Experience of Friendship and Peer Relationship of Person with Mental Health Illness

By

Md Abu Rasel

February 2022 held in March 2023

This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

Bachelor of Science in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Faculty of Medicine

University of Dhaka

Thesis completed by:

Md Abu Rasel

4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

Supervisor's Name, Designation, and Signature

Kaniz Fatema

Lecturer
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

Head of the Department's Name, Designation, and Signature

Sk. Moniruzzaman

Associate Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

BOARD OF EXAMINERS

STATEMENT OF AUTHORSHIP

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgment 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.

Md Abu Rasel

4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Peralysed (CRP)

Chapain, Savar, Dhaka: 1343

……

Signature

ACKNOWLEDGMENT

From the very beginning to conclude my thesis, I want to thank Almighty Allah for His unfailing mercy and direction He gave me during study period.

In a thesis write up, any piece of work, there should not only be the researcher's name but also all those unsung heroes who provided guidance, assistance, and encouragement, and excepting them to gain success is quite impossible. I am very grateful to all those heroes who help me with their valuable time, unconditional love and intense energy.

I have an extensive list of people I would like to thank. I want to thank everyone formally, including my supervisor Kaniz Fatema for her ongoing mentorship.Also, I want to thanks my research educator Aifa Jahan Ema Ma'am who taught me analysis in easy way. Her never-ending supply of fascinating tasks, and continuous support in this research with patience and immense knowledge makes my shaggy path of the thesis too smooth. Her humble approach to research is an inspiration, which I aspire to emulate throughout my career.

Gratitude to my parents and all family members for their unconditional love and inspiration throughout their life, not only to conclude this thesis but also in every sphere of my life.

I want to thank my classmates and friends for the stimulating discussion together to complete this thesis.A big thanks to my junior, who help me with data translation.

Also, I must thank the participants who contributed the data because, with their participation, the thesis could have been done.

In addition, I want to thank my research-based professor and thesis coordinators for their suggestions, encouragement, and leadership during the thesis time.

DEDICATION

This thesis is dedicated to the all person with mental illness who can not even share their problems to others.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATION

ADLs: Activities of Daily Living

BHPI: Bangladesh Health Professions Institute

CRP: Centre for the Rehabilitation of the Paralysed

IADLs: Instrumental Activities of Daily Living

NIMH: National Institute of Mental Health and Hospital

QCA: Qualitative content analysis

SMI: Serious Mental Health Illness

WHO: World Health Organization

ABSTRACT

Background: Friendships and peer relationships among psychiatrically disabled persons become a wide issue in worldwide. The previous literatures were done on specific condition about this topic. Forming and maintaining friendships are sometimes could be challenging for a person with mental health illness. However, this issue is not explored as needed.

Aim: The study explores the experience of friendship and peer relationships of a person with mental illness.

Method: The study was conducted by a phenomenological qualitative study design through face- to-face interviews among eight participants who suffered from mental health illnesses. Participants were chosen through the study's inclusion criteria, and all the participants were taken through proper consent. The age range of the participants was 20-39 years, and all the participants were taking services from the Centre for the Rehabilitation of Paralysed (CRP) outdoor service. A self-developed interview guide was used for conducting the semi-structured interview. Additionally, the student researcher analysed all data by following Qualitative Content Analysis (QCA**).**

Result: The student researcher found that friendships and peer relationships have both positive and negative impacts on a person with mental health illness from the perspective of mental health illness. For example, some participants' friends showed sympathy and behaved well. But some participants' friends discriminated against them for their behaviour and showed more priority to their other friends. Also, sometimes friends were trolling about illness. Most of the participants felt comfortable with same-gender friends.

The peer gave attention to the problem and sound advice. They also tracked disease. Sometimes they show triggering attitudes and underestimate their feelings. On the other hand, forming a friendship was difficult due to social isolation and travelling together helped maintain friendships and get stronger. Peer relationship holding is sometimes challenging for their misunderstandings about diseases. They made fun of, argued and anger about misunderstanding speech. Sometimes peers could be more effective than friends and try to connect.

Conclusion: Results suggest that friendship has a less negative impact on a person with mental health illness but most of the time, they play a huge positive impact on a person with mental health illness.

Keywords: Mental health illness, Friendship, Peer relationship.

CHAPTER I: INTRODUCTION

1.1 Background

A person with mental health illness has various problems with his surrounding environment. It could be social activities, communication with friends, social people, ADLs & IADLs engagement etc. Friendship is a 'bond of mutual affection' (Dictionaries, 2016). Within varying forms of companionship and intimacy (Demir et al., 2007). It typically involves closeness, concern, respect and trust (Lama & Cutler, 1998), provides positive support and self-validation, and thus helps us meet various 'socio-emotional' needs and goals (Demir et al., 2007). Generally, peers can be defined as individuals of similar ages and interests. In a word, A peer is someone at a person's level. A peer plays a vital role in a mental illness person. A clinically significant impairment in a person's thinking, regulating their emotions, or behavior is referred to as a mental disorder. It frequently comes with distress or functional impairment in key areas (WHO, 2022). People with mental illness experience numerous challenges in developing and maintaining friendships. Sias and Bartoo (2007) described friendships as a psychological "vaccine" against physical and mental illness. They hypothesized that prophylactic benefits are often derived from the emotional, tangible, and informational support provided in friendships (Cleary et al., 2018). Friendship can be vital to our mental health and well-being. It offers experiences highlighting our interconnectedness and illustrating actions and qualities that may guide us in caring for ourselves and others. Friends provide a reference point to measure and judge us and play a meaningful role in creating and maintaining social reality. Our sense of ourselves is connected to our ability to negotiate the world of friendship (Rubin, 1985). To be without friends in a culture that values

friendship is cause for concern, a symptom of personal inadequacy (Solano, 1986). Friends significantly contribute to positive personal adaptation and act as buffers, mediating the effects of stresses that do occur (Hays, 1998). In casual talk, the word "friend" can refer to a wide range of connections, from those that are brief and superficial to those that last for a long time and involve emotionally committed individuals (Matthews, 1986). It often entails intimacy, care, respect, and trust and offers constructive support and self-validation, assisting us in meeting various "socio-emotional" needs and objectives (Demir et al., 2007). Friendships can be found in various settings throughout life, such as childhood and school, the workplace, community groups, family networks, and neighborhoods. Friendships vary in terms of their quality and degree of closeness; some may be deemed "best," "dear," or "close," while others may be of a more casual type (Demir et al., 2011). As we age, friendships give us a setting for companionship activities like sharing interests, going out to eat, or going to a show or movie together. Within a friendship, a level of closeness may allow us to self-disclose personal difficulties, wishes, and desires or to ask for assistance or advice. Such pleasant relationship experiences that apply to a person's daily life can promote closeness and quality bonding, heightening feelings of perceived importance. That is, because of the connection formed via shared relationship experiences, a person may feel special, distinctive, and loved by their friend. Being essential to close friends might increase a person's happiness (Demir et al., 2011). Several nations, including Australia, the UK, and Canada are working with friendship and peer relationships with mental illness from different perspectives. So far, little research work has been performed on this perspective in Bangladesh.

1.2 Significance of the Study

Social support and companionship and having a reliable friend to confide in are critical protective factors for mental health because they foster a positive sense of self (Kim, 2015). Conversely, having a small number of friends is a risk factor for mental ill health (Phillips et al., 2002) and for suicidal behaviour as well. The fact that this is a complex association and that social isolation may be a normal part of a person's life course rather than being directly associated with experiences of mental illness and suicidal behavior should be emphasized (Beautrais, 2001). Mental Health First Aid USA stated that discussing mental health with family members can be challenging. Therefore, it is essential to establish solid friendships that rely on when things go tough. Our friends can provide us with the sympathetic ear, supportive shoulder, and objective viewpoint we require. They can also improve our self-esteem, make feel more a part of the world, and help us deal with stress and anxiety. By exploring the experience, ordinary people will know what kind of friendship strategies should be for people with mental health illnesses. Through the study's outcome, Occupational therapists can engage friends and peers in treatment sessions for a person with mental illness. Develop new insight about how important a friend and peer are for a person with mental illness. Besides, Therapists can engage friends in their treatment approach for better improvement of a person with mental health illness. This study will help the researcher better understand and create opportunities to discover the gap and further study in the mental health community.

1.3 Operational definition

1.3.1 Mental health illness

A mental disorder is a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviours. It frequently comes with distress or functional impairment in key areas (WHO, 2022).

1.3.2 Friendship

Friendship is a qualitative relationship defined as a "voluntary interdependence between two people that includes different kinds and types of friendship, intimacy, affection, and mutual support and is meant to help the individuals accomplish their socioemotional goals" (Hays, 1998). Having friends is a standard and desirable aspect of people's lives (Solano, 1986). Making and maintaining friends is a crucial aspect of our social lives from a young age. Friendship provides an opportunity to meet developmental needs for attachment, companionship and emotion (Hays, 1998; Wright, 1994).

1.3.3 Peer relationship

Peer relationships are interpersonal relationships established and developed during social interactions among peers or individuals with similar levels of psychological development (La Greca & Harrison, 2005) and are a form of social support. Positive peer relationships have been shown to predict prosocial behaviours positively. As cooperation is a prosocial behaviour, peer relationships may influence college students' cooperative behaviours. Good social support facilitates better cooperation between individuals; the more potent the peer relationship, the higher the quality of cooperation in pursuing goals shared with cooperative peers (Blair & Perry, 2019).

1.4 Study question, aim and objectives

1.4.1 Study question

How Person with mental illnesses is experiencing friendship and peer relationship?

1.4.2 Aim and objectives

Aim

The aim of the study is to explore the experience of friendship and peer relationship of the

Person with mental health illness.

Objectives

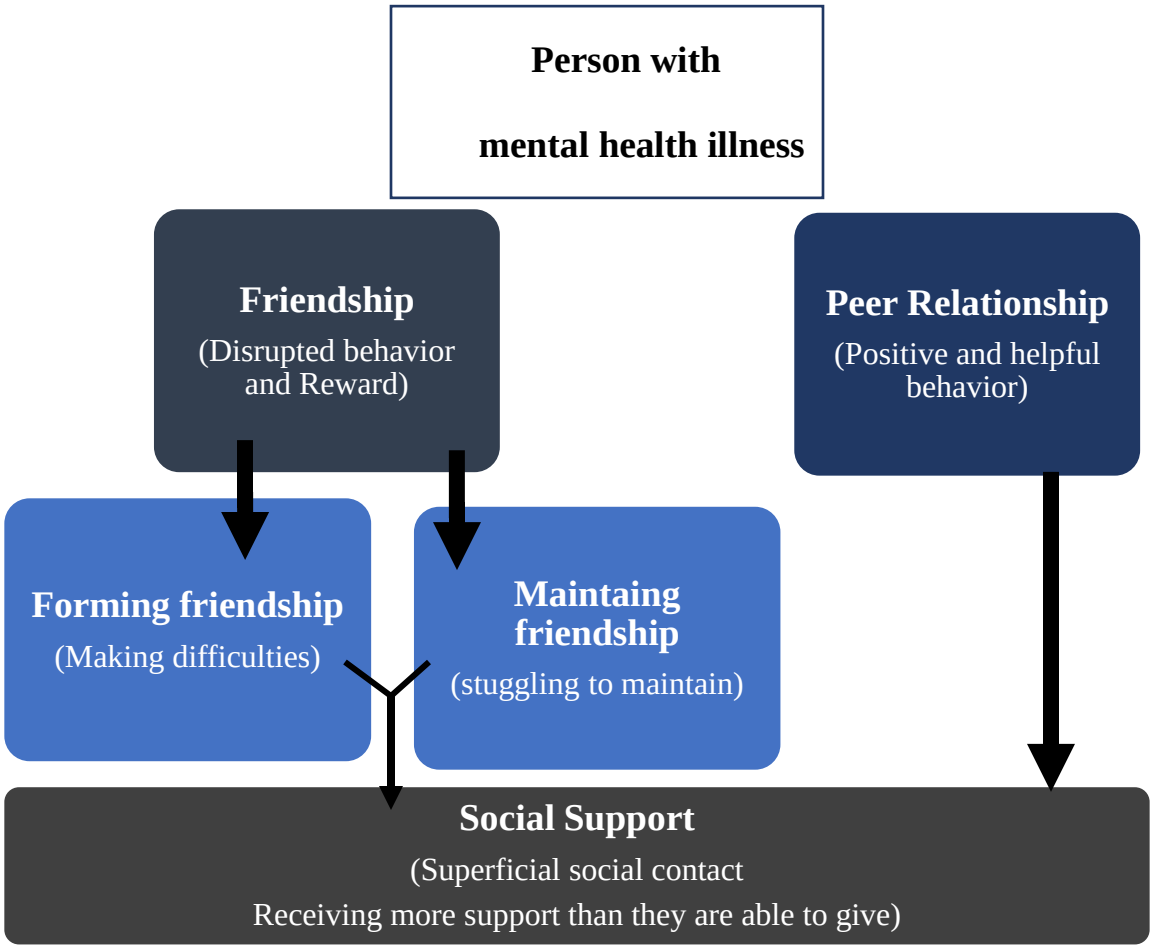
1. To explore the attitude of friendship & peer relationship toward person with mental health illness.
2. To explore the challenges of a person with mental health illness friendship in case of forming new friends.
3. To know the challenges of a person with mental health illness to maintain friendship and peer relationship.

CHAPTER II: LITERATURE REVIEW

At present mental health illness is a serious issue worldwide. Friendship is another important aspect for a person with mental health illness. Also, peer relationship significantly impacts a person with mental health illness. This chapter provides information about friendship and peer relationships in light of the current literature review. It also describes forming a friendship and maintaining friendships. The chapter also discusses the critical gap and provides an overview of the research.

Figure 2.1

Friendship and Peers relationship nature towards a person with mental health illness



2.1 Friendship

In 2002 Katherine M. Boydell, Brenda M. Gladstone and Elaine Stasiulis Crawford Canada, conducted a qualitative method to explore friendship and people with psychiatric disabilities. Twenty-one participants were recruited through posters advertised at outpatient clinics of a mental health centre in a large Canadian city. The ages of participants ranged from 27 to 61, with a mean of 43. Sixty-seven percent were women. All had one of three psychiatric disabilities: unipolar depression, manic depression or schizophrenia. Participants were first diagnosed anywhere from 2 to 32 years previously (mean = 17.5 years). The interactions produced by the dynamic interplay of antagonistic, contradictory, or contrasting factors were identified. Participants stated, for instance, that friendship was essential to good mental health and that the converse was also true—that having excellent mental health substantially impacted relationship creation and maintenance. The nature and experience of psychiatric disability hampered these contacts, despite friendship being essential for better well-being. Participants also discussed the parallels and differences between their connections with those who have and do not have psychiatric issues. Participants also talked about the problems that resulted from their choices over whether or not, to be honest with their partners about their experiences with psychiatric disability. These friendships had challenges primarily due to juggling so many paradoxes and contrasts. Illness and friendship affect one another. Findings indicate that friendship played a significant part in the study for each participant, particularly as a source of emotional support. The person who spoke after he suggested using acquaintances as a potential surrogate family (Boydell et al., 2002).

Another quantitive study (Davidson et al., 2004) in the United States uses the Center for Epidemiologic Studies-Depression Scale: Radloff, 1977! The severity of nonpsychotic psychiatric symptomatology, Global Health Questionnaire. Adults receiving outpatient care at state-run community mental health centres in 14 towns and cities throughout Connecticut representing a range of urban, suburban, and rural communities were referred by their clinicians to participate in the study. Participants' criteria were having a severe mental illness while being psychiatrically stable for the past six months, i.e., not hospitalized or institutionalized during this Supported Socialization 459 period! Additionally, their clinician assessed moderate to severe impairments in their ability to perform in social and occupational contexts, such as lacking friends and participating in few, if any, social, educational, or vocational activities. In this study, the researcher find-out that at the beginning of the study, after four months, and after nine months, thorough assessments of symptoms, functional impairment, self-esteem, and satisfaction were performed. All individuals seemed to improve in terms of symptom reduction, improved functioning, and greater self-esteem; however, differences between conditions were only noticed when considering the participants' level of interaction with their partners. When interacting with their partners, participants in the non-consumer volunteer partner condition saw improvements in their social functioning and self-esteem; however, participants in the consumer partner condition only saw these improvements when their spouses did not. In creating and assessing psychological treatments for people with psychiatric impairments, findings emphasize the critical importance of participants' expectations and perceptions (Davidson et al., 2004).

MelIks¸Ah DemIr, Metin OZdemir and Lesley A. Weitekamp conducted a cross-sectional study in which participants (n = 288) looked into the impact of conflict and friendship quality on happiness and the friendship characteristic that best predicted happiness. The individual's finest, first, and second close friendships were examined for quality and conflict. They discovered that the best friendship quality was the sole significant factor in predicting happiness; however, people reported feeling happier when they had high-quality first close friendships and a high-quality best friendship (Demir et al., 2007). The positive effects of the disagreement in the first intimate friendship were mitigated, according to the results. The best and earliest close friendships had a companionship element, which seems to be the best indicator of satisfaction.

The United States in 2010, Meliksah Demir, Ayc¸a Ozen, Aysun Dogan, Nicholas A. Bilyk, Fanita A. Tyrell conducted a cross-section study where the original sample consisted of 212 (144 women) college students attending a Midwestern university in the U.S. The mean age of the sample was 23.99 (SD = 5.25). The ethnic distribution of the sample was as follows: 39% Black (n = 83), 33% Caucasian (n = 69), 10% Asian (n = 21), 9% Hispanic (n = 18), and 9% other (n = 19). It was finding the best friendship, Close friendships, Friendship quality, and happiness of an individual. This study suggested that the association between friendship and happiness was mediated by the perception of mattering to one's best friend. It also matched the results of the first study. It showed that the importance of friendships in an individual's life explains the influence of friendship quality on happiness in his or her three closest friendships.

2.2 Forming friendship

In USA 2015, Brian H. Mccorkle, Erin C. Dunn, Yu Mui Wan and Chery Gagne conducted A qualitative study where Twenty clients and volunteers in Compeer friendships for different lengths of the time participated in individual semi-structured qualitative interviews. Several volunteers were current or former consumers of mental health services. According to this study, many people with SMI live in their surroundings rather than in facilities like hospitals or treatment centres. Still, they frequently encounter difficulties that prevent them from fully integrating into society. One of the significant challenges is having trouble forming lasting friendships and rewarding social connections. For various reasons, making and keeping friends is difficult for people with Serious mental health illnesses. For instance, social functioning issues like social withdrawal or social isolation have historically been thought of as characteristic of schizophrenia and other serious mental health illnesses. They are frequently incorporated into clinical and legislative definitions of psychiatric diagnoses and impairment. Some people may find that these challenges prevent them from learning the social interaction skills they need, which could prevent them from building relationships with others. Even for those with Serious mental health illnesses who have strong social skills, pervasive stigma and discrimination towards them might thwart the formation of new connections or undermine the preservation of long-standing ones.

2.3 Maintain friendship

Patricia M. Sias, Erin B. Gallagher, Irina Kopanev, and Hannah Pedersen in USA 2002 recognized communication strategies people employ to keep their friendships with coworkers. Assess the tactic's perceived politeness and positive face threat as well.

Additionally, they examined how much-perceived etiquette, task interdependence, and personal attachment styles impact a person's propensity to employ particular maintenance techniques. Michelle Cleary, David Lees & Jan Sayers shows a cycle of friendship where an individual is first connected to a group. Then there is a rapport buildup between them, and from there, his company with some or someone. So, if one cannot form a peer group, making new friends and maintaining friendships becomes easier. Company creation depends on peer relationships, social interaction, and socialization. Larry Davidson, Golan Shahar, and David A. Stayner showed that few natural mechanisms exist in the community to engage people in shared social activities, either with peers or with members of society at large, upon returning to the community for those who have entirely avoided long-term hospitalization. Many people with psychiatric disabilities report spending a lot of time alone due to social role loss, a lack of alternative social institutions, stigma, and some aftereffects of the disorders themselves.

2.4 Peer relationship

Peer relationships (e.g., friendships) within a school (i.e., typical social network), and estimate the extent to which individual attributes are related to the observed social structure (Longa et al., 2020). Peer interactions provide a context where individuals learn critical social-emotional skills, such as empathy, cooperation, and problem-solving strategies. Peer relationships can also negatively affect social-emotional development through bullying, exclusion, and deviant peer processes. Peers can be potent forces that support or undermine group activities. Peers can be mighty forces that support or undermine group activities (D & K, 2018).,

According to B. Bradford Brown and James Larson

- In adolescence, peer relationships become more prominent. Peers become more significant as a person enters adolescence due to changes in personality, the social environment, and social norms. Young people are more likely to spend more time with peers their age, frequently with less adult supervision, and they place more weight on the expectations and views of their peers. Peers and adults significantly affect adolescent attitudes, behaviours, and emotional well-being in some contexts.
- Peer relationships become increasingly complicated as children enter adolescence. The complexity of the peer system is developing along with peers' increasing importance. Adolescence brings about the emergence of new connections, most notably romantic ones, as well as new layers of the peer system, such as reputation-based crowds or more inclusive youth culture. Young individuals become more aware of the implications of a particular relationship for their status or reputation within the more extensive peer system as they choose friends, romantic partners, or friendship groups. In other words, young people today must handle peer interactions and difficulties on a broader range of levels than they did as children.
- Similarity, which results from partner selection and influence, distinguishes friendships and friendship groupings. Friends' having a lot in common is a fundamental trait of companies. An essential component of adolescent peer relationships is status or prestige. Peer relationships are, by definition,

associations between equals, but in practice, equality is limited to people in the same stage of life.

- By definition, peer relations refer to associations among equals, but in practice, equality is limited to people who share the same life stage. Status or prestige is a crucial component of teenage peer relations.
- Young people who are socially adept are more well-adjusted than those who are not. The need for a more excellent range of social skills is emphasized by the shifting peer environment of adolescence, in which new kinds of interactions and degrees of peer engagement arise. Its highlights the significance of researching how social skills develop during this time.
- Another reliable measure of adjustment is social acceptability. Young people can be categorized or classified within a peer system according to their sociometric position and power or prestige. A large body of work documenting the traits of groups of children and adolescents over the final third of the 20th century emerged from asking young people to list the peers (often school classmates) they like the most and the least (or whom they most and least want to play with or have as friends or partners in a group activity).
- Self-perceptions of the peer system or peer relationships are unreliable. Early peer studies frequently asked participants to report their attitudes and behaviours but also the attitudes and behaviours of significant peers. For instance, estimates of peer influence were obtained by comparing how adolescents described their behaviour to that of their best friend, their friendship group, or a larger group of their peers.

- Peer reputations and associations are only sporadically stable. Close peer connections are generally short-lived, unlike teenage relationships with significant persons in the family, school (teachers), or community (such as health care providers and activity supervisors like coaches or music professors).
- Peer influence is a two-way street. One of the critical concerns of research on teenage peer relationships is the extent to which peers influence young people. Most of the time, researchers set up their studies to assess the level of effect that a particular peer system component has on a teenager, neglecting to account for the fact that adolescents influence others in addition to being influenced by them.
- Studies of peer influence must consider the influence agent's characteristics, the result's target, and the individuals' relationship.

2.5 Social Support of People with Psychiatric Disabilities

Individuals with psychiatric disabilities face various challenges in establishing and maintaining friendships. As already mentioned above, there is the social stigma surrounding mental illness, the loss of social roles associated with impairments in functioning, the lack of alternative social structures to bring people together in the community, the ambiguous status of friendship in American culture, and the social disability associated with the disorder itself. While this array of obstacles might lead us to believe that we have adequately explained the social isolation and loneliness described in community samples, there is not enough research on the nature of friendships in the lives of people with psychiatric disabilities. What research does exist in this area has been conducted primarily under the rubrics of "social supports" and "social networks." Review this literature before considering previous attempts to enhance the social lives of people

with psychiatric disabilities. The main findings of the social support and social network research related to persons with psychiatric disabilities are that they have fewer relationships than individuals from the general community. In addition, their few connections are more often unidirectional rather than reciprocal in that people with psychiatric disabilities are described as receiving more support than they can give. Approximately half of two community samples of people with schizophrenia, for instance, reported that they had no friends or relationships outside of their families other than superficial social contacts.

Studies of social networks have found that people with psychiatric disabilities have fewer contacts than others. And that the number of persons with whom they have regular contact, which is between 6 to 12, Is considerably less than the 30 to 40 people reported for the overall population (Cohen & Kochanowicz, 1989; Dailey & K., 2000). The social networks of these individuals are notably lacking in people from outside their own families, and an unusually high percentage of the non-kin relationships they do have are based in only one context, such as mental health or religious settings. Consequently, family members represent the primary source of social support and tend to report feeling overburdened by the needs of their relatives. Across all these relationships, people with psychiatric disabilities are described as receiving much more support than they can give in the various domains of material, instrumental, and emotional support. They are characterized as being cared for by, rather than caring for, their relatives (Davidson et al., 2004).

2.6 Summary of key gap

- Most studies discuss the friendship experience of a person with mental health illness and an adolescent group and older adulthood age group.
- Some studies have been conducted with a person with a specific condition of mental health illness like, schizophrenia, BMD, etc.
- According to my intel, no study has been conducted on together friendship and peer relationship experience of a person with mental health illness.
- In the Bangladeshi context, it is a new study. So, more information was needed to be related to this study, such as research study.
- Some studies were conducted within a person's workplace with a person with mental health illness, not including a person's daily living friendships.
- Above literature, some studies are working with just first close friends of a person with mental health illness.
- Most of the studies were conducted with volunteer friendship programs.

CHAPTER III: METHODS

3.1 Study design

3.1.1 Qualitative method

Qualitative research focuses on finding and understanding the meaning that individuals or groups assign to a social or human situation. The study process includes developing questions and techniques, data collection that typically takes place in the participant's environment, inductive data analysis that builds from specifics to broad themes, and the researcher's evaluation of the significance of the findings. The final report's structure is adaptable. Participants in this type of research support a research approach that values an inductive approach, an emphasis on personal significance, and the importance of accurately portraying the complexity of a situation (Creswell, 2009). Qualitative research "explores the meaning of human experiences and creates the possibilities of change through raised awareness and purposeful action" (Taylor & Francis, Jul 4, 2022).

Qualitative research intends to understand a social situation, event, role, group, or interaction (Locke et al., 2007). It is primarily an investigative process where the researcher gradually makes sense of a social phenomenon by contrasting, comparing, replicating, cataloguing and classifying the object of study. It is primarily an investigative procedure in which the researcher catalogues, categorizes, compares, copies, and contrasts the subject of study to make an understanding of a social phenomenon eventually. (Miles & Huberman, 1984).

Four specific characteristics of qualitative methodology were used in this study, as follows: Natural settings, Inductive reasoning, focus on participants and phenomenology of the survey.

Naturalistic research aims to comprehend social issues in-depth within their natural context. It relies on the first-hand experiences of people as meaning-making agents in their daily lives. It emphasizes the "why" rather than the "what" of social phenomena where human behaviour and events occur (Creswell, 2009). The student researcher performed most of the interviews in the participants' homes. The student researcher engaged closely and personally with the individuals by interviewing their houses, gathering detailed data, and seeing how they interacted in their contexts (Creswell & Poth, 2018).

Another view of qualitative design is inductive reasoning. It continues with basic details before proceeding to the broad conclusion (Creswell & Poth, 2018). Before beginning the study, the student researcher did not have a hypothesis; instead, he collected information from each participant separately, ultimately resulting in themes. The student researcher observed the interviews, paid close attention to the participants and critically evaluated her findings afterwards.

Qualitative research focuses on participants' perceptions and experiences and how they interpret their lives (Creswell, 2009). Therefore, understanding numerous realities rather than just one is being attempted. In this study, the student researcher discussions are determined by the respondent's opinions and feelings of the participants.

Phenomenology is a philosophy and a method that emphasizes understanding the lived experiences. The process entails studying a few subjects in-depth and for an extended period to create patterns and correlations of meaning (Moustakas, 1994). In this study, the student researcher identifies the essence of human experiences about a phenomenon. The participants described their different occasions, including their feelings, besides some lived challenges and strengthening parts of their life.

3.1.2 Approach

This study explores the experience of friendship and peer relationships of a person with mental health illness. Who has insight into their condition? And at present, they are maintaining their regular life usually. The study aims to look into this phenomenon of friendship and peer relationships of the Person with mental illness. Furthermore, the researcher examines how a friend behaves with friends suffering from mental issues.

The student researcher focuses on the feelings of persons with mental health illness and their experiences. Conversely, identified friends' attitudes towards a person with mental health illness. It is a way to understand individual situations in detail. And this study helps to find out the meaning of the participant's mind. Methods of the inquiry included phenomenological reflection on data elicited by existential investigation of experiences, and exploration of the phenomenon in the creative arts (Lauterbach, 1993).

3.2 Study Setting and Period

3.2.1 Study Setting and period

The study period of the study was from 1st April 2022 to March 2023. Data were collected from two settings: a) the CRP outdoor; and b) participants' homes. Besides the student researcher collect all data within a month.

CRP

CRP offers medical care, rehabilitation, and assistance services emphasising social, emotional, psychological, economic, and other factors. It encourages the nation's skilled workforce development in healthcare and rehabilitation. In cooperation with other groups, CRP has built centres nationwide to increase services for individuals with disabilities. Through community-based services, advocacy, networking on disability issues, and empowerment of disabled girls and women, it supports the charge of individuals with disabilities. Additionally, CRP promotes disability problems locally, nationally, and internationally (CRP, 2019)

CRP services are Medical, Therapy, Rehabilitation, Assistive devices and technology, Income generating activity, And Education. A different project is running under the CRP. "Meaningful Social Access for Persons with Mental Health Needs Project" is one from there. Under this project, "Day Centre Service" is a part. Part of the "Day centre service" is CRP outdoor mental health service, where one psychiatrist and one psychologist provide service two days a week (CRP, 2022). The student researcher collects data from this mental health outdoor service from CRP. The student researcher did not take permission from the "Meaningful Social Access for Persons with Mental Health Needs

Project" precisely because the student researcher and the mental health outdoor service are a part of CRP.

Participants' homes

The student researcher collected the number of participants and fixed the schedule to take the interview. The student researcher travelled to four's participant's homes following the prescheduled date and time. At first, the student researcher explains his research topic and the benefit of the research to the participant and his responsible, mature family member. The family member was cooperative, and the interview was held at home as the interviewer informed them of the confidentiality of the data. The interviewer required a separate room or environment to conduct the interview. All participants' family member helps to create a quiet environment and allow the participant to be alone during the interview**.**

3.3 Study Participants

3.3.1 Inclusion criteria and Exclusion criteria

Inclusion criteria

- A certified Psychiatrist must diagnose participants
- Participants must Regain control of their life.

Exclusion criteria

- Participants have Speech difficulties. .
- The participant is a chronic mental health disorder.
- The person with Dementia.
- A person with memory impairment

3.3.2 Participant overview

In this study total of 8 participants, where four are male and four are female. They all are adults and their age range is under 20-40 years. The student researcher completed his participant's interview within one month.

Table 3.1

Participant overview

SN	Interviewing	Sex	Age(Y)	Education	Occupation	Types of mental illness	Duration of illness
01	Nomur	Male	23	Honor's	Student	OCD	2 years
02	Sumon	Male	21	HSC	Student	OCD	7 Months
03	Partha	Male	22	HSC	Student	OCD	2.5 years
04	Tajmira	Female	21	Honor's	Student	Border line personality disorder	1 year
05	Abid	Male	30	HSC	Unemployed	Schizophrenia	6 years
06	Sefa	Female	25	Honor's	Student	Border line personality disorder	1 year
07	Maria	Female	33	Class five	Housewife	Schizophrenia	8 years
08	Ashinom	Female	27	Honor's	Student	MDD	9 months

3.4 Ethical considerations

The Bangladesh Health Professions Institute Research Ethics Committee granted approval for the study through Occupational Therapy Department with discussing studies purpose and significant and others things. For a statement of ethics approval from Bangladesh's Bangladesh Health Professions Institute (BHPI), CRP, see Appendix B.

The student researcher is a part of CRP as an Undergraduate student. In the CRP ongoing mental health project, under project, one psychiatrist and one psychologist provide services at CRPs outdoors. In this study, there is no separate permission was required to be a part of CRP for both student researchers and CRPs outdoor service.

3.4.1 Informed consent

In a research investigator clarify properly the information, including the purpose, methods, demands, risks and potential benefit (Helsinki acts research guidline). This study the student researcher elucidates all information. Each participant of the research informed about all the topics of the research. Everything explained appropriately in Bengali to the participant in accordance with mother tongue. A withdrawal form will be kept here. Where anyone can withdraw their information within a certain period of time. Research data and all information about participants will be kept confidential (must). Besides, how their data can be beneficial and for the rest will be explained. After explaining him/ her all the information, if he agrees, the data will be collected from him. Before the interview started, the participants had an opportunity to ask any related questions. Following that, if the subject decided to take part in the study, they were provided with a Consent Form (see Appendix B) to sign.

3.4.2 Unequal relationship

Participants had no pre-existing relationship with the student researcher. The student researcher did not select any participant from within his Institute (Participants he already knows, participants he already within any kind of relationship) to maintain the unequal relationship with whom he was already acquainted in some other way and to avoid any kind of biasness.

3.4.3 Risk and beneficence

Risk to the participants

The possible dangers to the participants involved time schedule selection for interview and emotional stress. The researcher would contact the participants from outdoor at the CRP and take their numbers and fix a schedule for the interview.

The researcher keeps a participant's contract number to contact him during the schedule. But when calling her on fixed date his number shows busy. Later, the researcher technically found out that the whitelist was on the participant's phone, where phone calls to unsaved numbers were not received. Due to which the participant could not communicate with it in any other way. And unfortunately, could not take his interview then selected a new participant.

Another two participants became emotional during data collection. Because, they had some incidence with their friends and classmate. At a moment during the interview, the participant started to cry. Then the student researcher paused the interview and ordered tea and coffee and tried to show empathy for their feelings. After a break, the participants restore their mental status and seek participant permission to start the interview. The

student researcher also in touch with a psychologist for any emotional imbalance of the participant during interview period. The student researcher selects the psychologist for his participants verbally. The student researcher didn't show documents of his research to the psychologist.

Risk to the Researcher

The student researcher visits some residential areas for the interview of the participant. There was little risk for the student researcher, two participants made schedule the interview after the evening at their home and her campus. The venue of the meeting with the participant was far away from the interviewer's residence. The student researcher went for that interview along with his friend. At the time of the interview, the interviewer's friends were separate from the participant and the meeting room.

For the female participant, the interviewer took help from his female friends, before the interview the student's researcher and his friends, and the participant had to go through a conversation to create comfortable environment with the participant. But only the student researcher and the participant were present during the interviewing time. The 3rd person was only used for increasing comfort with the participant. The supervisor of the student researcher also guides him and provide valuable suggestions for whole data collection or interview process and aware about risk of the researcher.

3.5 Data collection

3.5.1 Data collection method

The method of data collection was via in-depth semi-structured interviews.

Semi-structured interview

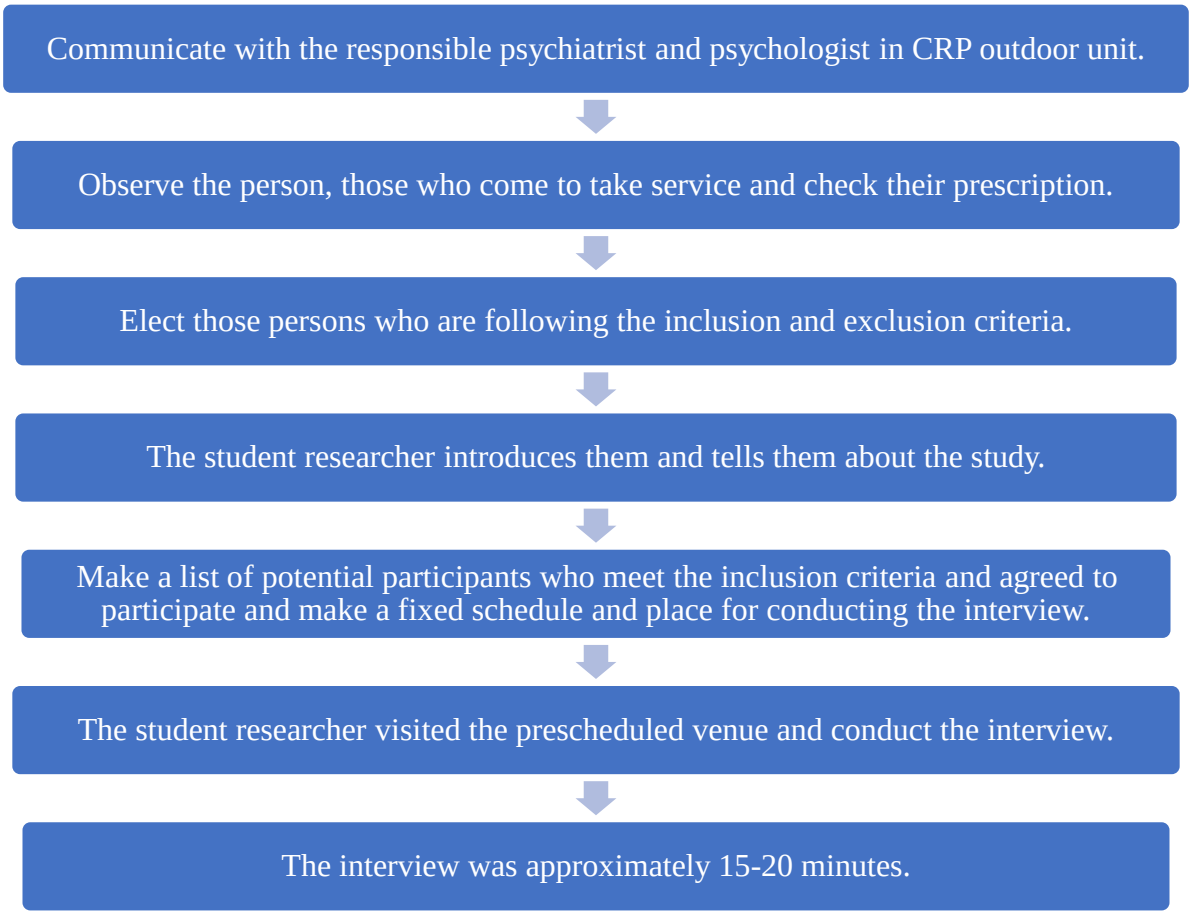
All information was gathered utilizing a semi-structured research question during face-to-face, in-depth interviews. In this study, the researcher investigated how people with mental illnesses interacted with their friends and peers. In-depth interviews with participants were done as part of this study to gather comprehensive data (Patton & Cochran, 2002). Participants in an in-depth discussion could use their own words to describe their thoughts, experiences, or perceptions. Additionally, they could express their thoughts, feelings, and actual events (Bloom & Crabtree, 2006). The researcher would be able to assess the participants' level of comprehension of the questions by looking at their faces during the interview process. Bengali was used in the question's writing so everyone could understand it. The data-gathering process was started at step 18 for the researcher. The researcher would first verbally describe the study's specifics, such as its goal, aims, and purpose, before fully describing the rights, responsibilities, advantages, and significance of the written consent form and setting up the interview in a suitable location. The researcher inquired about the discussion area with the participants before beginning. The researcher conducted interviews when the individual consented and felt at ease in the environment. A recorder captured the participants' conversations and discussions during the interview.

3.5.2 Participant recruitment

In this study, the student researcher follows the study's inclusion criteria to select eight participants. The student researcher communicates with "Occupational therapy department head" through his supervisor and verbally ensures that he can take data from CRP outdoor unit under the mental health project. Then follow a procedure for the recruitment of the participant.

Figure 3.2

Participant requirement



3.5.2 Field test

One person was involved in a field test. A field test has to be carried out before the final data collection to refine the data-gathering strategy for the researcher. During the interview, the researcher was tactful in outlining the objectives of the study for the participants. The researcher is conscious from the field test which portions of the question participants struggled with or didn't fully comprehend. The researcher observed the interview situation; the participant's answer helped alter the question where appropriate. Finally, the question was developed both in Bangla and English (Appendix 3)

3.6 Data analysis

In qualitative research, it was suggested to analyse the collected data to organise information by several codes, categories, and themes (Bowling, 1997). According to the information gathered from participants, the researcher could define the study's objectives through data analysis. The proper data analysis would produce an accurate outcome for the study. The researcher chose the Qualitative Content Analysis (QCA) method for data analysis. QCA follows the three coding phases, categorising and developing a theme to display the study's findings. Data analysis started with interview transcriptions.

Initially, the researcher would arrange the interviews and translate the audio recording into Bengali before transcribing the complete interview. Individuals must be informed of the study's goals or objectives and translate each transcript from Bengali to English. The researcher would then double-check and reread every transcription to determine what the participants wanted to say. Following that,

- The researcher verified the information and identified the study's essential themes.

- When the researcher found similar patterns in the data, he organised the information into broad categories and created codes for each. Each code was isolated from the others after emerging from the study inquiry.

3.7 Trustworthiness

3.7.1 Methodological Rigour

Congruence: The study was conducted following a qualitative design, which was consistent with the aim and objectives of the study. The philosophical approach was compatible, as the participants shared their experiences of friendship and peer relationships before, after, and during their illness. (See section 3.2: Research design).

Responsiveness to social context: Due to the student researcher's first-hand interaction with participants during the interview, this study was sensitive to the social environment. Since the interview was conducted in the participants' actual settings, such as their homes, CRPs, or university residential services, the real-life situation was captured. (See section 3.4 Study setting).

Appropriateness and adequacy: Applying a purposive sample technique, finding the most appropriate participants for this study was possible. A face-to-face interview was the primary means of data collection. Field notes from observations were not taken, so there is no other impact on data analysis without an interview. The previous sections on participant recruitment included a comprehensive statement of the sampling process, and each volunteer was given a thorough description. (See section 3.5 Sampling and Recruitment)

Transparency: The student researcher was primarily responsible for data collection and analysis. Initially, they used one of the interview transcripts to teach the coding process with a practical example. Through regular practice and a supervisor's guidance, student researchers finally developed that were consistent with the research questions, aim and objectives (See 3.6 Data collection for more information).

3.7.2 Interpretive rigour

Fossey et al. (2002) described interpretive rigour under the following six criteria:

Authenticity: By including participant statements properly, the realism in presenting the findings or interpretations were preserved. However, in Bangladesh, member checking or reviewing the study was not possible due to limited time for data gathering. It would have demanded a long time to complete this and require a considerable cost of money to visit different parts of Bangladesh. But because the background was detailed and the data were verbatim recorded, the interpretation of the data was recognisable to individuals who had participated in the interview. (See section 3.7 Data analysis).

Coherence: The student researcher underlined one of the essential elements of the first transcript. Then the supervisors demonstrated how to apply code meanings and discussed the specifics of the analysis. Supervisors and employees consult with excerpts from each transcript to further the first-level categorisation. So, a chance to discuss emerging themes and sub-topics has been created. The written document was continually subjected to constructive criticism from supervisors, which resulted in a more profound comprehension and improved presentation of the findings. The student researcher was able to effectively express the interpretations in the report as a result of these conversations and the participation of other researchers. (See section 3.7 Data analysis).

Reciprocity: Digitally recording the interview was only one step required to ensure exchange. The student researcher first wrote down each interview. The student researcher translated the interviews while retaining the original meaning. (See section 3.7 Data analysis).

Typicality: However, as the study place is in Bangladesh, it cannot be very challenging for people Bengali to understand the background. To help the readers comprehend the context of this study, the student researcher provided detailed descriptions of it. (See section 3.7 Data analysis).

Permeability of the researcher: The student researcher had a history of working as an Occupational student therapist in NIMH and psychosocial settings. The supervisors were actively involved in the data interpretation and the writing phase. The steps of supervisor engagement have been described in the data analysis and coherence section. Their involvement challenged, at times, my assumptions, thoughts and understandings, which was beneficial for keeping the study unbiased (See section 3.7 Data analysis).

CHAPTER IV: RESULT

Table 4.1

Result

Themes	Categories	Percentage
Attitude of friendship and peer relationship towards person with mental health illness.	▪ Positive attitude of friends	87.5%
	▪ Discriminating attitude of friends	62.5%
	▪ Effective attitude of peer	37.5%
	▪ Dissension attitude of peer	62.5%
	▪ Gender influence in friendship	50.0%
Making friendship	▪ Forming friendship	100%
Facilitator to maintain friendship	▪ Respect, helpful, honesty and trust	75.0%
	▪ Spends time with friends	37.5%
	▪ Prioritize and evaluate of feelings	50.0%
Challenges to maintain peer relationship	▪ Cooperative and easy to maintain	25.0%
	▪ Miscommunication and difficult to maintain in illness period	37.5%

4.1 Theme one: Attitude of friendship and peer relationship towards person with mental health illness

This theme describes friends' and peers' attitudes towards a person with mental health illness. When a person exposes to another person with mental health illness, they face

many difficulties with their family member, environment, and friends. Following this study, the student researcher tries to focus on friends' behaviour, attitude, and approach toward their other friends who have already suffered from mental health illnesses. There also included peer attitude, and this researcher mainly focused on classmates and colleagues as a peer. How do they behave before and after knowing their other colleague suffering from mental health illness? This theme is divided into five categories. Under this theme, most participants expressed mixed opinions about friends and peers. These are-

4.1.1 Category one: Positive attitude of friends

This category discussed how a friend's behaviour is benignant for someone with mental health illness.

The participants without 7th said that friends are beneficial and their positive attitudes positively impacted mood. But those who have more than one close friend, in their cases, some friends behaved well. On the other hand, some friends have shown discrimination via their acts. For example, Nomur 23 years old student, enunciates that:

> "They laugh away as they think it is normal, and other friends show sympathy and advise me not to be upset and be in a chill mood."

Partha, 22, years male participant, describes-

> "After knowing about my illness, my friends do not misbehave with me. I have found them by my side from my childhood days. So, I do not have any needed others. They are by my side till now."

Partha, Sumon, Tajmira, and Ashinom said their friends did not show discriminatory behaviour after their illness. Partha said, "Do they behave equally with every friend."

Most participants agreed with one sentence, like- After recovery, all friends are supportive and helpful. Abid describes it:

> "Friends do not avoid much after recovery. They explain and help me to distinguish between good and bad things. It means that it is bad to quarrel with someone. It is bad to be angry. Now they do not avoid and do not laugh or joke."

Maria faced discriminating behaviour after her illness, but it started to change after her recovery. She reports that-

> "After recovery, maybe they will say, are you fine? I will say yes, I am fine, that's it. But when I was sick, what did I do in that situation or after my recovery? May I need anything? I did not find anyone by my side to ask about my requirements and show such sincerity."

Some participants have good feelings when they spend their time with friends. This feeling is created via sharing and engaging in different activities with friends. Nomura said:

> "I feel comfortable with friends. Time goes faster when I am with them. That's a great pastime for me."

Evaluation of feelings is the most significant part of friendship. Sometimes friends laugh at achievements or good feelings, and sometimes they appreciate it. Nomur said,

> "They attentively hear me, and their body language is quite positive. For example, a few days ago, I'm sorry, but I felt great when I performed in a dance show for the first time. I updated one of my buddies about it. And showed him my dance video. Then he was also happy to see that and accepted me warmly.

On the other hand, sometimes friends can create uncomfortable situations. And another way to define friendship is how secure I feel with my friends. Partha describes that:

> "In danger, my friends always come forward with a mentality to help me. They were never apart from me. Such as one day, I was playing basketball, and then a boy misbehaved with me. They were in a group. Then I started to misbehave with them as they did. Then they attempt to bite me. Then my true friends solve the problem. They said that's not exact. Then my friends stand beside me and support me."

Nomur also said that:

> "They understand my embracing moment when I become nervous or know I will show abnormal behaviour or a bad attitude. They did not want me to face that situation. Otherwise, they warned me that this situation might have come and advised me to relax or forbade me from becoming overexcited. These types of gestures help me to become normal. But when they are absent, something wrong happens."

Safety is essential when hanging out with friends. It is natural to feel safe when we are with our friends. Summon said that:

> "I felt 100% safe. Because I know they will not create any harmful situation. I am quite sure in this issue."

In summary, friendship positively impacts a person with mental health illness. And in this category, student researchers showed friends' positive behaviour, feelings of spending time together, uncomfortable situations and safety issues.

4.1.2 Categories two: Discriminating attitude of friends

When someone in a friend circle suddenly falls in danger, many friends' behaviours change negatively. This category includes some friends whose behaviour stereotypes are revealed towards their friends with mental health illnesses. Some friends discriminated against me and showed negative behaviour. And these behaviours impact a person's daily life and their mood. Nomur describes discrimination like that:

> "They show more priority to their other friend over me. For example, participation in different games. They prefer their friends over me."

Abid also faced discrimination from his friends. He said:

> "I noticed discrimination. The majority of them were found to be energetic. They said you cannot do it. You will not do it. You get out of here. They drove me away."

In safety issues with friends. Sometimes friends behave like strangers. These types of behaviours hurt others. For this reason, some friends feel unsafe with their friends. Tajmira narrates that:

> “I do not feel safe with any of my friends without my parents.”

In the part of the appreciation of feelings, friends have an important role. At the maximum time, they appreciate our feelings or show empathy towards feelings. But sometimes friends troll our feelings and throw a negative comment or avoid it. Maria narrates that:

> “The maximum time they make trolls, how is that thing? And sometimes, they pass negative comments. For example, as I said, what I want to do or this is my dream or goal. So, in that case, she should say, yes, you can or encourage me, or it will be a big thing. But they did not say it. They said, “No, you cannot”. It’s normally seen more in my school friends. They say hey, you cannot ever. You are a coward. You do not deserve it.”

In summary, friends can be harmful, and some friends behave like they are not friends. They show discrimination and create an uncomfortable situation.

4.1.3 Category three: Effective attitude of peer

Peer relationships have a lot of impact on a person with mental health illness. A good result can be in between when close friends do not attentively hear about a problem or disease but trust one of the classmates to pay attention to the problem and give good advice. They also track illness. Abid said:

> “When they meet, they ask what’s the matter, how are you? What is the situation? Try to know about me.”

As participant overview, most of the participants are students. So, classmates are one of the most essential peers in their life. A peer could encourage the study. They help a lot for academic purposes. In any financial issue, peers are one of the most helpful. Tajmira describes that:

> "Now my classmate supports those things which are good for me and does not support those which are bad for me. Such as, in the study, they suggest which books will be best for my study."

4.1.4 Category four: Dissension attitude of peer

In terms of confidentiality, most of the time, peers cannot keep secret confidential terms of other friends. In the case of a Person with mental health illness, in addition to the positive, some peers show triggering attitudes and underestimate their feelings. They make the uncomfortable situation more complicated. Sefa describes that:

> "Who are my classmates, or with Whom do I attend class or do Group assignments? I face many problems while working in a group. I face many problems with my understanding to adapt with them. When I say anything, they always take it negatively. Even once a time, I felt that I am too dominating or I am not. My classmates think of me as a competitor and that anything that I will say is not correct. It is my concept. Also, my friend said to become silent; they knew whatever I would say, my classmates proved it wrong. So, my classmates did not help me. They are always mean to me. Because of that, I feel traumatized while maintaining the friendship. I feel one kind of trigger point or fear. Even when I saw them, I felt worried."

4.1.5 Category five: Gender influence in friendship

Gender is a significant component that affects friendship expectations and values. In this study, 50% of participants said about this issue. They feel comfortable with same-gender friends, and some participants have no problem with gender in terms of friendship. A female participant, Maria, describes that,

> "As a friend, male friends are too much dangerous. Because in my life, when I had some male friends. Anyhow they have something they maintain a friendship with for some days, like 14 or 15 days. But after that, I don't know, they try to convert the relationship to another side. And at that moment, when I try to console them that it is not that type of relationship. Then they started to force on me and said this is not that type. I like you. However, if it were a female friend, this not happened. On the contrary, spending time with my female friends gives me a positive vibe. If someone is a negative-minded person, I prefer to avoid them. It's felt good to me. After all, I prefer female friends over male friends."

Sefa also said:

> "To me, there is no difference between male and female friends. So, if I search for male or female friends, people will say she only spent time with male or female friends. So, what I do I did was not categorize my friends by any gender. The only thing is that They are my friend. That's all."

In summary, friends are friends; friendship should not be divided by their gender. But when friends are encountered strange events for their gender with other friends. Then they thought about gender and company change.

4.2 Theme two: Forming friendship

Forming friendships is a part of socialization. In this part, a person with mental health faces challenges. Some participants stated they are extroverts and have good skills in making new friends before and after the illness. But for some, it is very challenging.

4.2.1 Category one: Forming friendship

Making friends can be difficult because of one's lack of social skills. People with mental health illnesses are generally more isolated in society. They face different challenges in making a friendship because they may show some characteristics of a person to make friends, like- For interests, attitude, personality, academic support, social status, playing together with friends, occupation, friendship skills, activities, concern about other people, love and care, etc. Some avoid those who have opposite-gender closeness. Sometimes forming a friendship with a helpless person. Maria describes her experience with making new friends like that:

> "I can't talk to a stranger. So, I need help to make new friends. Like: what will he be like? Or what's his mentality like? Or how/what will I talk to her about? Am I interested in any topic she likes to discuss? So, thinking about these things, I must struggle enough to make someone new as a friend."

Tajmira said:

> "No, by the grace of almighty Allah, I have not faced any problem. And gradually, I am trying to develop these skills."

4.3 Theme three: Facilitator to maintain friendship

4.3.1 Category one: Respect, helpful, honesty and trust

In maintaining friendship, respect, help, honesty, and trust are the most important things. Helping each other, sharing and active listening, providing natural complements, and intimacy and closeness are helpful. Tajmira describes that:

> "To maintain the friendship, the first and foremost thing is trust, and another thing is respect. If you do not respect a man, you will not feel any emotion for them or perceive any good feelings for them. Care should come from the mind, having trust for him from the heart. We have to trust the person with a solid personality who will stand by our side at any well and woe, all ups and down in our life.

4.3.2 Category two: Spends time with friends

Spending time with friends, including playing, travelling gossiping, helps to maintain the friendship. Abid said:

> "At the time travelling with friends together, friendship gets stronger. Through playing. It is seen that I said something, they listened and thought and then said."

4.3.3 Category three: Prioritize and evaluate feelings

Evaluation of feelings, priority in participation, compromising, and resolving the problem are other parts of maintaining the friendship. When friends evaluate other friends'

feelings and provide suggestions and appreciation for their feelings, enriching the intimacy and closeness between friends is beneficial. Summon describe that:

> "Suppose one of your friends shares their problem, but you do not care. But they need help at that time. When you say it's not a big deal, he feels pressure and falls into depression. But when you stand beside them, they will feel comfortable, and the important thing is to accompany them in danger. This help in amplification closeness with your friends."

4.4 Theme four: Challenges to maintain peer relationship

Peer relationship maintaining parts are created and capitalize on time together, being honest with each other, showing them that you care, embarking on new experiences together, providing support and encouragement, and treasuring the little things.

4.4.1 Category one: Cooperative and easy to maintain

Summon and Ashinom report that peer relationships are easy and cooperative. During the period of illness, they easily maintain peer relationships with their peer. Summon said that:

> "Peer maintenance is not such a problem. We visit each other house with family."

Ashinom said, "No, they are normal, as usual".

4.4.2 Category two: Miscommunication and difficulty maintaining in the illness period

During the period of illness, it is tuff to maintain peer relationships. Most of the time, peers misunderstand diseases. They make fun of misunderstanding speech, show anger at addresses, argue with opinions, and often go in the opposite direction. Maria describes that:

> "As can be noticed, if I want to go right, they want to go left (I mean the opposite). So, I can't entirely agree with them. Sometimes it is seen that I can't accept what they are saying, or I am unwilling to go where they request or do what they would like. So, from my attitude, we have a mental defilement."

Sefa said:

> "Always face difficulties till now, and I assume in the future, I will face these difficulties."

Sometimes bad things become good things like Partha said:

> "To keep and maintain peer relationships. Though at the beginning of our friendship, I have quarreled with them. After some days, they were my real/true friends."

Summary

In this chapter, the student researcher found out about the attitude of a friend and peer toward a person with mental health illness. It could be a good or discriminating attitude besides gender effectiveness in friendship. Like, same-gender friends are more relaxing. The second part was forming friendships, where most participants faced difficulties with making new friends, and they followed some criteria for making new friends. Like- interests, attitudes, activities, occupation, helpfulness, etc.; the third part was challenging maintaining friendships and peer relationships of a person with mental illness. We find out that sometimes, it is easy to keep and occasionally challenging to maintain. In terms of maintaining friendships, the student researcher finds the facilitator of challenges. And in the maintenance of peer relationships has emerged stressor side. Like- as miscommunication, anger issues with peers, etc.

CHAPTER V: DISCUSSION

This chapter discusses the study findings concerning existing relevant literature and explains the different concepts introduced to the area of study and application. This is the Pioneer study in Bangladesh about friendship, peer relationships, and people with mental health illnesses. And The study's goal is the purpose of the project is to investigate how people with mental illnesses interact with their friends and their peers. Nowadays in, all over the world, mental health illness is one of the valuable perspectives in health science. A friend could be effective for a person with mental health illness. At the same time, they could harm a person with mental health illness. Sometimes individuals suffer from emotional problems via the behaviour of friends. On the other hand, individuals often recover via their friends' behaviour. Bullying, harassment, academic support, and quarrel are related to peers. They behaved mixed like friends. They also have an impact on a person with mental health illness. These chapters discuss objectives related to the literature and current findings through this study.

5.1 Attitude of friendship & peer relationship

Finding from this study, friends have a positive and negative impact on a person with mental health illness. Positive impact like- friends is responsible for their happiness. They give him equal priority as other friends. Playing sports, outings, and doing different activities with friends improves their mental state. Friendships provide context for companionship activities such as sharing hobbies, dining out, or attending a concert or movie together. A level of intimacy within a company may enable us to self-disclose personal issues, wishes, and desires or to seek help or advice on a subject (Demir et al.,

2011). Such positive friendship experiences, which are relevant to a person's everyday life, can facilitate quality bonding and closeness, which in turn can enhance feelings of perceived matter. A person might feel unique, cared about and remarkable to their friend due to the proximity developed through shared friendship experiences. This mattering to close friends can contribute to individual happiness (Demir et al., 2011). This study also finds some negative impacts on a person with mental health from their friends. They showed discriminatory behaviour, triggering behaviour, avoid for their illness. The quality of the first close friendship buffered the negative impact of conflict experienced with first close friends in predicting happiness (Demir et al., 2007). In this research, the student researcher discovers another term where gender may influence friendship. Four participants stated that same-gender friends are more comfortable and supportive (Demir et al., 2007).

Peer support refers to people with psychiatric disabilities helping one another. Fisher contends that peer support and self-help are essential and life-giving, particularly given the isolation in which many people with psychiatric disabilities live. He describes this isolation as at least as devastating as the disability itself. Strauss (Strauss, 1999) also supports the notion of peer programs and states that they can provide a model for individuals with psychiatric disabilities to realize that they can have more of a life that focuses on pleasure, accomplishment and competence rather than on disorder, needs and deficits. Davidson (Davidson et al., 1999) and his colleagues recently reviewed the history of and evidence for the effectiveness of different. In this study, participants provide both practical and negative experiences with peers. Some participant peers were

cooperative with their illness. But one the other hand, some peers were responsible for increasing their condition through their bullying and triggering attitude.

5.2 Challenges of forming new friends

This study finds a significant part of the experience of friendship towards a person with mental health illness. This part is making new friends with a person with mental health illness. They are involved in challenges to forming a friendship. Out of the total participants, half of the participants stated that sometimes they could not make a new friend during their illness period. But another half of the participants said they never faced any challenges forming friendships. Many people may experience difficulty developing and maintaining friendships, resulting in isolation or loneliness. For people experiencing mental ill health, friendship may be precious, yet sadly often also elusive (Cleary et al., 2018).

5.3 Challenges to maintain friendship and peer relationship

Being accepted by our peers and our capacity to develop friendships in childhood markedly influence our ability to have and maintain friendships as adults. In turn, those with few or no friends in childhood are more likely to experience ill health as adults (Almquist, 2012). This study showed the challenges of maintaining friendships and peer relationships. In terms of preserving the company, a participant said that it is easy to maintain, and some encouraging activities help build more and keep the friendship. Evaluation of feelings, respect, and spending time with friends are most valuable for maintaining the company. Most of the time, maintaining peer relationships is difficult.

Most of them misunderstood illness. But one participant said that peers are more helpful and supportive than friends during disease.

CHAPTER VI: CONCLUSION

6.1 Strength and limitation

Strength

- The participants' different demographic backgrounds are this study's key strength. Like- male and female participants equally participate, other diagnosed persons are included in their experienced.
- The study was conducted by following a qualitative methodological framework with solid evidence.
- A certified psychiatrist confirmed the diagnosis of the participant's illness.
- Each participant is still coming to follow-up, and the recovery phase from their illness is very recent; that's why its impact highlighted the result through their everyday experience.
- The researcher conducted a field test to recheck the interview guide.

Limitation

- Limitations are potential weaknesses in a study and are out of control (Simon, 2011). There is a single limitation which was the researcher taken into account during the time of analysis. The researcher tried to find the best systematic way to conduct the research. By considering these limitations, the researcher conducted this study. The limitations are given below:
- In this research study, different age groups of participants are not included, like- adolescence and older adults. So, it is a limitation.

- This study is a qualitative type of study. Data from participants were gathered through purposeful sampling. An in-depth interview was required to gain essential information from participants. Due to sufficient knowledge of interviewing skills, collecting data from participants through in-depth interviews was impossible as a researcher has undertaken this study for the first time.
- The student researcher was abstinent from conducting member checking because the maximum participant is outdoor follow-up patients of CRP, and they go to their village after follow-up. And it is impossible to take it even through phone calls because many participants do not use their phones after the illness.
- In this study, absence of comparison creates between married and unmarried mental health illness person's friendship experiences because there was no married participant.
- From interviews to complete transcripts and translations and then result, language is the high barrier in the whole procedure. Therefore, what the participant wants to understand in the Bangla language is to convert it into English results and identify whether there is any gap.

6.2 Recommendation for future researcher

- Further research includes both adolescence and older adulthood age groups.
- The study participants should be on a specific condition of mental health illness and their experience with friendship and peer relationships.
- Research to experience a friendship of a person with mental health illness after their disease in the perspective of friends.

- Research to discover the risk factors of forming friendships with a person with mental health illness.
- Further research should determine the life satisfaction of friends of a person with mental health illness.

6.3 Practice Implication

- An occupational therapist can introduce the practical and negative side of friends and peer towards a person with mental health illness.
- An occupational therapist can engage friends in their treatment approach for better improvement. If you have any negative experiences with friends, the therapist can be aware and make a recommendation.
- The occupational therapist will provide treatment together as a volunteer friendship and peers.

6.4 Conclusion

Conducting this research has emerged positive and negative perspectives of friends towards a person with mental health illness. Where a person with mental health illness participated, this study has some social terms, like forming friends and maintaining friendships. After suffering from mental health illness, most people face challenges maintaining friendships and peer relationships. On the other hand, some friends and peers are always cooperative and supportive in any situation. The company's positive impact is one kind of medicine for a person with mental health illness. After completing the research result, there are some limitations and suggestions for future researchers and the procedure of Implication of practice. In our community, everyone should be cooperative

and helpful towards the person with mental health illness. And if they hesitate to mix with community people, we should go ahead and live with them.

LIST OF REFERENCE

Almquist, Y. M. (2012). Childhood friendships and adult health: Findings from the Aberdeen Children of the 1950s Cohort study. *The European Journal of Public Health, 22(3),* 378–383. https://doi.org/doi:10.1093/eurpub/ckr045

Beautrais, A. L. (2001). Suicides and serious suicide attempts: Two populations or one? . *Psychological Medicine, 31(05),* 837–845. https://doi.org/doi:10.1017/S0033291701003889

Blair, B. L., & Perry, N. B. (2019). Parental sensitivity and friendship development: the mediating role of cooperation. . *Soc. Dev., 28,* 106–119. https://doi.org/doi: 10.1111/sode.12332

Bloom, B. D., & Crabtree, B. F. (2006). *The qualitative research interview*. http://www.hu.liu.se/cf/larc/utbildning-information/scientificmethodology/course-literature-and links/1.253566/qual20interview.pdf [Accessed 4 October 2014].

Boydell, K. M., Gladstone, B. M., Stasiulis, E., & Crawford. (2002). The dialectic of friendship for people with psychiatric disability *Psychiatric Rehabilitation Journal, 26*, 123-131.

Cleary, M., Lees, D., & Sayers, J. (2018). Friendship and Mental Health. *Issues in Mental Health Nursing, 39:3*, 279-281. https://doi.org/ DOI: 10.1080/01612840.2018.1431444

Cohen, C. I., & Kochanowicz, N. (1989). Schizophrenia and social networks patterns: A survey of black inner-city outpatients. *Community Mental Health Journal 25*, 197–207.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE Publications, Inc.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches (4th ed.)*. Los Angeles: SAGE.

CRP. (2019). *About CRP*. https://www.crp-bangladesh.org/about-crp

CRP. (2022). *Meaningful social access for persons with mental health needs project*. https://www.crp-bangladesh.org/crp-project/meaningful-social-access-persons-mental-health-needs-project

D, P., & K, B. (2018). *With a Little Help from my Friends—The Importance of Peer Relationships For Social-Emotional Development*. The Pennsylvania State University. https://www.rwjf.org/en/library/research/2018/11/with-a-little-help-from-my-friends--the-importance-of-peer-relationships-for-social-emotional-development.html#:~:text=Peer%20relationships%20provide%20a%20unique,exclusion%2C%20and%20deviant%20peer%20processes.

Dailey, W. F., Chinman, M.J., Davidson, L., Garner, L., Vavrousek-Jakuba, E., Essock, S., Marcus,, & K., T., J.K. (2000). How are we doing? A statewide survey of community adjustment among people with serious mental illness receiving intensive outpatient services. *Community Mental Health Journal*, *36(4)*, 363–382.

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., Tebes, J., & K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. . *Clinical Psychology: Science and Practice*, *6(2)*, 165–187.

Davidson, L., Shahar, G., Stayner, D. A., Chinman, M. J., Rakfeldt, J., & Tebes, J. K. (2004). Supported socialization for people with psychiatric disabilities: Lessons

from a randomized controlled trial. *Journal of Community Psychology 32(4),* 453–477. https://doi.org/ doi:10.1002/jcop.20013

Demir, M., Özdemir, M., & Weitekamp, L. A. (2007). Looking to happy tomorrows with friends: Best and close friendships as they predict happiness. Journal of Happiness Studies. *8(2),* 243–271. https://doi.org/10.1007/s10902-006-9025-2

Demir, M., Özen, A., Dogan, A., Bilyk, N. A., & Tyrell, F. A. (2011). I Matter to My Friend, Therefore I am Happy: Friendship, Mattering, and Happiness. Journal of Happiness Studies. *12(6),* 983–1005. https://doi.org/doi:10.1007/s10902-010-9240-8

Dictionaries, O. (2016). https://en.oxforddictionaries.com/definition/friend

Hays, R. B. (1998). *Handbook of personal relationships: Theory, research and interven*. London: John Wiley.

Kim, H. H.-S. (2015). School context, friendship ties and adolescent mental health: A multilevel analysis of the Korean Youth Panel Survey (KYPS). *Social Science & Medicine, 145,* 209–216. https://doi.org/doi:10.1016/j.socscimed.2015.05.002

La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendships, and romantic relationships: do they predict social anxiety and depression? . *J. Clin. Child Adolesc. Psychol. 34, 49–61. doi: 10.1207/s15374424jccp3401_5, 34,* 49–61. https://doi.org/doi: 10.1207/s15374424jccp3401_5

Lama, D., & Cutler, H. C. (1998). *The Art of Happiness: A Handbook for Living.* Sydney, Australia: Hachette Australia.

Lauterbach, S. S. (1993). *In another world: A phenomenological perspective and discovery of meaning in mothers' experience with death of a wished-for baby:*

Doing phenomenology. In P. L. Munhall & C. O. Boyd (Eds.), Nursing research: A qualitative perspective. New York: National League for Nursing Press.

Locke, L. F., Spirduso, W. W., & Silverman, S. J. (2007). *Proposals that work: A guide for planning dissertations and grant proposals*. Thousand Oaks, CA: Sage.

Longa, E., Gardanib, M., McCannc, M., Sweetingc, H., Tranmerd, M., & Moorec, L. (2020). Mental health disorders and adolescent peer relationships. *Social Science & Medicine, 253*. https://doi.org/doi.org/10.1016/j.socscimed.2020.112973

Matthews, S. H. (1986). *Friendships in biographical context. In S. H. Matthews* Beverly Hills, CA: Sage.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Patton, M. Q., & Cochran, M. (2002). *A Guide to using: Qualitative Research Methodology.*

Phillips, M. R., Yang, G., Zhang, Y., Wang, L., Ji, H., & Zhou, M. (2002). Risk factors for suicide in China: A national case-control psychological autopsy study. *The Lancet, 360(9347),* 1728–1736. https://doi.org/doi:10.1016/S0140-6736(02)11681-3

Rubin, L. B. (1985). *Just friends: The role of friendship in our lives*. New York, NY: Harper and Row.

Solano, C. H. (1986). *People without friends: Loneliness and its alternatives*. New York, NY: Springer-Verlag.

Strauss, J. S. (1999). *How do you provide treatment if different people need different things at different times?* San Francisco, CA: Jossey-Bass.

Taylor, & Francis. (Jul 4, 2022). *Qualitative Study Design*. https://deakin.libguides.com/qualitative-study-designs

WHO. (2022). Mental disorders. https://www.who.int/news-room/fact-sheets/detail/mental-disorders

Wright, P. H. (1994). Self-referent motivation and the intrinsic quality of friendship. *Journal of Social and Personal Relationships*, *1*, 115–130.

APPENDICES

7.1 Appendix A: IRB review letter

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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: Date:

CRP/BHPI/IRB/09/22/647

28th September, 2022

Md Abu Rasel
4th Year B.Sc. in Occupational Therapy
Session: 2017-18, Student ID: 122170263
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Experience of Friendship and Peer Relationship of Person with Mental Health Illness"** by ethics committee.

Dear Md Abu Rasel
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, Kaniz Fatema as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Thesis Proposal
2	Questionnaire
3	Information sheet & consent form.

The purpose of the study is to determine "to explore the experience of friendship and peer relationship of the Person with mental illness". The study involves use of a self-developed interview guide to explore the experience that may take approximately 25 to 30 minutes to answer and there is no likelihood of any harm to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 27th August, 2022. at BHPI (32nd IRB Meeting).

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

Best regards,

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

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

7.2 Appendix B (English and Bangla)

7.2.1 Information sheet

Title: Experience of Friendship and Peer relationship of Person with Mental Illness.

Investigator: Md Abu Rasel, Student of B.Sc. in Occupational Therapy, Bangladesh Health

Professions Institute (BHPI), CRP- Savar, Dhaka- 1343

Place: CRP out door

Introduction

I am Md Abu Rasel, B.Sc. in Occupational Therapy student of Bangladesh Health Professions Institute (BHPI), have to conduct a thesis as a part of this Bachelor course, under thesis supervisor Kaniz Fatema. You are going to have details information about the study purpose, data collection process, ethical issues. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand, please ask me to stop. I will take time to explain.

Background and Purpose of the study

You are being invited to be a part of this research because as an Individual you have better understanding about the experience of a friendship and peer relationship during mental illness period. The purpose of my study is to find out those attitude challenges and barrier that you have experience in your illness period. This study will be helpful to have

a better understanding about those possible experience and some possible solutions to cope with those experience.

Research related information

The research related information will be discussed with you throughout the information sheet before taking your signature on consent form. After that participants will be asked to complete a self-administrative question which may need 45-60 minutes. In this questionnaire there will be questions on socio-demographic factors (for example: Age, sex, Occupation). It will also contain some specific questions related attitude, challenges and barrier. Particularly, in this research we have selected person who have already experience with mental illness. The information recorded is confidential and your identity will not be disclosed.

Risks and benefits

We are asking to share some personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not need to take part in the discussion interview if you don't wish to do so, and that is also okay.

On the other hand, you may not have any direct benefit by participating in this research, but your valuable participation is likely to help us to find out the possible experience challenges and barrier during mental health illness.

Confidentiality

Information about you will not be shared to anyone outside of the research team. The information that we collect from this research project will be kept private. Only the

researchers will know about your information's and we will lock that information up with a lock and key. It will not be shared with or given to anyone except Kaniz Fatema study supervisor. Sharing the Results Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you before it is made widely available to the public. There will also be small presentation, and these will be announced. Following the presentations, we will publish the results so that other interested people may learn from the research.

Information withdrawal

You can cancel any information collected for this research project in a fixed time. After publishing the research, you can't withdraw any information. After the cancellation, we expect permission from the information whether it can be used or not.

Who to Contact

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact any of the following: Md Abu Rasel, Bachelor science in Occupational Therapy, Department of Occupational Therapy, Cell phone- 01303380246.

This proposal is reviewed and approved by Institutional Review Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP-Savar (CRP/BHPI/IRB/09/22/647) Dhaka-1343, Bangladesh, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343,

Bangladesh. You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions

7.2.2 Consent form

I am Md. Abu Rasel is a regular student in the Bangladesh Health Professions Institute (BHPI) BSc in Occupational Therapy program under the Faculty of Medicine, University of Dhaka. I need to do research as part of the B. Sc program. My research topic: "Experience of friendship and peer/classmate relationships of people with mental health disorders. Which I am doing under the supervision of Bangladesh Health Professions Institute Lecturer Kaniz Fatema. Interview your friends and your classmates to get information about the research. Something about the experience. Information is required to be known if you provide consent. All information you provide will be kept confidential. Your participation in this study is voluntary. The interview will take 20-30 minutes.

If you feel like withdrawing from the study at any stage of the interview, you can withdraw at will and refrain from answering questions.

Signature of Participant

Signature of the researcher taking the data,

Time:

7.2.3 Withdrawal form

Participants Name: ……

Reason of withdraw

……

……...

Participants Signature: ……

Day/Month/Year: ……

Witness Signature: …… Date

বাংলাদেশ হেলথ্ প্রফেশনস ইনষ্টিটিউট (বিএইচপিআই।

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, টেলি: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফ্যাক্স ০৭78506

কোড নংঃ

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষনার বিষয়: মানসিক স্বাস্থ্য রোগে আক্রান্ত ব্যক্তির বন্ধুত্ব এবং সহকর্মী/সহপাঠীর সম্পর্কের

অভিজ্ঞতা।

গবেষক: মো আবু রাসেল, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০১৭ - ২০১৮ ইং,

বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা-১৩৪৩

তত্ত্বাবধায়ক: কানিজ ফাতেমা, লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট।

গবেষনার স্থান: সি আর পি অউট-ডোর।

ভূমিকা

আমি মো আবু রাসেল, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউটে বি.এস.সি.ইন. অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্র হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৭-২০১৪) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি. শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্যে একটি গবেষনা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের অধ্যাপিকা কানিজ ফাতেমা এর তত্ত্বাবধায়নে সম্পন করা হবে। এই অংশগ্রহণকারী তথ্য ও পত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী ও গবেষণাটির সাথে সংশ্লিষ্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহন করতে আপনি ইচ্ছুক থাকেন, সেক্ষেত্রে এই গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারনা থাকলে সিদ্ধান্ত গ্রহন সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহন আমাদের নিশ্চিত করতে হবেনা। যে কোন সিদ্ধান্ত গ্রহনের পূর্বে, যদি চান, আপনার আত্মীয়-স্বজন, বন্ধু অথবা আস্থাভাজন যেকারো সাথে এই ব্যাপারে আলোচনা করতে পারেন। অপরপক্ষে, অংশগ্রহনকারী তথ্যপত্রটি পড়ে যদি কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

গবেষনার প্রেক্ষাপট ও উদ্দেশ্য

আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ একজন মানসিক স্বাস্থ্য রোগে আক্রান্ত ব্যাক্তি হিসেবে আপনার বন্ধুরা এবং সহপাঠীরা আপনার সাথে কেমন ব্যাবহার করে এবং তাদের সাথে বন্ধুত্ব বহাল রাখার ক্ষেত্রে কি কি সমস্যার এর সম্মুখীন হন সেটা সম্পর্কে আরও ভালভাবে বুঝতে পারবেন। আমার গবেষনার মুল উদ্দেশ্য হল একজন ব্যাক্তির স্বাভাবিক জীবনযাপনের ক্ষেত্রে তার বন্ধু এবং সহপাঠীদের ভূমিকা বের করা। এই গবেষনাটি একজন মানসিক স্বাস্থ্য রোগে আক্রান্ত ব্যাক্তির নতুন বন্ধু বানানো এবং বহাল রাখার ক্ষেত্রে ভালো থাকা এবং খারাপ থাকার ক্ষেত্রের সমস্যারগুলো জানতে সহায়তা করবে বলে আমি আশাবাদী।

এই গবেষনা কর্মটিতে অংশগ্রহনের সাথে সম্পৃক্ত বিষয় সমূহ কি সে সম্পর্কে জানা যাক

আপনার থেকে অনুমতিপত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষনা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষনায় অংশগ্রহন করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। এর পরে

অংশগ্রহণকারীদের একটি আদর্শ প্রশ্নাবলী সম্পূর্ণ করতে বলা হবে যার জন্য ২৫-৩০ মিনিট সময় লাগতে পারে। এই প্রশ্নাবলীতে সামাজিক-জনসংখ্যাগত কারণগুলির উপর প্রশ্ন থাকবে (উদাহরণস্বরূপ: বয়স, লিঙ্গ, অভিজ্ঞতা)। এখানে বন্ধু এবং সহপাঠীদের অভিজ্ঞতা নিয়ে প্রশ্ন থাকবে। পাশাপাশি বন্ধু বজায় রাখা এবং নতুন বন্ধু গঠনের ক্ষেত্রে

সমস্যার বিষয় গুলো নিয়ে প্রশ্ন থাকবে। রেকর্ড করা তথ্য গোপনীয় এবং আপনার পরিচয় প্রকাশ করা হবে না। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহন করতে হবেনা। আপনি সম্মতি প্রদান করা স্বত্ত্বেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন। গবেষনা প্রকল্পটিতে অংশগ্রহন করা কিংবা না করা অথবা পরবর্তীতে অংশগ্রহন প্রত্যাহার করার সিদ্ধান্তের সাথে আপনার বর্তমান জীবনে কোন ভাবে প্রভাবিত হবে না ।

অংশগ্রহনের সুবিধা ও ঝুঁকি সমূহ কি ?

গবেষণা প্রকল্পটি চলাকালীন সময়ে আপনার কিছু ব্যক্তিগত প্রশ্নের উত্তর দিতে হতে পারে যার কারণে আপনি অত্যান্ত অপ্রস্তুত বোধ করতে পারেন। আপনি যদি তা করতে না চান তাহলে আপনাকে অংশগ্রহন করতে হবে না। অন্যদিকে, এই গবেষণায় অংশগ্রহণ করে আপনার সরাসরি কোনো লাভ নাও হতে পারে, তবে আপনার মূল্যবান অংশগ্রহণ আমাদের একজন মানসিক স্বাস্থ্য রোগে আক্রান্ত ব্যাক্তির সাথে তার বন্ধুদের এবং সহপাঠীদের আচারনের অভিজ্ঞতা এবং নতুন বন্ধু গঠনের এবং বন্ধুত্ব বহাল রাখার ক্ষেত্রের অভিজ্ঞতা জানতে সাহায্য করবে। এখানে সংশ্লিষ্ট গবেষনায় অংশগ্রহনে কোন ধরনের বাড়তি ঝুঁকি, বিপত্তি অথবা অস্বস্তি নেই বলে আশা করা যাচ্ছে।

তথ্যের গোপনীয় তা কি নিশ্চিত থাকবে?

এই সম্মতি পত্রে স্বাক্ষর করার মধ্য দিয়ে আপনি এই গবেষনা প্রকল্পে অধ্যয়নরত গবেষনা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষনা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে সনাক্ত করতে পারে তা গোপনীয়

থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্যসমূহ সাংকেতিক উপায়ে উল্লেখ থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষনের কাজে ব্যবহৃত হবে। তথ্যপত্র গুলো যথাযথ স্থানে গোপনীয়তার সাথে রাখা হবে। বিএইচপিআই এরঅকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্ত সমূহের ইলেকট্রনিক অর্জন সংগৃহীত থাকবে।

প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যে

কোন ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোনভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিকভাবে কাগজপত্র সংগ্রহ করা হবে।

গবেষনা সম্পর্কে জানতে কোথায় যোগাযোগ করতে হবে।

গবেষনা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষনা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে এখন বা পরবর্তীতে যে কোন সময়ে জিজ্ঞাসা করতে পারেন। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লিখিত ০১৩০৩৩৮০২৪৬ নাম্বারে যোগাযোগ করতে পারেন।

এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ (সিআরপি- বিএইচপিআই/আই আর বি/০৯/১৮/৬৪৭) থেকে পর্যালোচিত ও অনুমোদিত হয়েছে। এই গবেষনা প্রকল্প পরিচালনা প্রসঙ্গে যে কোন উদ্বিগ্ন

অথবা অভিযোগকারী ব্যক্তি প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে এই নাম্বারে (৭৭৪৫৪৬৪-৫) যোগাযোগ করবেন।

গবেষনা থেকে নিজেকে প্রত্যাহার করা যাবে কি?

আপনি সম্মতি প্রদান করা সত্ত্বেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবেনা তার অনুমতি অংশগ্রহণকারীর প্রত্যাহার পত্রে (শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখকরা থাকবে।

অংশগ্রহণকারী প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহার কারীর জন্য প্রযোজ্য)

অংশগ্রহনকারীর নামঃ

প্রত্যাহার করার কারনঃ

পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ /না

অংশগ্রহনকারীর নামঃ

অংশগ্রহনকারীর স্বাক্ষর ...

তারিখ..

অংশগ্রহণকারীর আঙ্গুলের ছাপ

স্বাক্ষীর নাম:

স্বাক্ষীর স্বাক্ষরঃ

তারিখঃ

সম্মতিপত্র

কোড নংঃ

আসসালামু আলাইকুম

আমি মোঃ আবু রাসেল, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) বি এস সি ইন অকুপেশনাল থেরাপি প্রোগ্রামে এক জন নিয়মিত ছাত্র। বি এস সি প্রোগ্রামের অংশ হিসাবে আমার একটি গবেষণা করা প্রয়োজন। আমার গবেষণার বিষয়: "মানসিক স্বাস্থ্য রোগে আক্রান্ত ব্যক্তির বন্ধুত্ব এবং সহকর্মী / সহপাঠীর সম্পর্কের অভিজ্ঞতা।" যেটি আমি করছি বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউটের প্রভাষক কানিজ ফাতেমা এর তত্ত্বাবধানে। গবেষণা সম্পৃক্ত তথ্য পেতে সাক্ষাতে আপনার কাছ থেকে আপনার বন্ধু এবং আপনার ক্লাসমেট দের নিয়ে অভিজ্ঞতা বিষয়ক কিছু তথ্য জানা প্রয়োজন, যদি আপনি সম্মতি প্রদান করেন। আপনার সরবরাহকৃত যাবতীয় তথ্য গোপন রাখা হবে। এই গবেষণায় আপনার অংশ গ্রহণ ইচ্ছাকৃত। সাক্ষাতকার নিতে ২০-৩০ মিনিট সময় প্রয়োজন।

সাক্ষাতকারের যেকোন পর্যায়ে আপনি যদি মনে করেন গবেষণা থেকে নিজেকে প্রত্যাহার করে নিবেন তবে তা আপনার পছন্দ মত প্রত্যাহার করতে পারবেন এবং প্রশ্নের উত্তর দেওয়া থেকে নিজেকে বিরত রাখতে পারবেন।

অংশগ্রহণকারীর স্বাক্ষরঃ

উপাত্তগ্রহণকারী গবেষকের স্বাক্ষরঃ

তারিখঃ সময়ঃ

7.3 Appendix C: Interview guide (Bangla and English)

সাক্ষাতকার প্রশ্ন

অংশগ্রহণকারীর নামঃ অংশগ্রহণকারীর বয়সঃ

শিক্ষাগত যোগ্যতাঃ অংশগ্রহণকারীর পেশা

লিঙ্গঃ

তথ্য সংগ্রহের তারিখঃ

ঠিকানাঃ মোবাইল নাম্বার:

রোগের ধরণ:

বর্তমানে কোনো ঔষধ গ্রহন করে কী? হ্যা/না

উত্তর হা হলে ঔষধের নামঃ ..... কারণঃ.....

১) আপনি বন্ধু বলতে কি বোঝেন?

২। অসুস্থতার কথা জানার পরে আপনার বন্ধুরা আপনার সাথে কেমন আচরন করতো?

৩। আপনার বন্ধুদের থেকে অন্য বন্ধু এবং আপনার সাথে বৈষম্যমূলক আচরন কখনো লক্ষ করেছেন। বিস্তারিত বলুন

৪। সুস্থ হওয়ার আগে এবং পরে আপনার বন্ধুদের মধ্যে কোনো ধরনের আচজরনের পার্থক্য দেখেছেন?

৫। যখন আপনি বন্ধুদের সাথে মিশেন বা সময় অতিবাহিত করেন তখন আপনার অনুভতি কেমন থাকে?

৬। আপনার ভালো লাগা অনুভতি গুলোকে বন্ধুরা কিভাবে মূল্যায়ন করে।

৭। আপনার কোনো বিপদে অতিকর বিভ্রত অবস্থায় আপনার বন্ধুরা আপনার প্রতি কেমন আচারন করে?

৮। আপনার বস্তুর সাথে থাকাকালীন আপনি কি নিরাপদ অনুভব করে থাকেন?

৯। কোন অনুভূতির ক্ষেত্রে আপনার সহকর্মী অথবা সহপাঠী কিভাবে আপনার প্রতি সহানুভূতি প্রকাশ করে থাকেন? বিস্তারিত বলুন।

১০। বন্ধুত্বপূর্ণ সম্পর্ক রক্ষা করার জন্য কোন কোন বিষয়গুলো আপনাকে সাহায্য করে?

১১। আপনার মন ভাল থাকা অথবা খারাপ থাকার ক্ষেত্রে আপনার বন্ধুর কেমন প্রভাব ফেলে?

১২। আপনার সহপাঠি। সহকর্মীদের সাথে সম্পর্ক বজায় রাখতে আপনি কোনো ধরনের সমস্যার সম্মুখীন হয়েছেন? বিস্তারিত বলুন।

১৩। নতুন বন্ধু বানানোর ক্ষেত্রে আপনার কোনো অসুবিধা হয় কি? হ্যাঁ হলে, সেক্ষেত্রের কি কি ধরনের সমস্যা হয়।

১৪। বন্ধুরা এবং সহপাঠী/ সহকর্মীরা আপনার দৈনন্দিন জীবনে কিভাবে প্রভাব ফেলে? বিস্তারিত করুন

Interview guide

Participant Name: Participant Age:

Educational Qualification: Occupation of Participant

Gender:

Address: Date of Data Collection:

Mobile Number:

Type of disease:

Are you currently taking any medications? yes/no

If the answer is yes, name of the medicine: ..... Reason: ……

1. What do you mean by friends?
2. How do your friends behave with you after sharing your illness?
3. Did you observe any discrimination of your friends with yourself and other friends?
4. Did you find out any difference between your friend's attitude before and after your illness?
5. When you spend time with your friend how are your feelings about them?
6. How do your friends value your feelings of well-being?
7. How do your friends behave When you are in danger/abnormal/embracing situations?
8. When you are with your friends how much do you feel safe yourself?
9. How do your classmates or colleagues empathize with certain feelings of yours?
10. Which factors of yours will help to maintain the friendship?
11. How do your friends influence your mood in good and bad?

12. Did you face any difficulties to maintain your relations with your colleague or classmate?
13. Did you face any difficulties to make new friends?
14. How your classmates and friends will influence your daily life?

7.4 Appendix D

7.4.1 Table analysis

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Beneficial attitude of friends	√	√	√	√	√	√		√
Discriminating attitude of friends	√			√	√	√	√	
Effective attitude of peer				√			√	√
Dissension attitude of peer	√	√				√	√	√
Gender influence in friendship	√	√			√		√	

Making friends

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Difficulties to make friendship	√		√	√		√	√	
Easy to make friendship		√			√			√

Facilitator to maintain friendship

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Respect, helpful, honesty and trust	√	√		√	√		√	√

Spends time with friends	√				√			√
Prioritize and evaluate of feelings	√	√	√			√	√	

Challenges to maintain peer relationship

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Cooperative and easy to maintain		√						√
Miscommunication and difficult to maintain in illness period	√		√	√	√	√	√	