



ST. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

**SOCIAL WORK PRACTICE: ROLES AND CHALLENGES OF SOCIAL
WORKER IN MENTAL HEALTH ILLNESS REHABILITATION CENTER
IN THE CASE OF GEFERSA MENTAL HEALTH REHABILITATION
CENTER.**

BY: SEIFU HAILU

July, 2020G.C

ADDIS ABABA, ETHIOPIA

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**A THESIS SUBMITTED TO ST. MARY'S UNIVERSITY, SCHOOL OF
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Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for any degree in other universities and that all sources of materials used for this have been duly acknowledged. I also confirmed that the thesis has not been submitted either in part or in full to any other higher learning institution.

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Acronyms and Abbreviations

AASW- Australian Association of Social Workers

CEO- Chief Executive Officer

CSWE- Counsel of Social Work Education

DALYs: Disability Adjusted Life Years

ESA- Ethiopian Standards Agency

FMOH: Federal Ministry of Health

GMHRC: Geferssa Mental Health Rehabilitation Center

NASW: National Association for Social Work

NGO: None Governmental Organization

NIMHE: National Initiative for Mental Health in Ethiopia

ORSLA: Oromo Region Social and Labor Affair

WEF: World Economic Forum

WHO: World Health Organization

ABSTRACT

Most health institutions in Ethiopia lack to look the client with multifaceted perspective. Social worker provides services to meet the needs of individuals, communities and society. Therefore, the main objective of this research was to assess and explore the roles and challenges of social workers in the Gefersa Mental Health Rehabilitation Center (GMHRC). Qualitative research approach particularly a case study research design was used. A total of 15 participants were selected from office of which five social workers and ten from the staff members by using purposive sampling. In-depth interview with the social workers and other informants and observation were used to collect data for the study. The data were analyzed by triangulation technique, to create a meaning from qualitatively generated data. Accordingly, themes like the roles of social worker in line with National Association of Social workers (NASW) standards, the job description and activities outside their job description, and the challenges of social workers face in the rehab center were identified as the major issues of this study.

The findings of the study shows that, the social workers of the rehabilitation center worked at varied level in line with the standards stated on the NASW Standards for Social Work Practice in Health Care setting (2014). Concerning their main roles of social worker in the center, the social worker provided both stated in their job description and outside their job description. However, the study identified that there is a limitation on the presence of an organized and scientifically based job description. According to one of the major findings of this particular study, social workers in the mental health rehabilitation center faced various challenges. Most of the challenges were related to the lack of awareness about social workers roles, office problem and lack of office facilities. Moreover, the social workers use different mechanisms to overcome those challenges such creating awareness and develop rapport with the staff. The implication of the research aim at the implication of applying the main standards of social work practices in the health care settings in the rehabilitation centers throughout the country effectively and consistently. The study recommends that the rehab center should give attention for the staff of social workers and their activities.

Keywords: mental illness, rehabilitation, mental health, roles, challenges

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Mental ill-health refers to mental health problems, symptoms and disorders including mental health strain and symptoms related permanent and temporary stress. Mental health is crucial to the overall all well beings of individuals and societies. Relative poverty, low education and inequality in the country associated with an increased risk of mental health problems. Mental, neurological and substance use disorders are also linked with many mental disorders related problems (WHO, 2004).

According to WHO, mental and neurological disorders account for 13% of the total Disability Adjusted Life Years(DALYs) lost due to all diseases and injuries in the world. By the year 2020 neuropsychiatric conditions will account for 15% of disability worldwide, with unipolar depression alone accounting for 5.7% of DALYs. Thus, there is a need for prevention and promotion of mental health at the level of policy, legislation and resources allocation. Over half centuries World Health Organization (WHO, 2004) defines Health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.” Besides, Mental health defined as ‘a state of well-being in which the individual understands his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2004,p.79).

The social work profession promotes social change, problem solving in human relationships and the empowerments and liberation of people to enhance wellbeing utilizing theories of human behavior and social systems, social work intervene at the points where people interact with their environment principles of human rights and justice are fundamental to social work (IFSW ,2001). This skilled activity shows how social work skills and interventions can be used in practice to enhance our effectiveness and helps bring about positive outcomes from human being (IFSW, 2001).

Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of

mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality (IFSW 2001). Moreover, Mental Health consists of the following themes which includes psychological and social harmony and integration; quality of life and general well-being; self-actualization and growth; effective personal adaptation; and the mutual influences of the individual, the group and the environment (WHO, 2003). Mental illness is one of the most disturbing illnesses that anyone could get in their lifetime. Collective health condition does not solely rely on one's physical, emotional, and spiritual health but also on their mental health. A mental disorder or mental illness is a change in an individual's way of thinking and feeling that impedes their ability to perform their daily activities, cognitive, emotions or behavior (IFSW, 2001).

The roles of social work are consistent with the goals of the professions of social work and include helping clients problem solve and cope with life stressors; linking individuals with resources, services, and opportunities; promoting effective and humane service systems; and developing and improving social policy (Gambrills,1999, p.27).

One of the key roles that social workers serve in an inpatient rehabilitation setting is as a patient advocate. The importance of helping the patient understand and adjust to hospital procedures, understand medical plans, and assisting the patient's family with financial planning is crucial. The social worker's role as an advocate also includes maintaining open lines of communication between the patient, family, and other members of the health care team. He or she also will learn each family's dynamics while understanding its strengths – and encouraging the use of these strengths (IFSW 2001). In addition to advocacy work, social workers also help people solve problems in their daily lives. They may assist those who are adopting a child, fighting an illness, or facing an addiction. They help protect abused or neglected children, deal with behavioral problems in schools, and help hospice patients adjust (Mphelane, 2006;)

The development of mental health services and service provision centers goes in opposite to developed countries for developing countries. Ethiopia is also the multicultural state with the large number of population in Africa, but it has very small numbers of social workers, in hospitals and rehabilitation centers, social workers help patients to become familiar with the hospital environment, cope with the challenges they face, and facilitate the whole treatment

process and contribute to their well-being. This shows that the care social workers and the hospital institution provides to clients is multifaceted (Hiwot, 2014).

Social workers are also essential members of interdisciplinary hospital teams. Working in concert with doctors, nurses, and allied health professionals, social workers sensitize other health care providers to the social and emotional aspects of a patient's illness (Alemayehu N. 2009 p.23). The roles of social workers in hospitals are broad ones. However, Mental illnesses have given little attention among the scholars and the working centers. Hospital social workers use case management skills to help patients and their families address and resolve the social, financial and psychological problems related to their health condition (Yitbark ,2012).

It is the social worker's responsibility to reserve their profession and undeniable contribution in hospitals and health care settings. Since social workers make a great effort for the well-functioning of the society, it is very essential for the society to understand their roles especially in the health care setting (Judd and Sheffield, 2010).

To the best of my knowledge, there have been very few studies conducted on the areas of Mental health disorder in Ethiopia. This research tried to assess and explore the roles and challenges of social workers in the rehabilitation centers. My interest emanated from my field work practice for the courses of practicum I and II in this rehabilitation centers. Moreover, my field work practice in the rehabilitation center for the course practicum motivated to work on this area; and the researcher observed the challenges that social workers face in the rehabilitation centers.

1.2 Statement of the problem

Social worker activities occur in many settings. In order to provide effective services, Health social workers need to be aware of these factors that working at different setting. Therefore, Social workers who operate in variety of environment assume various roles to do in the design, delivery and evaluation of care (Browne, 2012). According to the guide of social worker's professional to practice in hospitals (NASW,1999), there are a numbers of factors that affect the role of social workers played in hospital setting. Some of these factors were including factors related to the organization and operation of the hospital system and the way in which work is organized within a hospital. In addition, the importance of working in an interdisciplinary context was also stated clearly in the guide of social worker (NASW, 1999). However, the roles

of social workers in mental health care have got little attention. Burtland tried to explain (2001), regarding to mental health policy more than 40% of the countries have no mental health program. According to WHO (2001), it is only after the development of publication of world development report, disability adjusted life year for estimating the global burden of disease and other emerging scientific investigations, the burden of mental disorder come in to great public agenda. Thus, currently the effect on mental disorder on various economic and social aspects are becoming highly the research area (WHO, 2001).

In Ethiopia, there were very limited research papers on the area of mental health problems. The work of Ababi(2008) was focused on the economic problems of schizophrenia and bipolar disorders in the rural Ethiopia. As to him the total direct cost of Ethiopia because of schizophrenia and bipolar disorder is approximately from \$687, 390.69 to \$3.23 million and from \$39.1million to 113million respectively. Thus, the research found that the challenges of mental illness on care givers as multifaceted problem to the society.

According to Rahel (2014), she conducted qualitative research with a purpose of identifying the practices of health professionals in medical social work at Menelik II Hospital. She found that health professionals have poor understanding of the medical social work practice within the health facilities and no involvements of social work practices with in their day to day activities. In her study, she indicated that there should be a medical social work interventions and establishment of the department of social work in the health care institutions (Rahel, 2014). However, she didn't see the roles of social worker and their interventions in the area of mental health rehabilitation. Thus, this research tried to see the gap that is not addressed in her paper and the real practices of social workers in mental health settings.

In the similar ways, Hiwot (2012) tried to explore the role and challenges of social work in selected hospitals in of Addis Ababa. The research finding showed that social workers played a role of facilitating the services for the poor individuals. She tried to identify whether the direct patient care roles and indirect patient care roles were practiced or not. According to her, both patient care roles performed by social workers fulfilled the criteria's of the services, but her research is totally missed the major roles of the social workers in health care setting. Even though, it was a good start to see the actual and expected roles of social workers in hospitals, there is a gap in assessing the major roles and challenges in the case of mental health rehabilitation centers.

Yitbarek (2015) tried to explore the challenges of Gefersa mental health rehabilitation center as the only rehabilitation center next to Amanuel Mental Specialized Hospital(AMSH). He identified various challenges of the rehabilitation services in the center; however he didn't explain the works of social workers in the rehabilitation center. Thus, this research paper interested to explore the roles and challenges of social workers in this rehabilitation center.

According to Alemayehu G.(2005) who conducted research at institutional level on assessment of the prevalence, determinants and effects of mental disorder among Haromaya University students which provided a great role in the field of study of mental health. The finding of this research shows that the prevalence of mental illness among the university students is 19.3%. The study implies the cooperative work of health social workers with the community. From the findings the roles and challenges of social workers didn't get attention.

In 2014, a position paper was prepared by the Australian Association for Social Workers Queensland Branch (AASW) with a purpose of developing a position statement in relation to social work's distinctive contribution to the contemporary health care system. The goals of this position paper are to identify the key and unique value that contemporary social work practice contributes to achieving effectiveness and efficiency in improving health outcomes for clients accessing health services; and to demonstrate the contribution that social work makes to providing patient-centered models of care (AASW,2014). This study also tried to give a brief insight into the main roles of social workers in mental health rehab center of Gefersa and explore their contribution to the improvement of mental health outcomes.

Therefore, this planned study is designed to fill the gap of understanding and to clear the confusion on the roles of social worker in Gefersa mental health rehab center and to produce the first systematic evidence on the roles and challenges of social workers.

1.3 Research questions:

From the above mentioned and discussed information, the following research questions are formulated and ready to answer in the this research work

1. How do the social workers explain their roles in line with National Association of Social Workers (NASW) general standards for social workers in health care setting?

2. What are the main roles of social workers provided in the mental health illness rehabilitation centers in the Case of Gefersa Mental Health Rehabilitation Center (GMHRC)?
3. What are the challenges of social workers in mental health rehabilitation centers, in the Case of GMHRC?
4. How do the social workers work in cooperation with health professionals and families to facilitate the rehabilitation of individuals with mental health illness in the rehabilitation centers?

1.4. Objectives of the study

1.4.1. General Objectives

The General Objectives of this study is to investigate the Roles and Challenges of social workers in Mental Health Rehabilitation Center in the case GMHRC.

1.4.2. Specific Objectives

The specific objectives of the study have focused on the following;

- ✓ To assess the use of NASW standards for social work practice in the health care setting in the case of Gefersa mental health rehabilitation center.
- ✓ To explore the main roles of social workers in mental health rehabilitation centers in case of GMHRC,
- ✓ To assess the challenges social workers face during working in this mental health rehabilitation centers.
- ✓ To investigate the participation and cooperation level of family in the rehabilitation centers.

1.5. Significance of the study

The problems of mental illnesses considered as the vital issues in today's Ethiopia health sectors. Therefore, the significance of the study organized form identifying the gap of research in this area of social work practice in hospitals particularly in mental health illness rehabilitation centers.

There are also very limited research works in the area of the study in the state. Thus, this study provides an insight and hint for the social workers who are working in mental health centers and it provides information for future researchers. In addition, this study has the importance of contributing to the body of knowledge regarding the major roles and challenges of social workers in mental health illness rehabilitation centers.

In addition, the professionals along with social workers offices will use this document as an opportunity to grasp helpful recommendations and improve the services they provide to mental health illness in the rehabilitation hospitals. The direct beneficiaries of this study will be the clients with mental disorders/illness who are getting services in the rehab center and the family. Due to the improvements on the social work service provision in the rehabilitation centers, the patients will be the primary beneficiaries. The secondary stakeholders and beneficiaries were rehabilitation hospitals and the rehab centers from the direct services of social workers. Moreover, this study can serve as a reference for future studies that are going to be conducted on this specific area of study.

Finally, this study can be awakening to the Federal Ministry of Health (FMoH) to consider the involvements and contributions of social workers in the mental health illness rehabilitation centers in the country.

1.6. Scope of the study

This study has covered the roles and challenges of social workers in Gefersa Mental Health rehabilitation Center (GMHRC). Therefore, it does not include other mental health caring institution/hospitals in the region. There are a numbers of hospitals working with mental illness in the country which is geographically dispersed and could limit their accessibility. Besides, there are constraints in terms of time, money and experience; this limited the research to conduct on Gefersa mental health rehab center. In terms of sample size, the study has been involved only 5 social workers and 10 other informants in GMHRC. Moreover, representative of the social worker officers and supportive staff (nurse, Psychiatric) who are working in collaborative with social workers was included in the study.

1.7. Limitation of the study

Every research has its own limitation. The limitation of the study was that the target respondents were not willing to give enough time for the in-depth interview due to their various responsibilities in the center and the challenges to conduct FGD due to the impossibility of the time to come to discuss due to covid-19 virus.

Moreover, it delimited in terms of skill, resources and limited literature in the area of the study.

1.8. Operational definition of terms

Health care setting/ Hospital- A place where medical services for the ill are provided

Social work roles- activities or roles done in the mental health rehabilitation hospitals/center by social workers assigned in hospital

Rehabilitation:- is a set of targeted intervention that is intended to prevent further complication or reduced disability that is associated with mental health problems (NASW, 1999). The study tried to assess the inpatient services such as counseling, recreational services and medical treatment, Etc.

Challenges: it refers to different situations that social workers have been faced in the rehabilitation centers while they are working for mental health illness clients in their rehabilitation center.

Mental illness:- it refers to the disturbance of mood or thought that can affect behavior and distress the person. So, the person has trouble functioning normally. They include anxiety, disorder, depression and schizophrenia (National Mental Health Commission, 2012). For the purpose of this particular study, Mental illness incorporates all pathologies that are prevalent in GMHRC. Pathologies which are prevalent in the center are; Schizophrenia, Depression, HIV + Schizophrenia, Epileptics, Mental retardation, Leprosy, Blindness + diabetes, Paralysis, Manic depression, TB, Gastritis, Autism, Behavior problems, Physical disabilities, Chronic schizophrenia, Bipolar disorder + schizophrenia, Mood disorder and Post psychotic depression.

1.9. Organization of the paper

The research paper has organized in different components or categories and contains five basic chapters; chapter one contains introduction of the study, background of the study, statement of the problem, basic research questions and objectives of the study, , significance of the study and delimitation/scope of the study and definition of terms . Chapter two covers literatures which are relevant for the subject matter dealing with previous studies and literatures relevant to the study and it includes theoretical and empirical evidences related to the study. Under chapter three the research design, description of the study setting, population and universe, selection of the study participant, methods of data collection, data quality assurance and data analysis methods and ethical considerations are discussed. The findings of the study were presented, analyzed and discussed in chapter four. Finally, in chapter five conclusions, implication for social worker and recommendations had been also forwarded based on the study findings; followed by the list of references used and appendixes.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. The Roles of Social Work in Mental Health Care System

Social worker can play a great role in understanding the patient social and environmental aspects, this is clear to any physician in hospital. At the early stages of 20th century social worker expected to provide social and psychological treatment for patients. On the other side, the physicians and other medical practitioners think of social workers as a link between the hospital and patients' community and social environment (Beder, J. 2006).

Social workers practiced in hospital setting within the framework of person- in-environment aiming to support patients get better and bring change in the community. Besides, the tasks of social workers was to help patients with chronic disease management, mental health issues, alcohol abuse and drug, terminal conditions, physical disabilities, and accessing extended care services (Baksa, 2005). The provision of concrete resources, counseling services and patient advocacy reflect principal categories of activities historically carried out by hospital social workers (Judd and Sheffield, 2010).

Social workers are highly trained professionals working to improve the quality of life and well-being of others through direct practice, crisis intervention, research, community organizing, policy change, advocacy, and educational programs. Social workers are dedicated to the pursuit of social justice and strive to help those affected by poverty, disabilities, illnesses, divorce, unemployment, and other personal problems and social disadvantages (Baksa, A. 2005).

Being a social worker requires extensive knowledge of human behavior and development, as well as social, cultural, and economic institutions and the ways in which they interact. Most social workers will hold at least a bachelor's degree in social work or related field, though many (especially clinicians) will hold a master's degree and valid license to practice. A good social worker will often possess a high degree of compassion and empathy, a passion for helping others, strong interpersonal and problem-solving skills, and good listening and organizational skills (Davidson, K.1990)

The Roles for Social Work Practice in Health Care Settings in Ethiopia

In 2012, Ethiopian health facility standard was developed by the Technical Committee for Medical Care Practices and published by the Ethiopian Standards Agency (ESA, 2012). The roles were developed to ascertain the provision of safe and quality public health services by providing proper infrastructures and employment of skilled and proficient health professionals to provide efficient services in order to exterminate health care problems. The document identified the tasks of different professionals in Primary hospitals and noted that these professionals shall provide services in accordance with this standard and shall comply with the requirements (Ethiopian standards agency, 2012). In this document, the following service roles for social work practice in hospitals are identified; these are first, the primary hospital shall have social work service at least during working hours: second there shall be an organizational chart or alternative documentation clearly delineating the lines of responsibility, authority and communication for the social services and third the social work services shall have written policies and procedures that are reviewed at least once every five years(ESA, 2012).

Regarding to the policies and procedures concerning the social work services; it shall address the following areas: These are a) Counseling, b) Discharge management and planning, c) Social work assessment, d) Consultation and referral to support groups, centers and/or organizations e) Patient advocacy and, f) Community liaison and education. In addition, the social work services shall have criteria for identifying at the time of admission and promptly assessing high-risk patients in need of psychosocial intervention and/or discharge planning. The social work service shall have a protocol to ensure that social work services are offered to all needy patients. Patient directory for those who received social service shall be available in the hospital and shall be updated. (ESA, 2012)

When social work intervention is provided, a record shall be kept in accordance with standards in the medical record. The record shall have at least the following information a) The reason for intervention b) The name (s) of social workers involved and dates of intervention c) A social work assessment d) A treatment plan and referrals e) Notes reflecting interventions before discharge. Patients' files, at social work service, shall be kept physically secure and confidential. All reasonable efforts shall be made for privacy in patient and family interviews and in the

handling of confidential phone calls by social workers. Adoptions by individuals or groups shall abide the laws and regulations of the country ((ESA, 2012, pp.36-37)

Regarding the place where social workers practice in hospital setting, the document stated that; the hospital shall have separate social work service area; At least a room shall be available for patient and family interview and handling of confidential phone calls & archive (p. 37). Concerning the professional requirements of social workers practicing in hospitals, the document pointed out that; All social work services given by the hospital shall be under the direct supervision of a social worker/sociologist/nurse psychiatrist/ a nurse with experience in social work; All the social work staff shall be given multidisciplinary patient care training and the information about their training shall be documented ((ESA, 2012,p. 37).

In health setting, in which physicians, nurses and other health professionals regularly meet to review a patient's health related problems. Mostly the health services professionals' focuses on the treatments of abnormality on underlying disturbances within the person, and assessments of disturbance results in a diagnosis based on a cluster of observation symptoms which is called the medical model. The medical model mostly don't focus on human diversity of the multidimensional approach of human behaviors (Hutchison,E.2010,pp-25).A critical feature of health care organizations is the variety of occupations and professions on which depend in order to carry out their missions, dominated for the most part by the powerful profession of medicine(.Bailey,C.1984,pp20-21).

Health services and professionals are important components of the health care system. From the definition of health, only treating a client's illness, does not give wellbeing for the clients, it needs to handle the clients, mental, social and psychological perspective. The client's multifaceted parts, which are, psychological, biological and ecological aspects as a whole must be considered (Hutchison, E, 2010, pp-160).The interrelationships of the health professionals and medical social workers must be linked for the handling of the client as a whole person.

2.2. Standards for Social Work Practice in Health Care Setting

The practice of social work in health care setting was guided by various standards. According to the Australian Association of Social workers (2013), the purpose of practice standards is to

outline what is required for effective, professional and accountable social work practice in all social work contexts (AASW, 2013, p. 5)

The researcher didn't come across any standards without the NASW standards of social worker in health care setting. Therefore, the researcher tried to assess the roles of social workers in health care setting in line with the more recent standards of social work practice in health care setting which was developed in 2014, it is briefly reviewed.

From the standard, the specific goals of the NASW (2014) standards for social work practice in health care setting are pointed out as follows;

- ✓ Ensure that social work practice in health care settings is guided by the NASW Code of Ethics
- ✓ Ensure that the highest quality of social work and client- and family-centered services are provided to clients and families in health care settings.
- ✓ Advocate for clients' rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in medical decision making that affects their well-being
- ✓ Encourage social work participation in the development, refinement, and integration of best practices in health care and health care social work
- ✓ Promote social work participation in system wide quality improvement and research efforts within health care organizations
- ✓ Provide a basis for the development of continuing education materials and programs related to social work in health care settings
- ✓ Encourage social workers in health care settings to participate in the development and refinement of public policy at the local, state, and federal levels to support the wellbeing of clients, families and communities served by the rapidly evolving U.S. health care system
- ✓ Inform policymakers, employers, and the public about the essential role of social workers across the health care continuum (NASW, 2014, p. 8).

In short, the standards of social worker in health care setting consisted of thirteen major standards. These are listed as follows:- i) Ethics and Values ii) Qualification iii) knowledge iv) cultural and linguistic competence V) screening Assessment vi) Intervention vii) advocacy viii)

Interdisciplinary and Inter-Organizational Collaboration ix) Practice Evaluation and Quality Improvement x) Record Keeping and Confidentiality xi) Workload Sustainability xii) Professional Development xiii) Supervision and Leadership (NASW, 2014). The above mentioned list were explained in the NASW, 2014 documents the main tools for social workers in health care setting.

2.3. Historical perspective of the development of mental health services in the world

Understanding the history of the current problems of mental illness gave an insight for the trend in care and treatment mental health illness. It also makes clear the wide variation in the way services have evolved in developed and developing countries (WHO, 2003).

The turning point for the historical development of mental health rehabilitation center was started in the twentieth century. As to the report of WHO(2003) after the World War Second the human right movement expanded and focused attention on gross violation of basic human rights, including violation against people with mental disorder. Unfortunately, in many developed countries deinstitutionalization was not accompanied by the development of appropriate community service. In these countries, when colonial powers or the state built the hospital for mental health in early 20th century began the services of mental health services. In general, in developing countries mental health hospital was less in population coverage than in developed states. Some developing countries have been able to upgrade their basic psychiatric hospital services and establish new psychiatric units in district general hospitals (Gehlert, 2006).

The 21st century gives an insight for the change of mental hospital and advances in the social sciences have given new insights in to the social origins of mental disorder such as depression and anxiety. According to various Researches report that has been demonstrated the effectiveness of psychological and psychosocial interventions in hastening and sustaining recovery from common mental disorders. It is from simple depression and anxiety and to the chronic conditions such as schizophrenia (WHO, 2003).

In 1918, the establishment of American Association of Hospital Social workers paved the way for the professionalization of the field of social work in health care. The association had two main purposes; to foster and coordinate the training of social workers in hospitals and to enhance communication between schools of social work and practitioners (Gehlert, 2006). In 1955,

merging with six other social work organizations; American Association of Social workers (AASW), National Association of School Social workers (NASSW), American Association of Psychiatric Social Workers (AAPSW), American Association of Group Workers (AAGW), Association for the Study of Community Organization (ASCO), and Social work Research Group (SWRG), the National Association of Social workers (NASW) was established (Jhansan,a.d 2007)

Historical Development of Mental Health Service in Ethiopia

Before the opening of psychiatric nursing training in 1987, Mental health treatment services were provided by Amanuel specialized psychiatric hospital, the only hospital in the country located at the capital city, Addis Ababa, of Ethiopia. Ethiopian Mental Health Strategy stated that there are very few mental health service, mental health professionals and mental health service providing sectors compared to the general population. The draft has also emphasized the need for developing community mental health care and psychosocial rehabilitation service for chronic mental ill patients (FMOH, 2007).

In fact recently the country has shown some visible improvements in the availability of mental health services. Mesfin (2009) reported that in addition to the only psychiatric hospital, mental health services are being given in five more hospitals in the capital city: St Paul Specialized Hospital, General Hospital, Zewditu Hospital, Yekatit 12 General Hospital, Armed Force General Hospital and Police force Hospital in Addis Ababa. Regional hospital such as Adama, Assela, Harar, Jima and Mekele hospital have also started to provide mental health services.

Under the guidance and sponsorship of the post first lady of Ethiopia, Ms. Azab Mesfin, the National Initiative for Mental Health in Ethiopia (NIMHE) was established in 2005 to guide the overall development of national mental health in Ethiopia. In addition to providing high level advocacy and awareness regarding stigma of mental illness, NIMHE spearheaded the initiation and construction of the new GMHRC which is the state-of-the art facility (FMOH, 2012). The mission of GMHRC is To provide a referent high quality and inclusive rehabilitation mental health care; to restore value and human dignity; to install hope and, to enhance quality life; in addition to restore functional, psycho-social and professional skills to people who are wounded in their human capacities because of mental disease; to compete against stigma and

discrimination; to advocate in favor of the less privileged specially our clients by offering activities inside the center and getting opportunities through collaboration and partnership with other related social services, the Federal Ministry of Health , the churches for normal integration of clients in the society (unpublished document review of GMHRC).

The aim of rehabilitation mental health care is to promote recovery and to integrate the patients in to the society and to reinstall meaningful life in the community. People with persistent and severe mental problems are the target group of the rehabilitation center. The Admission criteria of GMHRC includes seven major criterions, the admission should be always approved by the medical authority, Admitted clients should be free from severe acute psychic and somatic symptoms, The admitted patients should have a reasonable chance to go back to the society, Every client should be able to rely on family ties, The family has to commit itself through a written document to visit their relative at least once every two weeks, The maximum stay at GMHRC will not exceed 90 days (3 Months), the GMHRC is not able to admit minors (minors need guidance and care at the specialized centers) and An ID of a family member is requested at the moment of admission of their relative (unpublished document review of GMHRC).

There are about above 210 workers employed in the rehabilitation center. Eleven of them are health professionals constituting psychiatry nurse, clinical nurses and social workers and they are part of rehabilitation team. Those professionals make decisions about the patients' need to be admitted based on the admission criteria. There are one professional social workers and no psychologist in the center except those who work with other professional background. In the center total number of the individuals with mental illness are approximately 134 (Female 38 & M 96), in addition these patients, there are 24 out patients. Pathologies which are prevalent in the center are; Schizophrenia, Depression, HIV + Schizophrenia, Epileptics, Mental retardation, Leprosy, Blindness + diabetes, Paralysis, Manic depression, TB, Gastritis, Autism, Behavior problems, Physical disabilities, Chronic schizophrenia, Bipolar disorder + schizophrenia, Mood disorder and Post psychotic depression(unpublished document review of GMHRC).

In addition, there are clients with double diagnosis like Mental retardation plus autism or with epilepsy or with psychosis, schizophrenia and epilepsy, Bipolar disorder and schizoaffective, schizophrenia and depression disorder. Furthermore, a few clients have triple diagnosis and somatic problems like: HIV and schizophrenia and mood disorder, Psychotic disorder and

schizophrenia and HIV, Diabetes and epilepsy and blindness and schizophrenia. The two main programs of Gefersa rehabilitation center are inpatient rehabilitation program and Community based rehabilitation program. The type services which are delivered in the inpatient rehabilitation program are food, shelter, clothing, medical treatment and counseling, vocational training (weaving, tailor, animal husbandry) and recreational service. In the case of community based rehab, there is weekly (every Thursday) home visiting activity by case team to our clients discharged after rehabilitation from Gefersa (unpublished document review of GMHRC).

2.4. Social Work and Mental Health

Social work as a profession it promotes change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Social work intervenes at the points where people interact with their environments through using theories of human behavior and social systems. Principles of human rights and social justice are fundamental to social work” (International Federation of Social Work, 2001). The main objectives of Social Work are problem-solving, empowerment and social change where people interact with their environments (IFSW 2001).

Social work is a profession that focuses upon improving the health and social well-being of individuals, families, groups and communities. Social Workers believe in the rights and dignity of all individuals and to the achievement of social justice. Social workers work with people to assess, resolve, prevent or lessen the impact of psycho-social, physical and mental health related issues. Social workers are a perfect fit for primary care because primary health care is about- i) Public Participation ii) Accessibility of services iii) Appropriate Technology iv) Interdisciplinary Collaboration v) Health Promotion (IFSW 2001).

Regarding to the typical and important roles that social workers carry out in the community mental health centers includes the following. These are i) providing prevention education on a range of topics (*depression screening, sleep hygiene, self-care, stress reduction, etc.*) ii) Conducting a functional assessment and working towards functional restoration using Motivational Interviewing iii) Teaching evidence-based skills to patients iv) Emphasizing home-based self-management iv) Providing medication education and supporting adherence v) To stay updated about Government and welfare schemes for different sections of the population vi) To

be informed about local meals, camps, community events, resource distribution programs vii) Decision making ability- quick and precise at times of crisis, suggesting the best suitable referral service, taking action at times of urgent need viii) Critical thinking – ability to evaluate client needs, effectiveness of interventions, needs and issues of associated family members xi) Ability to plan and organize work, make notes, document (IFSW, 2001).

The requisite knowledge, skills and abilities of a social worker are:

- a) General knowledge of normal and abnormal human development and behavior.
- b) General knowledge of recognized treatment interventions such as behavior modification; family, group, and individual psychotherapies; psychosexual education; substance abuse interventions; and use of psychotropic medications.
- c) Skill in developing and maintaining a therapeutic relationship with mentally ill patients.
- d) Skill in communicating with patients and families who may be experiencing distress.
- e) Skill in conducting and teaching individual, family, and group therapies.
- d) Skill in patient and family education regarding various aspects of mental illness.
- e) Skill in interviewing to gather data needed to diagnose the needs of individuals and their families.
- f) Skill in preparing clear, concise written case narratives and reports.
- g) Skill in functioning as patient advocate to ensure that appropriate social services are being delivered which could include working with State and Federal agencies and community organizations for the coordination of services.
- h) Ability to maintain effective working relationships with both professional and paraprofessional institution staff and public and private sector professional staff.
- I) Ability to understand organizational systems and how to work within them for the benefit of the patient.
- J) Ability to assess the level of dangerousness of patients and the potential for explosive behavior.
- k) Ability to build and maintain effective working relationships with representatives of a wide variety of community agencies.
- l) Ability to work as a member of a treatment team (IFSW, 2001; NASW, 2004)

Mental health needs to be understood not just as due to people's traits as individuals but also due to the nature of their interaction with the wider environment. "Environment" includes not only our physical surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives (WHO, 2001, P.45). Mental health is very important for every individual, family and the community as a whole. For

one to be healthy not only do they have to be physically fit but also emotionally and mentally healthy as well which is necessary for their overall wellbeing and development (WHO,2001).

A healthy person has a healthy mind and is able to: i) think clearly; ii) solve problems in life; iii) work productively; iv) enjoy good relationships with other people; v) feel spiritually at ease; and vi) contribute to the community. Social workers were considered as educators, field instructors and trainers. They provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession (NASW, 2014)

2.5. Challenges of Social Workers in Hospitals

Social work practitioners face multifaceted challenges in hospitals. They handle sensitive and tender cases that threaten their own individuality and personal character. In this case they should be able to handle their responsibility to advocate for their patients' rights and requirements as well as integrate into the dynamics of the health care delivery system (Gregorian, 2005, p. 21).

Enough attention from health care administrators and other health care professionals has not been given to the significance of social work services in health care setting. Moreover, social workers are not allowed to directly involve in the medical treatment of patients. Along with the emergence of managed care services, the advancements in the health care delivery system highly affected medical social work. Social workers in health care setting faced difficulties in coping with the changing health care environment as the same time as maintaining their professional identity. One of the challenges mentioned is that, sometimes social work values and purposes do not go along with cultures and policies of the health care organization they work in. Even though there are some efforts from social workers to preserve their identity, there are still some challenges for them in staying vital in the health care delivery system (Baksa, 2005, pp. 1-2).

Based on the NASW (2011) report, Hospital social workers report an increase in the severity of client problems, caseload size, paperwork and waiting lists for services. In recent years, there has been an increase in closures of hospital social work departments, with social work staff being reassigned to other departments, or eliminating these positions altogether and re-assigning social work task to other professions. In certain cases, such reorganization has replaced departmental

directors with non-social work personnel, raising questions about proper social work supervision (NASW, 2011, p.22).

Despite the fact that the social workers role in the health care setting is admired, they still face different challenges in this setting. One contributing factor for the diminution of the role of social workers in health care setting is a continuing modification in financing and provision of health care and lack of social work effectiveness data. Moreover, supervision of social workers by individuals who does not have social work background as well as the assigning of social work tasks to other professionals such as nurses, paraprofessionals and volunteers for the purpose of cost reduction, are considered to be the challenges of social work in health care setting (NASW 2014, p.13).

Weiss (2005) in his writing, —medical social workers: clinicians or clerks tried to point out the issues that lead to the erosion of quality of social work services in health care setting. The first challenge is that since social workers are considered as non-physicians, they do not engage in the medical treatment and management of medical cases in the health care setting (NASW, 1999). The second challenge according to Weiss (2005) is that medical social workers are not entitled to make up rules about their roles in the health care setting. The other issue is that, for the reason of cost containment, health care institutions reduce patients' stay in the institute which in turn leaves social workers busy with discharge planning making them provide low quality social work service (Weiss, 2005).

Finally, according to NASW (1999) cited in Weiss (2005), the fact that social workers are being replaced by less skilled and low salaried experts, leads to the provision of a low quality social work services in health care settings NASW,1999, p. 11)

2.6. Models Review of mental disabilities

In this section, I tried to assess two models that support my study. Each model is explaining the issue related to mental health problems.

2.6.1 Bio-Psychosocial Theory

The Bio-psychosocial Model is the major theory in medicine. The model tried to describe the interrelated bond between biological, psychological and sociological factors equally contributing to the wellbeing of a person (George E, 1977).

The model showed a striking shift from disease to health identifying that psychosocial factors such as beliefs, relationships and stress have a serious effect on the effort to help patients get recover from their illness and disease (Lakhan, 2006, p. 2). As Engel cited in Lakhan (2006); To provide a basis for understanding the determinants of disease and arriving at a rational treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he lives and the complementary system devised by society to deal with the disruptive effects of illness, that is, the physician role and the health care system. This requires a bio-psychosocial model (Lakhan, 2006, p. 2).

Nowadays the biological approach is considered to be obsolete and archaic. Even though the biological aspect of medical evaluation, it seems very obvious that social and psychological factors cannot be neglected. For a better examination of a person's health conditions, the bio psychosocial model helps to make the concepts of health and illness subjective to the individual. This model investigates the general aspects of illness along with the biological aspects (Deep, 1999, p. 497).

The bio-psychosocial model is incorporated into this research for the reason that it is one of the models social workers apply in health care settings. During intervention, social workers incorporate the biological, psychological, social as well as spiritual aspects to understand the factors contributing to the person's illness and design better treatment plans along with other professionals in the medical team (George E, 1977).

2.6.2. Social model

During 1960's newly formed groups of inpatient people started to challenge the way in which they were treated and regarded with in the society. The detain opportunities, the restriction on the choice, self-determination and the lack of control over the support system in their lives lead them to question the assumptions underlying the traditional dominance of medical model (Carson,

2009). Carson, further points that through the social model, disability is understood as an unequal relationship with in a society which the needs of people with disability are often given little or no consideration. The idea that people with impairments disabled by the fact that they are excluded from participation with in the main stream of society as a result of physical organizational and attitudinal barriers. For Marrison (2000 p.3), “the social model of disability gives us the words to describe our inequality. It separates out (disabling barriers) from impairment because the social model separates out disabling barriers and impairments, it enable us to focus on exactly what it is which denies us our human and civil right action to be taken. Social model definition where first proposed by the Union of the Physically Impaired against Segregation (UPIAS) in 1976. Accordingly impairments refers to lacking part or all of the limbs, or having a defective limb, organ or metabolism of the body & disability refers to the disadvantage or restriction of activities caused by a contemporary social organization which takes little or no accounts of people who have physical impairments and those excludes them from participation in the main stream of social activities (Lang, R.2009).

According to the definitions cited above, social construction of physically impaired people as “disabled” arises in the first instances from the specific ways in which society organizes its basic material activities (work, transport, leisure, domestic activities and so forth). Impairment is simply a bodily state characterized by malfunctioning of the physical and cognitive activities of the individual as a result of altered physiological or psychology which defines physicality of certain people (Lang, 2009).

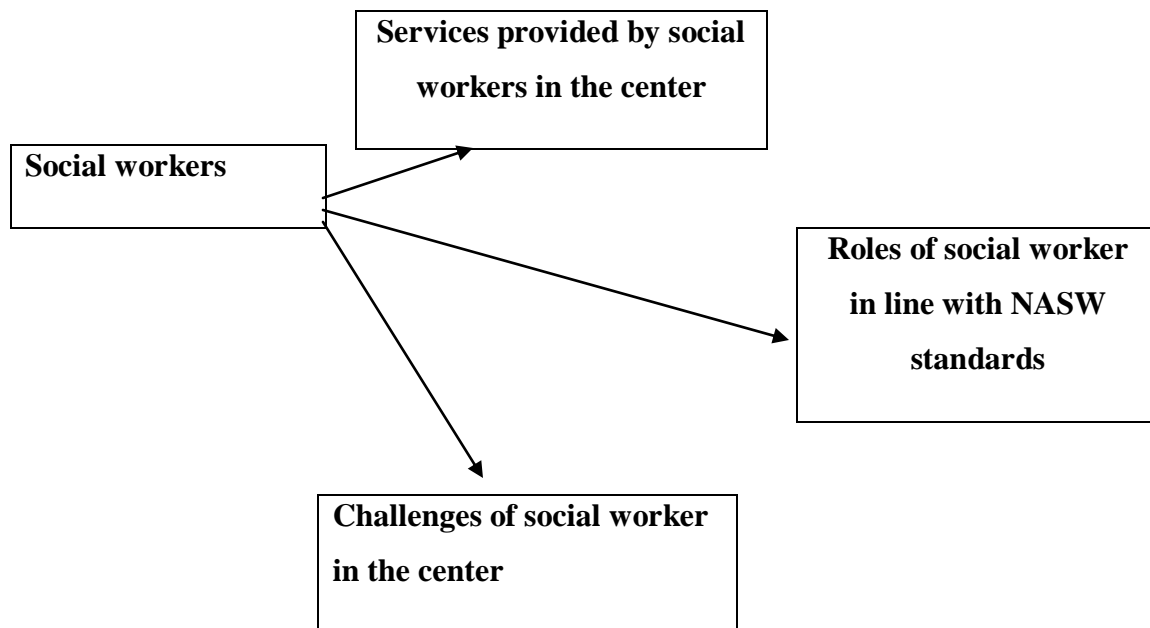
Lang (2009), further points that the central tent of social model is that, irrespective of the political, economic and religious characteristics of society in which they live, impairment people are subject to oppression and negative social attitudes, that inevitable undermine their personhood and their status as a full citizen.

2.7. Conceptual Framework

Social workers play a paramount role in mental health rehabilitation centers. According to the guide of social worker’s professional to practice in hospitals (NASW,1999), there are a numbers of factors that affect the role of social workers played in hospital setting. Some of these factors were including factors related to the organization and operation of the hospital system and the

way in which work is organized within a hospital. Various researches were conducted on roles of health social workers as discussed above, but this study focused on the roles and challenges of social workers in mental health center. Therefore, this particular study tried to assess the roles of social workers in relation to three factors.

Social workers are practicing their activities in line with NASW standards, services (based on their job description & out their job description) of the social workers in the center; and challenges they face in the rehab center.



Based on the overall review of literature and the theoretical frame work identify the roles and challenges of social workers in the health setting. This conceptual framework shows that the social workers in the rehab center practiced their activities' with the line of NASW standards, their main services provided in the center and their challenges faced while giving this services in the center. Therefore, the researcher tried to assess the roles and challenges of social workers in the rehab center in line with these three facts.

CHAPTER THREE

3. RESEARCH DESIGN AND METHODOLOGY

This chapter deals with the research methods that were employed in conducting this study. The study used qualitative research method. A purposive sampling technique was used to identify participants and interviews, document review and observation are the tools for data collection. The chapter also deals with Research approach, Research design, Sources of data, Population and sampling technique, Procedures of data collection, Data quality assurance, Data collection tools/Instruments; Data analysis Ethical considerations and Description of study settings.

3.1 Research approach

In this particular study, Qualitative research approach was used to explore the roles and challenges of social workers in the rehabilitation centers in case of GMHRC. Qualitative study is best when the issues of concern at hand needed exploration, comprehensive understanding of the context and the phenomena. This research approach is useful in order to get an in-depth understanding of the experience and practices of social workers in regard to their roles in mental health illness rehabilitation. Qualitative research approach is chosen due to its flexible nature, helpful to understand real life context and ability to allow the active involvement of the study participants (Creswell, 2007). The researcher's social constructivist view of the world would use to conduct this study. In the social constructivist paradigm, the subjective meanings the research participants provide would make the researcher to try to find different perspectives to understand the responses rather than have a narrow understanding of the whole situation (Creswell, 2007, p. 20).

3.2 Research Design

This research was designed to assess the roles and challenges of social workers in Gefersa Mental Health rehabilitation center. The exploratory research design was used. An exploratory study, thus, would be applied when there is little or no knowledge regarding a given situation. It is advisable to conduct an exploratory study before applying descriptive or analytical studies when the problem and factors contributing to are not well defined (Creswell, 2007). As to the

knowledge of the researcher there are very few researches conducted on the roles and challenges of social workers who are working in mental health illness rehabilitation centers in GMHRC.

3.3. Sources of Data

The data used in this study consists of both primary and secondary data. The primary data were collect through interview (in-depth interview) which was used for those most related to social worker roles. Secondary sources of data are included Journal articles, social work related books, newspapers, research papers, GMHRC annual reports and other scholarly write up.

3.4. Population and Sampling technique

The study participants for this research are social workers, health professionals (nurses and physicians who are working in this rehabilitation centers) and individuals in administration position who have direct relation to the issue raised and are currently working in these rehabilitation centers. All the social workers will be the main population in the study and asked questions different from other participants. Besides, other than social workers the other participants are physicians, nurses and individuals in administration position who was selected by the recommendations of the social workers. They have worked in relationship with them in the centers and believed to give information regarding social work practice in the rehabilitation centers.

In this study non-probability sampling methods was used to collect data, of which purposive sampling techniques was used. Purposive sampling techniques helped the researcher to have appropriate and related key informants' to subject matter of this study. The proposed total number of participants in the study was 15; 5 social workers, 10 staff and administrators from the center. The primary rational for selecting these participants is their direct roles with the activities of social work and their willingness and free time to be interviewed.

The researcher selected purposively the participants from the rehabilitation center. The researcher chooses this rehabilitation center, to the level of the researcher's knowledge; no research had been conducted to assess the role of social workers in the mental health.

The inclusion criteria for the selection of study participants included the following; they roles and practice social work in the study areas, they are currently employees of the study areas and

have a relation with the social work services being provided in the study area and are willing to provide the required information about the issue raised.

3.5. Types of Data Tools/Methods of Data Collection

In qualitative research, the three major tools of data collection include; interview, observation and document review (Bhattacharjee, 2012, p.107). In this study, the above data collection instruments were employed to gather information about the roles of social workers GMHRC.

Interview-in this study; an in-depth interview, with a face-to-face manner, was employed with social workers and the other participants; administrators. They were asked to share their understanding about the roles and challenges of social workers in mental health rehab center.

The data collection instrument that was employed during the in-depth interview with participants was a semi-structured interview guide. —The semi-structured interviews are neither fully fixed nor fully free, and are perhaps best seen as flexible. Interviewers generally start with some defined questioning plan, but pursue a more conversational style of interview that may see questions answered in an order more natural to the flow of conversation (O’Leary, 2004, p.164).

The interview guides were developed with open-ended questions believing that the participants will share their views and experiences freely regarding the issue raised. The interview guides were prepared in accordance with the issues raised in the specific objectives, research questions and literature review. During the interviews, Amharic language was used as a medium of communication so that there could be a clear understanding between the researcher and the participants. Most of the interviews were carried out in a quiet environment, such as in the office to get all the attention of participants to provide the adequate information. Besides, the interviews with the social workers took an average of 45-60 minutes. Furthermore the interviews with the other informants took an average of 20-30 minutes. In the course of data collection for this study, the researcher tried to electronically record interviews but no one willing to be recorded.

Observation- —observation is a systematic method of data collection that relies on a researcher’s ability to gather data through his or her senses. In addition, observation offers the opportunity to record and analyze behavior and interactions as they occur, although not as a

member of the study population (Ritchie, 2003, p.35). In this research a nonparticipant observation was applied. In non-participant observation, the researcher does not become part of the activities he/she is observing. The researcher will carefully watch the interaction of participants without involving him/herself (O’Leary, 2004, p. 172). In this particular research, the researcher observed matters such as social workers’ office setting, social workers’ record keeping mechanisms, social workers’ interaction with other professionals in the rehab center.

Document analysis- In this study, document analysis was one instrument for data collection. In document analysis, documents are pre-produced texts that have not been generated by the researcher. Rather, the researcher’s role is limited to gathering, reviewing, and interrogating relevant documents (O’Leary, 2004, p. 177). Documents such as report documents, Journals, Books, booklets, published and unpublished papers regarding social work roles in mental health-illness rehab centers and other related issues were reviewed to acquire the necessary data to answer the research questions.

3.6. Procedures of data collection

In order to gather data the researcher used interview which was in depth interview with face-to-face manner and observation. The interview guides were developed with open-ended questions believing that the participants will share their views and experiences freely regarding the issue raised.

3.7. Data Quality Assurance

In this study, the validity of the data collected was assured using one of the types of triangulation. Besides, one of the methods to assure trustworthiness of qualitative data is triangulation. According to Creswell (2007) “Triangulation is a methodological approach that contributes to the validity of research results when multiple methods, sources, theories, and/or investigators are employed”. As a result, the trustworthiness and internal validity of the qualitative data in this study enhanced by triangulation that involves the use of different methods, (in-depth interviews and document review, theories and Observation) and the involvements of different types of participants (physicians, nurses, health officer, psychiatry nurse and social workers) in addition to the literature review and theories. In every research, fairness, truthfulness, honesty and unbiased approach are very important for the quality of the

study. In qualitative approach, it is advisable for the researcher to get intimate with research participants and the study setting as a whole (Krueger and Neuman, 2006, p.138).For this reason, the researcher directly involved in the data collection process of the study.

During an interaction with study participants, the researcher may be biased. This occurs when the researcher has general expectations about what the respondent knows or feels about a particular situation. This might lead the researcher to put an influence on how honest the participants are going to be during the interviews. Sometimes participants might provide answers that they feel are right in the eyes of the researcher as well as they may assume that the interviewer expects them to answer in certain ways (Leonard, 2003, p. 170). To avoid such biases, the researcher approached the participants free of any expectations and judgments so that they can be able to provide information freely.

3.8. Methods of Data Analysis

Data analysis in qualitative researches starts during data collection. According to Ritchie, J. (2003) if data analysis begins only after the data have been collected, researchers will have missed many valuable opportunities that can be taken only at the same time as they are collecting their data. In this particular study, the researcher employed a thematic data analysis technique. Thematic Analysis is a type of qualitative analysis. It is used to analyze classifications and present themes (patterns) that relate to the data. Therefore, this particular study has three thematic analyses. Since the purpose of this study is to explore or assess unseen facts regarding the roles of social workers in rehabilitation hospitals, the researcher chooses thematic approach to analyze the data to be collected. Moreover due to its flexibility, thematic approach is preferable to analyze qualitative data. It helps in providing rich and detailed data regarding the issue raised. (Ritchie, J. 2003).

In this study, data analysis was done manually. After the completion of successful data collection using in-depth interviews with the social workers and other informants as well as an observation, the researcher translated the interviews and observation notes from English to Amharic every day so that the information is well remembered.

After categorization the data in to three categories depending on their similarity and relationship, three major themes were identified; the roles of social workers in rehab center in line with

NASW standards, Services social workers provide in the rehab center and challenges social workers face in the center. In order to keep their anonymity and confidentiality of participants were given, pseudonyms.

3.9. Ethical Considerations

Research ethics is one important aspect that needs to be included in a particular research. The ethics of social research is about creating a mutually respectful, win-win relationship in which participants are pleased to respond candidly, valid results are obtained, and the community considers the conclusions constructive (Baillie, 2003.). In this study, the research considered the following ethical issues;

Firstly, an informed consent refers to an ethical principle implying a responsibility on the part of the social researcher to strive to ensure that those involved as participants in research not only agree and consent to participating in the research based on their own free choice, without being influenced, but that they are fully informed about what it is they are consenting to (Creswell, 2007). After getting permission from the rehabilitation center, I was referred to the social workers in the rehab. After that, the social workers introduced me to the other informants working in their rehab center and I made an appointment with them for an interview.

In order to make willing the participants in the ongoing research, the researcher provided clear and precise information to participants. It has been made clear to the participants how the information they are providing is relevant to fulfill the objectives of the study.

The researcher was liable in protecting the identity of participants. It was made sure that the information participants providing will not trace back to them. In this way, after building a rapport, the researcher obtained the personal experiences of the participants. Participants were given pseudonyms in order to keep their anonymity. Moreover, the researcher made sure that the personal information they provide will not be disclosed to third person.

3.10. Description of the Study Settings

According to FMOH report 2010, the two main rehabilitation center in the country were Amanuel Mental Specialized Hospital (AMSH) and Gefersa Mental Health Rehabilitation Center (GMHRC). According to the information the researcher obtained from the participants, GMHRC

is geographically located in the Oromiya regional state around Burayu. It was first founded as the sub-center for Mental rehabilitation center by the Derg regime. However, after the fall of the military regime it was taken under the management of Social and Labor Bureau of the Oromia Region. However, in 2005 the National Initiative for Mental Health in Ethiopia (NIMHE), headed by the former first lady Azeb Mesfin, made an agreement with the Social and Labor Bureau of Oromia and took over the facilities, to build and improve the standards of mental health care in Ethiopia with a vision of making Gefersa a center of Excellence. The center was selected in order to provide advocacy and awareness regarding the stigma of mental illness and improve the well-being individual with mental disorder in the capital city, NIMHE organized with Salini about the construction of the center.

In May 2010, after the inauguration of the center, NIMHE decided to hand over the property and its new facilities to the Federal Ministry of Health (FMOH). At the end, FMOH had asked the Ethiopian Catholic Bishops' Conference to provide professional management for GMHRC. It is in this context that Brothers of Charity as Congregation were contacted and took over the Management of the Center. An operational agreement of this private – public partnership was then signed on 7th December 2011. Currently, the center has about 134 mentally disabled patients. It also has three main blocks of dormitory for the clients, two for male and one for the female, it consisted of four wards and one full clinical service. It has 60 clinical and 150 nonclinical/administrative employees (unpublished documents of GMHRC)

CHAPTER FOUR

4. DATA FINDINGS, ANALYSIS AND DISCUSSION

The chapter presents the major findings on the roles of social workers in Gefersa Mental Health Rehabilitation Center. The primary sources of data were in depth interview, observation and document analysis. It consisted of 15 purposively selected currently working participants. Findings are presented with five main sub-sections: i) socio-demographic data of research participants, ii) assessment of the roles of social workers in line with NASW standards for social work practice in the health care setting hospitals, iii) Services social workers provide in the rehabilitation center, iv) assessing the challenges of social worker and v)the discussion of the findings.

4.1. Socio-Demographic Characteristics of Participants

Table 1: Summary of the demographic and professionals information

Participants' pseudonyms	Sex	Age	Education background	Work experience	Work experience as the social Worker	Depr't
SW 1	F	48	BA-Social work	11	11	Social worker(in-depth)
SW 2	M	35	Diploma in nursing	8	8	Social worker
SW 3	M	27	BA-in Sociology	4	4	Social worker
SW 4	F	26	BSc- in nursing	7	7	Social worker
SW 5	F	33	MA-Psychiatry	5	5	Social worker
Nurse	M	30	Diploma in nursing	6	-	OPD
Psychiatry	M	28	Bsc – pharmacy	3	-	Pharmacy
Health officer	F	30	Bsc-HO	3	-	Schizophrenia ward officer
G. Manager	M	41	BA- Management	4	-	Admin. Head

Dormitory head	M	38	Diploma in marketing	4	-	Admin. Staff
Head of cafeteria	F	40	Certificate	8	-	Admin
Pharmacology	F	38	Diploma in pharmacy	3	-	Addiction and Bipolar ward office
Supportive staff	F	35	Certificate	5	-	Schizophrenia ward office
Supportive staff	M	28	Certificate	8	-	Bipolar ward officers
Clinical staff	M	35	Certificate	4	-	

Table 1, describes the social workers who are taking social worker position in the rehab center and the staff of the center. In the study 15 individuals were participated. Their education level ranges from certificate to Masters. Of these five of them are social workers and the rest were the supportive professional staffs who participate in the study. The age range of these study participants lies between the ages 25-49. Furthermore, the experience of the participants as a health care social worker ranges between 3 years to 11 years. Looking at their educational background, the participants have a nursing, psychiatry, psychology, and management and social work backgrounds.

4.2. Practices of General Roles of social workers in the Gefersa Mental Health Rehabilitation Center.

Assessing the roles of social workers in the rehab center along with the line of NASW

The role of social workers in the rehabilitation center was assessed in line with NASW Standards for Social Work Practice in Health Care Setting (2014). A pre-determined theme based on the standard was followed: Ethics and Values, Qualification and knowledge, cultural and linguistic competence, Screening and Assessment, intervention, advocacy, Interdisciplinary and Inter-

Organizational Collaboration, Practice Evaluation mechanisms and Quality Improvement, Record Keeping and Confidentiality and Workload Sustainability.

4.2.1. Ethics and Values

Ethics is one of the fundamental practices of social work and every social worker is expected to demonstrate ethics to promote institutional values. Participants were asked to reveal their institutional experiences and different level of awareness was observed.

The data analysis showed that participants have attempted to demonstrate social work ethics and values in the rehabilitation center. However, varied level of awareness was also documented. The low institutional follow up was reported as the main challenge for the lack of uniform practical application of ethics.

SW 1 said that; I know that it is my obligation to avoid injustices in providing services. It requires [me] a commitment to provide psychosocial support and to be an advocate for patients when it is necessary. It is my responsibility to give psychosocial support for patients who are on the way to give up by themselves and let them know their worth. It is important in human relationship referring that I should have a code communication with both patients and other rehab center staffs to provide quality social work services.

Professional background such as nurse, social work, psychology has given them the advantage to practice social work ethics and values in the rehabilitation center. Participants have reflected it is their daily activity to keep the confidentiality of their patients. In addition the participants identified confidentiality, advocacy and transparency as ethics and values of social work profession.

SW 3 said that; as having a nurse background and I may not fully familiar with the ethics and values of social work but I am practicing well in the center; I know that as a social worker helping people who need help is very essential. I know that I have to respect my patients and keep the confidentiality of their case. Moreover, I believe that a priority must be given to economically poor and discriminated segment of the society.

Similarly, SW 4 who has medical background further elaborates Yes, I have been practicing the ethics and value of social work in the rehab center, but I tend to practice medical issues more.

4.2.2. Qualification and Knowledge

In the study the researcher tried to assess whether there is professional development or not in the rehab center while social workers are treating their clients in the center. Most of the participants were from other background and they are working with the knowledge gain through social work practice. Most of them have been working in the rehab center for long years, and then they developed a lot of experiences working with clients in the center. According to some participants the fields of social work has been acquired with in depth knowledge and it needs high qualification. The work of the rehab center at the same time needs improving knowledge and using recent and up-to-date knowledge to treat clients. However, there are little training plan in the center that helps the staff to improve the qualification. As SW 5 reported that there is a scholarship chance for the staff of the rehab center, but when we apply for it, we couldn't pass due to the political affiliation of giving chance and still now very small numbers of the staff got the chance and attended their education.

4.2.3. Cultural and Linguistic Competence

Social workers participated in this study were asked about whether the concept of cultural and linguistic competence considered as the main roles of social worker in the rehab center or not; and its impact in their social work practices that in what way they were handling client who came from various background to the rehab center. All of the participants reported that the clients of center were coming from various region with their regional languages and cultures, all the staff of the center celebrates the clients culture day for examples the irreacha ceremony celebrated around the center and the mesqele, Arefa, timqet and etc. and then they are aware of the existence of diversity among patients in the rehab center. The participants were also asked to elaborate the ways they handle client diversity in culture and language. SW 5 said that I tried to teach the clients from universal culture from human right perspectives and share their experience to respect each other in the rehab center. Moreover, among the social workers participated in

this study, only few of them explained about the ways they handle cultural differences between them and patients.

SW 4 explained that; when there is cultural difference between me and my client I will try to compromise our differences and respect and accept them for who they are. When I face language difference and when I cannot understand what my clients are trying to say I will ask other hospital staffs to translate the language for me. This is how I avoid a miscommunication between me and my clients.

Most the respondents reported that the clients in the rehab center came from all direction of the regional state; they have faced challenges in treating their clients. Most clients were bipolar and schizophrenia, then it is difficult to treat in their unique culture due to the client behavior. Therefore, they managed their differences in giving the psychosocial education in common and giving general guidelines the types of life skill and how they take medicine in the rehab center. The rehab center arranged places to practices their belief in their own wishes thus this gave our clients to practices their cultures accordingly.

As SW 5 puts it,

If I face a language difference with my clients, I will ask my colleagues to translate it for me. I am the only social worker in this rehab center that has language difficulties, most the staffs speak Afan Oromo and the center found in the Oromia region. In addition, most of the staff of the center can speak Afan Oromo perfectly this is an advantage for most client to be free from any difficulty of language in the center. But Amharic is a common language in which everybody speaks free in the rehab center.

4.2.4 Screening and Assessment

Regarding to screening and assessment as the main roles of social workers in the rehab center; respondents were asked whether they are practicing this in their institution and their roles in this issue. The institution used its own screening and assessment methods. The social workers were asked how they conduct screening and assessment on clients/patients. Even though all of them have their own ways of assessment and screening, conducting an in-depth interview on the

patient is the common one among all of the social workers. But that is not the standardized technique of assessment for social work in the rehabilitation center.

According to SW 1;The assessment is conducted by asking patients detail questions including their name, the person who brought them to the rehabilitation center, their full address, where they were first treat and their socio-economic status. After these criteria assessed there would be a ways to request them about their mental cases. They asked about their health status such as mental disorder status, their victimization of sexual, and their staff problem. Based on the information we obtain from the assessment we make a screening such as acute safety risk, mental disorders, sexual victimization, depression, trauma and eating disorders to figure out whether they need a social work service or not.

- As to SW 3: he said that we conduct a subjective and objective assessment. The subjective assessment is the one where we ask the patient detailed questions about their whole life. The objective assessment is conducted through filling out a form that assesses the dressing style in their dormitory, their ways of using cafeteria, their personal issues, emotions and so on. The screening is conducted based on the result we find using the two kinds of assessments. During the first assessment I build trust so that patients believe me and share their stories. And then I make a detailed interview about their socioeconomic and personal status. After the assessment there comes the screening, it will be conducted such as mental disorder, schizophrenia, addiction and bipolar cases. The serious case from the client identified and the necessary medication would be given, the female and male dormitory have been identified and checked regularly. Screening is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no. Assessment is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

4.2.5. Intervention

Intervention is one of the main roles of social workers that stated in NASW Standards for Social Work Practice in Health Care Setting. Social workers participated in this research were asked if they are working on intervention as one of the major roles of social workers in the rehab center.

One of the participants reported that they have worked hard as the major roles on it and intervention is the main objectives of the center. Besides, one of the nurses stated that we do intervene in all plans prepared to provide medical, social or economic services to clients in this rehab center. According to the General Manager speech the main roles of the center are improving life of the disordered patient to be normal and made them the parts of society. In this case intervention was the main agenda of the center. However some of the staff couldn't understand the essence of intervention. In addition to this participant, one of the social workers stated that she is working on intervention roles of her client, for one who was raped, and after discussion with the management she tried to solve some of the problems. She also tried to support the rehabilitated client to get job outside the center and encouraged to focus on her own duty.

4.2.6. Advocacy

Advocacy is one of the main roles of social workers that depicted in the NASW document in the health care settings. Advocacy is one of the principles of social work in the rehabilitation center; but some of the social workers are working on advocacy.

Among these few participants, one of them has been working in detail on advocacy in the rehab centers, and he tried to practice in his office on the families of client. He was advocating for the client family to take their patient from the rehab center to treat them at home when the client has got recovery from their mental disorders and treating at their family had a great change of the client with schizophrenia. One of the advocacy activities that I used in the center to help mental-ill clients are teaching the family of the client about the difficulty of the case and the needs of the clients should be fulfilled.

According to the findings, the social workers advocate for patients when patients face difficulties in relation to financial issues, discharge, external medical investigations and mistreatment during their stay in the rehab center.

According to SW 2;

Most of my advocacy work is related to discharging patients from the center, the right of women clients and their diet in the center. The management of the

rehabilitation center does give more attention for the rehabilitants. On the contrary, there is also inappropriate treatment in their dormitory. That is the male were moving free in their dormitory then sometime time they may rape the women client.

According to the manager of the center they were working as client advocates by promoting client access to health care, identifying and removing barriers to service delivery, and helping clients navigate between and among complex health and social service systems. In addition the problem of the dormitory is already identified and they planned to solve in near future.

4.2.7. Interdisciplinary and Inter-Organizational Collaboration

Social work is an interdisciplinary subject and the professionals' in this discipline required to have of the knowledge of it. Thus, social workers who are working with mental illness/disorders were highly required to use this knowledge in their day to day activities.

Social workers participated in this study were asked if they had participated in the interdisciplinary team works in the rehab center. According to the findings, very few of the social workers involve in the medical service provision in collaboration with other professionals. The rest do not involve in any interdisciplinary collaborations with other professionals. In relation to this, the social workers who participate in the interdisciplinary teams were asked what their roles are in the medical teams. Then they replied that they tried to investigate the patient psychosocial history and the family background like their origin, their school life, workplace etc.

According to SW 4;

I participate in medical services provided in collaboration with different professionals in the rehab center. Different case teams participate in the interdisciplinary medical services, including; doctors, nurses, psychiatry, laboratory technicians, social workers, pharmacist and so on. In this multidisciplinary team work my role is to facilitate the medical process by advocating for the patient, helping the patient easily communicate with the team and helping the patient collaborate with the team to smooth then the medical process.

4.2.8. Practice Evaluation mechanisms and Quality Improvement

. According to the findings, the participants asked about their practices of evaluation mechanisms: all of the social workers stated that there is an evaluation mechanism for the quality improvement of the life of client. As General Manager of the center stated that there is a formal evaluation mechanism in the center. The workers of the rehab center supervised once a quarter whether they have brought progress on individual behavior and life or not. In addition there is one to five group detail discussion. The center management is also conduct once per month on job evaluation of the offices in the rehab center. As SW4 we tried to discuss our daily works in our office about the rehabilitants and the improvements in the center. The tasks itself forced us to evaluate the progress of the clients; it needs strong follow up because the clients in the center are individual with schizophrenia and bipolar. Therefore, there were evaluating mechanisms in the center regarding to clients in the center, that was the addicted and both bipolar and schizophrenia patients checked their medical progress weekly and reported to the medical team.

According to SW 3 stated that;

The main mechanism that we use to evaluate ourselves is evaluation using the 1 to 5 evaluation mechanism. And we evaluate our works discussing the issues such as our strengths, weaknesses, challenges, solutions, the works we have done and our future plans. In addition, quality services are the main agenda of our department and to work on it for the acute patient of the center.

4.2.9. Record Keeping and Confidentiality.

Questions were raised to the participants regarding to recording and confidentiality, and then, all the social workers stated that they have used various strategies of patient record keeping and confidentiality of patient files. Regarding to record keeping the participants stated that they keep patient files both in hard copy and soft copy. They also keep the hard copy of patient files on a ledger while the soft copy is kept in a computer way of recording in the form of medical history.

Besides, most of the social worker stated that they keep the confidentiality of patient files very well and that only authorized bodies have access to these files. The social worker wrote in detail

file of clients their ID, admission date, their full name, age, sex, card number, diagnosis result, the physician name who took care of the patient, the types of case (Bipolar, addiction, schizophrenia) and other important information about the patient are included.

4.2.10. Workload Sustainability

Regarding to the workload and sustainability; the participants were asked and they reported that they have workload on their office since they are participating in every activity of the patients of the center. Besides, one of the standards in NASW standards for social work practice in healthcare setting is workload sustainability. All of the social workers reported that they have faced workload during practicing social work with different experiences and magnitude. As these participants identified, peoples with mental disabilities have shown various behavior which needs a critical follow up in the center, with very small numbers of social workers the large numbers of the client in the center treated their psychosocial problems. SW 2 stated that, “most of the times we do the liaisons work in addition to ours duties. This reduced the time and create workload we spend to visit our patients.”

Moreover, the social workers were asked what mechanisms they employ to manage the work load they face. The solutions for workload management was identified by the social workers include; managing to perform only social work duties, discussing with colleagues and putting more effort on their activities.

4.3. Services Social Workers Provide in the Rehabilitation Center.

This section deals with the services of social worker provide in the rehab center. These include, their stated roles in their job description and the services they provide outside the job descriptions provided by the rehab center.

4.3.1. Services Social Workers Provide Based on Job Descriptions

The social workers in the rehab center requested to explain about their roles in line with their job descriptions. All of the social workers reported that they do have a job description which is not detail, organized and directly ordered as professions. However, they have worked based on the given job descriptions, they have the responsibility to conduct assessment and help clients with mental illness in the center.

The social workers were working on the following major job descriptions. Though, it was not an organized and professional based job description, they practiced the following activities in common. The following activities were identified as the main social worker job descriptions in the center. These are

A) Conducting assessment

Conducting assessment is one of the stated roles of social workers in the rehab centers as their job descriptions. Two of the social workers provide assessment service in the rehab center. The general manager in rehab center confirmed that the social workers in the rehab center have the duty to conduct an effective assessment and screening on patients. He said that: the staff members who are working in the rehab center have the responsibility to assess their respective client progress and the way they rehabilitated.

The duties of social workers in the rehab center are various. They identified the rehabilitated client from more serious ones to the normal ones, and they are giving daily care at the client ward, they also facilitate the environment of the centers to be conducive for the patients and they make a deal with various organization to facilitate rehabilitation for patients, they provide counseling for patients about the whole medical process and their daily progress. Regarding to screening the disordered, addicted and bipolar clients were identified and giving various supports at their respective ward in the center.

B) Taking care of patients who does not get family support

Most of the clients in the center didn't get family support and they do not have any communication from their relatives. As SW 3 replied that the patients in the center consider as mad and abnormal individual who don't have any capabilities'. Therefore, taking care of patients who do not have attendants is one of the common duties that they practice in the center as their job description of social workers. All of the social workers reported that they take care of patients who do not have families and get any support from their relatives with basic needs, psychological and social support. The clients of the rehab center need highly care and good treatment due to their mental cases.

According to SW 5 the main support of the center for their clients were giving medicine daily for the patients and providing them with the diet and clothes.

The psychiatrists and SW5 mentioned that; We are performing in the center; to follow up their day to day change in their mental disorder and help patients who does not have family, even there are many clients in the center who stayed more than a decade without any family support, the client even forget his family and consider the center's staff as his family members. Then the center is providing them with all services i.e. giving clothes, food and shelters.

C) Create linkage to services for rehabilitated clients

Another service provided by social workers in the rehab center as stated by their job description is to take those patients who have nowhere to go after discharge to organizations that can provide them with their basic need such as food, clothing and shelter. Majority of the social workers who participated in this study reported that they link patients with different organizations, especially local organizations found in the Burayu zone and those nongovernmental organizations who are working in this area. As SW 4 stated that she provided this service mainly to rehabilitated clients since most of the clients were living under mental illness then they face difficultly outside the center to get any job after rehabilitation. However, there are some clients who have got job in the tatek industry area and living around the center. The center itself helped them with medicine for their mental cases. The client has got free medicine in the pharmacy of the center.

One of the other informants in the rehab center confirmed that;

as far as I know the duties of the social worker in the rehab center; they should have to work for those mental ill individual creating conducive environment in the center and searching for them a basic job for their life by finding linkage outside the center. However, they failed to create linkage for the rehabilitant clients this is due to discrimination of mental ill individual in the society, but only few clients achieved to get.

D) Facilitating recreational environment and entertainment services

The researcher requested the participants about the recreational services of the center to the clients. According to the findings of this study, there is a recreation center which makes the patient relaxed in the body and mind. In this center there are various playing games and video show. There is also tennis table, football field and handball plain. As one of the respondents creating conducive environment and entertainment recommended medically for mental disorder

patient to make their mind free and relax and to forget things in their mind that makes them depressed. The main activities were playing games, drawing picture, working on various handcrafts work and farming on the center garden.

All the social workers participated in this study confirmed that they facilitate entertainment services always during the religious holidays for both Christian and Muslim members. Besides they are teaching them with inspired speech and invite comedy individuals to make them relax.

E) Offering psychosocial education and information

Other duty social workers of the rehab center carry out as their job description is providing education to patients. It is known as psychosocial education which consists of how the mental disordered and schizophrenia patient keep themselves and bring change. In short, it is teaching about rehabilitation of clients with mental illness. Among the social workers who participated in this study, all of them provide this service.

According to one of the informants, from bipolar ward office:

I am offering psychosocial education on Thursday regularly, the education contained about their recovery from their mental distresses and the ways they treat themselves. In addition, he added that he provides his clients with the recent necessary information about mental health illness; it is the patient personal activities to recover and start life outside the center. Information is vital for the client in the center, because some of the schizophrenic clients need discussion on various world issues that makes them free from tension, and most the patients have drug addiction problem in order to make them free from their thinking of drug discussing various issues make them free of the immediate problem.

One of the participants from schizophrenia ward office reported that I tried to contact some serious client family and make them to visit their patient at the rehab center that helps the patient to soon recover from their depressed environment. Then there were a successful achievement in this case they came regularly and asked their relative patient then there was a great progress on the mental problem of my clients in the center. Besides, the center clinical officer replied that there is a discussion on the recent medical information for the rehabilitant of the center, thus we

have exchange various information to treat our patient and give them various information for the client to improve their health.

F) Advocate for work transparency and provision of quality services

One of the major duties of social worker in any rehab center should include transparency and quality services for their patients. As one of the respondents, SW 2 said that Mental illness needs quality services to get recovery and transparency among the medical helper. He said that there is little transparency among the professions that may have negative impact on our client not to recover easily and quickly. However, we who are working as the social worker in the center are advocating for transparency and quality services in the rehab center regularly. In addition, the management of the center is also working for creating awareness on the issues and importance of transparency of their clients among the community of the center. There is a shortage of medicine in the centers that is known after the shortage happened due to the pharmacy office did report late.

G) Facilitating patient discharge

According to the findings of this study, facilitating discharge process for patients is another job description provided by social workers in the rehab center. General Manager reported that;

The rehab center has a policy to discharge patient after three months and they are facilitating the process, however most of the clients after they joined the center did not want to discharge due to various reason. First the patients do not get medical treatment for their mental case some of the medicine is expensive outside if they discharged from the center, and they couldn't get help outside the center due to their mental case. Second, the patient considered as the mad/disordered among the community and also to their family. Therefore, the social workers tried to identified their case and facilitate the discharging process accordingly.

According to the participant report, psychiatry ward officer explained that he participated in social education of the staff, and working for diet for the client i.e. supporting the cafeteria workers in preparing appropriate diet for the clients of the center. Beside he reported that they

are facilitating patients discharge and conducting need assessment on how the rehabilitated will get job in the communities, live peacefully in the community and so on.

H) Facilitating Family relation with their clients

One of the main roles of the social worker in the rehab center is facilitating strong ties between the patient and the families of clients. Most of them replied that almost more than half of the clients do not get any visit from their families or relatives. However, the social workers in the centers have been working as their major duties to facilitate these ties. As to SW 4 most of the clients in the center didn't not get any social or economic supports from their family and even some of the clients in the rehab center do not have family, meaning they do not recall their families and their families also do not want see them as their family.

As the one of the nurse participant responded that there is a strong stigmatization and discrimination on the clients of the center. As the result of this the center provides them with all support including foods, shelter and clothes. Even they stay for long years. One of the respondents said that there is a client who stayed in the center for two decades. It is not clear how the institution facilitates. In line with this Rahel (2014) work on the role of families in treating relative with mental illness came up with four categories of supports. The first categories of the support is physical support which include functions such as ensuring the client had food, building shelter, supervising the client and taking medication and building good hygiene. The second support is psychosocial support which is providing client with love and affection, entertainment and encouraging them to involve in group activities. The financial support concerned with buying foods and clothes and development support which is more of concerning with helping individuals with mental disability to rehabilitate followed the respectively.

4.3.2. Services Social Workers Provide in the center outside their Job

Descriptions

Social workers who participated in this study were asked if there are any services they provide in the rehabilitation center that are not stated in their job descriptions. In addition to carrying out their duties as stated in their job descriptions, the social workers provide the following services in the rehab center.

i) Co-ordination of volunteer activities and social events

Another important finding of this study regarding the services provided by social workers in this rehab center is co-ordination of volunteer activities and social events in the center. All of the social workers reported that they have been involved in volunteer activities such as establishing volunteer club in the rehab center, co-ordinate blood donation once a year form volunteers of the staff, collect money from volunteer staffs to help patients with financial problems with their basic needs such as food and clothing, collect clothes and shoes from volunteer hospital staffs. Moreover, aside from all the involvement in volunteer activities in the rehab center, one of the nurses stated that he also, as a voluntary, organizes different social events in the rehab center such as HIV/AIDS day, mothers' day and religious day (holyday) so on.

According to SW 5 stated;

I provide all services that are stated in the job description. Other than that there are things I do that are not stated in my job description such as; I am working on HIV mainstreaming, I am also planning to work on quality management, I facilitate different social events in the hospital such as the celebration of women's day, mothers' day and HIV day. Moreover, since I have a psychiatry background, I have been working for about five years in the center with psychosis patients. As everyone knows the main work of the center is treating individuals with serious mental cases. Furthermore, she reported that she is involved in facilitating holiday celebration in the hospital for patients who do not have family or attendants.

ii) Checking patients' medical records

Another finding of this study shows that one of the social workers with a medical background checks and follows up patients' medical records. This work was done with the help of psychiatry of the centers. One of the nurse in the schizophrenia ward stated that; checking client medical records is helping to know the patient status in the center, all clients in the center is regularly ordered to take medicine for the various mental problems. Therefore, they reported that all of them are working on the records status of their clients. As to the Health officer in the ward reported that;

Since I have a medical background, I check for the patient cards whether they are given the right medication or not. If I noticed any problem or inattention in the patients', I report it to the head of the ward.

iii) Assisting serious mental disordered clients

From the finding of this study, there are clients with serious mental disorder in the center. Those patients with bipolar case has been changed their behavior regularly. According to bipolar ward worker stated that I stayed for long years in the center and I had observed many bipolar case clients. Most of the client with Bipolar and strong schizophrenia case were facing many problems in the center.

From the social workers participated in this study, only one of them reported that they assist in feeding very weak patients in the rehab center aside from what has been stated in their job description. SW 4 stated that; We carry out all our responsibilities mentioned in our job description. Other than what is stated in the job description, we provide cloths for patients with no attendants and feed very weak patients sleeping in wards.

iv) Planning for the future roles of social workers and the family support in the rehab center

Participants who are working in the center reported that there should be effective services of social workers in the rehab centers. One of the participants reported that the rehab center will do many activities for its client mental illnesses. He mentioned that even though the FMOH has given annual budget, the administrator didn't work in plan with the center professional to improve life of the patient in the center for unknown reason.

The members of the center were getting every basic need at the center but after the clients rehabilitated faced challenge outside the center. As the clinical ward officer reported that all the participants planned to do for the rehabilitation of the patient in the center by doing the following activities these are i) after identifying the major challenges of the center the social worker tried to challenge the center to build the workshop for rehabilitated client in the center to improve the mental problem, ii) advocating for the family about the treatment of client problem and to ask

them regularly iii) the social worker as human right advocator they should fight for the center living style that the female were sometimes raped by the male in the center etc.

The participants were also asked whether they are working with and getting support from the family of the clients or not. All of them reported that they didn't get any support from the family. Most of the patient families didn't want come and support their rehabilitated clients. This is because the families believed that the center is giving comprehensive services for the patient and others families had socio economic problem to treat their relative patients.

Once the individuals with mental illness are admitted to the center, except very few most of the family members do not come to visit and provide emotional support to the clients in the center. These trends of the family members end up in making the rehabilitation of patients problematic and complicated. According to the response of staff members, some family members totally ignored their relationship and agreement as family member when they requested by the center to take their relative back to the home after contract for the rehabilitation come to an end.

One staff member who works in multidisciplinary team concerning the discharge of patients after maximum stay at the center he said that I tried to call many family members to take their relative with mental illness back to home after the end of three month contract. However except very few family members most of them didn't want to come discuss on issues. This is the main reason that limits the capacity of the center to serve more individuals with mental illness problem because the center is occupied by many individuals that have to be discharged. The findings showed that there is little family support for the clients of the center and the social worker faced challenge in the rehabilitation process.

4.4. Challenges of Social Workers in the Gefresa Mental Health Rehabilitation Center

One of the objectives of this study was to explore the challenges of social workers who are working in the GMHRC. Regarding to challenges the social workers were asked then all of these participants reported that they face various challenges in the rehab center while they are providing services for mental illness/disordered clients. The challenges identified by the social workers will be presented as follows.

A) Lack of awareness about social work roles

Lack of awareness about social workers role in the rehabilitation centers is one of the challenges identified by the social workers. Half of the study participants reported that there is lack of awareness about social work roles among different professionals and the hospital administration.

As to one of the ward officer they didn't know the activities of social worker and even they feel that why social worker work in the hospital due to the non-medical background. In addition most of the social worker observed that there is misunderstanding among medical staff and the management area about our roles in case of rehabilitation. Since we have a good relationship with all patients in the center then we advocate for them well. Even some of the staff member assumed that social worker is a profession that works only social issues in the society not psychosocial issues.

Moreover, SW 2 also stated that;

The first challenge is lack of awareness about social work discipline as an interdisciplinary field. Most of the medical and management staffs think that our job is just "putting a free stamp on patients' cards" and working for the government as members of the party; they don't know that the things we do are beyond that and our contribution in case of rehabilitation. Even our salary is less than the salary of other professionals with the same level to us.

B) Office problem and lack of office facilities

According to the findings of this study, office problem is one of the challenges the social workers reported, All of study participants stated that they do not have their own office in the rehab center; rather they share one office in common.

SW 4 stated that;

I share small room with other four colleagues and when I have a case that I should handle in the office alone such as a counseling session with a patient. When my client need to be free for discussion they fear other staff members' and my client didn't want to say everything what they want to say.

As SW 5 put it in a clear way that there is an office problem and lack of office facilities; we requested to get an office wider than this and we are waiting for their respond.

Further, the office holds one computer, one bed, 2 lockers, a table, fridge, and a wireless telephone. All the social workers wear a white gown. In the office there is a disgusting temperature and too much noise. On the table there are many ledgers holding patients' files. They work on this single table and treat patients at their dormitory. The researcher also tried to observe the center social worker's office setting. According to the observation, the office of the social worker found nears the patient ward which is one class room office.

C) Lack of budget

According to the findings of this study, GMHRC is one of the rehabilitation centers in the state next to Amanuel hospital; it has its own government budget. Therefore, there is no budget problem in the center. However, there is an area in which the management of the center creates shortages of budget in the departments.

SW 5 mentioned that even though they have their own budget, the management of the center didn't allow the budget to release for the department. Then, they faced financial problems in working their annual plan and to practice their roles in the center. When the social workers asked the finance office to disclose the budget to their department, they have got the impossibility rule of finance for the office that is only the management office has the right to order on the given budget and give for each department based its action plan. Thus, the management showed reluctant to use the budget properly.

One of the Psychiatrists said "Even though the center has its own budget, there is still financial problem to do our work." A poor service has been given for the client of the center but the center management didn't see to improve this and didn't consider the department office plan budget to improve rehabilitations activities in the center. We have planned to do various activities for those highly disordered and bipolar clients but due to the limited budget for the department we failed to do. Most of the budget goes for purchasing various medicine and medical equipment's, in addition the cafeteria has taken the major budget of the staff.

According to the general manger, he replied that they do have budget from the federal government but the given budget is ended by purchasing medicine which is very expensive; medicine of mental cases and for diet and closes of the patient in the center. As to him they asked the federal government the shortages of the budget, but without promise no answer.

D) Having a difficult relationship with the administrative of Rehabilitation Center

Having a difficult relationship with the rehab center administration is another challenge the social workers reported to be facing while they are practicing their roles in the rehabilitation center. Regarding to the client with acute mental disorder and those with depression, the social worker planned to do various activities in the center for instance working on recreation activities, but the administrative offices of the center are not willing to work to improve the environment for the clients rather they need to work other activities in the center. The office assumed that the budget for working with quality environment needs big budget that make them to some extent not do so.

Psychiatrists ward officer reported that there is a referral system problem, the first challenge that we face the client with acute mental disorder referred from Amanuel hospital to our rehab center, and then when they entered to the centers they quarried regularly with whole the client in the center. They created treatment problem for the clients in the center. In this case the social workers role failed in problem that is the new patient case bring and create new intervention mechanism to treat the clients and to settle the environment. Then we all tried to control the case in order to solve the problem. Another issue raised by one of the social workers regarding miscommunication between the Center administrations is unwillingness to cooperate in social workers relationship with the similar organization like Mekedonia. Most of the time the administrative didn't allow to work with those NGOs this is due government affiliation and the admin misunderstanding toward experience sharing with such institution.

E) Difficult communication with the medical ward professional and NGOs

One of the social workers of the center stated that the professionals who directly working with clients of the center were disagreed on the treatment schedule with us and misunderstanding of the roles of social workers clearly observed among these professional.

SW 4 stated that there are times when the ward professionals treating patient with medicine considered as the only treatment for themselves. The social workers were always applying the psychosocial treatment as the additional treatment with medicine. According to the ward office worker reported that; most of the medical doctors were challenging us while we are working on the social and psychological issues of the clients due to various reasons.

As stated by the social workers participated in this study, having a difficult communication with NGOs is one of the challenges they face. One of the Health officers of the center stated that when there is a need in the centers to improve the life styles of the clients and a need of skill or training from other NGOs, the administrative set rules to communicate and to get any training from outside. The administrators connected everything with government political issues this forbid us to do as far for the clients.

Along with the challenges they face, the social workers participated in this study were also questioned how they overcome their challenges. Regarding the lack of awareness about social work roles among some of the rehab center staffs, all the social workers reported that they always try to create awareness by explaining their activities and roles in the center. SW 2 stated that they had prepared a stakeholders meeting to create awareness about social work roles in the center. Similarly, all of the social worker replied that they try to avoid the miscommunication with the administrative through advocacy of their practical works and by bringing change on the psychosocial education on life of clients.

Some of the participants mentioned that they are planning on preparing a proposal to submit to the rehab center administration requesting for a budget allocation to run their activities. All of the social workers in the rehab center reported that they have office problem. Then, they have asked to overcome this challenge they requested for an office with full office facilities and are waiting for the response from the rehab center administration.

4.5. DISCUSSION ON THE FINDING

Under this topic, the researcher discussed the findings of the study by relating them to relevant literatures. The discussion will be based on the identified themes in the data presentation section answering the research questions presented in the first chapter of this paper. Furthermore, the

limitation of the study as well as the challenges faced during the study is also presented in this section.

The researcher faced different challenges while conducting this study. The first challenge is getting permission from the participant; they showed some unwillingness to be interviewed due to COVID-19 virus and government emergency call not to be in group work. After a long explanation of the research objectives and the importance of their involvement in the research, and my volunteer participation in the rehab center, some of the participant allowed to be interviewed. Most of the respondents refused due to the current world transmission of corona vires, which is transmitted through contact and air born vires. This challenge, however, occurred only with the informants other than the social workers and psychiatrist; the social workers understood my concern of the study and free to talk with the researcher. Other is the long process to get permission to interview participants and to observe the center well. Since I was giving them volunteer activities in the first quarter of this year they know me well and the social worker staff has been willing to work with me due to that fact the office allowed me to interview the participants. The other significant challenge faced during the data collection is the refusal of participants to be recorded. Even though it has been mentioned in the informed consent that it is a choice for their voice to be not recorded, all participants were not willing to be recorded.

4.5.1. General roles of social workers in line with NASW standards for social worker in the Gefersa Mental Health Rehabilitation Center.

4.5.1.1. Ethics and Values

According to the findings of the study, almost all of the participants confirmed that the social worker of the rehab center worked based on these ethics and values of the profession at various levels. In this study, participants identified confidentiality, advocacy and transparency as ethics and values of social work profession in their center. Similarly, according to the NASW Standards for Social Work Practice in Health Care Setting (2014), —*service, social justice, dignity and worth of the person, importance of human relationships, compassion, integrity and competence-constitute the foundation of social work and underlie the practice of social work in health care settings.*¶ (p. 13)

But, social justice, dignity and human worth, importance of human relationship, promoting client self-determination, accountability and integrity have not been identified by the study participants as a social work ethic and value. Thus, there is several of understanding of this concept among the participants.

4.5.1.2. Qualification and Knowledge

The findings of this study revealed that among the social workers participated in this study, only one of them has an MA in psychiatry. The rest of the social workers have different educational background outside the discipline of social work at certificate up to BA level. There was only one social worker background professional who is working in this very critical center for mental health illness. This showed that little attention is given to the roles of social worker in rehabilitation centers and there is misunderstanding about the discipline.

According to the NASW standard for social work practice in health care setting mentioned that: the minimum requirement for social worker to practice in the health setting is bachelor or MA in social work discipline. Therefore, the standard also stated that, —”As health care professionals, social workers require special knowledge and skills. This knowledge can be obtained through multiple approaches, including coursework and field practice in a social work degree program, specialty practice credentials earned after graduation, health care-related employment experience, and ongoing continuing education” (p. 14).¹ In line with this explanation, this research found out that even though there is only one of the social worker at BA level, most of the other participants have a health care related employment experience. Besides, the rehab center planned to improve the qualification of the staff by giving scholarship, it planned to improve the professional in this regard.

4.5.1.3. Cultural and Linguistic Competence

In respect to cultural and linguistic competence as the major roles of social workers in health center setting, the results of the study indicated that all the social workers participated in this study reported that they are practicing cultural competence that is during the client face challenges in practicing their religion and their tradition belief like irrecha which is the Oromo traditional ceremony celebrate around burayu once a year, they arranged conducive environment to practice it. They also allowed them to practice holidays such as timqet, Christmas and Arefa.

According to NASW cultural and linguistic recognition is a critical task for cooperative working relationships with colleagues and patients in the center. It is also stated that; *“Given the many facets of culture, every interaction between a health care social worker and a client is potentially a cross-cultural exchange, as two individuals are unlikely to be identical in every aspect of cultural identity”* (p. 16.)

Therefore, the finding shows that the social worker and the supportive staff in the center identified the cultural and linguistic problems, they tried to coordinate the client with various language speaking and the staff who support those client in respect to their mother tongue. The social workers in the center respect and understand the cultural as well as linguistic difference existing between them and their clients and make an effort to have an effective interaction with clients in different ways. Moreover, the rehab center facilitated office to full this case and assigned the responsible individual who speaks their respective language of the clients in the staff.

4.5.1.4. Assessment and Screening

The study revealed that, the social workers conduct assessment on the social and economic aspects of patients. The participant understand that the assessment of specific client problems have been expanded to include more comprehensive measures of quality of life and well-being among families, communities and organizations. Thus, they are working for the well-being of their client with very well assessment. They assessed about their clients whole background and life story, the reason for their addition and disorder.

In this regard, the NASW standard for social work practice in health care setting clearly put it that, *—Bio-psychosocial and spiritual assessment are a fundamental process of social work practice in health care settings* (p. 18)l.

The participants were using various methods of screening; first they build trust with their client then they tried to investigate their clients’ mental case, then they screen out the acute from less disorder. Finally, they treated patient based on their case for instance the schizophrenic treated in different ward from bipolar case. After that there will be done the screening process conducted on the clients such as mental disorder, schizophrenia, addiction and bipolar cases.

Regarding the importance and use of a standardized assessment instrument NASW (2014) stated that; *—in the assessment process, social workers may find standardized instruments helpful in identifying and responding to client concerns. Such instruments are viewed as starting points in the development and refinement of an individualized, comprehensive assessment.* (p. 18). Thus, the research found out the social worker didn't use any standardized instrument for client assessment.

4.5.1.5. Intervention

The finding of the study shows that the social workers and the staff have been working on intervention as their major duties in the center. Thus, the NASW standard for social work practice in health care setting (2014) asserted that, *—Social workers practicing in health care settings shall develop and implement evidence-informed care plans that promote client well-being and ensure a client- and family-centered continuum of care.* (p. 19). The study found that the rehab center was and still is working for wellbeing of the clients; most of the clients in the center have been failed in mental disordered cases. Therefore, the tasks of intervention started from the management office up to the lower level of the staff working in promoting well-being of their clients.

On the other hand, the social workers were working on intervention as their major roles of their duties they had identified the cases in intervene on the patient case using medicine. Based on the findings of this study, one of the social workers reported that, she intervenes in the care plan by planning a safe discharge process and searching work for the rehabilitated client outside the center. In line with this, the standard also *—stated ensure care continuity through safe discharge, appropriate transition between different levels of care, and client follow-up* (p. 20).

4.5.1.6. Advocacy

According to the 2014, NASW standards for social work practice in health care setting, *—Social workers practicing in health care settings shall advocate for the needs and interests of clients and client support systems, and promote system-level change to improve outcomes, access to care, and delivery of services, particularly for marginalized or disadvantaged populations.* (p. 20). In line with this, the finding of this study shows that all of the social workers who are

working in the rehabilitation center advocate on behalf of their clients. They advocate for the rehabilitant client to get job outside the center or in the community.

Besides, the social workers advocate for patients when patients face difficulties in relation to discharge, external medical investigations and mistreatment in their dormitory services in the rehab center. In addition, they advocated for clients who has no family not to discharge from the center until they will get home. The standard similarly stated, —*Social workers in health care settings serve as client advocates by promoting client access to health care, identifying and removing barriers to service delivery, and helping clients navigate between and among complex health and social service systems.* (p. 20) most of the time the social worker advocated for the timely giving of medicine for the rehabilitants' and the center management to bring the well-being of their clients.

4.5.1.7. Interdisciplinary and Inter-Organizational Collaboration

Even though the NASW standard for social work practice in health care setting (2014) states; —*within health care settings, multiple providers are often involved in a client's care, making teamwork and collaboration essential. Teamwork and good communication among health professionals can improve health care delivery, resulting in better client outcomes.* (p. 21)

The findings of the study revealed that minority of the social workers participated in this study involved themselves in the interdisciplinary teams collaborating to provide medical services for clients in the rehab center.

Similarly the standard mentioned that social workers in health care setting have the role to —*advocate for the client's integral role in team communications and care planning, delivery, and monitoring as well as communicate the client's information in a respectful and objective manner while protecting the client's confidentiality and privacy.* (p. 22).

In line with the stated role of social workers in health care setting on the NASW standard (2014), describing the roles of other health care professionals and organizations involved in supporting the client and sharing team leadership in planning and providing services to clients. The social workers in the center provide a service of planning discharge for patients. Besides,

they provide information to patients about the medical process about the importance of using medicine for the mental case and provide information about their client family issues.

4.5.1.8. Practice Evaluation and Quality Improvement

According to the NASW standard for social work practice in health care setting (2014), *Social workers practicing in health care settings shall participate in ongoing, formal evaluation of their practice to advance client well-being, improve outcomes, assess the appropriateness and effectiveness of services and supports, ensure competence, and strengthen practice (p. 22).*

In line with this standard, the study finding revealed that, except for few of them of the study participant, most of the social workers participated in this study evaluate their activities based on their job description and in line with the objectives of the center. One of the major objectives of the rehab center is improving and bringing change in the life of their clients thus they evaluated every activities of their client based on formal evaluation. As the standard identified *Social work evaluation methods may include peer review, self-evaluation, supervision, and other research methods (p. 22).* Similarly, the social workers as well as the staff in the rehab center stated that they conducted self-evaluation, peer review (1-5 evaluation) and supervision as the evaluation mechanisms.

The NASW Standard for social Work Practice in Health Care Setting (2014) stated that —*the purpose of social work supervision in health care settings is to enhance the professional skills and knowledge of a supervisee, in order to increase her or his competence in providing quality patient care. Supervision facilitates professional growth and development and improves clinical outcomes.*¶ In contrary, the research finding shows that five of the social workers stated they were not being involved in a leadership position or being formally supervised by a person who have social work background in health care setting. However, they conduct supervision on the respected wards such as recording patient case, the client progress in their health etc.

4.5.1.9. Record Keeping and Confidentiality

Regarding to record keeping and confidentiality of patient in the rehab center, the findings of the study showed that all the social workers were working on different mechanisms of client's documentation. They also keep their patient information to give for any one out the center.

In line with this, the NASW standard the purpose of documentation is to foster strong working relationships with, and services for, clients in health care settings (p. 23). Therefore the study reveals that there is a strong documentation mechanism in the rehab center which helps the professional to attend their client progress.

As regards to patient record keeping mechanism and confidentiality of patient medical files, the standard stated that,—Documentation of social work services will be recorded on paper or electronically and shall be prepared, secured and disclosed in accordance with regulatory, legislative, statutory, and organizational requirements (p. 23). Furthermore, the social workers who participated in this study mentioned that the patient files are documented both on paper and computer by the professional and the only authorized body access it.

According to the standards, —it is necessary to ensure that the client has the information needed to provide informed consent and to facilitate the client’s understanding of how the social worker discloses client information to other health care professionals and how the health care organization responds to external requests for confidential information (p. 24), however the study finding shows that most of the social worker stated that they keep the confidentiality of patient files very well and that only authorized bodies have access to these files.

4.5.1.10. Workload Sustainability

The findings of this study revealed that most of the social workers practicing in the rehabilitation center face a heavy workload under different circumstances. The social workers reported about working as a link aside from their main roles which in turn leads to an increment in case load size. The NASW standard for social work practice in health care setting (2014) stated that, —*Client caseload size directly affects a social worker’s capacity to establish relationships with and provide services to clients. Consequently, caseload size should allow for meaningful opportunities for client contact.* (p. 24).

In line to this the finding of this study showed that the social workers of the center reported that the existence of small number of social workers in the rehab center is caused for the existence of heavy workload during their practice. Besides, the workload happened due to addition work from other department like liaisons work. Furthermore, they reported that the center treated the patient in its compound are with more of Bipolar and schizophrenia then they needs regular

follow up that created pressure on the social worker. However, they tried to resolve the problem in collaboration with the psychiatry office workers of the center.

4.5.2. Services Social Workers Provide in the their rehabilitation center

A finding of the study shows that social workers who are working in the rehab center provide different social work services. The social workers were providing their given job and outside their responsibilities. One of these services they provide is conducting assessment on the patients' health progress and giving general services for their client. Similarly, Gregorian (2005) stated that conducting assessment is a major role of social workers in healthcare setting. As to Gregorian put it one of the roles of social workers in health care setting is "Assessing the family's social situation, dynamics and capacity to cope with the illness, treatment and hospitalization"(p. 4).

Moreover, the NASW standard for social work practice in health care setting (2005) affirmed that "Social workers shall provide ongoing assessment, including gathering comprehensive information to use in developing interventions and treatment strategies" (p. 20). The standard also explained that "the assessment should be conducted on the patient as well as his/ her family regarding biomedical, psychosocial and spiritual issues" (p. 20).

According to the finding of this study, the social workers conduct assessment on the social and economic aspect of the patient; the psychological and spiritual matters are not included. They also conduct assessment on their clients' health progress and their general well-being in the center. According to Browne (2012) —Social workers conduct an evaluation of the strengths and needs of individuals and members of their social support network as part of a social work assessment to identify assets and potential barriers to care (p. 24). Moreover, Lakhan (2006) stated that "the application of the bio-psychosocial model into social work practice is important because for better healthcare outcome it is important to compile the biological, psychological, social as well as spiritual aspects of the client." (p. 2)

The study revealed that all of the social workers participated in this study provide a service of treating the mental disabilities, facilitating conducive environment for the bipolar and schizophrenia clients in the center. Similarly, a study by Ali and Rafi (2013) indicated that, —"In many cases costly drugs, medicines and diets may be prescribed for patients and are too poor to

achieve (procure) them. Here the medical social worker arranges this material for the patients by some social agency or any other source” (p. 359).

Another finding of this study shows that, the social workers were involving on taking care of patients who do not get family support. According to Mphelane (2006) work on the role of social worker in treating individuals with mental illness came up with two categories of supports. The first support is psychosocial support which is providing client with love and affection, entertainment and encouraging them to involve in group activities. The second is development support which is more of concerning with helping individuals with mental disability to rehabilitate. The study revealed that the social workers are working in the support of their clients in their day to day medical processes and in giving them basic needs.

Moreover, all of the staff of the rehab center works on advocacy which is one of the main roles of social workers and being provided in the rehab center. In the same way, Judd and Sheffield (2010) stated that —*The provision of concrete resources, counseling services, and patient advocacy reflect overarching categories of activities historically carried out by hospital social workers.*¶ (856).

Furthermore, the study also stated that, social workers in the rehab center provide education to patients regarding the whole medical process and about their daily treatment and education related to entertainment to make them free from their depression. In addition, psychosocial education is given for the clients in the center every Thursday. In line with this OASW (2013) stated that —social workers in health care setting initiate and participate in teaching activities by presenting at workshops, in-services, rounds or conferences; provide training to health care colleagues, students and staff in community agencies; and offer education to patients and families¶ (p. 2). Moreover, Social workers in health care setting provide education for patients and families to improve their knowledge regarding the hospital process as well as their illness and help them acquire a healthy status through a change of lifestyle (OASW, 2013, p.2).

Moreover, as Beder (2006) stated in Judd and Sheffield; Hospital social workers assumed tasks that included conducting patient assessments regarding their living environment and family situation, educating patients regarding the hospital stay and potential impact of the diagnosis, assisting patient compliance with physician treatment recommendations, and providing a link to

community resources to assist the patient post discharge (p. 857). The study revealed that there are regular teaching on the general use of medicine and ways of recovery from their mental disorder in the rehab center which is given by the social worker and psychiatrists' officers.

In addition, as stated by the finding of the study, creating linkage to service for the rehabilitated clients were identified as the role of social worker in the center. However, the social worker failed to link with various non-governmental organization and governmental organization. This is due to the stigmatization to people with mental cases in the society. Besides the social workers were facilitating recreational environments and entertainment services for their client in the rehab center. As to Judd and Sheffield (2010, p. 860) made it clear that the creation of conducive environment for individual with mental cases were improving the patients mental cases to their normal status and provide relief from their depression. The study identified that the social worker created various activities for their client such as playing various game and watching various entertaining films.

Moreover, another service provided by the social workers in the rehab center is discharge planning for patients. However, the social workers facilitate a timely discharge for patients, most the patient didn't want to go out from the center due to lack of medicine outside the center. From this the researcher infers that one of the challenges of the rehab center. The social workers communicate patients who do not have anywhere to go after being discharged from the center with the management of the center to stay for same period until they will rehabilitated and get their own income outside center. Likewise, as Bateman and Whitaker (2002) mentioned in Browne (2006), "the medical setting needs the help of social workers in addressing home care needs and their service of planning a discharge for patients that links them with essential health services" (p. 22).

4.5.3. Challenges of social workers in the GMHRC.

According to the findings of the study, lack of awareness among rehabilitation center staffs is one of the challenges identified by social workers in the rehab center. Due to this lack of awareness within the center management about the roles of social workers, the social workers face various challenges. The first one is office problem and lack of budget. Majority of the social workers in this study reported that they face office problem, as well as lack of different office

facilities and lack of budget to provide quality social work services. A study by Ababi (2008) regarding hospital social work practice in Butagira that, —They also face the challenge of operating in an under-funded environment that is also under staffed and politically volatile. There are shortages of resources like stationary and transport.

As a result, social workers cannot carry out home visits or follow up on the discharged patients. (p. 79). In relation to the lack of awareness, one social worker stated that the social workers have low salary, even less than those with the same level of employment in the center. Similar finding has been revealed in Ababi (2008) another challenge is that of low salaries that cannot sustain the social workers and their families. (p.77)

Difficult communication with other professionals in the center is another finding of the study as the challenges social workers face in the rehab center. They mentioned that they do not have equal voice as other professionals and do not participate in important decision makings. Likewise, Browne (2012) mentioned that social workers in health care setting face difficulties in working in collaboration with other professionals. Social workers are passive in medical teams collaborating to help patients (p. 32). In addition, the social workers stated that mostly they face problem in communicating with the center administrations regarding patients' discharge. They reported that the rehab center forced them to conduct untimely discharge on patients to reduce their date of rehabilitation.

In line with this Browne (2012) stated that, —Health-care provision increasingly is focused on reducing costs and decreasing hospital stays. (p. 32). However, the center has been challenged with patient with long stay for treatment and unwillingness of family to take their patient who rehabilitate in the center.

CHAPTER FIVE

5. CONCLUSION, SOCIAL WORK IMPLICATION AND RECOMMENDATION

5.1. Conclusion

Social workers provide a significant contribution to the field of health by maintaining a dual focus on both the individual and family. They are regularly involved with individuals and families experiencing complex social, psychological, family and institutional dynamics. Besides, social workers offer a unique and valuable contribution in providing appropriate and targeted services. Therefore, they have a clear role in the provision of effective mental health services.

Ethiopia is one of the developing states in the world in which researches in the area of mental health illness little studied in the country. This is due to its hindering factors related to socio-economic growth level and limited numbers of professional in the country. However, some researches had been conducted at the community and institutional level. This research paper also focused on the roles and challenges of social workers in Gefersa Mental Health Rehabilitation Center (GMHRC) which is part of the overall investigations done in the areas of mental health.

The study used qualitative approach using in-depth interview guide to interview social workers, other informants and used document analysis and observation check list as data collection tool. However, FGD didn't use in this study due to the current epidemic disease COVID-19virus which forbid anyone to contact each other and the government announced the law which ban everyone not to discuss in group. The study was also based on the experience of social workers who are working in this rehabilitation center and other health professionals who are working in this rehab center were also interviewed as informants for the study.

According to the findings of the study, social workers in the GMHRC are working in line with the NASW standard for social work practice in health care setting. The study revealed that there are various level of understanding about ethics and value among the staff of the rehab center. The study indicated that all of the social workers do not have a social work background except one this indicate that it is difficult to work as a social worker without social work educational background as the given standards. Regarding to the culture and linguistics, the participants tried

to help their client based on their culture and language. They respect the clients' culture and create conducive environment.

In line with what stated in NASW, the research found out that the social worker didn't use any standardized instrument for client assessment. The results of the study show that the social workers focus on assessing only the social and economic aspects of patients' life without psychological and spiritual assessment. In regards to the intervention role of social workers the study founded that most of the social workers does not involve in the implementation of care plans designed to help patients. In contrary, discharge planning and medical treatments of bipolar and schizophrenia patient is one of the intervention role social workers play in the rehab center.

All of the study participants stated that advocacy is their main duties in their rehab center. The social workers do their activities in order to improve the life and mental health of the client, they advocate for over all well-being of their clients. The delivery of services was the main areas of their advocacy. However, there is some limitation to do their work as stated on the standard. With regards to the standard of interdisciplinary and inter-organizational collaboration, the findings of the study revealed that very few of the social workers participated in this study involved themselves in the interdisciplinary teams collaborating to provide medical services for clients in the rehab center. Those social workers who participated in the interdisciplinary medical teams provide a service of planning discharge for patients, providing information to patients about the medical process, and provide information for serious mental disordered and drug addictive patients in the rehab center.

Most of the social workers participated in this study evaluate their work based on their job description and the objectives of the rehab center, they followed the ways that is peer review (1 to 5 evaluation) which is requested by their management of the center and self-evaluation mechanisms. However, most of them didn't meet the standards of evaluation mechanisms.

Regarding to social workers record keeping mechanisms and confidentiality, most of them do with the line of the standard of the NASW record keeping and confidentiality. In the rehab center, patient files should be kept both electronically and on paper. Moreover, regarding to confidentiality it has been founded that most of the social workers keep the patient files confidential. The study revealed that there is workload on the social worker due to their small

number of staff members and relatively large numbers of their clients (about 195). Regarding to professional development, the study founded that only one social worker who participated in this study involve himself in activities to advance his social work skills. Therefore, it can be said that, little attention has been given for professional development in the rehab center.

Regarding to the various services that social worker provided in the rehab center, the study illustrated that conducting assessment, facilitating relationship with their families, creating linkage outside the center, provision of education for patients about the whole medical process, and discharge planning were taken as their roles in the center. These services are provided by the social workers.

The study also tried to assess the challenges social workers confronted while they are working in the rehabilitation center. The social workers participated in this study identified the following challenges, they faced in the rehabilitation center; lack of awareness, office problem and lack of office facilities, lack of budget, difficult relationship with other professionals in the hospitals and difficult communication with hospital administrations. Moreover, the social workers use different mechanisms to overcome those challenges such as; awareness creation, preparing proposals requesting for budget, and office facilities and facilitating stakeholders meeting to discuss on their challenges and on the ways to overcome them.

In conclusion, it is up to the social workers to advocate for themselves and get acceptance by the rehab center as important health care service providers.

5.2. Social Work Implication

Based on the findings of the research and documents reviewed on the issues, implication of the findings for social work policy implications, Practice implications, education, and implications for GMHRC were identified.

Implications for policy makers

Mental health illness needs high supports of social worker in hospital and rehab centers. There are many areas in which social worker take part to health care settings. Mental health rehabilitation centers are one of the major areas in which social worker worked and bring human life well-being.

Social worker must work in line with the NASW standards for social work practice in health care setting. It is an ideal tool to provide quality social work services in rehabilitation centers. It is always a good thing to have a standard to guide one's own practice and for better provision of social work services. Concerned bodies such as the rehab center management, Oromia Health Bureau, Ministry of Health and professional associations such as ESSSWA (Ethiopian Society of Sociologists, Social Workers and Anthropologists) should also look into preparing guiding tools for social workers to incorporate into their practice in the mental health illness rehabilitation centers.

This study clearly discussed the important contributions of social workers in the mental health illness rehabilitation center and social workers roles in working with mental health illness clients for rehabilitation of clients. In designing policies, the government also gives priority to the individuals with mental disorder/illness. Therefore, policy makers should consider and incorporate social workers roles as mandatory in mental health caring centers/hospitals, work services in designing health policies and programs looking at how much social workers in mental health care contribute for better rehabilitation of mental health illness. Besides, government should add an article in the National Mental Health Strategy of the country which deals with mental health illness issues and strive for its implementation. Finally, the Ministry of Health must design the policy and implement in every health facility with strong follow up by prepare the necessary job description with the proper structure of the social work department.

Practice Implication

Social work intervention in the health care services is mandatory. With regards to social workers roles, there is a lot that these social workers can provide many activities in the rehabilitation centers/hospitals. There are different cases that need to have the intervention of social workers. Social workers need to involve in multidisciplinary teams to provide services that others professionals cannot provide. The social workers must not limit themselves to their job descriptions and explore areas where they can get involved into. In addition, the social workers must not wait for someone to bring a solution to their challenges in practicing social work in the rehabilitation centers and mental health hospitals. Rather, they should advocate themselves and make their own voice heard by showing how important social work intervention is.

Education Implication

With regards to education, social work education should integrate the importance of practicing social work based on guidelines and standards. Currently, more research concern is given to the experience of individuals with mental health problems and little has been done in understanding the current situation of mental health rehabilitation centers in the country. Besides, teaching social work students about their roles and responsibilities will make them experienced professionals and prepare them to better serve their country. Thus, teaching social workers in this regard is the mandate of schools of social work.

Therefore, social workers need to involve in research and inquiry that help to understand the current situation of mental health rehabilitation center in the country. The main activities of social workers in such rehab center and minimizing their challenges have to be integrated to the teaching process of social work courses of health streams.

Research Implication

To the best of my knowledge, very few studies have been conducted regarding social work practice in health care setting. It is very clear that there is a research gap regarding on this issue. This research can serve as a beginning point for further researches in the rehabilitation center as well as other hospitals. This research can help as a reference for other researches which might focus on comparing the roles of social worker played in the rehab center and the profession of social work. Moreover, the existence of such studies will help to the improvement and advancement of social work services provided in health care institutions.

On the other hand, the finding of this study showed gaps on the roles of social workers and the general social work services in the mental health rehabilitation hospitals. Thus, I believe that researches should be conducted to study the state of social work practice in hospital Settings especially in the mental health rehabilitation center. The roles and challenges of social workers in the health setting may be the area to be addressed by practitioners.

Implication for GMHRC: -

As one of the major rehabilitation and psychiatric centers, GMHRC should have to play a great role in rehabilitation mental health illness individuals. Social worker can play paramount roles in rehabilitation activities. Its profession promotes change, problem solving in human relation and empowerment and liberation of people to enhance well-being.

The rehabilitation center has got a shortages in professional, except one direct graduate of social worker, most of them are from other discipline this showed that the rehabilitation activities is not fully facilitated in the center. Besides, the social workers of the center didn't work fully their tasks in line with standards of NASW for health care settings.

The other challenges that social worker didn't get any budget to facilitate their activities and get little attention from the management in the center. In order to improve social worker roles in the center, the Rehab center should give attention to the department and facilitate the office facilities of the worker in the center. Besides it allowed the whole budget that given from government to the real objectives/tasks of the patients of the center.

The other challenge that identified by the study is some amount clients who are rehabilitated as the same time living in the center for more than decades. This is completely different from the aim of the center because the aim of rehabilitation mental health care is to promote recovery and to integrate the individual with mental illness into the society and to reinstall meaningful life in the community rather than serving as a residence for individuals with mental health problem.

5.3. Recommendation

From the above findings and conclusion, the researcher recommended the following bodies to improve the mental health rehabilitation activities in their rehab center/ hospitals.

For GMHRC---In order to facilitate its work properly, the center should have to give attention to the staff of social worker and encourage them to conduct assessment and research on the client rehabilitation status, and provided with the necessary office furniture.

The professionals of the center should have to take various training which facilitate collaboration and team work spirit in the center and to clearly understand the roles of social worker in the health center.

For FMOH--Medical social work is the most important discipline to implement in the health services, so system must be created starting from minister of health to the lower health center level, additionally the regional health Bureau must involve to implement and strengthen this discipline within each hospital by developing the proper job description for the assigned social workers.

The school of social work with the graduates should have to play a great role in implementing and promoting social work in health care settings. Besides, focus must be given on the training part and to place the competent social work professionals within each health facilities

Improving patient facilities in the rehab center, the mental ill clients who are living in the center need appropriate services to be cured from their disordered, in this regard social worker played great roles in ways of rehabilitation of mental health illness, and then the center should do more on this regard.

REFERENCES

- Ababi Zergaw. (2008). *Economic burden of schizophrenia and bipolar disorder in rural Ethiopia*. Addis Ababa University. Ethiopia.
- Alemayehu Glemessa.(2005).*Assessment of prevalence, determinants and effects of mental disorder among Haromaya University students*. Addis Ababa University.
- Alemayehu Negash. (2009). *Bipolar disorder in rural Ethiopia*. Sweden Umea press.
- Ali, M. and Rafi, S. (2013). *Medical Social Work in Pakistan: A Multi-Model Approach to Collaborative Practice in Health Care Settings*. University of Sargodha, Pakistan. www.journals.savap.org.pk
- Atalay Alem.(1997). *Mentality health in rural Ethiopia: Studies on mental distress, suicidal behavior, and use of chat and alcohol*. Umea university medical dissertation. From the department of clinical science. Division of psychiatry, Sweden.
- Australian Association of Social Workers (AASW). (2014). *Queensland Branch Position Paper on the Role of Social Workers in Health Care*. Canberra: AASW
- Australian Association of Social Workers. (2013). *Practice standard*. Canberra: AASW.
- Baksa, A. (2005). *Roles of Social Workers in a Hospital Setting*. University of California, Berkley.
- Bailey,C.1984,pp 20-21 Ballie, S. (2003). *Ethics*. In Miller, L.R. and Brewer, D. J. (Eds.), *The A-Z of Social Research; A dictionary of key social science research concepts* (pp. 95-98). SAGE Publications Ltd.
- Ballie, S. (2003). *Ethics*. In Miller, L.R. and Brewer, D. J. (Eds.), *The A-Z of Social Research; A dictionary of key social science research concepts* (pp. 95-98). SAGE Publications Ltd
- Beder, J. (2006). *Hospital social work; the interface of medicine and caring*. Taylor & Francis Group, LLC
- Berkeley. Billie, S. (2003). *Ethics*. In Miller, L.R. and Brewer, D. J. (Eds.), *The A-Z of Social Research; A dictionary of key social science research concepts* (pp. 95-98). AGE

Publications Ltd.

Bhattacharjee, A. (2012). *Social Science Research: Principles, Methods, and Practices*. University of South Florida, Tampa, Florida, USA.

Blewett, J., Lewis J. and Tunstill, J. (2012). *The Changing Roles and Tasks of Social Work*, London LGS press

Browne, T. A. (2012). *Social work roles and health care settings*. In Gehlert, S. and Browne, T. (Eds.), *Handbook of Health Social Work* (pp. 23-42). John Wiley & Sons, Inc., Hoboken; New Jersey.

Burtland, H.G.(2001). *Mental health: a call for action by world health ministers*. Geneva Switzerland. Avenue press.

Braun, V. and Clarke, V. (2006) *Using thematic analysis in psychology*. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. ISSN 1478-0887

<http://dx.doi.org/10.1191/1478088706qp063oa>

Carson, G.(2009).*Social model of disability*. Scotland. TSO publisher.

Common Wealth of Australia (2013). *A national framework for recovery oriented mental health service: policy and theory*. Australia, ISBN presses.

Costello, E.J. (1996). *The Great Smoky Mountains study of youth: goals design, methods, the prevalence and the prevalence of DSM-III-R disorders* *Archives of General Psychiatry* 53: 1129-1136.

Council on Social Work Education; Educational Policy and Accreditation Standards. (2008).

Purpose: Social Work Practice, Education, and Educational Policy and Accreditation Standards.

Creswell, J.W. (2003). *Research design: Qualitative, quantitative and mixed method approaches* (2nd ed.). Thousand Oaks. Sage publication

- Creswell, J. W. (2007). *Qualitative inquiry and research design* (2nd ed.) thousand oaks. Sage publication Inc.
- Davidson, K. W & Clarke, S.S. (1990). *Social work in health care: A Handbook for practice*. New York: Haworth Press
- Deegan, G.(2003). *Discovering recovery*, *Psychiatric Rehabilitation Journal*, 26(4), 368-376.
- Deep, P. (1999). *Biological and Biopsychosocial Models of Health and Disease in Dentistry*. *Journal of the Canadian Dental Association*, 5(9).
<http://www.cda.adc.ca/jcda/vol.../496.pdf>
- Ethiopian Standards Agency (ESA) (2012): *Ethiopian Standard: Primary Hospital-requirements*. AA,
- Fleit, S. A. (2008). *The Influence of Organizational Structure on Hospital Social Work Practice and Professional Identity*. Unpublished PhD thesis, Stony Brook University.
- Funk, M; Saraceno, B; & Drew, N.(2005). *Global perspective on mental health policy*
- Fusenig, E. (2012). *The Role of Emergency Room Social Worker: An Exploratory Study*.
- Federal Ministry of Health (FMOH,2007): *Handbook of strategy of health*,AA,
- Gambrills E.1997. *Social Work Practice: A Critical Thinker Guide*. New York: Oxford University
- Gehlert, S. & Browne, T. A. (Ed.).2006. *Handbook of health social work*. New Jersey: Hoboken, John Wiley & Sons. *Master of Social Work Clinical Research Papers, Paper 26*. St. Catharine University and university of St. Thomas, St. Paul, Minnesota.
http://sophia.stkate.edu/msw_papers/26 Press
- Gregorian, C. (2005). *A Career in Hospital Social work; Social Work in Health Care*.
http://dx.doi.org/10.1300/J010v40n03_01
- George Engle, 1977). *Social work practices in health care: An ecological perspective*. London: The free press.

Hiwot Abay (2012). *An assessment of the Role of “Social Workers” in Selected Hospitals of Addis Ababa. MA Thesis (Unpublished), Department of Social Work, Addis Ababa University.*

Hiwot Temesgen (2014). *The roles and challenges of social workers in selected hospitals in Addis Ababa, AAU (unpublished) MA Thesis.*

Hutchison, E.(2010).*Dimensions Human Behavior and Social Environments.* USA: Pine Fprge Press

International Federation of Social Work (IFSW, 2001), *Handbook of Health Social Work, USA,*

Jubb, M., & Shanley, E.(2002).*Family involvement: the key to opening locked wards and closed minds. International Journal of Mental Health Nursing, 11(59), pp. 47-53.*

Judd, G. R. and Sheffield, S. (2010). *Hospital Social Work: Contemporary Roles and Professional Activities; Social work in health care.*
<http://dx.doi.org/10.1080/00981389.2010.499825>

Jhansan. (n.d.). *National Association of social workers: History (1917-1955).*
www.socialwelfarehistory.com/social-work/naational-association-social-workers-history/

Kreuger, L.& Neumann, L. (2006). *Social Work research Method quantitative and qualitative applications, persons and educated. Inc.*

Lang, R.(2009).The development critique of the social model of disability. Overseas] development groups. University of east Angelia .

Lakhan, E. S. (2006). *The Bio-psychosocial Model of Health and Illness.*
<http://cnx.org/content/m13589/1.2/>

Leonard, M. (2003). *Interviewer Effect. In Miller, L.R. and Brewer, D. J. (Eds.), The A-Z of Social Research; A dictionary of key social science research concepts (pp.166-171). SAGE Publications Ltd.*

Marrison, R. (2011). *Thesis on nursing student's attitude towards people with mental illness:*

Florida University of south Florida press

Mphelane, L. M. (2006). *Thesis on the role played by the family in support of their mentally ill relative in a rural community in the Limpopo province.* South Africa. South Africa University press

National Association of Social Workers. (NASW) (1999). Social Work Profession. Retrieved from <https://www.socialworkers.org/pressroom/features/general/profession.asp>

National Association of Social Workers (NASW) 2001. Social Work History. Retrieved from <http://socialworkers.org/pressroom/features/general/history.asp>

National Association of Social Workers (NASW). Who are Social Workers? We Help. Retrieved from <http://www.naswdc.org/pressroom/2011/HSH-FactSheet2011.pdf>

National Association of Social Workers. (2005). NASW Standards for clinical social work in
Social Work practice.

National Association of social workers. (2014). Standards for social work practice in health care
setting.

O'Leary, Z. (2004). *The essential guide to doing research.* SAGE Publications Ltd.

Rahel Abate (2014). *The Practice of Health Professionals in Medical Social Work in Minilik II Hospital.* MA Thesis (Unpublished), Department of Social Work, Addis Ababa University.

Ritchie, J. (2003). *The application of qualitative methods to social research.* In Ritchie, J. and Lewis, J. (Eds.), *Qualitative Research Practice; A Guide for Social Science Students and Researchers* (pp. 24-46). SAGE publications Ltd.

Weiss, W. P. (2005). *Medical Social Workers: Clinicians or Clerks.* New York.

World Health Organization (2001a). *Mental health resource in the world.* Geneva Swaziland

World Health Organization (2004): *Summit report on mental health. Geneva Swaziland*

World Health Organization. (2005). *World health organization resource book on mental health, human right and legislations. Stop exclusion and, dare to care. Geneva.*

World Health Organization.(2003). *Mental health policy and service guidance package: mental health context. Geneva, Switzerland. Ch-1211 press.*

Yitbarek H.: *The challenges of mental health rehabilitation center in Ethiopia, in the case of GMHRC, May, 2015.AAU.*

Annexes

ST. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

DEPARTMENT OF SOCIAL WORK

Annex -1

INTERVIEW GUIDE FOR IN-DEPTH INTERVIEW WITH SOCIAL WORKERS

1. Demographic Characteristics of Participants

a) Age

b) Sex

c) Professional background/ field of study/ Service year

d) General work experience as a health care social worker (time length, previous work settings, particular focus area)

e) Work experience in the hospital (duration, in which unit/ case team)

2. Questions regarding the main roles of social workers in health care setting (rehabilitation centers)

A) Would you please tell me about any roles and responsibilities/standards (such as written documents like guidelines or job descriptions) for social work practice in health care setting especially rehabilitation centers? If yes, how well do you know about the main roles of social workers in working with mental-ill clients and work for their rehabilitation?

B) How frequent are you practicing these social worker roles in the hospital you are working in or other health settings?

C) Would you please tell me the ethics and valued of social work profession your institution is practicing? How do you practice those ethics and values as an individual? Do you explain these concepts with NASW standards for social work in the health settings?

D) Does concept of cultural and linguistic competence in social work practice considered as the main social worker roles in your institution? If yes, in what way do you handle client diversity in the hospital? How do they manage the factors (beliefs, cultural differences, values...) that might affect their communication with their clients *during practice* especially mental-ill clients?

E) How does your institution is doing the *screening and assessment process in social work practice*? What are *your roles in the screening and assessment*?

F) Do you practice intervention role of social worker? If yes, in what way do you participate in intervening and carrying out care plans on clients/ patients?

G) How do you advocacy as a social worker? What kinds of activities do you conduct to advocate for your mental-ill clients in the rehabilitation center/ hospital you are working in?

H) Do you have mechanisms that evaluate your roles in the rehabilitation hospital? If yes, what kinds of evaluation strategies are being used?

I) what are the strategies do you use for record *keeping and confidentiality* of client's/patient's information? Who has access to your client's information?

J) Do you have *work load in the* rehab center you are working in? If yes, how do you overcome the challenges of the *workload*? Are there any effects the heavy work load you face brought on the quality of social work service you provide in this hospital?

K) Do you have *any professional development opportunities*? If yes, was the opportunity related to *your work*? Are you currently involved in any kinds of activities to advance your social work knowledge or *social work practice skill*?

L) How do you explain your roles related to *Interdisciplinary and Inter-Organizational* Collaboration among social workers and other professionals?

3. What kinds of social work services do you provide in the hospital? ...intervention, case management, assessment

4. Are there any kinds of services that you provide outside your stated job description as a social worker in the hospital? Are there any activities you perform that are not stated in the general standards for social work practice in hospital setting?
5. Do you participate in interdisciplinary team works in the provision of medical services to clients in the hospital you are working in? If yes, what kinds of roles do you play in the interdisciplinary teams? What do you think about your client intervention
6. What are the roles of social workers in mental health rehabilitation centers in Addis Ababa)? Do you have working relationships with similar stakeholders? If yes, in what kinds of services do you work in collaboration with the selected rehabilitation centers/like mekedonia?
7. Are there any challenges you face during working with mentally ill individuals as a social worker in this rehabilitation center/hospital? If yes, would you please tell me the kinds of challenges do you face? How do you overcome the challenges and continue to provide social work services?
8. What should be the future roles of social work practicing in the rehabilitation centers? What kinds of social work activities do you think should continue to be carried out? What kinds of social work activities do you think should be included in the future activities in working with mental-ill clients in the hospital you are working in?
9. Do you have family support in the rehabilitation center? How do you evaluate the supports of family in working with social workers for the rehabilitation of your clients?
10. Do you have any additional information that you would like to add? If yes, please forward.

ANNEX -2

INTERVIEW GUIDE FOR OTHER INFORMANT INTERVIEW

1. Demographic Characteristics of participants

i) Age

ii) Sex

iii) Professional background / field of study/

iv) General Work experience in your profession (- Service year Current institution service particular focus area)

v) Work experience in the hospital (duration, in which unit/ case team)

2. What do you think are the responsibilities of social workers in the hospital?

3. How do you describe the relationship between social workers and other professionals during service provision?

4. What are the roles and contributions of social workers in the medical team?

In what kinds of activities do social workers are allowed or not allowed to participate in the medical teams?

5. What is your outlook regarding future social workers roles in the rehabilitation center/hospital? What kinds of social work activities do you think should continue to be carried out? What kinds of social work activities do you think should be included in the future service provision in the hospital you are working in?

6. Do you have any additional information that you would like to add? If yes, please forward.

Thank you for your participation!!!

ANNEX-3

OBSERVATION CHECK LIST

Based on the consent of social workers, other informants as well as patients/ clients, the

Researcher will observe the following;

Is there the office setting (including accessories) of social workers in the rehabilitation center/ hospital?

Do Daily activities of social workers in handling cases in this rehabilitation centers (including engagement, assessment, planning, intervention, discharge, follow up...) available or....

What it looks like the Social workers' record keeping methods

Is there Social workers interaction with clients?

Is there Social worker interaction with the client family?

Social workers interaction with other professionals in the rehabilitation hospital

Social workers interaction with other social workers in the rehabilitation hospital

Social workers roles in the interdisciplinary medical teams during service provision to clients/ patients

ANNEX-4

Informed consent form

Dear respondent: - My name is Seifu Hailu. I am from the Graduate School of Social Work at St. Mary's University. I am currently collecting data for my Thesis project entitled "Roles and challenges of social workers in GMHRC in its Rehab program". The aim of this research is to explore and assess the roles and challenges of social worker working in GMHRC and to indicate implication for different stockholders based on the findings of the study.

The participants of the study will be staff members who work in the social work position in the center, the health professionals and the administrative members of the center. The respondents should be above 18 years old, communicate with either Amharic or English and have some willing to participate in the study.

I will do one to one interview. During this process, I would like to assure you that your identity will not disclosed to anyone. This is to protect your privacy and confidentiality of the information you provide. I will use tape recorder to avoid wastage of information and to correctly handle the conversation we did and finally after completion of research the notes and records will be destroyed.

Respondents have the right to not respond to some questions that they are not clear with or quitting participation at all if they are not comfortable with. And they have the right not be recorded. However, in other cases the respondents' honest and right answers to questions are very essential to achieve the objective of the research.

By signing this form, I agree to participate in this research, under the provided conditions

Name of the respondent (pseudonym) ----- Date----- Signature-----

If you have any doubt or questions in the process of inquiry you can use the following address to contact me

Mobile Number: - +251 911 360 603 Email: - siefuhailu@gmail.com

Thank you for your time

ANNEX--5

የተሳታፊዎች ፈቃደኝነት ማረጋገጫ ቅፅ

እኔ ሰይፍ ሀይሉ በቅድስት ማርያም ዩኒቨርሲቲ በሶሻል ወርክ ትምህርት ክፍል የሁለተኛ ዲግሪ ተመራቂ ስሆን በአሁኑ ሰዓት ትምህርቴን እጨርስ ዘንድ የሚረዳኝን የመመረቂያ የጥናት ፅሁፍ በመስራት ላይ እገኛለሁ። ይህ የጥናት ፅሁፍ የሚያጠነጥነው በገፈርሣ የአእምሮ እሙማን ማገገሚያ ውስጥ በሚሰጡ የሶሻልወርክ አገልግሎቶች ላይ ነው።

በኢትዮጵያ ውስጥ እስካሁን ድረስ በዚህ ጉዲይ ላይ የተሰሩ በቂ ጥናቶች ስለሌሉ ይህ ጥናት በተወሰነ ያክል በር ከፋች በመሆን ያገለግላል። በዚህ ጥናት በገፈርሣ የአእምሮ እሙማን ማገገም ማፅከል ውስጥ ያሉ ሶሻልወርክ ተግባራትንና ተግዳሮቶችን በስፋት መዳሰስን ይመለከታል። እርስዎም የዚህ ጥናት አካል መሆን ፤ ጠቀሜታ ሲኖረው በቅድሚያ ከልብ ላመሰግኖት እፈልጋለሁ።

ከእርስዎ ጋር የምናደርገው የቃለ-መጠይቅ ቆይታ ከ45-60 ደቂቃ ይፈጃል ተብሎ ይገመታል። ቃለ መጠይቁን ወይንም ውይይቱን የምናደርገው በርሶ ፈቃደኝነት ላይ የተመሰርተ ነው። እንዲያግዘኝ በመታሰብ ነው። በውይይታችን ወቅት የምናነሳቸው የርሶ የግል ሚስጥሮች በሙሉ በኛ መሀሌ የሚቀሩ ሲሆን የሚሰጥሩን ተጠባቂነት ከወዳሁ ላረጋግጥልዎት እወዳለሁ። ቃለ- መጠይቁን ወይንም ውይይቱን የሚካሄደው በእርሶ ሙሉ ፍላጎት ላይ ብቻ ተመሥርቶ ሲሆን መመለስ የማይፈልጉአቸውን ወይም ምችትን የሚነሱ ጥያቄዎች ካለ ሳይመልሱ ማለፍ ይችላሉ። ከዚህም በተጨማሪ በፈለጉበት ሰዓት ውይይቱን ማቆም ይችላሉ። በቃለ-መጠይቁ ወቅት ግልጽ ያልሆኑ ጥያቄዎች ካሉት ማብራሪያ መጠየቅ ይችላሉ።

ስለዚህ የጥናት ፅሁፍ ተጨማሪ ማብራሪ ከፈለጉ እኔን 0911 360603 ማነጋገር ይችላሉ። ከላይ

የተቀመጡትን ቅድመ ሁኔታዎች አንብበው ስለመረዳትዎ እና ስለተሳትፎ ፍቃደኝነትዎን

ስለመግለጽ ስም እና ፊርማዎትን ከታች በተጠቀሰው ቦታ ቢያስፍሩልኝ።

የተሳታፊ ስም ----- የጠያቂ ስም

የተሳታፊ ፊርማ የጠያቂ ፊርማ

ቀን ቀን

ANNEX--6

ከሶሻል ወርክ በላሙዎች ጋር ለሚደረግ ቃለ መጠይቅ የተዘጋጁ ጥያቄዎች

1. የተሳታፊዎች መረጃ

ሀ) እድሜ

ለ) ፆታ

ሐ) ያጠኑት የሙያ ዘርፍ/ ትምህርት ያጠናቀቁበት ዘመን

መ) በሶሻል ወርክነት የስራ ልምድ ለምን ያህል ጊዜ አገልግለዋል የት አገልግለዋል?

ሠ) አሁን የሚሰሩበት የአእምሮ ማገገሚያ ውስጥ ለምን ያህል ዘመን አገልግለዋል?

2. በአእምሮ ማገገሚያ ተቋም ውስጥ የሶሻል ወርክሮችን ተግባር መለኪያ መስፈርትን የተመለከቱ ጥያቄዎች

ሀ) በአለም አቀፍም ሆነ በሃገር ደረጃ በሆስፒታል ወይም የአእምሮ ማገገሚያ ተቋማት ውስጥ የሶሻል ወርክሮች ተግባራትን ቢነግሩን; መልሶ አዎ ከሆነ ስለእነዚህ መስፈርቶች ምን በማገገሚያ መአከሉ ይጠቀማሉ;

ለ) በአእምሮ ማገገሚያ ተቋም ውስጥ የሶሻል ወርክ ተግባሮችን ቢነገሩን እና እንዴት መተግበር እንዳለበት ቢገልጹልን / እርሶስ የሶሻል ወርክ ተግባሮትን ከእነዚህ መስፈርቶች ጋር እንዴት ያገናኙታል; በሚሰሩበት ተቋም ውስጥ ሶሻልወርክን የሚተገብሩት በእነዚህ መስፈርቶች መሰረት ነው;

ሐ) ስለ ሶሻልወርክ የሙያ ስነ-ምግባራት አተገባበር በአእምሮ ማገገሚያ ውስጥ ያለውን ቢገልጹልን; እንዲሁም እነዚህን የሙያ ስነ-ምግባራት በአእምሮ ማገገሚያ ተቋም ውስጥ ከሚያከናውኑት የሶሻልወርክ ተግባራት ጋር እንዴት እንደሚያቀናጁት ቢያብራሩልን?

መ) የባህል እና የቋንቋ ልዩነቶች በአእምሮ ማገገሚያ ተቋም ውስጥ በሶሻል ወርክ ሙያ ተግባራት ውስጥ እንዴት ይታያል? መልሶ አዎ ከሆነ በሚሰሩበት ተቋም ውስጥ ሶሻልወርክን በሚተገብሩት ወቅት የታካሚዎች የባህል እና የቋንቋ ልዩነቶች ሲያጋጥም ምን ያድርጋሉ; እነዚህ የባህል እና የቋንቋ ልዩነቶች ከታካሚዎች ጋር ያለዎትን ግንኙነት እንዲያሻክሩ ምን አይነት እርምጃዎችን ይወስዳሉ;

ሠ) በሶሻልወርክ ሙያ ውስጥ ስለሚደረግ የህሙማን ታካሚዎች ማጣራት እና ዲሰሳ የርሶ ድርሻ እንደ ሶሻልወርክ ምንድነው? ተቋም ውስጥ ሶሻልወርክን በሚተገብሩት ወቅት ታካሚዎች ላይ የማጣራት እና የዲሰሳ ጥናት ተቀሙ የሚያካሂዱት እንዴት እንደሆነ ቢያብራሩልን;

ረ) ሶሻልወርክሮች ደንበኞችን ለመርዳት በሚደረጉ የእቅድ ትግባራዎች ላይ የርሶን አተገባበር ቢገልጹልን; መልሶ አዎ ከሆነ በሚሰሩበት ተቋም ውስጥ እንደ ሶሻልወርክ ደንበኞችን ለመርዳት በሚደረጉ የእቅድ ትግባራዎች ላይ በምን ዓይነት መንገድ እየሰሩ እንደሆነ ቢያብራሩልን;

ሰ) በሶሻል ወርክ ሙያ ውስጥ ደንበኞችን ስለመወከል ወይም ስለመደገፍ ሚና በሶሻል ወርክ ውስጥ ምንድን ነው? በአእምሮ ማገገሚያ ተቋም ታካሚዎችን ወክለው ወይም ድጋፎው ምን ምን እንቅስቃሴዎችን አካሂደው ያውቃሉ?

ሸ) በአእምሮ ማገገሚያ ማዕከል ውስጥ የሚያከናውኑትን የሶሻል ወርክ ተግባራት መገምገሚያ ዘዴዎች አለ; መልሶ አዎ ከሆነ ተግባራትን ለመገምገም ምን ምን አይነት ዘዴዎች ይተገበራሉ;

ቀ) ስለደንበኛ ወይም የአእምሮ ታማሚ መረጃ አያያዝ እና ምስጢራዊነት የሚጠቀሙበት ዘዴ አለዎት? መልሶ አዎ ከሆነ በምን አይነት ሁኔታ የታካሚዎችን መረጃ እንደሚያስቀምጡ ቢያብራሩልን? ለታካሚዎች መረጃ ቅርበት ያላቸው አካላት እነማን ናቸው; የታካሚዎችን መረጃ ሚስጥራዊነት ለመጠበቅ ምን አይነት ዘዴዎችን ይጠቀማሉ;

በ) በሚሰሩበት የአእምሮ ማገገሚያ ተቋም ውስጥ ከፍተኛ የሆነ የስራ ጫና ያጋጥሞታል? መልሶ አዎ ከሆነ ይህን የስራ ጫና ለመቋቋም ምን አይነት እርምጃዎችን ይወስዳሉ; ይህ ከባድ የስራ ጫና በሚተገብሩት የሶሻል ወርክ ስራ ላይ ያመጣው አሉታዊ ተፅዕኖ አለ?

ተ) በሶሻል ወርክ ሙያ ውስጥ ስለ ሙያ እድገት እየሰሩ ነው? ከሆነ በአሁኑ ሰአት የሙያ ብቃትን ለማሳደግ የሚያደርጉት ጥረት አለ;

3. አሁን በሚሰሩበት ተቋም ውስጥ እንደ ሶሻል ወርክ ባለሙያነት የተቀመጠለዎት የስራ ድርሻ ምን ምን እንደሆኑ ቢያብራሩሉን?

4. በአእምሮ ማገገሚያ ተቋም ውስጥ ምን ምን የሶሻል ወርክ ተግባራትን ያከናውናሉ? በተቋም ከተቀመጠሎዎት የስራ ድርሻዎች ውጪ የሚሰጡት የሶሻል ወርክ አገልግሎት አለ? በተጨማሪም በአእምሮ ማገገሚያ ተቋም ሶሻል ወርክ ሙያ የተግባር መለኪያ ውስጥ ከተዘረዘሩት መለኪያዎች ባሻገር ምን ምን የሶሻል ወርክ ተግባራትን ያከናውናሉ?

5. ከሌሎች ባለሙያዎች ጋር በሚደረግ የተቀናጀ የህክምና አገልግሎት አሰጣጥ ላይ ተሳታፊ ነዎት? መልሶ አዎ ከሆነ በዚህ የባለሙያዎች ቡድን ውስጥ እርሶ የሚጫወቱት ሚና ምንድን ነው?

6. በዚህ ተቋም ውስጥ ሶሻል ወርክን በሚተገብሩበት ወቅት የሚያጋጥምዎት እንቅፋቶች አለ? መልሶ አዎ ከሆነ የሚያጋጥሙት እንቅፋቶች ምን ምን ናቸው? እዚህን እንቅፋቶች በማስወገድ ጥራት ያለው የሶሻል ወርክ አገልግሎት ለመስጠት ምን ምን ዘዴዎችን ይጠቀማሉ?

8. ወደፊት በተቋሙ ውስጥ ሊሰጥ ስለሚችለው የሶሻል ወርክ አገልግሎት ምን አይነት አመለካከት/እይታ አለዎት? ምን ምን አይነት የሶሻል ወርክ አገልግሎቶች በዚህ መቀጠል አለባቸው ብለው ያምናሉ? ለወደፊት ስለሚኖሩት ውስጥ ቢካተቱ የሚሉአቸው የሶሻል ወርክ አገልግሎቶች ካለ ቢነግሩን?

9. መጨመር የሚፈልጉት አስተያየት ካለ ማቅረብ ይችላሉ?

APPENDIX--7

ጉዳይ- የሚመለከታቸው አካላት የቀረቡ ጥያቄዎች

1. የተሳታፊ መረጃ

ሀ. እድሜ

ለ. ፆታ

ሐ. ያጠኑት የትምህርት አይነት

መ. በተሰማሩበት የሙያ መስክ የስራ ልምድ (ለምን ያህል ጊዜ እና የት አገልግለዋል)

ሠ. በአእምሮ ማገገሚያ ማዕከል ውስጥ ያላቸው የስራ ልምድ (ለምን ያህል ጊዜ እና በየትኛው የስራ ክፍል ውስጥ)

2. በአእምሮ ማገገሚያ ማዕከል ውስጥ የሶሻል ወርከሮች ተግባራት ምን ምን ናቸው ብለው ያስባሉ?

3. በሶሻል ወርክ ባለሙያዎች እና በአእምሮ ማገገሚያ ማዕከል ሙያተኞች መካከል ያለውን ግንኙነት እንዴት ያብራሩታል?

4. በህክምና አገልግሎት ሰጪ ቡድኖች ውስጥ የሶሻል ወርክ ባለሙያዎች የሚጫወቱት ሚና ምንድን ነው? በነዚህ ቡድኖች ውስጥ ሶሻል ወርከሮች እንዲ ተገብሩባቸው የተፈቀደ ተግባራት ምን ምን ናቸው? በተቃራኒው ሊተገብራቸው የማይችሉባቸው ተግባራትስ ምን ምን ናቸው?

5. ወደፊት በአእምሮ ማገገሚያ ማዕከል ውስጥ ሊሰጡ ስለሚችሉ የሶሻል ወርክ አገልግሎቶች ምን አይነት አመለካከት/አይታ አሉዎት? ምን ምን የሶሻል ወርክ አገልግሎቶች በዚህ መቀጠል አለባቸው ብለው ያምናሉ? ለወደፊትስ ማዕከሉ ውስጥ ቢካተቱ የሚችሉትን የሶሻል ወርክ አገልግሎቶች ካለ ቢገልፁሉን?

6. መጨመር የሚፈሉጉት አስተያየት/ሀሳብ ካሉዎት ማቅረብ ይችላል?

ANNEX --8

የቅንት ዝርዝር

በአእምሮ ማገገሚያ ማዕከል የሶሻል ወርክ ባለሙያዎች፣ ጉዳዩ የሚመለከታቸው አካላትና ታካሚዎች ፈቃኝነት መሰረት ለዚህ ጥናት ሲባለ የሚከተለት እንቅስቃሴዎች ይቃኛል፡፡

a/ የሶሻል ወርከሮች ቢሮ (የቢሮ ቁሳቁሶችን ጨምሮ)፤

b/ በአእምሮ ማገገሚያ ማዕከል ውስጥ የሶሻል ወርክ ባለሙያዎች የአለት ተአለት እንቅስቃሴ፤

c/ የሶሻል ወርክ ባለሙያዎች የታካሚ መረጃ አደያዝ ዘዴዎች፤

d/ የሶሻል ወርክ ባለሙያዎች ከታካሚዎች ጋር ያላቸው ግንኙነት፤

e/ የሶሻል ወርክ ባለሙያዎች ከሌሎች የማህከሉ ባለሙያዎች ጋር ያላቸው ግንኙነት፤

f/ በአእምሮ ማገገሚያ ማዕከል ውስጥ ያሉ ሶሻል ወርከሮች እርስ በርስ ያላቸው ግንኙነት፤

g/ በአእምሮ ማገገሚያ ማዕከል ውስጥ በተለያዩ ባለሙያዎች ቅንጅት በሚሰጥ የህክምና አገልግሎት ወቅት የሶሻል ወርክ ባለሙያዎች የሚጫወቱት ሚና፤