



CHAPTER1

INTRODUCTION TO STUDY

1.1 INTRODUCTION

So often, the public and professionals will make statements and diagnoses, both formally and informally, regarding the mental health of another individual. The question may arise of what the basis for, or system of such a diagnosis would be? Are social work professionals guilty of diagnosing by assessing without using valid criteria? Is there any value in utilizing one internal assessment and diagnostic system, or will each clinician use a system most applicable to their practice? These are all questions raised by the researcher in a search for answers.

In the researcher's experience as a social worker, she found that agencies expected her to utilize the Diagnostic Statistical Manual of Mental Disorders (DSM) system (within South Africa and the United Kingdom), regardless of her knowledge or lack thereof with respect to this diagnostic system. The DSM is the standard classification of mental disorders used by mental health professionals in the United States and United Kingdom, and is one of the most popular systems in South Africa (Strong, 2007). Because of the researcher's interest in mental health, she studied the DSM system in order to understand the utilization of this system. The self-study aroused concern since she found that social workers utilize the DSM without formal training in the system.

Mental disorders affect the lives of millions of people, not only in South Africa, but also throughout the world. The exact numbers of people who suffer from mental disorders are unknown because so many afflicted people do not come to the attention of the health departments or reporting agencies (Cockerham, 1996:1; Rivelli, 2010:8). The question arises: How do we assess people with disorders known to us and seeking help? One system of assessment or measurement is the DSM system (Huysen, 1999:11). The DSM provides a system whereby clinicians identify certain signs and symptoms in an individual



in order to make a psychiatric diagnosis. The main function of a psychiatric diagnosis is to provide a concise means of communicating a large amount of information about an individual's illness. The system focuses on the specific type, intensity, duration and effect of the various behaviours and symptoms in order to define and diagnose a clinical disorder (Fauman, 1994:2).

Barron (1998:6) and Huysen (1999:11) mention that the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) was published due to the need for a consistent system to measure and diagnose behaviour. The *DSM-IV™ Multi Axial System* (2007) explains that the last major revision of the DSM was published in 1994 after a process of six years that involved more than 1000 individuals and numerous professional organizations. The DSM-IV-TR, was published in July 2000 because the next revision of the DSM, the DSM-V, will not be completed until 2013 or later (*DSM-IV™ Multi Axial System*, 2007). The DSM-IV-TR aimed to maintain the DSM-IV text and reflected the empirical literature up to 1992, confining the majority of the changes to the descriptive text. Some criteria sets changed in order to correct errors identified in DSM-IV

The researcher found that many social workers proclaim that it is unethical for a social worker to diagnose, while other social workers utilize a diagnostic system daily as a tool for their assessment. The *South African Mental Health Care Act* (Act 17 of 2002 section 1:xvii) clearly states that a mental health care practitioner is “a psychiatrist or registered medical practitioner or a nurse, occupational therapist, psychologist or social worker who has been trained to provide prescribed mental health care, treatment and rehabilitation services.” The act contains no reference forbidding social workers to diagnose, although it clearly stipulates that social workers must be trained in mental health care. *The Policy Guidelines for Course of Conduct, Code of Ethics and the Rules for Social Workers* (South African Council for Social Service Professions [SACSSP], 2007a) also do not forbid social workers to diagnose. Sewpaul (2007) states that she is not aware of any legislation that specifically speaks of the use of the manual by social workers in South Africa. A controversy is



therefore evident regarding social workers' views, knowledge and ethical right to diagnose and to utilize the DSM system.

Du Toit (2002) states that social workers should always refer to a patient's mental wellness as: "a patient presents with a particular disorder" or "it seems that the patient might have a particular disorder". She concurs that social workers are not allowed to diagnose, and the patient must be referred to a clinical psychologist or psychiatrist for diagnosis. The researcher could not find any recent literature to support this; however, this statement is accepted as the truth by various social workers in practice (Gunter, 2004; Olivier, 2004; Pieterse, 2004; Smit, 2012).

Although Northen's *'Clinical Social Work'* was written in 1982, the source is still regarded as relevant in current practice. When a social worker, during the course of an assessment, suspects a physical disease, then a physician should make the diagnosis (Northen, 1982:74). Hence, the social worker should be alert to symptoms that suggest an illness. Concerning diagnosis of mental illness, the social worker needs to understand the meaning of the term and its possible implications for a particular social work service.

Whilst it may be believed that social workers are skilled in recognizing the major characteristics of mental dysfunctions, as classified by the American Psychiatric Association (APA), Northen (1982) referred to social workers in the United States. The researcher has a concern as to whether social workers in South Africa have the necessary skills to recognize the major characteristics of mental dysfunction. Gunter (2004), Pieterse (2004) and Smit (2012) stated that they had no official training in this field although they used the DSM due to pressure from their agencies (Keet, 2009:22).

Karpelis (2010:157) and Smit (2012) are in agreement with Northen (1982:74), who states that even in 1980 it was the social worker's responsibility to identify the problems in psychosocial relations and to suggest psychiatric assessment. The researcher raises the question: "How much training is included in the education of social workers regarding symptoms of socially related problems



versus psychologically related problems?” It is the researcher’s opinion that these two problems are often interlinked, since social problems can trigger psychological conditions, while psychological conditions can trigger socially related problems.

Williams (1981) cited in Kutchins and Kirk (1995:160), a social worker and text editor of the DSM-III-R (the third revised edition), focuses on the use of the DSM in social work practice. She mentions that social workers may wonder why they should study the DSM system. Smit (2012) agrees with Williams (1981), cited in Kutchins and Kirk (1995:162), that there are three reasons why they should study the DSM system, namely:

- i) The use of the DSM system will lead to improved treatment of individuals. Social workers in the mental health field are responsible for making diagnostic decisions and formulating their treatment plans according to the diagnosis. This is reason enough to be familiar with the system.
- ii) Social workers must be able to communicate with their colleagues in order to maintain a position as a respected member of multi-disciplinary treatment teams.
- iii) The DSM system can serve as a comprehensive educational tool for teaching about psychopathology and mental disorders.

Stromwall and Hurdle (2003:209) state that even though social work is the major provider of mental health services, social work literature pay little attention to psychiatric rehabilitation. Newman, Dannenfelser and Clemmons (2007:1044) state that only two studies of the use of the DSM in social work practice, namely Dziegielewski, Johnson and Webb (2002) and Kutchins and Kirk (1988:217), exist in published literature. These two studies provide limited information on the changing trends and reason for use of the DSM in social work practice. The researcher consulted and included information from both these two studies; however, they are not South African related studies. The researcher could not find any studies on the use of the DSM in social work practice in South Africa, emphasizing the need for research.



Gunter (2004), Pieterse (2004) and Smit (2012) state that social workers are expected to use the DSM system although no official training in this field has ever been offered to them. Sekudu (2007), Department of Social Work and Criminology, University of Pretoria, states that some academic institutions have a specialized Masters degree in Health Care, in which the DSM-IV is addressed when dealing with mental health. Carbonatto (2007), Department of Social Work and Criminology, University of Pretoria, mentions that undergraduate students in social work receive an introductory module in health and some mental health aspects, including psychiatric conditions and information on the DSM. The Play Therapy and EAP postgraduate courses in the Department of Social Work and Criminology, University of Pretoria, spend only one day on DSM training. Sekudu (2007) agrees with Carbonatto (2007) and states that the four-year degree does not prepare social workers to be mental health workers because the academic institutions merely introduce the concept of mental health to the students. Sekudu (2007) emphasizes that it is the social worker's responsibility to read more for a better understanding. The researcher is concerned that social workers without specific training in the DSM system will have limited knowledge, although they are expected to know of and utilize this system.

Basic knowledge and application of the DSM can be a tool in making a diagnostic social work impression that will enable the social worker to participate more effectively in a multi-professional team, make appropriate referrals and provide more insight into clients holistically. However, it is a concern should social workers utilize the DSM system in making diagnostic social work impressions without any constructive training in the DSM. This introductory section briefly touched on some of the problems with regard to the utilisation of the DSM-system by social workers in South Africa as identified by the researcher. The problem formulation receives attention in the following section.

1.2 PROBLEM FORMULATION

What is it about the topic that the researcher wants to find out? What is the area of interest for the study? Fouché and De Vos (2011:80) state that these



questions will guide a researcher in formulating a problem, since formulating the problem will not only focus the research, but also support a researcher in finalizing a research proposal.

Munson (2002:8) mentions that for the last two decades of the previous century, namely the 80's and 90's, social work practice was generally specialized by types of charity organizations, societies, settlements, youth services, child welfare services, hospitals and schools. Even in the twenty-first century, people and organizations in South Africa tend to combine the words 'social work' and 'welfare' as an unbreakable link. Through the years, distinctions were made based on whether service was rendered to an individual, a family or a group.

Mattaini and Kirk (1991:264) argue that, despite decades of interest by social workers, assessment remains an underdeveloped area in practice. All the controversies related to theoretical basis, purpose and technology have hampered efforts to develop consensus about the critical means of assessment. The authors (Mattaini & Kirk, 1991:261) further mention that the most widely used classification system among clinical social workers is the DSM system. The purpose of the DSM is as follows:

The diagnoses in DSM are like ready-made suits that come in a variety of standard styles and sizes. They fit many patients well, others adequately and some barely at all. The clinician's task is to fit individuals with specific characteristics into standard, predefined categories (Fauman, 1994:1).

It is clear that social workers utilize the DSM-system. This, however, raises various concerns, focused on the following issues in order to formulate the research problem. These concerns are:

- Are social workers qualified to do mental health diagnosis?
- Are social workers already working with diagnostic tools?
- What is the scope of practice for mental health social workers?

These problematic issues are briefly discussed below:

1.2.1 Are social workers qualified to do mental health diagnosis?

As from the 1990s, the issue of, “who is qualified to do mental diagnosis?” has been an on-going point of debate. In the USA, non-physicians can do a diagnosis, although some states require by law that only a physician or a psychologist can conduct a diagnosis (Munson, 2002:79). According to Strong (2007), very little South African research and few guidelines exist to who should be allowed to do mental health diagnosis. No legislation speaks of the use of the DSM system, or any other mental health assessment system by social workers in South Africa (Sewpaul, 2007). However, social workers are using the DSM system in their practice.

The South African Mental Health Care Act, 2002 (Act 17 of 2002 section 1:xvii) refers to a social worker as a mental health worker, if the social worker had adequate training, but makes no reference to the social worker’s professional right to diagnose. Sewpaul (2007) states:

The use and application of the DSM system is very, very specific and I can certainly understand concerns about its use with inadequate training and supervision. As a general principle, the social worker applies the manual with the supervision/guidance of a psychiatrist or if he/she is a specialist in the mental health field.

Karpetis (2010:157) states that social workers working in health care are defined as clinical social workers since this work focuses mainly on psychotherapy. Karpetis (2010:157) further defines clinical social work as “... a practice speciality in social work that build upon generic values, ethics, principles, practice methods, and the person-in-environment perspective”.

Cooper and Lesser (2002:1) and Simpson, Williams and Segall (2007:4) refer to the definition by the *NASW Standards for the Practice of Clinical Social Work* (1989) that a clinical social worker aims to enhance and maintain the psychosocial functioning of individuals, families, and small groups, as do all social work practice. A clinical social worker utilizes social work theory and methods to treat and prevent psychosocial dysfunction, disability, or impairment that include emotional and mental disorders.



Northen (1982:300) and Simpson et al. (2007:4) emphasize that clinical social work encompasses a wide scope of developmental, preventative and therapeutic services. The acceptance of clinical practice within social work involved a process of development and acceptance before it was established for what it is known as at present.

Specific knowledge, theories and methods to assess and diagnose, plan treatment, to do intervention, and to evaluate outcomes of work with individuals, families and small groups are applied in the practice of clinical social work (Karpētis, 2010:157). Clinical social workers specifically focus on assessment of the bio-psychosocial dimensions of mental health disorders that influence the social functioning of clients (Karpētis, 2010:157). Clinical social work practice integrates the above with the objective of bringing about change in behaviours that will improve the individual's functioning and the relationship between people and their social environment.

Baumann (1998:439) emphasizes that in South Africa modern psychiatry must have a holistic approach to patient care whereby one assesses and manages an individual in a social world. The assessment must include the social context of the patient. Dziegielewski et al. (2002:28) declare that, in the mental health profession, social workers have to assist in the area of diagnostic evaluation and assessment. Assessment differs in a number of ways from diagnosis. Gambrill (1983:31) states that an assessment should be of value to the individual, based on the social worker's competence in helping people to define clearly their concerns and desired changes, and to identify related factors and possible means of attaining outcomes.

The researcher found from the literature above, that there are many uncertainties to whether a social worker could diagnose or not, and whether mental health is included or excluded from a social work assessment. The South African Mental Health Care Act (17 of 2002 section 1:xvii) indicates clearly that a mental health practitioner should have the adequate training,



which raises the question as to what type of training would be adequate. The question could then be raised, what is the meaning of diagnoses?

The South African Concise Oxford Dictionary (2006:320) explains *diagnosis* as the identification process for a problem or illness, after symptoms have been examined. Jutel (2010) defines diagnosis as follow:

... providing a rationale for the consultation, confirming the authority and prestige of the medical profession, delegating the responsibility for labelling an illness, and in our contemporary era, providing access to a range of resources. The diagnosis is generally a prerequisite for treatment, an imperative for reimbursement, an authorization to deviate from expected behaviours, in sum, a legitimate force.

Gambrill (1983:33–34) alleges that the term *diagnosis* was borrowed from medicine, in which a physician makes a diagnosis of the patient's condition and then recommends treatment based upon this diagnosis. The DSM system describes a myriad of terms that professionals use to label individuals. The use of a diagnostic label often assumes a trait conception of behaviour in which consistency of behaviours across situations was assumed.

The following two sources indicate that social workers can diagnose. The standards for the classification of social work practice are based on four goals (Gibelman, 1995: xxii; Solomon, Shallar & Zimberg, 1993:245). One of these goals is "...to enhance problem solving, coping and developmental capacities of people. The functioning of such a goal is based on assessing, diagnosing, identifying, supporting, counselling and enabling". Terminology such as 'diagnosing' was used in the past as a function within social work practice.

In the United States, a 'licensed clinical social worker' is a social worker legally accredited by a state government to practice clinical social work in that state. Qualifications for the licence vary from state to state, but typically include an accredited school of social work, several years of supervised professional experience and successful completion of a social work licensing exam (Gibelman, 1995: xxvi). Petersen (2008) states that at the University of Cape Town (UCT) in South Africa a clinical social worker has to have a Clinical

Master's Degree in Social Work. UCT had a clinical master's programme even before 1975, and trained social workers and clinical social workers. The internship of clinical social work was similar to the psychology internship. While clinical social workers would focus more on intervention with families, the psychologists would do more testing, but both would do family, group and individual therapy. Everyone in the team had to be able to make a diagnosis and describe a psychodynamic formulation to explain the person's response to stressors, using a developmental theory, such as theories by Freud, Erikson and Klein. However, this may only have occurred in that specific school. In South Africa, a social worker is regarded as a clinical social worker based on the type of work done and not according to any formal licence or training.

The researcher identifies the first problematic issue as uncertainties as to whether a generically trained social worker is qualified to intervene with mental health or not. Some authors accept diagnosing as part of social work, while some do not. The next question focuses on social workers as mental health practitioners.

1.2.2 Are social workers working as mental health practitioners?

Where does social work link with the field of mental health? To what extent do social workers intervene with mental health?

Mental and behavioural health problems can be viewed as an overlapping cluster of problems. In the South African context, daily interactions take place between health related problems (e.g. heart diseases, depression and stress related conditions), social problems (e.g. child abuse, substance abuse and violence) and socio-economic problems (e.g. high unemployment, limited education and poverty). Baumann (1998:5) and Wilson, Lymbery, Ruch and Cooper (2008:575) suggest a comprehensive primary health care approach to the delivery of health care services that consists of three contexts, namely the physical context, the psychological context and the social and economic context that will dictate the presenting symptoms of an individual. It is therefore clear that there is a link between mental health and social work.



Stromwall and Hurdle (2003:211) suggest that social workers receive a more specific education programme with regard to the field of mental health, the perspectives and mental health terminology. The researcher explored the social work programmes at the universities of South Africa with regard to mental health as part of the curricula. Representatives from social work departments at the universities of Johannesburg (Van Breda, 2008), Cape Town (Addinall, 2011), Kwazulu Natal (Motlounq, 2011), Pretoria (Carbonatto, 2007) and Free State (Reyneke, 2008) stated that they provide limited training in mental health on an undergraduate level. The majority of representatives consulted were of the opinion that mental health is a specialised area, which should receive attention on a postgraduate level.

Sands (1991:6) and Starnino (2009:820) make the concerning contradicting statement that social workers provide the bulk of mental health services. The researcher is of the opinion that the problem lies with social workers providing the service, irrespective of their training or lack thereof in the DSM or any other mental health system.

Dziegielewski et al. (2002:37–38) declare that knowledge of diagnostic impressions and criteria can assist the social worker to impact on and enhance the individual's overall level of functioning. Social workers often have regular and subsequent contacts with their clients and therefore can be essential in assisting the multi-professional team to re-examine and/or re-formulate previous diagnostic impressions. Treating an individual is a team effort and social workers are aware of the importance of building and maintaining a therapeutic rapport with the individual. A single therapeutic language of diagnostic terminology amongst this team will make the input, especially from the social worker, an essential contribution to intervention effectiveness.

The researcher concludes that some literature indicate that social workers are already doing mental health assessments, and that some authors even note that social workers can diagnose. However, it seems that training and education with regard to mental health and mental health assessments in South Africa are



limited. This raises the question: What is the scope of practice for social workers in mental health?

1.2.3 What is the scope of practice for mental health social workers?

Sartor (2008), Executive officer of the South African Association of Social Workers in Private Practice (SAASWIPP), states that the association compiles a scope of practice for social workers, in the lack thereof, addressing the role of social workers in mental health. However, she also notes that the finalization of a scope of practice will be a lengthy process, since changes will have to be made in the Social Service Professions Act 110 of 1978. In the absence of a finalized scope of practice for social workers in mental health, the researcher explored the views of various authors with regard to the role of mental health social work.

The researcher observed that social workers have to diagnose, regardless of whether they have had sufficient training in a diagnostic system or not. From her own working experience, the researcher agrees with Munson (2002:79), who mentions that during the 1990s agencies forced mental health professionals to enter a DSM diagnosis in their database reports. Gunter (2004) and Pieterse (2004) concur by stating that, although they received weekly supervision from peers, they had to utilize the DSM system in South Africa without formal training as part of their agencies' service requirements (Keet, 2009:22). Using the DSM system without training may lead to uncertainty and negativism towards the manual amongst non-trained professionals. Despite this, by 1994 the DSM was the most widely used diagnostic system in mental health (Allers, 2008; Collin, 2008; Garb, 1998:39; Huyssen, 1999:11; Munson, 2002:80).

Although the DSM is the classification system for mental disorders used most often in South Africa, the researcher is of the opinion that not all social workers in South Africa are familiar with and comfortable with the system. Dziegielewski et al. (2002:30) are of the same opinion as Huyssen (1999:11); they declare that little empirical evidence exists concerning social workers' knowledge of the



DSM system and limited recent data is available on the attitudes of social workers towards its use in interviews and in social work practice.

The question arises as to whether diagnostic interviewing is part of the social worker's scope of practice. Diagnostic interviewing refers to discussions with an individual and the establishment of a working diagnosis that can serve as the basis for an initial plan for treatment. Skodol (1989: xv, 1) defines the word diagnosis as follows: "The art of distinguishing one disease from another – the determinations of the nature of a case of disease." According to Skodol (1989:2), the purpose of a diagnostic interview is to:

- gather information necessary for making a DSM multi-axial diagnostic assessment;
- form a cooperative alliance with individuals, and
- form a therapeutic environment where individuals would feel understood by an empathic interviewer.

It is clear from the discussion above that social workers are involved in and committing themselves to diagnostic interviewing.

Phares (1992:5) refers to studies by the American Psychiatric Association (APA) that showed clinical social workers to be the fastest growing psychosocial profession in the USA between 1975 and 1990. In Table 1, Munson (2002:8–9) highlights the basis of primary social work practice areas in the USA, based on statistics of the National Association of Social Work (NASW).

Table 1: Primary practice areas of working NASW members in the USA

Primary Practice Area	1988		1991	
	N	%	N	%
Children	11,165	16.3	14,256	16.3
Community organization-planning	913	1.3	976	1.1
Family services	8,422	12.3	9,860	11.3
Corrections	899	1.3	1,025	1.2
Group services	351	0.5	399	0.5
Medical clinics	9,005	13.2	10,926	12.5
Mental Health	21,431	31.3	28,545	32.7
Public assistance	613	0.9	695	0.8
School Social Work	2,918	4.3	4,083	4.7
Aged	3,227	4.7	3,970	4.5
Substance Abuse	2,731	4.0	4,031	4.6
Mental-developmental disabilities	2,038	3.0	2,356	2.7
Other disabilities	364	0.5	460	0.5
Occupational social work	527	0.8	711	0.8
Combined	3,339	4.9	4,836	5.5
Other	522	0.8	136	0.2
Total Respondents	68,465		87,265	

Munson (2002:8) states that there was a significant increase in the percentage of social workers in private practice from 10.9% in 1982, to 16.1% in 1990, and a further increase to 19.7% by 1995. It is significant that the highest percentage for a practice area is in the field of mental health. Although the statistics are not recent, it is clear in the table above that the number of social workers in private practice increased as well as the number of social workers working in mental health.

On a national level, South Africa also shows a growing population of social workers in private practice. The researcher approached the South African Association for Social Workers in Private Practice numerous times for recent statistics; the most recent statistics were published in 2007 and refer to 2003

when there were 1127 registered social workers with SAASWIPP (*South African Association for Social Workers in Private Practice*, 2007b). Table 2 shows their geographical distribution.

Table 2: SAASWIPP members' geographical distribution for 2003

Province	N	%
Eastern Cape	48	4
Free State	44	4
Gauteng	504	45
Kwa-Zulu Natal	142	13
Limpopo Province	67	6
Mpumalanga	35	3
Northern Cape	11	1
North West Province	27	2
Western Cape	249	22
Total	1 127	100

N=Frequency

The researcher was unable to find any data on how many of these practitioners were in mental health. If South Africa would have the same trend as in the USA (as indicated in Table 1), it would be very concerning, since there is no clarity on the scope of practice in this regard, although social workers practice in the field of mental health.

From the above, the researcher concludes that the problematic areas are the shortfall of a mental health social work scope of practice; the concern that social workers assess and even diagnose in the field of mental health without adequate training, and the need for training in mental health and mental health diagnostic systems.

Based on this problem formulation, the researcher compiled the following goal and objectives.

1.3 PURPOSE, GOAL AND OBJECTIVES OF THE STUDY

A specific purpose, goal and objectives are necessary to guide the researcher through the research processes. A purpose statement includes the intent of the study and not the problem or issue that leads the researcher to the need for the specific study (Creswell, 2011:111). Durrheim (2006:40) stresses that the researcher should ask him/herself three questions regarding the purpose of the study: "...what are the units of analysis, what information do you require about these units and what type of study is best suited to answering the research questions?"

1.3.1 Goal

Fouché and De Vos (2011:94) describe the meaning of 'goal' as "the broader more abstract conception of 'something which you plan to do or achieve'". Durrheim (2006:40) refers to the research goal as the process through which the purpose of a specific research is defined by asking two questions: Who or what do you want to draw conclusions about? What type of conclusions do you want to draw about your object of analysis?

The goal for this study is formulated as: To develop, implement and pilot test a programme to train social workers in the utilization of an accredited diagnostic system, namely the DSM system, when dealing with individuals who present with a specific disorder.

1.3.2 Objectives

According to Fouché and De Vos (2011:94), the objectives should be specific, clear and achievable. Durrheim (2006:41) states that there are typically two aspects of the objectives worth defining, namely the units of analysis that are the focus of investigation and the variables, which are features of the objectives that are to be observed or measured. Objectives refer to those more specific changes in the programmes, policies or practices believed to contribute to the broader goal.

The study was guided by the following objectives:

- To do a literature study regarding social workers' diagnosis and assessment within the context of the DSM system
- To explore social workers' views and utilization of the DSM system
- To develop a training programme and train social workers in the utilization of the DSM
- To implement the developed training programme for social workers in the utilization of the DSM
- To measure the effectiveness of the content of the training programme
- To draw conclusions and make recommendations with regard to the benefit for the social work profession as well as to multi-professional teamwork, should social workers receive training in the DSM system

The researcher conducted the research study and analysed the research results within a South African context.

1.4 RESEARCH HYPOTHESIS FOR THE STUDY

Neuman (2011:18) asserts that a topic is often too broad for actually conducting a study. A study must be narrow to focus on a specific research question that a study can address and often this requires developing hypotheses. As discussed in the section on problem formulation, the researcher focused the study, prior to developing the hypothesis, by asking the following questions:

- Are social workers qualified to do mental health diagnosis?
- Are social workers already working with diagnostic tools?
- What is the scope of practice for mental health social workers?

In all these questions, the researcher is of the opinion that there are uncertainties and lack of clarity. Based on the above, the researcher developed a hypothesis. A hypothesis is a tentative, concrete and testable statement about relations among variables. A hypothesis suggested as an answer to a problem has to be tested empirically before it can be accepted and incorporated into a



theory. Babbie (2011:46) states that to test a hypothesis, a researcher must specify the meanings of all the variables involved. De Vos and Strydom (2011a:35) and Wienclaw (2009:2) simplify this by stating that a hypothesis asks, “Is this so?”

The researcher utilised the discussion above with regard to the development of a hypothesis:

Problem: There are uncertainties in the social work profession as to whether social workers are qualified to diagnose, regarded as an integral task in mental health intervention. The question arises as to whether social workers are qualified to work in the mental health field. The answer could be provided in a scope of practice for social workers in South Africa, but such a scope is still in a formulizing process. Social workers are working in the field of mental health, regardless of their training, qualifications and knowledge of either mental health or mental health diagnostic systems, such as the DSM. This aspect causes more uncertainties in the field of mental health, amongst social workers (clinical vs. generic social workers) and other professions, with regard to the quality and role of social work services.

Answer: If social workers are already utilizing a diagnostic system, in this case the DSM system, regardless of training, education, qualifications or knowledge thereof, a training programme should be developed to equip them with the required knowledge and insight with regard to their mental health clients. This could assist in enhancing the social work profession since social workers working in the field of mental health will have insight into the mental health terminology and pathology.

Empirical research: The researcher proposes the first four phases of intervention research in order to test the hypothesis.

In view of the preceding statement of the problem, the following overarching hypothesis directs this research:

If social workers receive formal training in the utilization of the DSM system, it will equip them with knowledge and insight with regard to assessing mental health clients.

This may enhance the profession, since social workers will be able to participate in the multi-professional team with insight with regard to mental health terminology and assessments.

1.5 ETHICAL ASPECTS

The researcher is responsible to consider all ethical aspects while planning a research study. Research ethics focus on the welfare of research participants as well as scientific misconduct and plagiarism. Wassenaar (2006:63) claims, “Many of the major ethical guidelines for researchers were developed because of specific abuses of research participants. Although the worst of these were in biomedical studies, psychosocial research has also involved abuse of research participants”.

This research study adhered to the aspects of ethical research as discussed in Babbie (2011:477), Neuman (2011:143), Stalker, Carpenter, Connors and Phillips (2004:377–383), Strydom (2011:115) and Wassenaar (2006:68) who refer to the following aspects of research ethics.

1.5.1 Avoidance of harm

All the possible physical, psychological and legal risks were assessed. Harm and ‘costs’ of the research to the participants were carefully identified, and as far as possible such risks and costs were minimized so that the benefit ratio was favourable (Neuman, 2011:145-146; Strydom, 2011:115-116; Wassenaar 2006:71).

The researcher is of the opinion that the risk for emotional harm of participants was limited since the research topic/theme is not a personal relationship or personal issue being exposed. The researcher was alert at all times for any

harm that could occur and was aware that often when people see all the diagnostic criteria in the DSM system, they tend to screen either themselves or close relatives according to these criteria. Possible emotional turmoil was avoided since the researcher addressed this concern in the introduction, and reminded the participants that the DSM system is only a tool in the field of mental health and cannot by itself make a diagnosis. During the course of the two-day training, the researcher also took informal reports from participants on a regular basis to ensure that they were not experiencing any harm. The researcher further provided her own phone number as a contact should they feel that participating in the study had caused any form of harm, pain or uncertainties (Babbie, 2011:479-480).

1.5.2 Informed consent

Historically, informed consent was seen as the only determinant of the ethicality of research. According to Neuman (2011:149) and Babbie (2011:481) the standard components of consent are:

- Provision of appropriate information, such as the purpose and procedure of the research: The researcher included the purpose of the research study in the training invitation and discussed the purpose with procedures as part of the introduction on the first day of the training.
- Participants' competence and understanding with a statement of any risks or discomfort associated with participation: The researcher informed participants that they were welcome to raise any discomfort at any time during the training.
- A guarantee of anonymity and confidentiality of records: Although the researcher presented the training and met the respondents, they did not have to attach their names to any research document, ensuring anonymity. The researcher assured all respondents of confidentiality, both verbally and in the letter of informed consent.
- Voluntary participation and the freedom to decline or withdraw after the study started: The researcher stated the above in the letter of informed consent and verbally repeated the information at the training.



- A statement of any benefits or compensation provided to participants and the number of subjects involved: This was not applicable in the study.

Formalization of consent must usually be in writing. The researcher ensured that all the respondents gave written consent. Wassenaar (2006:77) and Stalker et al. (2004:379) conclude by stating that researchers enjoy a great amount of power to sway public and professional opinions and that these powers must be exercised responsibly and with sensitivity to the welfare and rights of research respondents. The respondents signed an informed consent form for the release of all information gathered in this study.

1.5.3 Cooperation with contributors

Research projects are often so expensive and comprehensive that the researcher cannot finance the project (Strydom, 2011:124). The researcher is fortunate to work for a group of mental health clinics, The Life Path Health Group, which not only supports her study in this field, but also contributed, with a sponsorship for the venue and beverages. The researcher is a member of the South African Association of Social Workers in Private Practice. This association distributes a list to their members of all the social workers in private practice, and the researcher therefore had automatic access to the list in order to invite respondents.

1.5.4 Deception of respondents

The researcher had to identify and address questions that may be a concern for the target group. The population in this study was social workers dealing with and assessing clients in the Western Cape. This population was informed of possible benefits (both direct and indirect) should they receive the training. The aim of an intervention is to add value to a participant's clinical practice (Wassenaar, 2006:69). Strydom (2011:118) emphasises that researchers should not withhold any information from the respondent. Deception takes place when the researcher intentionally misleads subjects by way of written or verbal instructions. The researcher therefore detailed the goal of the study, the actions

of the respondents and discussed possible experiences that the subjects could go through.

1.5.5 Actions and competence of the researcher

A researcher is ethically obliged to ensure that he/she is competent and adequately skilled to undertake the proposed investigation. Strydom (2011:123) and Wassenaar (2006:70) state that a poor research design is an ethical issue because it can lead to invalid results and unnecessary waste of resources and participants' time. With regard to knowledge of and experience of the DSM system, the researcher had to utilize the DSM-IV as a work requirement without any formal training. Moreover, she had to work with this system in the United Kingdom. The researcher is skilled in facilitating training sessions, since facilitation has been part of her duties over the last ten years. She is also fortunate to work in a psychiatric institution with exposure to information, experts and resources in this field of study.

The competence of the researcher that will undertake the study is also an important component of this ethical element. The researcher is an experienced social worker and researcher. The study was conducted under the supervision of an experienced study leader.

1.5.6 Release or publication of the findings

The findings of the study must be introduced to the reading public in written format or the study will mean very little and not be viewed as research (Strydom, 2011:126). The researcher compiled an objective and as accurate as possible research report and clearly reported the shortcomings and limitations in the study. She informed the subjects of the findings in an objective manner, as recommended by Strydom (2011:126), by presenting a feedback session for the respondents who were interested in the outcome of the study. The researcher presented and discussed findings in informal discussions.



1.5.7 Privacy, confidentiality and anonymity

Neuman (2011:152) and Strydom (2011:119) state that when dealing with ethical aspects in research, violation of privacy, the right to self-determination and confidentiality can be viewed as being synonymous. Privacy implies that personal information will be kept confidential. Information given anonymously ensures the privacy of the respondent. The respondents were assured of privacy, confidentiality and anonymity, and no references were made to any respondent in the first person. Each respondent signed a letter of informed consent, which indicated that all the personal details would stay confidential.

The researcher is of opinion that all the important ethical aspects received attention. The following main concepts need clarification.

1.6 DEFINITION OF MAIN CONCEPTS

1.6.1 Mental health practitioner

Kerr, Dent-Brown and Parry (2007:64) explain that a mental health team member varies from different locations and settings, but can offer a wide range of services including mental health assessments, treatment of and management to disturbed and distressed patients. *The South African Mental Health Care Act* (17 of 2002 section 1:xvii) clearly states that a mental health care practitioner is a psychiatrist or registered medical practitioner or a nurse, occupational therapist, psychologist or social worker trained to provide prescribed mental health care, treatment and rehabilitation services. In the context of this study, a mental health practitioner is not only a professional with skills in dealing with mental health issues, but also a professional that received specialized training in mental health care.

1.6.2 DSM

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals

in the United States (*DSM-IV™ Multi Axial System*, 2007). The DSM applies to a wide array of contexts. Clinicians and researchers of different orientations such as biological, psychodynamic, cognitive, behavioural, interpersonal, and family/systems use the DSM. The DSM-IV was designed for utilization in inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care settings. The DSM-IV is applicable for use with community populations, by psychiatrists, psychologists, social workers, nurses, occupational and rehabilitation therapists, counsellors, and other health and mental health professionals and is a tool for collecting and communicating accurate public health statistics (*DSM-IV™ Multi Axial System*, 2007).

The Diagnostic Statistical Model is a multi-axial system consisting of five axes with each axis referring to a different area of information. The concept of multi-axial diagnosis originates from the psychiatrists, Essen-Möller and Wohlfahrt, who used it briefly in Denmark in 1947 as part of their national classification of mental disorders (Skodol, 1989:39). Since then, several multi-axial systems have been proposed, but none has been as comprehensive as the DSM multi-axial system, regarded as a major advance in the psychiatric field.

The DSM is, therefore a guideline for clinicians to identify certain signs and symptoms in a client in order to make a psychiatric diagnosis. The main function of a psychiatric diagnosis is to provide a concise means of communicating a large amount of information about a patient's illness.

1.6.3 Training

Public Relations and Communication Management [sa] provide the following definition for training: "Training is any activity that is undertaken with the specific aim of acquiring or improving relations, communication and/or business skills necessary to function effectively at work." The *South African Concise Oxford Dictionary* (2006:1244) states that to train an individual means to teach that individual a particular skill or behaviour. The researcher is of the opinion that training in this study refers to providing an opportunity for social workers to acquire and improve their skills and communication.

1.6.4 Training programme

The *South African Concise Oxford Dictionary* (2006:932) defines a programme as a set of related measures or activities with a long-term aim. Atkinson (2001) provides the following definition for a programme:

It is suggested that the reference to 'programme' ... will require at least the basic information of a list of verbal descriptions of activities or operations together with a list of dates for commencement and completion of each activity. The extent of the list of activities will depend upon the description of the programme.

The researcher defines a training programme as a time-limited programme specifically developed to train people in an area where they lack knowledge and skills.

1.6.5 Clinical social worker

A clinical social worker is a social worker that maintains and enhances the psychosocial functioning of individuals, disability, or impairment including emotional and mental disorders and is based on knowledge of one or more theories of human development within a psychosocial context (Cooper & Lesser, 2002:1; Simpson et al., 2007:4). Horejsi, Horejsi and Sheafor (1997:61) state that a clinical social worker is a social worker with significant functions that include the role of conducting psychosocial assessments and diagnosis.

In the context of this study, the researcher defines a clinical social worker as a qualified social worker that provides mental health services for the prevention, diagnosis, and treatment of mental, behavioural, and emotional disorders in individuals, families, and groups.

1.7 LIMITATIONS OF THE STUDY

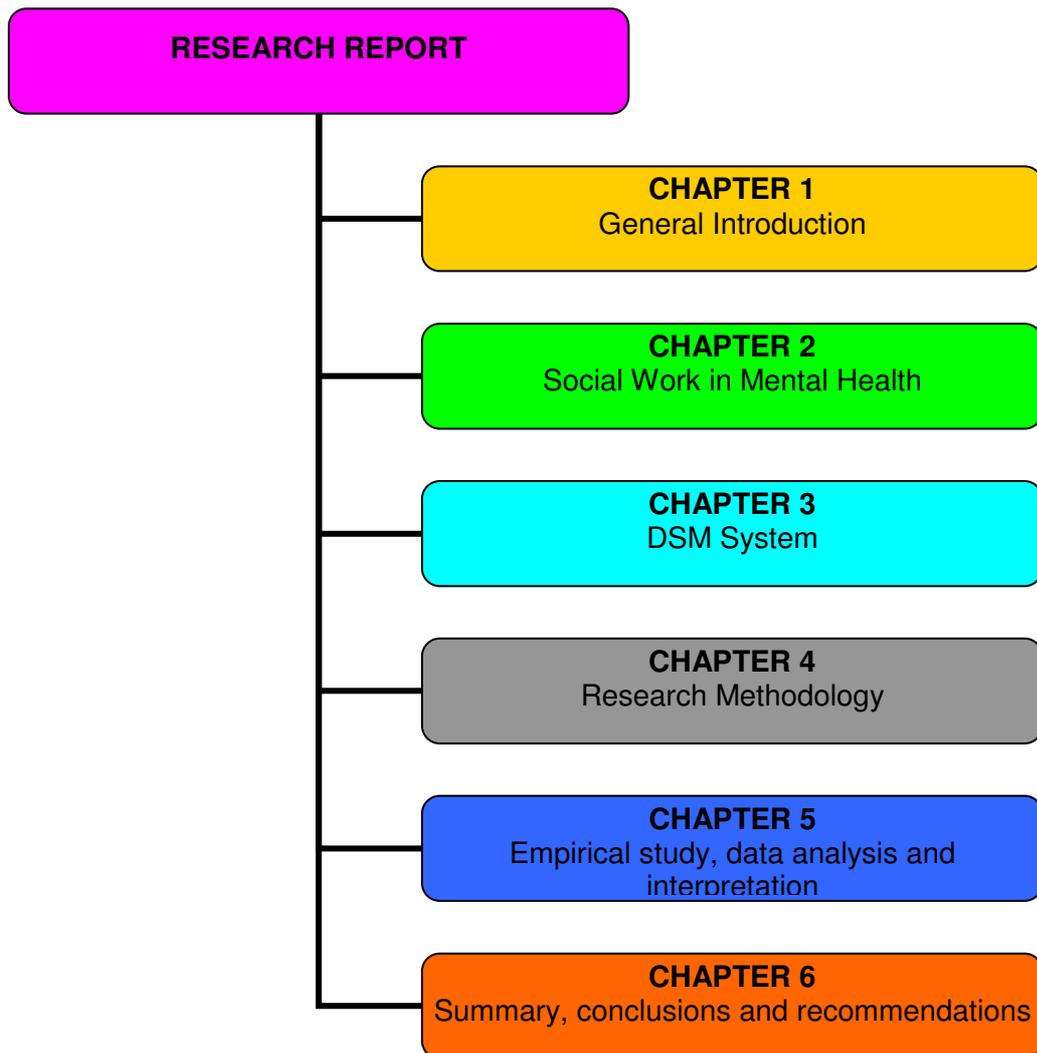
- After an extensive search in collaboration with the subject specialist for Social Work in the University of Pretoria library, the researcher concluded

that there is limited literature and research regarding this field of study. The literature found was mostly applicable in the United States, an indication that there is a real need for research, information and training in this field within the South African context.

- Respondents were of the opinion that the training programme should have taken place over more than two days; however, most of the respondents also mentioned that they have limited time available and acknowledged that it would be difficult to take more time out of their schedules.
- The uncertainty within the South African situation regarding the distinction between a general social worker and a clinical social worker is still a limitation and frustration for many professionals.
- The lack of a formal scope of practice for social workers in South Africa is a huge limitation. Currently, various bodies strive to formalize a national accepted scope of practice. This had an impact on contextualising the study.
- The researcher accepts that the evaluation of this intervention could have been done more extensively. This research study therefore provides a platform for further training and intervention, as dictated by the intervention research design.
- More instruments should be used to measure 'knowledge and insight with regard to mental health'. The researcher is of opinion that due to the lack of previous research, it has been difficult to narrow aims, objectives and the hypothesis, prior to the study. However, the study has indicated that there is a definite need for further research in this field.

1.8 FRAMEWORK OF THE RESEARCH REPORT

The research report consists of six chapters, as shown in Diagram 1:

Diagram 1: Framework of research report

1.9 SUMMARY

The researcher paid attention to the current utilization of the DSM system by social workers and highlighted various views. It is clear from the discussion that social workers are using the DSM system without training.

The research problem was formulated based on social workers admitting that they are using the DSM system, regardless of their training or lack of training in the DSM system. Social workers do not receive training in any mental health diagnostic system while receiving their formal education.

The goal for this study is the development, implementation and pilot testing of a programme to train social workers in the utilization of an accredited diagnostic



system, namely the DSM system, when dealing with individuals who present with a specific disorder.

The hypothesis that directed this research indicated that if social workers receive formal training in the utilization of the DSM system, it would equip them with knowledge and insight with regard to the mental health assessments of their clients. This could enhance the profession, since social workers would be able to participate in the multi-professional team with insight with regard to mental health terminology and assessments.

The researcher addressed various ethical aspects such as the avoidance of harm, obtaining informed consent, ensuring cooperation with contributors, avoiding any deception of the respondents, ensuring competence from the researcher's side and focusing on the privacy, confidentiality and anonymity of the respondents.

The limitations of this study were the lack of literature, the need for training over a longer period, the uncertainties regarding the practical definition of 'clinical social work' and the need for a national accepted scope of practice for social workers. The researcher confirms that the evaluation of this intervention could have been done more extensively. This research study therefore provides a platform for further training and intervention, as dictated by the intervention research design. More instruments should be used to measure 'knowledge and insight with regard to mental health'. The researcher is of opinion that due to the lack of previous research, it has been difficult to narrow aims, objectives and the hypothesis, prior to the study. However, the study has indicated that there is a definite need for further research in this field.