Caregivers Perceptions about the Recreational Group Therapy For Patients with Major Depressive Disorder

By
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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 findings 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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Dedication

Dedicated to my patents

Table of Contents

List of Tables

List of Figures

List of Abbreviations

APA	American Psychiatric Association
BHPI	Bangladesh Health Professions Institute
CBT	Cognitive Behavioral Therapy
CRP	Centre for the Rehabilitation of the Paralysed
MDD	Major Depressive Disorder
NIMH	National Institute Of Mental Health Hospital
RGT	Recreational Group Therapy
WHO	World Health Organization

Abstract

Background: A major depressive disorder (MDD) is a mental disorder that requires by an all-consuming and intractable low mood with low self-esteem and by a loss of interest or pleasure in activities that used to bring them pleasure (Sarsak, 2020). While pharmacological and cognitive-behavioral treatments remain central, there is growing recognition of the value of recreational group therapy (RGT) in enhancing mood, motivation, and social interaction. However, the experiences and perceptions of caregivers-who play a role in supporting MDD patients-remain underexplored, particularly in the context of Bangladesh.

Aim: The aim of this study to explore how caregivers feel about the value and benefits of recreational group therapy for patients with Major Depressive Disorder (MDD).

Method: The phenomenological approach of qualitative research design was chosen to conduct study. Data collection questionnaire was followed self-developed interview guide. Data was collected by conducting face-to-face in depth semi-structured interview. Eight participants who have caregiving experience for MDD in recreational group therapy. Data was analyzed by thematic analysis according Braun and Clark's six step.

Result: The findings explored in-depth information regarding caregiver perceptions about recreational group therapy for patients with MDD with six themes: i) Awareness and Understanding of RGT , ii) Emotional and Cognitive Impact on Caregivers, iii) Perceived Benefits and Observed Patient Improvement, iv) Caregiver–Patient Relationship Dynamics, v) Challenges and Barriers in RGT, vi) Recommendation and Continuity.

Conclusion: In the study, Caregivers perceived recreational group therapy as a valuable and effective intervention for patients with Major Depressive Disorder. Although many caregivers initially had limited awareness of RGT, their understanding improved after observing patient participation and outcomes. Enhanced emotional regulation, social engagement and motivation were identified as the main benefits of RGT, which also improved caregivers' well-being. In this study, repetitive activities and a lack of variety for various age groups were detected. Overall, the study suggested that personalized activities as well as increased caregiver involvement were required to improve recreational group therapy for MDD.

Key words: Recreational group therapy , caregivers perception, Major Depressive Disorder.

CHAPTER I: INTRODUCTION

1.1 Background

A major depressive disorder (MDD) is a mental disorder that requires by an all-consuming and intractable low mood with low self-esteem and by a loss of interest or pleasure in activities that used to bring them pleasure (Sarsak, 2020). A major depressive disorder (MDD) is a debilitating disorder that has a negative impact on a personal life (including family, work or school), sleep or eating habits and general health. Depressed people may be obsessed with feelings and thoughts of worthlessness, inappropriate guilt or regret, of helplessness, of hopelessness, of self-hatred. In the United States, approximately 3.4% of individuals experiencing major depressive disorder decide to take their own lives, while as many as 60% of people who take their own lives had depression or another Depression is also linked with a range of mood disorder. (Sarsak, 2020).

The WHO Mental Health Action Plan 2013-2020 states that individuals diagnosed with mental illness have higher rates of disability and death. The global economic toll of mental illness is expected to reach $16.3 trillion between 2011 and 2030, according to another recent study. Among these costs, depression disorders (e.g., major depressive disorder and dysthymia) compose the highest proportion of the burden representing 37.3% of all disabilities and deaths from mental health disorders (Duarte et al., 2018).

As of June 2023, there was no clear, consistent evidence of the positive benefits of occupational therapy (OT) interventions in the management of depression (Vlotinou et al., 2023). Although group interventions are commonly offered within psychiatric

services, little research has focused on patients' experiences of group sessions (Caruso et al., 2013). Patients with severe mental illness receive group therapies as a matter of course. The factors important to the group experience of patients are still poorly understood and are rarely measured. Participants can improve their ability to focus, to remember what was said, to express thoughts in a clear way, and to listen . Including The writing approach in expressive arts therapy improves health in many ways, such as improvements in the expression of anger, stress, and depression (Heather & Jeremy, 2010.; Johan et al., 2022). According to the American Art Therapy Association, art therapy is the therapeutic use of artmaking, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development (Betts, 2009). In Malaysia, research on expressive art therapy was done to gain insight into the experiences of drug addicts (Sumari et al., 2005; Johan et al., 2022) and the one conducted by Kastawi & Ishak, 2013 focused on social and emotional issues of gifted intelligent students. The aim of this study, therefore, is to establish an expressive art therapy counselling module which shall focus on the extent to which the use of expressive art therapy on delinquent teenagers is a technique that can help them get over emotional problems, including depression, anxiety, and tension (Johan et al., 2022)

1.2 Justification of the study

This research will provide an understanding of the caregiver's perspectives on the factors of group therapy intervention for patients with Major Depressive Disorder (Espino et al., 2017; House et al., 2009).In Bangladesh, where mental health is still a growing area and understanding the opinions of caregivers on the role of occupational therapy in patients diagnosed with Major Depressive Disorder (MDD) is crucial. Caregivers are a need that is often taken, who have to help the person with depression

but dealing with the problems of the body with it day after day. Their ideas about how well occupational therapy works or where it might be lacking — can serve as critical indicators of how to better implement these types of programs. This kind of feedback is essential for making sure therapy is actually helpful for patients, and that it fits the real needs of both patients and their families in the local context.. Since mental health is viewed differently in Bangladesh than in other countries, caregivers' views can show how therapy could be improved to fit the local culture. This research can help make occupational therapy more effective for patients, while also showing that caregivers need more support in their role. In the end, it helps create a more caring and understanding approach to mental health care in Bangladesh.

1.3 Operational Definition

1.3.1 Caregiver :

A caregiver is anyone who provides essential physical, emotional, or financial support for someone unable to fully care for themselves due to age, illness, disability, or injury, including family, friends, or paid professionals, assisting with tasks like bathing, meals, medication, appointments, and companionship.

1.3.2 Caregiver's perception:

Caregiver perception refers to the caregiver's thoughts, beliefs, attitudes, and personal interpretations about recreational group therapy and its impact on the patient with MDD, as expressed in the interview responses. (Hellerova et al., 2021).

1.3.3 Recreational Group Therapy:

Recreational group therapy refers to structured group-based interventions that use recreation, leisure, and enjoyable activities as therapeutic tools to improve psychological and social well-being. (Gerdner, 2000).

1.4 Aim of the study

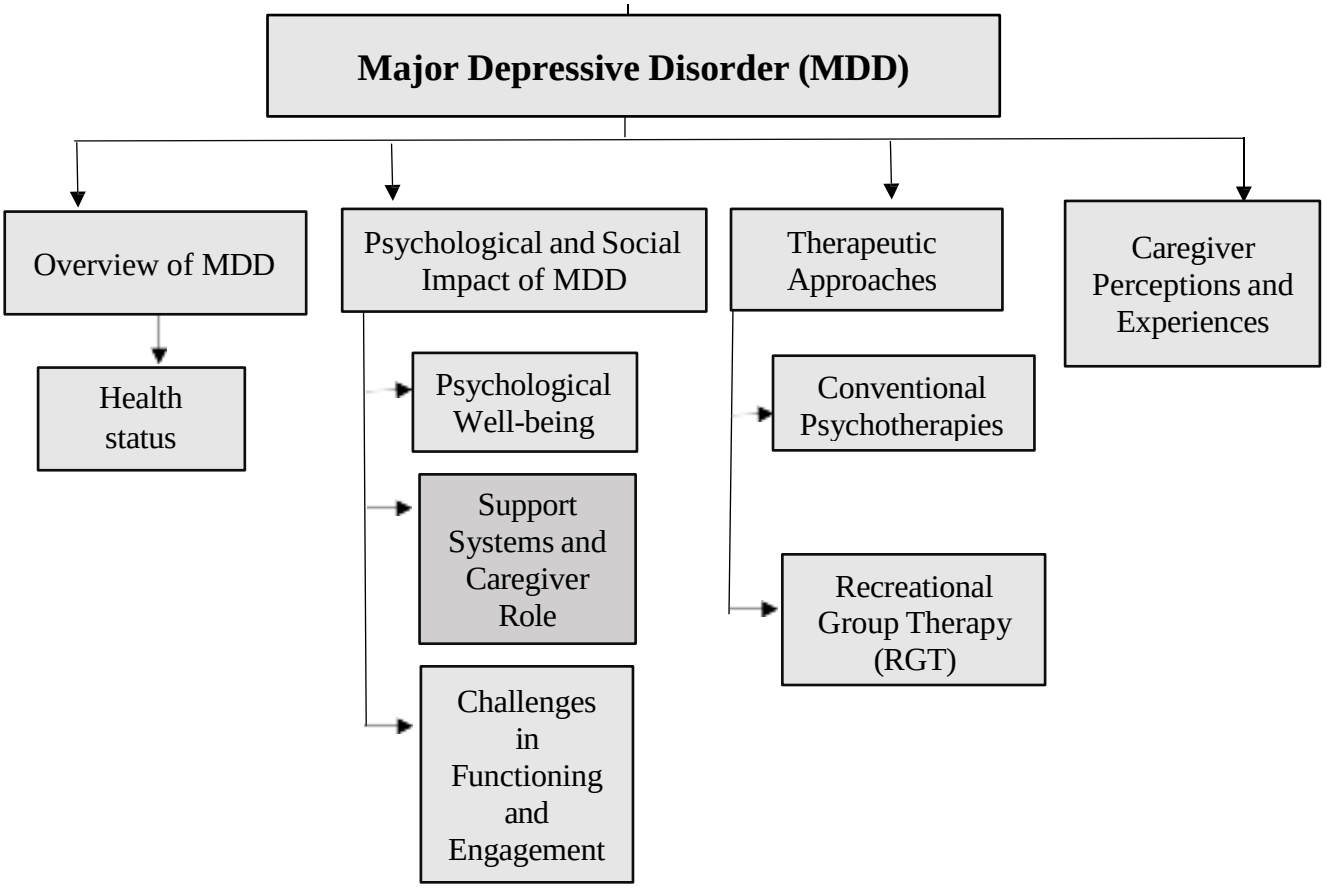
The aim of this study to explore how caregivers feel about the value and benefits of recreational group therapy for patients with Major Depressive Disorder (MDD).

CHAPTER II: LITERATURE REVIEW

This chapter has presented family caregiver's perceptions of recreational group therapy interventions for persons with MDD. The presentation in this chapter about overview of mental disorder or serious mental illness has been supported by information from the existing literature on health status, challenges, support systems, quality of life outcomes, education, and transition to independence .It also contains information on caregiver perspectives, including recreational therapy group inclusion and the impacts of group intervention in daily life. Pubmed , Google Scholar, Medline, Science Direct, and Google were searched for articles within the last 15 years. The search terms were carefully scrutinized with a view on the research question. An overview of findings from the literature review is presented in Figure 2.1 below.

Figure 2.1

Overview of literature review findings



2.1 : Overview of MDD

This section of the literature review covers the health status which includes psychological well-being, challenges, support systems and therapeutic effects.

2.1.1 Health Status

Major Depressive Disorder (MDD) significantly affects the overall health status of individuals, influencing physical, psychological, cognitive, and social functioning. Health status in the context of MDD cannot be understood only through symptom severity; rather, it encompasses the individual's ability to function in daily life, maintain relationships, fulfill roles and sustain emotional stability.

Social health is also deeply compromised in MDD. Individuals often withdraw from family, friends, and community participation. Reduced social interaction may intensify feelings of isolation and loneliness. Corrigan et al. (2014) emphasize that stigma surrounding mental illness discourages social engagement and help-seeking behavior, particularly in collectivist societies. In Bangladesh, where mental illness is frequently misunderstood or associated with social shame, individuals with MDD may experience additional social exclusion, further worsening their condition.

Importantly, the health status of individuals with MDD is not limited to personal suffering but extends to functional impairment. Depression significantly disrupts daily routines, self-care activities, occupational performance, and leisure participation. Townsend and Polatajko (2013) argue that engagement in meaningful occupation is central to health and well-being. Therefore, reduced occupational engagement in depression directly reflects compromised health status.

2.2 Psychological and Social Impact of MDD

2.2.1 Psychological Well-being

Depression significantly compromises emotional regulation, self-esteem, and quality of life. Patients often experience guilt, worthlessness, and cognitive deficits that impair decision-making and memory (Sarsak, 2020; Gonzalez et al., 2016). In 2021, approximately 21 million adults in the U.S. reported a major depressive episode, representing 8.3% of the adult population (NIMH, 2021). The consequences of untreated MDD include decreased productivity, relationship breakdowns, and elevated suicide risk. Recent findings also highlight that psychological well-being can be restored through structured psychosocial and occupational interventions, which promote self-efficacy, motivation, and engagement (Vlotinou et al., 2023). These approaches, particularly when combined with creative group activities, foster positive affect and emotional resilience.

2.2.2 Challenges in Functioning and Engagement

Individuals with MDD face multiple challenges, including behavioral withdrawal, low motivation, cognitive impairment, and emotional dysregulation. According to Jacob, Thompson, and Lee (2020), diminished motivation often manifests as disengagement from personal care, occupational roles, and leisure activities. Fatigue and concentration difficulties further reduce daily performance (Smith & Brown, 2021). Social stigma is another major barrier. Corrigan et al. (2014) emphasize that negative societal attitudes toward mental illness discourage help-seeking and perpetuate isolation. This isolation not only worsens symptoms but also affects caregivers who feel unsupported and misunderstood (Taylor, 2019).

2.2.3 Support Systems and Caregiver Role

Family and community support are crucial in the management of MDD. Caregivers provide both emotional and instrumental assistance, such as monitoring treatment adherence and facilitating therapy attendance (Elliotta & Shewchukb, 1998). However, the emotional strain of caregiving can lead to burnout, anxiety, and depression among caregivers themselves (Cousino & Hazen, 2013). Research demonstrates that caregivers' well-being directly influences patient outcomes. A strong support system can buffer stress and promote recovery, whereas caregiver exhaustion can hinder therapy effectiveness. Interventions that include family participation, psychoeducation, and emotional support are therefore considered essential components of depression management (Duarte et al., 2018).

2.3 Therapeutic Approaches for MDD

2.3.1 Conventional Psychotherapies

Cognitive Behavioral Therapy (CBT), interpersonal therapy (IPT), and pharmacotherapy are evidence-based treatments for depression (Malhi & Mann, 2018). However, these methods primarily focus on symptom reduction rather than holistic recovery. Many patients continue to experience residual symptoms such as low motivation and social withdrawal even after clinical improvement (Aalbers et al., 2017). This limitation has led to a growing emphasis on recreational and group-based therapeutic models, which address emotional, cognitive, and social dimensions simultaneously.

2.3.2 Recreational Group Therapy (RGT)

Recreational Group Therapy (RGT) refers to the structured use of leisure and creative activities-such as art, music, dance, play, and community games-to promote emotional healing and social engagement. According to Stuckey and Nobel (2010), art and recreation foster self-expression, reduce anxiety, and strengthen interpersonal relationships. Aalbers et al. (2017) found that music therapy, when integrated with standard psychiatric care, significantly reduces depressive symptoms and enhances emotional regulation. Similarly, expressive art therapy was shown to improve mood and self-awareness among adolescents and adults with depression (Johan et al., 2022). Recreational therapy offers unique benefits:

- It facilitates social connectedness through shared group experiences.
- It enhances emotional regulation by providing safe outlets for expression.
- It improves cognitive focus and self-confidence, encouraging autonomy.

Moreover, RGT is cost-effective and adaptable across cultures, making it suitable for community mental health programs in low- and middle-income countries such as Bangladesh (Sumari et al., 2005; Kastawi & Ishak, 2013). Group-based therapeutic interventions for depression generally show measurable improvement after 6–12 sessions (Liu et al., 2023). Recreational therapy-style programs (forest therapy, music/recreation) have shown benefits by the 6th weekly session (Yeon et al., 2022). This means that in this research recommending 8–12 structured group therapy sessions could be justified as clinically meaningful for exploring caregiver perceptions of improvement in MDD patients.

2.4 Caregiver Perceptions and Experiences

Caregivers of individuals with MDD often experience chronic emotional distress, feelings of helplessness, and role strain. Their perceptions of therapy are shaped by how well it supports both the patient and their own coping process. Studies suggest that caregivers perceive group therapy interventions as valuable because they allow them to witness improvements in patients' social skills and mood firsthand (Espino et al., 2017; Duarte et al., 2018). When caregivers participate or observe therapy sessions, they gain insight into patients' emotional needs and coping styles, which improves empathy and communication at home (Sarsak, 2020). Group-based interventions also provide opportunities for caregivers to connect with others facing similar challenges, reducing their own sense of isolation. However, barriers remain. Some caregivers express concerns about limited time, lack of awareness of therapy objectives, or cultural stigma surrounding mental illness participation (House et al., 2009). Addressing these concerns through psychoeducation, structured feedback, and inclusive therapeutic planning can enhance caregiver satisfaction and engagement.

Recent studies (2022–2024) also highlight that caregiver participation in therapeutic activities improves both parties' outcomes. A qualitative study by Choi and Kim (2023) found that caregivers involved in recreational group sessions reported lower stress levels, improved relationships with patients, and greater optimism about recovery. Thus, caregivers' perceptions are integral not only for understanding the therapeutic value of RGT but also for ensuring sustainable implementation in community-based mental health settings.

CHAPTER III: METHODS

The chapter outlines the study design, participant recruitment process, ethical considerations, data collection through in-depth interviews, and the thematic analysis employed to interpret the findings. These methodological choices were carefully designed to align with the research objectives and ensure rigour and trustworthiness in exploring this critical topic.

3.1 Study Question(s), Aim, Objective(s)

3.1.1 Study Question

What are the caregiver perceptions about Recreational Group Therapy for patient with Major Depressive Disorder?

3.1.2 Aim

The aim of this study to explore how caregivers feel about the value and benefits of recreational group therapy for patients with Major Depressive Disorder (MDD).

3.1.3 Objectives

- To understand what caregivers know about group therapy as a treatment for MDD patients.
- To explore how RGT affects caregivers emotionally.
- How group therapy impacts their well-being and experience.
- To identify any challenges caregivers might have about group therapy for MDD patients.

3.2 Study Design (Method, Approach)

3.2.1 Study Method

The study employed a qualitative research design. The qualitative method has been used to understand people's beliefs, experiences, attitudes, behavior, and interactions. It generates non-numerical data (Veluswamy et al., 2013). Qualitative research generally relies on direct personal involvement to understand both observable behaviors and internal experiences within a particular setting. As a naturalistic approach, it often attracts researchers who prefer studying phenomena in real-world contexts (Peterson,

2019).

Therefore, qualitative research was the most suitable approach for this study. Conducting qualitative research in this study has helped gain a deeper understanding of about caregiver perceptions about the Recreational Group Therapy for patients with MDD.

3.2.2 Study Approach

The research was conducted using a phenomenological approach. The phenomenological approach focuses on capturing the core essence of a phenomenon by examining it through the lived experiences of individuals. This method aims to uncover how participants interpret and assign meaning to that experience (Teherani et al., 2015). The research approach was phenomenological, as it helped to explore how caregivers feel about the value and benefits of recreational group therapy for patients with Major Depressive Disorder (MDD).

3.3 Study Setting and Period (Study Setting and Period)

3.3.1 Study Setting

The data were collected at locations mutually agreed upon by the student researcher and the participants to ensure comfort and convenience. One interviews were conducted at the participants' workplaces in the Dhaka district . One interviews were conducted at the Rabia-Noor Mental Day Care Center which is the sub center of CRP. Three additional interviews were conducted at the participants' homes. The remaining two interviews were conducted in the local area around CRP, in quiet settings chosen to ensure a conducive environment for discussion . And one interview were conducted in the local area around Manik Mia Avenue, Dhaka , in quiet settings chosen to ensure a conducive environment for discussion. All interviews were carried out by the student researcher in locations that prioritised the participants' comfort.

3.3.2 Study Period

The study period was between June 2025 to December 2025 and the data collection period was 2nd August 2025 to 15th September 2025.

3.4 Study Participant(s)

3.4.1 Study Population

The study population was three male and five female caregivers who had experience about recreational group therapy for MDD.

3.4.2 Sampling Techniques

Participants will be selected using purposive techniques. Purposive sampling depends upon pre-set criteria. According to (J. Devers, 2000)-"Qualitative research most often uses purposive sampling rather than probability strategies. Purposive sampling strategies are designed to enhance the understandings of selected individuals' or groups' experiences or for developing theories and concepts". Purposive sampling is ideal for this research on caregivers' perceptions of the recreational group therapy for MDD patients since it targets individuals who have direct relevant experience with the therapy in question. Selection of the caregivers who are actively involved in the care of the patient undergoing occupational therapy ensures that the participants provide insightful in-depth views about the effectiveness and impact the therapy has. This technique allows focused data collection; hence, it is especially suited to qualitative research when specific informed opinions are needed (Goyal,2013).

3.4.3 Inclusion Criteria

- Both men and women with MDD.
- Caregiver of person must be 18 years of age or older.
- Caregiver currently engaged in or have completed their person with MDD recreational group therapy.
- The patient must attend minimum 6 to 8 therapy sessions.

3.4.4 Exclusion Criteria

- Caregiver who have experienced recent traumatic events or loss.
- Caregivers who have not observed the occupational therapy sessions.

3.4.5 Participant Overview

Eight participants participated to this study who have caregiving experience for MDD patients in RGT. To maintain participants' name were coded with a pseudonym. An overview of the participants is given in Table 3.1

Table 3.1

Participants Overview

Pseudo Name	**Occupation**	**Age**	**Age of the patient**	**Therapy session attend**	**Relation better patient**
Karim (C1)	Engineer	35	65	8	Uncle
Rahim (C2)	Construction worker	55	45	16	Husband
Rahima (C3)	Community mobilizer	35	65	10	Daughter
Fatema (C4)	Housewife	42	26	16	Mother
Rabeya (C5)	Housewife	23	40	8	Sister-in-law
Sumon (C6)	Engineer	35	26	12	Brother
Aisha (C7)	Nurse	24	38	6	Paid nurse
Khadija (C8)	Teacher	60	28	8	Mother

[Note : C mean Caregiver]

3.5 Ethical Consideration

As a statement of ethical principles for medical research, the World Medical Association (WMA) created the Declaration of Helsinki (World Medical Association Declaration of Helsinki, 2022).

3.5.1 Ethical approval from IRB

The ethical clearance will be sought from the Institutional Review Board (IRB) of the Bangladesh Health Professions Institute (BHPI) through the department of Occupational Therapy. IRB clearance number CRP-BHPI/IRB?07/2025/1104 (See appendix A).

3.5.2 Informed Consent

Information Sheet:

Information sheet was provided to the participants. Participants was informed about the whole research. Research was provided sufficient and appropriate information on which they could base an informed decision, including any risks and benefits (See appendix B).

Consent form:

After given explanation, researcher was explained the research purpose to the participants. Then written consent was taken from the participants. If they feel willing to participate, their data would be taken. (See appendix B).

Withdrawal form:

Participants have equal right to withdraw participation from the study if they think that by giving information is risky for himself/herself. This withdrawal form has been attached with information sheet (See appendix B)

3.5.3 Unequal Relationship

The researcher kept a fair and equal relationship with the participants without any roles that could create imbalance.

3.5.4 Risk and Beneficence

The student researcher ensure that participants did not have any risk and they did not get any beneficence from this study.

3.5.5 Confidentiality

The information about each participant was kept private. Their name and identity were not disclosed to anyone except for the supervisors, and it was stated on the information sheet.

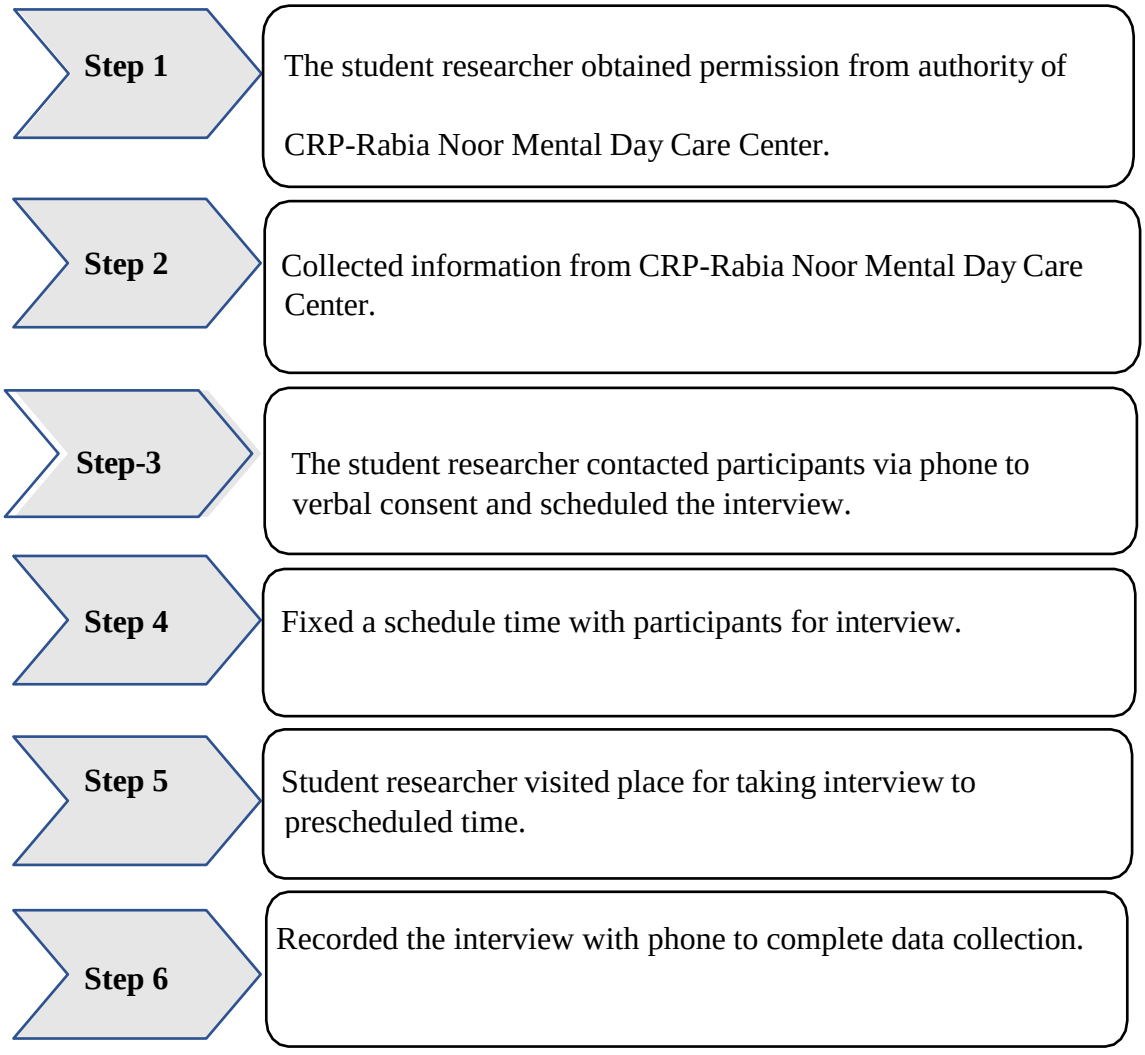
3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Participant recruitment diagram is given in Figure 3.1

Figure 3.1

Overview of participant Recruitment Process



The student researcher talked with participant who have caregiving experience for patients with MDD in recreational group therapy. Student researcher selected participants from CRP-Rabia Noor Day Care Center which is the sub center of CRP. Student researcher made the list of participants according to inclusion and exclusion criteria with socio-demographic question (See appendix C). The student researcher contacted over phone patient for verbal consent and explained about this study. After selecting participant for interview according to participants' consent (See appendix B). After made an interview and selected suitable place both student researcher and participant's feel comfortable and the student researcher visited that place in pre-schedule time.

3.7 Data Management and Analysis

3.6.1 Data Collection Method

The student researcher collected data through face-to-face, in-depth, semi-structured interviews. This face-to-face approach helped the researcher check whether the participant was engaged and also helped in building rapport. It also allowed the researcher to observe extra emotional and behavioural cues while the participant responded. The semi-structured interview format offered flexibility, using broad, open-ended questions to encourage detailed answers (Liamputtong & Rice, 2020).

Data collection followed the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007). Each interview was audio-recorded using a mobile phone kept in flight mode to avoid interruptions. The interviews lasted between 20 and 70 minutes.

3.6.2 Data Collection Instrument

A self-developed semi-structured interview guide was used to conduct the interviews. This guide was created based on a review of the existing literature. It covered different aspects such as perceptions of self-advocacy (Weitzner et al., 2011) and family support (Shabany et al., 2020), barriers (Munce et al., 2014), the role of healthcare professionals (Shabany et al., 2019), rehabilitation services (Umeasiegbu, 2017), the influence of cultural and societal norms (Shabany et al., 2020), and meeting the needs and rights of individuals (Hampton, 2004).

3.6.3 Field Note

A field test was conducted with one participant to evaluate the interview guide and its effectiveness in capturing relevant data. Based on the insights gained from the field test, some additional questions were included in the interview guide. The added questions were designed to gain a more comprehensive view of how participants perceive the benefits , values and challenges about recreational group therapy for patients with .

3.7 Data management and Analysis

Thematic analysis was used in this research because it offers a systematic way to identify patterns and themes within the data. This method helps develop a deeper understanding of the research topic by exploring different perspectives and experiences. The student researcher chose thematic analysis as it provides the essential skills needed for conducting various types of qualitative analysis (Braun & Clarke, 2013). Six steps were followed according to Braun & Clarke, which are described below.

Step-1 Making yourself familiar the data

At the first step student researcher got familiarized with the data by taking interview, transcribed data verbatim in Bangla and translated them in English. The student researcher translated the translation. The respected supervisor rechecked all the

transcription and translation. Then the student researcher thoroughly read first to last to understand the meaning and pattern of data and marking the important point.

Step-2 Generating the initial code

In this step the student researcher identified some important point from the data and highlighting those sentences. Then the student researcher developed some initial code from the marking of important point and named them.

Step-3 Searching for tentative themes

The student researcher wrote down the code from every interview in individual paper by serially and highlighted the similar codes through reading the translation. Following that student researcher organized the codes into potential theme and wrote them on different sticky notes. Sticky notes hanged on wall so that related concepts could be conveniently grouped together to identify potential theme.

Step-4 Reviewing the themes

The student researcher created an initial thematic map. Generate Six themes with some sub-themes were emerged from the study.

Step-5 Defining and naming themes

The student researcher refined and revised the theme and sub theme and finalized those themes and sub-themes for results. Then generated clear name and definition for the theme and sub-themes so that reader can clearly understand.

Step-6 Producing the report

According to theme the student researcher produced the report in the dissertation by writing the results chapter with verbatim quotes from participants.

3.8 Trustworthiness and Rigor

- At first the aim of the study was to how caregivers feel about the value and benefits of recreational group therapy; phenomenological approach of qualitative design was perfect to achieve the aim and objectives.
- Student researcher contacted by verbal communication with participants.
- There are only eight participants were collected in the CRP-Rabia Noor Day Care Center's database who had history of MDD patient. Although, sample size was small, it was explained in limitation part of the research.
- Participants of this research are selected according to the criteria of the research topic.
- Interview was collected by phone recorder.
- Data were analyzed by Braun and Clarke's six step.
- The supervisor was involved in every step of data analysis process which provided a multiple view in the data and there was no chance of biasness.

CHAPTER IV: RESULTS

This chapter discusses about caregivers perception about recreational group therapy for patients with MDD. Eight participants were shared their experiences , perception about this group therapy. Six themes that emerged from the data analysis included: i)Awareness and Understanding of RGT, ii) Psychosocial Benefits on Caregivers, iii) Perceived Benefits and Patient Improvement, iv) Caregiver-Patient Relationship Dynamics, v) Challenges and Barriers in RGT, vi) Recommendation and Continuity.

Table 4.1

Overview of Results

Theme	Sub-theme
Awareness and Understanding of RGT	Recognition of RGT as an Effective Therapeutic Process
	Understanding the Therapeutic Role of Structured Group Engagement
	Awareness of Behavioral and Emotional Transformation
	Shift in Perception Through Lived Experience
Psychosocial Benefits on Caregivers	Emotional satisfaction and relief
	Hope and motivation
	Reduced caregiver stress and anxiety
Perceived Benefits and Patient Improvement	Emotional stability and regulation
	Social interaction and engagement
	Development of routine and self-care
	Positive attitude and increased motivation
	Reduced medication dependency and better sleep
Caregiver-Patient Relationship Dynamics	Strengthened relationship
	Unchanged relationship
Challenges and Barriers in RGT	Activity suitability and Age appropriateness
	Environmental limitations

Recommendation and Continuity	Customized and Evidence Based activities
	Therapist Involvement
	Flexibility in Activity

4.1 Theme one: Awareness and Understanding of RGT

Recreational group therapy uses fun, leisure-based activities such as games, arts, sports within a group setting to help people improve their physical, emotional and social well-being, build skills, cope with mental health related challenges and boost overall quality of life by fostering connection, motivation and positive change. All the participant had experienced this Recreational Group Therapy (RGT) as a treatment. This theme discusses caregiver's first impression, knowledge and awareness of RGT as a treatment modality for MDD patients. Their statements show that the idea was new to them at first but their understanding grew as they gained more experience.

Caregivers gradually recognized RGT not merely as recreational activity, but as a structured therapeutic intervention. They described it as beneficial, necessary, and helpful for mental development. Many participants emphasized that they initially believed medication was the only form of treatment for depression, which reflects a common belief in Bangladeshi society where biomedical approaches are often prioritized over psychosocial therapies

After observing therapy sessions, caregivers began to recognize RGT as a structured therapeutic intervention rather than mere recreational activity. Participants described it as "helpful," "important," and "necessary" for mental development. Many caregivers acknowledged that before this experience, they believed medication was the only effective treatment for depression. This reflects a common perception in Bangladesh, where biomedical treatment is often prioritized over psychosocial approaches.

Several caregivers expressed that the therapy sessions—such as singing, drawing, group interaction, and structured activities—contributed to changes in thinking patterns and mindset. They perceived the therapy as educational and developmental, helping patients focus, think positively, and engage actively.

This shift in perception demonstrates increased awareness of psychosocial rehabilitation methods within a cultural setting where mental health literacy remains limited Accordingly, related subthemes are described as follows:

4.1.1 Sub-theme One: Recognition of RGT as an Effective Therapeutic Process:

Following therapy completion, caregivers increasingly recognized RGT as an effective and meaningful therapeutic intervention. Their understanding emerged
from witnessing tangible changes in patients' behavior and emotional stability.
One caregiver stated: "Through this therapy, I learned that a person can change through group activities." This statement reflects realization through observation. The caregiver did not describe therapy in abstract terms but acknowledge d its effectiveness based on visible transformation. Another participant expressed: "When they stay connected with these activities, they can return to normal life."

The phrase "return to normal life" indicates that caregivers interpreted RGT as contributing to recovery and restoration of functioning. Improvement was not measured in clinical language but in practical life outcomes. Caregivers came to understand that structured participation in group settings plays a role in stabilizing mental health and promoting behavioral change.

4.1.2 Sub-theme Two: Understanding the Therapeutic Role of Structured Group Engagement:

Caregivers developed awareness that structured activities were not merely recreational tasks but part of a systematic therapeutic process. One participant explained: "A lot is taught in this group, a lot is explained and a lot is learned." This statement reflects recognition of cognitive and developmental components within therapy sessions. Caregivers observed that activities were organized and purposeful. Another caregiver noted: "This therapy changes mindset and relaxes the mind."

Here, the caregiver connects structured engagement with psychological relaxation and cognitive reframing. The understanding developed through noticing that patients became calmer, more focused, and emotionally regulated

after participation. Caregivers interpreted group activities as contributing to: Increased concentration , Reduced overthinking, Emotional relaxation, Improved interaction skills. Their awareness thus shifted from seeing activities as simple engagement to recognizing their therapeutic value.

4.1.3 Sub-theme Three : Awareness of Behavioral and Emotional Transformation :

As therapy progressed, caregivers observed significant behavioral and emotional changes, which further strengthened their understanding of RGT's impact. For example, one caregiver reported: "Earlier she used to speak rudely… now we can talk more peacefully." Another participant stated: "Before he didn't talk. Now he mixes with everyone." These observations illustrate concrete behavioral shifts that caregivers attributed to therapy participation. The reduction in irritability and increased communication were interpreted as signs of improvement and emotional regulation. Caregivers therefore developed awareness that RGT influences: Anger management ,Social withdrawal, Communication patterns, Emotional responsiveness. The understanding of therapy effectiveness was directly tied to these observable transformations.

4.1.4 Sub-theme Four: Shift in Perception Through Lived Experience:

Over time, caregivers' awareness evolved into trust and acceptance. Their perception shifted because of consistent exposure to improvement. One participant stated: "I feel it is very helpful." Another expressed: "I would definitely recommend this therapy." These statements reflect internalized belief in the value of RGT. The shift in understanding was not imposed externally but developed organically through direct observation of patient change. Caregivers' awareness became experiential rather than informational. They understood RGT as a therapeutic system capable of producing meaningful psychological and social transformation.

4.2 Theme Two : Psychological Benefits on Caregivers :

This theme describes how Recreational Group Therapy (RGT) affected caregivers emotionally and psychologically after their patients completed therapy. Although the primary focus of treatment was the patient, caregivers reported noticeable changes in their own emotional state as a result of observing patient improvement. Caregivers' emotional responses were closely connected to visible behavioral and functional changes in patients. When patients showed signs of stability and engagement, caregivers experienced relief, satisfaction, and renewed hope. However, emotional responses were not uniform across all participants. This theme is divided into three sub-themes:

4.2.1 Sub-Theme One : Emotional satisfaction and relief

A strong pattern across interviews was emotional relief experienced by caregivers after seeing improvement in their patients. Many caregivers described that before therapy, they felt worried, tense and mentally disturbed due to the patient's condition. Observing participation in therapy sessions and gradual improvement reduced this emotional burden. Many caregivers expressed joy and mental peace after seeing their patients engage in RGT. For them the therapy's effectiveness also provided personal relief. For example , Fatema (C4) replied with joyful face that,

"I think it affected me too. My mental condition was also not good . I worried a lot and was tense . But while being there , I felt a lot of relief from that tension. I felt like I had no worries or tension. I felt that strongly". This statement shows that caregiving stress had affected her personal mental health. The therapy process indirectly reduced her anxiety by giving reassurance".

Another caregiver Karim (C1) stated that , "I felt good seeing that they were participating, and their thoughts were developing." Here, the feeling of "good" is directly connected to witnessing participation and growth. The emotional response was not abstract- it was grounded in observable improvement. Caregivers experienced a sense of shared healing where patient's improvement contributed to their own emotional stability. Overall, emotional satisfaction among caregivers was primarily linked to visible patient progress.

4.2.2 Sub-theme Two : Hope and motivation

Another important psychosocial outcome for caregivers was the development of hope. Before therapy, caregivers often felt uncertainty about the future. After observing improvement, they began to believe in the possibility of recovery. All caregiver enhance their hope and motivation during RGT. Seeing visible improvements enhance hope and reinforced caregiver's motivation to continue supporting their loved ones. For instance, Fatema (C4) said with happiness that "I felt that the reason I came here , my intention should be successful. My daughter become healthy again and I should be able to see her normal like before". In contrast, other participants, such as Karim (C1) reported that "she said she felt good mentally..I believe she felt comfortable" .This renewed hope also motivated caregivers to continue supporting therapy. Several participants mentioned that they would recommend the therapy to others and continue participation if needed. Their motivation was directly connected to perceived improvement.

4.2.3 Sub-theme Three : Reduced caregiver stress and anxiety

Caregiving for a person with MDD can create emotional strain due to irritability, social withdrawal, and daily dysfunction. When these behaviors reduced, caregivers experienced less stress. Some caregivers reported that RGT indirectly helped them by managed their own stress and anxiety levels. The structured, supportive environment of therapy provided a space where caregivers could feel comfortable about their patient's safety and progress. Observing patients laugh, play, or interact with others made caregivers feel emotionally lighter. For example , Fatema (C4) reported that ,

"After going there and joining in different activities , I noticed a change in her mind. At home, she was one way but after going there her mental state become much better. She stayed cheerful , mixed with other children and created friendship with everyone. This made me feel very good".

Another caregiver, Rahima (C3) reported with joy that,

"I feel very well about this .This is something new treatment that people could be changed and we could bring them to our form. That part I liked very

much . Even my family owed to this treatment and its work. For that , Thank you".

And Karim also shared that "When I saw her smiling and talking, I also felt peace in my heart. It reduced my worry." This stress reduction indicates that RGT may be beneficial not only for patients but also for the emotional well-being of caregivers, providing them with a sense of reassurance, shared healing, and emotional recovery. Thus, reduced caregiver stress was not caused by therapy sessions directly but by behavioral and emotional stabilization of patients.

4.3 Theme Three: Perceived Benefits and Patient Improvement

This theme represents the most dominant and consistently reported findings across all participants. Caregivers described noticeable psychological, emotional, behavioral and functional improvements in patients following participation in Recreational Group Therapy (RGT). These changes were primarily interpreted through observable daily behavior rather than clinical terminology. Caregivers evaluated improvement based on visible transformation in emotional stability, communication patterns, routine development, social engagement, motivation, and sleep. Their understanding of recovery was grounded in practical life functioning rather than diagnostic symptom language. This theme is divided into five sub-themes:

4.3.1 Sub-theme One : Emotional stability and regulation

Almost all caregivers observed that patients became calmer, less irritable, and more emotionally stable after attending therapy. They were able to manage their mood better and reacted more positively to daily situations. For example , Rahim stated that "Before, she used to get angry a lot. Now, she get angry less and can manage her anger better". Sumon (C6) shared that , "Before if he asked to do anything or if someone talked to him ,he wouldn't talk. He used to behave rudly. Now that has reduced a lot."

Rabeya reported that ,

"Now she goes out. Before she liked being alone , now she wants to mix with people .If something bad happens she tries to share it. Even if its bad ,she tries to change that's good site...if I say something she tries to understand .like 'sister don't do this. Don't do that'. Before she used to make sudden decision now that's not there".

4.3.2 Sub-theme Two : Social interaction and engagement

Nearly all caregivers expressed that RGT enhanced patient's social participation and communication. Group activities helped them rebuild confidence and overcome social withdrawal. For example , Rabeya (C5) also shared that , "Wants to meet with people. Before she didn't want to mixed. Now she take her mother to the doctor".

Karim (C1) shared that ,

"Recently we had a family event and my patient participated in games and even won first place. She also told about how they had participated in a similar event at CRP and won first place there as well."

Almost all caregiver expressed that RGT enhanced communication skills with others .Such as, improve social communication, increased responsiveness etc. For example , Sumon (C6) shared that , "Now if I call him ,if I tell his mother that I want to talk to Raju ,he talk now". On the other hand , Khadija (C8) said that -

" He didn't go out , he didn't talk to his cousin that much .Now ,he goes out in a big way, talks to them and when he meets people on the street, he talks to his relatives with sincerity". Social engagement was interpreted as restoration of normal behavior. Interaction with family members, relatives, and neighbors became possible again. Caregivers viewed this change as meaningful and transformative.

4.3.3 Sub-theme Three : Development of routine and self-care

Improvement in daily routine and self-care behaviors was another strong pattern. Eight caregivers expressed that they observed patient's daily routine and self-care development. Such as improved task participation , following

instructions. For example , Sumon (C6) shared a routine with happily, “Feeding goats and cows in the field , cutting grass and bringing grass, if they tell these things he dose.” Another participant Aisha(C7) reported that “ She doing tasks properly – eating , going or preparing to go to that place in the morning. At home she did not do these”. On the other hand , another paticipant Karim shared that , “ After completing the course here, when she returned home , she started doing her usual tasks normally. That’s why I think it has helped in daily life”. Routine behaviors such as waking up early, preparing for the day, and maintaining hygiene were seen as signs of stabilization. Caregivers emphasized that these improvements reduced the need for constant supervision. Patients became more responsible for their own daily functioning. Thus, routine and self-care development became central markers of recovery in caregivers’ perception.

4.3.4 Sub-theme Four : Positive attitude and increased motivation

Most of the caregiver reported that RGT helped to increased positive attitude and also increased motivation. Karim (C1) said that “Earlier she used to speak rudely and have a negative attitude, but now after participating in the therapy , that attitude has changed and we can talked more peacefully”. Rahima stated that “ Now she wakes up in the time and does the household work, in short she does her job at home-I have been observing”. It’s an observable positive attitude and also perceived that the patient motivated to do work. On the other hand , Fatema (C4) shared that,

“I can see now she pay more attention to studies .She is preparing for exams. She is thinking more seriously about jobs. She is very worried about her future and wants to stand her own feet. I see this positively in her”.

Patients who previously avoided tasks became more willing to engage. They showed interest in activities, communication, and responsibilities. Motivation appeared gradual rather than sudden. Caregivers described slow but steady progress. The improvement in attitude was connected to active engagement in group sessions. Participation in structured group activities may have enhanced confidence, which translated into improved willingness at home.

4.3.5 Sub-theme Five : Reduced medication dependency and better sleep

Sleep improvement emerged as another important outcome. One caregiver observed that their patient's dependence on medication especially sleeping pills decreased. Rabeya (C5) reported that " Now she doesn't need sleeping pills. sleeps properly, automatically her mind and mood are better". One caregiver who is Rahima (C3) stated about RGT that:

"Since this was something new ...that this is also a treatement... I did't know there was treatment beyond medicine . But through this therapy , I learned that a person can be changed through this group therapy".

Another caregiver khadija (C8) also stated with happy face that:

"When I first heard it , I felt happy because I had already thought that if this kind of recreation existed in Mental Hospital , it would be good . They are kept somewhat like prisoners and I thought besides medicines , if there was this recreational part they would feel better .When I heard it from the doctors , I felt good . I thought , yes since this exists , I should take my patient there".

This realization increased their understanding of mental health recovery, highlighting a shift from a purely medical to a holistic perspective. Caregivers interpreted improved sleep as emotional stabilization. Sleep patterns became more regular and natural. Better sleep reduced nighttime worry and signaled mental calmness. It also contributed to improved daytime functioning. Although medication use was not quantitatively measured, caregivers perceived decreased reliance on sleeping medication as a positive sign.

4.4 Theme Four : Caregiver-Patient Relationship Dynamics :

This theme explores how Recreational Group Therapy (RGT) influenced the relational dynamics between caregivers and patients. While the therapy primarily targeted patient rehabilitation, caregivers reported noticeable changes in communication patterns, emotional closeness, and interaction quality within the family. However, relational change was not uniform across all participants. Some caregivers described strengthened relationships, while others reported

that the relationship remained stable without significant transformation. This theme is divided into two sub-themes:

4.4.1 Sub-theme One : Strengthened relationship

Several caregivers described improvement in communication and reduction in relational tension after therapy participation. These changes were closely linked to improvements in emotional regulation and social engagement observed in patients. Many caregivers mentioned improved bonding and peaceful communication with their patients. Khadija (C8) stated that :

"Before , he used to talk to me a little less. Now, talks quite freely...Now he ask me a little bit or what are you doing mom or what are you doing or it would be better if Idid this or that. He has been a little free with me".

On the other hand , Rabeya (C5) stated that :

"Earlier , due to mental problems she used to stay silent. She suffered a lot , used to stay alone due to silence. Now she mixed with everyone ,the changes is visible from all sides...She joined with me too. Helps with my work. Goes out with me, shares many things that".

4.4.2 Sub-theme Two : Unchanged relationship

Two caregivers stated that their relationship remained unchanged or fluctuated based on the patient's mood. Fatema (C4) stated that : "Sometimes our relationship is good, but when her mood is bad, it becomes a bit distant."

4.5 Theme Five : Challenges and Barriers in RGT

Although caregivers generally perceived Recreational Group Therapy (RGT) as beneficial, they also identified several challenges and limitations related to therapy structure, activity suitability, environmental consistency, and resource availability. These challenges did not negate the perceived benefits of therapy; however, they highlighted areas requiring improvement to enhance effectiveness and sustainability. Caregivers' concerns were practical and experience-based, reflecting direct observation of therapy implementation and

its translation into home settings. This theme is divided into two primary sub-themes:

4.5.1 Sub-theme One : Activity suitability and age appropriateness

A few caregivers expressed concern that some activities were not fully aligned with the age, interest, or preferences of the patient. While most participants valued the structured group activities, certain tasks were perceived as less engaging or developmentally appropriate. One caregiver felt that certain activities were not suitable for adult patients. Rabeya (C5) stated that "According to her age, making flowers with paper—she did not like that part of the therapy." This suggests that some activities may not have matched the personal interests or maturity level of the participant. Although the overall therapy was viewed positively, specific tasks were perceived as less meaningful.Age-appropriate activities could improve engagement and motivation among adult participants.

4.5.2 Sub-theme Two : Environmental Limitations

Repetitiveness of activities and inadequate therapist-to-patient ratio were mentioned as areas for improvement. Khadija (C8) stated that :

"I think it would have been better if the therapist had been a little better. For example, I think they need more therapist to see if the tasks they are doing or the activities they are doing are correct or not. I think they are not able to complete them completely."

Khadija (C8) also said with laughing that :

"Their culture scene where their movies were shown. I think the quality of movies is not good, means not suitable for theme. Those hindi , mardang chinema, bangali traditional meaning movies with violence are not probably not suitable for them."

Caregivers suggested the inclusion of different activities to maintain motivation.

4.6 Theme Six : Recommendation and Continuity:

This theme reflects caregivers' willingness to recommend Recreational Group Therapy (RGT) to others and their views regarding continuation of therapy. Despite identifying some structural challenges, caregivers overwhelmingly expressed positive attitudes toward ongoing participation and future engagement.Their recommendations were based on observed improvement in patients' emotional regulation, social interaction, routine development, and overall stability. Caregivers not only acknowledged the benefits of therapy but also demonstrated trust and confidence in the therapeutic process.This theme is divided into three sub-themes:

4.6.1 Sub-theme One : Customized and Evidence Based activities:

Caregivers emphasized the importance of tailoring recreational activities according to patients' age, interests, emotional condition, and developmental needs. While they appreciated the structured nature of the therapy, some participants suggested that greater customization would enhance therapeutic impact. For example, one caregiver mentioned that certain activities did not align with the patient's maturity level: "Making flowers with paper… she did not like that part." This statement suggests that although the activity may have therapeutic intention, its perceived relevance to the participant influenced engagement. Some caregivers implied that when activities matched personal interests, patients showed more enthusiasm and involvement. Conversely, when activities felt repetitive or less stimulating, motivation slightly decreased. On the other hand , another caregiver who is Khadija (C8) stated that : "There should also be research-based thinking about what and how to do it better for them depending on their age. I think they should do more research." Another participant Rabeya (C5) stated that: "If works are done according to her age, it would be better." Caregivers' feedback reflects awareness that therapeutic intervention should not be uniform for all individuals. Instead, activities may be more effective when adapted to cognitive level, emotional readiness, and personal preference. The emphasis on evidence-based and individualized approaches indicates that caregivers were thinking critically about quality of care rather than passively accepting the program structure. Their suggestions

aimed to optimize therapeutic effectiveness rather than criticize the intervention itself.

4.6.2 Sub-theme Two : Therapist Involvement:

Another important aspect highlighted by caregivers was the role of therapist involvement in the therapy process. While overall satisfaction with therapists was high, some participants suggested that increased individual attention could further enhance outcomes. Khadija (C8) stated that :

"I think it would have been better if the therapist had been a little better. For example, I think they need more therapist to see if the tasks they are doing or the activities they are doing are correct or not. I think they are not able to complete them completely."

This comment reflects concern regarding therapist-to-patient ratio. Caregivers perceived that more individualized supervision could: Monitor patient progress more closely, Provide personalized feedback, Address emotional difficulties promptly, Encourage deeper participation. Caregivers valued therapist guidance as a stabilizing factor within the structured group setting. The presence of professionals provided reassurance that activities were purposeful and safe. Additionally, caregivers implied that therapist encouragement played a role in building patient confidence. When therapists interacted actively, patients appeared more motivated and willing to participate.The suggestion for greater therapist involvement was not presented as dissatisfaction but as a constructive recommendation for strengthening therapeutic quality. It reflects caregivers' recognition that professional supervision contributes significantly to behavioral and emotional improvement. Thus, therapist involvement was perceived as a central pillar of therapeutic success.

4.6.3 Sub-theme Three : Flexibility in Activity

Caregivers also emphasized the importance of flexibility in therapy activities, particularly in relation to patients' emotional states and day-to-day variability. Khadija (C8) said with laughing that :

"Their culture scene where their movies were shown. I think the quality of movies is not good, means not suitable for theme. Those hindi , mardang chinema, bangali traditional meaning movies with violence are not probably not suitable for them."

Her comment suggests a perception that therapeutic activities should align with emotional sensitivity and recovery goals. She implied that content promoting aggression or violence may not contribute positively to psychological healing. Caregivers suggested the inclusion of different activities to maintain motivation. Considering age and cultural context each person has different preferences. So
, have to plan activities that suit everyone.

CHAPTER V: DISCUSSION

The present study aimed to explore caregiver's perceptions about the value and benefits of Recreational Group Therapy (RGT) for patients with Major Depressive Disorder (MDD). Caregivers play a vital role in supporting individuals with MDD, particularly in low and middle-income countries such as Bangladesh, where formal mental health resources remain limited. Even though psychosocial interventions like Recreational Group Therapy are being used more, caregivers' experiences and opinions are often ignored in research and clinical practice.

The discussion is organized around the main themes from the results: caregivers' knowledge and understanding of recreational group therapy, the emotional and psychological effects of caregiving, the benefits seen in patients, changes in caregiver–patient relationships, challenges and barriers to group therapy and caregivers' suggestions for improving services. The findings are explained in the context of Bangladesh's culture and healthcare system and compared with both local and international research .

The findings of the present study revealed that caregivers possessed varying levels of awareness and understanding regarding recreational group therapy as an intervention for patients with Major Depressive Disorder. Many caregivers perceived recreational group therapy as a meaningful and supportive approach that complements pharmacological treatment by engaging patients in purposeful activities and social interaction. This perception is consistent with previous studies suggesting that group-based recreational and activity-focused interventions help improve emotional control, motivation, and social interaction in people with depression. (Yalom & Leszcz, 2005; Iwasaki et al., 2014).

Caregivers in this study described recreational group therapy as space where patients could relax, express themselves freely and interact with others facing similar challenges. Such experiences reflect Yalom's therapeutic factors of universality, altruism and group cohesiveness, which are known to play a role in reducing feelings of isolation and hopelessness among individuals with depressive disorders. Through

shared experiences, patients may feel validated and supported which contributes to emotional stabilization and improved engagement in therapy.

The emotional and psychological burden experienced by caregivers emerged as a prominent theme in the present study. Caregivers reported experiencing stress, emotional destruction , anxiety, frustration and feelings of helplessness while caring for individuals with Major Depressive Disorder. These findings are consistent with existing literature demonstrating that caregiving for individuals with depressive disorders is associated with significant caregiver burden and compromised mental well-being (Awad & Voruganti, 2008; Perlick et al., 2016).

The chronic and nature of depression combined with caregiving responsibilities such as emotional support, supervision and management of daily activities, often places caregivers under sustained emotional strain. Similar observations were reported by Schulz and Sherwood (2008), who noted that prolonged caregiving roles can lead to burnout, depression and physical health problems. In the present study, caregivers described constant worry about patient's safety, lack of motivation and withdrawal from social roles that all of which contributed to emotional distress.

Importantly, caregivers also reported that recreational group therapy had a positive indirect impact on their own emotional well-being. Observing improvements in patient's mood, behavior and social engagement provided caregivers with a sense of relief and hope. This finding aligns with previous research indicating that effective psychosocial interventions for patients can reduce caregiver burden by decreasing symptom severity and dependency (Perlick et al., 2016). Caregivers expressed emotional satisfaction when patients returned from group sessions feeling relaxed, cheerful and motivated. This improvement in patient's emotional state often translated into a more positive home environment and reduced interpersonal tension. Dixon et al. (2016) emphasized that caregiver well-being is closely linked to patient outcomes, reinforcing the importance of family-inclusive mental health interventions.

Caregivers in the present study consistently identified multiple benefits of recreational group therapy for patients with Major Depressive Disorder. These benefits included improved mood, increased social interaction, enhanced motivation, better communication and improved participation in daily activities. These findings strongly support existing evidence that group-based recreational and occupational interventions promote psychosocial recovery among individuals with depression (Cruwys et al., 2014; Forsman et al., 2011;).

Caregivers observed that patients who participated regularly in recreational group therapy became more expressive, cooperative and socially responsive. Such improvements may be explained through social identity theory, which suggests that belonging to a group enhances self-esteem, emotional resilience and a sense of purpose (Cruwys et al., 2014). Group participation allows individuals with MDD to rebuild social roles and identities that are often disrupted by illness.

Additionally, caregivers reported that recreational group therapy helped patients establish routine and structure in their daily lives. This finding is particularly relevant as inactivity and lack of routine are common features of depression. Occupational therapy literature emphasizes that engagement in meaningful activities supports mental health recovery by promoting autonomy, competence, and role fulfillment (Townsend & Polatajko, 2013).

In the sociocultural context of Bangladesh, caregivers highlighted that recreational group therapy provided patients with a socially acceptable environment to interact with others without fear of judgment. Given the pervasive stigma associated with mental illness, such safe spaces are essential for developing social inclusion. Corrigan et al. (2012) noted that group-based interventions can reduce stigma by normalizing mental health experiences and promoting peer acceptance.

The findings of the present study suggest that recreational group therapy positively influenced caregiver-patient relationships. Caregivers reported improved communication, reduced conflict, and increased emotional closeness with patients following participation in group therapy. Similar outcomes have been reported in studies examining the effects of psychosocial interventions on family functioning in mental illness (Dixon et al., 2016).

Caregivers noted that patients appeared calmer and more emotionally regulated after attending group sessions, which facilitated smoother interactions at home. Improved communication skills and emotional expression among patients reduced misunderstandings and tension within the family. These observations support earlier research suggesting that psychosocial interventions enhance interpersonal functioning and family relationships (Pitschel-Walz et al., 2006).

Furthermore, caregivers reported increased empathy and understanding toward patients' experiences after observing their participation in therapy. Exposure to therapeutic processes helped caregivers reframe depressive symptoms as part of an

illness rather than as personal shortcomings. This shift in perspective has been shown to reduce caregiver frustration and enhance emotional support (Dixon et al., 2016).

Despite the overall positive perceptions of recreational group therapy, caregivers also identified several challenges and barriers that limited its effectiveness. These included transportation difficulties, financial constraints, irregular attendance, lack of family cooperation, and limited availability of services. Such barriers are consistent with findings from studies conducted in low-resource settings, where access to mental health services is often constrained by socioeconomic and infrastructural factors (Patel et al., 2018).

Caregivers also expressed difficulty motivating patients to attend group sessions during severe depressive episodes. This challenge reflects the fluctuating course of Major Depressive Disorder and underscores the need for flexible, individualized therapeutic approaches. Forsman et al. (2011) emphasized that psychosocial interventions must be adaptable to individuals' symptom severity and readiness for engagement.

Another concern raised by caregivers was the lack of continuity of care following the completion of group therapy programs. Some caregivers questioned whether therapeutic gains could be sustained without ongoing support. The World Health Organization (2021) highlighted the importance of community-based mental health services and follow-up programs to maintain treatment outcomes and prevent relapse.

The findings of this study have important implications for occupational therapy and mental health practice. Recreational group therapy, often facilitated by occupational therapists, emerged as a valuable intervention that supports both patient recovery and caregiver well-being. Occupational therapists are uniquely positioned to design meaningful, culturally relevant group activities that address emotional, social, and functional needs.

The study also highlights the importance of caregiver education and involvement. Providing caregivers with information about the goals, benefits, and structure of recreational group therapy may enhance their engagement and support. Family-inclusive approaches have been shown to improve treatment adherence, satisfaction, and long-term outcomes in mental health care (Dixon et al., 2016).

Although the findings of the present study align with much of the existing literature, several research gaps remain. There is limited research focusing on

caregivers' perceptions of recreational group therapy for Major Depressive Disorder, particularly in low and middle-income countries such as Bangladesh. This study contributes to addressing this gap by offering context-specific qualitative insights.

Future research should examine the long-term outcomes of recreational group therapy using longitudinal and mixed-method designs. Quantitative assessment of caregiver burden, stress, and quality of life may further strengthen understanding of the indirect benefits of RGT. Additionally, culturally adapted and community-based models of recreational group therapy should be developed to enhance sustainability and accessibility.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Study Strength

- The use of qualitative methodology was well-suited for exploring the in-depth experiences, feelings of individuals who had experience in caregiving for MDD patient in recreational group therapy, effectively achieving the research goals.
- This study highlights caregivers' perceptions, an area that is often underrepresented in mental health research. Understanding caregiver viewpoints provides valuable insights into the indirect outcomes of recreational group therapy and supports more family-centered mental health care.
- Findings from this study can help mental health professionals, occupational therapists, and rehabilitation teams improve recreational group therapy programs by considering caregiver feedback and expectations.
- The study contributes context-specific evidence related to mental health care practices, which is particularly valuable in settings where limited research exists on recreational group therapy and caregiver involvement
- Future studies on this phenomenon will benefit from the findings of this study.

6.1.2 Limitation :

- This study used a qualitative method with a small number of participants. Participants' personal bias while answering the interview questions may have limited the generalizability of the findings.
- In this study , only used recreational group therapy related perceptions and skip individual occupational therapy services .
- If conducted in a specific institution or region, the results may not reflect

experiences of caregivers from different cultural or healthcare settings.

- For cultural context of Bangladesh , some participants' wasn't attend required therapy sessions.

6.2 Practice Implication (recommendation for future practice and research)

Recommendations for Future Practice

- Mental health professionals should actively involve caregivers in planning and modifying recreational group therapy programs, as their observations provide valuable insights into patients' engagement, motivation, and daily functioning.
- Recreational group therapy sessions should include a variety of activities tailored to patients' interests and abilities to prevent boredom and enhance participation, as perceived by caregivers.
- Occupational therapists, psychologists, psychiatrists, and recreational therapists should work collaboratively to design structured yet flexible group therapy programs that address emotional, social, and functional needs of patients with MDD.
- Providing caregivers with basic information about the goals, benefits, and process of recreational group therapy can improve their understanding, cooperation, and support for patients' participation.
- Mental health facilities should establish regular feedback systems to gather caregiver perspectives and use this information to improve the quality and effectiveness of recreational group therapy services.

Recommendations for Future Research

- Future studies should include a larger sample size and participants from different settings to enhance the generalisability of findings.
- Long-term follow-up studies are recommended to assess sustained effects of

recreational group therapy on patients' mood, social interaction, and daily functioning.

- Future research should include the perspectives of patients, therapists, and caregivers to provide a comprehensive understanding of recreational group therapy outcomes.
- Further research could compare different types of recreational activities or group therapy models to identify the most effective approaches for patients with Major Depressive Disorder.

6.3 Conclusion

In the study, Caregivers perceived recreational group therapy as a valuable and effective intervention for patients with Major Depressive Disorder. Although many caregivers initially had limited awareness of RGT, their understanding improved after observing patient participation and outcomes. Enhanced emotional regulation, social engagement and motivation were identified as the main benefits of RGT, which also improved caregivers' well-being. In this study, repetitive activities and a lack of variety for various age groups were detected. Overall, the study suggested that personalized activities as well as increased caregiver involvement were required to improve recreational group therapy for MDD.

CHAPTER VII: LIST OF REFERENCE

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APPENDICES

Appendix A: Ethical Approval Form and Permission Letter

Ethical Approval Letter from IRB

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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/07/2025/1104 Date: 21.07.2025

To
Jannatul Ferdous
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200415
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **Caregiver Perceptions about the Recreational Group Therapy for Patients with Major Depressive Disorder** by ethics committee.

Dear Jannatul Ferdous,
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, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

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

The purpose of the study is to explore how caregivers feel about the value and benefits of recreational group therapy for patients with Major Depressive Disorder (MDD).The study involves use of a self-developed interview guide to explore how caregivers feel about the value and benefits of recreational group therapy for patients with Major Depressive Disorder (MDD) that may take 30 to 45 minutes to answer the Interview Guide and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 17 June, 2025 at BHPI (50th IRB Meeting).

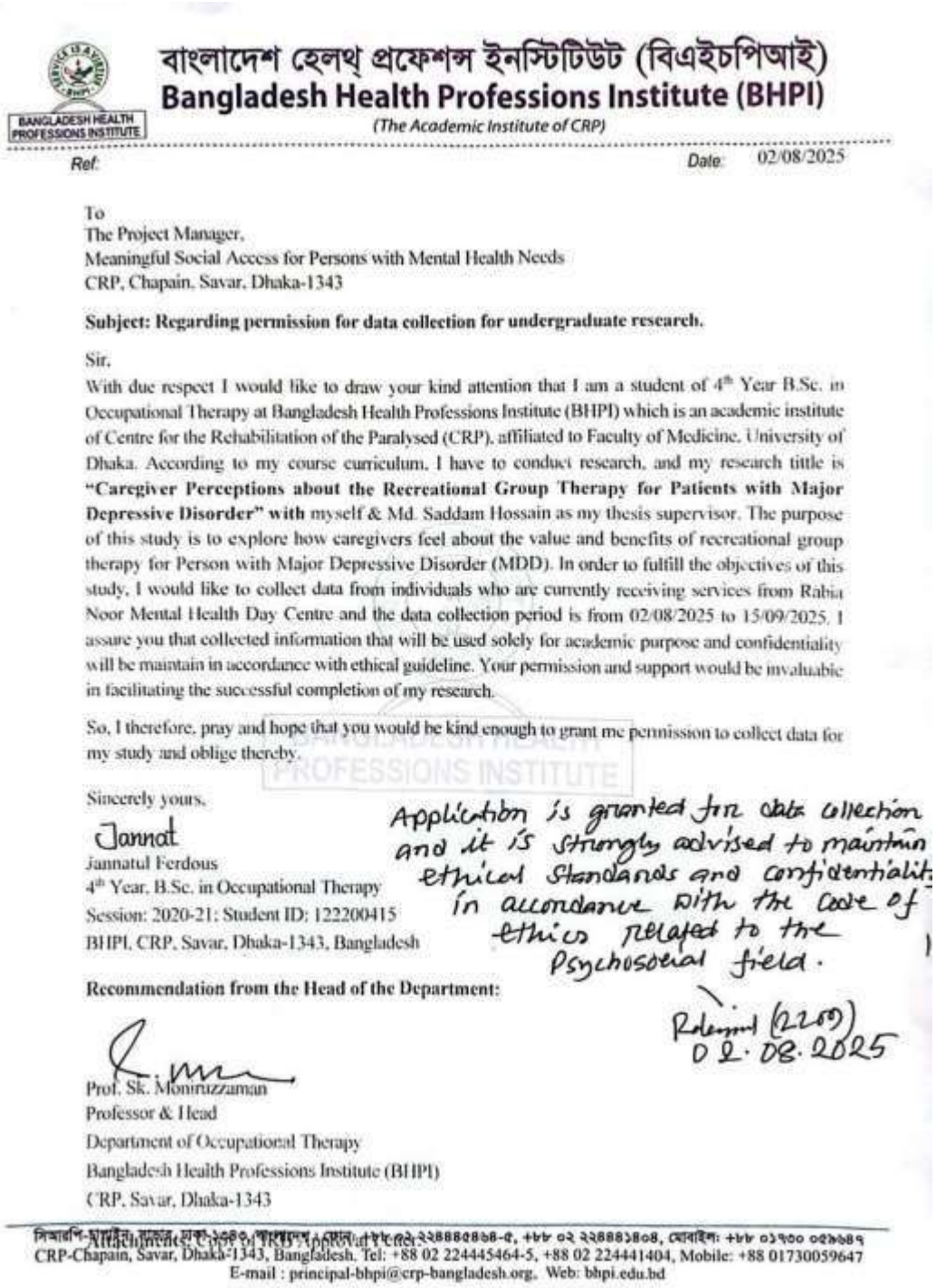
The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance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

Best regards,

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

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Approval Latter for Data Collection from CRP-Rabia Noor Mental Health Day



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

Ref:

Date: 02/08/2025

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

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Caregiver Perceptions about the Recreational Group Therapy for Patients with Major Depressive Disorder" with** myself & Md. Saddam Hossain as my thesis supervisor. The purpose of this study is to explore how caregivers feel about the value and benefits of recreational group therapy for Person with Major Depressive Disorder (MDD). In order to fulfill the objectives of this study, I would like to collect data from individuals who are currently receiving services from Rabia Noor Mental Health Day Centre and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Jannat

Jannatul Ferdous
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200415
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Application is granted for data collection and it is strongly advised to maintain ethical standards and confidentiality in accordance with the code of ethics related to the Psychosocial field.

Ref.(220)
02.08.2025

Recommendation from the Head of the Department:

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

Attachments: Copy of NID, Approval Letter

CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Appendix B: Information Sheet & Consent Form (English and Bangla Version)

Information Sheet (English Version)
Research information

Research title: Caregiver perceptions about the Recreational Group Therapy for patients with Major Depressive Disorder

Researcher: Jannatul Ferdous, B.Sc. in Occupational Therapy (4th year), Session: 2020-2021, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka- 1343

Supervisor: Md. Saddam Hossain
Assistant Professor
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI), CRP

Information Sheet

Index:

I am Jannatul Ferdous , a student of 4th year, B. Sc in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). As a part of my academic course curriculum, I am obliged to conduct a dissertation this academic year. The title of my research is " Caregiver perceptions about the occupational therapy group for patients with Major Depressive Disorder". The aim of this study to explore how caregivers feel about the value and benefits of group therapy for patients with Major Depressive Disorder (MDD).

What are the purpose of this research?

This study aims to draw an understanding from the caregivers regarding the feelings of recreational group therapy for patients with Major Depressive Disorder do they feel the changes in mood, behaviors, and daily life of a patient due to therapy, how caregiving is influenced by therapy, challenges faced by caregivers, and how well they communicate with the therapy team**.**

Let's know about the issues related to participating in this research work:

prior to signing the license from you, information about the conduct of the research project will be presented to you in details through this participating information sheet. If you want to participate in this study, you must sign the consent letter. Participants will be then asked to complete a standard questionnaire that may take 30-40 minutes. This questionnaire will contain questions on sociodemographic factors (for example: age, gender). The confidentiality of the information collected will be maintained and your identity will not be disclosed. If you don't give consent, you don't have to participate. you may withdraw your participation without providing any explanation to the researcher until the time before the data is approved.

What are the possible risks and benefits of participation?

The participant will not get any direct benefit for participating in this research, however the information gained from this research will be contributed for future development and improvement of rehabilitation services. Participants will not face any type of problem or harm, participating in the research but can feel psychological discomfort while sharing their tough experience. If this problem arises during the interview the student research will take a break or discuss re-scheduling the interview. At all times, participants can withdraw consent.

Why were you chosen for this research?

Your participation is valued because you have firsthand experience with recreational group therapy intervention for person with Major Depressive Disorder (MDD).

Source of finding

The research has been carried out on a self-funded basis.

Confidentiality

We will keep all participant information confidential. Your name will never be shared in any reports or publications. After the interview, we will use a unique code to protect your identity during data analysis. Only the researchers will have access to the original transcripts with your name, ensuring your privacy and security.

Can you withdraw yourself from research?

You may withdraw your participation without providing any explanation to the researcher until the time before the data is analyzed.

Where to contact to know about the research:

If you want to contact about the research project or if you have any questions about the research project. You can ask now or at any later time. In that case, you can contact the researcher on the mentioned number 01843003242. This research project has been reviewed and approved by the Institutional Ethics Council of Bangladesh Health Professions Institute, Savar (CRP-BHPI/IRB/07/2025/1104). Any concerned or complained in the conduct of this research project shall contact the Institutional Ethics Council on this number (02224441404).

Consent Form (English version)

I am Jannatul Ferdous, a 4th year student (session: 2020-2021) of B.Sc in Occupational Therapy Department of CRP, Savar, Dhaka, affiliated to Bangladesh Health Professions Institute (BHPI) and my research title is "Caregiver Perceptions about the Recreational Group Therapy For Patients with Major Depressive Disorder". This research is being conducted as part of the course curriculum of the Department of Occupational Therapy. As part of the research, I will collect answers to some questions from the participants and this information will be used as part of the research. The research information will be used only for research purposes and will be kept strictly confidential. If you wish, you can withdraw your consent within one week of the data collection. However, after one week, it will no longer be possible.

Although you will not directly benefit from participating in this study, the information you provide will help us understand the value and benefits of recreational group therapy for patients with major depressive disorder and the information you provide may help improve this treatment. There is no risk in participating in this interview. If you have any questions about this research, you can contact researcher Jannatul Ferdous or supervisor Md. Saddam Hossain (Assistant Professor, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka).

I ———————— understand the purpose of the study and I can withdraw my consent within one week.

I ———- voluntarily agree to participate in the study**.**

Participant Name:

Signature of Participant: Date:

Researcher Name:

Signature of Researcher: Date:

Withdrawal Form (English versoion)

Title of the research : Caregiver Perceptions about the Recreational Group Therapy for patients with Major Depressive Disorder

Name of the student researcher: Jannatul Ferdous, 4th year, B.Sc. in Occupational Therapy, Department of Occupational Therapy, BHPI, session: 2020-2021

I _____(participants) confirm that I wish to withdraw my consent for the use of my data collected during the study. By signing this form, I am formally withdrawing from the research and requesting that my data and any related information be removed from further use or analysis in the study.

Reason for withdrawal:

Name of the participant :

Signature of participant/thumb print : Date:_____

Information Sheet (Bangla Version)

তথ্য পত্র

শিরোনামঃ মেজর ডিপ্রেশনাল ডিসঅর্ডারে আক্রান্ত রোগীদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপি সম্পর্কে কেয়ারগিভারদের ধারণা

গবেষকঃ জান্নাতুল ফিরদাউস , ৪র্থ বর্ষ, বিএসসি ইন অকুপেশনাল থেরাপি, সেশন: ২০২০-২০২১, বাংলাদেশ স্বাস্থ্য পেশা ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

তত্ত্বাবধায়কঃ মো: সাদ্দাম হোসাইন

সহকারী অধ্যাপক

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

তথ্যপত্র

ভূমিকাঃ

আমি কে এবং এই গবেষণার বিষয়বস্তু কী?

আমি জান্নাতুল ফিরদাউস ,বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বি এইচপিআই) -এর অকুপেশনাল বিভাগের ৪র্থ বর্ষের শিক্ষার্থী। বিএইচপিআই হলো সিআরপি এর অধীনস্থ একটি একাডেমিক প্রতিষ্ঠান।আমার একাডেমিক কোর্সের অংশ হিসেবে, এই বছর আমাকে একটি গবেষণা সম্পন্ন করতে হচ্ছে। আমার গবেষণার শিরোনাম হলো: "মেজর ডিপ্রেসিভ ডিজঅর্ডার (MDD) আক্রান্ত রোগীদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপি বিষয়ে কেয়ারগিভারদের ধারণা"। এই গবেষণার মূল উদ্দেশ্য হলো — মেজর ডিপ্রেসিভ ডিজঅর্ডারে আক্রান্ত রোগীদের জন্য পরিচালিত রিক্রিয়েশনাল গ্রুপ থেরাপিকে কেয়ারগিভার বা সেবাদানকারীরা কতটা উপকারী ও মূল্যবান মনে করেন, সেটি জা না ও বোঝা।

এই গবেষণার উদ্দেশ্য কী?

এই গবেষণার লক্ষ্য হলো- মেজর ডিপ্রেসিভ ডিজঅর্ডারে আক্রান্ত রোগীদের জন্য পরিচালিত রিক্রিয়েশনাল গ্রুপ থেরাপি সম্পর্কে কেয়ারগিভারদের (যারা রোগীদের দেখাশোনা করেন) অভিজ্ঞতা ও অনুভূতি বোঝা।গবেষণায় জানার চেষ্টা করা হবে: থেরাপি র ফলে রোগীর মনের অবস্থা -আচরণ ও দৈনন্দিন জীবনে কোনো পরিবর্তন কেয়ারগিভাররা অনুভব করেন কি না ,থেরাপি কেয়ারগিভিং -এর উপরে কী ধরনের প্রভাব ফেলে কেয়ারগিভাররা কী কী চ্যালেঞ্জের সম্মুখীন হন ,থেরাপি টিমের সঙ্গে তাঁদের যোগাযোগ কেমন হয় এইসব দিকগুলো বোঝার মাধ্যমে থেরাপির কার্যকারিতা ও কেয়ারগিভারদের ভূমিকা সম্পর্কে আরও গভীর ধারণা পাওয়া যাবে।

এই গবেষণায় অংশগ্রহণের সাথে যুক্ত কিছু গুরুত্বপূর্ণ বিষয় জেনে নিই:

গবেষণায় অংশগ্রহণের আগে, আপনাকে এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণার পুরো প্রক্রিয়া সম্পর্কে বিস্তারিতভাবে জানানো হবে।আপনি যদি অংশগ্রহণ করতে রাজি হন, তাহলে আপনাকে একটি সম্মতি পত্রে স্বাক্ষর করতে হবে।এরপর আপনাকে একটি মানসম্মত প্রশ্নপত্র পূরণ করতে অনুরোধ করা হবে, যা সম্পূর্ণ করতে আনুমানিক ৪০ থেকে ৬০ মিনিট সময় লাগতে পারে। এই প্রশ্নপত্রে

আপনার সামাজিক ও পারিপার্শ্বিক পরিচিতি বিষয়ক (যেমন: বয়স, লিঙ্গ ইত্যাদি) কিছু প্রশ্ন থাকবে। আপনার দেওয়া সকল তথ্য সম্পূর্ণ গোপন রাখা হবে এবং কোথাও আপনার পরিচয় প্রকাশ করা হবে না। যদি আপনি সম্মতি না দেন, তাহলে গবেষণায় অংশগ্রহণ করার কোনো প্রয়োজন নেই। আপনি চাইলে যেকোনো সময়, চূড়ান্তভাবে তথ্য গ্রহণের আগ পর্যন্ত, কোনো রকম ব্যাখা না দিয়েই গবেষণা থেকে সরে দাঁড়াতে পারবেন।

অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধা কী?

গবেষণায় অংশগ্রহণের জন্য অংশগ্রহণকারীরা সরাসরি কোনো সুবিধা পাবেন না, তবে এই গবেষণার মাধ্যমে সংগৃহীত তথ্য ভবিষ্যতে পুনর্বাসন সেবার উন্নতি ও উন্নয়নে সাহায্য করবে।গবেষণায় অংশগ্রহণের কারণে কোনো সমস্যা বা ক্ষতির সম্মুখীন হওয়ার সম্ভাবনা নেই, তবে কিছু অংশগ্রহণকারী তাদের কঠিন অভিজ্ঞতা শেয়ার করার সময় মানসিক অস্বস্তি অনুভব করতে পারেন।যদি এই ধরনের সমস্যা সাক্ষাৎকারের সময় ঘটে, তাহলে ছাত্র গবেষক বিরতি নেবেন বা সাক্ষাৎকার পুনঃনির্ধারণের বিষয়টি আলোচনা করবেন।সবসময়, অংশগ্রহণকারীরা তাদের সম্মতি প্রত্যাহার করতে পারেন, এবং এজন্য কোনো ব্যাখ্যা দেওয়ার প্রয়োজন হবে না।

আপনাকে কেন এই গবেষণার জন্য নির্বাচন করা হয়েছে?

আপনার অংশগ্রহণ মূল্যবান কারণ আপনি মেজর ডিপ্রেসিভ ডিজঅর্ডার (MDD) আক্রান্ত ব্যক্তিদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপির সাথে অভিজ্ঞতা অর্জন করেছেন।

গবেষণার অর্থের উৎস:

এই গবেষণা সম্পূর্ণ নিজস্ব তহবিলের মাধ্যমে পরিচালিত হচ্ছে।

গোপনীয়তা:

আমরা অংশগ্রহণকারীদের সকল তথ্য গোপন রাখব। আপনার নাম কখনো কোনো রিপোর্ট বা প্রকাশনায় শেয়ার করা হবে না। সাক্ষাৎকারের পর আমরা একটি অনন্য কোড ব্যবহার করব যাতে আপনার পরিচয় সুরক্ষিত থাকে ডেটা বিশ্লেষণের সময়। শুধুমাত্র গবেষকরা মূল ট্রান্সক্রিপ্টে আপনার নাম দেখতে পারবেন, যা আপনার গোপনীয়তা এবং নিরাপত্তা নিশ্চিত করবে।

গবেষণায় আপনি কি অংশগ্রহণ থেকে সরে যেতে পারেন?

আপনি গবেষণায় অংশগ্রহণ থেকে যেকোনো সময়, ডেটা বিশ্লেষণের আগ পর্যন্ত, কোনো ব্যাখ্যা না দিয়েই সরে যেতে পারেন।

গবেষণা সম্পর্কে জানতে কোথায় যোগাযোগ করবেন:

গবেষণা প্রকল্প সম্পর্কে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্প সম্পর্কে আপনার যদি কোন প্রশ্ন থাকে, তাহলে এখনই অথবা পরবর্তীতে জিজ্ঞাসা করতে পারেন। সেক্ষেত্রে, আপনি উল্লেখিত নম্বর 01843003242-এ গবেষকের সাথে যোগাযোগ করতে পারেন। এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই), সাভার, প্রাতিষ্ঠানিক নৈতিকতা পরিষদ (CRP-BHPI/IRB/07/2025/1104) দ্বারা পর্যালোচনা এবং অনুমোদিত হয়েছে। এই গবেষণা প্রকল্প পরিচালনার ক্ষেত্রে যে কেউ উদ্বিগ্ন বা অভিযোগ করলে তিনি এই নম্বরে (02224441404) প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে যোগাযোগ করতে পারবেন।

Consent Form (Bangla Version)

আমি জান্নাতুল ফিরদাউস, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউটের (বিএইচপিআই) অধীনস্থ সিআরপি ,সাভার , ঢাকা এর বি.এসসি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের (সেশন :২০২০-২০২১) অধ্যয়রত একজন ছাত্রী এবং আমার গবেষণার বিষয় " মেজর ডিপ্রেশনাল ডিসঅর্ডারে আক্রান্ত রোগীদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপি সম্পর্কে কেয়ারগিভারদের ধারণা" । এই গবেষণা অকুপেশনাল থেরাপি বিভাগের কোর্স কারিকুলামের অংশ হিসেবে পরিচালিত হচ্ছে । গবেষণার অংশ হিসেবে আমি অংশগ্রহণকারীদের থেকে কিছু প্রশ্নের উত্তর সংগ্রহ করব এবং এই তথ্য গবেষণার একটা অংশ হিসেবে ব্যবহৃত হবে । গবেষণার তথ্য কেবলমাত্র গবেষণার উদ্দেশ্যে ব্যবহৃত হবে এবং একান্তই গোপন রাখা হবে । আপনি ইচ্ছা করলে তথ্য সংগ্রহের এক সপ্তাহর মধ্যে আপনার সম্মতি প্রত্যাহার করতে পারন।তবে এক সপ্তাহ পেরিয়ে গেলে তা আর সম্ভব হবে না ।

এই গবেষণায় অংশগ্রহণ করে আপনি সরাসরি উপকৃত না হলেও আপনার দেয়া তথ্য মেজর ডিপ্রেসিভ ডিসঅর্ডারে ভোগা রুগীদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপির মূল্য এবং সুবিধা সম্পর্কে ধারণা পাবো এবং এই চিকিৎসা পদ্ধতি আরো উন্নত করার জন্য আপনার দেওয়া তথ্য অবদান রাখতে পারে । এই সাক্ষাৎকারে অংশ নেয়ার কোনো ঝুঁকি নেই । যদি আপনার এই গবেষণা সম্পর্কে কোনো প্রশ্ন থাকে তাহলে আপনি গবেষক জান্নাতুল ফিরদাউস অথবা সুপারভাইসর মো: সাদ্দাম হোসাইন (সহকারী অধ্যাপক অকুপেশনাল থেরাপি বিভাগ , বিএইচপিআই , সিআরপি , সাভার , ঢাকা) এর সাথে যোগাযোগ করতে পারেন ।

আমি ———————— উক্ত গবেষণার উদ্দেশ্য বুঝতে পেরেছি এবং আমি এক সপ্তাহের মধ্যে আমার সম্মতি প্রত্যাহার করতে পারবো ।

আমি ———— স্বেচ্ছায় গবেষণায় অংশগ্রহণ করতে সম্মতি দিচ্ছি

অংশগ্রহণকারীর নামঃ

অংশগ্রহণকারীর স্বাক্ষর: তারিখঃ

গবেষকের নামঃ

গবেষকের স্বাক্ষরঃ তারিখঃ

প্রত্যাহার পত্র (বাংলা সংস্করণ)

প্রত্যাহার পত্র

গবেষণার শিরোনাম : মেজর ডিপ্রেসিভ ডিজঅর্ডার (MDD) আক্রান্ত রোগীদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপি বিষয়ে কেয়ারগিভারদের ধারণা"।

শিক্ষার্থী গবেষকের নাম : জান্নাতুল ফিরদাউস , চতুর্থ বর্ষ , বি.এসসি ইন অকুপেশনাল থেরাপি , বিএইচপিআই , সেশন : ২০২০-২০২১

আমি _____ (অংশগ্রহণকারীর) নিশ্চিত করছি যে আমি আমার অংশগ্রহণ থেকে নেওয়া ডাটা ব্যবহারের জন্য আমার সম্মতি প্রত্যাহার করতে চাই । এই ফর্মটিতে স্বাক্ষর করে , আমি গবেষণা অধ্যয়ন থেকে আমার প্রত্যাহারটি নিশ্চিত করি ও অনুরোধ করি যে আমার এই মুহূর্তে সংগৃহীত তথ্য অধ্যয়নের আরও বিশ্লেষণ অথবা ব্যবহার থেকে সরানো হোক ।

প্রত্যাহারের কারণ:

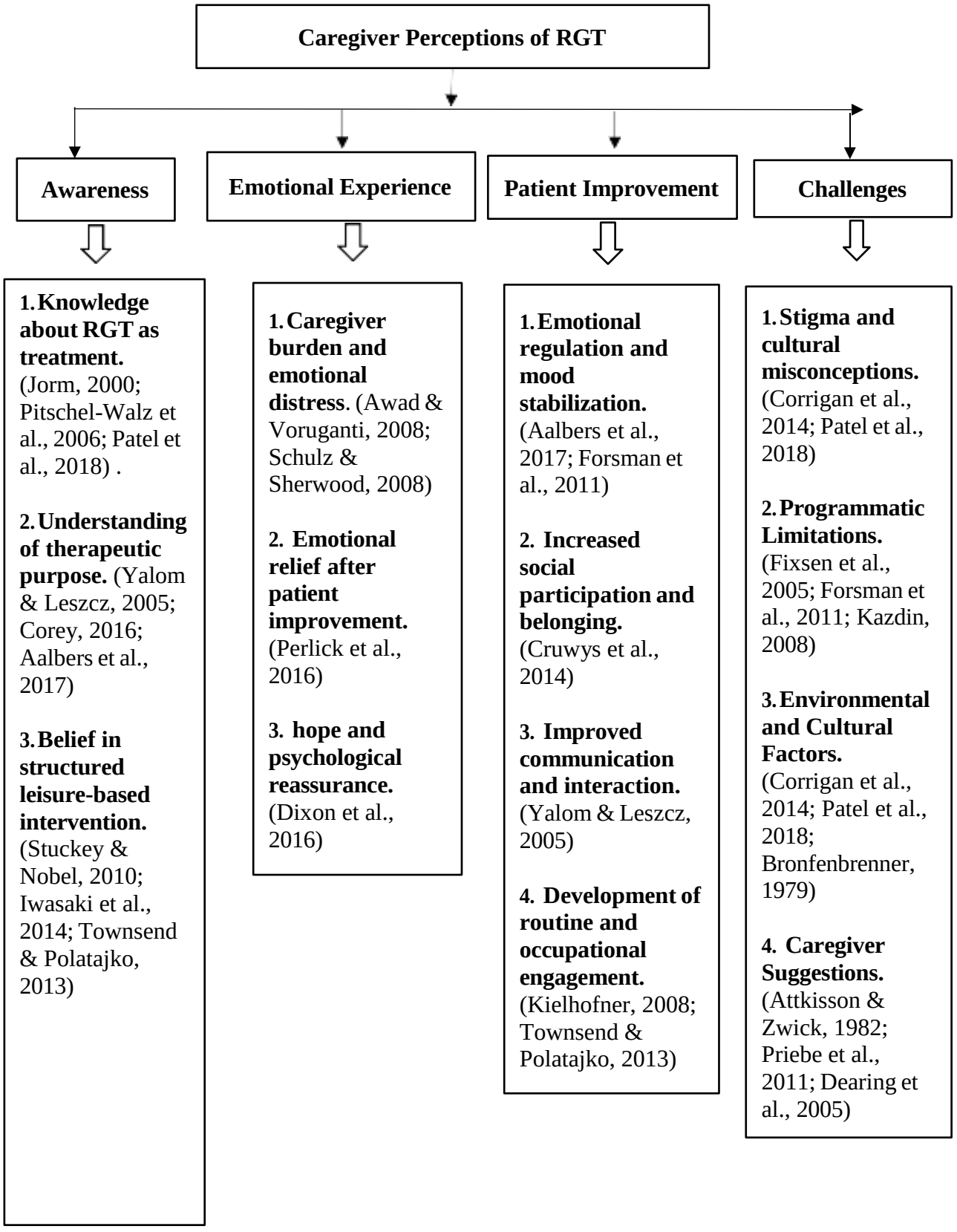
অংশগ্রহণকারীর নাম:

অংশগ্রহণকারীর বুড়ো আঙুলের ছাপের স্বাক্ষর:

তারিখ:

Appendix C: Questionnaire

Structural Framework for Interview guide



Interview guide (English Version)

Section A: Caregiver Information & Family Information

1. Name:

2. Contact Number:

3. Address:

4. Age: years

5. Gender:
- [ ] Male
- [ ] Female
- [ ] Other (please specify):

6. Marital Status:
- [ ] Unmarried - [ ] Married
- [ ] Separated/Divorced
- [ ] Widowed

7. Relationship to the Patient:
- [ ] Mother
- [ ] Father
- [ ] Other (please specify):

8. Educational Qualification:
- [ ] No formal education
- [ ] Primary
- [ ] Secondary
- [ ] Higher Secondary
- [ ] Graduate
- [ ] Postgraduate or above

9. Occupation:

10. Religion:

11. Type of Family: - - -
    [ ] Nuclear
    [ ] Joint
    [ ] Extended

12. Place of Residence: - - -
    [ ] Urban
    [ ] Sub-Urban
    [ ] Rural

13. Number of family members:

14. Any other member with chronic illness/disability? ☐ Yes ☐ No
15. If yes, specify:

Section B: Patient's Health and Disability Information

1. Patient's Name:

2. Patient's Age: years

3. Patient's Gender: -
   [ ] Male - -
   [ ] Female
   [ ] Other (please specify):

4. Patient's Diagnosis:

5. Duration of Illness/Disability: years/months

6. Number of receiving recreational group therapy session :

Interview Guide Questionnaire

Objective 1: Understanding caregivers' knowledge of recreational therapy

1. Do you know what a recreational group is? Yes/No
    - If yes - what do you understand, please explain in detail?
    - Otherwise - recreational group therapy is a type of group therapy where various activities are done such as drawing, making different things out of paper, singing, Reciting poems, Sharing events with others, Participating in various games through groups (Researcher will explain)

2. What is your opinion about this group therapy?
    - Why do you think this group therapy is good for your patient (if good)? Please explain in detail?
    - Why do you think this group therapy is not good for your patient or is not working? (if bad) Please explain in detail.

3. Have you ever heard of recreational group therapy being used as a treatment for these patients? (Yes/No)
   If yes,
    - Where did you hear about this group therapy?
    - When you first heard about it, please describe in detail what your attitude or feelings were?

   If no ,
   Now tell me in detail how you found out that this group has undergone treatment.

   Objective 2 : To explore how caregiving affects caregivers emotionally and how group therapy impacts their well-being.

4. Did your patient's participation in recreational group therapy have any impact on you?
    - If you think there was an effect, please explain to me what the effect was?
    - What kind of feelings did you have inside yourself when the patient was participating in this group therapy? Please explain in detail.

5. Has the patient's confidence or social interaction changed? Yes/No
   If yes-
    - Has there been any improvement in his communication or speaking with people?
    - How would it have improved if he had explained it with an incident?

   If no-
    - Do you feel that there has been no improvement? Please explain to me a little about what happened before you participated in this group therapy and what happened during the group therapy.

6. Do you think he/she felt comfortable in group therapy? Yes/No
    - Why do you think so? What did you see and understand? Explain to me with an example or incident.

- Has anything changed in your relationship with him? What kind of change? Explain to me in detail with an example.

7. What changes do you think the recreational group therapy routine has made in his/her daily life? Yes/No

   If yes-
   - Has he/she changed any new habits, good or bad? If so, please explain to me what kind of changes?
   - What changes have occurred in the tasks we do in our daily lives after taking group therapy? Tell us in detail?

   If no-
   - Do you feel that there has been no change? Please explain to me a little about what happened before you participated in this group therapy and what happened during the group therapy.

Objective 3 : Challenges and solutions from them-

8. Have you or your patient faced any challenges since the first day of taking this group therapy treatment?

If yes-
- Explain to me how you overcame that challenge?
- Do you have any social, cultural, or personal concerns about group therapy?

If no-
- Does it seem like your patient 2 is not fucking any obstacles? Please explain to me.

Overall perception-

9. How helpful did you find this recreational group therapy?
   - Explain why you think group therapy is helpful for your patient?
   - Do you think there are any other aspects of group therapy that should or need to be changed that would be helpful for the patient and you?
   - Would you recommend it to other parents? Why?
   - If such an opportunity arose again, would you be interested in participating again? why?

Interview guide (Bangla Version)

কেয়ারগিভার ও পারিবারিক তথ্য

১. নামঃ

২. মোবাইল নাম্বারঃ

৩. ঠিকানা

৪. বয়সঃ বছর

৫. লিঙ্গঃ
[ ] পুরুষ
[ ] মহিলা
[ ] অন্যান্য

৬. বৈবাহিক অবস্থাঃ
[ ] অবিবাহিত
[ ] বিবাহিত
[ ] Separated/Divorced

৭. রুগীর সাথে সম্পর্কঃ
- [ ] মা
- [ ] বাবা
- অন্যান্য

৮. শিক্ষাগত যোগ্যতাঃ
- [ ] কোন আনুষ্ঠানিক শিক্ষা নেই
- [ ] প্রাইমারি
- [ ] মাধ্যমিক
- [ ] উচ্চমাধ্যমিক
- [ ] স্নাতক
- [ ] স্নাতকোত্তর

৯. কর্মঃ

১০. ধর্মঃ

১১. বাসস্থানঃ
[ ] নগর
[ ] মফস্বল
[ ] গ্রাম

১২. পরিবারের সদস্যঃ

১৩. পরিবারের অন্য করো মানসিক সমস্যা আছে ? হাঁ /না

রোগীর স্বাস্থ্য এবং অক্ষমতা সম্পর্কিত তথ্য

১. রুগীর নাম :

২. রুগীর বয়স : বছর

৩. রুগীর লিঙ্গ :
[ ] পুরুষ
[ ] মহিলা

৪. রুগীর রোগ :

৫. রোগের সময়কাল:

৬. রিক্রিয়েশনাল গ্রুপ থেরাপি সেশন গ্রহণকারী সংখ্যা :

স্বনির্মিত সাক্ষাৎকার নির্দেশিকা

উদ্দেশ্য ১ - কেয়ারগিভারের রিক্রিয়েশনাল থেরাপি সম্পর্কিত জ্ঞান বোঝা

১। আপনি কি জানেন রিক্রিয়েশনাল গ্রুপ কি ? হ্যাঁ/ না

- **হ্যাঁ হলে** - কি বুঝেন বিস্তারিত বলেন ?
- **না হলে** - রিক্রিয়েশনাল গ্রুপ থেরাপি হলো এমন একটা গ্রুপ থেরাপি যেখানে বিভিন্ন ধরনের কাজ করানো হয় যেমন ছবি আর্ট করা , কাগজ দিয়ে বিভিন্ন রকম জিনিস তৈরি করা , গান গাওয়া , কবিতা আবৃত্তি করা , ঘটনা অন্যের সাথে শেয়ার করা , বিভিন্ন ধরনের খেলায় অংশগ্রহণ করা গ্রুপের মাধ্যমে (এক্সপ্লেন করবে রিসার্চার)

২। ' এই গ্রুপ থেরাপি সম্পর্কে আপনার ধারণা কেমন ?

- আপনি কেন এই গ্রুপ থেরাপিটি আপনার রুগীর জন্য ভালো মনে করছেন (যদি ভালো)? বিস্তারিত বলুন
- আপনার কাছে কেন মনে হয়েছে এই গ্রুপ থেরাপিটি আপনার রুগীর জন্য ভালো না বা কাজ হচ্ছে না? (যদি খারাপ হয়) বিস্তারিত বলুন

৩। আপনি কি আগে কখনো শুনেছেন যে এই রোগীদের জন্য রিক্রিয়েশনাল গ্রুপ থেরাপি চিকিৎসা হিসেবে ব্যবহার করা হয়? (হ্যাঁ/ না)

হ্যাঁ হলে-

- আপনি কোথা থেকে এই গ্রুপ থেরাপির সম্পর্কে শুনেছেন?
- যখন প্রথম শুনলেন, তখন আপনার মনোভাব বা অনুভূতি কী ছিল বিস্তারিত বলুন?

না হলে-

- এখন যে এই গ্রুপ এর চিকিৎসা নিয়েছেন সেটা কিভাবে জেনেছেন আমাকে বিস্তারিত বলবেন

উদ্দেশ্য ২ - Caregiving caregivers- কিভাবে emotionally প্রভাবিত করে এবং group therapyতাদের well-beingএ কেমন প্রভাব ফেলে তা খুঁজে বের করা

৪। আপনার রুগীর যে রিক্রিয়েশনাল গ্রুপ থেরাপিতে অংশগ্রহণ করেছেন তাতে কি আপনার নিজের উপর কোনো প্রভাব পড়েছে ?

- যদি মনে করেন প্রভাব পড়েছে তাহলে কি কি প্রভাব পড়েছে আমাকে বুঝিয়ে বলুন ?
- রোগী যখন এই গ্রুপ থেরাপিতে অংশ নিচ্ছিল, তখন আপনার নিজের ভেতরে কী ধরনের অনুভূতি হয়েছিল? আপনি বিস্তারিত বলবেন।

৫। রোগীর আত্মবিশ্বাস বা সামাজিক যোগাযোগে পরিবর্তন এসেছে? হ্যাঁ/ না

হ্যাঁ হলে-

- তার মানুষের সাথে যোগাযোগ বা কথা বলার ক্ষেত্রে কি কোনো উন্নতি হয়েছে ?
- কেমন উন্নতি হয়েছে যদি কোনো ঘটনা দিয়ে বুঝিয়ে বলতেন ?

না হলে-

- আপনার কি দেখে মনে হলো যে উন্নতি হয় নি ? আমাকে এই গ্রুপ থেরাপি তে অংশগ্রহণ করার আগের কোনো ঘটনা এবং গ্রুপ থেরাপি নেওয়াকালীন সময়ের ঘটনার সাথে মিলিয়ে একটু বুঝিয়ে বলবেন

৬। আপনার কি মনে হয় গ্রুপ থেরাপি তে তিনি স্বাচ্ছন্দ্য বোধ করেছে ? হ্যাঁ/ না

- কেনো আপনার মনে হলো ? কি দেখে আপনি বুঝলেন আমাকে কোনো উদাহরণ বা ঘটনা দিয়ে বুঝিয়ে বলুন
- আপনার সাথে তার সম্পর্কেও কি কিছু পরিবর্তন হয়েছে? কেমন পরিবর্তন ? কোনো উদাহরণ দিয়ে আমাকে বিস্তারিত বলুন

৭। রিক্রিয়েশনাল গ্রুপ থেরাপির রুটিন কি তার দৈনন্দিন জীবনে কি কি পরিবর্তন এনেছে বলে আপনি মনে করেন ? হ্যাঁ/ না

হ্যাঁ হলে-

- তার কি কোনো নতুন ভালো বা খারাপ অভ্যাসগত পরিবর্তন হয়েছে ?যদি হয়ে থাকে কি রকম পরিবর্তন হয়েছে আমাকে বুঝিয়ে বলুন ?
- দৈনন্দিন জীবনে আমরা যে যে কাজ করি গ্রুপ থেরাপি নেওয়ার পর তার মধ্যে এই সকল কাজের ক্ষেত্রে কি কি পরিবর্তন আসছে ? বিস্তারিত বলুন?

না হলে-

- আপনার কি দেখে মনে হলো যে পরিবর্তন আসে নি? আমাকে এই গ্রুপ থেরাপি তে অংশগ্রহণ করার আগের কোনো ঘটনা এবং গ্রুপ থেরাপি নেওয়াকালীন সময়ের ঘটনার সাথে মিলিয়ে একটু বুঝিয়ে বলবেন

উদ্দেশ্য ৩ - চ্যালেঞ্জ এবং তা থেকে সমাধান-

৮। এই গ্রুপ থেরাপি ট্রিটমেন্ট হিসেবে নেওয়ার ১ম দিন থেকে এখন পর্যন্ত আপনি বা আপনার রুগী কি কোনো চ্যালেঞ্জ এর সম্মুখীন হয়েছেন ?

হ্যাঁ হলে-

- আপনি কিভাবে সেই চ্যালেঞ্জটা অতিক্রম করেছেন আমাকে বুঝিয়ে বলুন ?

- গ্রুপ থেরাপি নিয়ে আপনার কোনো সামাজিক, সাংস্কৃতিক বা ব্যক্তিগত দুশ্চিন্তা আছে কি?

না হলে-

- কি দেখে মনে হলো আপনার রোগী বাধার সম্মুখীন হয় নাই ? আমাকে বুঝিয়ে বলবেন

ওভারঅল পারসেপশন-

৯। এই রিক্রিয়েশনাল গ্রুপ থেরাপি আপনি কতটা সহায়ক মনে করেছেন?

- আপনি কেনো মনে করেন গ্রুপ থেরাপি আপনার রোগীর জন্য সহায়ক বিস্তারিত বলুন?
- আপনি কি মনে করেন গ্রুপ থেরাপির আর কোন কোন কোনো বিষয় এর পরিবর্তন আনা উচিত বা দরকার যেটা রুগীর এবং আপনাদের জন্য সহায়ক হবে যদি বুঝিয়ে বলতেন ?
- আপনি কি এটি অন্য অভিভাবকদের পরামর্শ দেবেন? কারন ?
- যদি আবার এমন সুযোগ আসে, আপনি কি আবার অংশগ্রহণে আগ্রহী হবেন? কোনো ?

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

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

Title of thesis: Caregiver Perceptions about the Recreational Group Therapy for Patients with Major Depressive Disorder

Name of student: Jannatul Ferdous

Name and designation of thesis supervisor: Md. Saddam Hossain, Assistant Professor, BHPI

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	25.5.25	BHPI Waiting Room	Title, aim, Objective discussion	30 minutes	Clear concept	Jannat	
2	27.05.25	BHPI Waiting Room	Proposal presentation Guidlines	1hour	Clear concept	Jannat	
3	31.05.25	BHPI Waiting Room	Proposal Presentation Feedback	1hour	Effective discussion	Jannat	

4	4.06.25	BHPI Waiting Room	Discuss About-Socio demographic Question & self-developed Interview Guide	1hour 30 minutes	Effective discussion	Jannat	
5	7.06.25	Library	Review Self-developed Interview Guide	1hour	Concept Clear got	Jannat	
6	9.06.25	Library	Final self-developed Interview Guide.	1hour	Effective discussion	Jannat	
7	14.6.25	BHPI Waiting Room	Introduction And Ethics	2hour	Effective discussion	Jannat	
8	14.6.25	BHPI Waiting Room	Guidline on Literature Review	2hour	Concept Clear got	Jannat	
9	21.6.25	BHPI Waiting Room	Feedback on Literature Review	2hour	Concept Clear got	Jannat	
10	6.08.25	BHPI Waiting Room	Guidlines About data Collection	1hour	Effective discussion	Jannat	
11	19.8.25	BHPI Classroom	Discuss About Data Collection	1hour	Effective discussion	Jannat	
12	30.8.25	BHPI Classroom	Data Transcribe And Translation	3hour	Effective discussion	Jannat	
13	01.09.25	Classroom BHPI	Discussion about data analysis	3hour	Effective discussion	Jannat	
14	10.11.25	BHPI Waiting Room	Discussion about Theme and Sub-theme	3hour	Got a clear Concept	Jannat	

15	11.11.25	BHPI Waiting Room	Theme - Subtheme Selection	4hour	Effective discussion	Jannat	
16	12.11.25	BHPI Waiting Room	Feedback on Result Writting	4hour	concept clear got	Jannat	
17	13.11.25	BHPI Waiting Room	Guidlines for Discussion and Conclusion	3hour	Effective discussion	Jannat	
18	15.11.25	BHPI Waiting Room	Overall feedback	3hour	Effective discussion	Jannat	
19	3.01.26	BHPI Waiting Room	Feedback on 1st draft	3hour	got concept clear	Jannat	
20	16.2.26	BHPI Waiting Room	Discussion on Result section	40minutes	Got concept clear	Jannat	

Note:

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