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Understanding Involuntary Admission: A Qualitative Exploration of Persons with Substance Use Disorders in Rehabilitation Centers

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Abstract

The present study aimed to examine the experiences of involuntary admission of persons with substance use disorders in rehabilitation centers. It was an attempt to explore the way services influence the treatment and behavior of patients towards treatment. 10 male participants in the age range of 16 to 25 years were selected through purposive sampling. Semi-structured interviews comprising main research questions, probing questions, sub-questions, participants' information sheets, and consent forms were conducted for data collection. The current study adhered to the qualitative paradigm using Interpretative phenomenological analysis (IPA). It was conducted in public and private rehabilitation centers in Pakistan from March 2022 to August 2022. The results showed that emotional and psychological issues were faced by the Service user's experience of involuntary admission. The majority of the substance abuse patients had insight into their problems and were concerned about their lives but they were under great stress due to restrictions, strictness, and behavioral issues of the treatment facilities. The willingness to treatment is an important factor in successful treatment and

Journal of Social Signs Review
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contributes to sustained recovery. The mindset of individuals with substance use disorders is crucial to understand for tailoring treatment plans and directly affects treatment retention. This study can help treatment facilities rethink their treatment methodologies and dealing styles with inpatients. Furthermore, it may assist them in modifying their strategies and policies for unwilling patients to get into the treatment.

Keywords: Service experience, involuntary admission, substance abuse patients, rehabilitation, phenomenological analysis

Introduction

Substance abuse is a chronic, relapsing illness that frequently shortens life expectancy and causes psychiatric, physical, and social comorbidities. Contrary to other patients with chronic diseases, people with substance use disorders (SUDs) may not want to receive treatment because they deny having a diagnosis, feel hopeless, or have a bad attitude toward therapy. When voluntary care fails, a contentious alternative in many nations has been the forced admission of SUD patients to facilities. In order to protect someone who is otherwise competent but is in a dangerous and self-destructive situation as a result of substance misuse, 73 out of 90 countries offered some type of mandatory commitment (acute or rehabilitative) as of 2001.

Subjective coercion is negatively correlated with the effectiveness of the therapeutic interaction with the staff and overall treatment satisfaction. More recently, it has also been linked to a higher risk of suicide after hospital discharge (Jordan & McNiel, 2019; Katsakou et al., 2010). In contrast, a small number of studies have revealed that after being compelled to be admitted, patients have a favorable outlook on the experience (Donoghue et al., 2010). For instance, the comparison between service users who felt they were subjected to physical coercion and received insufficient procedural justice to those who felt they received adequate procedural justice upon discharge had better insight, a more

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

positive therapeutic relationship with their treating mental health team, and better overall functioning (Smith et al., 2014).

Fortunately, there are several ways to strengthen the therapeutic alliances and potentially reduce the perceptions of coercive treatment, including debriefing the patient after a coercive experience and demonstrating consideration for the patient's perspective, empathic communication with the patient, and taking part in a collaborative discussion on treatment processes (Tingleff et al., 2017: Khattak et al, 2025).

However, due to a lack of adequate infrastructure and human resource support, including governmental psychiatric facilities, rehabilitation centers, and professionals/staff trained in mental health, people with mental and substance abuse problems frequently turn to faith healers and private rehabilitation facilities for assistance. Only a handful of Pakistan's major cities, such as Islamabad, Rawalpindi, Lahore, and Karachi, have specialized government psychiatric facilities. While persons with high incomes typically use private rehabilitation centers, those with low incomes typically seek treatment from government mental health facilities and traditional healers. In both public and private psychiatric and rehabilitation facilities in Pakistan, regulated coercive tactics are used; therefore the patients experience frequent exclusion and loneliness (Khalily et al., 2021).

In LMICs, including Pakistan, there is a severe shortage of data on service users' (patients admitted on an involuntary basis) perceptions of involuntary admissions and subjective satisfaction with the treatment. Due to the prevalence of mental and drug-related diseases, as well as the dearth of patient-centered treatment and resources to provide quality care, there are high rates of these illnesses. Therefore, the current study's objective is to investigate the subjective experiences of patients who have been forcibly admitted to psychiatric and rehabilitation facilities in Pakistan, both public and private.

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

Materials and Methods

The current study was a qualitative, exploratory research that explored the experience of involuntary admission of substance abusers in rehabilitation centers in both public and private rehabilitation centers in Pakistan. Interpretative phenomenological analysis (IPA) was used for the analysis of data. The data can be considered valid and authentic because it was directly collected by the researchers.

Participants

The purposive sampling technique was used in this study for the selection of the participants. The researcher considered the inclusion criteria and included only those substance abusers who were admitted involuntarily. 10 male participants were selected from different public and private rehabilitation centers in different cities of Pakistan including Karachi, Lahore, and Gujranwala. The age ranges of participants were between 16 years to 25 years. Participants with cooccurring disorders were excluded from the study.

Measures

A semi-structured interview guide was constructed. It included the main research questions, probing questions, sub-questions, participants' information sheet, and consent form. Interview questions were developed to assess the whole scenario and as the research was exploratory, it was allowed to give as many detailed answers as possible to express everything in detail and openly. An in-depth interview schedule was developed in Urdu language to avoid any sort of language barrier and for this purpose, the researcher reviewed several theoretical and empirical research papers focusing on interview guides. Different websites such as PubMed, Scopus, and Science Direct were used for searching the questions. Each question was attentively phrased and numerous drafts of the questions were arranged, revised, and reached by the researcher and supervisor until a final agreement was reached for ultimate, clear, brief, and descriptive items. A semi-

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

structured interview was prepared and questions were formulated in such a manner that moved from general to particular issues.

Procedure

Permission was taken from the departmental ethical committee and institutes. The informed consent was taken from the participants. The interviews were scheduled with the participants and the duration of every interview was noted. Initially, participants were given complete information about the research through a participant information sheet. Moreover, the researcher took permission for audio recording the interview and purpose was explained to the participants. A voice recorder was used for this purpose. The researcher assured the confidentiality of the information. At the beginning of the interview, a good rapport was developed with the participant. Each interview lasted for 40 to 45 minutes. Later, all the interviews were transcribed.

The following are some questions that were asked during the interview.

1. How were you brought here, was it voluntary, or you were forced for admission?
2. Do you think your admission was necessary for you?
3. Describe the behaviour of staff (is it the people working there or healthcare professionals) with you?
4. Do you think you received appropriate treatment here?
5. Have you received any emotional support from staff?
6. Are you satisfied with the treatment?

Data Analysis

In this study, interpretative phenomenological analysis (IPA) was used to analyze the data. In IPA, a researcher tries to find out the content and complexity of the meanings described by the respondent rather than measuring the frequency of the content. The IPA involves reading and reading the original data, initial noting, developing the emergent themes, searching for connections across emergent

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

themes, moving to the next case, looking for patterns across cases, and taking interpretation to deeper levels (Smith & Osborn, 2003). The researcher deepened the analysis by utilizing metaphors and temporal referents, and by importing other theories as a lens through which to view the analysis.

Tape Records and Transcriptions

An audio voice recorder was used to record all interviews, with the permission of the participant. The purpose of recording the interview was to transcribe the interview more efficiently. Because it was difficult to note down the participants' responses on the spot and to avoid any disruption during the interview. Non-verbal cues were noted down on a separate sheet. All voice recordings were transcribed on plain white sheets, leaving margins on both sides for further analysis.

Results

Results were based on interpretative phenomenological analysis. Silverman (2000) equates the macrostructure of a qualitative report with story-telling. He further explains that qualitative research is telling the story in a way that is "a more conversational way of writing" (Silverman 2000: 243) which should elaborate the key concepts of the study, elicit explicitly how the findings support these concepts, and how they align with the research objectives and the literature. 10 substance abuse patients were received as samples from different cities in Pakistan. The data was analyzed and interpreted to explore the experiences of Service users of involuntary admission of substance abuse patients. The gathered data was analyzed and interpreted individually.

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

Table 1: *Demographic Characteristics of Study Participants (N=10)*

	Gender	Age	Marital Status	Family System	Siblings	Birth order	Religion	Area
1	Male	19	Married	Nuclear	4	2nd	Islam	Karachi
2	Male	20	Married	Nuclear	1	1st	Islam	Lahore
3	Male	23	Married	Nuclear	2	2nd	Islam	Gujranwala
4	Male	22	Married	Nuclear	4	3rd	Islam	Lahore
5	Male	24	Married	Joint	3	2nd	Islam	Lahore
6	Male	18	Married	Joint	2	1st	Islam	Karachi
7	Male	19	Married	Nuclear	3	2nd	Islam	Gujranwala
8	Male	21	Married	Nuclear	3	3rd	Islam	Karachi
9	Male	22	Married	Nuclear	4	2nd	Islam	Karachi
10	Male	24	Married	Joint	3	2nd	Islam	Gujranwala

After an in-depth study, this study extracted 3 super themes of Service user's experience of involuntary admission of substance abuse patients including admission, Living Experience in rehabilitation centers, and treatment. Each super theme had some main themes under it (see Figure 1).

Table 2: *IPA of Interviews from Participants on Study Variable (n=10)*

Superordinate Themes	Master Themes	Emergent Themes
Admission to rehabilitation center	Involuntary	Forcefully, without will Compelled to live in hospital Demands on others
Living Experience in the Rehabilitation Center	Good/satisfied	Good routine, decreases drug dependence, better health, and hope for better life.

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

	Bad/dissatisfied	Feel like they live in prison. Only indoor activities. Cleanliness and food issues.
Staff attitude toward the patient	Kind	When following rules, taking medicines regularly, and following a routine. Gave emotional support when depressed or missed the family.
	Harsh	When breaking rules, and not following instructions, patients angry.
Treatment	Pleased	Pleased to get treated, Glad to get a normal life, Feel better
	Disappointed	Not getting proper food Unclean environment, prisoner, not outdoor activities

Theme 1: Admission

Substance abuse is a chronic, relapsing illness that frequently shortens life expectancy and causes psychiatric, physical, and social comorbidities. Patients with substance use disorders (SUDs), in contrast to other patients with chronic diseases, can resist treatment due to denial of their disorder, feelings of hopelessness, or a negative attitude.

Involuntary

The majority of participants stated the forced admittance of substance addiction patients to institutions has been a contentious choice when voluntary care has failed. This is based on service users' experiences. An acute or rehabilitative obligatory commitment of some kind is intended to safeguard a person who is otherwise competent under the law but who, as a result of substance abuse, is in a self-destructive and vulnerable condition.

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

P1 reported "I was an addict. I was using drugs for months because of which I misbehaved with my family. Every time I would fight with them on some issue. I would argue with them because they would not give me money for drugs so one day my father contacted the hospital. Their team came and took me with them forcefully."

Theme 2: Living Experience in Rehabilitation Centers

Most people go through several withdrawal symptoms during the drug detox phase of treatment and it has been observed that the withdrawal symptoms can either be psychological or physical.

Good / Satisfied

P2 reported, "I had a good experience here as I had no proper routine before. I slept and woke up on my own time. My routine improved after coming here".

Bad / Dissatisfied

P3 reported "There are no outdoor activities, so we play indoors, or they show us a movie. I feel imprisoned as they do not let me go outside."

Theme 3: Staff Attitude Toward Patients

Kind and Harshness

P4 responded "Sometimes I do get emotional support; for instance, if I am distressed, they let me call my family.

P5 said "There is a lot of strictness here. They get angry over small things."

Theme 4: Treatment

Pleased

P6 reported "I do admit that I am a patient, I need treatment and now I feel my treatment is going well. I used intoxicants so I am being treated accordingly."

Disappointed

P7 said "I am a prisoner here and no one likes imprisonment. Neither are we given good food, nor are our rooms cleaned."

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

Discussion

The present study aimed to examine the experiences of involuntary admission of substance abuse patients in public and private rehabilitation. The results showed that involuntarily Admission to a rehabilitation center emerged four major themes across all ten interviews. All participants reported that they were forced for the admission in hospital. Involuntary admissions have both positive and negative impacts on the lives of the patients of rehabilitation centers. However, the findings showed that the impact was more significant for some participants than others. Moreover, the findings of this study highlight, that excessive substance use has a strong impact on the mental health of the participant.

Moreover, it was observed that patients who had been forced into admission were more likely to be men. They have used social services more frequently; have more severe substance use patterns, and have visited doctors for somatic problems more frequently in the past six months. They are likely to have less comorbid mental disorders. These patterns were consistent with the study conducted by Opsa and colleagues in 2013; that study investigated factors associated with involuntary hospital admissions under a social services act of patients with substance use disorder by comparing the socio-demographic characteristics, substance use, and psychiatric comorbidities with voluntarily admitted patients.

Furthermore, most of the patients who have been admitted involuntarily have favorable feelings about their forced admission and have high chances of follow-up care (Donoghue et al., 2009). In this study, some of the participants also reported favorable feelings toward involuntary admission to the rehabilitation center and said that they had a positive impact on their lifestyle. This indicates that there are high chances for the patients to stay involved in the follow-up care.

The second subordinate theme was Living Experience in the rehabilitation center during the drug detox portion of rehabilitation most individuals experience a

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

series of withdrawal symptoms. Some patients showed feelings of sadness because of their disturbed social life. They also feel like they are in prison. They follow the rules and regulations of the hospital and feel helpless. They reported that the staff of the hospital was strict and they miss their friends and family. Some of the patients showed satisfaction as they had positive changes in their lifestyle. These findings are consistent with the previous studies that found that involuntary patients often face significant disruptions in their daily lives due to being admitted against their will, often under pressure from authorities. They perceive that professionals do not care about them and may find their behavior bothersome. This leads to intense emotional responses, such as rejection, rage, and dissatisfaction with the mental health system. Patients feel a lack of control, aggravation, self-worth, and powerlessness. However, some of them also feel that staff cares about them, providing support and attention. This close bond between patients and staff helps reduce their anxiety and uncertainty and leads to positive life changes (Donoghue & Priebe 2007; Olofsson & Jacobsson, 2001).

The Third subordinate theme extracted was the staff's attitude toward patients. Staff plays an important role in the hospital. In 2017, Soverow and colleagues reported that staff attitudes also play a significant impact in treatment. On the other hand, a significant difference in opinions could substantially obstruct treatment. The results indicated that most of the patients showed dissatisfaction towards the staff as they reported that staff were always angry and did not pay attention to their problems, and made strict rules and forced them for its fulfillment. Jackman (2020) also reported in his study that treatment outcomes and the quality of care may be negatively impacted by healthcare providers' negative views towards patients with substance use disorder (SUD).

However, some patients were satisfied with the staff's attitude. They consider staff behaved well and they were able to share their feelings with them and they also fulfilled their requirements on time. They also have regular exercise

Journal of Social Signs Review
Print ISSN: 3006-4651
Online ISSN: 3006-466X

sessions with staff and take their medicine on time due to staff. Patients' self-esteem grew dramatically as a result of positive attitudes. In 2017, Soverow and colleagues also found that treatment is more successful when patients and staff are in complete agreement about the nature and origin of the illness. These results are also consistent with the current results.

The fourth and last subordinate theme extracted was treatment. In 2003, Anwar and colleagues showed the significance of the treatment centers for the patients of drug abuse. The results of the current study indicated that the hospital and rehabilitation centers are very important in treating drug abuse patients. Most hospitals are very careful about their treatments of drug abusers and make tailored treatments according to the needs of the patients. Some patients are happy with the treatment and some are not due to lack of some facilities.

Conclusion

A phenomenology study investigated the lived experiences of involuntary admission of substance abuse patients in public and private rehabilitation. The participants in the study view themselves as sick inmates, with inadequate staff and hospitals. They have a disturbed social life, longing for loved ones and friends, and do not enjoy being in prison. Some patients are pleased with their care, adhering to schedules, taking medication on time, and demonstrating positive effects of therapy and treatment.

Limitation And Recommendation

The study analyzed 10 substance abuse patients in public and private rehabilitation, but its short sample size limits its generalizability. The data was collected from Gujranwala, Karachi, and Lahore, making it difficult to generalize the results to the entire population of Pakistan. Therefore, more participants from other provinces and more variables should be studied to better understand the mental health and emotional behavior of substance abuse patients. Moreover, longitudinal studies are recommended to better understand involuntary admission

experiences and to include patients who may not be significantly influenced by rehabilitation admission to assess the impact of variables on their lifestyle.

Implications

The client's motivation for the treatment plays a vital role in successful treatment and long-term recovery. This study is helpful for treatment facilities to modify their policies for client handling and admission approaches.

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