

**Experience of Participation in Instrumental Activities of  
Daily Living Among Person with Mental Illness  
Following Rehabilitation: A Phenomenological Study**



By

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## Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the finding of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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This study is wholeheartedly dedicated to Mita Akter my beloved and honorable mother.

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## List of Abbreviations

ADLs	Activities of Daily Living
APA	American Psychiatric Association
BAD	Bipolar Affective Disorder
BMD	Bipolar Mood Disorder
BHPI	Bangladesh Health Professions Institute
CRP	Centre for the Rehabilitation of the Paralysed
DALYs	Disability Adjusted Years
F20	Schizophrenia
IADLs	Instrumental Activities of Daily Living
PD	Personality Disorder
WHO	World Health Organization
YLDs	Years Lived with Disabilities

## Abstract

**Background:** 1 in every 8 people in the world live with mental disorder. People who suffer from any kind of mental illness have the possibilities to face difficulties in instrumental activities of daily living (IADLs). They do not independent in all aspects of community life but surprisingly mental health sectors less focused on IADLs. Worldwide increasing the number of people with mental illness. So far research evidence is not well established so that, it's necessary to find their problem and increased knowledge on this field.

**Aim:** This study aimed to explore the experience of participation in instrumental activities of daily living among person with mental illness following rehabilitation.

**Methods:** This study followed a qualitative study design and phenomenological approach and the investigator imitated purposive sampling for data collection from nine participants depending on data saturation. All participants in this study took rehabilitation service from CRP mental health project named "Occupational Therapy Day Centre for People with Mental Health Needs". Self-developed semi structured-interview guide was used to take face-to-face in-depth interview from the community. Collected data were analysed by using Braun and Clarke's six-step of thematic analysis.

**Result:** Ten main themes appear from data analysis with some sub-themes. Maximum participant faced similar problems in IADLs such as money management, using transportation, and using mobile phones. Some participants are not interested to participate in some areas especially in male participants, such as of food preparation, housekeeping, and laundry. All participants share that their mood influence or inhabit them to participate in IADLs. None of them are interested in taking medication due to the side effects of

medication. Many participants have risk and safety-related fear. Physical health issue and superstition affect them. Participants share that after rehabilitation for mental health their participation is better than before rehabilitation.

**Conclusion:** This study explored the experience of participation in IADLs among person with mental illness and knowing participant' experience that help to evidence-based practice, and advocacy to client, family, and community for better participation. Rehabilitation enhances participation so important to emphasized rehabilitation service for mental health. Therefore, need to more focus IADLs research evidence due to its play important role in independent persons in daily living

**Key words:** Mental Illness, Mental Health, Experience, Participation, Activities of Daily Living, Instrumental Activities of Daily Living, Rehabilitation.

## CHAPTER I : INTRODUCTION

### 1.1: Background

Mental health is a fundamental aspect of human life, persons who suffer from mental illness have an impairment in one or more areas of functioning. Mental illness can have an effect on every aspect of life such as thinking, feeling, mood, also some area of external activities including family and marital life, sexual activity, work, recreation, and management of material affairs (Gibbons,2022).

Instrumental activities of daily living (IADLs) are important to live independently in the community and self-manage of person's condition though instrumental activities are more complex and required higher function of the brain to participate in IADLs (Schiltz et al.,2020).

As an occupational therapy student during practical placement where provide occupational therapy intervention to person with mental illness investigator observed that some client has the ability to participate in activities of daily living rather than participate in instrumental activities of daily living and there was a large gap between participant related evidence that's time investigator determined that conduct a study on a person with mental illness.

1 in every 8 people in the world live with mental disorder and almost 970 million people around the world survive with different types of mental disorder. In post, covid significantly increase these numbers (WHO, 2019).

According to National Mental Health Survey Bangladesh 2018-19, approximately 17% of adults are suffering from mental health issues and among them almost 92.3% do not seek medical attention. If we want to independent this large number of people, we must ensure their proper treatment and need to rehabilitate them in both activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Currently mental health professionals are concerned about rehabilitating persons with mental illness and focusing on their activities of daily living rather than focused on instrumental activities of daily living but for independent living all the areas of daily living are similarly importance without IADLs the person can't be independent in everyday life, for comprehensive rehabilitation IADLs are important to person with mental illness because its more complex activities and strongly associated with mental condition. (Samuel et al., 2018)

It was found in Indian research that only 2% of people with schizophrenia were completely independent in their instrumental activities of daily living, maximum people had difficulty in activities of doing laundry, handling finance, shopping, food preparation, and handling medication. (Samuel et al.,2018).

Controlling for psychological distress seems influence the relationship between past depression and cognitive function and performance and has an effect on executive function, depressive symptoms are associated with impairments in instrumental activities of daily living (Reppermund et al.,2011)

While effective prevention and treatment option exist but there a huge number of people with mental illness do not have access to effective care. Many more people also experience stigma, discrimination and violation of human right that cause dysfunction from normal



function and detached them from their occupational role and everyday activities such as ADLs and IADLs. Also, there is no available evidence or little information about IADLs and some research done with inadequate participants and also there is no information about the participant experience. It is awful to all health professionals because day by day increasing the mental health-related difficulties.

To emphasize more evidence-based practice implementation in the mental health sector in Bangladesh, the investigator wanted to conduct a study to know the experience of participation in IADLs after rehabilitation.

## **1.2. Justification of the Study**

Participation in Instrumental Activities of Daily Living (IADLs) are the biggest problem for all kinds of people who face any kind of physical or mental difficulties, not only problems for older or persons with physical disabilities. If we want to independence a person with mental illness, we must consider their IADLs. The persons are not independent until participate in all the aspect of daily living including IADLs.

During the investigator's placement in the mental health and psycho-social setting observed closely that many people with mental illness perform ADLs but face difficulties to participate IADLs. Currently, many health professionals are concern about IADLs but proper information are still not well established about IADLs.

The target of an Occupational Therapist is to independence the person and reintegrate the person into his or her society and family as much as possible, without considering IADLs it is quite difficult, and the rehabilitation process are incomplete.

If we know the participant's challenges, factors, and manner or how they manage their IADLs among person with mental illness we use this data for implementing well organised intervention plan as an Occupational Therapist and the result will be used in further research. Since limited data about IADLs so hopefully this research brings a positive change in mental health service providers.

So far, few studies have been conducted to know participations level of IADLs in persons with mental illness in the world and, in Bangladesh there no study about this topic therefore, this study is being proposed to explore the experience of participation in IADLs among person with mental illness.

### **1.3 Operational Definition**

#### 1.3.1. Mental Health

The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and able to contribute to his or her community” (WHO)

#### 1.3.2. Mental Illness

According to American Psychiatric Association,” Mental illness is health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illness can be associated with distress and/ or problems functioning in social, work or family activities” (APA,2022).

### 1.3.3 Activities of Daily Living (ADLs)

Activities of daily living (ADLs) are also called basic activities of daily living. ADLs are basic skills of a person that are necessary to do one's own to living independently. Katz Index include six area in ADLs for live independently such as

- a. Bathing and Showering.
- b. Maintain Continence.
- c. Dressing.
- d. Mobility.
- e. Feeding (excluding meal preparation)
- f. Toileting. (Hallstrom,2023)

### 1.3.4. Instrumental Activities of Daily Living (IADLs)

Instrumental Activities of Daily Living (IADLs) refer to activities that support daily life and are oriented toward interacting with the environment. IADLs are typically more complex than Activities of Daily Living. They are important components of home and community life.

According to Lawton and Brody, there are eight domains in IADLs

- a. Ability to Use Telephone.
- b. Shopping.
- c. Food Preparation.
- d. Housekeeping.
- e. Laundry.
- f. Mode of Transportation.

- g. Responsibility for Own Medication.
- h. Ability to Handle Finances.

### 1.3.5. Rehabilitation

Rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment” (WHO,2021).

## **1.4 Study Question**

What is the Experience of Participation in Instrumental Activities of Daily Living Among Person with mental Illness Following Rehabilitation?

### 1.4.1 Aim of the Study

To Explore the Experience of Participation in Instrumental Activities of Daily Living Among Person with mental Illness.

### 4.1.2 Objectives

- ✓ To explore the manner of participation in instrumental activities of daily living among person with mental illness following Rehabilitation.
- ✓ To explore the factors that influence the participation in instrumental activities of daily living among person with mental illness Following Rehabilitation.
- ✓ To know the challenges of participation in instrumental activities of daily living among person with mental illness Following Rehabilitation.

## CHAPTER II: LITERATURE REVIEW

This literature review chapter highlight key important information about some relevant article which are related to mental health and participation in instrumental activities of daily living there provide some understandable information about the relationship in ADLs and IADLs why it important for a person with mental illness, why mental illness is leading cause of global burden and impact of participation and importance of rehabilitation for mental illness, and also associated factors of participation in IADLs.

### **2.1 People with Mental Illness and Participation in IADLs**

Samuel et al,(2018) a quantitative cross-sectional study in India used the Lawton instrumental activities of daily living scale to measure the participation level of IADLs, there no participant is independent in all the aspects of instrumental activities of daily living and there also include Positive negative symptom scale and in this study 100 participate with schizophrenia in India to measure the extent of dysfunction in IADLs. There were found maximum participant who had dysfunction instrumental activities of daily living. This study found that 86% of participants had difficulties in handling medication, 85% of participants have difficulties in preparing food, 78% faced problem to shopping and 61% has difficulties in manage finance, there 52% has difficulties doing laundry, 47% faced difficulties in participating housekeeping and using transportation 32% also there a little number of people 5% faced problem to using the mobile phone. There significantly associated between participant socio-demographic status such as age, gender, duration of illness, and education level with participation in IADLs, the variable of gender are mostly associated the food preparation, housekeeping, and laundry generally male participant are

not expected to do these activities due to own culture and norms, but they did not specify what kind of difficulties they have to experienced and this study only applicable for the person with schizophrenia.

In this study, the investigator highly suggests that when participant is sent home after controlling their psycho-pathological symptoms that not indicate they are independent until they participate in their living skills successfully.

Another Indian cross-section survey with 30 participants equal number of males and females who have bipolar affective disorder (BPAD) and used three scales to examine instrumental activities of daily living, subjective well-being, and self-efficacy. In this study, the investigator shows a correlation between different aspects about the person with bipolar affective disorder but the population of this study not adequate for quantitative study.

This study indicates that the people suffering from bipolar affective (BPAD) disorders experienced a poor quality of life compared to the population without any physical or mental illness and these difficulties are responsible to engage the area of work, interpersonal relationship, and community functioning.

psychosocial dysfunction and different area of function also had difficulties in participation in those areas of functioning but till the present time we have less known about the experience of this kind of people which is associated with their activities of daily living. The activities of daily living are deeply related to the quality of life. The major finding of this study was activities of daily living (ADLs and IADLs) and self-efficacy of the person with BPAD had a positive significant correlation and weak correlation with subjective

well-being. Participation in instrumental activities of daily living is better in the person with BPMD when it compared with the person who have schizophrenia (Kumari & Gupta, 2018)

Reppermund et al, (2011) investigate whether current depressive symptoms or past depressive episodes are associated with difficulties in instrumental activities of daily living, this study was conduct in Australia age range was 70 to 90 years and 1037 participants provided data via phone call interview an informant by used 15 items short form Geriatric Depression Scale (GSD) and Informant- based Bayer Activities of Daily Living there all information collected from the informant. This study mentioned that current depressive symptoms are associated with worse memory and executive function in community-dwelling elderly individuals. Cognitive impairment and in particular executive dysfunction are common in geriatric depression. This study confirmed that a history of depression is associated with impairment in executive function, both past depression and present depressive symptoms are related to psychological distress and anxiety and satisfaction level but there no shows no difficulties in performing instrumental activities of daily living.

A constructive grounded theory analyzed more than 500 Canadian documents in this study about geriatric people and reported that depressive symptoms and performing instrumental activities of daily living are associated and depression is responsible for impairment of participation in IADLs and also affect the participation level.(Patrick et al., 2004).

## **2.2 Global Burden Related to Mental Health**

Vigo et al,(2016) conduct a systematic review about global burden analysis data based on the burden of disease study 2013 collaborators and found that disease burden for mental

illness that represent global burden of mental illness about 32.4% of years lived with disability and 13.0% of disability-adjusted years (DALYs), this study suggest that mental illness distant first global burden of disease in terms of years lived with disability (YLDs), and level with cardiovascular and circulatory disease in terms of DALYs.

In globally people with mental illness have more than 60% higher possibility of death prematurely from non-communicable diseases but unfortunately, they are neglected because of just they have different kinds of mental health conditions. A married person with mental illness has the risk of death of 10-20 years ago when compared with their peer that applicable to high-income countries and that percentage increases up to 30 years in low-income countries. A recent systematic review stated that 14.3% of death worldwide that approximately 8 million death each year due to mental health-related problems or mental illness.

Indian longitudinal study represent the family burden and necessary rehabilitation needs for person with severe mental illness and in this study saw many research article, this survey was conducted among 4935 participant who were hospitalized for more than 1 year in India 43 state mental hospitals and, this survey across 24 states reported that 33.1% of those participant admitted hospital by family members and for long term care and others 55.4%, were admitted by police or magistrate and those people are considered as homeless and majority are diagnosed as schizophrenia.

This study also states that in India, women with schizophrenia and divorced individual are more relevant to caregiver burden about 60% of the family were significantly annoyed them because of the patient's irrelevant behavior and manifested continued supervision and only 1.9% of caregivers felt that support from family is helpful for caring for the patient



therefore 41.3% could not be able to take care of other family members and have difficulties to fulfill responsibility due to continuing to give care to the patient. For that reason, only a few families kept patients at home for cultural and social reasons and others preferred institutionalized facilities or long-term care and rehabilitation (Singhai et al., 2022).

### **2.3 Relationship between ADLs and IADLs and Associated Factors**

A quantitative cross-sectional study was conducted with 2207 elderly participants aged more than 60 years in Poland. The investigation was conducted to assess ADLs and IADLs by using the Kitz Index of Independence in Basic Activities of Daily Living and Instrumental Activities of Daily Living. The findings were that 35.75% of participants reported that they have difficulties with at least one problem during Instrumental Activities of Daily Living (IADLs) and 17.13% reported they face at least one problem in performing Activities of Daily Living (ADLs). This study only considered old age and gave priority to the environment, but did not consider mental health issues. This result shows that participation in IADLs is two times more difficult when the problem is compared with ADLs. This research found the common factor which influences participation in one of them is the environment. Other factors include lack of social contacts, multi-morbidity, increasing pain, and some barriers also play an important role in the participation of ADLs and IADLs. Social and family relationships (Ćwirlej-Sozańska et al., 2019).

Millań-Calenti et al. (2009) conducted this research on randomly selected stratified sampling of those over 65 years. In this study, 34.6% of participants were totally dependent in performing ADLs and 53.5% were totally dependent on performing IADLs. There was also a higher participation level in ADLs when compared with IADLs, but this study is only applicable for the older population and not generalised to all aged

people. In this research also their highest dependency level was highlighted in performing in IADLs.

Another research in Ireland conducts a cross-sectional study about ADLs and IADLs and using Irish Geo-directory therefore representative population aged 50 or more, and there find different types of results 18% identified both ADLs and IADLs difficulties and reported that 13% has ADLs difficulties and only 11% people who have IADLs difficulties according to this result there some people who have combined difficulties

In this research, some associated factors responsible for participating both ADLs and IADLs, age is the most vital risk factor for participation in ADLs and IADLs and another major factor is depression level which is significantly associated with performance, other factors are chronic conditions (physical and mental health conditions), inadequate or lower physical exercise, pain, number of medications taken, lower quality of life, cognitive status also marital status associated with performing both ADLs and IADLs.

Their quality of life is the bidirectional factor and some factors which are improving by providing care, and active monitoring such as the number of medications taken, pain management, physical activities increasing, and depression management (Connolly et al., 2016)

Peter A. Conventry (2020) conducts a cohort study including 553 participant aged more than 75 years and they are living in a community and used The Nottingham Extended ADL scale in this study reported that more severe frailty and depressive symptoms identified less or poorer instrumental activities of daily living during performing IADLs impact of frailty are noticeable.

## **2.4 Importance of IADLs**

According to Gold,(2012) conducts a systematic review, IADLs facilitate independent living through human behavior and attitude such as transportation, telephone use, meal preparation, medication management, housekeeping, laundry, and shopping. Primarily cognitive functioning appears to mediate the relationship between cognitive variables, such as memory and executive function, and IADLs there are also some clinical variables such as illness burden and education. The investigator suggests that pleasant performance in different areas of IADLs likely draws upon the integrity of a wide range of cognitive processes. According to this study the more effective rehabilitation programs and functional independence in life rehabilitation directly in instrumental activities of daily living are more effective rather than cognitive rehabilitation.

Another study also stated that instrumental activities of daily living are important to the maintenance of autonomy and independence and decrements in IADLs are critical markers of develop of disability (Peter A. Coventry, 2020).

### **2.4.1 Mobile Phone**

In a descriptive study in Uganda a survey was conducted on 92 households in the village and assess two hypotheses about the mobile phone ownership and mental health in a developing country context and compared the group who use the mobile phone and who does not use mobile phone. The study represents the importance of mobile phone and found that mobile phone ownership was related to increasing mental well-being for persons without family nearby also found that the person with family nearby was not significantly associated with mental health. This study stated that mobile phone is an important device for social connection and beneficial for maintaining family fastening. This study presume

that mobile phones increased the feeling of mental well-being for the person who are not nearby relatives (Pearson et al., 2017).

#### 2.4.2 Financial Management

A critical analysis of the person with schizophrenia and severe mental illness pointed out the issues include in case a patient has adequate financial skills and judgment to live independently or the patient requires a representative payee and what goals for community reintegration should be founded. This literature indicate that financial capacity is a fundamental component of instrumental activities of daily living that affects a wide range of knowledge and judgment skills, and financial capacity is crucial for independent living in a community furthermore it is core aspect of personal autonomy in adults. This study established that financial management is commonly impaired in persons with severe mental illness and have a possibility to a person with schizophrenia never acquired basic financial skills and experience because of the onset of their illness in early childhood and adulthood. Financial management for person with schizophrenia also provides impact on family members and their relationship. This literature addressed the clinical and ethical aspects of financial capacity in a person with mental illness and the importance of application for the person with mental illness(Marson et al., 2006).

#### 2.4.3 Medication Management

In a qualitative study in Canada the number of participants was 60 and took face to face interviews and the collected data analysed by the procedure of thematic analysis. The maximum number of participants of this study felt that medication was important to recovery either alone or in combination with other factors. Some participants expressed their fear of relapsing mental illness and stated that was related to proper and timely taking

medication. Some participant articulated that recovery was incongruous with medication due to medication giving them serious side effects such as fatigue, sleepiness or lethargy, weakness, distortion, and feeling drugged up. Although twenty participants stated that they cannot recover if they are taking medication furthermore majority of participants accord the same statement that medication is important and play an important role in recovery from mental illness (Myra Piat et al., 2009).

#### 2.4.4 Transportation

Systemic review conduct in New Zealand about the relationship between transport and mental health and found the relationship between well-being and transportation. People who are dependent on others for transportation feel the loss of control over their mobility and people who faced difficulties using transport that may be painful and baffling to negative all experience impoverished mental health rather than who did not face such challenges. Quality of transport systems affects people's mental health specially those who lived in low-income countries they experienced the highest level of mental distortion. The study suggests that transportation-related to social connection and active transport may increase physical activities and social benefits. There also have a limitation that this literature is not generalized to all over the world (Wild et al., 2021).

### **2.5 Rehabilitation Program for Mental Illness**

In a controlled trial study for schizophrenia patients to measure the community rehabilitation effectiveness after the rehabilitation program in China, there 60 participants and they divided into two groups one controlled group and another intervention group both groups observed initial or baseline, end of 3,6 and 12 months in this research explore an outstanding improvement which shows by intervention group they take rehabilitation

service the improvement higher rather than controlled group. There is quick recovery also observable and community rehabilitation program influence their knowledge about their disorder and improve their social functioning and quality of life this improvement is only considerable for the participant who takes rehabilitation service otherwise slow functional improvement are seen by patients (ZHOU et al., 2015).

According to Kumari & Gupta (2018), the investigator suggests that the rehabilitation service provided which must be directed at improving both of person's psychological and social impairments, and after the rehabilitation program influence the persons social functioning and overall quality of life.

A meta-analysis of randomized control trials study of psychiatric rehabilitation combined with cognitive rehabilitation with severe mental illness and reporting on functioning outcomes. This study included 23 studies with 1819 participants and the result shows that improve psychiatric rehabilitation with cognitive rehabilitation had significant beneficial effects on vocational outcomes and social skills, but no significant effects were found on relationships and outcomes of community functioning. More improvement is found in vocational and social functioning when combined treatment provide such as cognitive training and psychiatric rehabilitation. The combination of cognitive rehabilitation and psychiatric rehabilitation had no beneficial effects on independent and daily living skills in addition a favorable effect of the combined intervention on global cognition was found. But this literature has also some limitations most of the studies of this meta-analysis was a small sample size (Duin et al., 2019).

## **Summary of Key Gaps of The Study**

Among the literature review by the investigator only two research are qualitative study, maximum study was quantitative cross-sectional study and others are systematic review, critical analysis, cohort study and randomized controlled trial.

- There are some the study not clearly state methods of the study.
- All the study regarding the IADLs focus on the level of participation there no study found based on participant experience.
- Maximum study conducted in the prior decade.
- There is all study about IADLs are conducted in hospital-based there no community research about participation in IADLs.
- Maximum IADLs-related study conducted with old age participants.
- Less study conducts after rehabilitation for mental illness.
- Some study has less information about participants.

## CHAPTER III : METHODS

### 3.1 Study Design

#### 3.1.1 Method

The investigator selected the qualitative study design because qualitative study is concern about the participant's experience, their behavior, attitude judgment, and thinking in related issues or environments, this study is also concerned to know participant's experience in an area of IADLs so that the investigator chooses this study design (C.R Kothari,2004).

The investigator chose qualitative research is to gain detailed information and understanding of this area based on firsthand experience this is achieved by having interview a relatively small participant group. The qualitative design not only accounts for what is participant said or does but also the way something is spoken or carried out by the participant and the investigator has a great chance to observe the participant and body language and also the tone of voice. Investigator wants to know deeply the manner and experience that's why this qualitative study design is fit for the study properly.

#### 3.1.2 Approach

Phenomenological approach used in qualitative research that look to describe the essence of a phenomenon with the useful resources for exploring it from the standpoint of those who have experienced it. The purpose of phenomenology is to describe the functionality of this experience both in terms of what and how they experienced it. There are many kinds of phenomenology each rooted in different ways of conceiving of what and how of human experience. (Neubauer et. al, 2019).



The investigator wants to know the experience of a particular area, so the phenomenological approach is the right approach for carrying out the wanted information.

### **3.2 Study Setting and Period**

The participants who participated in the study was from their respective community in Dhaka and Gazipur and they receive rehabilitation service from CRP mental health project's first phase "Occupational Therapy Day Centre for People with Mental Health Needs"

Study period: April 2022 to February 2023

Data collection period: November 2022

### **3.3 Study Participants**

#### **3.3.1 Study Population**

People with mental illness in Bangladesh and took rehabilitation services for mental illness.

#### **3.3.2 Sampling Techniques**

Student researcher had selected purposive sampling processes for data collection. Participant were selected to conduct this study based on predefined criteria; the investigator did not include the participant who are available include who meet defined criteria. Purposive sampling types of non-probability sampling in purposive sampling is approached having a prior purpose in mind (Alvi, 2016). Purposive sampling technique was selected because they have characteristics that fulfill my sample this is also called

judgmental sampling which is very common in qualitative study design (Nikolopoulou, 2022).

### 3.3.3 Inclusion and Exclusion Criteria

#### **Inclusion criteria**

- i. Suffering from any kind of mental illness for at least 6 months and diagnosed by a qualified psychiatrist or psychologist.
- ii. Age range 18-60 years
- iii. Both genders are an equal chance to participate.
- iv. Able to communicate.
- v. Presence of insight.

#### **Exclusion criteria**

- i. Person with mental illness and in a vulnerable situation and harmful to others.
- ii. Person without a caregiver.
- iii. Associated with other physical disabilities will be not allowed.

### 3.3.4 Participant Overview

In this study, all participants suffer from mental illness and all of them are diagnosed by professional psychiatrists and psychologists. There all participants take rehabilitation services from CRP mental health project in the first phase named “Occupational Therapy Day Centre for Person with Mental Health Needs”. Now this project continues as “Meaningful Social Access for Person with Mental Health Needs”. There 9 participants and

5 males, and 4 females. All participants provide information themselves in front of caregiver. They're used pseudo names to maintain confidentiality. There 4 participants are married they are Koli, Khyrun, Nazu, and Maznu, among them koli and Nazu did not live with their spouse.

**Table 3.1**

*Participant Overview*

Pseudo Name	Age (years)	Gender	Duration of illness (years)	Time of received rehabilitation service (years)	Occupation	Type of condition	Education
Monir	20	Male	15	3	Garments worker	F20	Class 5
Amile	23	Female	6	2	Student	PD	Honors (continue)
Riaz	38	Male	12	3	unemployed	F20	Graduate
Koli	25	Female	13	3	Housewife	F20	Class 2
Khyrun	38	Female	6	4	Housewife	PD	SSC
Nazu	38	Female	15	5	Garments worker	F20	SSC
Maznu	34	Male	22	2	Roof gardener	BMD	HSC
Asfaq	22	Male	15	3	Unemployed	PD	Class 7
Puja	30	Female	15	2	Housewife	F20	Class 5

### 3.4 Ethical Consideration

According to The World Medical Association Declaration of Helsinki,(2013)

- At first, the investigator has taken permission from the Institutional Ethical Review Board of Bangladesh Health Professions Institute (BHPI) through the department of Occupational Therapy, BHPI. Ethical clearance number (CRP/BHPI/IRB/O9/22/627).
- **Information sheet:** Participants were informed about the study by using an information sheet from both English and Bengali.
- **Consent paper:** After providing the information sheet provide the consent paper.
- **Unequal relationship:** There is no personal relationship between the investigator and the participant. Before data collection investigator does not know the participant.
- **Risk and beneficence:**

There is the minor risk for the investigator and the participant due to the participant mental health condition, the investigator overcome this risk by seeking help from the patient's responsible psychologist, and referring the participant when any situation arises during or after the interview and giving CRP Mental Health Service Referral Card when it necessary but during the study period no risk was encountered, investigator was collected data in front of participant attendance or caregiver. There is no financial transaction or benefit between participant and investigator.

- The investigator ensures and maintain the confidentiality of participants. Only the investigator and responsible supervisor had access to the interview and that information was clearly stated in the information sheet and provides before conducting the interview.
- There was no bias in selecting participants for the interview, the investigator always focus on inclusion and exclusion criteria for selecting the participants

- Participant voluntaries participate and they have the opportunity to withdraw data by using withdraw form before analysis of data.

### 3.5 Data Collection Process

#### 3.5.1 Participant Recruitment Process

At first take permission from the authority of the CRP Mental Health Project second phase's current name is "Meaningful Social Access for Persons with Mental Health Needs"



Then collect information about the possible participants who returns home after rehabilitation service for mental illness from CRP Mental Health Project, first phase name was "Occupational Therapy Day Center for People with Mental Health Needs".



After that, conduct with them by using the telephone and provides basic information about the research, and the purpose of the research to participants and their attendance verbally.



When the participant and their attendance show interest to participate in this study then investigator went to the community and if the participant fit for the study, then collect data from participant by using a self-developed semi-structured interview guide.



After meets data saturation by taking nine interviews from the participant's community then stop participant recruitment process.

**Figure 3.1:** *Participant Recruitment Process*

### 3.5.2 Data Collection Method

In this study data was collected through face-to-face in-depth semi-structured interview. In depth semi-structured process of interviews is an effective method for collecting open-ended data in qualitative research follow up questions, probes, and comments to explore participants thoughts, feeling and beliefs about a particular topic delve deeply into personal (DeJonckheere & Vaughn, 2019). Face-to-face interview are the ability to control interaction and to ensure that the targeted participants is the respondent also the participant may have concerns regarding confidentiality. Face-to-face interview in the community also provide huge information about participant actual environment (Jennings,2005).

### 3.5.3 Data Collection Instrument

Self-developed semi-structured interview guide was used in the study for conducting interviews and collecting data which focus on eight area of IADLs and rehabilitation services for mental illness according to Lawton Instrumental Activities of Daily Living the eight areas are ability to use telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for own medication, and ability to handle finances. There all the areas are used in some previous study some of them are (Blomgren et al., 2019), (Samuel et al., 2018) and (Peter A. Coventry, 2020) which are related to instrumental activities of daily living.

### 3.5.4 Field Test

Investigator has completed one field test before starting data collection. That was necessary to find out possible difficulties of the question which have chance to create a barrier of the research question to find out unerring data. This field test help researcher to a develop final interview guide and after the field test investigator find the way and made a new plan that

is how-to take-out information easily. After field test investigator little modified the interview guide at the question no 11 (see appendix for details)

### **3.6 Data Management and Analysis**

The investigator was analysed the study by using six steps of the thematic analysis which developed by Clark and Braun (Clark & Braun 2016) according to this analysis strategy investigator followed the process

- At first, the investigator accommodated data by taking the interview, transcription data verbatim, and translating them into English. After that the investigator entirely read the first to last of the interview to understand the meaning and pattern of the data.
- Second step student investigator originates preliminary codes by highlighting the charming and important issues about participants.
- In the third step from the preliminary code search theme. This theme was specific primarily based on the common and authentic code among all participants.
- In the fourth step, investigator reviewed the theme and refine and reconsideration the theme by justifying sufficient and important data. Then the investigator created the subtheme below the main theme.
- Fifth step student researcher described and names and by using the way of perceiving the theme reader can get an idea of what are explained and clarify in the theme
- In the sixth step in addition to the last step investigator produced and write up the result accordance with the theme.

The motive of thematic analysis is to search for participant's views, opinions, knowledge, and experience about something (Clarke & Braun,2016). Since using this knowledge, the

investigator explore the experience of participation in IADLs among person with mental illness.

### **3.7 Rigor**

Rigor was maintained by following methodological rigor and interpretive rigor (Fossey et al,2002)

#### **Methodological Rigor**

**Congruence:** As the aim of the study was to know the experience of participation in IADLs phenomenological approach of the qualitative design was the perfect fit to achieve the aim and objectives.

**Responsiveness to social context:** Investigator becomes familiar with the context by verbal communication with the participant.

**Appropriateness:** The sampling strategy was fit with the research face-to-face semi-structured in-depth interview which was enough to gather suitable data from participants.

**Adequacy:** The investigator includes nine participants in this study that participant was selected according to the criteria of the research see section (3.4,3.5)

**Transparency:** Data are analysed by Clarke's and Braun six step (see section 3.11)

#### **Interpretive Rigor**

**Authenticity:** Participant views and own voices are presented in verbatim quotation which represent the originality of the data.



**Coherence:** Responsible supervisor and subject teacher involve in every step of the data analysis process which provided a multiple view in the data and there was no chance of biased data or missing original data.

**Reciprocity:** After conducting interview participant could review the interview by investigator brief description but due to time management participant does not involve reports also writing research papers available for all participants.

**Typicality:** Research is not generalised for any context, but results and finding are useful for the same context and culture.

**Permeability:** This research is without biases and maintains every step of conducting research (see section 3.5,3.8 and 3.11) there also involves a supervisor who must access every step of the research that's the reason the result is genuine there does not influence the investigator value, intentions, or preconception.

## CHAPTER IV: RESULT

Ten main themes appear from data analysis which are: overall participation in IADLs, pre and post rehab experience, personal causation for participating IADLs, influence of mood, support system, fear of participation, side effect of medicine, money management is a challenge, physical health issues burden mental illness and superstition affects participation. There six themes have no subtheme and other four theme has sub theme.

**Table 4.1:** *Overview of Results*

Themes	Sub-themes
Overall Participation in IADLs	
Rehabilitation Experience Influence Participation	Feeling
	Experience of Participation in IADLs
	Expectation
Personal causation for participating IADLs	Interest
	Importance of Participation
Influence of Mood	
Support System	Primary Caregiver
	Family Member
	Community
Fear of Participation	Risk and Safety
Side Effect of Medicine	
Money Management is a Challenge	
Physical Health Issue Burdens Mental Illness	
Superstition Affects Participation	

#### 4.1 Theme One: Overall Participation in IADLs

All the participants share some common difficulties in same area of IADLs, only two participants participate all area with support. The area of food preparation in which the male cannot participate regularly some participate reported that food preparation is one of the complex activities, only one male participant sometimes helps, and others never do any food preparation or related work also have neglected behavior to do this. Asfaq reported, *“I never go my kitchen for cooked or prepare food, I have no need to do this also have no interest, my house has people to do this”*

While talking about using mobile phone three participant using smart phone and five participant using button phone and one participant do not use any mobile phone, participant who use button phone they have some common barrier that how to use the mobile phone and they could not like talk in unsaved phone numbers. Maznu stated,

*“I cannot like to receive unsaved number sometimes receive but cannot talk to them I be afraid if the person is wrong and make argue with them”. On the other hand, some participants like to use mobile phone Amile said that “I have no exact time to use mobile phone in my free time I used mobile phone and before sleep must be used to see video or communicate with friends or check my social media”*

Participation in laundry three participant said that laundry work is hard to them and feel laziness and maximum participant need support to wash their own cloth and some of them have supporting hand to do this. Monir informed, *“I do not wash my cloth my mother does this I have a job and I am busy, and I have not enough time to do this”*

Financial management and shopping another largest problem for the participant some participants have similar problem for both areas also have difficulties to realise their need, and maximum participant depend on other person to help them also have tendency to buy inappropriate thing. Khyrun stated, *“I go to market for buying cloth for my but purchased a dress for girl why I do this I do not know and my inappropriate shopping I realise when I back my home”*

Everyone is not independent the area of transportation eight participant need help and four of them dependent on their primary caregiver and other family member to transportation and never go outside alone because they have some fear of accident and if they forget the address.

Koli said, *“Never go outside of my home alone always my mother or father with me that’s why I have no experience to transfer one place to another without support”*. Amile also reported that *“I transfer alone by using all kind transport but when cross the road I feel afraid”*

All the participants have same feeling about taking responsibility to own medication no one interested to taking medication regularly only three participants mention the importance of taking medication, but they also dislike taking medication and maximum participant stop to taking any medication for mental illness. Nazu said, *“I cannot take any medicine... I feels very bad after take medicine like I am dying; I cannot sleep all night and feel restlessness”*.

Maximum people share same opinion about participate in housekeeping male participant are less interested to participate in housekeeping on the other hand female participant

participate when they feel necessary and when the mood is Quite well. Amile reported *“If feel well and have enough time then do some housekeeping work such as clean the house, decorate home, sometime pay bills”*. Monir stated *“I do not like to be housekeeping this work do my parents and I never do this”*

## **4.2 Theme Two: Rehabilitation Experience Influences Participation**

participant reported that they realise their improvement after taking rehabilitation service

### 4.2.1 Sub-theme One: Feeling

All the participants share their pre and post rehabilitation experience except one all the Many participants missed the time when they stay in Ganakbari for rehabilitation service for mental illness. Some of them said that after rehabilitation they felt that their lifestyle is surprisingly changed that they could not realise before rehabilitation. Khyrun told,

*“When I return to my home, I felt something very emotional and infatuation for the place of Ganakbari that’s why I was upset and cried, the place seemed like there was peace when we talk each other everyone show compassion (Her eyes were watering and got emotional when said that)”*.

Amile said,

*“Ganakbari’s daily routine was very helpful and after following routine feels cheerfulness in the mind that is to find meaning in life. If I follow this routine, I can do good things and get well again (Participant share her feelings with smile)”*.

#### 4.2.2 Sub-theme Two: Experience of participation in IADLs

Experience of participation are multicolor before and after rehabilitation service and have seen positive change some of them, Maznu, Amili, and Khyrun face the similar problem Maznu state,

*“Previously I worked same activities over the time but now I do my work in appropriate time that means which activities need to complete 1 hour and do that in just time no need over time and I noticed a lot of changes specially my shopping before my rehabilitation I bought unnecessary things and now I shop my necessary things... And before I do not receive unknown phone call and if anyone call me without save number, I cut the call but now I receive the call and talk with them”.*

Amile said,

*“I was confused when buy something and not comfortable to shopping without my mother help if the product is not good what to do or if my mother not like my shopping always experienced both of positive-negative feeling together but now I have not faced this kind of difficulties”*

#### 4.2.3 Sub-theme Three: Expectation

All the participants share some expectation specially the male participant was expected that after rehabilitation service they get a job. Asfaq stated that *“when I went to Ganakbari I would be fine working in nursery and I liked to cultivating mushrooms, it would be better if any work could be taken as a profession at Ganakbari”.*

Maznu told,

*“Now I am unemployed that’s why feel upset because I cannot buy anything according to my needs, I tried hard get a job but not found any comfortable job, it would be better if they could arrange a job”.*

### **4.3 Theme Three: Personal Causation for Participating IADLs**

Every person has some personal reason for participating in IADLs or the reason which was responsible for not participating there are two most common personal causation that is interest and important of participation.

#### **4.3.1 Sub-theme One: Interest**

Every participant has some different area of interest some participate in IADLs because of they have interest in this area, and another do not participate because they have no interest to participate. Puja told that *“I never interested to doing various household activities maximum time I feel to lie down or sleep also I do not like to cook thinking that sleep without eat any food”*. Amile said that *“I am always interested to cooking, if I say after my study which one, I interested most that one is cooking. in my free time I watched Ytube coking tutorial and then try myself to prepare the food”*.

Nazu told that *“I need mental peace, there have many problems, and I cannot live like this, does not want to do some work because of I have not any interest to do this”*.

#### **4.3.2 Sub-theme Two: Importance of Participation**

Giving priority or importance are one of big factors to participate in their everyday activities. Some of the participant share their opinion about their view of giving importance, cultural aspect also influences them to give priority to any activities. All the

male participants share same experience about food preparation. One of them Asfaq said, *“I have never cooked or serve food because it is not important to me, there are people at home who do those activities”*

Eight participant using mobile phone among them five participant using button phone and majority of them does not speak without family members .one participant Koli who does not use mobile phone said, *“Who to talk to? There is no one to talk to, now I do not have husband so talking on over the mobile phone is not important, talking with relative not necessary (koli said that with gentle smile)”*.

#### **4.4 Theme Four: Influence of Mood**

Almost every participant mentioned how their mood influence them to do any kind of activities. Some participants several times talking about their mood. working speed and participation dependent on their mood. Khyrun stated,

*“Sometimes not always when my mood is well, I completed my all-household activities at a time but when I feel upset then I do not like to do any work ... when my mood is fine, I wash my cloth and sometimes go outside but when mood off I cannot do anything like this”*

Puja told,

*“Not daily sometimes I cooked or help my mother to prepared food, I went my aunt’s home to visit them when my mood is fine but when mood off not do those activities and sit down all day without any activities”*.



Asfaq said, *“My mood is too important to me when my mood is well sometimes go to market for shopping necessary things, sometimes wash my cloth and also do tidy up my bed”*.

#### **4.5 Theme Five: Support System**

Every participant shares their feeling about their needs of support, when discuss about their everyday participation in IADLs they share their desire support or the support which they get from their primary caregiver, family and from community. They want mental and physical support from them.

##### 4.5.1 Sub-theme One: Primary Caregiver

All the participants take more support from their primary caregiver both of support they get physical support and mental support sometimes this physical support make them more dependent to their caregiver. Monir told,

*“I take my medicine when my mother mark that and gave me otherwise I cannot take any medication sometimes I forget to take... My mother always help me to complete my daily activities such as laundry... I never transport alone”*.

Puja stated that *“I follow my mother cooking style and when my mother several times tell me do something then I do this... Always I go market with my mother for shopping anything for me.*

Amile said,

*“My everything depends on my mother without buy my study related materials all other things are shop by my mother she help me every step of my life sometimes my mother told me that you are enough adult now so take your own responsibilities,*

*today your shopping are not so well but after you learn you also buy everything which you need”.*

#### 4.5.2 Sub-theme Two: Family Member

Family member are very important people who play important role in their everyday life, Support from family it is their basic needs which they describe during the interview except two everyone very happy with their family.

Nazu told, *“All things can be done if there is peace with family, if in my family have not any quarrel so everybody lives peacefully then anything does very well”.*

Amile stated,

*“My father coming from abroad for my SSC examination, during my examination everyday my mother going with me to my SSC examination centre not possible due to my little sister that’s why my father coming to give support in that’s time I am suffer from mental health issues”.*

#### 4.5.3 Sub theme Three: Community

Community people play crucial role for people who suffer from any kind mental illness, seven participants share their opinion about their community people, they experienced both of positive and negative effect from the community.

Maznu told,

*“When someone appreciate me to do activities or helping a little, I complete the work with pleasure but sometimes if anyone tell me that you could not do that work,*

*I feel angry and sometimes stop doing this work, someone negative comment destroys my motivation to do something new”.*

Some participant depended on their part time helping hand and more comfortable when someone do their activities. Puja stated,

*“I have a helping hand she washing my cloth and when someone help me or did my work I more like that and enjoy this... I have some neighbor who also my relative, but I do not like to go their home because their talking style and attitude discourage me to do any work or else”*

Khyrun reported, *“If my surroundings people telling lie to me or show angry my head on fire”*

#### **4.6 Theme Six: Fear of Participation**

Maximum participants share some participation related fear and shows avoidance behavior before participation. Seven participants share their experience of fear in transportation and food preparation because either they have an experience or their perception about participation.

##### 4.6.1 Sub-theme One: Risk and Safety

Four participants stated that they be afraid in using transport due to accidental risk or they have an assumption that if they use that have tendency to accident one of them using public transport with this fear and if possible, he avoids public transport. Monir informed, *“I can walk a lot, do not need all transportation, I walk far from my home. If the vehicle meets with an accident or if the autorickshaw is caught by police.”*

Three participants have fire experienced, and they much worried about their safety and that's the reason sometimes they ignored to cooked one of them Khyrun reported,

*“I was cooked there two stoves are open other person also cooked beside me after a time she said that fire on my cloth which I cannot notice before then I run and too much scared after this occurrence”*

#### **4.7 Theme Seven: Side Effect of Medicine**

Nine participants out of nine have some complain about taking any medicine for mental illness. Only three participants mention the importance of taking medication, but they also share that some side effect can hamper their everyday life. Maznu reported, “I faced some problem after taking medication for mental illness sometimes my eyes were blurry and also weight gain, sleep over time, drowsiness”

Amile shared,

*“Sometimes I do not want to take any medicine at all, how long will I take this medicine? After taking medicine feeling nausea and uneasy, medicine is totally disgust to me but again wonder if I suddenly get sick again due to stop medicine then continue this medicine without any interest”.*

#### **4.8 Theme Eight: Money Management is a Challenge**

Except one all participants have different kind of money management related difficulties. Participants share their experience that most of the time they avoid participating in manage their finance. This activity makes their life more dependent and all most every time they

need support from their caregiver or any family members to help them. Some community people and shopkeeper take advantage from them. Asfaq informed,

*“I faced many difficulties during money management specially money exchange. sometimes shopkeeper give me torn money and maximum time the calculation of money could not understandable to me. my sister make a note where mention which product I purchase with quantity and cost and my return money and also I never buy many item at once”.*

Riaz stated, *“Sometimes leave the money into store and I return my home, I have trouble understanding the account also could not haggling in shop, sometimes it also happens that I purchased but the product leave into store”*

#### **4.9 Theme Nine: Physical Health Issues Burdens Mental Illness**

Some participants share their experience who have some physical health issue that create their mental illness more burden and this burden affect their participation in IADLs.

Khyrun told,

*“I cannot hold my mobile phone because after using mobile phone headache and sometimes feels pain on hand... I have backpain that's why difficult to participate my household activities over the time do not stay in one place, recently I diagnosed by diabetes that problem create my life more trouble, during working sometime take rest then work again”*

Puja said, *“I have difficulties to washing my cloth because I have knee pain and wash my cloth in seated position it is too difficult to me”.*

#### **4.10 Theme Ten: Superstition Affects Participation**

Two participant believes in superstition and this strong believe affect their participation also play an important role of avoidance behavior. Negative effect of superstition are clearly shows in their opinion. Riaz told,

*“When I am an undergraduate student a stranger who have mental illness suddenly, he slap me after this incident I lost my concentration all of activities and I strongly believe that he have some power that restrict me to do my daily activities always remember him during walking road search the person (Riaz mother also believe that and support Riaz when he share his feelings)”*

The participant Koli also share some superstition related feelings and said “I was absolutely fine but my neighbor’s amulet me by ayurvedic practitioner and that’s why now I have difficulties to complete my household work and difficulties to understand complex activities”.

## CHAPTER V: DISCUSSION

The study presented here the experience of participation in IADLs among person with mental illness. Nine participants participate in this study and there four female and five male participants. The study identified ten themes which discover from the transcript of the participant. Overall participation in IADLs is the first theme there are some areas in which participants are less participate in food preparation, housekeeping also laundry, and almost all participants did not like to participate in the management of their own medication. There two study in India which support this finding showed the level of participation and reported that IADLs dysfunction among persons with schizophrenia included that has difficulties in handling medication in maximum participants also difficulties in preparing food, shopping, housekeeping, and the number of participants who faced this difficulty that are remarkable (Kumari & Gupta, 2018) and (Samuel et al., 2018). In another study by Blomgren et al, (2019) and Peter A. Conventry (2020) from different countries also reported cognitive impairment and depression impact IADLs performance although the participant was the same in this study. There are also some findings about the experience of participation in IADLs and the way of participation that cannot find previous research.

In this study, the second theme rehabilitation experience influences participation that results provide information about feeling, effectiveness, experience, and expectation of rehabilitation which is clearly understandable in their accents. There significant positive changes occur after rehabilitation. The research in China proved the effectiveness of rehabilitation services for mental illness there reported that rehabilitation training program

emphasize patient's knowledge and improve social functioning and quality of life (ZHOU et al., 2015). There are also does not find any study that explicate any information about the feelings of rehabilitation which information evolves in this study.

There finds common personal causation about participation in IADLs one of the most common ones that is interest, and another is giving importance to participation in this study male participants are specially not interested to participate in food preparation. laundry also lack of interest in housekeeping another study also discusses some factors which also support this finding (Samuel et al., 2018) this quantitative study stated that demographic variable also plays an important role in participation in IADLs and show dysfunction in the area of food preparation, housekeeping, and laundry due to cultural norms that also similar finding also support in this study by analysed all participants interview. Therefore, further research is needed to identify the associated factors in participation in IADLs.

In this study, investigator find that mood is one of the most monumental elements that influence participation elevated or depressed mood regulates the participant in performing IADLs activities. The research about instrumental activities of daily living among older people and examining how depression associated in IADLs and depression interacted with IADLs also reduces participation and have a relations with independent living with participation IADLs (Peter A. Coventry, 2020).

Support is mandatory for the person with mental illness they need multiple support from their primary caregiver, and family members and need support from the community. All aspects of support provide both positive and negative influences on persons with mental illness for participating IADLs. Extensive support increases dependency sometime little support helps them to engage more in everyday activities. Peer support, family, and



community support are needed for a person with mental illness. Peer support, companionship, empathy, sharing, and assistance also need practical help for dealing with problems. Family and community support and involvement can be more effective for comprehensive treatment. Acceptance of person backup support and education provided to encourage community reintegration (Stroul, 1989). There are not enough research and a lack of information about the support system for a person with mental illness. Further research on support systems can be needed to understand the support system more elaborately.

The investigator finds some new information about participant-related factors, before participating also there has some risks and safety-related fear which are also important to participation in IADLs. The finding of side effects of medication and that is one of the crucial reasons for stopped taking and managing medication that experience share by the participants and side effects influence them to stop continuing medication. The research of (Roe et al., 2009) also conduct the study and investigate why people stopping take prescribed medication for mental illness and the participants share their experiences due to side effects that are responsible for stopping take medication.

Money management and handling finance a big problems for a persons with mental illness according to (Samuel et al., 2018) the person with schizophrenia has difficulties handling finances and shopping more than half of participants and shopping and financial management are related to each other but both are not significant or associated with socio-demographic data.

Physical health issues when combined with mental illness it made a person life more trouble to participate in IADLs and the persons who suffers both physical and mental

health-related problem experience more difficulties in participating in IADLs which describe in this study in theme nine. Another study explains some associated factors responsible for participation in IADLs such as multimorbidity and pain is one of the most common factor (Ćwirlej-Sozańska et al., 2019).

In this research, also found participation is related to some new information few people share some strong superstition-related beliefs that affect participation, and this superstition are not only influence in participants but also influence in family and community. Literature about stigma or superstition also gives a wide range of knowledge that how stigma influence personal, family and community, and this stigma impaired life goals and opportunity and create barriers to personal aspirations (Corrigan et al., 2008).

Previous articles focus on finding level of participation in IADLs, but this study is qualitative that's why this study result is based on a person actual feelings, experience, behavior, and attitude toward the person who suffers from mental illness. The overall result of this study provides us the information about their experience when they participate in IADLs, participation-related factors, their challenges. and their way of participating. This study reflects the importance of rehabilitation for mental illness and the outcome of rehabilitation service according to participant's view and their needs support. Implementation of findings plays an important role when planning the intervention this result gives us ideas for priority setting by knowing what they experience and how to help and how to overcome this and finally make an effective and comprehensive rehabilitation plan for a person with mental illness.

## CHAPTER VI: CONCLUSION

### 6.1 Strengths and Limitation

#### Strengths

- In this study, collected data from the community in face-to-face interviews.
- This research followed the proper method to achieve the aim objective.
- Exploit to all 32 criteria of the Consolidated criteria for reporting qualitative studies (COREQ) this ensure comprehensive and high quality of the study.
- Found some information beyond objectives.
- This study will help in further research on this phenomenon in the future.

#### Limitations

There are some limitations considered during the time of study

- The result is not generarisable to all person with mental illness.
- Result was not reviewed by participants after analysis because of limited time frame.
- The duration of participant received rehabilitation service is not similar.
- All the participants were from one rehabilitation centre.

### 6.2 Practice Implication

#### Institution-Based Practice Implication

This research brings a positive change to the health professions sector and rehabilitation services for people with mental illness by knowing their experience and feelings. Especially Occupational therapists and other rehabilitation professionals can implement this information to provide more comprehensive interventions for independence of the

person in all aspects of life including IADLs and provide therapy sessions for improve participation skills. Furthermore, the psychiatric counselor briefly knows the experience of participation in IADLs which could help to overcome the challenges and ensure more participation. Therefore, proper education on participation reduces dependency and encourage participation.

### **Community-Based Practice Implication**

The Occupational Therapist could be using this information for advocate the patient and primary caregiver and family members to engage in IADLs for live independently in the community setting. Understanding the of needs after discharge from the rehabilitation centre and following the patient more frequently in the actual community setting.

#### 6.2.1 Recommendation for Future Research

Below are some recommendations for further research

- Identify the level of participation in IADLs among the person with mental illness.
- Community-based research on quality of life after rehabilitation service for mental illness.
- Explore the satisfaction level both caregiver and the person with mental illness following rehabilitation.
- Identify the association between sociodemographic status and participation level among the person with mental illness.
- Explore the subjective well-being after rehabilitation service for mental illness.
- Experience in taking institution-based rehabilitation services for persons with mental illness.

### **6.3 Conclusion**

In Bangladesh number of the person with mental illness are high but rehabilitation service is not available although few people with mental illness can receive rehabilitation service after rehabilitation their experience of participation in everyday life such as IADLs not well known. Lacking follow-up and continuation of rehabilitation services restrict them from independent living. Type of condition, duration of rehabilitation, personal motivation, and culture also influence them to participate. It is high time to independent them in all aspects of life and provide them with a comprehensive rehabilitation service engage in work and ensure community reintegration including them the mainstream. They have needs skills training that facilitate them to participate IADLs because without the participation in IADLs, the person is not independent in everyday life. Needs more support from the community also positive reinforcement for better participation and family and community awareness program to reduce dependency. In this study, participant share their experience where significant changes occur after rehabilitation service that's why its fundamental need to provide comprehensive rehabilitation service in a psychiatric hospital setting, an institution based also in community-based rehabilitation service.

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## APPENDICES

### Appendix A: Data Collection Permission Letter and IRB Approval Letter



**Mental Health CRP** 27/10/2022

to me, rabiul, Shakawat, MEAL ✓



Dear FAYAZA

I am happy to let you know that we are happy to allow you data collection against your proposal. Congratulations! However, you have to maintain the following conditions:

1. In your research paper, please acknowledge the donor, The Kadoorie Charitable Foundation, for all purposes in the future.
2. You must include a project team member as your co-author during any publication.
3. Please consider clients' vulnerability during data collection. Any vulnerable situation with the client group may suspend your data collection.

You are advised to contact Rabiul, Sr. OT from Ganakbari Day Centre or Sakhawat, Rehab Officer, for your potential participants.

Thank you  
Kind regards  
Mohsiur

**Md Mohsiur Rahman**  
**Project Manager**  
**Meaningful Social Access for Persons with Mental Health Needs**  
**Centre for the Rehabilitation of the Paralysed (CRP)**  
**Phone: +8801730059505**  
**Email: [map.crp2022@gmail.com](mailto:map.crp2022@gmail.com)**  
**Website: <https://www.crp-bangladesh.org>**



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)  
**Bangladesh Health Professions Institute (BHPI)**

(The Academic Institute of CRP)

Ref:

CRP/BHPI/IRB/09/22/627

Date:

28<sup>th</sup> September, 2022

Fayaza  
 4<sup>th</sup> Year B.Sc. in Occupational Therapy  
 Session: 2017-18, Student ID: 122170288  
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

**Subject: Approval of the thesis proposal "Experience of Participation In Instrumental Activities of Daily Living Among Person with Mental Illness Following Rehabilitation" by ethics committee.**

Dear Fayaza,

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 MD. Saddam Hossain as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Self-developed interview guide
3	Information sheet & consent form.

The purpose of the study is to explore the experience of participation in instrumental activities of daily living among person with mental illness. The study involves use of a self-developed interview guide that may take to approximately 40-45 minutes to answer the question and there is no likelihood of any harm 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 27<sup>th</sup> August, 2022, at BHPI (32<sup>nd</sup> 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 regards,

Muhammad Millat Hossain  
 Associate Professor, Dept. of Rehabilitation Science  
 Member Secretary, Institutional Review Board (IRB)  
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

## **Appendix B: Information Sheet and ,Consent Form with Withdrawal Form ( English and Bangla)**

### **Information sheet**

I am Fayaza ,4<sup>th</sup> year student of B.Sc.in Occupational Therapy Department at Bangladesh Health Professions Institute ( BHPI). In order to fulfill the requirements of the B.Sc in Occupational Therapy , according to course curriculum it is necessary to conduct a research in 4<sup>th</sup> ,I would like to invite you to take part in my research study. The title of this research is **“Experience Of Participation in Instrumental Activities of Daily Living among Person with mental illness following Rehabilitation”**.The aim of this study to explore the experience of participation in instrumental activities of daily living among person with mental illness following rehabilitation.

In this study your participation is voluntary and you have full right to don't participate or withdraw information from the study any time without any hesitation. Investigator don't give any financial or economic support for participation and might not benefit you directly.In this research there have no harmful for the participant but possibility to have little risk such as feel bored or anger due to this research conduct with person with mental illness.

For study purpose ,an interview will be conducted with some question regarding the study that will be recorded with recorder. It is important to inform you that the confidentiality of all records will be highly maintain and all details will be only accessible to me and my supervisor. Your identity will not be disclosed in any presentation or publication without your permission.

If you have any question about the study ,please feel free to ask. I am accountable to answer all question regarding this study.

**Investigator :** Fayaza ,4<sup>th</sup> year B.Sc.in Occupational Therapy

Department of Occupational Therapy

BHPI,CRP- Chapain,Savar,Dhaka-1343

**Supervisor :** Md. Saddam Hossain, Lecturer of Occupational Therapy .

Department of Occupational Therapy

BHPI,CRP- Chapain,Savar,Dhaka-1343

**Total interview time:** 35 to 45 minutes.

**Investigator contact address:**

Mobile number: 01521107166

Email : fayazasultana27@gmail.com

Address : CRP- Chapain,Savar,Dhaka-1343

Fayaza

4<sup>th</sup> year B.Sc.in Occupational Therapy

Department of Occupational Therapy

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### তথ্যপত্র

আমি ফায়েজা, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট ( বিএইচপিআই) এ বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগে অধ্যয়নরত রয়েছি। বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগে অধ্যয়নের অংশ হিসেবে ৪র্থ বর্ষে বাধ্যতামূলক একটি গবেষণার কার্য সম্পন্ন করতে হয়। আমি আপনাকে এই গবেষণায় অংশগ্রহণ করার জন্য আমন্ত্রণ জানাচ্ছি। এই গবেষণার শিরোনাম হলো **পুনর্বাসন চিকিৎসা সেবা গ্রহণ করার পর মানসিক অসুস্থতায় আক্রান্ত ব্যক্তির দৈনন্দিন জীবনযাত্রার জটিল কার্যকালাপে অংশগ্রহণের অভিজ্ঞতা**। এই গবেষণার উদ্দেশ্য হলো যারা মানসিক অসুস্থতার জন্য পুনর্বাসন চিকিৎসা সেবা গ্রহণ করেছে তাদের দৈনন্দিন জীবনযাত্রার জটিল কাজগুলোতে অংশগ্রহণ করার অভিজ্ঞতা অনুসন্ধান করা।

গবেষণায় আপনার অংশগ্রহণ সেচ্ছাধীন এবং গবেষণাটিতে আপনার অংশগ্রহণ করা অ না করা অথবা গবেষণা চলাকালীন যে কোন ধাপে তথ্য প্রত্যাহারের ক্ষেত্রে আপনার পূর্ণ অধিকার রয়েছে কোন রকম দ্বিধা ছাড়া। গবেষক আপনাকে আপনার অংশগ্রহণের জন্য কোনো আর্থিক সহায়তা বা পুরস্কার প্রদান করবে না এবং সরাসরিভাবে উপকৃত নাও হতে পারেন। এই গবেষণা অংশগ্রহণকারীর জন্য কোন ক্ষতির কারণ হবে না তবে সামান্য ঝুঁকি থাকতে পারে, যেমন বিরক্তিকর বোধ করা, রাগ করা যেহেতু গবেষণাটি মানসিকভাবে অসুস্থ ব্যক্তিদের নিয়ে।

গবেষণার জন্য আপনাকে কিছু প্রশ্ন করে সাক্ষাৎকার নেয়া হবে যা গবেষণার সাথে সম্পর্কিত যা অডিও রেকর্ডের মাধ্যমে সংরক্ষণ করা হবে। আপনাকে প্রতিশ্রুতি দেয়া হচ্ছে যে, আপনার থেকে প্রাপ্ত তথ্য গোপনীয়তার সাথে সংরক্ষণ করা হবে যা শুধুমাত্র গবেষক এবং তার তত্ত্বাবধায়ক প্রাপ্ত তথ্য সম্পর্কে অবহিত থাকবে। আপনার পরিচয় আপনার অনুমতি ছাড়া কোন আলোচনা সভা বা প্রকাশনায় প্রকাশ করা হবে না।

যদি আপনার গবেষণা সংশ্লিষ্ট কোনো প্রশ্ন থাকে তাহলে আমাকে বিনা সংকচে জিজ্ঞেস করতে পারেন। গবেষণা সংশ্লিষ্ট সকল প্রশ্নের উত্তর দেয়ার জন্য আমি সর্বদা সচেষ্ট থাকব।

**গবেষক:** ফায়েজা, বি.এস.সি ইন অকুপেশনাল থেরাপি, ৪র্থ বর্ষ

অকুপেশনাল থেরাপি বিভাগ,

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট ( বিএইচপিআই)

সি.আর.পি, চাপাইন, সাভার, ঢাকা - ১৩৪৩

**তত্ত্বাবধায়ক:** মোঃ সাদ্দাম হোসান,  
 প্রভাষক বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)  
 অকুপেশনাল থেরাপি বিভাগ,  
 বিএইচপিআই,সি.আর.পি, চাপাইন,সাভার, ঢাকা - ১৩৪৩

**সর্বোমোট সাক্ষাৎকারের সময়:** ৩৫ থেকে ৪৫ মিনিট।

**গবেষকের সাথে যোগাযোগের ঠিকানা:**

মোবাইল নম্বর: ০১৫২১১০৭১৬৬      ইমেইল: fayazasultana27@gmail.com

বর্তমান ঠিকানা: সি.আর.পি, চাপাইন,সাভার, ঢাকা - ১৩৪৩

**ফায়েজা**

বি.এস.সি ইন অকুপেশনাল থেরাপি, ৪র্থ বর্ষ

অকুপেশনাল থেরাপি বিভাগ,

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট ( বিএইচপিআই)

সি.আর.পি, চাপাইন,সাভার, ঢাকা - ১৩৪৩

## **Consent Form**

### **Statement for participant**

I am ..... a participant of the research title is “**Experience of Participation in Instrumental Activities of Daily Living among Person with mental illness following Rehabilitation**”. I willingly participate in this research and informed about purpose of research. I read peruse the information sheet and I have the opportunity to ask any question regarding the research and obtain all of my inquiry.

Participant Name and Signature /fingerprint:

Date:

Caregiver or Witness Name and Signature / fingerprint:

Date:

(If the participant is not able to read the investigator read this concern from)

### **Statement for investigator:**

I have accurately read out information sheet to the potential participant and to the best of my ability made sure the participant understands that the information sheet and make sure all the information maintains high confidentiality. I confirm that given the opportunity to the participant to ask any question about the study and anyone has not been forced into giving consent. Consent has been given freely and voluntary and a copy of information sheet and consent form has been provided to the participant.

Investigator Name:

Date:

Contact number: 01521107166

Signature:

## সম্মতিপত্র

### অংশগ্রহণকারীর জন্য

আমি....., "পুনর্বাসন চিকিৎসা সেবা গ্রহণ করার পর মানসিক অসুস্থতায় আক্রান্ত ব্যক্তির দৈনন্দিন জীবনযাত্রার জটিল কার্যকালাপে অংশগ্রহণের অভিজ্ঞতা" শিরোনামের গবেষণার একজন অংশগ্রহণকারী। আমি স্ব-ইচ্ছায় এই গবেষণায় অংশগ্রহণ করেছি। আমি তথ্যপত্রটি পড়েছি এবং আমার এই গবেষণা সম্পর্কে প্রশ্ন করার সুযোগ ছিল এবং সকল প্রশ্নের সন্তুষ্টজনক উত্তর পেয়েছি।

(যদি অংশগ্রহণকারী পড়তে সক্ষম না হয় তবে গবেষক পড়ে শুনাবে)

অংশগ্রহণকারীর সাক্ষর / টিপসই:

তারিখ:

সাক্ষীর সাক্ষর/ টিপসই

তারিখ:

### গবেষকের জন্য

আমি সম্ভাব্য অংশগ্রহণকারীকে তথ্যপত্রটি পড়ে শুনিয়েছি এবং আমার সর্বোচ্চ সামর্থ অনুযায়ী নিশ্চিত করছি যে, অংশগ্রহণকারীর তথ্যপত্রটি বোধগম্য হয়েছে। আমি অবগত করছি যে, সকল তথ্যের সর্বোচ্চ গোপনীয়তা রক্ষা হবে। নিশ্চিত করতেছি যে অংশগ্রহণকারীকে গবেষণা সংশ্লিষ্ট সকল প্রশ্নের সুযোগ দেয়া হয়েছে এবং কাউকে সম্মতি প্রদানের জন্য বাধ্য করা হয় নি। সম্মতি প্রদান সম্পূর্ণভাবে ব্যক্তি স্বাধীন এবং স্বতঃস্ফূর্ত এবং অংশগ্রহণকারীকে তথ্যপত্র এবং সম্মতিপত্রের একটি অনুলিপি প্রদান করা হয়েছে।

গবেষকের সাক্ষর:

তারিখ:

মোবাইল নম্বর: ০১৫২১১০৭১৬৬

## Withdrawal Form

I am..... the participant of the research title is **“Experience of Participation in Instrumental Activities of Daily Living Among Person with Mental Illness Following Rehabilitation”** and I want to withdraw my interview willingly from this study because.....

Participant Name and Signature /fingerprint: Date:

Investigator Name and Signature: Date:

Contact number: 01521107166

Caregiver or Witness Name and Signature / fingerprint: Date:

### প্রত্যাহারপত্র

আমি..... গবেষণায় অংশগ্রহণকারী যার শিরোনাম হলো **পুনর্বাসন চিকিৎসা সেবা গ্রহণ করার পর মানসিক অসুস্থতায় আক্রান্ত ব্যক্তির দৈনন্দিন জীবনযাত্রার জটিল কার্যকালে অংশগ্রহণের অভিজ্ঞতা** এবং আমি এই গবেষণা থেকে আমার সাক্ষাৎকার স্বইচ্ছায় প্রত্যাহার করতে চাই কারণ.....

অংশগ্রহণকারীর সাক্ষর / টিপসই:

তারিখ:

গবেষকের সাক্ষর:

তারিখ:

মোবাইল নম্বর: ০১৫২১১০৭১৬৬

সাক্ষীর সাক্ষর/ টিপসই

তারিখ:

**Appendix C: Self-Developed Interview Guide (English and Bangla)**

Code no:

Date:

Name of participant:

Age:

Gender:

Religion:

Diagnosis:

Other's problem:

Present address:

Education:

Economic status:

Marital status:

Occupation:

Family members:

Siblings:

Family history of mental illness:

Date of taking rehabilitation service:

Duration of mental illness:

Name of caregiver:

Age:

Relation between participant and caregiver:

Other's information (If any):

1. What are the activities you doing from morning to night?
2. Please tell me something about your mobile phone use.
  - a. If you don't use mobile phone, then explain why?
  - b. Are you face any challenges during use mobile-phone? Give me a example.
3. How you shop any essentials.
  - a. If you don't do this, then explain why?
  - b. Are you face any challenges during use shopping? Give me a example.
4. Tell me about your cooking
  - a. How many days you cook in a week?
  - b. How to manage your cooking?
  - c. If you don't do this, then explain why?
  - d. Are you face any challenges during use cooking, or any accident occur? Give me an example.
5. Tell me something about your household activities?
  - a. If you don't do this, then explain why?
  - b. Are you face any challenges during do this activity or any accident occur? Give me an example.
6. Please say something about washing your own cloth.
  - a. If you don't do this, then explain why?

- b. Are you face any challenges during do this activity? Give me an example.
7. Tell something about your transport on the road? For example, how to travel by bus, train or rishkaw?
  - a. If faces any problems during transportation, please describe which type of problem or challenges faces?
8. How to manage your everyday medication?
  - a. Are you face any problem?
9. Tell me about your finance management.
  - a. Are you face any challenges? Give me an example
  - b. If you don't do this, then explain why?
10. Activities discussed we above, which activities are more difficult for participate? Why?
11. What things influence you to do these IALDs activities? (Personal, family or social)
12. What changes have you noticed in your IADLs activities before and after receiving rehabilitation service?



## প্রশ্নপত্র

কোড নং:

তারিখ:

অংশগ্রহণকারীর নাম:

বয়স:

লিঙ্গ:

ধর্ম:

রোগ নির্ণয়:

অন্যান্য সমস্যা:

বর্তমান ঠিকানা:

শিক্ষাগত যোগ্যতা:

অর্থনৈতিক অবস্থা:

বৈবাহিক অবস্থা:

পেশা:

পরিবারের সদস্য সংখ্যা:

ভাইবোনের সংখ্যা:

পারিবারিক মানসিক রোগের ইতিহাস:

পুনর্বাসন চিকিৎসা সেবা গ্রহণ করার তারিখ:

মানসিক অসুস্থতার সময়কাল:

সেবাপ্রদানকারীর নাম:

বয়স:

সেবাপ্রদানকারীর সাথে অংশগ্রহণকারীর সম্পর্ক:

অন্যান্য তথ্য (যদি থাকে)

১. আপনি সকাল থেকে রাত পর্যন্ত কোন কাজগুলো করেন?

২. অনুগ্রহ করে আমায় আপনার মোবাইল ব্যবহার সম্পর্কে কিছু বলুন।

- যদি মোবাইল ব্যবহার না করেন তাহলে কেন করেন না?

- মোবাইল ব্যবহারের সময় কি কোনো অসুবিধা -বিপত্তির সম্মুখীন হয়েছেন?

৩.আপনি কিভাবে প্রয়োজনীয় জিনিসপত্র কেনাকাটা করেন?

- যদি কেনাকাটা না করেন তাহলে কেন করেন না?

- কেনাকাটা করার সময় কি কোনো অসুবিধা - বিপত্তির সম্মুখীন হয়েছেন?

৪.আমাকে আপনার রান্নাবাড়া সম্পর্কে কিছু বলুন।

- সপ্তাহে কতদিন রান্নাবাড়া কাজ করেন?

-রান্নার কাজ কিভাবে পরিচালনা করেন।

- যদি না করেন তাহলে কেন করেন না?

- রান্না করার সময় কি কোনো অসুবিধা - বিপত্তি অথবা দুর্ঘটনার সম্মুখীন হয়েছেন? এমন একটি ঘটনা আমায় বলুন।

৫. আমাকে আপনার ঘরের কাজ সম্পর্কে কিছু বলুন।

- যদি না করেন তাহলে কেন করেন না?

- কাজ করার সময় কি কোনো অসুবিধা - বিপত্তির সম্মুখীন হয়েছেন

৬. দয়া করে আপনার কাপড় ধোঁয়া সম্পর্কে কিছু বলুন।

- যদি না করেন তাহলে কেন করেন না?

- কাপড় ধোঁয়ার সময় কি কোনো অসুবিধা - বিপত্তির সম্মুখীন হয়েছেন

৭. আমাকে আপনার রাস্তায় চলাফেরা সম্পর্কে কিছু বলুন, যেমন বাস,ট্রেন, বা রিক্সায় চলাচল করা।

- যদি চলাচলের সময় কোনো সমস্যার সম্মুখীন হয়ে থাকেন তহলে সেটি কেমন ব্যাখ্যা করুন।

৮. আপনার দৈনন্দিন ঔষধ কিভাবে পরিচালনা করেন

- কোনো সমস্যার সম্মুখীন হয়েছেন কি? সেটি কেমন?

৯. আপনার আর্থিক লেনদেন সম্পর্কে কিছু বলুন।

- যদি না করেন তাহলে কেন করেন না?

- লেনদেন করার সময় কি কোনো অসুবিধা - বিপত্তির সম্মুখীন হয়েছেন?

১০. আমরা অনেকগুলো কাজ সম্পর্কে আলোচনা করেছি এর মধ্যে কোন কাজে অংশগ্রহণ করা সবচাইতে কঠিন/

জটিল? কেন?

১১. এসকল জটিল কাজগুলো করার জন্য আপনাকে প্রভাবিত করে কোন বিষয়গুলো ( ব্যক্তিগত, পারিবারিক বা সামাজিক)?

১২. পুনর্বাসন চিকিৎসা সেবা গ্রহণ করার আগে এবং পরে আপনার জটিল কাজগুলোর মধ্যে কি ধরনের পরিবর্তন আপনি লক্ষ করেছেন?

## Appendix D: Supervision Record Sheet

Bangladesh Health Professions Institute  
 Department of Occupational Therapy  
 4<sup>th</sup> 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: "Experience of Participation in Instrumental Activities of Daily Living Among Person with Mental Illness following Rehabilitation"

Name of student: Fayaza

Name and designation of thesis supervisor: Md. Saddam Hossain, Lecturer of OT  
 Department of Occupational Therapy (BHPJ)

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	20-08-22	BHPJ office building	Introduce and Research title discussion	1.00 hour	Effective discussion about how to start research work	Fayaza	Saddam
2	22-08-22	Library building	Briefly discussion about Qualitative & Quantitative research	2.00 hours	Helpful information about different kind of study design	Fayaza	Saddam
3	26-08-22	Library building	Guideline on research proposal presentation	1.5 hours	Overview of research proposal and presentation	Fayaza	Saddam

4	27-08-22	BHPT Office building	Research proposal presentation feedback	1.5 hours	Discussion about possible question at IRB board	Fayaza	<del>Handwritten</del>
5	20-08-22	BHPT Office building	Research method selection	20 min	Got structured guideline about appropriate research method selection	Fayaza	Alina 25.08.22
6	02-09-22	Mobile Phone	Research proposal submission guideline	1 hour	Guideline was helpful for submission	Fayaza	<del>Handwritten</del>
7	20-09-22	Mobile phone	Final Research proposal Submission	1 hour	Discussion about proposal submission	Fayaza	<del>Handwritten</del>
8	25-09-22	BHPT Office building	Self-developed interview guide	30 min	Excellent guideline for how to develop a proper interview guide	Fayaza	Alina 25.09.22
9	20-10-22	BHPT Office building	guideline about data collection	1.5 h	Got idea about how to collect data from community	Fayaza	<del>Handwritten</del>
10	22-10-22	BHPT Office building	Introduction and Ethics	1.5 h	Effective supervision about write research introduction	Fayaza	<del>Handwritten</del>
11	19-11-22	BHPT Office building	Data transcribe and translation	1 hour	Transcribe & trans- lation guideline	Fayaza	<del>Handwritten</del>
12	05-12-22	BHPT Office building	Introduction	1 hour	feedback about proper sequence of introduction	Fayaza	<del>Handwritten</del>
13	20-12-22	BHPT Office building	Data analysis	2.0 hours	Guideline about way of data analysis	Fayaza	<del>Handwritten</del>
14	20-12-22	BHPT Office building	Theme and sub-theme selection	40 min	checked my theme & subtheme that was very helpful for me to write the result	Fayaza	Alina 25.12.22

15	0-04-23	Library Building	Research final draft feedback	2 hours	feedback was helpful for correct mistake	Fayaza	<del>Handwritten</del>
16	14-05-23	Library Building	Research Presentation feedback	1.5 hours	Guideline about final presentation	Fayaza	<del>Handwritten</del>
17	31-05-23	BHPT Office building	Final research book review and feedback	1 hour	Structured guideline about research book	Fayaza	<del>Handwritten</del>
18							
19							