Mental Health Guide

Tusmada La Xiriirta Cudurada Maskaxda

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FOREWORD

The Multiethnic Advocates for Cultural Competence in Behavioral Healthcare (MACC) is a non-profit organization that enhances the quality of care in Ohio's behavioral health system through its work to maintain and sustain cultural competence as a cornerstone of mental health recovery services statewide.

MACC is pleased to offer the Mental Health Resource Guide for Hispanic/Latino and Somali communities. The purpose of this Guide is to provide information and suggestions on different issues involved in metal health, treatment, access of services, rights of mentally ill and suggestions for caregiving to families with mentally ill members. The suggestions for caregiving are only for reference. In case of emergency, please contact your doctor or community mental health crisis center.

We would like to thank ADAMH Board of Franklin County Cultural Competence Advisory Committee, Asian American Community Services in sharing with us their experience. Our special thanks for Ginny Isakh, Executive Director of Strategies for Community Success for her consulting work and Somali translations. We would also like to thank Nora Montalvo-Crumbley, President and Gianella Martinez, Director of Marketing & Operations of the Centro Esparanza Latina for their consulting work and Spanish translations.

We hope that this Guide will serve as another step in developing effective services to address mental health needs in Ohio Hispanic/ Latino and Somali communities. You are welcome to send any feedback and questions to MACC. If you or your friends need additional copies of this Guide, please call MACC at (614)221-7841, or write to MACC, 691 North High Street, Suite 304, Columbus, Ohio, 43215. Thank you.

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HORUDHAC

Ururkan Qowmiyadaha-Badan ee u Dooda Aqoon u Lahaanshaha Dabeecadaha Caafimaad-Dhawristu (Multiethnic Advocates for Cultural Competence) waa urur aan faa'iido doon aheyn oo kor u dhiga tayada xanaanada ee nidaamka caafimaadka dhagameed ee Ohio shaqadiisuna tahay in la dhawro isla markaana lana caawiyo Awooda dhaqamadana ay noqoto saldhigga dib u soo kabashada caafimaadka miyirka ee dawaldd guud ahaan.

Ururka MACC waxuu ku faraxsan yahay in uu idiin soo gudbiyo Tusmadan Kheyraadka Caafimaadka Miyirka dadka Isbaanishka ah ee ku hadla luqada Laatiinka iyo bulshada Somaliga ah ee ku hadla luqada Somaliga. Ujeedada tusmadani waxay tahay iney soo gudbiso macluumaad iyo talooyin arimaha kale duwan ee khuseeya caafimaadka miyirka, daaweynta, u fududeynta helitaanka hawlaha, xuquuqda dadka miyirka looga jiro iyo talo siinta xanaaneynta qoysaska ee xubnaha miyirka ka jiran. Talooyinku xanaaneyntu waa gudbin oo keliya laguu gudbiyo meelo kale. Haddii xaalad deg-deg ahi timaado la xiriir dhakhtarkaaga ama xaruumaha qalaanqalka caafimaadka miyirka ee degaankaaga.

Waxaanu ku mahdineynaa Guddiga Ururka ADAMH ee degmada Franklin ee Guddiga la Talinta awood u yeelashada fahanka Dhaqanada . Ururka Hawlaha Bulshada ee Asian-American kaas oo nala wadaagay waayo-aragnimadooda. Mahadnaqayaga gaarka ah waxaa iska leh Ginni Isakh Madaxa guddiga guul ka gaarka Istaraatijyadda ee bulshada taladeedii shaqo iyo turjumaada tusmadan af Somaliga ah. Waxaan kaloo u mahad celineynaa Nora Montalvo-Crumbley. Madaxa iyo Gianella Martinez, agaasimaha suuq-geynta iyo hawlaha ee Centro Esparanza Latina shaqadoodii la talinta aheyd ee tarjumaada luqadda Isbaanishka.

Waxaan rajeyneynaa in Tusamadani ay idinkugu shaqeyn doonto talaabo kale ee hormarineed oo sugta hawlaha baahiyeed ee caafimaadka miyirka ee Ohio ee bulshada Isbaanishka ah iyo tan Somaaliyeedba. Waxaa lagugu soo dhaweynayaa in aad u soo dirto wixii su'aalo ah ama talo-celin ah ururka MACC. Haddii adiga ama saaxiibadaa ay u baahan yihiin koobiyo saai'id ah, fadlan soo wac MACC lambarka Telefoonka (614) 221-7841, ama u soo qor warqad MACC, 691 High Street, Suite 304, Columbus, Ohio, 43215. Mahadsanidiin.

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ENGLISH

Contents

1. Frequently Asked Questions 6
2. Mental Health Problems/Disorders 14
3. Treatment Methods 20
4. Making an Appointment and Getting Help 24
5. Living with a Mentally Ill Family Member 26
6. Crisis Intervention 32
7. Rights of the Mentally Ill 36

This ***Mental Health Guide*** has been produced in both English, Somali and Spanish so everyone can better understand how to navigate the system and access services. Bring it with you to your appointments to write notes or add resources. Use it to help organize the mental health information you already have for you and your family members.

This resource guide provides a general understanding of different issues involved in mental illness so you can be more informed when you or your ill family members need help. It explains what help you can get, what to expect, and how to react to help your friend or family member who is sick. However, if families or patients have any concerns about treatment, they should talk directly to the psychiatrist or other responsible mental health professional.

Tusmada Kheyraadka Guud ee Caafimaadka Maskaxda

Mawduucyada

1. Su'aalaha Badanaa la Isweydiiyo 7
2. Dhibaatooyinka la Xiriira Cudurada Maskaxda/Xanuunada 15
3. Hababka la isku Daaweeyo 21
4. Sameysashada Ballan iyo Sidii aad u Heli Laheyd Gargaar 25
5. La Noolaashaha Xubin Qoyska oo Jiran 27
6. Faragelin Carqaladeed 33
7. Xuquuqda ay Leeyihiin Dadka Maskaxda Looga Jiro 37

Tusmadan ***La Xiriirta Cudurada Maskaxd*** a waxa ay ku soo baxday Luqada Ingriiska iyo Isbaanishka si uu qof kasta u fahmi lahaa nidaamka isla markaana uu u heli lahaa macluumaad waxyaabaha loo qabanayo. La imow waqtiga ballantaada wixii fikrado ah oo dooneyso in aad ku biiriso isla markaana aad qoroto wixii qoraal ah. Isticmaal wixii warbixin ee aad ka heysaan adiga iyo xubnaha qoyskaaguba cudurada maskaxda sidii ay kaaga caawini laheyd isku dubaridnaantaada .

Tusmadani waxay ku siineysaa guud ahaan fahanka arimo kala duwan oo ku saabsan Cudurada Maskaxda. Sidaa darteed waxaad aad xog ogaal u noqon kareysaa markii adiga ama xubin qoyska ka tirsan oo xanuunsan ay u baahato gargaar. Waxay kuu sharxeysaa nooca gargaarka aad heli kareyso, waxyaabaha aad ka filaneyso, iyo sidii aad ula dhaqmi laheyd oo u caawin laheyd saaxiib ama xubin qoyska ah oo jiran. Wax kastaba arintu ha ahaatee, haddii qoysku ama bukaanku uu ka qabo wax su'aal ah oo ku saabsan daaweynta, waxaa haboon iney si toos ah ula hadlaan dhakhtarka amase dadka kale ee cudurada maskaxda khibrada u leh.

CHAPTER ONE

Frequently Asked Questions

Often people with mental health problems suffer in silence, rather than admit they need help. Asking for help is not an easy thing for many people to do, but it is a wise move when a person feels that something is wrong. Many individuals who are looking for help for themselves or a loved one ask the same questions. The following are some of the most commonly asked questions and their answers.

When I need help, where can I go?

For information about resources available in your community, call the Ohio Department of Mental Health toll-free number 1-800-275-6364 (ASK- ODMH), or contact your local mental health center or one of the local affiliates of national self-help organizations. These agencies can provide you with information on services designed to meet the needs of those suffering from mental disorders such as depression, schizophrenia, panic disorder, and other anxiety conditions. In addition, they will have information regarding services designed for specific cultural groups, children, the elderly, HIV-infected individuals, and refugees.

I don't have adequate personal finances, medical insurance, or hospitalization coverage—where would I get the money to pay for the service I may need?

In publicly funded mental health centers, such as those funded by state, city or county governments, the cost of many services is calculated according to what you can afford to pay. So, if you have no money, or very little, services are still provided. This is called a sliding-scale or sliding-fee basis of payment. Many employers make assistance programs available to their employees, often without charge. These programs—usually called Employee Assistance Programs—are designed to provide mental health services, including individual psychotherapy, family counseling, and assistance with problems of drug and alcohol abuse.

Are there other places to go for help?

Yes, there are alternatives. Many mental health programs operate independently. These include local clinics, family service agencies, mental health self-help groups, private psychiatric hospitals, private clinics, and private practitioners. If you go to a private clinic or practitioner, you will pay the full cost of the services, less the amount paid by your insurer or some other payment source.

There are also many self-help organizations that operate drop-in centers and sponsor gatherings for group discussions to deal with problems associated with bereavement, suicide, depression, anxiety, phobias, panic disorder, obsessive-compulsive disorder, schizophrenia, drugs, alcohol, eating disorders (bulimia, anorexia nervosa, obesity), spouse and child abuse, sexual abuse, rape, and coping with the problems of aging parents—to name a few.

In addition, there are private practitioners who specialize in treating one or more of these problems. You may contact local chapters of self-help organizations to learn about various services available in your community.

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CHAPTER ONE

Su'aalaha Badanaa la Isweydiiyo

Badanaa dadka ay heysato dhibaatada cudurada maskaxdu waxay la dhibaatoodaan aamusnaan, intii ay qiran lahaayeen in ay u baahan yihiin gargaar. Weydiisashada gargaaris uma aha arin fudud dadka intiisa badan iney sameeyaan, laakiinse waa talaabo hagaagsan hadii uu qofku dareemo iney wax khaldan yihiin. Shakhsiyaad badan oo u raadinaya gargaar lafahooda ama kuwa ay jecel yihiin ayaa weydiiya su'aalahan oo kale.Qaar ka mid su'aalaha soo socda iyo jawaabahooduba waa kuwa guud ahaan loogu weydiin badan yahay.

Markii aan u baahdo gargaar, halkee ayaan ka heli karaa?

Warbixin ku saabsan arimahaas waxaad ka heli kartaa xaruumaha bulshada,Waxaad wici kartaa waaxda dawladda Ohio u qaabilsan cudurada maskaxda oo telefoon lambarkoodu yahay 1-800-275-6364 amase la xiriir waaxaha hoose ee xaruumaha.

Ma heysto dhaqaale igu filan, caymis caafimaad, ama waxyaabo iga daboola kharajka isbitaalka-halkee ayaan ka heli karaa lacagta aan ku bixin lahaa hawlaha aan u baahan doono?

Xaruumaha caafimaadka maskaxda ee dawladu maalgeliso, sida kuwa dawlad goboleedka, magaalooyinka ama waaxaha, qiimaha shaqooyinka laguu qabtay waxaa lagu qiyaasaa waxaad awoodi kareyso in aad iska bixiso. Sidaa darteed haddii aadan lacag heysan, amaba aad heysato waxyar, shaqada waa laguu qabanayaa. Tani waxaa la yiraahdaa Qiimo hoos u dhac. Loo shaqeeyaal badan ayaa u sameeya barnaamijyo ay ku caawinayaan shaqaalahooda iyadoon wax lacag ah lagu dalicin. Barnaamijyadaas-caadiyan waxaa lagu magacaabaa Barnaamijyada gargaarka Shaqaalaha, waxaana loo qoondeeyey iney siiyaan shaqooyin caafimaadka maskaxda, taas oo ay ku jirto dawo dhakhtar maskaxeed, la talin qoys iyo ka caawinid dhibaatooyinka mukhaadaraadka iyo dhibaatooyinka khamriga.

Ma jiraan meelo kale oo laga helo gargaar?

Haa, waa jiraan meelo kale. Qaar badan oo ku saabsan barnaamijyada caafimaadka maskaxda ayaa u shaqeysta si madax banaan. Kuwaasi waxaa ka mid ah bukaan socodyada hoose, heyadaha la shaqeeya qoyska, kooxaha iskood u caawiya caafimaadka maskaxda, Isbitaalada dhaqaatiirta maskaxda, bukaan socodyada iskood u shaqeysta iyo shaqsiyaad ku takhasusay shaqadaa. Haddii aad aado bukaan socodyada iskood u shaqeysta amase kuwa takhasusay shaqadaa, waxaad bixin doontaa qiimaha shaqada laguu qabtay oo dhan, ama waxii ka soo hara inta uu caymiskaaga bixiyio ama ilo kale oo wax kaa bixiya.

Waxaa kaloo jira ururo kale oo iskood u caawiya dadka kuna shaqeeya xaruumo dadka la geeyo isla markkana martigeliya dood kooxeedyada iney isugu yimaadaan xaruumahooda Falanqeeyaana dhibaatooyinka la xiriira tiiraanyada, is-dilka, rajo-luminta, welwelka, cabsi, xanuun argagax leh.

Intaa waxaa raaca, Iney jiraan dhaqaatiir gaar ah oo ka shaqeeya kuna takhasusay iney daaweeyaan mid ama qaar ka mid ah xanuunada aan soo sheegnay. Waxaad la xiriiri kartaa qeybaha hoose ee Ururada iskood wax u caawiya si aad u ogaato shaqooyinka kala duwan ee aad ka heli karta bulshada dhexdeeda.

I don't like to bother other people with my problems. Wouldn't it be better just to wait and work things out by myself?

That's like having a toothache and not going to the dentist. The results are the same—you keep on hurting and the problem will probably get worse.

Suppose I decide to go ahead and visit a mental health center. What goes on in one of those places?

A specially trained staff member will talk with you about the things that are worrying you.

Talk? I can talk to a friend for free—why pay someone?

You're quite right. If you have a wise and understanding friend who is willing to listen to your problems, you may not need professional help at all. But often that's not enough. You may need a professionally trained person to help you uncover what's really bothering you. Your friend probably does not have the skills to do this.

How can just talking make problems disappear?

When you're talking to someone who has professional training and has helped many others with problems similar to yours, that person is able to see the patterns in your life that have led to your unhappiness. In therapy, the job is to help you recognize those patterns—and you may try to change them. There may be times, however, when you will need a combination of "talk therapy" and medication.

Are psychiatrists the only ones who can help?

No. A therapist does not have to be a psychiatrist. A number of psychologists, social workers, nurses, mental health counselors, and others have been specially trained and licensed to work effectively with people's mental and emotional difficulties. However, only a psychiatrist is a medical doctor and therefore qualified to prescribe medication.

Since I work all day, it would be hard to go to a center during regular working hours. Are centers open at night or on weekends?

Often centers offer night or weekend appointments. Just contact the center for an appointment which may be set up for a time that is convenient for you.

I feel that I would be helped by going to a mental health center. Actually, I think my spouse could be helped too. But the idea of going to a "mental health center" would seem threatening to my spouse. Could I just pretend that it's something else?

No, indeed. It's better to talk your spouse into it than to lie. Don't jeopardize trust by being deceptive. However, you may want to discuss it first with someone at the center. Marital or family therapy is available when a problem exists that involves more than one family member.

If I go to a mental health center, what kind of treatment will I get?

There are many kinds of treatment. A professional at the center will work with you to determine the best treatment for your needs. Depending on the nature of the illness being treated,

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Ma doonayo in aan ku dhibo dadka kale dhibaatooyinkeyga, Miyeysan wanaagsaneyn inaan sugo isla markaana iskeeyga u xaliyo?

Taasi waxay u dhigantaa adigoo ilig ku xanuunayo oo aadan dooneyn in aad aado dhaqtarka ilkaha. Natiijadu waa isku mid-xanuunku wuu kugu badanayaa, waxaana xaqiiqo ah in dhibaataduna ay ka sii dareyso.

Ka soo qaad inaan goostay inaan aado xaruumaha caafimaadka maskaxda. Maxaa ka socda meelahaas.

Gaar ahaan xubin shaqaale oo tababaran ayaa kaala hadli doona waxyaabaha ku welwelinaya.

Hadal? Waxaan la hadli karaa saaxiib si lacag la'aan ah- maxaan lacag u siinayaa qof kale?

Xaqiiqadii waa runtaa. Haddii aad qabto saaxiib wanaagsan oo la fahmi karo doonayana inuu dhageysto dhibaatooyinkaaga, Laga yaabee inaadan u baahneyn cawinaad khibradeed gebi ahaanba. Laakin mararka qaarkood intaasi kuguma filna. Waxaa laga yaabaa inaad u baahato qof tababaran oo hawshaa khibrad u leh si uu kaaga caawiyo si aad u heli laheyd waxyaabaha xaqiiqadii ku dhibaya. Saaxiibkaana laga yaabee inuusan laheyn xirfadii sidaa lagu sameyn lahaa.

Sidee Hadal Kaliya uu u Baabi'in Karaa Dhibaatada?

Markii aad la hadleyso qof tababar khibradeed leh isla markaana caawiyey qaar kale oo badan oo ay heysato dhibaatadaada oo kale, qofkaasi waxuu awood u leeyahy inuu arko waxyaabaha noloshaada ee keenay farax-la'aanta. Daaweyntu, shaqadu waa in lagaa caawiyaa sidii aad garan laheyd waxyaabahaa – iskuguna daye laheyd sidii aad u badeli Laheyd. Laga yaabee mararka qaarkood, sida ay arintu tahayba in aad u baahato iskudar Daweyn hadal ah iyo daweyn daawo ah.

Dhaqaatiirta Dadka Waalan Ma Iyaga Keliya Ayaa Dadka Caawiya?

Maya. Daaweeyuhu ma aha oo keliya inuu noqdo dhaqtarka dadka waalan. Qaar ka mid ah dhaqaatiirta cilmi nafsiga, shaqaalaha dadka, kalkaaliyayaasha, la taliyayaasha caafimaadka maskaxda, iyo kuwa kale oo iyana si gaarka ah loogu tababaray isla markaana shati loo siiyey iney la shaqeeyaan dadka ay heysato dhibaatooyinka maskaxda iyo laablakca. Hadaba, dhaqaatiirta maskaxda oo keliya ayaa loo ogol yahay iney daawooyinka qoraaan.

Maadaama Aan Shaqeeyo Maalintii oo Dhan, Wey igu Adag Tahay inaan Aado xaruumaha Xilliga Caadiga ah ee Shaqada. Ma furan Yihiin Xaruumaha Habeenkii ama Sabtiga iyo Axada?

Badanaa xaruumuhu waxay ku yaboohaan maalmaha sabtiga, axada iyo habeenkii in aad ballan dhigato. la xiriir xaruumaha si ballan laguugu dhigo taasoo laga yaabo in laguugu habeeyo waqtiga kuugu haboon.

Waxaan filayaa in la i caawin lahaa haddii aan tegi lahaa xaruumaha caafimaadka maskaxda. Balse, waxaan maleynayaa in xaasku isagana i caawini lahaa. Laakin fikrada ah aadista "xaruumaha caafimaadka maskaxda" waxay u ekaaneysaa in khatar gelineyso xaaska. Miyaan ka dhigaa wax kale?

Maaha, sidaa. Waxaa fiican in aad lahadasho ninkaaga/naagtaada intee aad been u sheegi laheyd. Ha burburin aminka hana noqon been abuure. Sidaa darteed la hadal marka hore xaruunta. Daweyn qoyska iyo mid guurka la xariirtaba waad heleysaa markii ay jirto dhibaato la xiriirta in ka badan hal qof ee qoyska.

Haddii Aan Aado Xaruunta Caafimaadka Miyirka, Noocee Daawo Ah Ayaan Helayaa?

Waxaa jira noocyo badan oo daaweyn ah. Qof xirfad leh ee xaruunta ayaa kula shaqeyn doona si loo ogaado daawada kuugu fiican ee baahidaada ah. Iyadoo la eegayo xaladda.

psychotherapy and/or treatment with medication may be recommended. Sometimes, joining a group of people who have similar problems is best; at other times, talking individually to a therapist is the answer.

Does therapy for mental and emotional problems always work?

Sometimes it does, and sometimes it doesn't. It primarily depends on you and the therapist. It is important to share your concerns in a serious, sincere, and open manner. Only if you are completely honest and open can you expect to receive the best support and advice.

What if I really try, but I still can't feel comfortable with the therapist?

There should be a "fit" between your personality and that of the therapist. If not, someone else—or some other method—may be more suitable for you. You can ask your therapist for a referral to another mental health professional, or, if you prefer, you can call one of the mental health associations for the names of other therapists in your area.

What if I am receiving medication and don't think it is helping?

If there is little or no change in your symptoms after five to six weeks, a different medication may be tried. Some people respond better to one medication than another. Some people also are helped by combining medications with another form of therapy.

Does a mental health center provide services for children?

Yes. Children's services are an important part of any center's program. Children usually respond very well to short-term help if they are not suffering from a severe disorder. Families often are asked to participate and are consulted if the child is found to have a serious disorder—such as autism, childhood depression, obsessive-compulsive disorder, attention deficit hyperactivity disorder, or anorexia nervosa or bulimia—and long-term treatment is needed.

I have an elderly parent who has trouble remembering even close members of the family. He is physically still quite active and has wandered off a number of times. Could someone help with this?

A staff person at a center can advise you about ways you can best care for your parent. You may be referred to a special agency or organization that provides services designed especially to meet the needs of elderly people. The department of public welfare in your county can give you addresses and telephone numbers for both your county and state agencies on aging. These agencies provide information on services and programs for the elderly.

I have a friend who says she could use some professional help, but she is worried about keeping it confidential.

She needn't worry. Confidentiality is basic to therapy, and the patient has the right to control access to information about her treatment. Professional association guidelines plus federal and state laws underscore the importance of confidentiality in therapist-client relationships and govern the release of records. Some insurance companies require certain information from the therapist as a condition for payment, but that information can be released only if the patient gives written permission. If your friend wants to know exactly who gets information and what kind of information

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Jirada lagaa daaweeyey, daaweyn cilmi-nafsi ah ama daweyn daawo ah ayaa qofka la dooransiiyaa amaba la isugu daraa. Mararka qaarkood, ku biirista kooxaha dadka ay heysato dhibaatadaada mid la mid ah waa talo hagaagsan, mararka qaarkoodna, Jawaabtu waxay ku jirtaa la hadalka qofka ee daaweeyaha.

Miyey Mar Kasta Shaqeysaa Daaweynta Miyirka iyo Tan Laab-la Kacu?

Mararka qaarkood wey shaqeysaa, mararka qaarkoodna ma shaqeyso. Asaasiyan waxay ku xiran tahay adiga iyo daaweeyaha. Waa muhiin inaad la wadaagto wixii aad qabto ee Culus, muhiim ama iska caadi ahba. Haddii aad guud ahaan tahay qof run sheeg aha isla markaana furan waxaad rajeyn kartaa in aad hesho gargaarka iyo talada ugu fiican.

Waa Sidee Haddaan Xaqiiqadii Isku-dayayo, Laakiin Weli Aan ku Qanacsaneyn Daaweeyaha?

Waxaa jira wax u dhaxeeya shaqsiyadaada iyo tan daaweeyaha. Haddii aysan shaqeyneyn raadi mid kale-ama hab kale oo kugu haboon. Waxaad weydiisan kartaa daaweeye kale oo xirfad u leh caafimaadka miyirka ama haddii aad doonto waxaad wici kartaa mid ka mid ah heyadaha caafimaadka miyirka magacyada daaweeyayaasha kale ee degaankaaga.

Maxaan sameeyaa haddii aan daawo qaadanayo laakinse ay wax iitareyn?

Haddii wax yar ama wax isbedel ah aysan ku iman xanuunkaaga shan ilaa lix usbuuc ka dib, waxaa haboon in aad isku daydo daawo tii hore ka duwan. Dadka qaarkood hal daawo ayaa wax u tarta marka loo eego qaar kale. Qaar kalena waxaa caawiya daawooyin la isku dardaray oo ah nooc kale oo daaweyn ah.

Xaruumaha Caafimaadka Maskaxdu Ma Ku Yaboohaan Iney Shaqo u Qabtaan Caruurta?

Haa. Shaqada caruurta loo qabanayo waa qeyb muhiim ah oo ka mid ah barnaamijka xaruumaha. Caadiyan waqti yar oo caawinaad ah caruurtu wey ku daawoobaan haddii uusan heyn xanuun aad ah. Badanaa waxaa la weydiistaa qoysku inuu ka soo qeybgalo, waana lagala tashadaa haddii laga helo in ilmuhu qabo xanuuno aad ah sida Gooniyawga, Rajo-lumin xilliga caruurnimada, ku-suufiyoobid qeyricaaadi ah, sugmo iyo isku-taxajin la'aan, cuno-cunis la'aan waxaas oo dhan waxaa loo baahan yahay daaweyn waqti dheer ah.

Waxaan Hayaa Waalid Waayeel Ah oo Xitaa Dhibaato Ay Ka Heysato Xasuusashada Xubnaha Qoyska. Muuqaalkiisu Jir Ahaaneed wuu fiican yahay. Arintani Cid Iga Caawisa Ma Jirtaa ?

Qof shaqaalaha xaruunta ka ah ayaad ka heli kartaa talo ku saabsan habkii aad u xanaaneyn laheyd waalidkaa. Laga yaabeena in laguu gudbiyo heyad u gaar ah ama ururo loo qoondeeyey shaqana ku leh iney wax ka qabtaan baahida dadka waayeelka ah. Heyadda Samafalka Guud ee Dawladda ee waaxda aad ku nooshahay waxaad ka heli kartaa cinwaanka iyo telefoonada waaxdaada iyo kuwa laamaha dawladda ee waayeelka. Heyadahani waxaad ka heli kartaa macluumaad shaqooyinka iyo barnaamijyada waayeelka.

Waxaan Leeyahay Saaxiib doonaysa iney Isticmaasho kaalmadaa Khibradeed, Laakiin ka welwelaysa in arinteedu banaanka ay u baxdo.

Uma baahna inay welwesho. Sir qarintu waxay saldhig u tahay daaweynta, isla markaana bukaanku waxuu xaq u leeyahay inuu kontoroolo macluumaad ku saabsan daaweyntiisa. Tusmooyinka heyadaha xirfadda u leh lagu daray kuwa dawladda dhexe iyo kuwa dawlad goboleedka shuruucdoodu waxay muhimad siiyaan dhawrista sirta u dhaxeysa daaweeyaha iyo la daaweeyaha, waxayna xukumaan siideynta macluumaadka. Skirkadaha caymisyada qaarkood waxay u baahan yihiin iney ka helaan qaar warbixin ah daaweeyaha xaaladaa oo la xiriirta lacag bixin, laakiinse macluumaadka ku saabsaan bukaanka waxaa la bixin karaa oo keliya markii uu bixiyo qoraal ogolaansho ah bukaanku. Haddii uu doonesoyo saaxiibtaa iney ogaato cidda heleysa warbixinta iyo nooca warbixinta ee loo

is released, she should ask her insurance provider and discuss it in detail with the therapist.

I have a relative with a severe mental problem. Should I urge this person to go to the hospital?

A person who is mentally ill should be in a hospital only if it is absolutely necessary. In general, most mental health professionals believe that persons with mental illness should live in the community and be treated there. That's why mental health centers and community support and rehabilitation programs stress the importance of having many different services available: day, night, and weekend care, and outpatient treatment through regular visits to an office or clinic.

Do emergency cases wind up as long-term patients in mental hospitals?

Generally, no. Mental hospitals are used today for short-term crisis intervention when there are no other community services available or when a person needs extra care to stabilize a drug treatment regimen. Also, they serve the small percentage of patients who need long-term, structured, supervised care and treatment in a protective setting.

I have heard people use the term "involuntary commitment." What does this mean?

In an emergency (for example, when a person is considered a danger to self or others), it is possible for someone to be admitted to a hospital for a short period against his or her will. The exact procedures that must be followed vary from one area to another, according to state and local laws. At the end of the emergency commitment period, the state must either release the individual, obtain his or her voluntary consent to extend commitment, or file an extended commitment petition with the court to continue to detain the person involuntarily. Most states require an emergency commitment hearing to be held within two to four days after hospital admission to justify continued involuntary confinement.

Whom can I call if I feel that my rights have been violated or if I want to report suspected violation of rights, abuse, or neglect?

For more information about your rights see Section 7 of the Guide or check the Ohio Legal Rights Service website: http://olrs.ohio.gov/asp/HomePage.asp

gudbinayo, waxay weydiin kartaa caymiskeeda waxayna si tafaasiil ah ugula hadli kartaa daaweeyaheeda.

Waxaan Leeyahay Qof Qaraabo Ah oo si Aad ah Miyirka Looga Jiro. Miyaan Ku Booriyaa Qofkan Inuu Isbitaalka Aado?

Qofka miyirka looga jiro waa in isbitaalka lagu hayaa oo keliya haddii lagama maarmaan noqoto. Guud ahaan, intooda badan xirfadlayaasha caafimaadka maskaxdu waxay rumeysan yihiin in qofku madaxa looga jiro uu la noolaado bulshada halkaana lagu daaweeyo.

Waa sababtaa tan keentay in xaruumaha caafimaadka maskaxda iyo barnaamijyada taageera bulshada iyo kuwa dhaqancelintu ay muujiyeen muhimada ay leedahay sdiu loo heli lahaa hawlahaa waqti kasta: maalin, habeen, iyo xanaano sabti iyo axadba iyo daaweyn bukaan-socodka markasta uu booqdo xaafiiska ama bukaan-eega.

Miyey dhacdaa in Gergaarka deg deg ah qaarkii uu keeno in bukaanka mudada dheer xanuunsanaa lagu hayo Ibsitaalada dadka madaxa looga jiro?

Guud ahaan, ma jirto, Isbitaalada miyirka waxaa loo istcmaalaa maanta xalinta xanuunada mudada gaaban markii aysan jirin meelo kale oo bulshada shqadaa u qabta amase qofku u baahan yahay xanaano dheeri ah si loogu hubiyo daawada uu qaadanayo iney wax tareeys. Waxay isbitaaladu ogoladaan inyar oo bukaanka ah oo baahan daaweyn waqti dheer ah, oo la habeeyey, xanaano ilaalo dheeri ah u baahan iyo daaweyn hab illaalin loo dejiyey.

Waxaan Maqlay in Dadka Isticmaalaan Weedha ah "Ballanqaad Aan Qofka ka Iman" Maxaa taa loola Jeedaa?

Gargaarka deg dega ah (Tusaale ahaan, haddii ruuxu loo qaato in uu khatar ku yahay naftiisa ama tan dadka kale), waxaa suurtagal ah in qofka la saxeeyo isbitaalka muddo gaaban isaga ama iyada oo rabitaankooda aan aheyn. Raacista habkaas oo kale wey ka duwan tahay meelba meesha kale marka loo eego xeerka dawlada iyo waaxaha hoose. Dhamaadka waqtiga ballanqaadka xaaladda deg degga ah, dawladu waa iney qofka sii deysaa, ama ay qofka ka heshaa ogolaansho ah in la sii hayo, amase ay ka xareyso maxkamadda in la sii hayo qofka isagoon lagala tashan. Dawladaha badankoodu waxay u baahan yihiin in dhageysiga dacwada xaaladda ballanqaadka deg degga ah laga qabto muddo laba ama afar maalmood gudahood ah marka qofka isbitaalka la geeyo si loo cadeeyo in loo baahan yahay in qofka ogolaansho la'aantiisa la heyo.

Yaan Wacaa Haddii Aan Dareemo In Xuquuqdeydii Lagu Xadgudbay Amase Aan Doonayo Inaan Sheego Xadgudub Xuquuq, dayacaad iyo u awood sheegasho?

Wixii macluumaad dheeri ah ee xuquuqdaada eeg qeybta 7 ee tusmada ama fiiri Heyada Dawladda Ohio u qaabilsan Hawlaha Xuquuqda ee uu yahay website: http//olrs.ohop.gov/asp/HomePage.asp

CHAPTER TWO

Mental Health Problems/Disorders

Twenty percent of adult Americans—or one in five—will have a mental illness during their lifetime that is severe enough to require treatment, and many more have problems that prevent them from enjoying their lives.

The understanding of mental illness and the best treatments changes in time and differs from culture to culture. In some cultures mental health problems are called "bad nerves," "weakness of character," "possession of bad spirits," "curse of bad eye," etc. In a lot of cultures mental illnesses are associated with shame and guilt, and are difficult to talk about. That's why so many people suffer and delay getting help. It is important to know that you are not alone if you have mental health problems, and that there is help and hope.

Mental illness refers to a broad range of disorders with psychological or behavioral symptoms and/or impairment in functioning due to social, psychological, genetic, physical/chemical or biological disturbances. There is an important biological and/ or genetic component of many mental illnesses. It is important for you and family members not to blame yourselves for things that you think you might have done to cause the illness. Illness usually results in a temporary or long-term disability in the areas of emotion, cognition, behavior, and/or personality and social relationships.

The following are the main disorders as they are classified in the United States.

Addiction

Dependence on a chemical substance to the extent that a physiological or strong psychological need is established. The need appears as withdrawal symptoms when the substance is removed. Narcotics, alcohol, nicotine and most sedative drugs may produce addiction.

Anxiety Disorders

Anxiety disorders refer to a group of disorders that involve prominent anxiety or fear. Anxiety refers to an unpleasant and overriding inner emotional tension that has no apparent identifiable cause. Fear causes emotional tension due to a specific, external reaction.

Phobias

An obsessive, persistent, unrealistic fear of an object or situations. Some common phobias are: fear of heights, fear of leaving the familiar setting of the home (agoraphobia), fear of closed places (claustrophobia), and fear of strangers (xenophobia).

Panic Disorder

A type of anxiety disorder in which a person suffers intense, overwhelming terror suddenly and for no apparent reason. Associated physical symptoms include shortness of breath, heart palpitations, chest discomfort, choking sensations, feelings of unreality, sweating, faintness, trembling, and fear of loosing control, dying or going crazy.

Obsessive-Compulsive Disorder

A type of anxiety disorder marked by the persistent intrusion of unwanted and uncontrollable thoughts. Commonly, a person who suffers from obsessions also suffers from compulsions—repeated, senseless rituals that a person has to go through in an attempt to reduce his or her anxiety.

(continued next page)

CHAPTER TWO

Dhibaatooyinka Caafimaadka Miyirka/ Xanuunada

Boqolkiiba labaatan qaangaarka Mareykanka ama hal shantii qofba waxay qabi doonaan xanuunka miyirka waqtiga noloshooda oo aad u liita kaas oo u baahan daaweyn, in badan Oo kalena waxaa heysan doona dhibaato ka celisa iney noloshooda ku raaxeystaan.

Fahanka cudurka miyirka iyo daaweynta ugu wanaagsan waxaa la bedelmaan waqtiga, weyna ku kala duwan yihiin dhaqanba dhaqanka kale. Dhaqamada qaarkood dhibaatooyinka cudurka miyirka waxay ugu yeeraan " neerfihii xumaa" " dabeecad laciifnimo" "heysasho ruuxad xun" "caay il xun". Dhaqamo badan waalida waxaa lala xariiriya sharaf daro iyo dambiilanimo waana adag tahay in laga hadlo. Waana sababta dad badan ay u dhibaatoodaan isla markaana dib u dhigta helitaanka gargaar. Waa muhiim in aad ogaato in aad keligaa aheyn haddii aad qabto dhibaato ah cudurka miyirka waxaa jira rajo iyo gargaarba.

Cudurka miyirka waxaa lagu tilmaamaa xanuuno aad u ballaaran oo nafsi ah ama dhaqameed ah / ama dhaawac soo gaara shaqada taas oo ku timid bulsho, nafsada, Jenetikada, jirka/kiimikada ama bayolojiga oo carqaladooba. Waxaa muhiim ah adiga iyo xubnaha qoysku ineysan isku eedeyn waxyaabaha aad maleyn kareyso in ay cudurka sababeen. Jirada caadiyan waxaa sababa curyaanimo muddo gaaban ama muddo dheer oo ka timid laab-la-kac, aqaonsiga, dhaqanka, amase shaqsiyadda iyo la xiriirka bulshada.

Kuwan Soo Socda Waa Kuwa Ugu Waaweyn Xanuunada Sidey Mareykanku Cadeeyeen.

Balwadda (Addiction)

Isticmaal joogto ah ee waxyaabo kiimiko ah ilaa heer nafsiyan ama jir ahaanba uu qofku ka maarmiwaayo. Baahidu waxay soo baxdaa marka xanuunku guuro marka waxyaabihii jirka ku jirey laga bixiyo.

Xanuun Welwel Ah (Anxiety disorder)

Xanuunka cabsida ah waxaa lagu sheegaa kooxo badan oo xanuuno ah kuwaas khuseeya cabsi iyo welwel laga garan karo qofka. Welwelka ama cabsidan waxaa loola jeedaa qiiraanyo aad u sareysa oo aan ilaa hadda la ogeyn waxa sababa. Cabsida waxaa sababa qiiro kicitaan taas oo ay u sabab tahay rogaal celin dibadeed.

Cabsi (Phobias)

Ku dheganaan, joogto, cabsi aan xaqiiqo aheyn ee shey ama xaalad. Cabsiyaha aad caanka u ah waxaa ka mid ah, Cabsida meelaha dhaadheer, cabsida ka tegista guriga, cabsida meelaha xiran, iyo cabsida dadka aadan aqoonin.

Xanuun Argagax ah (Panic Disorder)

Waa nooc xanuun oo cabsi ah ee uu qofku la dhibaatoodo argagax aad u ballaaran oo aan la qiyaasi karin oo aan wax sabab ah laheyn. Calaamadaha la xiriira waxaa ka mid ah, neefta oo kugu xiranta, wadnaha oo aad u garaaca, xabbad xanuun, dareen sixasho ah, walaahow, dhidid, daal, gariir, iyo cabsi luminta kontoraalkaaga, ama cabsi dhimasho ah, ama noqosho wax waalan.

Xanuun Ku-Suufiyoobis khasab Ah (Obsessive-Compulsive Disorder)

Waa nooc xanuun welwel iyo cabsi oo lagu garan karo soo faragelin fikir aan la kontorooli karin aanan loo baahneyna. Guud ahaan qofkii la dhibaatoonaya ku suufiyoobis wax waxuu kaloo iyadana la dhibaatoodaa ku khasbanaan-ku celcelin Aan macno samaneyn oo ah qofku inuu maro isagoo isku deyaya inuu yareeyo cabsida iyo welwelkiisa.

Post-Traumatic Stress Disorder (PTSD)

A disorder that develops after a person experiences a psychologically distressing event that is outside the usual range of human experience. Symptoms include re-experiencing the traumatic event, avoidance of stimuli associated with the event, numbing of general responsiveness, and increasing arousal.

Delusional Disorders

These mental disorders are characterized by the presence of one or more bizarre and persistent delusions. Common types of delusions include: falsely believing another person is in love with oneself (erotomania), conviction of having some great talent (grandiose), a belief that his or her spouse is not faithful (jealous), a belief that he or she is being conspired against (persecutory).

Dementia

A disorder in which there is loss or impairment of mental power due to organic causes severe enough to interfere with work or social functioning. Memory disturbance is the most prominent symptom. Other symptoms include personality change and impairment of abstract thinking, judgment, and impulse control.

Eating Disorders

Marked disturbance in eating behavior, including overeating, anorexia nervosa, bulimia nervosa and pica.

Anorexia Nervosa

An eating disorder characterized by severe and prolonged refusal to eat, extreme weight loss, distorted body image, termination of the menstrual cycle or impotence, and intense fear of becoming obese; often occurring in, but not limited to girls and young women.

Bulimia Nervosa

An eating disorder characterized by compulsive eating binges followed by some effort to counteract the weight gain that would result from these binges by means of vomiting, excessive exercising, fasting or use of diet pills and laxatives. Being overly concerned with weight and body shape is also a symptom of bulimia.

Insomnia

The unusual prolonged inability to fall asleep, difficulty staying asleep, and/or early morning awakening. This sleep disturbance (or associated daytime fatigue) causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Mood Disorders

Mental disorders in which there is a disturbance in mood that is not due to any other physical or mental disorder. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.

Major Depression

Major depression is characterized by slow thinking, decreased purposeful physical activity, sleep and appetite disturbances, low self-esteem, loss of sex drive, difficulty in concentrating, and feelings of guilt and hopelessness.

(continued next page)

Xasuusasho iyo Ku Riyoon Waxyaabo Naxdin leh (PTSD)

Cudurkani waxuu yimaadaa marka qofku dareemo xaalad welwel nafsi ah oo ka baxsan heerka qofka biniaadamka waayo aragnimadiisa. Caalamadaha lagu garto waxaa kamid ah iska garasho dhacdooyin naxdin leh, joojin firfircoonida la xiriirta dhacdada, hakasho ka jawaabis guud ah iyo korodh dhaqdhaqaaq.

Xanuun Been-awaal Ah (Delutional Disoreder)

Xanuunkan waxaa lagu tilmaamaa jiritaanka hal ama in badan oo walaahow oo aad loola yaabo oo joogto ah. Noocyada aad loo yaqaan ee walaahowga waxaa ka mid ah: si khalad u rumeysasho in ruux kale ku jecel yahay, rumeysasho qabis wax weyn oo hibo ah, rumeysasho in ninkaaga ama naagtaadu daacad kuu aheyn (maseyr), rumeysasho in lagu shirqoolayo.

Xanuun Xis-Lumin (Dementia)

Waa xanuun lumin ama dhaawac ku yimaada awooda miyirka taas oo ka timid xaalado dabiici ah oo awoodoodu tahay iney farageliyaan shaqada ama shaqeynta jirka. Xusuusta oo wareerta waa calaamadaha ugu waaweyn oo lagu garto xanuunkan. Waxyaabaha kale oo lagu garto waxaa ka mid ah shakhsiyad oo isbedesha, isbedel ku dhaca fikirka, go'aan gaarista iyo kontorool ku boodis ah.

Xanuun Cuntada ah (Eating Disorder)

Waxaa lagu tilmaamaa dhibaato xagga cuntada ah, taas oo ay ka mid tahay cunto cunis xad dhaaf ah, cunto cunis xumo iyo cunto cunis la'aan.

Xanuun Cunada la xiriira (Anorexia Nervousa)

Waa xanuun la xiriira cunista oo lagu sheego qofka oo cunada ka soo jeesta muddo dheer, lumiyana miisaaankiisa, muuqaalka jirkiisana uu baaba'o, waqtigii wareega caadada haweenka oo dhamaada ama raganimadii ama naagnimadii iyo cabsi qofka ku timaada in uu cayilka ka bato, taasna kuma eka gabdhaha iyo haweenka yar yar.

Ku-Dhadhabis Cunto (Bulimia Nervousa)

Waa xanuun lagu tilmaamo ku dhadhabis cunista raashinka taas oo soo raacdo ficil ka soo horjeeda qofka korodhka miisaankiisa taas oo sababta cunistaa in lagu dhimo mantag, jimicsi dheereaad ah, soomis amase isticmaalis kaniiniyada raashinka qofka ka yareeya ama isticmaalis kuwa caloosha bixiya. Khuseynta qofka qaabka muuqaaalka jirkiisa iyo culyskiisu waa calaamad cudurkan bulimia.

Hurdo-la'aan (Insomnai)

Hurdo imaansho la'aan muudo dheer oo qeyri caadiga ah, dhibaato qofka oo hurdada jiifi waaya ama subaxii hore uu qofku soo kaco. Dhibaatadan hurdadu (ama taas oo la xiriirta daalka maalintii) waxaa sababa rajo la'aan ballaran ama dhaawac bulsho ahaan shaqo ahaan ama qeybo kale oo muhiim ah ee shaqeeya.

Xanuun Shucuurta ah (Mood Disorder)

Waa xanuun miyirka ah taas oo dhibaaato ku timaado shucuurta iyadoon shaqo ku laheyn cudurada kale ee ku dhaca jirka iyo miyirka. Shucuurta waxaa loola jeedaa dareen maskaxeed waqti dheer ah oo ka hareeya guud ahaan nolosha nafsiga ah ee qofka; guud ahaan waxay saameysaa mid ahaan rajo-gebista amase faraxa (raji fiicnaanta).

Major Depression Rajo-Dhegis Guud

Rajo-dhegista guud waxaa lagu tilmaamaa fikir yare, hoos u dhac dhaqdhaqaaqa qasdiga ah ee jirka, hurdada iyo raashin cunista oo carqaladooba, rajo hoose, luminta wadista gelmada, dhibaato fiiro-la'aan iyo dareen dambiilanimo iyo rajo la'aan.

Bipolar Disorders

An affective disorder in which there are episodes of both mania and severe, disabling depression. Mania refers to a mood state that is elevated, expansive, or irritable. Associated symptoms may include inflated self-esteem, grandiosity, decreased need for sleep, distractibility, poor concentration, accelerated thinking and speaking, and impaired judgment.

Post-Partum Depression

Onset of a depressive episode within a month after delivery of a baby.

Schizophrenia

A group of severe disorders of unknown cause (but considered brain disorders) in which there is: a fundamental disturbance of personality, typically characterized by a disturbance of language and communication; distortion of thinking that may involve distortion of reality, and sometimes delusion and hallucination; abnormal affect out of keeping with the real situation, and regressive or bizarre behavior.

Mental Health Problems Commonly Seen in Children

Attention Deficit/Hyperactivity Disorder (ADHD)

The essential features of this disorder are developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity that can be manifested at home, in school, and in social situations. Associated features vary as a function of age, and include low self-esteem, mood liability, low frustration tolerance, and temper outbursts. Academic underachievement is characteristic of most children with this disorder.

Autism

A condition caused by a physical disorder of the brain that appears during the first three years of life. Symptoms include: disturbances in physical, social and language skills; abnormal responses to sensations; and abnormal ways of relating to people, objects and events.

Down's Syndrome

A common form of mental retardation caused by a chromosomal abnormality. In addition to mental deficiency, the disease is characterized by a broad face with widely spaced, slanting eyes, small flat-backed head, lax joints, flabby hands, small ears, and congenital abnormalities of the heart.

Enuresis

A disorder in which the main manifestation is a persistent involuntary voiding of urine by day or night that is considered abnormal for the age of the individual.

Learning Disorders

Learning Disorders are diagnosed when the individual's achievement on standardized education tests in reading, mathematics, or written expression is substantially below that expected for age, schooling, and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living requiring reading, mathematical, or writing skills.

Stuttering

Stuttering is a disturbance in the normal fluency and time patterning of speech that is inappropriate for the individual's age. Stuttering is characterized by frequent repetitions or prolongations of sounds or syllables.

Bipolar Disorder (Xanuun Xag-jirnimo Ah)

Waa xanuun aad u daran wadcigiisun isugu jiro waali iyo rajo dhegis xad dhaaf ah. Mania Xaalad shucuurta oo kor u kacda, fidda amase xanaaq. Calaamadaha kale ee la xirrira ee lagu garto waxaa ka mid ah ballaarashada fikirka aad u sareeya, islaweyne, yaraant baahida hurdo, burburinta, fiiro-siinta oo liidata, hadal iyo fikir deg deg a, iyo go'aan gaaris xun.

Schizophrenia (Jahawareer)

Waa koox xanuuno ah oo liita oo aan la ogeyn sababta keenta (laakin waxaa lgu sheegaa maskada oo qeyra caadi u shaqeysa) taas oo keenta carqalad gasha shakhsiyadda asaasiga ah qofka, noociyan waxaa lagu gartaa wada hadalka iyo hadalka oo dhib ku noqda, fikirka oo qaloocda taas oo saameysa xaqiiqada oo iyana qaloocata iyo mararka qaarkood Been-awaal iyo malo-awaal; saameyn qeyricaadinimo ee dhawrista xaaladaha xaqiiqiga ah. Dib u laabasho ama dabeecado lala yaabo.

Dhibaatooyinka Caafimaadka Miyirka ee Badanaa Lagu Arko Caruurta

Attention Deficit/Hyperactivity Disorder (Xanuun dhaqdhaqaaq xad dhaaf ah)

Waxyaabaha asaasiga ee xanuunkan lagu garto waxaa ka mid ah xad aan loo dulqaadan karin ee taxadar la'aan ah, deg-deg, iyo dhaqdhaqaaq xad dhaaf ah ee laga arki karo guriga marka uu joogo, iskuulka iyo xaaladaha bulshadeedba. Xaaladaha la xiriira way kala duwan yihiin shaqada da'da, waxaa intaa raaca fikir yare, u nuglaan shucuur isbedelis, sabar la'aan jahawareer leh, caro faraha ka baxday. Waxbarashadooda oo hoos u dhacda waa calaamadaha lagu garto badanaa caruurta xanuunkan qabta.

Autism

Waa xaalad ay sababto xanuun jir ahaaneed ee maskaxda taas oo soo baxda saddex sano ee qofka noloshiisa ugu horeysa. Calaamadaha waxaa ka mid ah carqalad jir ahaaneed, bulshada iyo xirfadaha luqadda, dareemayaasha oo aan si caadi aheyn u jawaaba, iyo xiriirin qeyri caadi ah ee dadka, sheeyada iyo dhacdooyinka.

Down's Sundrome

Waa nooc caan ah oo dib u dhacsanaan miyireed oo ay sababto koromosomal qeyri caadi ah. Intaa waxaa raaca miyir yare, cudurkan waxaa lagu sifeeyaa waji ballaaran oo aad u kala durugsan, indho kor u kacsan, madax meesha danbe ka ballaaran, xubno jilicsan, gacmo buurbuuran, dhego yar-yar iyo dhibaato ku dhalasho qeyri caadi ah.

Enuresis (Xukumis la'aan Kaadi)

Waa xanuun calaamadiisa ugu weyn ay tahay kaadida oo si xukun la'aan ah u socota habeen iyo maalin taas oo loo qaato mid aan caadi aheyn marka loo eego shakhsiga da'diisa.

Xanuun Waxbarashada oo Liidata (learning Disorder)

Cudurkan waxbarashada ah waxaa qofka laga ogaadaa markii qofku guul ka gaarista heerka waxbarashadiisa ee imtixaanaadka akhriska, xisaabta, qoraalka uu aad uga hooseeyo heerkii laga filayey marka loo eego qofka da'diisa, iskoolka ama heerka waxgaradnimadiisa. Dhibaatada barashadu waxay si xoog leh saameyn ugu yeelataa ka guul gaarista heerka waxbarasho ama hawlo maalmeedka u baahan akhrinta, xisaabta amase xirfadaha qoraalka.

Stuttering (shigshigga)

Shigshiggu waa carqalad gelista caadi u socdsiinta iyo waqti qaadashada hadalka taas oo aan munaasab aheyn marka la eego da'da shakhsiga. Shigshigga waxaa lagu tilmaamaa ku celcelin joogta ah ama dheereyn codadka ama xarfaha.

CHAPTER THREE

Treatment Methods

The choice of treatment methods is dependent on the nature and severity of the illness. Common treatment methods include hospitalization, medication and therapy.

Hospitalization

When a patient is causing harm to self or others during an illness onset or relapse, he/she must be sent to a hospital for assessment and treatment. The patient will either be sent to a psychiatric hospital or a psychiatric ward in a general hospital. Some patients may find it easier to go to a general hospital because of less stigmatization.

Admission: The patient will undergo a mental status examination by a psychiatrist or other mental health professionals upon admission. The psychiatrist will also gather information from the family physician, outpatient psychiatrist or social worker regarding the patient's previous condition in order to formulate an accurate diagnosis, treatment plan, and future discharge arrangement.

Hospital stay: During hospitalization, the patient may receive different treatments depending on his/her mental condition. This includes medication, psychotherapy, occupational therapy, group therapy, and/or family therapy.

Discharge: Discharge planning will be made when the patient's mental condition is stabilized and the symptoms are under control. Usually, the hospital will arrange a meeting for the patient, family members, significant others and staff to jointly discuss and decide on the discharge plan. Often, outpatient psychiatric treatment and/or other rehabilitation arrangements such as day treatment programs will be arranged.

Do's

Maintain effective communication with hospital staff by:

- Knowing the name of and the way to contact the psychiatrist, nurse, and/or social worker who are responsible for the patient.
- Directly and honestly expressing concerns and exchanging information with the treatment team (e.g., side effects of the medication, noncompliance of the patient).
- Being actively involved in the treatment process to ensure appropriate treatment for the patient.
- Being aware of potential language and cultural barriers.
- Requesting interpreter service in the presence of language barriers. Patients are entitled to the right of receiving appropriate psychiatric service regardless of their language abilities.

Medication

Medication is very important in controlling symptoms and preventing relapse. Some patients may require medication on a long-term basis. Medications may produce side effects. Contact the psychiatrist for advice and adjustment. Do not reduce or stop the medication without consulting the psychiatrist.

(continued next page)

CHAPTER THREE

Hababka Daweynta

Kala dooraashada hababka daweyntu waxay ku xiran tahay xaaladda iyo heerka jirada ay gaarsiisan tahay. hababka guud ee daaweynta waxaa ka mid ah isbitaal-jiifin, daaweyn daawo ah iyo mid hadal ah.

Isbitaal-jiifinta

Markii bukaanku uu sababayo waxyeelo nafsadiisa ama dadka kaleba mudada cudurku bilowga yahay ama marka uu soo laabto waa in qofka loo diraa isbitaalka si loo daaweeyo loolana socdo xaaladiisa. Bukaanka waxaa loo diraa isbitaalka miyirka ama qeybta miyirka ee isbitaalada guud. Qaar bukaanka ka mid ah laga yaabee iney u fududahay iney aadaan Isbitaalka guud sababtoo ah wuu ka khalo yar yahay kuwa kale.

Aqbalista: Marka bukaanku la aqbalo waxuu maraa baaritaan uu baarayo dhaqtarka miyirka ama dad xirfad u leh caafimaadka miyirka si loo ogaado xaaladdiisa. Dhakhtarka miyirku waxuu kaloo ururiyaa wixii macluumaad ee ay hayaan dhaqtarka qoyska, dhakhaatiirta bukaan socodka ama shaqaalaha bulshada ee la xiriirta bukaanka xaaladihiisii hore si ay u helo xanuunka rasmiga, daawada u qorsheeyo, isla markaana u diyaariyo mustaqbalka sidii loo saari lahaa.

Waqtiga Joogista Isbitaalka: Waqtiga joogista isbitaalka, laga yaabee inuu helo daaweyn kala duwan iyadoo ay ku xiran tahay xaaladda miyirka qofka. daaweyntaas waxaa ka mid ah daawo siin, daawo hadal ah, shaqo daaweyn ah, daaweyn kooxeed amase daaweyn qoyseed.

Ka-saaris Isbitaal: Qorshaha ka saaritaanku waxaa la sameeyaa markii bukaanku xaaladiisa miyireed la dejiyo calaamadaha xanuunkiisana gacanta lagu qabto. Caadiyan, isbitaalku waxuu u diyaariyaa bukaanka, xubnaha qoyska kulan, macno u sameneysa kuwa kale iyo shaqaalaha si ay uga manaaqashoodaan go'aana ugu gaaraan qorshaha isbitaal ka saarista. Badanaa, dhakhtarka bukaan socodku ayaa diyaariya daaweynta iyo waxyaabaha kale habka dhaqancelinta maalmaha loo diaarinayo.

Waxyaabahan Samee.

La samee xiriir shaqaalaha isbitaalka

- Adigoo baranaya magaca iyo habkii aad ula xiriiri laheyd dhaqtarka miyirka, kalkaaliyayaasha iyo shaqaalaha bulshada oo ka mas'uul ah bukaanka.
- Toos iyo run ka sheegis waxyaabaha jira iyo isweydaarsi warbixinada kooxda daweynta (tusaale ahaan, dhibaatada ay daawadu keeni karto iyo raacis la'aanta bukaanka).
- Markasta ahow mid faraha kula jira habka daaweynta si aad u hubiso daawada ku haboon bukaanka.
- La soco kala duwanaanta dhaqanka iyo luqad ahaanba.
- Codso turjumaan haddii ay timaado is fahan la'aan. Bukaanku waxuu xaq u leeyahay in uu helo daaweyn iyadoo aan lagu xireyn awoodooda luqadeed.

Daaweynta

Daaweyntu waa muhiim si loo ilaaliyo xanuunka loogana hortago dib u soo noqoshada xanuun laga bagsooday. Bukaanka qaarkii waxuu u baahan yahay daaweyn waqti dheer.

Daaweyntu waxaa laga yaabaa iney keento dhibaato kale. La xiriir dhaqtarka miyirka talo iyo sidii daawada aad ula qabsan laheyd. Ha yareyn daawada hana joojin adigoon kala tashan dhaqtarka.

Psychotherapy

Psychotherapy is a treatment method that builds on a trusting relationship between the therapist and the client. It helps the patient to identify the problem, find solutions, and seek emotional ventilation through talking. In addition, the therapist will provide community information on vocations, education, and social networks, etc. to prepare the patient for reintegrating into the community.

Group therapy

Through group activities patients learn to discuss and share problems and solutions commonly faced by them. Group therapy consolidates group effort among members leading to growth and development.

Family Therapy

Family therapy utilizes strengths and resources of the family to alleviate family emotional pain and improve the family's ability to assist the rehabilitation of the mentally ill member. Such an approach focuses on the interdependency of family members. All family members should attend the therapy session.

Traditional Healing Methods

Families and patients may try traditional healing methods, such as herbal treatment and acupuncture. It is advisable to discuss with the psychiatrist if the patient is receiving a traditional healing method of any kind. Never try to substitute western medication with herbal medication without consultation, because there is little research confirming the effectiveness of such treatment methods on mental illness. Also, the interactive effects of western and herbal medications are not yet clear. Medication might be necessary for a person with mental illness.

Some families seek herbal medicine to control the side effects of psychotropic drugs. It is advisable to inform both your herbal doctor and the psychiatrist about the dual use of medicines.

Dawynta-Hadalka Ah

Daweynta hadalka ah waa hab daaweyn ah oo dhista aaminka xiriirka u dhaxeeya dhaqtarka iyo bukaanaka. Waxay ka caawintaa bukaanka inuu sheego dhibaatada, xal u helisteeda, isla markaana loo raadin lahaa qaboojin laab-lakaca waqtiga wada hadalka.

Intaa waxaa raaca, daaweeyuhu waxuu soo gudbin doonaa macluumaad bulshada, xirfadaha, waxbarashada iyo ururada bulshada iwm. Si looga diyaariyo bukaanka in uu dhexgalo bulshada.

Daaweynta Kooxeed

Hawalaha koox ahaan bukaankadu waxay bartaan iney ka doodaan isla markaana la qeybsadaan dhibaatooyinka iyo xalalka dhibaatada heysata. Daaweyn kooxeedku waxay isu keentaa awoodda kooxda taas oo ku hogaamisa kobcitaan iyo horumar.

Daaweyn Qoys

Daaweynta qoysku waxaa loo isticmaalaa quwadeynta iyo kheyraadka qoyska sidii uu u dhimi lahaa qoysku xanuunka laab-la-kaca isla markaana u hagaajin lahaa awooda qoyska si uu uga caawin lahaa xubinta jiran sidii loo dhaqan celin lahaa. Arintaasi waxay keentaa isku xirnaanta xubnaha qoyska. Waana in ay ka soo qeyb galaanxubnaha qoyska oo dhan waqtiga daaweeynta.

Hababka Dhaqameed Ee La Isku Daaweeyo

Qoysasku iyo bukaanadu waxay isku dayi karaan daaweynta hab dhaqameedka, sida heerbiga ama cirbado isku duris. Waxaa haboon in bukaanku kala tashado dhakhtarkiisa Haddii uu isticmaalayo daaweyn hab dhaqameed ah nooc kastaba ha ahaatee.

Weligaa ha isku dayin inaad ku bedasho daawo galbeedka daawo dhaqameed tashi la'aan. Sababtoo ah waxaa lagu sheegay baaritaan ka dib in waxqabadka daawo dhaqameedku uusan waxba ka tareyn cudurada miyirka.

Qoysaska qaarkood waxay raadiyaan daawo dhaqameedka si ay ugu kontorolaan dhibaatada daawooynka dhakhtarku u qoro. Waxaa lagagu waaninayaa in aad la socodsiiso dhakhtar dhaqameedka iyo dhakhtarka caadiga ahba labada dawo ee kale duwan ee aad istcmaaleyso.

CHAPTER FOUR

Making an Appointment and Getting Help

The mental health care provider will expect you to bring information with you to each appointment to ensure adequate care. Below is the list that you should gather and keep in a safe place. This way you will be prepared for any health service visit.

- For yourself and family members:
- Full name (first, middle and last names).
- Date of birth.
- Photo identification (driver's license, ID card, passport, Green Card).
- Social security number (or passport or green card information, if available).
- Information about your medical history, surgeries you had, any physical complaints, diseases or medications you are currently taking.
- Information about any allergies to medications or foods.
- List of vaccinations and dates received.
- Insurance information, if available.

CHAPTER FOUR

Dhigasho Ballan iyo Helitaan Caawinaad

Dadka caafimadka miyirka ku yabooha waxay kaa filanayaan in aad la timaado macluumaad kugu saabsan markasta oo aad ballan leedahay si aad u hesho xanaano kugu filan. Hoos waxaa ku yaala liis aad u baahan tahay inaad ururiso isla markaana aad ku xafido meel aamin ah. Jidkani waxaad diyaar u noqoneysaa wixii ku saabsan booqashada hawlo caafimaad.

Adiga iyo xubnaha qoyskaagaba

- Magaca buuxa (Magaca kowaad, dhexe iyo kan u danbeeya).
- Waqtiga dhalashada.
- Aqoonsi sawir leh (warqadda gaar kaxeynta. Aqoonsi, baasaboor, warqad deganaansho).
- Lambarka Sooshal sekyuuritiga (ama baasaboor, Warqadda deganaashaha haddi ay jirto).
- Warbixin ku saabsan taariikhda caafimaadkaaga, qaliinkii lagu qalay, wax dhibaato jirka guud, cudur ama daawo hadda aad qaadato.
- Haddii aad qabto wax xasaasiyad ah (Allergy) ee daawada ama cunada.
- Liis talaalka iyo waqtigii lagu talaalay.
- Macluumaad caymiska, haddii uu jiro.

CHAPTER FIVE

Living with a Mentally Ill Family Member

Families have to learn how to relate with their mentally ill family members. They may become withdrawn and passive, while others may become stubborn and rigid. Such behaviors can be negative symptoms of the illness. Families may also encounter difficulties in setting realistic expectations for ill members because of the change in their abilities or even personalities. Low expectations indicate a lack of confidence in the patient's recovery. High expectations may lead to enormous psychological pressure on the ill member and thus adversely affect the rehabilitation process. Learn how to empower ill members to rediscover and rehabilitate.

Do's

- Stay in contact and communicate with the ill member. They need to be understood and supported.
- Keep a reasonable demand on the patient to perform basic daily living skills, self care activities, and simple household chores.
- Provide resources, support, and guidance to assist patients to gradually regain their ability to handle daily issues (e.g., using public transportation, grocery shopping).
- Set realistic expectations for the patient.
- Take a small step at a time (e.g., first encourage self-care responsibility, then social recreational activities, etc).
- Use lavish compliments to encourage positive behaviors and rebuild confidence.
- Respect the patient's pace of recovery.
- Encourage self-determination and participation.
- Help educate the ill member to understand his or her illness.
- Facilitate exploration of different opportunities in life, within constraints of the illness.

Don'ts

- Overreact to patient's illness or behaviors.
- Reject the patient, which will negatively affect the mental state of the patient.
- Argue excessively or offer too much "advice", which may lead to feelings of rejection or being criticized. The patient may become irritated, oppositional, and uncooperative.
- Over protect or show excessive concern, which may put enormous pressure on the patient (e.g., the feeling of guilt) or lower the patient's motivation to be independent.

Principles in Handling Special Concerns

The patient may refuse medication or treatment because of: side-effects of medication; beliefs of "recovery;" delusional thinking; positive feelings after stopping medication; forgetfulness;

(continued next page)

CHAPTER FIVE

La Noolaashaha Xubin Qoyska ka Tirsan oo Jiran

Qoysasku waa iney bartaan sidii xiriir ay ula sameysan lahaayeen qofkooda madaxa looga jiro. Laga yaabaa iney noqdaan kuwa ka baxa oo caajisa halka kuwa kale ka noqdaan canaadi oo adag. Dabeecadahaasi waxay u noqon karaan calaamado u xun jirada. Qoysaska waxaa kaloo laga yaabaa iney la kulmaan dhibaatooyin sidii ay u dejin lahaayeen waxyaabaha xaqiiqada ah ee ay ka filanayaan qofka jiran ee qoyska sababtoo ah isbedelka ku dhacaya awoodooda ama xitaa shaqsiyadooda. Filashada yare waxay tilmaantaa kalsooni darada in bukaanku soo kabsado. Filashada badani waxay ku hogaamisaa cadaadin nafsi ah qofka bukaanka ah taasna waxay saameyn ku yeelataa habka dhaqan celinta. Bar sidii aad u xukumi laheyd xubinta jiran.

Waxyaabahan Samee

- Xiriir joogta ah la samee iyo wada hadal qofka jiran. Waxay u baahan yihiin in la fahmo lana caawiyo.
- Ku hay in aad codsi macquul ah ka codsato bakaanku in uu qabto xirfadaha shaqooyinka nolol maalmeedka. Hawlaha naftiisa, iyo shaqo fudud ee guri ka shaqeynta ah.
- Ugu yabooh kheyraad, gargaar, iyo tusmo si aad ugu caawiso bukaanka si tartiib ah in uu dib ugu soo ceshado awoodiisii aheyd in uu xakameeyo nolol maalmeedka. (Sida isticmaalka gaadiidka dadweynaha, adeegga suuqa).
- U deji waxyaabaha xaqiiqo ah oo laga fisho bukaanka.
- Qaad tilaabooyin yar halkii marba (tusaale, marka hore ku boori in masuuliyadda is xanaaneytiisa uu ka soo baxo, markaa ka dibna uu ka qeyb qaato hawlaha bulshada).
- Isticmaal erayo wanaagsan si aad ugu dhiirigaliso dhaqamada wanaagsan isla markaan u dhisto kalsoonidiisa.
- Tixgeli dib u soo kabashada is ahaantiisa ee bukaanka.
- Ku dheerigeli isk kalsoonaan iyo ka qeyb gal.
- Ku caawi inaad bartid xubinta jiran inuu fahmo ama ay fahanto jirada.
- U fududee iqtiraacyo kala duwan ee nasiibyada nolosha, xataa xakameynta cudurka.

Waxyaabahan Ha sameyn

- Ha ka badbadin dhaqanka iyo jirada bukaanka.
- Diidmo bukaanka, taas oo si xun u saameyneysa xaaladda miyirka ee bukaanka.
- Dood aad u ballaaran ama siin talo aad u badan, taas oo keenta shucuuro diidmo ah ama abuurta dood. Bukaanka waxaa laga yaabaa inuu caroodo, mucaarad noqdo, iyo mid aan gacan ku siineyn.
- Aad u ilaalintu ama tusida aad u khuseyntu , waxaa laga yaabaa iney cadaadin dusha ka saarto bukaanka (tusaale, dareemis dambiilanimo) ama hoos u dhigto himadda bukaanka oo ah sidii keligii uu isugu filaan lahaa.

Mabaadiida Sidii Gacanta Looga Heyn Lahaa Arimaha qaarkood

Bukaanka laga yaabee inuu diidaa daawada ama daaweynt sababtoo ah dhibaatada ay dawadu wadato; rumeysasho “soo kabasho” fikir walaahow ah; dareen hagaagsan mark uu dawada joojiyo; hilmaamis; ku

being confused by multiple medications; denial or illness. Usually the signs of relapse would not occur until a few months after stopping the medication.

Do's

- Help the patient to identify the reasons for treatment refusal.
- Explain to him or her the importance of taking medication and the negative consequences of failing to take the medication.
- If medical noncompliance is due to the side-effects, talk to the psychiatrist about medication adjustment.
- Consider injections as an alternative for forgetful patients.
- For patients who refuse medication because of feeling stigmatized, educate them need about the need for long-term medication for other chronic illnesses such as diabetes and high blood pressure.

Don'ts

- Threaten the ill member by saying, "We won't care about you if you don't take the medication," or "If you don't take the medication, we'll send you back to the hospital."

Suicide or Attempted Suicide

People suffering mental illnesses such as depressive disorders, bipolar disorder, and borderline personality disorder may have a higher rate of committing or attempting suicide.

Common behaviors in suicidal individuals include:

- Feeling depressed, hopeless, helpless, and worthless.
- Mentioning to others the plan to attempt suicide, or leave notes or letters concerning suicide.
- Sudden change in the sleeping or eating pattern.
- Reducing participation in social activities.
- Losing interest in job, school or recreational activities.
- Giving up their possessions, such as transferring savings or other valuables to other family members.

Do's

- Stay calm and avoid provoking or criticizing the patient.
- Listen and understand the patient's reason for suicidal ideation.
- Provide solutions to the problem, if possible; seek professional help and set up an appointment with the psychiatrist as soon as possible; seek immediate hospitalization for high-risk patients to prevent self-harm.

Paranoid Ideas

Patients still may have paranoid ideas despite treatment. Since patients tend to firmly hold onto their delusions, they will have difficulty in communicating with others.

Do's

- Listen to the patient's ideas.
- Gently help the patient to look at evidence contradictory to the delusions.
- Discuss with the patient the underlying emotions contributing to those paranoid ideas (e.g., the feeling of insecurity or fear may lead to the delusion of being controlled by external forces).

Don'ts

- Argue with or directly confront patient's paranoia. Such behaviors may increase the chance of polarization or intensification of delusional ideas.

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wareeris daawooyinka kala duwan; diidmo jiro. Caadiyan calaamada soo kabasho la iskama garto bilooyin ka dib marka daawada la joojiyo.

Waxyaabahan Samee

- Ku caawi bukaanka inuu cadeeyo sababaha ku kalifaya iuu diido daaweynta.
- U sharax isaga ama iyada muhimadda qaadashada daawada iyo cawaaqib xumada Ka iman karta qaadasho la'aanta daawada.
- Haddii daawo qaadasho la'aantu ka timid dhinaca xun ee daawada, kala hadal dhakhtarka xagga daawada sidii laguugu bedeli lahaa.
- Fiiri duristu iney tahay jid kale bukaanka hilmaama.
- Bukaanada diida daawada sababta oo ah isagoo dareemaya ceebta, bar iney u baahan yihiin daaweyn muddo dheer ah cudurada kale ee aad u xun sida sonkorta ama dhiig karka.

Waxyaabahan Ha Sameyn

- Ha handadin qofka jiran adigoo oranaya " kuma xaaneyn doono haddii aadan qaadan daawada," ama "Haddii aadan cunin daawada, waxaan kugu celineynaa Isbitaalka."

Isdil ama Isku-dayid Isdil.

Dadka la dhibaatooda jirooyinka miyirka sida xunuunka rajo-dhegista, quusaho, iyo shaqsiyad xad dhaaf ah waxaa laga yaabaa iney aad u sareyso xadka iney isdilaan ama isku dayaan isdil.

Dabeecadaha guud ee shqsiyaadka isdila waxaa ka mid ah:

- Dareemista rajo-dhegis, rajo la'aan gargaar la'aan iyo qiimo la'aan.
- U sheegista dadka kale qorshihii uu isku dayi lahaa si uu isku dilo, ama ka tegis warqad ama qoraal sheegaya isdilka.
- Isbedel deg deg ah oo ku dhaca dariiqadda cuntada iyo hurdada.
- Hoos u dhigis ka qeyb galka hawlaha bulshada
- Dhuminta himad-u-aheynta shaqada, iskuulka ama hawlaha madadaalada ah.
- Bixinta hantidooda, sida u gudbinta keydkooda bangi ama waxyaabaha kale ee qaaliga ah xubnaha ka le ee qoyska.

Waxyaabahan Samee

- Deganow reebna inaad kiciso ama ama la muranto bukaanka.
- Dhageyso isla markaana fahan sababta bukaanku ee fikirkiisa isdilka ah.
- Xal u keen mushkiladda, haddii ay suurtagal tahay; raadi gargaar xirfadeed isla markaana ballan ka dhigo dhakhtarka miyirka sida ugu dhaqsaha badan; u raadi isbitaal seexin bukaanka khatartiisu aad u sareyso sidii looga hortagi lahaa dhibaato.

Fikradaha Cabsida ah

Bukaanka laga yaabee inuu qabo weli fikrado cabsi ah xitaa daaweynta ka dib. Maadaama bukaanadu ku talagalaan iney walaahowga celiyaan, waxay dhib ku qabayaan sidii dadka kale ay ula xiriiri lahaayeen.

Waxyaabahan Samee

- Maqal fikradaha bukaanka.
- Si akhyaarnimo ah u caawi bukaanka sidii raadin lahaa waxyaaabo ka soo horjeeda waalaahowga.
- Kala Munaaqashow bukaanka shucuuraha keenaya fikradaha cabsida ah (Tusaale, dareenka nabedgelyo la'aanta ama cabsi ku hogaamisa walaahow ay xukumeyso xoogag gudaha ah).

Waxyaabahan Ha Sameyn

- La muran ama si toos oo aad ugala hortagtid cabsida bukaanka. Debeecadahaasi waxay kordhin karaan fursadda xag jirnimada ah ama sii xumaashaha fikradaha walaahowga ah.

Manipulative Behaviors

The patient may gain advantage or benefit by taking a sick role or even making suicidal gestures (e.g., he/she may get special attention from others or have fewer responsibilities).

Do's

- Assess whether the manipulative behavior is acceptable or not.
- Set up a consistent and clear standard of acceptable behavior.
- Communicate clearly to the patient the acceptable behaviors and/or their responsibility.
- Refrain from giving any benefit or attention to the patient as a result of manipulative behaviors; all family members must be consistent in handling the patient's behavior.
- Discuss with those involved in the treatment process (e.g., mental health professionals, staff at the day treatment center, etc.) ways to deal with the patient's behavior to ensure consistent handling.

Self-Care for Family Members

It is never easy to be a caregiver. Sometimes caregivers neglect their own self-care and needs or the needs of other family members as a result of constant care giving activities. They would easily get burnt out and feel exhausted, both psychologically and physically.

The following are some tips to stay healthy:

- Pay attention to your own physical health.
- Get sufficient sleep and maintain a balanced diet.
- Give yourself some private time.
- Utilize community services or resources whenever possible.
- Take a break regularly
- Don't blame yourself for having an ill member at home.
- Attend to the needs of other family members.
- Find someone you trust and share with them your joy and tears.
- Develop a hobby.
- Set up your personal goals.
- Maintain your religion or spiritual life.
- Keep hopeful and stay humorous.
- Join a family support group
- Educate yourself about the illness and helpful coping skills.

Dhaqanka Hanashada Ah

Laga yaabee in bukaanku ka faa'iideysto isagoo ka ciyaara dawr inuu jiran yahay amaba xitaa sameynaya tilmaam isdilis ah (tusaale, bukaanku laga yaabee in uu soo jiito kuwa kale amase uu helo masuuliyad yar)

Waxyaabahan Samee.

- Fiiri in dhaqanka gacan ku henyta la ogol yahay iyo in kale.
- Deji dhaqan joogto ah oo nidaam cad ah leh.
- Si cad ula xiriir bukaanka adigoo u sheegaya dhaqanmada la aqbali karo/ama masuuliyadooda.
- Ka reebista wax munaafacaad ah ama tixgelin ah bukaanka taas oo ka timid dhaqanka gacan ku heynta ah; xubnaha qoyska oo dhan waxaa si joogto ah in ay gacanta ugu hayaan dhaqanka bukaanka.
- La manaaqashow kuwa faraha kula jira nidaamka daaweynta ah. (tusaale, xirfadlayaasha caafimaadka miyirka , shaqaalaha xaruumaha daaweynta maalin kasta iyo wixii soo raaca.) hababka loola dhaqmo bukaanka dabeecadiisa waa iney ahaato mid joogto ah.

Xanaaneynta Shaqsiga Ah ee Qof Qoyska ka Tirsan

Weligeedba ma fududa in la noqdo xanaaneeye. Mararka qaarkood xanaaneeyuhu wuxuu hilmaamaa oo uu dayacaa noloshiisa gaarka ah ama baahidiisa ama baahida xubnaha kale ee qoyska taas oo ay sabab tahay shaqada badan ee joogtada ah ee xanaaneynta ku saabsan. Si fudud ayuu qofku u daalaa jir ahaan iyo maskax ahaanba.

Waxyaabahan soo socda waxay kaa caawinayaan inaad caafimaad qab ku sugnaato:

- Muhimad sii caafimaadka jirkaaga.
- Seexo waqti kugu filan, cunto dheelitirana cun.
- Noloshaada sii waqti gaar ah.
- Isticmaal hawlaha bulshada iyo kheyraadka markii suurtagal ah.
- Caadiyan qaado waqti nasasho ah.
- Ha ku eedeyn naftaada ku heyn guriga qof jiran.
- Wax ka qabo baahida xubnaha kale ee qoyska.
- Raadi qof aad aamintay oo kula qeybsada faraxa iyo murugada.
- Raadi waxaad jeceshahay.
- Dejiso waxyaabaha hadafkaaga ah.
- Ku dhaqan diintaada iyo nolosha ruuxiga ah.
- Heyso rajadaada ahowna mid faraxsan.
- Ku biir kooxaha caawiya qoyska.
- Bar naftaada jirada iyo farsamooyinka aad ula dhaqmi laheyd.

CHAPTER SIX

Crisis Intervention

A crisis or psychotic episode usually occurs at the first onset of illness or a relapse. Family members may feel shock, distress, fear, and lack of control. Families must get psychiatric help for the patient as quickly as possible to avoid further deterioration of the illness.

How Should Families Handle Crisis

Different patients behave differently in crisis situations. The following are helpful guidelines.

Do's

- Stay calm. Speak clearly and slowly in a normal voice.
- Engage patient in conversation, and help him/her to stay calm and contain anxiety.
- Use simple language to better understand the patient's situation. Don't further confuse the patient by excessive questioning.
- Allow the patient to have personal "space" in the room. Don't corner him or her, or get too close.
- Pay attention to the patient's non-verbal cues such as tone and body language.
- Remove potentially dangerous weapons.
- Call the family physician or psychiatrist for advice and direction.
- Encourage the patient to seek help voluntarily.
- Provide options for the patient when seeking help. Such action will increase a sense of control (e.g., ask the patient whether he/she wants to go to the hospital accompanied by friends or family members, or using an ambulance).
- If you find yourself unable to handle the crisis, call a friend/relative or police for help immediately.
- If the patient shows signs of aggressive behavior, leave the site and call for police assistance.

Personal safety is the most important thing during a crisis episode.

Don'ts

- Yell or scream at the patient. If the patient appears not to be listening, it may be because the other "voices" are louder.
- Comment or criticize. The patient cannot be reasoned with at this point.
- Threaten the patient by saying, "I will call the police if you don't stop" or "I will never take care of you if you don't go to the hospital." These threats will only intensify the patient's oppositional behaviors.
- Challenging the patient that may lead to acting-out behaviors.
- Block the doorway. You should leave yourself a safe passage.
- Argue among the family members about what to do in front of the patient. The patient will get further confused and irritated.
- Overreact. Such behaviors will further upset the patient.

(continued next page)

CHAPTER SIX

Faragelinta Qalaanqalka

Carqalad ama xaaladaa maqanaha ah caadiyan waxay dhacdaa marka ugu horeysa ee bilowga jirada ama waqtiga dib u soo noqoshada jiro hore aad u qabtay. Xubnaha qoysku laga yaabee iney dareemaan naxdin, rajo-la'aan, iyo kontorool la'aan. Qoysku waa in uu helaa caawin bukaanka xagga dhaqtarka dadka madaxa looga jiro sida ugu dhaqsaha badan si looga hortago xaaladda jirada oo sii xumaata.

Sidee Ayey Qoysasku Ula Dhaqmaan Carqaladaha

Bukaanada kala duwan waxay u dhaqmaan si kala duwan waqtiga carqaladaha. Arimahan soo socda waa tusmooyin ku caawinaya.

Waxyaabahan Samee

- Isdeji. U hadal si fasiix ah oo cod tartiib ah leh.
- Muuji in aad sabar muujisid waqtiga wadahadalka caawina isaga/iyada siddii ay u deganaan lahaayeen si caro ama welwel la'aan ah.
- Isticmaal luqad fudud si aad si fiican ugu fahanto xaaladda bukaanka. Ha wareerin bukaanka adigoo weydiinaya su'aalo badan.
- U ogolow bukaanka inuu helo meel waasac ah ee qolka. Ha ku riixin geeska, hana ku dhawaan.
- Muhimad sii bukaanka codkiisa iyo dhaqdhaqaaqa jirkiisa.
- Ka dheeree meesha wixii hub khatar ah.
- Wac dhaqtarka qoyska ama dhaqtarka miyirka talo iyo tusaalaba.
- Ku guubaabi bukaanka inuu si iskiis ah u doonto caawinaad.
- Sii fursado uu ku kala doorto bukaanka. gargaarkiisa. Ficilkaas oo kale waxuu kordhinayaa ku gacan heynta (tusaale ahaan, weydii bukaanka inuu doonayo in uu aado isbitaalka isagoo ay la socdaan saaxiib ama xubin qoyska ah ama uu doonayo in uu isticmaalo baabuurta gargaarka deg dega ah.
- Hadii aad aragto inaadan xaaladda keligaa gacanta ku heyn karin, waco saaxiib/qaraabo amaba boliiska si aad u hesho gargaar deg deg ah.
- Haddii aad ka aragto bukaanka calaamado dabeecad dagaal hujuum ah, ka tag meesha wacana boliis si uu kuu caawiyo. Nabedgelyada qofku waa tan ugu muhiimsan marka arintu faraha ka baxdo.

Waxyaabahan Ha Sameyn

- Inaad ku qeyliso ama canaanato bukaanka. Haddii baukaanku uu u muuqdo inuusan wax dhageysaneyn, laga yaabee iney tahay in "codad" kale ay kaa qeylo badan yihiin.
- Inaad la doodo ama la muranto. Bukaanaku xaaladan oo kale macquul ma aha.
- Inaad u hanjabto bukaanka adigoo oronaya. "Waxaan wacayaa boliiska haddii aad joojin weyso ama "weligaa kuma xanaaneyn doono haddii aadan aadin isbitaalka." Hanjabaadahan oo kale waxay sii cusleeyaan dhaqanka mucaaradnimada ah ee bukaanka.
- L a doodista buklaanak waxay keeni kartaa in uu u dhaqmo si aan caadi aheyn.
- Isku-goyn albaabka. U dhaaf lafahaaga dariiq nabedgaelyo oo aad ka baxdo.
- Bukaanka hortiisa oo ay xubnha qoysku ka tirsan kaga doodaan wixii laga sameyn lahaa bukaanka. Taasi waxay sii fogeysaa in bukaanku sii wareero caroodana.
- Ka badbadintu. Dhaqamadaas oo kale waxay ka careysiisaa buklaanka.

Do not Delay Seeking Professional Help

Emergency Hospitalization

In some crisis situations (especially when the patient is homicidal or suicidal), family members might call police for help in sending the patient to the hospital for examination. When phoning the police, explain that the patient is in urgent need of medical help and provide information regarding the illness (such as schizophrenia). Briefly describe what the patient is doing, such as making threats, damaging property, or trying to harm himself or herself. State clearly your need of police assistance to get the patient to a hospital. Make sure that the police know whether the patient is armed, and whether or not there are accessible weapons in the home. In addition, it maybe helpful to alert local police in advance if the ill member has been mentally unstable so that a plan of action can be in place for a potential crisis situation.

When contacting the police, families should also contact the responsible psychiatrist or social worker.

When the patient is brought to the emergency room, families should bring along medical insurance information, his/her medication, and name(s) of the responsible psychiatrist or social worker.

"Crisis" engenders both "danger" and "opportunity." If a crisis is handled appropriately, it can turn into an opportunity for the patient to start an early treatment and rehabilitation process.

Dib ha u Dhigin Raadinta Gargaar Khibradeed

Deg-deg Geyn Isbitaal

Xaaladaha qaarkood (gaar ahaan markii bukaanku inuu isdilo ama wax-dilo) xubnaha qoyska waxaa ku haboon iney wacaan boliiska si uu uga caawiyo iney geeyaan bukaanka isbitaalka baaritaan awgiis. Markii aad waceyso boliiska u sharax in uu bukaanku u baahan yahay daaweyn deg-deg ah isla markaana u gudbi macluumaad la xiriira xanuunka sida (Schizophrenia). Si kooban ugu sharax waxa uu bukaanku sameynayo sida in uu sameynayo handadaad, in uu burburinayo hanti, amaba isku dayayo inuu waxyeeleeyo nafsadiisa. U sheeg si cadaan ah in baahida gargaar ee boliisku ay tahay in loo qaado bukaanka isbitaalka. Hubi in boliisku ogaado haddii bukaanku hubeysan yahay iyo in uu guriga yaalo hub. Intaa waxaa raaaca, waxaa iyadana taageero noqoneysa in boliiska lagu digniin geliyo marka horeba haddii qofka jiran miyir ahaan uusan deganeyn sidaa darteedna laga tabaabusheysto sidii ficil looga qaadi lahaa hadii xaaladu faraha ka baxdo.

Markii boliiska lala xiriirayo, qoysku waa inuu iyana la xiriiraa dhaqtarka miyirka ee ka mas'uulka ah bukaanka ama shaqaalaha bulshada.

Markii la keeno bukaanka qolka gargaarka deg dega ah, qoyska waa iney keenaan macluumaadka caymiska caafimaadka, daawada bukaanku uu qaato ama magaca dhaqtarka miyirka ama kan shaqaalaha bulshada.

"Carqaladdu" waxay sababtaa " khatar" ama ' nasiib" haddii carqaladda gacanta loogu qabto si hagaagsan waxaa laga yabaa iney isugu bedasho nasiib bukaanka taas oo uu hore ugu bilaabayo daaweynta iyo habka dhaqancelinta.

CHAPTER SEVEN

Rights of the Mentally Ill

According to Ohio Department of Mental Health Administrative Rule 5122:26-17, all ODMH-funded mental health agencies must provide interpreter service at no additional cost to clients who speak a language other than standard English as a primary means of communication. (If you need to see a mental health professional and cannot express yourself in English, please ask for an interpreter when making the appointment.)

You also have the right to an interpreter at:

- Job and Family Services.
- Hospitals and public clinics.
- Offices of other health providers that treat Medicaid and Medicare patients, even if you are not a Medicaid or Medicare patient.

The health care provider:

- Can not make you pay for an interpreter,
- Can not make you bring a friend or family member to interpret.

If more information is needed, the receptionist can call the Universal Health Care Action network of Ohio, (614)-253-4340.

Client Rights and Grievance Procedures

The ODMH Administrative Rule 5122:2-1-02 is to protect the rights of persons applying for or receiving mental health services. It establishes specific rights of clients and procedures for responsive and impartial resolution of client grievances in the form of a written complaint.

Except for clients receiving forensic evaluation services, each client has all the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to service in a humane setting which is the least feasibly restrictive as defined in the treatment plan.
3. The right to be informed of one's own condition, of proposed or current services, treatments or therapies, and of the alternatives.
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client.
5. The right to a current, written, individualized service plan that addresses one's own mental and physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.

(continued next page)

CHAPTER SEVEN

Xuquuqda Qofka Madaxa Looga Jiro

Sida uu qorayo xeerka Maamulka Caafimaadka Maskaxda ee Dawladda Ohio ee 5122:26-17, dhamaan heyadaha caafimaadka maskaxda ee uu maalgeliyo ururkan waa iney u keenaan bukaanka ku hadla luqad ka duwan tan Ingiriiska turjumaan iyadoon wax kharash ah oo dheeri ah aan laga qaadeyn iyadoo ay muhiim u tahay habkii lagu wada xiriiri lahaa. (Haddii aad u baahan tahay in aad aragto qof xirfad u leh caafimaadka maskaxda isla markaana aadan ugu gudbin karin dhibaatadaada luqadda ingiriiska, fadlan codso turjubaan markii aad samaysaneyso ballan).

Waxaad kaloo xaq u leedahay in aad ka hesho turjubaan meelahan.

- Heyadda Shaqada iyo hawlaha qoyska (Job and Family Services).
- Isbitaalada iyo Bukaan-socodyada dadwynaha (Hospitals and public clinics).
- Xaafiisyada ku yabooha caafimaadka daaweeyanahai bukaanka heysta Medicaid iyo Medicare, xataa haddii aadan aheyn bukaan heysta Medicare ama Medicaid.

Caafimaad bixiyayaasha.

- Kuguma xiri karo bixin turjumaan
- Kuguma xiri karaan in aad keensato saaxiib ama xubin qoyska ka tirsan iney kuu turjumaanto.

Haddii loo baahdo wax macluumaad ah oo intaa ka dheer. Qaabiluhu waxuu kuu wici karaa ururka Universal Health Care ee isku xiraha waxqabadka ee Ohio, (614) 253-4340

Xaquuqda Macaamiisha iyo Hababka Carada

Waaxda maamulka caafimaadka miyirka ee dawladda Ohio xeerkooda lambar 5122:2-102 waxaa loogu talagalay inuu dhawro xeerkan xuquuqda dadka codsanaya in ay helaan hawlaha caafimmaadka miyirka. Waxuu dejiyaa xuquuqo mucadad ah ee macaamiisha iyo habab jawaabeed iyo qeyb go'aano ah ee carada macaamiisha oo foomam qoraal ah. Inta aan ka aheyn macaamiisha helaya baaritaan boliis ama maxkamad.

1. Xaqa ah in lagugu daaweeyo si eegmo leh iyo ixtiraam qofka sharafiisa, ilaalin iyo dhawris sirtiisa.
2. Xaqa ah in hawshiisa lgu qabto si bini'aadanimo ku dhisan ugu yaraana dhawrsan sida lagu sharxay qorshaha daaweynta.
3. Xaqa ah in loo sheego xaaladiisa, shaqada loo qabanayo, daawada ama daaweynta hadalka ah iyo siyaabaha kale ee daaweyntiisa.
4. Xaqa ah ogolaanshaha ama diidmada hawlaha loo qabanayo ama u sharaxaada daaweynta waxa ka iman kara haddii uu diido ama ogolaado. Waalidka ama qof ka mas'uul ah qofka yar ayaa diida ama ogolaada hawlaha ama daaweynta isagoo ku hadlaya magaciisa.
5. Xaqa ah in waqtigaa, si qoran loogu gudbiyo qorshaha hawlaha shakhsiyadeed ee sheegaya qofka miyirkiisa, caafimaadkiisa guud, bulshada iyo baahidiisa dhaqaale isla markaana qeexeysa ilaalinta hagaagsan iyo hawlo ku filan ee loo qabto taas oo toos ah ama loo gudbiyo meelaha kale.
6. Xaqa ah inuu loo sheego inuu ka qeybgalo xubin firfircoona ka noqdo abuuritaanka, waqtiga dib u eegista iyo qiimeynta qorshaha hawsha.

7. The right to freedom from unnecessary or excessive medication.
8. The right to freedom from unnecessary restraint or seclusion.
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
10. The right to be informed of and refuse any unusual or hazardous treatment procedures.
11. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources and state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with Rule 5122:2-3-11 of the Administrative Code.
14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear Treatment Reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
15. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
16. The right to receive an explanation of the reasons for denial of service.
17. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
18. The right to know the cost of services.
19. The right to be fully informed of all rights.
20. The right to exercise any and all rights without reprisal in any form, including continued and uncompromised access to service.
21. The right to file a grievance.
22. The right to have oral and written instructions for filing a grievance.

Clients who receive forensic evaluation services from a certified forensic center have the same rights as stated above in # 1, 2, 4, 8, 11, 17, 19, 20, 21 and 22. However, the filing of a grievance is only for

(continued next page)

7. Xaqa ah in uu xor ka noqdo daawooyinka dheeriga ah ama aan loo baahneyn.
8. Xaqaa ah inuu xor ka noqdo ku heynta aan muhiimka aheyn ama faquuqidda.
9. Xaqa ah inuu ka qeybgalo mid kasta oo ku haboon ee hawlaha hey'dda isla markaana La heli karo iyadoon loo eegin diidmadii hore hal ama in ka badan hawlaha, daaweyn ama daaweyn hadal ah ama iyadoon loo eegin ku soo bogsoosasho daaweyn hore hawlahaa ama hawlo kale, haddii aysan jirin wax cad iyo baahi gaar ah oo ka celineysa ama u baahan ka qeyb galka macaamilka ee hawlo kale. Baahidani waa in loo sharxaa qofka iyadoo qoraal ah iydoo ay ku dhex jirta qorshaha hawlaha shaqada ee qofka loo qabanayo waqtigaa.
10. Xaqa ah in loo sheego isla markaana uu diido wax kasta oo qeyri caadi ah ama Hababka daaweynta khatarta ah.
11. Xaqa ah in loo sheego uuna diido xeeladaha ilaalinta oo ay ka mid yihiin jidka isku aragga muraayadda, duubista cajaladha, telefishanka, filimada ama sawirada.
12. Xaqa ah inuu nasiib inuu kala hadlo xirfadle daaweyn madaxbanaan ama xubin Sharcig qaabilsan isagoo qofka jeebkiisa ka baxsanayo.
13. Xaqa uu u leeyahay sir dhawrista wada xiriirka iyo macluumaadka tilmaamaya Shakhsi ahaantiisa taas oo ku xadidan isla markaana u baahan ku xinaan dhaqaale ama ogolaansho ilo dawladda dhexe ama tan goboleedka. Ilaa macluumaadka qofka isaga ogolaada ama waalid ama qof ka mas'uul ah qofka yar ama qof maxkamaddu mas'uul uga dhigtay oo qaangaar ah sida uu dhigayo sharciga 5122:2-3-11 ee xeerka maamulka.
14. Xaqa uu u leeyahay qofka la xiriirka dhakhtarkiisa miyirka, ogaanshaha daawada ama daaweymaha kale rikoorkooda, haddii ogaanshaha waxyaabaha qaarkood macluumaadkooda laga mamnuuco shakhsiga sababo daaweyn oo la cadeeyey awgeed ee ka mid ah qorshaha daaweynta shakhsiga . " Sababaha Daaweynta Lacadeeyey" waa in loo fahmaa in loola jeedo oo keliya dhaawac ku dhaca shucuurta qofka oo aad halis u ah sida khatartaas ama debeecad isdhaawicis oo keeni karta khatar. Qofka diidaya warbixinta waa inuu u sharxaa macaamiilka ama qofka kale ee uu soo wakiishay runta ka danbeysa baahida keentay adkeynta macluumaadka ee shakhsiga. Adkeynta waa in la cusbooneysiiyo sanadkiiba mar si aysan u dhicin. Qofkii uu soo wakiisho macaamilku looma diidayo in loo sheego warbixinada oo dhan. Macamilka waa in loogu sheegaa si qoraal ah siyaasadaha he'yadda iyo hababka loo eego ama helitaanka koobi qofka rikoorkiisa.
15. Xaqa ah in loo sheego waqti hore sababta ama sababaha loo joojiyey hawlaha ilaalinta, iyo ku lug yeelashada qorshaha waxyaabaha ka soo baxa dhacdooyinkaas.
16. Xaq ah inuu helo sharaxaad sababaha loogu diiday in wax loo qabto.
17. Xaqa ah in aan la midab faquuqin marka hawsha loo qabanayo iyadoo ku saleysan diinttisa, midabkiisa, jinsigiisa, waxyaabaha uu rumeysan yahay, asalka qowmiyadiisa, habka-noloshiisa, curyaanimo miyir ama jir ahaanba, curyaanimo soo hormareysa, ama awood la'aan bixinta kharajka.
18. Xaqa uu u leeyahay inuu ogaado qiimaha shaqada loo qabanayo.
19. Xaqa uu u leeyahay gebi ahaan in loo sheego xuquuqdiisa oo dhan.
20. Xaqa ah in uu isticmaalo xaquuqihiisa oo dhan iyadoon wax aargoosi ah uusin jirin, sida wadista iyadoon wax gorgortan ah ku iman shaqada loo qabanayo.
21. Xaqa uu u leeyahay inuu xareeyo qoraal dacwad ah.
22. Xaqa uu u leeyahay af ka sheegis ama si qoraal ah xareynta dacwadiisa.

Macaamiisha hela qiimeyn hawlaha boliis ama maxkamadeed ee ka hela xaruun shahaado u heysta arimahaas waxuu leeyahay xuquuqaha la mid ah kuwa aan kor ku soo sheegnay ee lambar 1, 2, 4, 8, 11, 17, 19, 20, 21, iyo 22. Sidaa awgeed xareynta eedeyn waa keliya ujeedo maamul leh isla markaana ku dhex jirta nidaamka caafimaadka miyirka mana saameyneyso

administrative purposes within the mental health system and will not affect or delay the outcome of the criminal charge.

If the above rights are fully utilized, one should be able to access the service and/or file grievances if needed. If you failed to get proper response after filing your complaint, please, contact:

Each psychiatric hospital has a client advocate. The advocate's job is to help you problem-solve, advocate for your rights, resolve complaints and link you with other services.

Community agencies have a Client Rights Officer whose job is similar to the hospital advocates. Usually, however, Client Rights Officers do other work in the agency besides advocacy. Because of this, they may take more time to respond, may not be able to spend a lot of time on each complaint and may have a conflict between providing services and advocating for what you want.

The Department of Mental Health has a Client Advocacy Coordinator. The department advocate can help with issues that a hospital advocate may have been unable to resolve. Advocacy can also be provided if a group of clients has an issue or complaint. Call (614) 466-2297.

You have a right to file a grievance if you have not received help at the community, institution or state level. Ask the client advocate, Client Rights Officer or a trusted staff member about how to file a grievance.

The Ohio Legal Rights Service (OLRS) is an independent state agency which protects and advocates for the rights of people labeled mentally ill or developmentally disabled. OLRS can advocate for you whether you are in the community or an institution. In many cases, OLRS can provide advocacy services and referrals, and operates a state-wide toll-free number. Refer to the document Request For Help From OLRS for the hours of intake. Call 1-800-282-9181, or for T.T.Y., call 1-800-858-3542.

The state Attorney General's Office has patient abuse investigators who look into reports of physical, sexual, emotional and financial abuse or neglect, both in facilities and in the community. Investigators work with the county prosecutor and local police. The Patient Abuse Intake Office has a toll-free number, 1-800-642-2873.

dibna uma dhigaeyso waxyaabaha ka soo baxa xukunka dambiilanimo.

Haddii xuquuqahaasi si buuxda loogu dhaqmo, qofka waxuu awood u yeelanayaa iney u fududaato hawlaha isla markaana uu xareysto dacwad haddii uu dacwo qabo. Haddii aadan helin jawaabtii ku habooneyd marka aad xareyso dacwadaada, fadlan la soo xiriir:

Dhaqtar kasta oo dadka madaxa looga jiro wuxuu qabaa dad u dooda bukaanak. Shaqada u doodayaaashu waa iney kugu caawiyaan si dhibaatada loo xaliyo, una doodaan xuquuqdaada, xaliyaan eedeymaha isla markaana kugu xiraan meelo kale.

Xaruumaha hey'aduhu waxay qabaan nin madax ah ee u qaabilsan xuquuqda dadka oo ay shaqadiisu la mid tahay kuwa isbitaalka ee dadka u dooda. Caadiyan, madaxa xuquuq u dooduhu waxuu qabtaa hawlo kale oo aan aheyn dad u doodista. Sababtaa awgeedna waxay qaadaneysaa muddo in laguugu soo jawaabo.

Mana awoodo inuu ku kharaj gareeyo waqti badan eedeyn kasta isla markaana waxaa iska horimanaya hawl qabashada iyo u doodista waxa aad rabto. Waaxda Caafimaadka Maskaxdu waxay qabtaa xiriiriye u qaaabilsan in uu u doodo dadka. Doodaha waaxdu waxuu kaa caawin karaa arimo kuwa doodayaasha isbitaalku aysan awood u laheyn iney xaliyaan. U-dooduhu waxaad kaloo ka heli kartaa haddii dad koox ah ay qabaan wax eedeyn ah ama arimo ah in idinka caawiyo wac (614) 466-2297.

Xaq waxaad u leedahy inaad gudbiso warqad eedeyn ah haddii aadan helin caawinaadii aad u baahneyd ururada, xaruumaha ama dawladaba. Weydiiso dadka kuu dooda, dadka xuquuqda dadk ama xubin shaqaale oo aad aaminsan tahay sidii aad u buuxin warqadda eedeynta.

Heyadda Hawlaha Xuquuqda ee Ohio waa heya'd dawladeed oo madax banaan isla markaana dhawrta una dooda xuquuqda dadka lagu tilmaamo iney madaxa looga jiro ama curyaanka ah. Heyadani wey kuu doodi kartaa haddii aad ku jirto meel dadka lagu hayo ama aad bulshada ku dhex nooshahayba. Inta badan, hey'adani waxaad ka heli kartaa hawlo u doodis ah iyo gudbinba, waxayna ku shaqeysaa lambar telefoon ee dawladda Ohio oo dhan aad ka heli karto. Waxaad ka heli kartaa warqadda codsiga caawinaada adigoo wacaya saacadaha shaqada. Wac 1-800-282-9181 ama kan dadka dhagoolaha ah1-800-642-2873.

Xaafiiska Garyaqaanka Guud ee Dawladdu waxuu hayaa dad baara xadgudubka loo geysto bukaanka isla markaana eega warbixinada ku saabsan jir-dilka, faraxumeynta, kun xadgudubka ama daayacaada niyad iyo dhaqaale ahaanba, guud ahaan xaruumaha dadka lagu hayo ama dadka ku nool bulshada dhecdeedaba. Baarayaashu waxay la shaqeeyaan garyaqaanka waaxda iyo boliiska. Xaafiiska qaada eedeymaha ku xadgudubka bukaanku.

Waxuu qabaa telefoon lambarkiisu yahay 1-800-642-2873.

Waxaad kaloo macluumaad intaa dheer aad ka heli kartaa iyadoon wax kharash ah kaaga bixin in aad wacdo xaruunta caafimaaadka maskaxda ka shaqeysa ee lambarkeedu telefoonkeedu yahay 1-800-443-2792.

Notes

Notas