Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment: A Qualitative Study

By

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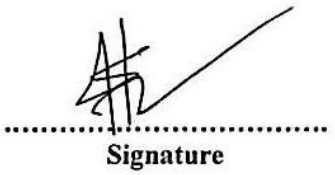
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Statement of Authorship

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Dedication

To the Almighty, whose infinite mercy, blessings, and guidance have strengthened me throughout every step of this journey. And to my beloved family, whose unconditional love, prayers, and constant support have made this achievement possible.

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List of Abbreviations

APA	American Psychological Association
ADHD	Attention-Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CRP	Centre for the Rehabilitation of the Paralysed
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
GAD	Generalized Anxiety Disorder
ID	Intellectual Disability
MDD	Major Depressive Disorder
MH	Mental Health
OT	Occupational Therapy / Occupational Therapist
PTSD	Post-Traumatic Stress Disorder
QoL	Quality of Life
WHO	World Health Organization

Abstract

Background: Reintegration into family, school, and community life following mental health treatment is a critical yet insufficiently studied phase for adolescents. In low-resource contexts such as Bangladesh, stigma, limited mental health literacy, and inadequate follow-up services may hinder sustained recovery and functional participation. Evidence regarding adolescents' lived reintegration experiences remains scarce.

Aim: The aim of this study is to explore adolescent experiences regarding the reintegration of adolescents with mental illness after completing comprehensive mental health treatment.

Methods: A qualitative phenomenological design was adopted. Eight adolescents aged 13–18 years who had recently completed treatment at a specialized mental health service were recruited using purposive sampling. Data were collected through face-to-face, semi-structured in-depth interviews using a researcher-developed guide informed by literature and expert review.

Results: The findings indicated that adolescents initially experienced emotional relief and stabilization after treatment; academic and cognitive strain during school re-entry; social stigma, fear of judgment, and withdrawal, and ambivalent family support functioning as both facilitator and barrier. Although participants valued structured therapeutic environments, many struggled to sustain progress when returning to everyday contexts.

Conclusion: This study shows that reintegration is a dynamic and complex process requiring continued psychosocial and environmental support beyond discharge. Family-inclusive planning, school-based mental health services, and structured follow-

up programs are essential to promote sustained recovery and meaningful participation among adolescents in Bangladesh.

Keywords: Reintegration, Adolescents, Mental illness, Occupational therapy, Mental health services, Bangladesh

CHAPTER I: INTRODUCTION

1.1 Background

Adolescence is a critical developmental period characterized by rapid biological, psychological, and social changes, during which individuals form identity, autonomy, and social roles (Ahmedani, 2011). Mental illness during adolescence can significantly disrupt this developmental trajectory, affecting emotional regulation, academic functioning, peer relationships, and participation in daily life (Polanczyk et al., 2015).Globally, mental health conditions account for a substantial proportion of disease burden among adolescents, with depression, anxiety disorders, bipolar disorder, and psychotic disorders being among the leading contributors to disability-adjusted life years (DALYs) in this age group (World Health Organization [WHO], 2023).

Comprehensive mental health treatment including inpatient care, psychotherapy, medication management, and psychosocial rehabilitation plays a crucial role in stabilizing acute symptoms and promoting recovery among adolescents with mental illness (Foster et al., 2018). However, completion of treatment does not signify the end of challenges. One of the most complex and sensitive phases of recovery is reintegration, which refers to the process of returning to everyday life roles, routines, and social environments following treatment (williams, B, 2019). Reintegration involves re-engagement in school, family responsibilities, peer relationships, and community participation, all of which require adaptation and support.

Adolescents often experience difficulties during reintegration due to persistent emotional distress, cognitive challenges, stigma, and changes in self-perception following mental illness (Kaur & Jain, 2021). Feelings of fear, self-doubt, worry about relapse, and concern about acceptance by peers and teachers are commonly reported

(Greally, 2023). Additionally, the experience of hospitalization or intensive treatment may lead to heightened vulnerability, trauma-related responses, and reduced confidence in managing daily demands independently (Vusio et al., 2020).

Family environment plays a pivotal role in the reintegration process. Supportive family involvement can facilitate emotional security and routine re-establishment, whereas family conflict, misunderstanding, or overprotection may hinder autonomy and adjustment (Tully et al., 2019). Similarly, school environments often pose significant barriers, including academic pressure, lack of mental health awareness, bullying, and inadequate institutional support, which can negatively influence adolescents' reintegration experiences (Ahmedani, 2011).

Social stigma remains a major concern, particularly in low- and middle-income countries, where mental illness is often misunderstood and associated with shame or discrimination (Williamson et al., 2016). Adolescents may internalize negative societal attitudes, leading to withdrawal, reduced participation, and poor self-esteem during reintegration (Elshamy et al., 2023). In South Asian cultures, including Bangladesh, mental illness is frequently associated with social labeling and family burden, which can further complicate adolescents' return to normal life roles (Ahmedani, 2011). Despite the growing global emphasis on adolescent mental health, limited research has explored adolescents' own experiences and perspectives regarding reintegration after completing comprehensive mental health treatment, particularly in South Asian contexts. Most existing studies focus on clinical outcomes, symptom reduction, or caregiver perspectives, often overlooking adolescents' subjective experiences, emotional adjustments, and recommendations for service improvement (Elshamy et al., 2023). Understanding adolescents' lived experiences of reintegration is essential for developing person-centered, occupation-focused, and contextually relevant mental

health services. Such understanding aligns with rehabilitation and occupational therapy principles, which emphasize meaningful participation, role resumption, and adaptation within real-life environments. Therefore, exploring how adolescents perceive their reintegration process, the challenges they face, and the supports they find helpful is vital for improving post-treatment mental health care.

1.2 Justification of the Study

Reintegration after mental health treatment is a critical yet underexplored phase of adolescent recovery. While clinical interventions often prioritize symptom stabilization, insufficient attention is given to adolescents' functional reintegration into family, school, and social environments (Brown, 2018). Unsuccessful reintegration may increase the risk of relapse, school dropout, social isolation, and long-term psychosocial impairment (Geraghty et al., 2011). This study is important as it seeks to explore adolescents' subjective experiences of reintegration, highlighting emotional, psychological, and occupational challenges that may persist after treatment completion. By understanding adolescents' perspectives, mental health professionals including psychiatrists, psychologists, occupational therapists, nurses, social workers, and educators can better tailor rehabilitation and follow-up services to support successful role resumption and participation.

In the context of Bangladesh and similar South Asian countries, adolescent mental health services are limited, and structured reintegration support is often absent (WHO, 2023). Cultural stigma, lack of school-based mental health support, and minimal adolescent-centered rehabilitation planning further exacerbate reintegration difficulties. To the best of the student researcher's knowledge, there is a lack of qualitative evidence documenting adolescents' reintegration experiences following comprehensive mental health treatment in Bangladesh.

This study will contribute to filling this knowledge gap by providing insights into adolescents' lived experiences, identifying barriers and facilitators of reintegration, and generating adolescent-driven recommendations for improving mental health care services. The findings may inform clinical practice, rehabilitation planning, policy development, and future research, ultimately supporting improved mental health outcomes and community participation for adolescents with mental illness.

1.3 Operational Definitions

The operational definitions relevant to the study are given below:

1.3.1 Adolescent

An adolescent refers to an individual aged between 10 and 19 years, undergoing physical, psychological, and social development transitions (World Health Organization, 2023).

1.3.2 Mental Illness

Mental illness refers to clinically diagnosable psychological conditions that significantly affect emotions, cognition, behavior, and daily functioning, including but not limited to depression, anxiety disorders, bipolar disorder, and psychotic disorders (American Psychiatric Association, 2022).

1.3.3 Comprehensive Mental Health Treatment

Comprehensive mental health treatment involves a combination of medical, psychological, and psychosocial interventions, including inpatient or outpatient care, psychotherapy, medication management, and rehabilitation services aimed at symptom stabilization and recovery.

1.3.4 Reintegration

Reintegration refers to the process by which adolescents return to and participate in their usual daily life roles, routines, and environments such as family, school, peer groups, and community after completing mental health treatment.

1.3.5 Experience

Experience refers to the knowledge, skill, or awareness gained through involvement in, exposure to, or participation in events and activities over time. In psychology and philosophy, experience is also understood as the process through which individuals perceive, interpret, and respond to the world based on past events and learning.

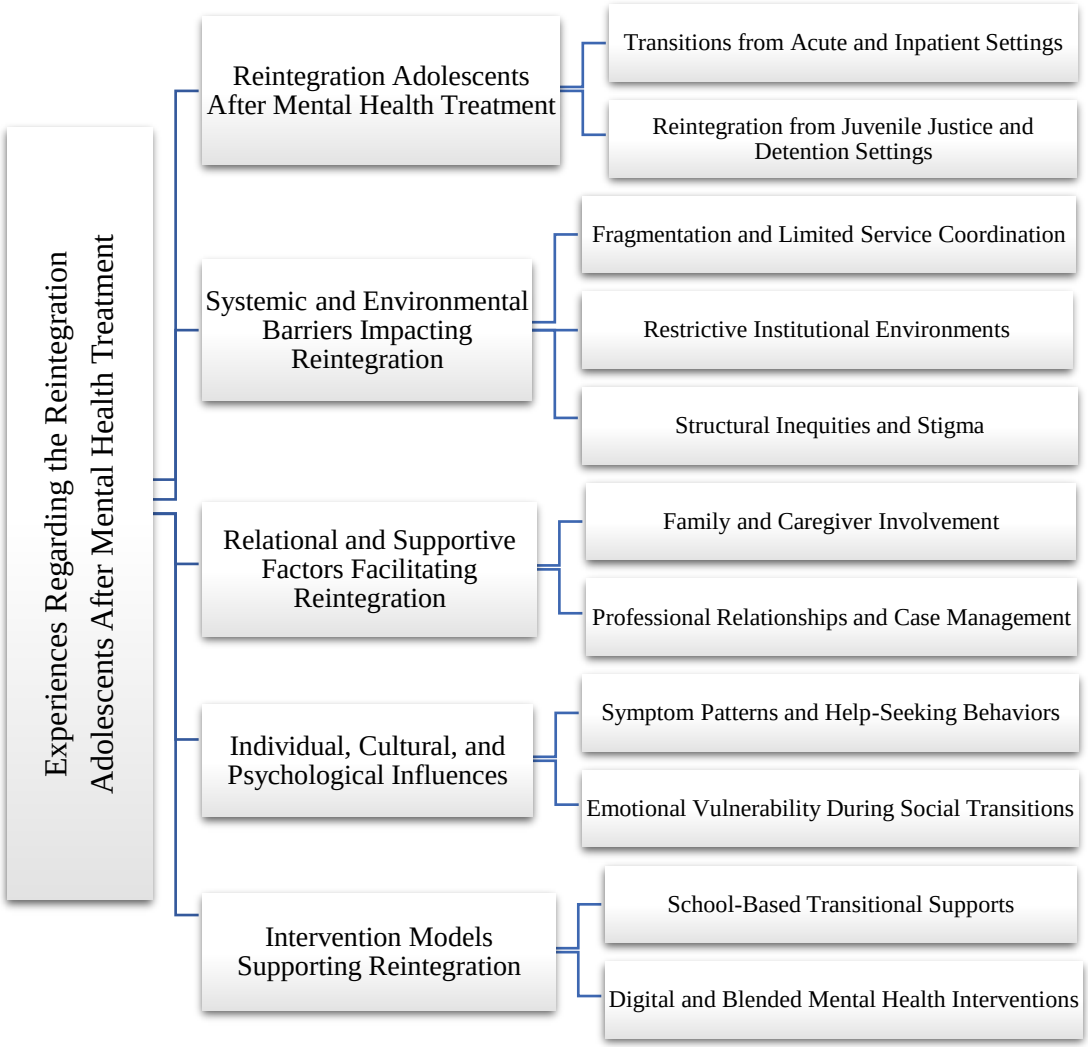
1.4 Aim of the Study

The aim of this study is to explore adolescent experiences regarding the reintegration of adolescents with mental illness after completing comprehensive mental health treatment.

CHAPTER II: LITERATURE REVIEW

Returning to everyday life after psychiatric hospitalization or residential mental health care can be a difficult and sensitive time for adolescents. This literature review brings together research from the past ten years to understand what adolescents experience during this transition, what barriers they face, and what supports help them adjust successfully. Key gaps in the evidence are also stated at the end of this chapter. Google Scholar, PubMed, and Scopus have been searching for articles published in the last ten years.

Figure 2.1: *Overview of Literature Review*



2.2 Reintegration Adolescents After Mental Health Treatment

2.2.1Transitions from Acute and Inpatient Settings

Adolescents transitioning from acute or inpatient psychiatric care face heightened emotional and academic stress, making them vulnerable to relapse. Observational follow-up research has shown that when the interval between hospital discharge and school re-entry is very short, instability increases and contributes to higher readmission rates compared to adults. In contrast, program evaluation studies have emphasized the benefits of structured and coordinated transition supports. For example, Baillargeon et al. (2010), in an evaluation of a school-based transition program, reported that rehospitalization rates within 12 weeks dropped to 11%, compared to the usual 20% observed under standard care, indicating that planned reintegration can reduce relapse risk.

Similarly, qualitative and mixed-methods studies exploring adolescents recovering from self-injury have conceptualized reintegration as a staged process rather than a single event. White et al. (2017), using qualitative interviews, described a three-stage trajectory return, crisis, and transformation through which adolescents gradually progressed from emotional instability toward improved self-regulation and more realistic goal setting. This phased adjustment process is consistent with patterns described in rehabilitation literature, where recovery unfolds over identifiable stages.

2.2.2 Reintegration from Juvenile Justice and Detention Settings

In juvenile justice contexts, reintegration poses similar challenges. Detention is often perceived as a crisis event that motivates adolescents to seek mental health support; however, longitudinal and service-utilization studies indicate that long gaps after release reduce this motivation. In contrast, Dror et al. (2015), using a system-level analysis of service coordination, demonstrated that while mental health treatment provided during detention was associated with reduced recidivism, inadequate

discharge planning and poor continuity of care following release substantially weakened reintegration outcomes. These findings highlight the critical role of post-release support in sustaining treatment gains.

2. 3 Systemic and Environmental Barriers Impacting Reintegration

2.3.1 Fragmentation and Limited-Service Coordination

System-level qualitative research highlights that weak interagency communication and long waitlists make access to mental health services difficult after discharge. In a multi-site qualitative study involving caregivers and professionals, Aalsma et al. (2014) found that many caregivers felt excluded from communication regarding detention-based services, reducing the effectiveness of follow-up care.

2.3.2 Restrictive Institutional Environments

Environmental and observational studies describe how restrictive psychiatric settings limit opportunities for physical activity activities that are strongly associated with improved mood and behavior. Anthony et al. (2023) found that factors such as restricted mobility, rigid institutional routines, and staff shortages restrict adolescents' freedom of movement. Even when physical health resources are present, institutional barriers continue to limit meaningful engagement.

2.3.3 Structural Inequities and Stigma

Mixed-methods and sociological research also emphasize structural inequities. Youth exiting correctional facilities frequently encounter stigma that restricts access to housing and employment both key supports needed for successful reintegration (Kendall et al., 2018). Quantitative health access studies show that low income and lack of insurance disproportionately affect minority youth, further restricting access to mental health services (Lu et al., 2021).

2.4 Relational and Supportive Factors Facilitating Reintegration

2.4.1 Family and Caregiver Involvement

Across multiple qualitative and cross-sectional studies, family involvement emerges as a strong protective factor. Aalsma et al. (2014) found that caregivers are generally willing to support adolescents but require clearer guidance and better communication from institutions. Studies consistently show that coordinated caregiver involvement strengthens treatment continuity and improves transition outcomes.

2.4.2 Professional Relationships and Case Management

Several program evaluation and case-management studies demonstrate that strong, trusting relationships with caseworkers support reintegration by helping adolescents access essential resources such as housing, education, and employment components of what Reisner et al. (2016) refer to as "recovery capital." In secure care environments, multidisciplinary team involvement is essential, though health-promoting practices are often undervalued (Bromley et al., 2013).

A cross-sectional assessment of adolescents leaving secure care also reported that those with consistent caseworker support demonstrated improved functional reintegration outcomes, mirroring findings from rehabilitation studies where professional rapport predicts adjustment outcomes (Anthony et al., 2023).

2.5 Individual, Cultural, and Psychological Influences

2.5.1 Symptom Patterns and Help-Seeking Behaviors

Quantitative symptom-pattern studies indicate that externalizing symptoms are recognized earlier and lead to quicker intervention, while internalizing symptoms, stigma, and older age reduce adolescents' willingness to seek help (Lu et al., 2021). Cultural identity strongly shapes treatment engagement, as multiple cross-cultural

studies show that minority youth experience higher levels of stigma and structural barriers.

2.5.2 Emotional Vulnerability During Social Transitions

During broader social disruptions, such as the COVID-19 pandemic, cross-sectional and population-based studies consistently report increased loneliness, anxiety, depression, and sleep disturbances among adolescents (Das et al., 2021). These emotional vulnerabilities compound reintegration difficulties and elevate the need for structured support (Jobe & Ahmed, 2022).

2.6 Intervention Models Supporting Reintegration

2.6.1 School-Based Transitional Supports

Program evaluation studies demonstrate that school-based interventions such as the Bridge for Resilient Youth in Transition improve emotional regulation, reduce self-harm, and enhance school engagement. These outcomes are strongest when schools collaborate closely with mental health professionals (Bromley et al., 2013). Comparative analyses suggest that schools with fully integrated mental health teams experience smoother reintegration outcomes than those with fragmented services (Adolescents et al., 2023).

2.6.2 Digital and Blended Mental Health Interventions

Computerized Cognitive Behavioral Therapy (CBT) is effective for anxiety and depression and also reduces stigma by offering more private and accessible care. Blended approaches combining digital tools with therapist or caregiver support improve adherence and produce better outcomes than digital tools alone (Hossain et al., 2014).

2.7 Key Gaps in the Literature

- The existing literature is limited and uneven, with most studies offering only a narrow view of adolescent reintegration.
- Research mainly includes adolescents aged 12–18, with minimal attention to sex or gender differences in reintegration outcomes.
- Most evidence comes from high-income countries, with very few studies from low- and middle-income regions where reintegration challenges differ.
- Most studies focus on single settings, leaving multi-context reintegration transitions largely unexplored.
- Overlapping system involvement is rarely examined, such as transitions across justice, residential care, and school systems.
- Marginalized and low-income adolescents are underrepresented, limiting understanding of socioeconomic influences.
- Cultural beliefs and stigma affecting help-seeking and engagement after discharge remain insufficiently studied.
- Few high-quality comparative studies evaluate intervention effectiveness or scalability, particularly between school-based and digital supports.
- No study was found on community reintegration of adolescents after mental health
- Structural barriers in Bangladesh’s mental health system remain largely unexamined.
- There is a lack of culturally grounded, context-specific evidence to guide sustainable reintegration strategies.

CHAPTER III: METHODS AND MATERIALS

This chapter includes the aim, ethical considerations, the study setting, the approach to sampling and recruitment, data collection procedures and data management and analysis.

3.1 Study Question, Aim, Objectives

3.1.1 Research Question

How do adolescents experience their reintegration into daily life after completing comprehensive mental health treatment?

3.1.2 Aim

To explore adolescent experiences regarding the reintegration of adolescents with mental illness after completing comprehensive mental health treatment.

3.1.3 Objectives

- To explore adolescents' perspectives about the reintegration after completing mental health treatment.
- To explore the challenges adolescents face when returning to daily life, including school, family, and social roles.
- To understand the emotional and psychological adjustments adolescents make during the reintegration period
- To explore adolescents’ recommendations for improving mental health care services.

3.2 Study Design

3.2.1 Study Method: Qualitative Study

This study employed a qualitative research method to explore the lived experiences of adolescents reintegrating into their everyday lives after completing comprehensive mental health treatment. A qualitative design is appropriate because it captures rich, detailed, and subjective perspectives that cannot be measured quantitatively (Smith et al., 2009). Reintegration after psychiatric treatment is shaped by emotional, social, academic, and environmental factors, making qualitative inquiry essential for understanding these complex experiences. Through open-ended exploration, the study aims to understand how adolescents interpret their reintegration process, the challenges they encounter, and the supports that facilitate or hinder their transition. This approach also allows the identification of patterns and themes that naturally emerge from participants' narratives without imposing predefined categories (Shafran et al., 2020). Qualitative research is particularly valuable in mental health contexts, where sensitive issues such as stigma, family dynamics, cultural beliefs, and access to services are deeply embedded in individual experiences (Granlund et al., 2021).

3.2.2 Study Approach: Phenomenological Study

Interpretative phenomenological analysis is used in the study with an aim to examine how an individual seeks meaning from his or her experiences (Braun et al., 2008). IPA serves very well when aimed at deep explorations of parent beliefs and expectations regarding mental health treatment for their children because of its nature of discovering the very personal and emotional aspects. A dual emphasis on phenomenology (knowledge of participants' experiences) and interpretation (analysis of the phenomenon by the researcher) makes IPA fitting to explore the interplay between parental emotions and culture as well as the healthcare system (Tindall, 2009). Using

this methodological framework, the study derived insights into occupational therapy practice, health policy, and mental health intervention for adolescents in outpatient and inpatient care.

3.3 Study Setting and Period

3.3.1 Study Setting

This study was conducted in CRP mental health service centers in Bangladesh that provide Comprehensive care for adolescents with mental health conditions. The selected center is CRP – Rabia Noor Mental Health Day Centre

3.3.2. Study Period

The study was conducted from 15 June 2025 to 15 December 2025. The data collection period was from 2 August 2025 to 15 September 2025.

3.4 Study Participant

3.4.1 Study Population

The study population consisted of adolescents aged 12–19 years who have recently completed comprehensive mental health treatment and returned to community life. This includes adolescents discharged from Rabia Noor Mental Health Day Centre, CRP.

3.4.2. Sampling Technique

The sample for this study was collected using a purposive sampling technique. Purposive sampling is commonly used in qualitative research to intentionally select participants who can provide rich and relevant information about the phenomenon being explored. This method is appropriate when the researcher clearly understands the characteristics required for the study and needs participants who can directly speak to those experiences (Dalgaard et al., 2021).

In this study, purposive sampling helped identify adolescents who had completed comprehensive mental health treatment and were currently undergoing reintegration into daily life. These individuals were considered the most informative

participants because they had first-hand experience of the reintegration process (Braun et al., 2008).

Participants were selected because they met the inclusion criteria: being within the required age group, having a diagnosed mental health condition for which they received comprehensive treatment, and returning to their home, school, or community settings after discharge. Selecting participants in this deliberate manner ensured that each adolescent had direct experience of life after treatment, making them suitable and meaningful contributors to the study. Since the study required individuals who matched specific inclusion and exclusion criteria, purposive sampling was the most appropriate method for selecting participants (Dalgaard et al., 2021).

3.4.3. Inclusion and Exclusion Criteria

i. Inclusion Criteria:

- Adolescents aged 12–19 years
- Completed comprehensive mental health treatment at the CRP Rabia Noor Mental Health Day Centre
- Have been reintegrated into daily life (home, school, or community) for at least 2 months after treatment completion
- Able to provide informed assent/consent
- Willing to discuss their reintegration experiences

ii. Exclusion Criteria:

- Individuals with severe cognitive impairments preventing meaningful participation.

Individuals with severe cognitive impairments that prevent meaningful participation. Severe cognitive difficulties limit an adolescent's ability to understand interview questions, reflect on their reintegration experiences, and provide coherent responses.

Because this study uses a phenomenological interview approach, participants must be able to communicate their experiences clearly; therefore, adolescents with such impairments cannot be included (Smith et al., 2009).

3.4.4 Study Sample

A purposive sampling technique was used to select 8-12 participants, ensuring representation from various socioeconomic, cultural, and educational backgrounds.

3.4.5. Participant Overview

An overview of the identified participants is presented in Table 3.1 below.

Table 3.1: Participant Overview

S/L	Pseudonym	Primary Diagnosis	Age (years)	Education Level	Sex
1	Anisha	Schizophrenia	17	Class 7	Female
2	Firose	Personality disorder	18	Class 10	Male
3	Arif	Conduct disorder	14	Class 6	Male
4	Maruf	Conduct disorder	16	Class 9	Male
5	Tonu	Generalized anxiety disorder	14	Class 8	Female
6	Mysha	Conduct disorder	15	Madrasa education	Female
7	Badol	Intellectual disability with behavioral disturbance	12	Class 4	Male
8	Tahmid	Conduct disorder	15	Class 6	Male

3.5 Ethical Considerations

Ethical clearance was be taken from the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) through the Department of Occupational Therapy by explaining the purpose of the research.

3.5.1 Ethical Clearance

The Institutional Review Board (IRB) approved ethical clearance through the Department of Occupational Therapy, Bangladesh Health Professions Institute. IRB clearance number:CRP-BHPI/IRB/07/2025/1116.

3.5.2 Informed Consent

Participants and their caregivers receive an information sheet detailing the study's aims, procedures, risks, and benefits. Written informed consent and assent for adolescents was obtained prior to participation. Participants may withdraw at any stage without any penalty.

Information sheet:

Participants received an information sheet explaining the purpose of the study, which explored adolescents' reintegration experiences after completing treatment at the CRP Rabia Noor Mental Health Day Centre. It described what they would be asked to do, their rights, confidentiality, and the voluntary nature of participation.

Consent form:

After the study was explained, written informed consent was obtained. For adolescents under 18, parental or guardian consent and adolescent assent were taken. For those 18 and above, consent was obtained directly. Participation was voluntary, with the option to withdraw at any time.

3.5.3 Right of Refusal

Following the World Medical Association (2022) guidelines, an individual can decline to participate after getting informed about the study. And after giving the data, they will have the right to withdraw their consent. The student researcher provided the Bangla Translated Withdrawal Form to the participants. No participants withdrew their data, so all the data was included in the research.

3.5.4 Unequal Relationship

The study acknowledged the power imbalance between researchers and participants, particularly regarding socioeconomic and educational disparities. Steps was be taken to ensure voluntary participation, maintain transparency, and encourage honest responses to minimize coercion.

3.5.5 Risk and Beneficence

Minimal risk is anticipated in this study. However, discussing sensitive topics related to mental health and hospitalization may evoke emotional distress in participants. If necessary, participants were provided with referrals to counseling services. The benefit of this study lies in its potential to improve family-centered mental health care and inform policy reforms in Bangladesh.

3.5.6 Confidentiality

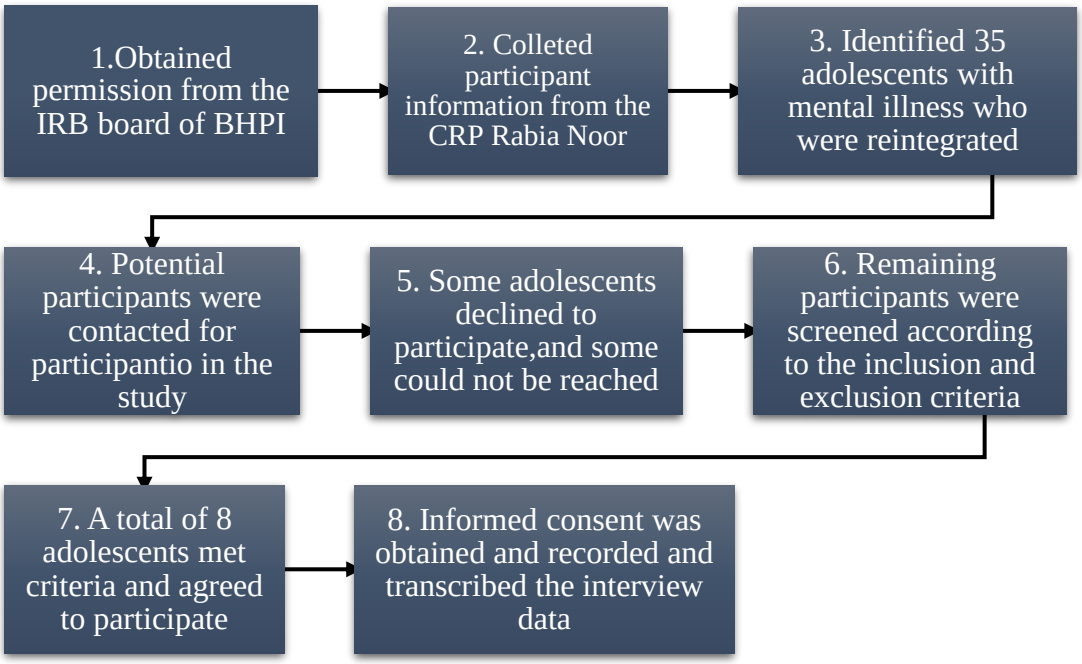
The student researcher was highly concerned about the confidentiality of the participants' information. Their socio-demographic information (such as name, identity) wasn't disclosed except the supervisor which was clearly stated in the information sheet. Besides, any identical information wasn't disclosed for future uses, such as report writing, publication, conference, media or any written or verbal discussion. The participants were informed about confidentiality by an information sheet.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Recruitment in qualitative research is a crucial methodological aspect (Negrin et al., 2022). It also impacts the trustworthiness of qualitative research (Brandão, 2015)The participants were recruited from diverse backgrounds. The participation recruitment diagram is given in next page in Figure 3.1.

Figure 3.1 Overview of Participant Recruitment Process



The student researcher accessed the CRP database to identify eligible participants based on inclusion and exclusion criteria. After gathering contact details, eligibility was confirmed using sociodemographic questions. Potential participants were contacted via phone, where the study's purpose was explained, and verbal consent was obtained. Interviews were scheduled at convenient locations by prioritizing participant comfort. Face-to-face interviews were conducted, recorded, and used for further analysis.

3.6.2 Data Collection Method

The student researcher collected data for this study through face-to-face, in-depth, semi-structured interviews. The face-to-face method allowed the student researcher to ensure that the participant was responsive and provided an opportunity to build rapport. It also enabled the researcher to observe additional emotional and behavioral cues while the participant answered the questions. The semi-structured interview format provided flexibility, with broad, open-ended questions designed to elicit detailed responses (Liamputtong & Rice, 2020). The interviews were recorded using a mobile phone,

which was kept in flight mode to prevent interruptions from calls or messages during the session. The duration of each interview ranged from 20 to 35 minutes.

3.6.3 Data Collection Instrument

A semi-structured interview guide was developed as the main tool for data collection in this study. Semi-structured interviews allow the researcher to ask guiding questions while also giving participants the freedom to share their experiences in their own way (Creswell, 2018). The interview questions were guided by the Person–Environment–Occupation (PEO) The interview questions were guided by the Person Environment–Occupation (PEO) model to capture how adolescents' characteristics, their environments, and their daily activities influence reintegration (Hartley et al., 2022).The questions focused on:

- Personal thoughts and feelings about reintegration
- Environmental and social challenges across home, school, and community
- Changes in daily routines and occupational roles after discharge
- Family support and communication during the transition

All questions were written in simple, youth-friendly language to ensure clarity and comfort.

3.6.4 Field Test

A field test of the interview guide was conducted with one adolescent to evaluate the clarity, relevance, and ability of the questions to capture meaningful data about reintegration experiences. Based on the feedback, additional questions were included to further explore areas such as emotional adjustment, interactions with school and community, and challenges in accessing support services after discharge. A second field test was carried out to ensure that the revised guide effectively captured these aspects.

These refinements strengthened the interview guide, making it more comprehensive and appropriate for adolescents navigating reintegration.

3.7. Data Management and Analysis

In this study, thematic analysis was used to interpret the interview data. This method helps identify patterns and key themes, providing a deeper understanding of adolescents' reintegration experiences. The student researcher selected thematic analysis because it offers systematic and flexible steps for organizing and explaining qualitative data (Braun & Clarke, 2013). The analysis followed the six steps outlined by Braun and Clarke, described below.

Step 1: Making yourself familiar with the data

The student researcher conducted the interviews and transcribed them verbatim in Bangla, followed by translation into English. One transcript was translated by a volunteer, and the student researcher rechecked and retranslated it. The supervisor reviewed all transcripts and translations. Afterwards, the researcher read the transcripts repeatedly to understand meanings, patterns, and significant points.

Step 2: Generating the initial codes

The student researcher highlighted relevant statements and generated initial codes based on meaningful segments of the data. These codes were reviewed by the supervisor.

Step 3: Searching for tentative themes

Codes from each interview were written on individual pieces of paper. After reviewing the translations and discussing them with the supervisor, similar codes were grouped together. The codes were organized into potential themes using sticky notes, which were arranged on the wall to help visualize emerging patterns.

Step 4: Reviewing themes

An initial thematic map was created and reviewed with the supervisor to refine connections between codes and themes.

Step 5: Defining and naming themes

Themes and sub-themes were refined, revised, and finalized. Clear names and definitions were developed to ensure that readers can easily understand them. The supervisor reviewed all themes and sub-themes.

Step 6: Producing the report

The student researcher prepared the results chapter based on the finalized themes, incorporating participants' verbatim quotations. Thematic analysis allowed an in-depth exploration of adolescents' perspectives, feelings, challenges, and support experiences during reintegration (Braun & Clarke, 2013). Because the study explored reintegration experiences after discharge from psychiatric or justice settings, thematic analysis was the most suitable method.

3.8 Trustworthiness and Rigor

Trustworthiness was maintained by methodological and interpretive rigor (Hackworth, 1996)

3.8.1 Methodological Rigor

Congruence: A phenomenological approach was used, consistent with the study aims and objectives (see Section 3.2: Study Design).

Responsiveness to Social Context: Face-to-face interviews were conducted in settings comfortable and convenient for adolescents, allowing the researcher to understand their reintegration contexts (see Section 3.3.1: Study Setting).

Appropriateness and Adequacy: Purposive sampling was used to select participants based on inclusion and exclusion criteria. A total of eight adolescents recently

discharged from psychiatric, justice, or institutional settings participated in face-to-face interviews (see Sections 3.4.2 and 3.6.1: Sampling Techniques and Participant Recruitment). Transparency: The student researcher was responsible for collecting and analyzing the data. To minimize bias, the supervisor provided guidance and multiple perspectives throughout the data analysis process (see section 3.6 and 3.7: Data Collection Process and Data Management and Analysis).

3.8.2 Interpretive Rigor

Authenticity: Findings were supported by direct quotations to reflect the adolescents' real experiences.

Coherence: Data interpretation was aligned with the study aims. Interviews were transcribed verbatim in Bangla and translated into English, with all transcripts checked by the supervisor before analysis (see Section 3.7).

Reciprocity: Translations remained faithful to the adolescents' original words. Data analysis was conducted independently and not shared with participants (see Section 3.7).

Typicality: A detailed description of the study setting and participant characteristics was provided to assist readers in understanding how findings may apply to other reintegration contexts (see Sections 3.4.5 and 3.7).

Permeability of the Researcher's Influence: Ethical standards were followed to minimize bias. The researcher monitored personal assumptions, and the supervisor reviewed each analytical step to ensure objectivity (see Section 3.7).

CHAPTER IV: RESULTS

This chapter presents the findings of the study exploring adolescents' experiences of reintegration after completing comprehensive mental health treatment. Through thematic analysis, six main themes and several sub-themes were identified, reflecting participants emotional, familial, social, academic, behavioral, and systemic experiences during the reintegration period.

An overview of the themes and sub-themes is presented in Table 4.1.

Table 4.1

Overview of Results

Theme	**Sub-Themes**
Theme 1: The Initial Experience of Reintegration	Initial Adjustment and Transition Quality
	Sense of Self and Independence
	Valuing Family and Connection
Theme 2: Persistent Barriers to Functioning	Academic and Cognitive Difficulties
	Challenges in Maintaining Routine
	Systemic / External Obstacles
Theme 3: Emotional Distress and Social Vulnerability	Stigma and External Criticism
	Worry and Guilt
	Trauma and Hypervigilance
Theme 4: Coping Strategies and Emotional Regulation	Use and Non-Use of Learned Skills
	Avoidant and Isolated Coping
	Active and Creative Coping
	Emotional Instability
Theme 5: The Influence of External Support Systems	Experience of Emotional Distance
	Sources of Positive Support
	Need for Improved Support and Understanding
Theme 6: Self-Improvement, Values, and Advice	Personal Values and Conduct
	Focus and Self-Acceptance
	Advice on Detachment and Media use Tools for Reflection

4.1 Theme One: The Initial Experience of Reintegration and Overall Status

When participants discussed their return to everyday life after completing treatment, most described the reintegration period as a mix of relief, adjustment, and gradual stabilization. Returning home and resuming familiar routines helped many adolescents feel safer and more settled. While reintegration was not always easy, most participants described it as a generally positive transition, especially compared to their pre-treatment experiences. This early phase of reintegration was important in shaping participants' overall sense of recovery. Participants evaluated their progress by observing changes in emotional control, independence, and connection with family members.

4.1.1 Initial Adjustment and Transition

Participants experienced the initial reintegration phase as a gradual but manageable period of adjustment, supported by returning to familiar environments and re-establishing daily routines. Participants described the early phase of reintegration as a time that required patience and gradual adaptation. Many felt return to familiar surroundings, which made them feel more comfortable than the treatment setting. Returning to normal routines such as school, home activities, and personal schedules helped them regain a sense of normal life. One Adolescents Firose he said that "It was good. Better than before. For example, now I can do my own tasks myself. I can talk properly with people. And then… umm… earlier I used to get angry easily, now I don't get angry like that. I've become a bit calmer.

Some adolescents adjusted easily with few difficulties, while others needed more time to adapt to responsibilities and expectations. Overall, participants viewed this phase as manageable, noticing steady improvement as time passed.

4.1.2 Sense of Self and Independence

All Participants reported developing a growing sense of self and independence, shown through increased confidence in managing personal tasks and making simple decisions on their own. Many participants reported changes in their sense of identity after treatment. They felt more independent and capable of managing daily tasks without constant support. This growing independence was linked to increased confidence and better self-control.

Being able to complete everyday tasks, communicate calmly, and make small decisions were seen as signs of progress. However, some participants still needed occasional support, showing that independence was still developing.

4.1.3 Valuing Family and Connection

Adolescents emphasized the importance of family support during reintegration, describing family as a key source of comfort, stability, and emotional connection. Most participants emphasized the importance of family during reintegration. Being around family members provided comfort, emotional security, and a sense of belonging. Participants described family as a key source of strength that helped them feel stable during recovery. One adolescent name Arif who said, “My family raised me. There’s a lot of love with family, so being with them is important. Family importance. when I’m around them I don’t feel alone.”

At the same time, a small number of participants expressed a preference for personal space or independence. Others participants Mysha mentioned that No… I think staying alone is better. Staying a little away from everyone. Because at home, someone might say something I don’t like and then I might say something they don’t like. Then I get angry. These adolescents felt that managing life on their own was emotionally safer for them. This highlights that while family was important for most participants, individual comfort with closeness varied.

4.2 Theme Two: Persistent Barriers to Functioning

Although all participants felt some improvement after treatment, they continued to face several difficulties. These challenges made daily life harder and slowed their reintegration process.

4.2.1 Academic and Cognitive Difficulties

Adolescents faced ongoing academic and cognitive difficulties, including problems with concentration, memory, and studying, which made school tasks feel overwhelming. School-related tasks were one of the biggest challenges. Participants reported problems with concentration, memory, reading, and studying. These difficulties made academic work feel overwhelming and stressful. Fear of failure or embarrassment increased their anxiety. Many worried about falling behind or how these problems might affect their future performance at school. Adolescents named Tonu mentioned that,

> *Sometimes I felt a lot of worry. But I used to tell myself that everything will get better. I had a good time over there…Family's words create mental pressure. Words affecting Nothing else. Since childhood nothing happened that hurt my mental state. But these things my family says really break me inside. Criticism. Like imagine, there's an exam, I get 97 or 98 out of 100. That's good, right? But some people get 100 out of 100. Then at home they scold me: High expectations "Why did you make spelling mistakes? Why didn't you read the question properly?" Okay, scolding is normal. But when they say, "You are only good for this, nothing else. You won't achieve anything" that hurt… Things like… Then in the next exam I do worse. It ruins my mood completely"*

4.2.2 Challenges in Maintaining Routine

Adolescents struggled to maintain consistent daily routines, with fluctuating motivation and emotional stress making it difficult to follow regular schedules. Participants also struggled to maintain consistent daily routines. Time management, regular task completion, and balancing rest with responsibilities were common problems. Some days they felt motivated, while on others they felt tired or emotionally drained. These ups and downs made it hard to keep a stable routine, especially during stressful moments. Participant Maruf said that," Over there we had a routine. I tried to follow that routine when I first came home, maintain treatment routine but after one week everything started feeling hard again. I started feeling mentally down again. Of course, it affected me. Till now, I can't do things properly. My studies are affected the most. When I sit to study, I feel so much tension, I feel depressed. I can't focus for more than 5–6 minutes lack of attention. This worries me a lot."

Several participants reported difficulty maintaining consistent daily routines. Managing time, completing tasks regularly, and balancing rest with responsibilities were ongoing struggles. Some participants described feeling motivated on certain days but emotionally drained on others. These fluctuations made it difficult to follow a stable routine, especially when emotional stress or fatigue was present.

4.2.3 Systemic and External Obstacles

Participants also identified external barriers that affected reintegration. These included challenges within schools, lack of institutional understanding, financial strain, and limited access to supportive services. Participants Anisha said that, "The problem was mainly with my school some issues caused by the teachers. They used to make mistakes, and those mistakes continued. I couldn't fix those no matter what I tried."… "I think it's because once my mother had a conversation with my math teacher about my illness. Later, my parents also spoke to the principal... I think that hurt his ego. He

probably thought we looked down on him. He took it personally and kept thinking about it too much."

Participants felt these barriers were outside their control and added extra pressure to their recovery process.

4.3 Theme Three: Emotional Distress and Social Vulnerability

Despite improvements after treatment, emotional distress remained a significant part of participants' experiences. Participants described sensitivity to criticism, fear of judgment, and heightened emotional vulnerability in social situations.

4.3.1 Stigma and Internalized External Criticism

Participants reported experiencing negative comments, labeling, or judgment from others. These experiences lowered their confidence and made them more sensitive to criticism. Even comments intended as correction or advice were sometimes experienced as hurtful. Participants described feeling discouraged and demotivated when repeatedly reminded of their difficulties. Participant Mysha mentioned that, "Okay, scolding is normal. But when they say, "You are only good for this, nothing else. You won't achieve anything" that hurts. Then in the next exam I do worse. It ruins my mood completely."

4.3.2 Worry and Guilt

All participants described constant worry, particularly about academic performance, family expectations, and the future. This worry often occurred alongside feelings of guilt, especially when participants felt they were disappointing others. Participant Maruf said "My parents told me, "You can't study properly, how long are we supposed to teach you?" Then I felt like will I ever be able to do anything? Will I have to stay like this all my life? They won't provide for me forever." Participants Badol said that, "Okay, scolding is normal. But when they say, "You are only good for this, nothing

else. You won’t achieve anything” that hurts. Then in the next exam I do worse. It ruins my mood completely."

Although these feelings were reduced compared to before treatment, they still influenced their daily mood and motivation. Participants Arif said, "I feel worried because they work so hard for me, but I can’t always do what they expect... I still can’t wake up in the morning, and that makes me feel guilty."

4.3.3 Trauma and Hypervigilance

Some participants reported trauma-related experiences that affected their sense of safety. They described being easily startled, overly alert, or fearful in certain environments, particularly at school. These reactions happened automatically and were difficult to control. Trauma-related symptoms continued to affect their daily activities and sense of safety. Anisha said that, "Before, I used to be scared that someone would kill me... Even now, sometimes when I remember that incident, I get scared. If someone comes from behind at school, I feel like something will happen again."

4.4 Theme Four: Coping Strategies and Emotional Regulation

Participants used different strategies to manage stress and emotions during reintegration. Some approaches were helpful, while others limited their progress

4.4.1 Use and Non-Use of Learned Skills

All participants had learned coping strategies during treatment, many reported that they did not always use them. Some forgot the strategies, while others found them difficult to apply during emotional distress. Firose mentioned that, "That's when I go to bed at night, I do the breathing exercise. It is very useful for sleeping…es, breathing exercises. I do that quite often. It makes me feel a little better inside."

A small number of participants described occasionally using breathing techniques or calming exercises. However, consistent use of learned skills was limited.

4.4.2 Avoidant and Isolated

Avoidance was the most common coping method. When stressed, participants preferred to stay alone, remain quiet, or withdraw from others. This helped them avoid conflict or misunderstanding but also reduced their chances of receiving support. Participant Maruf Said, "No, I don't go to anyone. Most of the time, I stay quiet. I feel like no one will understand." while participant Tonu said, "When I feel stressed, I mostly just stay quiet or try to ignore it."

This approach was described as a way to protect oneself from misunderstanding or judgment. While helpful in the short term, isolation often reduced opportunities for emotional support.

4.4.3 Active and Creative Coping

Some participants described positive coping strategies such as drawing, praying, listening to music, or engaging in hobbies. These activities helped them release emotions and regain calmness. Arif said that, "One thing that really helps is drawing. When I draw, I feel calm and I can put my thoughts on paper."

Creative activities were especially useful for expressing feelings that were hard to talk about. Participants reported feeling emotionally lighter after engaging in such activities.

4.4.4 Emotional Instability

Despite efforts to cope, participants reported emotional ups and downs. Sudden mood changes, irritability, and emotional sensitivity were common. In this statement participant Mysha said that, "No… because I have only two problems, Studying and getting angry. No one tells me about my problems directly. They only talk about my anger…I feel like I'm still the same person I was before… I just need to reduce my anger."

Participants described although milder than before treatment, these symptoms still disrupted their daily lives and remained a challenge

4.5 Theme Five: The Influence of External Support Systems

External support systems played an important role in participants' reintegration experiences. participants' experiences with support from family, teachers, friends, and professionals.

4.5.1 Experience of Emotional Distance

Some participants described emotional distance from family members, teachers, or peers. Although people were physically present, participants sometimes felt emotionally unsupported or misunderstood. Participant Mysha said,

"The thing is, the people I used to be close friends with now only act in their own self-interest. For example, during exams, when I need help, I don't get it and then they say things like, "I don't want to talk to you anymore." While Tonu said that, "No, my family doesn't help me. ... When I tell sir what I'm feeling, he comforts me and tells me that we have to grow in life, and that problems are a part of life. Then my negative thoughts and worries reduce a lot."

This emotional distance contributed to feelings of loneliness and made them less likely to seek help. Participants said that, "Not really… I mean, they do what they think is good for me. They don't support anything that they think will harm me."

4.5.2 Sources of Positive Support

Almost five Participants identified a small number of individuals who provided meaningful support. These included mothers, trusted family members, friends, or mental health professionals. Participants Tonu mentioned,

"One of my school teachers helps me a lot. He tells me everything will be okay. My teachers really support me and comfort me." While Badol said, "Still, when I feel bad, I go to my father, he listens and helps. For example, when a boy slapped me at school, my father went to the school and sorted it out. That showed me he supports me emotionally and practically, and it made me feel safe."

Support was most helpful when it was compassionate, non-judgmental, and reassuring. Positive interactions strengthened participants' confidence and emotional well-being.

4.5.3 Need for Improved Support and Understanding

Participants expressed a clear need for greater understanding from adults and institutions. They wanted others to be more patient, supportive, and aware of mental health struggles. Better understanding was seen as essential for smoother reintegration. Tahmid said, "They should say, "You can do this," not "You can't do this." Just support like that."

4.6 Theme Six: Self-Improvement, Values, and Advice

Participants reflected on personal growth and lessons learned through their experiences. Many shared values and advice that guided their approach to recovery. participants learned and the advice they would give to others based on their experiences.

4.6.1 Personal Values and Conduct

Participants emphasized the importance of patience, discipline, and respectful behavior. They described trying to remain calm and focused during difficulties. One of

the participants Maruf said that, “If they don’t listen to their parents, I would tell them: first listen to what your parents say. If you still don’t like it, then don’t follow it.”

These values were often seen as tools for maintaining emotional balance and social harmony. Participants Arif said that, "I would tell them to be patient, respect their family, and learn to do their own tasks slowly by themselves."

4.6.2 Focus and Self-Acceptance

Participants highlighted the importance of accepting themselves and focusing on personal progress rather than comparing themselves to others. Self-acceptance helped them stay motivated and confident. Most of the participants said that, love yourself. Participant Maruf mentioned that,

“To love yourself…Don’t worry about long-term things. Focus on your present. Think about how much you’re improving...I want to tell them: if you focus on your work, improvement will come."

4.6.3 Advice on Detachment and Media Use

some participants advised reducing social media use and avoiding negative environments. They felt that too much exposure increased stress and emotional pressure. Detaching from these influences helped them stay calmer. They try to suggest avoid social medial. Here participant Mysha said that, “I’d suggest don’t go back to social media. It’ll destroy your life. And secondly, don’t overthink about your friends or connections."… Try not to spend too much time on TV or phone because that makes it harder to focus."

4.6.4 Tools for Reflection

Participants described reflection through thinking, journaling, drawing, or prayer as helpful tools. These practices supported emotional awareness and self-understanding. These activities helped them understand their emotions, process experiences, and maintain emotional balance. Participant Tahmid wanted to suggest every Adolescent, "And… yes..., one more thing write a diary."

CHAPTER V: DISCUSSION

This study explored the experiences of adolescents with mental illness as they returned to daily life after completing mental health treatment. The discussion interprets the findings according to the study objectives and relates them to existing literature on reintegration, adolescent development, and mental health recovery. Overall, the results show that reintegration is a complex, ongoing process that involves emotional, social, academic, and environmental adjustment. While many findings align with global research, several patterns reflect the cultural and systemic context of Bangladesh.

The first objective was to explore adolescents' perspectives on the reintegration process after treatment. Most adolescents described returning home as both comforting and challenging. Being back in a familiar environment gave them emotional relief and a sense of safety. Many felt calmer and less irritable after treatment, which is similar to findings from studies showing that structured therapeutic environments help stabilize symptoms before discharge (White et al., 2017). However, despite feeling better, several adolescents still felt vulnerable, unsure of how to manage daily demands, and afraid of relapse. This supports Hackworth (1996) who noted that reduced symptoms do not automatically mean full functional recovery. A notable finding in this study is the high emotional dependence on caregivers during reintegration, which may be shaped by the strong family bonds typical in Bangladeshi culture.

The second objective examined the challenges adolescents faced when returning to school, family, and social roles. Academically, many struggled with concentration, memory, and catching up with missed lessons. These difficulties are also reported internationally, where adolescents often experience cognitive overload during recovery (Geraghty et al., 2011). However, unlike in many Western countries where

schools offer accommodations or counseling, the adolescents in this study received very little support from their schools. This highlight ongoing gaps in school-based mental health services in Bangladesh. Social challenges were also significant. Many adolescents experienced peer judgment, teasing, and stigma. Although stigma toward mental illness is a global issue ((Nic Dhonnacha et al., 2024). It appeared particularly strong in this study, likely due to the high level of mental health stigma across South Asian societies.

Family relationships also played an important role in reintegration. While many families were supportive, others showed misunderstanding, tension, or overprotectiveness. This mix of experiences is similar to findings by Daniel and Goldston (2018), who emphasize that family responses can either help or hinder recovery. The overprotective behaviors seen in this study differ from Western research, where families are usually encouraged to gradually increase adolescents' independence (Sultana et al., 2021). In Bangladesh, however, strong family involvement is culturally expected, even though it may sometimes limit the adolescent's autonomy during reintegration.

The third objective focused on adolescents' emotional and psychological adjustment. Participants reported a combination of improved emotional stability and ongoing difficulties such as anxiety, emotional burden, and trauma-related thoughts. This pattern is consistent with transition studies showing that recovery continues even after treatment ends (Hackworth, 1996).Many adolescents struggled with low confidence and feeling "different" from their peers, which reflects research showing that mental illness during adolescence influences identity development (Geraghty et al., 2011). Internalized stigma and social withdrawal appeared stronger in this study than in some international studies, likely because mental health awareness in the community

is still limited (Sultana et al., 2021). Cognitive difficulties, including forgetfulness and poor concentration, were also common and match global findings on post-treatment cognitive recovery (Nic Dhonnacha et al., 2024).

The final objective explored adolescents' recommendations for improving mental health services. Many emphasized the need for better communication with healthcare providers, regular follow-up, and a more supportive, respectful approach. These recommendations align with evidence that collaborative communication improves recovery and long-term engagement (Elshamy et al., 2023). Adolescents also expressed the need for mental health support in schools, such as counseling, teacher awareness, and reduced academic pressure. These needs contrast with many high-income countries where school-based mental health services are well established (Sultana et al., 2021). Participants further suggested family education programs to help caregivers better understand mental illness and avoid overly controlling behaviors. Such recommendations support systemic models of recovery, which highlight the importance of coordinated involvement from family, schools, and healthcare systems (Hackworth, 1996).

Overall, the findings of this study align with global research on the emotional and functional challenges adolescents face after treatment, but several context-specific issues stand out. Cultural stigma, limited school support, and strong family dependency appear more pronounced than in Western contexts. These differences show that reintegration models must be adapted to fit the cultural and systemic conditions of Bangladesh. Reintegration should be viewed not as a simple return to normal life, but as an ongoing process that requires emotional adjustment, supportive environments, and well-coordinated care systems. This study contributes to a deeper understanding of

how adolescents navigate life after treatment and highlights the need for culturally appropriate strategies to support successful reintegration.

CHAPTER VI: CONCLUSION

6.1 Strengths and Limitations

6.1.1 Study Strengths

- Data were collected from adolescents with diverse backgrounds, including age, gender, diagnosis (e.g., conduct disorder, schizophrenia, GAD), educational levels, and living situations. This diversity enriched the study by capturing a wide range of reintegration experiences and emotional realities.
- The qualitative design was well-suited to exploring the complex, sensitive, and deeply personal experiences of adolescents during reintegration after comprehensive mental health treatment. This approach effectively captured emotional, academic, social, and familial dimensions that quantitative methods would not fully reveal.
- This study is among the first in Bangladesh to explore reintegration experiences of adolescents following mental health treatment, addressing a significant gap in adolescent mental health literature in a low-resource setting.
- Thematic analysis provided structured and meaningful interpretation, allowing deeper understanding of adolescents' emotional distress, coping patterns, and interactions with family, school, and community systems.
- Face-to-face interviews enabled rapport-building, allowing adolescents to express experiences in their own words. Data were securely stored on a password-protected device, ensuring confidentiality and ethical rigor.
- Findings provide a foundation for future research and service development in adolescent mental health, including reintegration programs, school-based interventions, and family education initiatives in Bangladesh.

6.1.2 Study Limitations

- Despite its strengths, the study also has several limitations. Like many qualitative studies, the small number of participants limits the generalizability of the findings. The experiences captured in this study cannot fully represent all adolescents who undergo mental health treatment in Bangladesh. Many adolescents felt shy or hesitant to share personal experiences, especially during the initial moments of the interview. Some participants also became less expressive when parents were present, which may have influenced the depth of the data.
- Another limitation is related to communication challenges during interviews. Some adolescents felt shy, anxious, or hesitant to share personal experiences, particularly at the beginning of the interviews. When parents were present, some adolescents became noticeably less expressive, which may have affected the depth of the information they shared. As a result, the data may not fully reflect the emotions or challenges they were experiencing internally.
- Participant recruitment was challenging. Many adolescents declined participation due to dissatisfaction with past treatment or fear of revisiting painful experiences. As a result, participants who were more satisfied with treatment were more likely to participate, which may have introduced response bias.
- Most participants were from urban or semi-urban settings, limiting insights into reintegration experiences of adolescents living in remote or rural communities with fewer mental health resources.
- As this was one of the researcher's first qualitative studies, there may have been unintentional methodological or interpretive limitations despite efforts to maintain rigor.

- As this was one of the researcher's first qualitative studies, there may have been unintentional methodological or interpretive limitations despite efforts to maintain rigor.

6.2 Practice Implications (Recommendations for Future Practice and Research)

6.2.1 Recommendations for Future Practice

Supporting adolescents after mental health treatment requires coordinated efforts across families, schools, and healthcare services. Mental health services should develop structured reintegration programs that include follow-up care, emotional regulation support, transition planning, and help with returning to school.

- Family education and counselling are important, as many adolescents feel misunderstood or pressured at home. Better communication and mental health awareness among caregivers can improve the reintegration process.
- Schools also play a key role. Teachers need basic mental health training, flexible academic adjustments, and strategies to reduce stigma and create supportive environments.
- Adolescents often need continued practice of coping and daily living skills. Ongoing guidance in areas such as emotional regulation, routine management, and self-care can help them maintain progress.
- Community awareness programs should be expanded to address stigma, which remains a major barrier to reintegration.
- Collaboration between occupational therapists and mental health professionals can further support adolescents with challenges in daily routines, social communication, and school participation.

6.2.2 Recommendations for Future Research

- Future research should examine the long-term trajectory of reintegration. Many changes such as academic progress, emotional stability, and family relationships develop gradually over time, and a cross-sectional design cannot capture this evolution.
- Comparative studies across rural and urban populations would help highlight differences in stigma levels, service availability, and reintegration barriers. Such findings could inform region-specific interventions.
- Research that includes parents, teachers, and healthcare professionals could provide a more comprehensive and multi-perspective understanding of adolescents' reintegration experiences.
- Larger-scale studies, possibly using mixed-method designs, would help improve generalizability and provide deeper insights into the factors influencing recovery and reintegration across various treatment centers.
- Studies assessing the effectiveness of structured reintegration or follow-up programs would be particularly valuable for designing evidence-based practices suited to the Bangladeshi context.
- Finally, participatory or youth-led research approaches would allow adolescents to directly shape future reintegration services, ensuring that interventions reflect their real needs, preferences, and insights.

6.3 Conclusion

This study explored the reintegration experiences of adolescents after completing comprehensive mental health treatment in Bangladesh and found that reintegration is a gradual, multifaceted process involving emotional, academic, social, and familial adjustments. Although many adolescents reported improved emotional stability and

daily functioning, they continued to face challenges such as cognitive difficulties, stigma, inconsistent coping, and academic or family pressures. These findings are consistent with international literature, yet reflect unique contextual barriers in Bangladesh, including intense academic expectations, limited school-based mental health support, and low mental health awareness among caregivers and teachers. Adolescents expressed a need for patient communication, nonjudgmental support, and accessible follow-up services that extend beyond treatment. They emphasized the importance of supportive school environments and family dynamics that balance guidance with autonomy.

Overall, this study contributes important insights to adolescent mental health in Bangladesh by underscoring the need for coordinated, culturally responsive reintegration systems. Strengthening follow-up care, reducing stigma, supporting families, and enhancing school-based mental health services are essential for promoting sustained recovery and long-term well-being among adolescents.

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APPENDICES

Appendix A: Approval / Permission Letter

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/07/2025/1116

Date: 21.07.2025

To
Aritri Biswas
4th Year B.Sc. in Occupational Therapy
Session: 2020-2021 Student ID: **122200447**

Subject: Approval of the thesis proposal **Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment** by ethics committee.

Dear Aritri Biswas
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator and Kaniz Fatema, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL No.	Name of the Documents
1	Research Proposal
2	Self-developed Interview Guide
3	Information sheet & consent form.

The purpose of the study is to explore how adolescents experiences regarding their reintegration into family and community life after completing comprehensive mental health treatment. The study involves use of a self-developed interview guide to explore adolescents' experiences regarding their reintegration into family and community life after completing comprehensive mental health treatment. That may take 30 to 45 minutes to answer the Interview Guide and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regard,

Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Date: 24/06/25
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Sir,

With due respect I would like to draw your kind attention that I am a student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. I would like to conduct a thesis titled, **"Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment: A Qualitative Study"** with myself, as the principal investigator and Kaniz Fatema, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as my thesis supervisor. The purpose of the study is to explore how adolescents experiences regarding their reintegration into family and community life after completing comprehensive mental health treatment.

Self-developed interview guide will be used in the study that will take about 30 to 45 minutes. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,

Aritri Biswas
Aritri Biswas
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200447**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the thesis supervisor/concerned authority:

Kaniz Fatema
Lecturer, Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI),
CRP, Savar, Dhaka-1343

Permission Letter for Data Collection

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
The Project Manager,
Meaningful Social Access for Persons with Mental Health Needs
CRP, Chapain, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment: A Qualitative Study"** with myself & Kaniz Fatema as my thesis supervisor. The purpose of my study is to explore the experiences regarding the reintegration of adolescents with mental Illness after Completing Comprehensive Mental Health Treatment. In order to fulfill the objectives of this study I am respectfully requesting your permission to collect data from adolescents who have received such treatment from Rabia Noor Mental Health Day Center. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Aritri
Aritri Biswas
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200447
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permission is granted for data collection from CRP-Rabia Noor Mental Health Day Centre and strongly advised to maintain ethical standards and confidentiality in accordance with the code of ethics related to the Psychosocial field.

Rabiul (2209)
09.08.25

Md. Rabiul Hasan
Project Manager
Mental Health Project-CRP

Recommendation from the Head of the Department:

Prof. Sk. Monirzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter.

Appendix B: Information Sheet and Consent with withdrawal

Information Sheet

Research title: Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment.

Name of the researcher:

Aritri Biswas
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021
Bangladesh Health Professions Institute (BHPI),
Centre for the Professionals of the Paralysed (CRP)
CRP-Chapain, Savar, Dhaka-1343
Email: aritribiswas22@gmail.com

Supervisor:

Kaniz Fatema
Lecturer
Department of Occupational Therapy
Bangladesh Health Professions Institute.
Call: 01855611776
Email: kanizot1993@gmail.com

Place of research: The study will be conducted at Rabia Noor Mental Health Day Center, located within the Centre for the Rehabilitation of the Paralysed (CRP), Savar.

Introduction:

I am Aritri Biswas 4th year student (Session: 2020-2021) of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), the academic institute of the Centre for the Rehabilitation of the Paralysed (CRP) which is under the Medicine faculty of Dhaka University. As a part of course curriculum, I have to conduct a research project in this 4th year. This research project will be conducted under the supervision of, Kaniz Fatema, Lecturer, Department of Occupational Therapy (BHPI), Centre for the Professionals of the Paralysed (CRP). By this information sheet researcher will provide detailed information about the study purpose, data collection process, ethical issues. If you are willing to participate in this research then clear information about the study will be easier for you in decision making. Please take time to read the information given. If you face any problem understanding after reading, you can ask.

Background and aim of the research:

You are invited to participate in this research because you are an adolescent who has received comprehensive mental health treatment at Rabia Noor Mental Health Day Center. The aim of this study is to explore how adolescents experience reintegration into daily life after completing mental health treatment in the Bangladeshi context. The research focuses on understanding emotional, social, academic, and family-related challenges, identifying barriers that make reintegration difficult, and exploring the types of support that help adolescents adjust after treatment. Your experiences are valuable in identifying important areas that may improve future mental health services for adolescents.

What does the research involve?

The research related information will be discussed with you throughout the information sheet before taking your signature on the consent form. After that, you will take part in a face-to-face interview where you will be asked about your experiences after treatment, including emotional changes, routine management, challenges at home or school, and the support you received during reintegration. Your interview will be recorded, and your responses will be analyzed to identify common patterns and themes. You may withdraw your participation within one week after the interview by using a withdrawal form. Your personal information will remain confidential throughout the study.

The research related information will be discussed with you throughout the information sheet before taking your signature on the consent form. After that, you will attend a face-to-face interview. After the participants participate, they will be accounted to answer all the questions. Participants will be given a consent withdrawal paper to cancel their participation according to their wish within one week after conducting the interview. The recorded information will be kept confidential and your identity will not be revealed anywhere.

Why Were You Chosen for This Research?

You were selected for this study because you are an adolescent attending Rabia Noor Mental Health Day Center who has completed or is completing comprehensive mental health treatment. Your insights can help researchers understand how adolescents manage their daily lives after treatment, what challenges they face, and what types of support are most helpful during reintegration.

Will you have to participate?

Your participation in this study is entirely voluntary. The research related information will be discussed with you throughout the information sheet before taking your signature on the consent form. After that, you will attend a face-to-face interview. After that, you will be accounted to answer all the questions. Participants will be given a consent withdrawal form to cancel their participation according to your wish within one week after conducting the interview. The recorded information will be kept confidential and your identity will not be revealed anywhere.

What are the possible risks and opportunities of participation?

There are no financial benefits for participating in this research. There are also no physical or psychological risks, as the interview questions are not harmful in nature. Although you may not receive direct personal benefits, your participation will help increase understanding of the reintegration experiences of adolescents after mental health treatment. This may contribute to the development of improved mental health services, reintegration programs, and support systems for adolescents in Bangladesh.

Will the participation be confidential?

The Researcher will strictly maintain the secrecy of the research. The participant's names will only be cited in the consent paper, while codes will be used in the question paper to maintain confidentiality. Only the related researcher and supervisor can know about it directly. The information paper will be locked in a drawer and the preservation of electronics will be in Occupational Therapy Department of BHPI and personal laptop of the researcher.

What will be the result of the research?

The study will help explain how adolescents experience reintegration after completing mental health treatment, including the challenges they face and the support they need from family, school, and the community. The results will highlight important areas where mental health services can improve their support for adolescents transitioning back into daily life. These findings will help guide future interventions and program development.

Promotional Results

The results of this study may be shared through print or electronic media, academic publications, presentations, conferences, or other relevant platforms. Your identity will remain confidential in all forms of dissemination.

If you have any questions, you may contact us using the provided contact information.

Information Sheet (Bangla Version)

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষণার বিষয়ঃ " ৈসমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি: একটি অভিজ্ঞতাভিত্তিক অনুসন্ধান

গবেষকঃ অরিত্রি বিশ্বাস, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশনঃ ২০২০-২১, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

তত্ত্বাবধায়কঃ কানিজ ফাতেমা, প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা

গবেষণার স্থানঃ এই গবেষণাটি, সিআরপি - রাবিয়া নূর মেন্টাল হেলথ ডে সেন্টার, নবীনগর, সাভার,ঢাকা থেকে যেসব কিশোর কিশোরী সেবা নিয়ে চলে গিয়েছে ৬ মাস বা তারও অধিক সময় ,তাদের উপর করা হবে

ভূমিকা

আমি অরিত্রি বিশ্বাস, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউটে বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্রী হিসেবে (২০২০-২১) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষা কার্যক্রমটি সম্পূর্ণ করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এ গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউটের এর অকুপেশনাল থেরাপি বিভাগের প্রভাষক কানিজ ফাতেমা এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এ অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী গবেষণাটির সাথে সংশ্লিষ্ট বিষয়ে কিভাবে রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহণ করতে আপনি ইচ্ছুক থাকেন, সে ক্ষেত্রে এ গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারণা থাকলে সিদ্ধান্তগ্রহণ সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহণ আমাদের নিশ্চিত করতে হবে না, যেকোনো সিদ্ধান্ত গ্রহণের পূর্বে, যদি চান আপনার আত্মীয়-স্বজন বন্ধু অথবা আস্থাভাজন যে কারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে, অংশগ্রহণকারী তথ্যপত্রটি পড়ে, যদি কোনো বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরও বেশি জানা প্রয়োজন হয় তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট ও উদ্দেশ্য

আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ, বাংলাদেশে, সমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি বিষয়ক কোনো গবেষনা নেই। এটি বাংলাদেশের সমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি অভিজ্ঞতা বিশ্লেষণ করতে সহায়তা করবে। আপনার তথ্য এই গবেষণায়, আপনার সেচ্ছায় অংশগ্রহণের মাধ্যমে সমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি অভিজ্ঞতা জানতে সহায়ক হবে বলে আমরা আশাবাদী।

এই গবেষণা কর্মটিকে অংশগ্রহণের সাথে সম্পৃক্ত বিষয় সমূহ কি সেই সম্পর্কে জানা যাক

আপনার থেকে অনুমতি পত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোনো কারণে স্বাক্ষর প্রদানের ব্যর্থ হন, সে ক্ষেত্রে আপনার কাছ থেকে একজন সাক্ষীর উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে। আপনি অংশগ্রহণ নিশ্চিত করলে, আপনার সংরক্ষণের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেওয়া হবে । পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য-উপাত্ত একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহণ করতে হবে না। আপনি সম্মতি প্রদান করা সত্ত্বেও যে কোনো সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন।

অংশগ্রহণ এর সুবিধা ও ঝুঁকিসমূহ কি?

গবেষণা প্রকল্পটিতে অংশগ্রহণের জন্য আপনি সরাসরি কোনো সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহণে আপনার দৈনন্দিন কাজে সাময়িক অসুবিধার কারণ হতে পারে। তবে আমরা আশাবাদী যে, এ গবেষণার ফলাফল থেকে প্রাপ্ত উপকারিতা এই অসুবিধাকে অতিক্রম করবে। যে সমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে সেই বিষয়ে উদ্বিগ্ন না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহণকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফট্ওয়ারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?

এ সম্মতি পত্রের স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষণা প্রকল্পের অধ্যয়নরত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোনো তথ্য, যা আপনাকে শনাক্ত করতে পারে তা গোপনীয় থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষণের কাজে ব্যবহৃত হবে। তথ্য পত্রগুলো তালাবদ্ধ ড্রয়ার এ রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্ত সমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে। প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যেকোনো ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোনো ভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিকভাবে কাগজপত্র সংগ্রহ করা হবে।

ফলাফল প্রচার সম্পর্কিত তথ্য

এই গবেষণার ফলাফল বিভিন্ন সামাজিক মাধ্যম, ওয়েবসাইট, সম্মেলন, আলোচনা সভায় এবং পর্যালোচিত জার্নালে প্রকাশ করা হবে।

অংশগ্রহণকারীর পারিশ্রমিক

এই গবেষণায় অংশগ্রহণের জন্য কোন পারিশ্রমিক দেওয়ার ব্যবস্থা নেই।

গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎস

এই গবেষণাটি খরচ সম্পূর্ণ গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি ছোট পরিসরে করা হবে এবং এখানে কোন অর্থ বহিরাগত উৎস থেকে আসবে না।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহ

আপনি সম্মতি প্রদান করা সত্ত্বেও তথ্য দেওয়ার এক সপ্তাহের মধ্যে যে কোনো সময় গবেষককে কোনো ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবে না তার অনুমতি অংশগ্রহণকারীর প্রত্যাহারপত্রে (শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

গবেষকের সাথে যোগাযোগের ঠিকানা

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে, এখন অথবা পরবর্তীতে যেকোনো সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত নাম্বারে (০১৭৫৭৫৩৩৫২৮, অরিত্রি বিশ্বাস) অথবা ইমেইলে (ধৎরঃৎরনরংধিং২২@মসধরষ.পড়স) যোগাযোগ করতে পারেন।

অভিযোগ

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোন অভিযোগ থাকলে, এসোসিয়েশন অফ এথিক্স (৭৭৪৫৪৬৪-৫) এর সাথে যোগাযোগ করুন। এই প্রস্তাবটি ইনস্টিটিউশনাল রিভিউড বোর্ড (আইআরবি), বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪০, বাংলাদেশ দ্বারা পর্যালোচনা করা হয়েছে, যেটি একটি কমিটি যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে রক্ষা করা নিশ্চিত করা। আপনি যদি আইআরবি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ-এ যোগাযোগ করুন।

Consent Form (English Version)

Consent Form

Namaskar. I am Aritri Biswas, a 4th year student of the B.Sc. in Occupational Therapy program (Session: 2020–2021) at Bangladesh Health Professions Institute under the Faculty of Medicine, University of Dhaka. To fulfill my B.Sc. degree, I am required to conduct a research project, which is a part of my academic curriculum. The title of my Research is **"Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment: A Qualitative Study"**. The purpose of the study is to find out experiences regarding the reintegration of adolescents with mental illness after completing comprehensive mental health treatment . To complete my research project, I need to collect some information from you. Therefore, you may become an esteemed participant in this study. Information will be collected through face-to-face interviews, and the conversation will last approximately 30–60 minutes. I would like to inform you that this is purely an academic study and will not be used for any other purpose. I assure you that all information will be kept confidential. Your participation is entirely voluntary. You have the right to withdraw your consent at any time within one week of data collection. However, withdrawal will not be possible after one week from the date of data collection.

If you have any questions about this research, you may contact the researcher Aritri Biswas or the supervisor Kaniz Fatema (Lecturer, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka).

Do you have any questions before we begin the interview?

Yes ☐ No ☐

So, may I have your consent to proceed with the interview?

Yes ☐ No ☐

Signature of the investigator and Date: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signature of the participant and Date: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signature of the witness and Date: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Consent Form (Bangla Version)

সম্মতিপত্র

আসসালামু আলাইকুম। আমি অরিত্রি বিশ্বাস, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউটে বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্র হিসেবে (২০২০-২১) সেশনে অধ্যয়নরত আছি। আমার বি.এস.সি ডিগ্রী সম্পন্ন করতে, আমাকে একটি গবেষণা প্রকল্প পরিচালনা করতে হবে এবং এটি আমার অধ্যয়নের একটি অংশ। আমার গবেষণার শিরোনাম হলো " **সমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি: একটি অভিজ্ঞতাভিত্তিক অনুসন্ধান"**। আমার গবেষণার লক্ষ্য হলো সমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি: একটি অভিজ্ঞতাভিত্তিক অনুসন্ধান করা। আমার গবেষণার প্রকল্পটি সম্পূর্ন করার জন্য আপনার কাছ থেকে কিছু তথ্য দরকার। সুতরাং, আপনি এই গবেষণার একজন সম্মানিত অংশগ্রহণকারী হতে পারেন। সামনা সামনি কথা বলার মাধ্যমে তথ্যগুলো সংগ্রহ করা হবে এবং কথোপকথনের সময় হবে ৩০-৬০ মিনিট।

আমি আপনাকে জানাতে চাই যে এটি একটি সম্পূর্ণরূপে একাডেমিক অধ্যয়ন এবং অন্য কোন উদ্দেশ্যে ব্যবহার করা হবে না। আমি আশ্বাস দিচ্ছি যে সমস্ত তথ্য গোপন রাখা হবে। আপনার অংশগ্রহণ স্বেচ্ছায় হবে। তথ্য সংগ্রহের এক সপ্তাহের মধ্যে যে কোন সময় আপনার সম্মতি প্রত্যাহার করার অধিকার থাকবে। তবে তথ্য সংগ্রহের এক সপ্তাহ পরে প্রত্যাহার করতে পারবেন না।

এই গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি গবেষক অরিত্রি বিশ্বাস অথবা সুপারভাইজার কানিজ ফাতেমা (প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা) এর সাথে যোগাযোগ করতে পারেন।

তথ্য প্রদান শুরু করার আগে আপনার কোন প্রশ্ন আছে?

হ্যাঁ ☐ না ☐

তাহলে, ইন্টারভিউ নেওয়ার অন্য আমি কি আপনার সম্মতি পেতে পারি?

হ্যাঁ ☐ না ☐

গবেষকের স্বাক্ষর এবং তারিখ ঃ _ _ _ _ _ _ _ _ _ _ _ _ _ _

অংশগ্রহণকারীর স্বাক্ষর এবং তারিখ ঃ _ _ _ _ _ _ _ _ _ _ _ _ _ _

স্বাক্ষীর সাক্ষর এবং তারিখ ঃ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Withdrawal form (English)

Research Title: Experiences regarding the Reintegration of Adolescents with Mental Illness after Completing Comprehensive Mental Health Treatment: A Qualitative Study

Researcher's Name: Aritri Biswas, 4th year, Occupational Therapy.

I, ..., (Participant's Name) wish to withdraw from participating myself as a participant in this study.

Reason for withdrawing:

.....

.....

.....

Name of the participant: .....

Signature of the participant: .....

Date: .....

Name of the researcher: .....

Date: .....

প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

গবেষণার শিরোনাম: সমন্বিত মানসিক স্বাস্থ্য চিকিৎসা সমাপ্তির পর কিশোর-কিশোরীদের সমাজে পুনঃঅন্তর্ভুক্তি: একটি অভিজ্ঞতাভিত্তিক অনুসন্ধান

গবেষক: অরিত্রি বিশ্বাস,৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ

আমি _____ (অংশগ্রহণকারীর নাম) এই গবেষণায় একজন অংশগ্রহণকারী হিসেবে নিজেকে অংশগ্রহন করা থেকে প্রত্যাহার করতে চাই

প্রত্যাহারের কারণ:

_____

_____

_____

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর: _____

তারিখ: _____

গবেষকের স্বাক্ষর: _____

তারিখ: _____

Appendix C: Interview Guide

Sociodemographic Questionnaire

Basic Information

1. Age: _____ years
2. Gender:
   ☐ Male
   ☐ Female
   ☐ Other: _____
3. Phone Number: _____
4. Signature…….
5. Education level / Class currently attending:
   ☐ Not attending school
   ☐ Primary (Class 1–5)
   ☐ Secondary (Class 6–10)
   ☐ Higher Secondary (College Level)
   ☐ Madrasa education
   ☐ Vocational/Technical
   ☐ Others: _____
6. Current living situation:
   ☐ With parents
   ☐ With relatives
   ☐ Hostel/Residential care
   ☐ Alone
7. Area of residence:
   ☐ Urban
   ☐ Semi-urban
   ☐ Rural
8. Address……

Mental Health & Treatment Background

9. Diagnosis received (if known):
   ☐ Depression
   ☐ Anxiety disorder
   ☐ Bipolar disorder
   ☐ Schizophrenia
   ☐ ADHD
   ☐ Autism Spectrum Disorder

☐ Conduct Disorder

☐ Don’t know

☐ Others: _____

10. Type of treatment received:

☐ Inpatient

☐ Outpatient

☐ Both

☐ Others: _____

11. Duration of treatment:

☐ Less than 1 month

☐ 1–3 months

☐ 4–6 months

☐ More than 6 months

☐ Ongoing

12. Time since treatment ended:

☐ Less than 1 month ago

☐ 1–3 months ago

☐ 4–6 months ago

☐ More than 6 months ago

13. Are you currently receiving any follow-up care (therapy, medication, school counseling, etc.)?

☐ Yes

☐ No

☐ Occasionally

Family and Social Background

14. Family type:

☐ Joint family

☐ Nuclear family

☐ Single-parent household

☐ Foster/Adoptive family

☐ Other: _____

15. Primary caregiver relationship:

☐ Mother

☐ Father

☐ Grandparent

☐ Sibling

☐ Other relative

☐ NGO/Institutional guardian

☐ Other: _____

16. Family's monthly income (approx.):……..
17. Any other disability or health condition (self reported):……

Section 2: Interview Questions

1.Can you describe what it was like for you to return to your usual life after treatment?

- Why do you think integration is important/unimportant?
- Did your real-life experience match what you expected before coming back?

2.What was the most challenging part of resuming your daily routines after treatment?

- Which specific task or routine felt hardest (schoolwork, chores, self-care)? How did it affect your day/mood?

3.How did your interactions with others when you returned?

- Describe a moment you felt included or excluded?
- How did this affect your willingness to engage?

4. What emotions did you experience in the first few weeks at home?

5. What kinds of things make you feel stressed or worried now?

- What usually causes overwhelm or stress?

6. What helps you manage your stress or emotions these days?

- What strategies/activities help you cope?
- Do you use skills learned during treatment?

7. Do you feel supported by others emotionally?

- Who do you go to when you're feeling low?
- Can you give an example of emotional support?

8. What kinds of things affect your return to daily life after treatment?

- What things would make it easier for you to return to daily life after treatment?
- What things would make it harder for you to return to daily life after treatment?
- What support do you wish families, schools, or mental health workers could provide?

9. Is there anything we haven't talked about that you think matters in your journey after treatment?

- .What kind of support do adolescents find helpful when coming back to normal life
- What advice would you give to someone helping a young person?

সামাজিক ও জনসংখ্যাগত প্রশ্নাবলী

মৌলিক তথ্য

১. বয়স: _____ বছর

২. লিঙ্গ:

☐ পুরুষ

☐ নারী

☐ অন্যান্য: _____

৩. ফোন নম্বর : _____

৪. শিক্ষাগত স্তর / বর্তমানে যে শ্রেণিতে অধ্যয়নরত:

☐ বিদ্যালয়ে অধ্যয়নরত নন

☐ প্রাথমিক (১ম–৫ম শ্রেণি)

☐ মাধ্যমিক (৬ষ্ঠ–১০ম শ্রেণি)

☐ উচ্চ মাধ্যমিক (কলেজ পর্যায়)

☐ মাদ্রাসা শিক্ষা

☐ কারিগরি / পেশাগত শিক্ষা

☐ অন্যান্য: _____

৫. বর্তমান বাসস্থান:

☐ পিতামাতার সাথে

☐ আত্মীয়দের সাথে

☐ হোস্টেল/আবাসিক সেবায়

☐ একা

☐ অন্যান্য: _____

৬. বসবাসের এলাকা:

☐ শহরাঞ্চল

☐ আধা-শহরাঞ্চল

☐ গ্রামাঞ্চল

৭. ঠিকানা……..

মানসিক স্বাস্থ্য ও চিকিৎসা পটভূমি

৮. প্রাপ্ত ডায়াগনোসিস (যদি জানা থাকে):

☐ ডিপ্রেশন

☐ উদ্বেগজনিত সমস্যা

☐ বাইপোলার ডিজঅর্ডার

☐ সিজোফ্রেনিয়া

☐ ADHD

☐ অটিজম স্পেকট্রাম ডিজঅর্ডার

☐ কন্ডাক্ট ডিজঅর্ডার

☐ জানি না

☐ অন্যান্য: _____

৯. প্রাপ্ত চিকিৎসার ধরন:

☐ আবাসিক

☐ বহির্বিভাগ

☐ উভয়

☐ অন্যান্য: _____

১০. চিকিৎসার সময়কাল:

☐ ১ মাসের কম

☐ ১–৩ মাস

☐ ৪–৬ মাস

☐ ৬ মাসের বেশি

☐ চলমান

১১. চিকিৎসা শেষ হওয়ার সময়কাল:

☐ ১–৩ মাস আগে

☐ ৪–৬ মাস আগে

☐ ৬ মাসের বেশি আগে

১২. আপনি কি বর্তমানে ফলো-আপ সেবা (থেরাপি, ওষুধ, স্কুল কাউন্সেলিং ইত্যাদি) নিচ্ছেন?

☐ হ্যাঁ

☐ না

☐ মাঝে মাঝে

পারিবারিক ও সামাজিক পটভূমি

১৩. পরিবারের ধরন:

☐ যৌথ পরিবার

☐ একক পরিবার

☐ একক পিতা/মাতার পরিবার

☐ পালক/দত্তক পরিবার

☐ অন্যান্য: _____

১৪. প্রধান যত্ন প্রদানকারীর সম্পর্ক:

☐ মা

☐ বাবা

☐ দাদা-দাদী/নানা-নানী

☐ ভাই/বোন

☐ অন্যান্য আত্মীয়

☐ NGO/প্রতিষ্ঠানিক অভিভাবক

☐ অন্যান্য: _____

১৫. পরিবারের মাসিক আয় (আনুমানিক):……

১৬. অন্য কোনো প্রতিবন্ধকতা বা স্বাস্থ্যগত সমস্যা আছে?.....

ইন্টারভিউ গাইড

১। চিকিৎসার পর স্বাভাবিক জীবনে ফিরে আসা আপনার জন্য কেমন ছিল,দয়া করে বিস্তারিত বলুন?

- আপনার মতে পুনরায় পরিবার বা সমাজে ফিরে আসা কেনো গুরুত্বপূর্ণ/ গুরুত্বপূর্ণ নয়?
- বাস্তবে আপনার অভিজ্ঞতা কি চিকিৎসার পর ফিরে আসার আগে যেমন ভেবেছিলেন, তার সঙ্গে মিলে গেছে?

২। চিকিৎসার পর দৈনন্দিন রুটিনে ফিরে আসার সবচেয়ে কঠিন অংশটি কী ছিল আপনার জন্য?

- কোন নির্দিষ্ট কাজ বা রুটিন সবচেয়ে কঠিন মনে হয়েছিল (যেমন স্কুলের কাজ, ঘরের কাজ, নিজের যত্ন)?
- এটি আপনার দিন বা ব্যবহারে কীভাবে প্রভাব ফেলেছিল?

৩। চিকিৎসার পরবর্তী সময়ে অন্যদের সঙ্গে আপনার সম্পর্ক কেমন ছিল?

- বর্ণনা করুন যখন আপনি নিজেকে যোগ্য বা অযোগ্য অনুভব করেছিলেন।

৪। বাসায় ফিরে প্রথম কয়েক সপ্তাহে আপনি কী ধরনের অনুভূতি অভিজ্ঞতা করেছেন? দয়া করে বিস্তারিত বলুন।

৫। বর্তমানে কোন ধরনের বিষয় আপনাকে দুশ্চিন্তাগ্রস্ত বা উদ্বিগ্ন করে তোলে?

- সাধারণত কোন জিনিস আপনাকে অতিরিক্ত চাপে ফেলে বা চাপ তৈরি করে?

৬। আজকাল আপনি কীভাবে আপনার চাপ বা আবেগ নিয়ন্ত্রণ করেন?

- কোন কৌশল/কর্মকাণ্ড যা আপনাকে চাপ মোকাবিলা করতে সাহায্য করে?
- চিকিৎসার সময় শেখা দক্ষতাগুলো কি ব্যবহার করেন?

৭। আপনি কি মনে করেন যে অন্যরা আপনাকে মানসিকভাবে সমর্থন করছেন?

- যখন আপনি খারাপ অনুভব করেন তখন কার কাছে যান?
- মানসিক সমর্থনের একটি উদাহরণ দিতে পারবেন কি?

৮। চিকিৎসার পর স্বাভাবিক জীবনে ফিরে আসায় কোন ধরনের বিষয় প্রভাব ফেলে?

- কোন বিষয়গুলো আপনাকে সহজে ফিরে আসতে সাহায্য করে?
- কোন বিষয়গুলো ফিরে আসা কঠিন করে তোলে?
- পরিবার, স্কুল বা মানসিক স্বাস্থ্যকর্মীরা কী ধরনের সহায়তা দিতে পারে বলে আপনি মনে করেন ?

৯। চিকিৎসার পর আপনার যাত্রায় এমন কিছু কি আছে যা আমরা আলোচনা করিনি কিন্তু আপনি গুরুত্বপূর্ণ মনে করেন?

- স্বাভাবিক জীবনে ফিরে আসার সময় কিশোর-কিশোরীরা কেমন ধরনের সহায়তাকে কার্যকর মনে করে?
- একজন তরুণকে সাহায্য করতে চাইলে আপনি তাকে কী পরামর্শ দিতেন?

Framework:

Objective	Main Interview Question	PEO Component	Framework Domain
Objective 1: Explore adolescents' perceptions of reintegration	1. Can you describe what it was like for you to return to your usual life after treatment?	Person – Environment – Occupation	PEO Interaction
Objective 1	Did your real-life experience match what you expected before coming back?	Person	PERSON
Objective 2: Explore challenges adolescents face when returning to daily life	2. What was the most challenging part of resuming your daily routines after treatment?	Occupation	OCCUPATION
Objective 2	Which specific task or routine felt hardest (schoolwork, chores, self-care)?	Occupation	OCCUPATION
Objective 2	How did it affect your day or mood?	Person	PERSON
Objective 1 & 4	3. How were your interactions with others when you returned?	Environment	ENVIRONMENT
Objective 1 & 4	Describe a moment you felt included or excluded.	Environment	ENVIRONMENT
Objective 3: Understand emotional & psychological adjustments	4. What emotions did you experience in the first few weeks at home?	Person	PERSON
Objective 3	5. What kinds of things make you feel stressed or worried now?	Person	PERSON
Objective 3	6. What helps you manage your stress or emotions these days?	Person	PERSON
Objective 3	Do you use skills learned during treatment?	Person	PERSON

Objective 1 & 4	7. Do you feel emotionally supported by others?	Environment	ENVIRONMENT
Objective 1 & 4	Who do you go to when you're feeling low?	Environment	ENVIRONMENT
Objective 1 & 2	8. What kinds of things affect your return to daily life after treatment?	Person – Environment – Occupation	PEO Interaction
Objective 4: Explore recommendations for improving mental health services	What support do you wish families, schools, or mental health workers could provide?	Environment	ENVIRONMENT
All Objectives	9. Is there anything we haven't talked about that matters in your journey after treatment?	Person – Environment – Occupation	PEO Interaction

Appendix D: Supervision Contact schedule

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Experiences regarding the Reintegration of Adolescents with Mental Illness after completing Mental Health Treatment: A Qualitative study

Name of student: Aritri Biswas

Name and designation of thesis supervisor: Kaniz Fatema
Lecturer, Department of Occupational Therapy

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	25.5.2025	BHPI Office	Discussion about research titles	1 hour	Titles discussed	Aritri	
2	28.5.2025	BHPI Office	First titles selection and guideline about Relevent literature	1.5 hr 30 min	Title selected and guidline discussed	Aritri	
3	29.5.25	BHPI office	Discussion about aim and objective	1 hr	Aim and Objective discussed	Aritri	
4	31.5.2025	BHPI office	Interview guide planning	1 hr 30 min	planning done	Aritri	
5	01.6.2025	BHPI office	Preparing interview questions	2 hr	questions prepared	Aritri	
6	02.6.2025	BHPI office	Interview guide translation	3 hr	translation done	Aritri	
7	14.6.2025	BHPI office	Proposal writing guidance	1 hr 30 min	writing started	Aritri	
8	15.6.2025	BHPI office	Method discussion	30 min	Method discussed	Aritri	
9	16.6.2025	BHPI office	Proposal checking	3 hr	checking completed	Aritri	
10	22.6.2025	BHPI office	IRB proposal feedback submission	1 hr 30 min	feedback received	Aritri	
11	25.6.2025	BHPI office	Discussion about title change	45 min	Title change discussed	Aritri	
12	01.7.2025	BHPI office	New title and new aim-objective election	3 hr	Re-selected Title with aim objective	Aritri	
13	15.7.2025	BHPI office	Interview guide discussion	3 hr	New interview guide finalized	Aritri	
14	20.07.2025	BHPI office	Interview guide framework checking	3 hr	Framework cheaked	Aritri	

15	15.12.25	BHPI office	literature review Writing discussion	3 hrs	writing style discussed	Anitri	
16	6.12.25	BHPI office	Data analysis and result checking	3 hrs	Data and coding checked.	Anitri	
17	9.12.25	BHPI office	Result writing discussion	1 hour 30 min	Result writing done	Anitri	
18	1.1.2026	BHPI office	first draft checking and feedback	3 hrs	feedback received	Anitri	
19	3.2.2026	BHPI office	second draft feedback	2 hrs	Improvement feedback done	Anitri	
20	10.2.2026	BHPI office	Second draft finalizing	3 hrs	draft finalized	Anitri	

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.