited depression in more severe range when compared to other studies with hearing students. Greater occurrence of depression was seen in females and with increasing year of study (Rekik ,2022). Deaf individuals face many barriers when trying to access health care (Jacob.et al ,2018).

Similar to other language minority groups, the Deaf population faces obstacles in their quest for access to health care services and information. This includes, among other things, having trouble communicating in English, misinterpreting medical jargon, only sometimes interacting with medical professionals who share the same language and culture, and having to get past the difficulties of using other people as interpreters in a medical setting (Shuler et al, 2014) .

A study by Scott et al (2017) and Boman et al, (2014) show that among DHH college students, mental health issues are notably more common. Within the sample, there were high rates of substantial stress, elevated anxiety, and depressive symptoms. In addition, pupils' subjective well-being was assessed to be poorer than that of their hearing classmates.

A adolescent self-report questionnaire in written and Australian sign language format was used to evaluate the mental health issues of 89 DHH students in Australia. 35 pupils were discovered to be in the clinical/borderline range. They also exhibited focus issues, anxiety, and depression symptoms, among other externalizing and internalizing issues. Students with mental health issues reported 39% of them. Compared to youngsters who can hear, this is a better performance

at 14%. (In 2015, Brown and Cornes) They also had higher rates for any mental disease, according to a research on the correlates of mental illness among 95 DHH students. (Fellinger, Pollard, and Holzinger, 2012)

Another study found higher scores on Beck's Depression Inventory-II (BDI-II) in pre-lingual deaf college students. Fifty-one percent of the deaf participants and 33% of the hearing participants obtained a score of 10 or greater on the BDI, indicating at least mild depression: a significant difference. (Leigh et al. 1989) The revised BDI was used to investigate the prevalence of depression among 50 deaf adolescents in a deaf residential school. Results showed that deaf participants were significantly more depressed as a group ($M = 10.52$) than hearing participants ($M = 6.59$). (Watt and Davis 1991). National association for the deaf (NAD) states that DHH youth have increased predisposition to mental health issues, and greater challenges to acquiring mental health services. (Anon .2021) The mental health service utilization of DHH individuals is much less than what would be expected based on the population size. The diagnostic information of DHH individuals presenting for mental health treatment was studied. The results showed that 13.7% of the patients were diagnosed with mood disorders. There were higher records for deaf and hard of hearing people with no diagnosis or missing diagnoses. They concluded that the communication barriers may prevent physicians from doing a thorough evaluation. (Connolly et al. 2006).

CHAPTER THREE

Research Methodology

3.1 Study Design

A qualitative study design with phenomenological approach was used for this study. This approach is more appropriate to explore lived experiences of DHH students with depressive symptoms.

3.2 Study Setting

The study was conducted at Addis Ababa University, Addis Ababa, Ethiopia. Many DHH individuals migrate to Addis Ababa to find better school and job opportunities. Addis Ababa University (AAU), formerly known as the University College of Addis Ababa (UCAA), is Ethiopia's oldest and largest higher learning and research institution. It was established in 1950 as the University College of Addis Ababa (UCAA). AAU has been the primary placement site for DHH individuals after finishing 12th grade general examination. On May 4, 2007, the Department of Special Needs Education was created. It was the country's first of its kind. It currently offers four programs: two undergraduate programs in Special Needs Education and Speech-Language Therapy; master's and doctoral programs in Special Needs Education (Anon.2021). The department includes both hearing and DHH individuals. DHH individuals have access to join other departments as well based on their interest.

3.3 Study Population

All AAU students who identify as DHH and listed in the registry of AAU special needs support center was included in the study. The AAU special needs team has the list of all DHH students. Their contact information was collected from AAU, center for special need support team after submitting a support letter from the Department of Psychiatry, AAU.

3.4 Sampling Technique and Sample Size

Purposive sampling was used. The researcher has purposively select samples after administering PHQ-9 to all consenting participants and was selected students that scored similar to the cutoff point 5 and above. The total number of participants for the in-depth interview was 10.

3.5 Inclusion and Exclusion Criteria

3.5.1 Inclusion Criteria

- Current AAU students who identify as deaf or hard of hearing.
- Current DHH students in the list of AAU special need support center.
- Students who are proficient in sign language, written communication and verbally.

3.5.2 Exclusion Criteria

- Students who cannot give or refuse to give informed consent
- Students who are not Deaf or hard of hearing
- Students that are not listed on AAU special need support center.
- Students who are not proficient in sign language or written communication
- Students who don't meet the PHQ9 cutoff point

3.6 Tools

Socio-demographic data collection form

PHQ-9 – the adapted and validated Amharic version

In-depth interview guide - Amharic

3.7 Data collection procedure

The researcher was receiving ethics approval from the research and ethics committee of Department of Psychiatry, College of Health Sciences, Addis Ababa University. Those participants who fulfill the inclusion criteria were approached to give written informed consent for the self-administered PHQ-9 screening. PHQ-9 was self-administered by consenting participants. After seeing the PHQ-9 scores, some participants were approached again for the in-depth interview based on the inclusion and exclusion criteria of the study and data collection was continue using the developed Amharic in-depth interview guide until theoretical saturation is reached. The in-depth interview guide was revised and modified if needed after the initial interviews. Written informed consent was obtained again for the in-depth interviews. A trained data collector who can communicate with sign language was serving as an interpreter. The in-depth interviews were audio recorded and notes were taken during the interviews. The interviews were taken place in a private room. The interviews took up to 40 – 60 minutes. Basic socio-

demographic and disability related information were obtained before the start of the in-depth interview.

3.8 Data Analysis

Quantitative data- descriptive method were used. The number of participant was 10 and the classification and range for the PHQ 9 From Moderate depression to severe: 10 and above.

Qualitative data-The gathered information was transcribed verbatim and translated into the English. This study was employing thematic analysis techniques. The data was analyzed using NVIVO immersing in the data and exploring it to establish patterns, similarities, and differences in the data. The transcribed data was read and re-read repeatedly and the recordings were listened to many times to ensure the transcription accuracy. The code, and categories were developed independently and then transferred into themes. The findings were interpreted, analyzed and presented using direct quotes from the interviews that support each theme.

3.9 Ethical considerations

Ethical clearance was obtained from Department of Psychiatry and approval was sought from AAU. After a thorough description of the study objectives, written informed consent were obtained from each participant and procedures of the interview was given to the participants. In view of the delicate nature of the topic under study, precautionary measures were taken in order to ensure participants' safety and comfort at all times. One way of doing this, is to ensure privacy confidentiality of their information. Names of the participants was not be used in the data collection tools and during interviews, be replaced by anonymous identification numbers for the study report. Participants were having the autonomy not to answer any question that they are not comfortable. For those participants with severe depressive symptom and risk they were provided with the information of where they could get mental health service if they needed.

CHAPTER FOUR

ANALYSIS , DISCUSSIONS AND FINDINGS

4.1. Socio-demographic

Socio-demographic variables of the deaf participants deaf and hard of hearing students with depressive symptom in Addis Ababa University

Characteristics	Number
Age	22-25
Sex	
Female	4
Male	6
Department	
ETHSL	4
computer science	1
statistics	1
sport	1
biology	1
mathematics	1
journalism	1
Year	
3rd year	5
4th year	5
Onset of HI	
Born	4
Late onset	6
Type of HI	
Partial	-
Full	10

Table 2
Quantitative Measures and Results

Measure	N	Classification and range
Patient Health Questionnaire-9	10	From Moderate depression to severe: 10 and above

4.2. Themes

seven themes have emerged from the data; experiences of DHH Students with Depressive Symptoms, Challenges Faced by DHH Students with Depressive Symptoms, Mental Health, Social Experience of DHH and Emotional Experience, Support System, coping or management mechanism and recommendation. There are also sub-themes under each topic that the themes emerge from. As a result, each subtheme is discussed in-depth and quotes for each detail is cited to support the themes.

Table 3: Themes and sub-themes identification

Theme	Sub-theme
1.Experience of DHH Students with Depressive Symptoms	<ul style="list-style-type: none"> I. Transition to College II. Communication Modality III. Subjective Experience
2. Challenges Faced by DHH Students with Depressive Symptoms	<ul style="list-style-type: none"> I. Communication Barrier II. Accessibility Issues III. Stereotypes and Perception
3. Mental Health and Emotional Experience	<ul style="list-style-type: none"> I. Factors Contributing to Depression II. Comorbid Symptoms III. Service Delivery Gaps IV. Past Treatment Experience
4. Social Experience of DDH	<ul style="list-style-type: none"> I. Interpersonal Relationship and

	Communication
5. Copying Mechanism	II. Individual Copying Strategies III. Spiritually Grounded Copying Methods
6. Support System	I. Family Support
7. Recommendations for Treatment and Support	

4.2 Experience of DHH Students with Depressive Symptoms

4.2.1 Transition to College

Some of the participant describes their experience transitioning from a supportive environment to a more isolating one.

“Well, I first studied at a boarding school. It was good there. I was happy with the education itself. You don't understand the difference. Already all of them know sign language. But what I was thinking when I got to this university was that it was better than the boarding school. Then when I came here, the reverse happened to me. There is no interpreter, no one to communicate with, no one to take care of you, nothing.” (p5)

4.2.2 Communication Modality

Most of the participant described that they use different communication method other than using sign language. These communication methods usually are used when communicating with people who don't have hearing impairment. From the type of communication participant described "informal signs", by writing alongside lip reading to overcome communication challenges.

“There is often an informal sign. It is an informal sign. Then I do lip reading to understand.....” (p1,)

‘we mostly communicate in writing’. (p10)

“I communicate in writing, lip reading.... there are informal signs that I use systematically to explain to people...” (p4)

4.2.1.3 Subjective Experience

Some of the participants described different subjective experiences they faced, such as wrongly given wrong result, missing deadline for submission.

“... I had a personal experience. First my grade was B. I took the test; I did the assignment but it was B when the teacher showed it to me. After a while I was given an F. Then after I wrote an application, why is this happening and they are not even interested in giving an answer....” (P4)

“...For example, an assignment is due today and you don't have an interpreter, you didn't listen. I didn't know. It was said to submit on this day. Everyone works and submits, but I don't submit. Then when they told me that you had done the assignment, I didn't hear. Another thing is that you don't focus on your education in the process of learning and teaching “(p7)

4.3 Challenges Faced by DHH Students with Depressive Symptoms

4.3.1 Communication Barrier

Some participant described that Language misunderstanding and lip-reading practices are some of the communication barriers.

“For example, I often used lip reading to communicate, but one of the challenges is when a new person comes, you have to practice the lip reading. For example, if I go somewhere, if I want directions, if that person doesn't know sign language and if the conversation is only by lip reading, it will be very difficult for me to understand. Sometimes there are such miss communication. I have trouble reading lips unless it's someone I'm familiar with.” (P8)

“For example, sometimes there is a language misunderstanding because many people don't know sign language, so there will be misunderstandings and conflicts...” (p1)

4.3.1.2 Accessibility Issues

Most of the participants described that the major accessibility issue is lack of translator in each class.

“...for example, I don't have interpreter in my department and it's only me in that class who is deaf...” (p2)

The other accessibility issue is the subject matter that needs exceptional way of understanding by the interpreter like mathematics.

“I am from the mathematics department. Mathematics has its own concept and its own logic. Therefore, in order to translate that thing, the person who translates must first have a mathematics background. Like formula, if you don't have something basic to interpret, it is difficult to translate. Therefore, the main problem I am facing here at the university is the interpreter.” (p6)

4.2.1.4 Stereotypes and Perception

The participant described that society in the rural area views deafness as a sin committed by parents or family members and there are poor teacher attitudes.

“...for example when we go to rural place and in the city, in the city there is more understanding of the cause of the hearing impairment if it's due to nature or other thing but in the rural places as I told you we are 3 in one house and there is discrimination saying it is due to their family sin or curs. Especially in the rural area the peoples understanding is very low so there is discrimination”. (p2)

“... For example, in our department they ask me that “after you finish your study what are you going to contribute? , what will you do? you are deaf so how are you going to become a journalist? (p7)

“As I told you before I am from statistics department. When I tell to my teachers that I am deaf they say “do you think this course if for you?” “you can't do it” ...” (P3)

4.4 Mental Health and Emotional Experience

4.4.1 Factors Contributing to Depression

Most participants stated that heavy workload, going home in the summer, lack of accessibility, decreased academic results, are frequently suggested by participants as contributing factors of depression.

“Yes, I would say these are very difficult, especially when there is a heavy workload.” (p1).

“It was in the second semester of the second year that I started to feel a little like this. The reason is that my results have deteriorated for some unknown reason. I don't understand it myself, the fact that my results are getting worse disturbs me.” (p4)

Some participants emphasized on communication, particularly within the context of home life and with teachers. They elaborated that the lack of communication at home and with teacher leading to feelings of depression.

“the first thing is communication. At home communication is not accessible and that influence therefore if you don't talk and don't do anything you get depressed.” (p3).

“... other thing that bothers me is the communication gap with the teachers. We can't communicate because there is no interpreter, it makes me very depressed.” (p6)

“...you know in the winter universities were closed and what do you do at home you just sit, sleep for long hours, you don't go anywhere, you don't talk with anyone and this kind of things depress you. it was at that time I started to feel this symptom.” (p3).

“Especially this winter is very sad for me. It was bad winter. My family can't read or write, they can't sign, they can't communicate. I sit at home and see them physically. There is not that much communication....., it just creates depression. (p6)

Another participant said that, *“It was in the second semester of the second year that I started to feel a little like this. The reason is that my results have deteriorated for some unknown reason. I don't understand it myself, the fact that my results are getting worse disturbs me.”* (p4)

4.4.2 Comorbid Symptoms

Few describe that language barriers and lack of interpreters are considered as the main cause for comorbid symptoms like frustration, stress.

“For example, sometimes when you don't communicate with your family because of a language misunderstanding, when you can't express your thoughts with your friends, you get very discouraged, you get very angry...” (p1).

“... when I was freshman, I used to stress a lot, lots of hearing-impaired students was fired. They were fired because there was no interpreter...”. (p8).

“.... when I was learning with those who can hear I used to miss a lot when there is no interpreter. I miss a lot of things, I don't write, I don't listen, I don't have a translator, this causes me anxiety. (p8)

4.4.3 Service Delivery Gaps

Respondents describe within the healthcare system, there are complicated issues with communication and trust issues between patients and providers and unavailability of interpreter. They mentioned that they have worries regarding information gaps and prescription mistakes.

“the first thing is there is no interpreter. Starting from the entrance if the guard ask you who are you where are you going? You won't have answer. How can you answer and explain if the doctor asks you what is troubling you? You can't.” (p2).

“I think communication is difficult. Most of the time, there is no interpreter in the hospital, there is no one who can speak the language...” (p6).

“For example, now if I get sick and I go to hospital, I feel like they will give me the wrong medication for a different illness. Not to mention going to a mental health hospital. (P4)

Some of the participant with hearing loss preferred to get mental health services in the company of their relatives or family member.

“I have never thought of going to mental health institutions because I think I am healthy. Even if I think of going, I want to go with my family. Why? It's the family that I think will understand me better. They will interpret in sign language.” (p7)

4.4.4. Past Treatment Experience

Some participants mentioned that they had received counseling service when they were in high school but most of the participants mentioned that they have never had any mental health service.

“...for example, when I was in primary and high school there was guidance and counseling and for example, they advise us how we can resolve conflict if we got in to fight”. (p2)

I never went to a mental health institution.” (p6)

“None. I have never gone to the hospital to get mental health help.” (P8)

4.5 Social Experience of DDH

4.5.1 Interpersonal Relationship and Communication

Most of the participants described language misunderstandings and limitations in sign language fluency as the primary obstacles hindering their interpersonal relationships and communication.

“...For example, sometimes there is a language misunderstanding because many people don't know sign language, so there will be misunderstandings and conflicts. usually fighting around the dorm, because of the language misunderstanding with people happen. that is disappointing. It is difficult to share ideas with others. Communication is the main problem of hearing loss” (p1).

4.6 Copying Mechanism

4.6.1 Individual Copying Strategies

Almost all the participants explained their common coping mechanism were talk with friends and families, tolerance, asking guidance from older people are the major mechanisms.

“sometimes when you face difficult things when you talk with friends and families you will get little relief. By talking and sharing my thought I get relief but mostly I tolerate.” (p2).

“... I go outside and walk and I will get relief. When I'm going through something very stressful or very painful, I talk with some my best friends.” (p3).

“... I ask older people, talk to them, play with them and get relief. ”. (p5)

4.6.2 Spiritually Grounded Copying Methods

Some of the participants explained their common coping mechanism were most of a time go to church and mosque to pray and attending religious worshipping events, and reading religious books which give them relief.

“... If something bothers me too much, I pray, I go to the mosque, then I get relief and I get better... when I get very angry, we have church program in sign language on Wednesday and Friday at 5 kilo campus and I go there and attend. The other thing is if there are challenges, I tolerate it.”. (p1)

“most of the time when I get this kind of stressful things the first one is prayer, the second one is I read bible this gives me relief.” (p3)

4.7 Support System

Almost all the participants put the idea that Addis Ababa University, foreigners and the community have their own contribution to support them in different way. They also assured that this support by itself is not enough.

“Here in Addis Ababa University, they provide me a copy service, there is pocket money, and they give me 500 birr per month. This is the support I get.” (p1).

“There is a foreign company which helps me with money, clothes and in this university, they give me monthly pocket money and laundry money.” (p2)

4.7.1 Family Support

According to some of the participants their family members do their contribution based on their capability.

“Well, my family takes care of me a lot; they give me all the resources I need. They are good families. The society does not have bad attitude towards me’’. (p1)

4.8 Recommendations for Treatment and Support

Almost all the participants suggested different recommendation for their treatment and support. The first frequently suggested recommendations are, each professional especially medical health service givers have to learn sign language or get interpreter.

“I want health professionals, doctors, nurse to learn sign language and communicate the deaf people directly and hiring interpreters in every office can support hearing impaired people more but beside that they can communicate by writing.” (p2)

CHAPTER FIVE

5.1 Discussion

The present study explored the lived experiences of deaf and hard of hearing (DHH) students at Addis Ababa University (AAU). The findings revealed a range of challenges faced by DHH students, including communication barriers, lack of accessibility, and discriminatory attitudes. However, the study also found that DHH students have developed strategies to overcome these challenges.

The participants emphasized the importance of communication at home, as the lack of communication causing depression. They suggested that strained relationships, lack of support, and work-related factors, such as break times in the winter, lack of accessibility, and decreased academic results, contributed to depression. According to study by Scott.et. al (2017) found that deaf and hard of hearing college students reported higher levels of depressive symptoms compared to their hearing peers. The study also found that deaf and hard of hearing students were more likely to experience social isolation and communication barriers, which may contribute to feelings of depression.

Furthermore, according to a study by Boman.et.al (2014), deaf and hard of hearing college students reported higher levels of stress and lower levels of well-being compared to their hearing counterparts. According to the study, prejudice, a lack of support services, and communication challenges may be some of the reasons why depressed symptoms are more common in students who are deaf or hard of hearing.

This research found that family members are the most common means of communication for deaf patients. Family interpreters might not be accessible or could have difficulty accessing more private and sensitive material, as was previously indicated. (Shuler.et. al (2014)).'s study supports the premise that having a qualified interpreter with knowledge of medical language is preferable.

Participants in this study also emphasized the difficulties encountered by those with hearing impairments in hospital settings. Their inability to grasp their medical issues and treatment choices is hampered by the dearth of translators or multilingual workers, which creates major communication difficulties. Similarly, according to a research (Jacob SA. et al., 2018), a lack of

culturally competent mental health professionals and a paucity of certified sign language interpreters may restrict deaf people's access to mental health care. This lack of access may make it more difficult to receive prompt and effective depression treatment.

Participants describe within the healthcare system, there are complicated issues with communication and trust issues between patients and providers. Similarly, a study done by Steinberg et al. (2006). Fear, mistrust, and frustration were prominent in participants' descriptions of health care encounters

Overall, the research points to communication hurdles, social isolation, and a lack of support services as potential reasons why university students who are deaf or have hearing difficulties could be more likely to experience depressive symptoms. It is crucial that colleges meet the mental health requirements of hard-of-hearing and deaf students by offering suitable accommodations and support services. Additionally, in order to properly assist this population's mental health, more study is required to better understand its particular needs and experiences.

5.2. Limitation

The study included participants who were in different age groups, different department, different study year, and gender. Even if the participants mixed socio-demographic status is an advantage to the study, in the study first year students were not included which could be a limitation.

5.3. Conclusion

The study explores the experiences, challenges, communication methods, mental and emotional experience, social relationship experience and coping methods of deaf and hard of hearing students with depressive symptoms at Addis Ababa University. Understanding the demographic and background characteristics of these students is crucial for developing effective support services and accommodations. Addressing social prejudice and physical barriers is essential for promoting a sense of belonging and inclusion for deaf students. Coping methods include personal coping, spiritual coping, and support from university groups and NGOs, particularly Finland. Support services may be customized to match the unique requirements of these students and advance their achievement and general well-being by taking these aspects into account.

5.4. Recommendation

As the study finding show that most of the participant experienced depressive symptom and also some other symptoms and developing strategies for treatment in mental health to help people with hearing impairment might be one way. Support services can be tailored to meet the specific needs of students with hearing problems and promote their overall well-being and success. It also highlights the importance of conducting further study on DHH persons' needs and preferences for mental health care.

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Appendix 1

Addis Ababa University College of Health Sciences Department of Psychiatry Request for Consent

Annex 1: Informed consent form

Hello, my name is Selamwit Mindaye. I am a final year clinical psychology student at Addis Ababa University (AAU). I am studying the lived experience of Deaf and Hard of hearing students with depressive symptom at AAU as part of my training. You were selected to participate in this study because you are currently attending AAU. The interview might take 60 min.

Aim: the collected data will provide information regarding the lived experience of deaf and hard of hearing students with depressive symptoms of AAU.

Benefit: this study may not have direct or immediate benefit to you. But the outcome of the study will provide important information on the current situation and open ways for future research in the field of mental health among DHH.

Risk: you don't have to fill this questionnaire if you don't want to do so. Your decision will not have any consequences whether you decide to participate or not. All information will remain confidential. Your name will not be disclosed.

Are you willing to fill in this questionnaire?

If yes, I am grateful for your willingness to do so.

If you have questions later, please contact me at +251920612140 during working hours.

If you have understood the above information, please express your agreement to fill in this questionnaire by signing below.

Name

Signature _____ Date _____

በመረጃ ላይ የተመሰረተ ፈቃድ መተየቂያ ቅፅ

ጤና ይስጥልኝ :: ሰላማዊት ምንጭ እባላለው :: በአዲስ አበባ ዩኒቨርሲቲ (አ.አ.ዩ) የመጨረሻ አመት የ አእምሮ ህክምና ሰልጣኝ ነኝ :: እንደ ስልጠናው አንድ አካል በአዲስ አበባ ዩኒቨርሲቲ የሚገኙ የድባቴ ምልክት ያለባቸው መስማት የተሳናቸው ተማሪዎች የሂወት ተሞክሮ ሁኔታዎች እያጠናው ነው:: በዚህ ጥናት ዉስጥ እንዲሳተፉ የተመረጡት ምክንያት በ አ.አ.ዩ እየተማሩ ካሉት መስማት የተሳናቸው ዉስጥ አንዱ ስለሆኑ ነው:: ይህን የመጠይቅ ቅፅ ለመሙላት 60 ደቂቃ ሊፈጅ ይችላል የሚል ግምት አለኝ::

አላማ :- የዚህ ጥናት አላማ በአዲስ አበባ ዩኒቨርሲቲ የሚገኙ መስማት የተሳናቸው ተማሪዎች የድባቴ ምልክት ያለባቸው የሂወት ተሞክሮ ሁኔታዎች ማወቅ ነው::

ጥቅም :- ይህ ጥናት ለእርስዎ ቀጥተኛ የሆነ ጥቅም ላይ የሚገባው ይችላል:: የእርስዎ ተሳታፊነትም ትልቅ ጠቀሜታ አለው:: ይህ ጥናትም ወደፊት በመስማት የተሳናቸው ዙሪያ ለሚሰሩ ጥናቶች በር ከፋች ይሆናል::

ስጋት :- በዚህ ጥናት ዉስጥ ያለመሳተፍ ሙሉ መብት አሎት:: ለመሳተፍ ወይም ላለመሳተፍ የሚያደርጉት ውሳኔ በእርስዎ ላይ የሚያመጣው አሉታዊ ተፅዕኖ የለም:: የሚሰጡት መረጃዎች በሙሉ ሚስጥራዊነቱ የተጠበቀ ይሆናል:: ጥናቱ ላይ ስምዎ አይጠቀስም:: የእርስዎ መገለጫ ተሳታፊ ቁጥር 1, ተሳታፊ ቁጥር 2 ወዘተ የሚል ይሆናል::

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

ፈቃደኛ ከሆኑ በጣም አመሰግናለሁ:: በጥናቱ ላይ ጥያቄ ካለዎት በዚህ ስልክ +251920612140 በስራ ሰዓት ደውለው መጠየቅ ይችላሉ::

ይህን የስምምነት መጠየቂያ ቅፅ በትክክል ከተረዱት፤ መስማማትዎን ከዚህ በታች ባለው ቦታ ስምዎን እና ፊርማዎን በማስቀመጥ ያረጋግጡልኝ ዘንድ በትህትና እጠይቃለሁ::

ስም _____ ፊርማ _____ ቀን _____

Appendix 2

Topic Guide

Demographic Characteristics of Participants

Phone number _____ Age _____ Gender; _____
Department _____ year _____ Current living address; dorm ___ with family ___
other ___ severity of HI _____ primary mode of communication _____

In-depth interview guide

1. Tell me about your hearing difficulty?
Prompt: When did it start? How severe is it?
When were you diagnosed?
What treatment/support have you received so far?
From the health service, school and home and social environment
How do you communicate with others?
At home with family
At school with teachers and peers
In other settings
2. What is your experience living with hearing difficulty?
Prompt: Challenges - daily life
Communication, sign language, interpreters
Family life
Learning/academics
Social interaction, bullying, isolation
Personal growth and development
Emotional/mental
Coping strategies
Positive things
3. You have reported to have some emotional and/or other symptoms above [or on the screening instruments] (you can refer to their PHQ-9 and modify accordingly). Tell me more about them?
Prompt: -When do you start experiencing them?
-What other symptoms do you have?
-How distressing/impairing have they been?
-What has the course been?
-How do you understand the experience? What do you think is the cause?
-Do you think your hearing difficulty contributed to it?
-How are you coping with it?
-What help/support did you get? How easy/difficult was it (or would it be) to get/access support [mental health] services? Why? Communication barrier, lack of information, stigma....

4. Any unmet needs you think of in terms of support/services for those with hearing difficulty/ and emotional difficulties?

Prompt: In general

From mental health aspect

5. Anything you want to add? Any recommendations?

የቃለ መጠይቅ ቅፅ

የተሳታፊዎች መረጃ

ስልክ ቁጥር _____ እድሜ _____ ጾታ _____

ትምህርት ክፍል _____ ፣ አመት _____ አሁን መኖሪያ አድራሻ: ድርም _____
ከቤተሰብ ጋር _____ ሌላ _____ የመስማት ችግሩ ደረጃ _____ ከሌሎች ጋር መግባቢያ መንገድ _____

1. ስለመስማት ችግርዎ ይንገሩኝ?

- የመስማት ችግር መቼ ጀመርዎት? ምን ያህል ከባድ ነው?
- መቼ ነው የመስማት ችግር እንዳጋጠመዎ ያወቁት?
- እስካሁን ምን አይነት ህክምና/ድጋፍ አግኝተዋል?
- ከጤና አገልግሎት/ክትምህርት ቤት እና ከቤት እና ከማህበራዊ አካባቢ?
- ከ ሌሎች ጋር በምን መልኩ ነው የሚግባቡት?
 - ✓ ቤት ውስጥ ከቤተሰብ ጋር
 - ✓ በትምህርት ቤት ከአስተማሪዎች እና እኩዮችዎ ጋር
 - ✓ በሌሎች ቦታዎች

2. ከመስማት ችግር ጋር የመኖር ልምድዎ ምን ይምስላል?

- ተግዳሮቶች - የዕለት ተዕለት ሕይወት
 - ✓ ግንኙነት, የምልክት ቋንቋ, ተርጓሚዎች
 - ✓ የቤተሰብ ሕይወት
 - ✓ ትምህርት
 - ✓ ማህበራዊ መስተጋብር, ማግለል
 - ✓ ስብዕና እድገት
 - ✓ ስሜታዊ/ አእምሮአዊ
- የመቋቋም ስልቶች
- አዎንታዊ ነገሮች

3. ከዚህ በላይ አንዳንድ ስሜታዊ እና/ ወይም ሌሎች ምልክቶች እንዳሉዎት ሪፖርት አድርገዋል (ወይም በ ማጣሪያ ጥያቄ PHQ-9ን ላይ) ስለነሱ ቢያብራሩልኝ?

- መቼ እነሱን ማጋጠም ጀመርዎት?
- ሌሎች ምን ምልክቶች አሉዎት?
- ምን ያህል አስጨናቂ/ ከባድ ነው?
- ምን ምን ናቸው?
- ሁኔታውን እንዴት ተረዱት? ምክንያቱ ምን ይመስልዎታል?
- የመስማት ችግርዎ ለዚህ አስተዋጻኝ አድርጓል ብለው ያስባሉ?

- እንዴት ነው የተቋቋሙት?
- ምን እርዳታ/ድጋፍ አግኝተዋል? የድጋፍ[የአእሮ ጤና] አገልግሎት ማግኘት ምን ያህል ቀላል/ አስቸጋሪ ነው(ወይም ሊሆን ይችላል)? ለምን? የግንኙነት እንቅፋት፣ የመረጃ አጥረት

4. የመስማት ችግር ላለባቸው እና ስሜታዊ ችግር ላለባቸው ከድጋፍ/ አገልግሎቶች አንፃር የሚያስቧቸው ያልተሟሉ ፈላጎቶች አሉ?

- በአጠቃላይ
- ከአእምሮ ጤና አንፃር

5. ሌላ መጨመር የሚፈልጉት ነገር አለ?

Annex 4: PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: DATE:

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "√" to indicate your answer)

	Not at all	Several days	More than half the day	Nearly everyday
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

TOTAL:

10. If you checked off any problems how difficult have these problems made it for you to do your work, take care of things at home or get along with people?

Not difficult at all _____ little difficulties _____

Some difficulties _____ lots of difficulties _____

ፕሌቸኪው የአማርኛ መጠየቂያ ቅጽ

ላለፉት ሁለት ሳምንታት ከነዚህ ከምዘረዘራቸው ችግሮች ውስጥ የትኞቹ ደርሰውብዎት (በየትኞቹ ተቸግረው) ነበር?

ጥያቄዎች	በፍጹም (0-1 ቀን በ 2 ሳምንት)	ከሰባት ቀን ያነሰ (2-6 ቀናት)	ከ ሰባት ቀናት በላይ (7-11 ቀናት)	ከሞላ ጎደል በየቀኑ (12-14 ቀናት)	መልስ
የአለት ተአለት ተግባርዎን ለማከናወን (ለመስራት) ያለዎት ተነሳሽነት ወይም ፍላጎት በጣም ቀንሶ ነበር?	0	1	2	3	
የመከፋት፣ የመደበት ወይም ተስፋ የመቁረጥ ስሜት ይሰማዎት ነበር?	0	1	2	3	
እንቅልፍ እምቢ ብሎት፤ በደምብ መተኛት አቅዮት ወይም እንቅልፍ በዝቶቦት ይቸገሩ ነበር?	0	1	2	3	
የድካም ወይም አቅም ማነስ ስሜት ይሰማዎት ነበር?	0	1	2	3	
የ ምግብ ፍላጎት ቀንሶ ወይም ከተለመደው በላይ ጨምሮ ነበር?	0	1	2	3	
ስለ ራስዎት መጥፎ ስሜት ተሰምቶት፤ አልተሳካልኝም ብለው ወይም ቤተሰቤን አሳፈርኩ ለው አስበው ነበር?	0	1	2	3	
በሚሰሩት ስራ ላይ ሃሳብዎን መሰብሰብ/ ትኩረት መስጠት አስቸግሮት ነበር? (ለምሳሌ ከሰዎች ጋር ሲጨዋወቱ፤ ሲያነቡ ...)	0	1	2	3	
ለሌሎች ሰዎች እስከሚታወቅ ድረስ በ እንቅስቃሴዎ (በንግግርዎ) በጣም ቀስ ብለው ወይም በትቃራኒው መረጋጋት አቅዮት (በአንድ ቦታ አርፎ መቀመጥ ወይም መቆም እስከማይችሉ ሆነው) ነበር?	0	1	2	3	
ብሞት ይሻለኛል ብለው አስበው ወይም ራስዎን በሆነ መንገድ ሊጎዱ አስበው ነበር?	0	1	2	3	
ድምር					

10. ከላይ ለተጠቀሱት ጥያቄዎች ችግር እንዳለ ከመለሱ የሚከተለውን ይሙሉ።

ከላይ ለተጠቀሱት ችግሮች ስራዎትን እንዳይሰሩ፤ በቤት ውስጥ ያሉ ነገሮችን እንዳያከናውኑ ወይም ከሌሎች ሰዎች ጋር እንዳይስማሙ ችግር ፈጥረውባቸዋል?

ምንም ዓይነት ችግር አልፈጠረብኝም _____

ትንሽ ችግር ፈጥረውብኛል _____

በጣም ችግር ፈጥረውብኛል _____

ከመጠን በላይ ችግር ፈጥረውብኛል _____