

## CHAPTER 5

# EMPIRICAL STUDY, DATA ANALYSIS AND INTERPRETATION

### 5.1 INTRODUCTION

Chapters 2 and 3 provided a literature study on social work in mental health, and on the DSM system. This theoretical background is needed in order to reach the research goal, namely to develop, implement and pilot test a programme to train social workers in the utilization of an accredited diagnostic system, viz. the DSM system, when dealing with individuals who present with a specific disorder. Chapter 4 elaborated on the methodology of this research and focused on the process of intervention research: a training programme was developed and presented as a pilot study. Changes were made, and then the training programme was presented to the respondents with a pre-test questionnaire and post-test questionnaire to pilot test the intervention. Chapter 5 will provide the findings from the empirical study.

Seventy-nine (79) social workers attended a training course on the first day, while seventy-five (75) attended the second day of training in the utilization of the DSM system. Each attendee received the following prior to the commencement of the training:

- Pre-test questionnaire: Section A focused on the respondent's learning experiences and biographic details. Section B focused on the respondent's view/opinion of the DSM system prior to the training.

The attendees received the training programme (exposure to intervention). On completion of the training, each attendee again received the following:

- Post-test questionnaire: section A focused on the respondent's views and/or opinions of the DSM system following the training.

Herewith the data analysis for the pre-test questionnaire, divided into section A and section B.

## **5.2 PRE-TEST QUESTIONNAIRE – SECTION A: LEARNING EXPECTATIONS AND BIOGRAPHIC DETAILS**

### **5.2.1 Qualitative data on the respondents' learning expectations**

The following empirical data are the learning expectations expressed by respondents as obtained from an open question in the pre-test questionnaire. The researcher has categorized the responses as follow:

#### **Learning expectations**

Each respondent listed an expectation in the open-ended question, with the exception of seven respondents that had no comment on this question. The researcher categorised all the expectations as follow. The digits before every comment are the respondent numbers:

#### **Knowledge of assessment and diagnostic tools**

- 001: "To empower myself with knowledge with regard to assessment and diagnostic methods."
- 006: "To use the correct mental health measurement scales."
- 009: "To do scientific evaluations to be more accurate in referrals to medical professions."
- 016: "To implement the correct skills/tools in order to assist the client and to draw an action plan."
- 027: "Increase knowledge base by learning new skills/assessment techniques."
- 032: "As a social worker to gain sufficient knowledge about the assessment tools identification and correct referral procedures, to expand knowledge about mental disorders."
- 045: "Accurate assessing – to work faster. To provide a better service delivery."

- 046: “To obtain more knowledge which would allow me to improve service delivery.”
- 048: “Resources to assist with assessments.”
- 081: “More knowledge. To be able to improve my assessments with the elderly and to motivate myself.”

### **Knowledge of DSM system**

- 002: “How can I use the DSM more effectively in social work practice.”
- 003: “Learn to use the DSM IV more.”
- 004: “To gain more/new knowledge and latest information about DSM IV.”
- 017: “To gain more knowledge on how to use the DSM IV.”
- 019: “More about the DSM and how to more effectively apply it.”
- 020: “To learn more about using DSM: to apply in my work area when assessing patients.”
- 021: “Using the DSM as an assessment tool and diagnostic tool.”
- 025: “To use the DSM effectively and professional in the workplace. To use the DSM to such an extent to contribute to assessment and treatment.”
- 035: “Enhance assessment skills. More knowledge regarding DSM as I did not had psychology III during my training.”
- 038: “Learn more about DSM IV and how to use it effectively.”
- 043: “To have a better understanding of the DSM IV. I’m part of a multi-professional team and the psychologist normally refers to the DSM IV.”
- 052: “Regarding the clinical use of the DSM – with all its facets.”
- 053: “To use the DSM IV better and understanding of it.”
- 054: “Understanding of the DSM system and how to use it effectively.”
- 057: “To see how using the DSM IV can assist in the work that we do (child abuse) an assist in more appropriate referrals.”
- 058: “To gain understanding of how to use the DSM manual in helping clients with mental problems.”
- 059: “More about DSM IV and how/were to make referrals.”

- 060: “Better assessment of clients’ parents/guardians with regard to DSM IV.”
- 071: “How the DSM IV is used and can help me in my practice.”
- 072: “Hope that social workers would be better equip to assess mental health patients since is it is a huge part of my work.”
- 074: “How to use the DSM as an assessment tool.”
- 076: “How to use the DSM as well as more information on the DSM.”
- 090: “A touch-up course in DSM-IV.”
- 091: “To learn and understand DSM-IV.”
- 092: “More about how to work with the DSM as social workers.”
- 096: Using and understanding the DSM IV.”
- 099: “Application of the DSM IV.”

### **Clarity on mental health issues**

- 008: “How to better assess psychiatric conditions in clients in order to appropriately refer them.”
- 015: “To distinguish between a person’s personality and psychiatric diagnosis. Refrain from labelling. What is a reality, what can/must be changed.”
- 028: “Referral system, when and when not to refer a patient based on the clients’ behaviour.”
- 029: “To learn more about the mental disorders of man kind.”
- 039: “More clinical knowledge.”
- 040: “Help to assess clients with mood problems.”
- 042: “Refresh my micro/clinical skills.”
- 044: “More about mental disorders.”
- 055: “To learn more about mental illness assessment as well know my duties and responsibilities and when where to refer clients.”
- 056: “To gain a better insight into diagnosing clients/recognizing more symptoms to make a referral for an assessment to be done by a psychiatrist.”
- 061: “Gain knowledge to learn more about mental health disorders and how to do a proper assessment.”

- 062: “To learn more about assessment of mental disorders and intervention.”
- 064: “To be able to make appropriate assessment and be able to identify possible disorders and to be able to recommend appropriate intervention. Gain insight on various disorders.”
- 065: “Ability to make a diagnosis.”
- 070: “To be recouped with psychiatric information.”
- 073: “I wish to learn how to do a proper assessment on mental disorders and the right referral procedures.”
- 075: “Knowing exactly how to assess a person with mental illnesses.”
- 077: “How to intelligently diagnose whether there mental disorders is in order to make the relevant referral/intervention.”
- 078: “To learn more about mental health and how social work link with it.”
- 079: “How to make accurate diagnoses.”
- 080: “How to pick up indications of psychiatric illness early in intervention.”
- 083: “To be able to use this method to test for mental disorders.”
- 084: “To know more about mental health and mental illness.”
- 085: “Gain more insight on mental disorders.”
- 086: “More about mental wellness, how to apply and assist in treatment.”
- 088: “Learn more about different types of personalities to assess clients.”
- 093: “Clear guidelines in assisting clients with possible mental disorders. Recognition of mental disorders.”
- 094: “Om mere insight the kry in ‘n geestelik toestand.”
- 097: “To link children’s court investigations with mental health wellbeing.”
- 100” “A greater understanding of the different mental health issues”

### **Other**

- 063: “Improve knowledge.”
- 067: “More information.”
- 082: “Information on practical tools.”
- 087: “Anything that will increase my knowledge with regard to assessments.”
- 089: “Something new.”

Based on all these above-mentioned answers, the researcher would summarize the learning expectations as a need for:

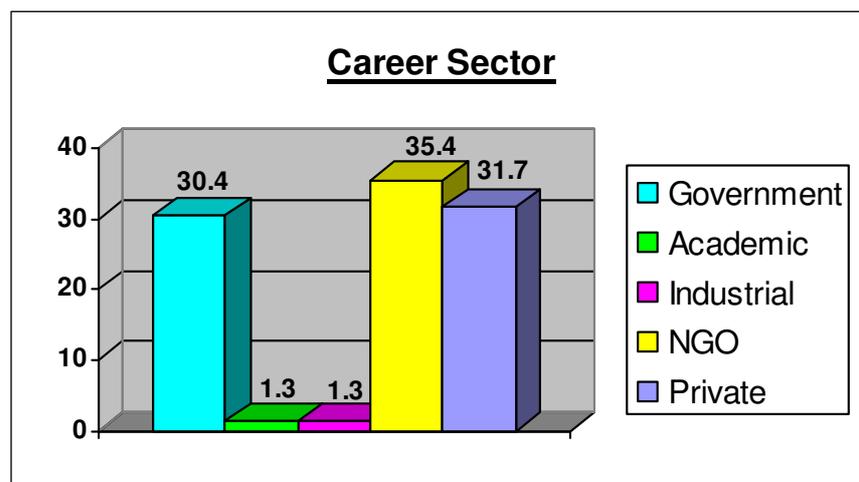
- Knowledge of assessment and diagnostic tools
- Knowledge of the DSM system
- Clarity on mental health issues

The invitation to this training course is attached as an appendix to indicate that the course was not advertised in a biased way in order to shape the expectations of the respondents. The invitation indicated that the training would focus objectively on mental health, diagnostic tools and in particular the DSM IV. The invitation was formulated with the fact that not all social workers receive training in mental health as part of their pre-graduate training, in mind. This relates to the identified need for more training in this area, since social workers have to work with mental health patients, regardless of their training or lack thereof (Gunter 2004; Pieterse 2004; Smit 2012).

## 5.2.2 Quantitative data on the biographical details

### ➤ Career sectors

Figure 1: Career sectors



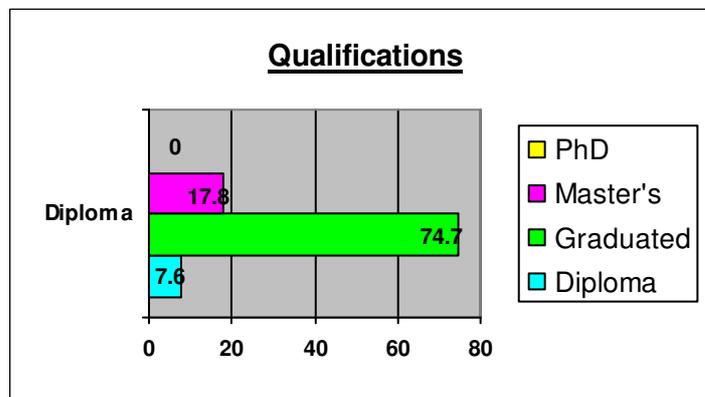
Twenty-eight (35.4%) of the respondents worked for non-governmental organizations (NGOs), while twenty-five (31.7%) respondents worked in private practice and a further twenty-four (30.4%) were employed by the government.

The high percentage of private practice social workers was unexpected, since SAASWIPP (*South African Association for Social Workers in Private Practice*, 2007b) stated that there were only 249 private social work practices registered in the Western Cape in 2003. This correlates with Munson's (2002:8) opinion that there is a significant increase from year to year in the percentage of social workers in private practice.

➤ **Qualification in Social work**

The majority of respondents, fifty-nine (74.7%) indicated that they were single-degree university graduates, while fourteen respondents (17.7%) had a MA degree and six (7.6%) respondents had a diploma.

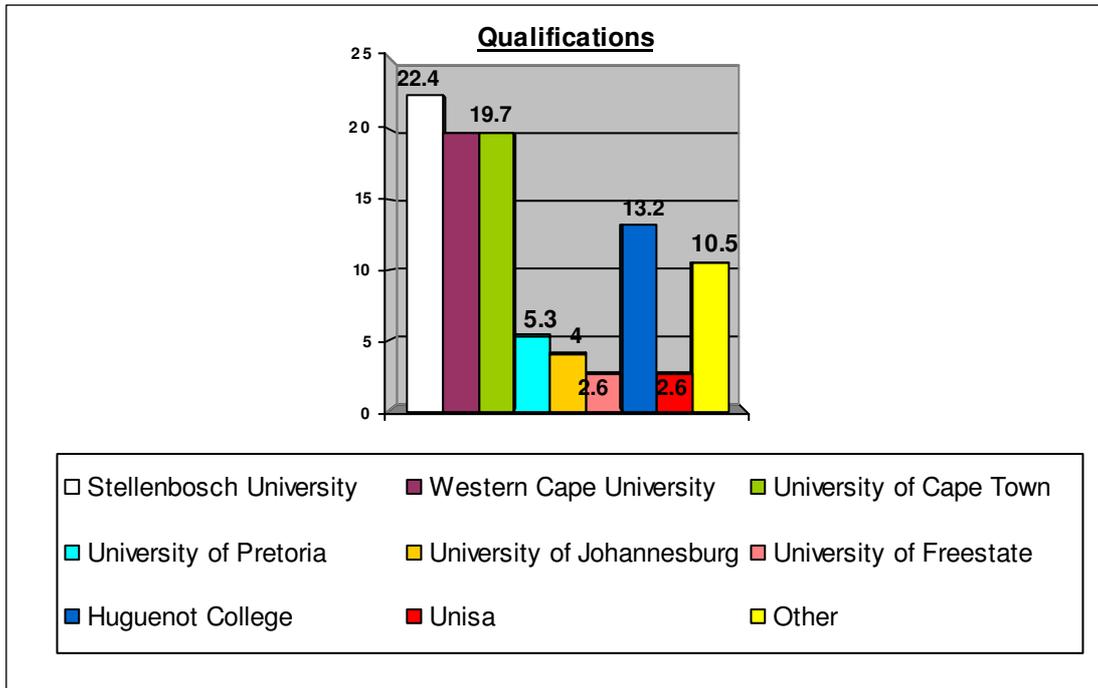
**Figure 2: Qualification in Social Work**



Only fourteen respondents (17.8%) of the respondents had a postgraduate qualification in Social Work, while the majority of respondents, almost fifty nine respondents (74.7%) have a 4-year social work graduation qualification as described by the South African Council for Social Service Professions (2008a). Six (7.6%) respondents had a diploma in social work.

➤ Facility where qualifications were obtained

Figure 3: Facility where qualifications were obtained



Seventeen (22.4%) respondents obtained their qualification at the University of Stellenbosch, while an equal number of respondents, fifteen (19.7%) each, obtained their qualification at the Western Cape University and at the University of Cape Town. Ten respondents (13.2%) qualified at the Huguenot College, while only four respondents (5.3%) obtained their qualifications at the University of Pretoria. Three respondents (4%) graduated from the University of Johannesburg, while two respondents (2.6%) received their qualification at the University of Free State and at the University of South Africa respectively. Other represented social workers from universities in South Africa such as Limpopo, North West, Transkei, Natal and Eastern Cape.

The geographical distribution of the respondents' academic facilities correlates with the fact that the training programme took place in the Western Cape, and therefore the majority of respondents would have received their training at academic facilities in this province, such as Stellenbosch University, Western Cape University, University of Cape Town and Huguenot College.

➤ **Age of respondents**

**Table 10: Age of the respondents**

Age of the respondents	Frequency	Percent
20–29	14	17.7
30–39	26	32.9
40–49	21	26.6
50–59	14	17.7
60–69	4	5
<b>Total</b>	<b>N=79</b>	<b>100%</b>

Fourteen respondents (17.7%) were younger than 29 years of age, while a large number of the attendees, namely twenty-six (32.9%) were 30–39 years of age. Twenty-one respondents (26.6%) indicated that they were 40–49 years of age, while fourteen respondents (17.7%) indicated that they were between 50 and 59 years of age. There were four respondents (5%) above the age of sixty. The majority of attendees are thus still very involved in their careers and eager to enhance their knowledge.

➤ **Total clients assessed per month by the respondents**

**Table 11: Total clients assessed per month by the respondents**

Total Assessed Clients per month	Frequency	Percent
1–8	9	11.4
10–19	19	24
20–29	15	19
30–49	14	17.7
50–69	3	3.8
70–99	5	6.3
100–260	4	5
No comment	10	12.7
<b>Total</b>	<b>N=79</b>	<b>100%</b>

The majority of the social workers (60.7%) responded that they assess ten to 49 clients a month. From the data above, the majority of the respondents do no more than 50 assessments per month. Four (5%) respondents noted that they see up to 260 clients per month.

These responses clearly indicate that client assessment is definitely a task done by social workers as noted by Gambrill (1983:31), as well as by Dziegielewski et al. (2002:28). The researcher notes that the reference to assessments could be confusing, since some social workers could refer to initial assessments only done once with a client in the caseload, while other could refer to every consultation done daily as an assessment. According to Karlsson (2011:10), the average monthly caseload for mental health teams varies from as low as six (6) to as high as seventy (70) per month – bearing in mind that social workers in the public sector need to travel to their patients as well. The researcher found that as Group Operations Manager for four private psychiatric clinics, the maximum number of clients per mental health team member in the private sector is six clients per day, consulted by the professional twice a month.

➤ **Clients presenting with mental health issues**

**Table 12: Number of social work assessments presenting with mental health issues**

<b>Respondent</b>	<b>Social work assessments per month</b>	<b>Mental health clients per month</b>	<b>Percentage of mental health assessments (N=68)</b>
001	20	20	100
003	10	10	100
004	10	2	20
005	15	10	67
006	20	2	10
007	10	10	100
008	30	10	33
009	45	0	0
010	10	5	50
011	10	10	100
012	10	10	100



013	20	20	100
015	80	80	100
016	7	6	86
017	25	22	88
018	20	20	100
019	65	30	46
021	12	12	100
022	3	1	33
023	5	4	80
024	40	25	63
025	30	10	33
026	40	30	75
028	12	4	33
029	30	15	50
030	12	8	67
031	10	2	20
032	20	2	10
033	60	5	83
034	70	25	28
035	90	25	28
036	75	25	33
037	33	8	24
038	4	2	50
040	10	7	70
041	25	4	16
042	5	1	20
043	50	10	20
044	20	10	50
045	50	50	100
046	6	3	50
047	60	52	87
048	20	20	100
049	50	40	80
052	2	1	50
053	260	10	0.40
054	8	8	100
055	40	-	0
056	20	-	0
057	20	-	0
058	70	40	57
059	25	12	48
061	28	15	54
064	40	3	75
065	10	3	30
067	13	-	0
068	180	60	33
069	160	50	31
070	160	50	31

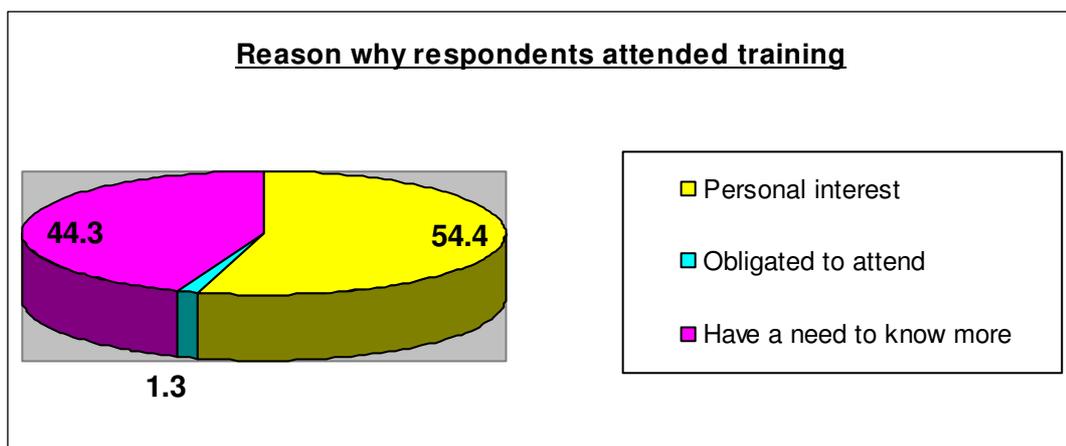
071	10	2	20
072	10	2	20
073	28	2	7
074	15	10	67
075	30	10	33
076	10	6	60
077	20	-	0
078	30	15	50
079	15	10	67
<b>Total</b>	<b>2453</b>	<b>976</b>	<b>3436.4</b>
<b>Average on N=68</b>	<b>36</b>	<b>14.4</b>	<b>50.5%</b>

Eleven respondents (respondents 002, 014, 020, 027, 039, 050, 051, 060, 063, 063, 066) indicated that they are not doing any social work assessments, nor assessing mental health clients. For the purpose of the above comparison, the researcher did not add their data. This table indicates that the respondents, who are doing assessments, have an average of 36 assessments per month. The respondents conduct 50.5% mental health assessments from their total social work assessments. This correlates with the statement by Karlsson (2011:10) that the average monthly caseload for mental health teams varies from as low as six (6) to as high as seventy (70) per month.

The data clearly indicate that social workers have mental health clients as noted by Aviram (1997:6) Sands (1991:6) and Starinino (2009:820). These authors state that social workers often provide the bulk of mental health services.

➤ **Reasons why respondents attend training**

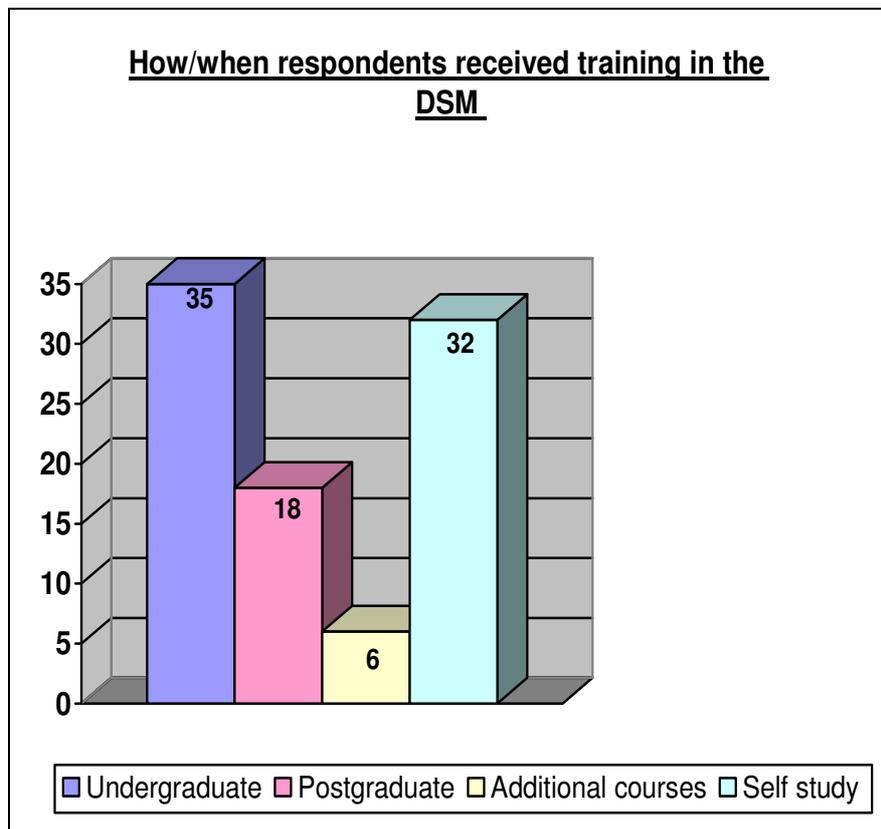
**Figure 4: Reasons why respondents attend training**



Forty-three (54.4%) of the respondents indicated that the reason for attending the training was for a personal interest in mental health, while thirty-five (44.3%) stated that they have a need to know more about the subject. The supervisor of one respondent (1.3%) identified a need and instructed the person to attend. It is encouraging that the majority of the respondents themselves identified the need to increase their knowledge regarding mental health issues and voluntarily attended the training.

➤ **Previous training in the DSM system**

**Figure 5: Did you receive any training in the DSM system?**



The respondents had to indicate how and when they received training in the DSM system. Twenty-eight (35%) respondents stated that they received training in the DSM system as an undergraduate student while fourteen (18%) respondents stated that they received DSM training as a postgraduate student. Only five (6%) respondents stated that they attended additional courses while

twenty-five (32%) respondents made use of self-study in order to increase knowledge in the DSM.

This data does not indicate the nature and intensity of the training; however, it indicates that training in this field is limited. It is important to note that 32% of the respondent's utilized self study as a method to obtain knowledge. This concurs with the concern of Stromwall and Hurdle (2003:211) that social work programmes must include more content with regard to mental health perspectives and language.

### **SUMMARY OF THE ABOVE RESPONSES**

- Respondents stated that they attended the training due to a personal interest and a need to know more, which clearly indicated the need for training in this field. This statement is supported by the large number of respondents that already trained themselves either through additional courses or self-study, as well as the high turnout of participants for this training.
- Participants came from NGOs, government and private sectors, in roughly equal numbers, an indication that this is not just a need of private practitioners, but also for social workers working at grassroots' level.

## 5.3 PRE-TEST VERSUS POST-TEST QUESTIONNAIRE – SECTION B: DSM SYSTEM

### 5.3.1 Quantitative data on the DSM system

The following section discusses the comparison between the pre-test and post-test questionnaire pertaining to the DSM system.

#### ➤ Utilization of the DSM-IV

**Table 13: Utilization of the DSM-IV**

	Pre-test		Post-test	
	Do you make use of the DSM-IV		Would you make use of the DSM-IV	
	Frequency	Percent	Frequency	Percent
Never	26	32.9	1	1.3
Seldom	17	21.5	1	1.3
From time to time	23	29.1	11	14.7
Most of the time	9	11.4	37	49.3
Always	1	1.3	22	29.3
No comment	3	3.8	3	4
<b>Total</b>	<b>79</b>	<b>100%</b>	<b>75</b>	<b>100%</b>

The pre-test indicated that twenty six (32.9%) of the respondents have never used the DSM system, however, only one respondent (1.3%) stated after the training that he/she would not make use of the DSM system. The training thus contributed to an increase in the number of respondents that would utilise the DSM system. Seventeen respondents (21.5%) stated that they seldom used the DSM system, while only one respondent (1.3%) felt that he/she would still seldom use the system, following the DSM training. The pre-test indicated that twenty-three (29.1%) respondent's use the DSM from time to time, but that decreased to eleven (14.7%) respondents, following the training. Only nine respondents (11.4%) used the DSM most of time prior to the training, however

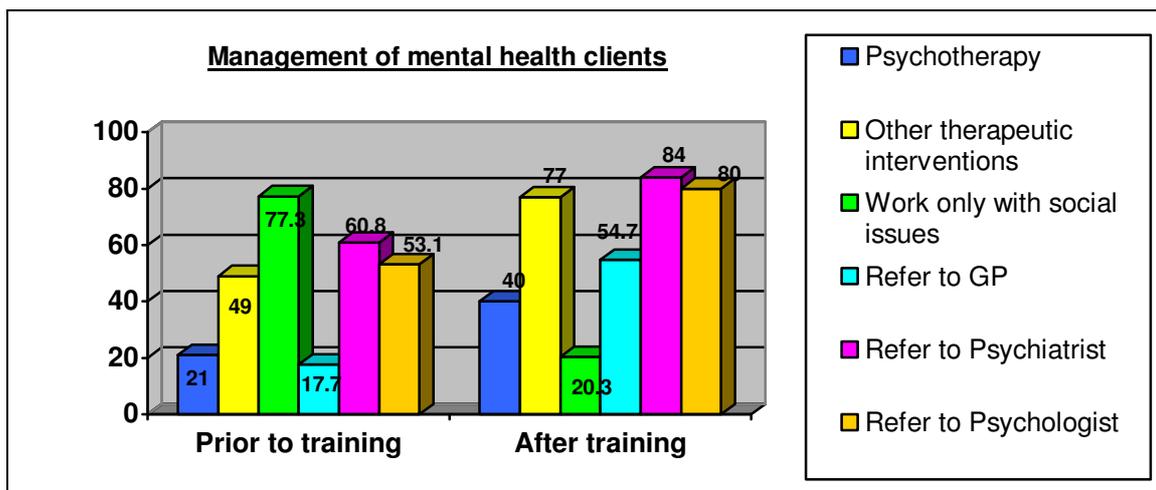
thirty-seven respondents (49.3%) indicated that they would use the DSM most of the time in future.

Prior to the training only one respondent (1.3%) indicated always using the DSM system, while after the training twenty-two respondents (29.3%) stated that they would always use the DSM system. This table clearly indicates that 33 respondents (41,8%) used the DSM from time to time, most of the time and always. After the training 70 (93.3%) of the respondents indicated, they would make use of the DSM system from time to time, most of time or even always. It is important to note that the pre-test indicated actual behaviour and the post-test referred to intended behaviour.

The training in the DSM system appears to have enabled the attendees to consider the intention to use well-researched diagnostic criteria. This concurs with the view of Reyneke (2008) who referred to Ferreira who stated that the DSM system has a definite place in the training of social workers.

➤ **Management of clients with mental health issues**

**Figure 6: How do you manage clients presenting with mental health issues?**



Seventeen (21%) respondents stated prior to the training that they make use of psychotherapy, while twenty-five (32%) of the respondents noted that they do not make use of psychotherapy. After the training thirty respondents (40%)

indicated they would make use of psychotherapy while forty-two respondents (56%) noted that they would still not use psychotherapy.

Prior to the training thirty-nine (49.4%) of the respondents indicated that they utilise other therapeutic interventions, while fifteen (19%) of the respondents work only with related social issues. After the training, an increased number of respondents, namely fifty-eight (77.3%) stated that they would now make use of other therapeutic interventions, while a smaller number of respondents, sixteen (20.3%) stated that they would only work with the related social issues.

Prior to the training, fourteen (17.7%) respondents stated that they refer their mental health patients to the general practitioner, while forty-one (54.7%) respondents noted in the post-test that they would refer mental health clients to a general practitioner.

Prior to the training, a high number of forty-eight (60.8%) respondents stated that they refer their mental health patients to a psychiatrist and forty-two (53.1%) also refer to psychologists. Most of the respondents, sixty-three (84%) and sixty (80%) stated that they will refer to a psychiatrist and a psychologist.

It would appear that although the attendees became aware of doing psychotherapy themselves, the training allowed them to consider other options to their current practice, viz. to use other therapeutic interventions, to deal with the client holistically and to refer mental health problems to other members of the multidisciplinary team, as suggested by Smit (2012) and Tilbury (2002:18).

### ➤ Knowledge to identify mental health issues

**Table 14: Knowledge to identify mental health issues**

	Pre-test		Post-test	
	Frequency	Percent	Frequency	Percent
Never	3	3.8	0	0
Seldom	18	22.8	6	7.6
From time to time	38	48.1	32	42.7

Most of the time	17	21.5	32	42.7
Always	2	2.5	3	3.8
No comment	1	1.3	2	2.6
<b>Total</b>	<b>N=79</b>	<b>100%</b>	<b>N=75</b>	<b>100%</b>

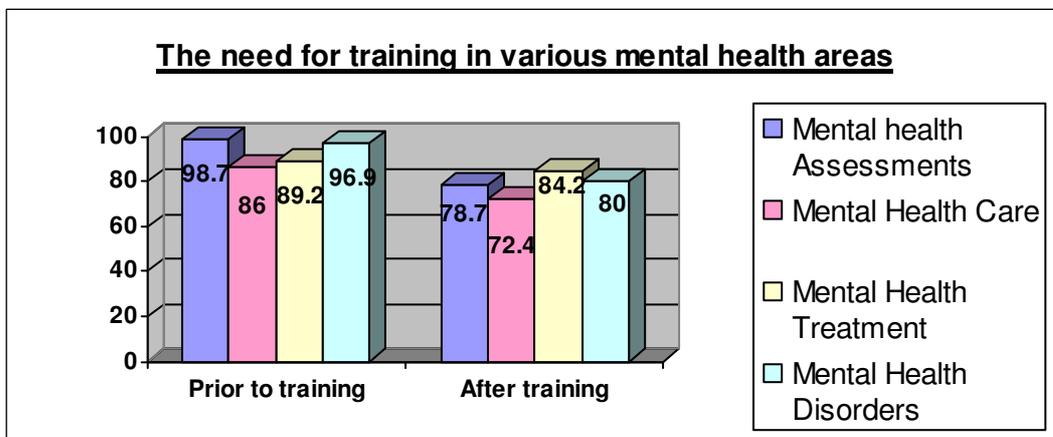
Three (3.8%) respondents indicated that they never had enough knowledge to identify mental health issues, while after the training no respondents indicated that they still feel that they do not have enough knowledge to identify a mental health issue. Prior to the training, eighteen (22.8%) of the respondents responded that they seldom had enough knowledge to identify mental health issues, while seventeen (21.5%) stated that most of time they feel that they have enough knowledge. Thirty-eight (48.1%) indicated that they have enough knowledge from time to time. After the training, only six respondents (7.6%) were of the opinion that they would seldom experience that they would not have enough knowledge to identify mental health issues while thirty-two respondents (42.7%) indicated that they would have enough knowledge from time to time and thirty-two respondents (42.7%) indicated that they would have knowledge most of the time

In the pre-test, 72.1% of the respondents felt that they had enough knowledge to identify a mental health issue (from time to time, most of the time and always). An increase of 17.1% in the number of respondents namely 89.2% felt that after the training, they would have enough knowledge to identify mental health issues from time to time, most of the time or even always. It is thus clear that the training had a positive outcome, as the majority of the respondents expressed a greater confidence in their ability to identify mental health issues. The data concur with the statement made by Dziegielewski et al. (2002:34) who noted social workers' positive reactions regarding knowledge to identify mental health issues following formal training in the system.

➤ **Training needed in mental health**

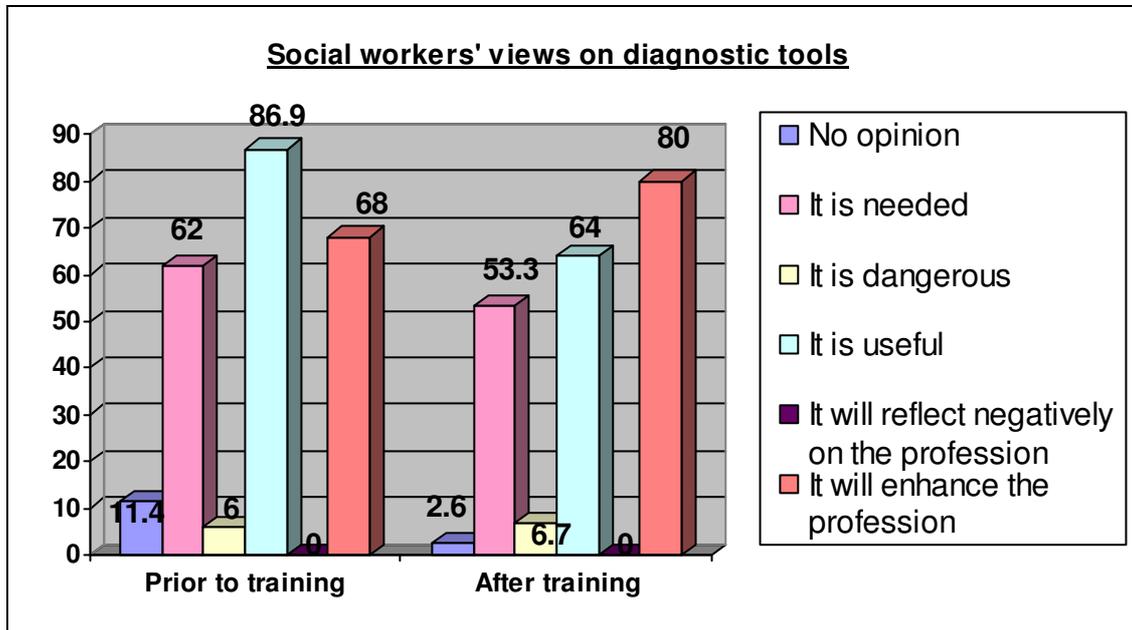
**Figure 7: Training needed in various mental health areas**

Prior to the training, most of the respondents, namely seventy-four (98.7%) stated that they need further training in mental health assessments, while sixty-two (82.7%) indicated that they need training in mental health disorders. Forty-nine (65.3%) of the respondents indicated that they need training in the field of mental health care. After the training, fifty-nine (78.7%) respondents indicated they needed more training in mental health assessments, while sixty (80%) indicated that they still need more training in mental health disorders. This indicates that social workers have identified a need for further training in the identification, treatment and care of mental health care users, and are willing to participate in research in order to achieve this aim to enhance their practice. The decrease in the need for further training after this training programme could be because respondents received information that would enable them to participate in multi-professional mental health teams.

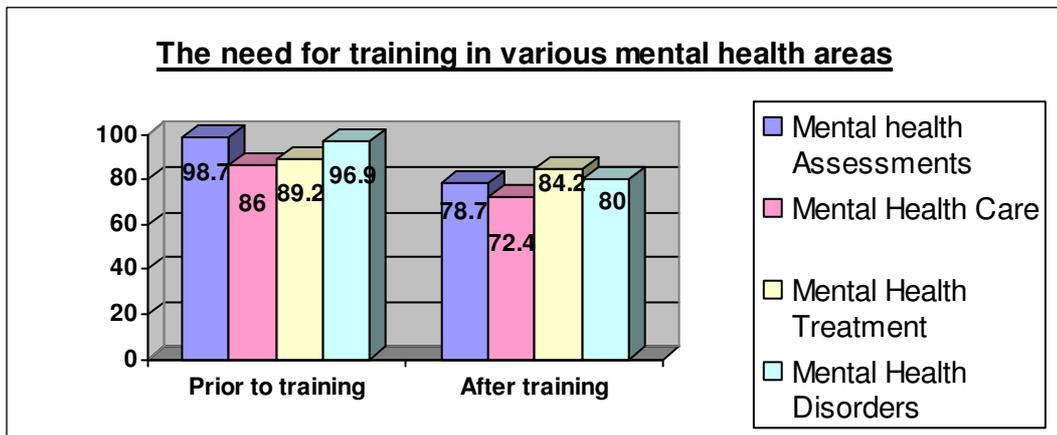


➤ **Social workers' views on diagnostic tools**

**Figure 8: Social workers' views on diagnostic tools**



In the pre-test, only nine respondents (11.4%) stated that they had no opinion on diagnostic tools, while only two respondents (2.7%) kept that view after the training.



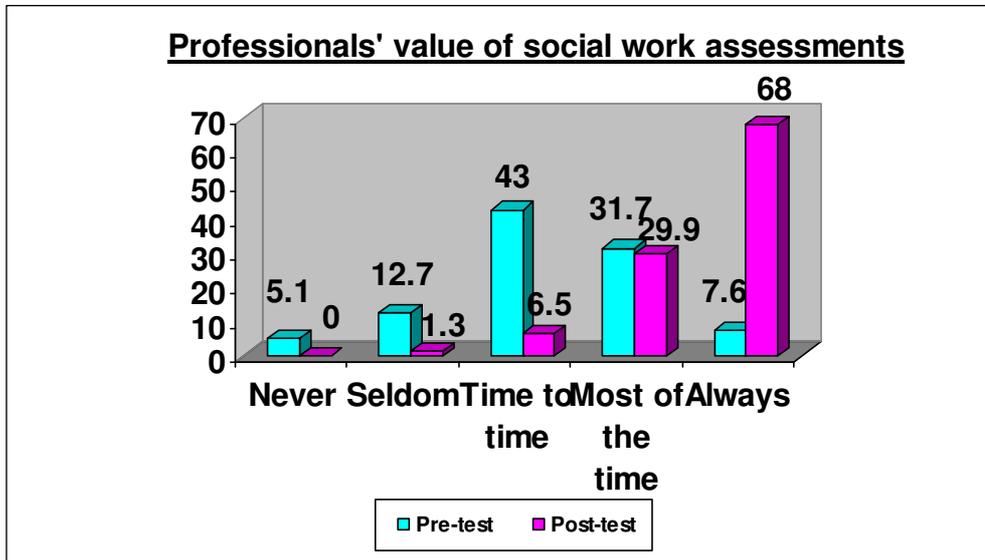
Forty-one (86.9%) respondents stated prior to the training that they feel it would be useful if social workers could use a diagnostic tool, while forty-eight (64%) stated that they would find it useful following the training. This decrease could be because respondents became aware of the complexity of the diagnostic system and that the system could not be used without proper training.

A further fifty-three (68%) stated in the pre-test that using a diagnostic tool will enhance the profession, while in the post-test sixty respondents (80%) felt that diagnostic tools will enhance the profession. Not a single respondent (0%) felt prior to or after the training that the use of diagnostic tools could result in negative reflections on the profession. Five (6%) respondents indicated in the pre-test that the use of diagnostic tools could be dangerous, while a further five respondents (6.7%) kept that view after the training. The significant increase in the number of respondents, who felt that the use of a diagnostic tool enhances the profession, was encouraging.

These responses confirm the statement made by Kutchins and Kirk (1995:160), Smit (2012) and Starinino (2009:836) who state that social workers in the mental health field are responsible for making diagnostic decisions and formulate their treatment plan according to the diagnosis, which is reason enough to be familiar with a diagnostic system. Smit (2012) and Kutchins and Kirk (1995:160) further agree that the DSM system is their preferred diagnostic tool, and that the DSM will enhance the social work profession since social workers will be able to communicate with their colleagues in order to maintain a position as a respected member of the multi-disciplinary treatment team.

➤ **Social workers' view on how other professionals value their input**

**Figure 9: Professionals' value of assessments made by social workers**



This figure indicates that the general view in the pre-test leaned towards a value level of time to time and most of time, while the post-test indicated that the respondents have changed their views and felt that other professionals could value social workers' assessments most of the time to always. The post-test showed that the majority of the respondents, namely fifty-one (68%) stated that other professionals would always value a social work assessment if the social worker was more knowledgeable in mental health.

Munson (2002:8) notes that even in the twenty-first century, people still regard social work as a type of charity organization or child welfare, which makes it understandable that social workers could have the perception that other professionals do not fully value their assessments.

### CONCLUSIONS FROM THE ABOVE

- Following the training, the respondents changed their views on the use of the DSM system dramatically from “never”, “seldom” and “from time to time” to high scores on “from time to time” and “most of the time”.
- A small number of respondents had a concern that the training could be dangerous. The majority of respondents were of the opinion that training in the DSM system is needed, useful and will enhance the profession.
- A small number of respondents felt that social work reports are always valued, but indicated that with more knowledge of mental health, social workers’ assessments could be valued by other professionals.

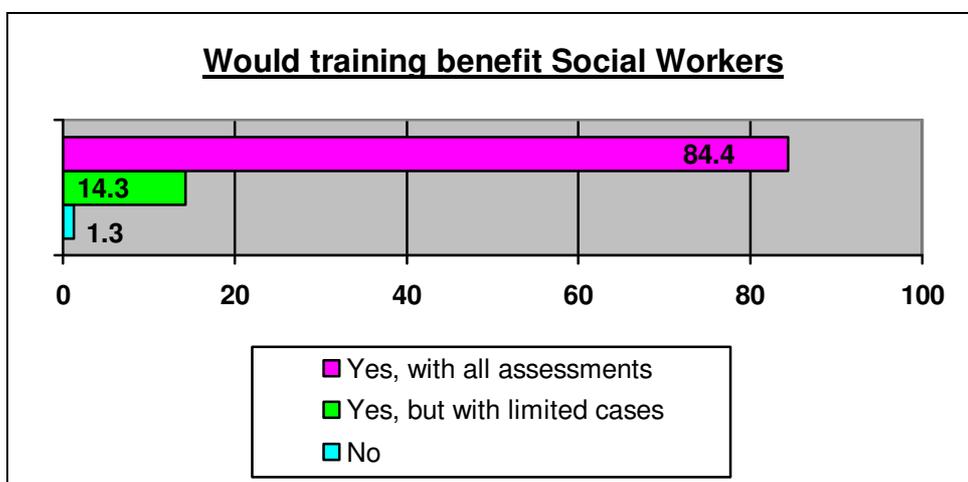
## 5.4 POST-TEST QUESTIONNAIRE – SECTION A: SUMMARIZED VIEW ON THE DSM TRAINING

### 5.4.1 Quantitative data on respondents’ views on the DSM training

The quantitative empirical data refer to information obtained after the intervention took place.

#### ➤ Would training enhance social work assessments?

**Figure 10: Would training in the DSM system assist social workers to conduct assessments that are more professional?**



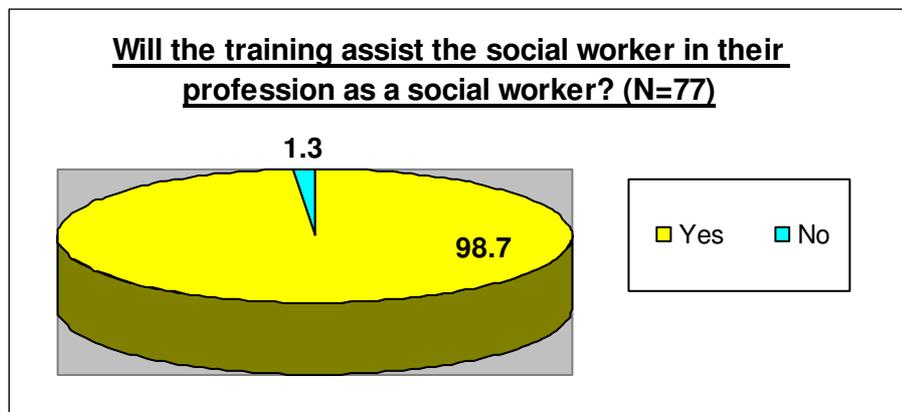
Sixty-five (86.7%) respondents stated that the training would assist them with their assessments, while a smaller percentage; eleven (14.7%) respondents noted that the training would only assist them with limited cases. There was only one (1.3%) respondent stating that the training would not assist him/her in social work assessments.

Kutchins and Kirk (1995:160) are of the opinion that social workers would benefit from using the DSM system since it will enhance the profession in terms of various factors such as:

- formulating a treatment plan, and
- to maintain a position as a respected member of the multi-disciplinary treatment team.

➤ **Will the training that you received assist you in your profession as a social worker?**

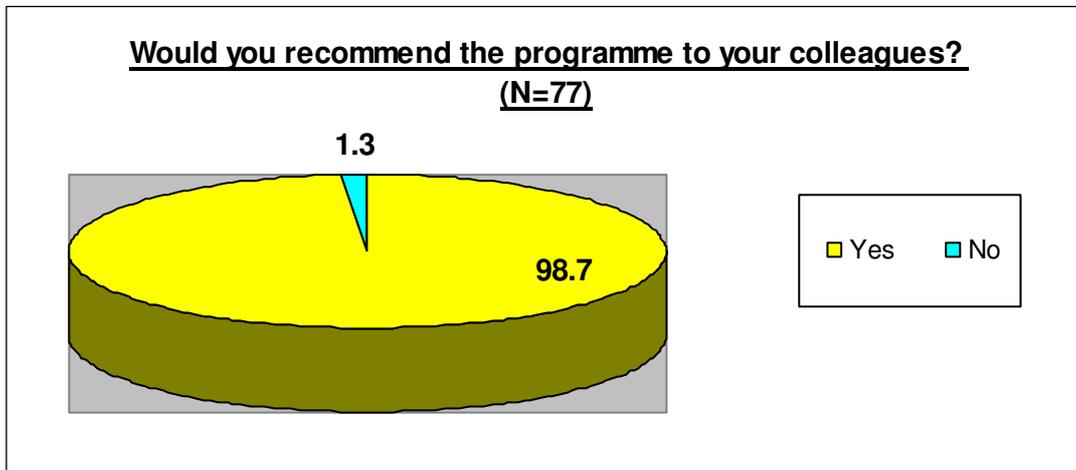
**Figure 11: Will the training assist the social worker?**



Seventy-four (98.7%) of the respondents indicated that the training they have received would assist them in their profession as a social worker, while only one respondent (2.7%) noted that she would not find benefit with this training.

➤ **Would you recommend the training to your colleagues?**

**Figure 12: Would you recommend the training to your colleagues?**



Seventy-four (98.7%) of the respondents stated that they will recommend the training programme to their colleagues while only one respondent (1.3%) noted that they will not recommend the training. The majority of the respondents found the training sufficiently beneficial to recommend to their colleagues.

**CONCLUSIONS FROM THE ABOVE**

- The majority of the respondents were of the opinion that training in the DSM system will benefit social workers since it will assist them to provide more comprehensive assessments, it will upgrade and empower the social work profession and it will assist social workers to develop more appropriate treatment plans.
- It is therefore understandable why all the respondents, except for one respondent (who indicated that she is in the academic field) would recommend this programme to their colleagues.

## 5.4.2 Qualitative data from the respondents' views on the DSM training

### 5.4.2.1 Reasons why the DSM training will assist social workers in conducting more professional assessments

The researcher identified the following themes from the open comments on reasons why the DSM training will assist social workers in conducting assessments that are more professional:

- **Main theme 1: Enable social workers to use mental health terminology**

Respondents indicated a need to become familiar with mental health terminology, as utilized in the context of mental health intervention. The following verbatim responses confirm the need.

- "To use the right terminology"
  - "Will be able to speak the language of the doctors"
  - "To use the mental health language will be a great benefit"
  - "More professional language"
  - "Terminology used will enhance professionalism"
  - "Professional language that makes you more professional"
  - "Same language across the team"
- **Main theme 2: The training will enable service providers to make sooner and more appropriate referrals**

It was clear from the responses that respondents were of the opinion that training would assist them to know when and how referrals should be done. This also provided an indication that respondents were aware of the services provided by and the roles of mental health team members.

- "Learn boundaries and when to refer"
- "Assist with referring appropriately"

- “I will right more professional referrals”
  - “Will help me to refer to the correct practitioner”
  - Will make referrals sooner when needed”
  - “Assist with proper referrals”
- 
- **Main theme 3: The training would assist in making more comprehensive assessments**
    - “Provides me with means to assess my clients”
    - “Will do more in-depth assessments”
    - “Improve recognition of disorder”
    - “Will use the DSM as motivation for my assessments and recommendations”
    - “Good assessment give quality service delivery”
    - “IT gives me a reference to use in assessments”
  
  - **Main theme 4: Upgrade and empower social work profession**
    - “It boost my confidence with knowledge”
    - “It will improve my professional image”
    - “Now my opinion could be based on a tool”
    - “It improved my social work skills”
    - “Assist me to understand clients and their disorders”
    - “I have better insight”
    - “I will be more efficient in rendering a service”
    - “it gives me confidence”

It seems from this qualitative data that the respondents felt that a DSM training programme would assist them as social workers in conducting more professional assessments. Social workers who are familiar with mental health terminology would be able to make sooner and more appropriate referrals, would be able to conduct comprehensive assessments and felt that the training would upgrade and empower them as social workers.

#### **5.4.2.2 Reason's why the course would assist them in their profession as social workers**

The researcher identified the following themes similar to the responses above, from the comments with regard to why the course would assist social workers in their profession:

- **Main theme 1: Enable social workers to use terminology**

Comments with regard to social workers who would feel enabled to use mental health terminology following the training:

- "Appropriate understanding of medical terms"
- "I can understand the terminology better"
- "Assist with referring appropriately"
- "Will be more professional due to correct terminology"
- "Assist in report writing and referring patients"
- "Better communication with other professionals"

- **Main theme 2: Social workers making referrals to the multi-professional team**

Comments with regard to social workers who could make referrals to the multi-professional team following the course:

- "To keep in mind mental health symptoms in order to make referrals"
- "Can focus on specific referrals"
- "Assist with mental health referrals"

- **Main theme 3: Comprehensive assessments**

Comments with regard to social work assessments following the course:

- "It provides me with means to assess my clients"
- "I understand better how and what to assess"

- “I feel comfortable to do an assessment”
  - “Will motivate my assessments and referrals with a DSM when applicable”
  - “It gives me direction on cases where I am stuck”
  - “Now I can look at the client with more depth”
  - “It gives me structure from which I can define certain behaviour”
  - “I will be able to do more thorough assessments”
  - “Now my assessments can be based on a tool”
- 
- **Main theme 4: Empowering of social workers**

Comments with regard to social workers who feels empowered following the course:

- “Knowledge boost my confidence”
- “I feel motivated to conduct professional assessments”
- “I have more confidence to work in mental health”
- “I have a better understanding for clients”
- “I can now improve my social work skills and can be recognized in a team”
- “I realized the complexity of diagnosing and will be more cautious”
- “I feel motivated to improve the image of social workers”
- “My credibility with doctors will improve”
- “I will remember not to diagnose, but I will express my viewpoints and opinions”

From the responses of the attendees, it appears that social workers were eager to improve their knowledge and skills especially concerning mental health care issues. The research of Dziegielewski et al. (2002:28) supports this view since they note that social workers should be keenly aware and alert to updates in diagnostic criteria throughout the intervention. They state that training in a diagnostic tool would equip the social work professionals to provide better client services and provide an opportunity for the profession to recognize malpractice in terms of the DSM system.

### 5.4.2.3 Recommendations with regard to the course content

The researcher identified the following themes from the recommendations with regard to the course content:

- **Main theme 1: Integration of course content**

The open comments on the course content clearly indicated a need for more opportunities to integrate the obtained theoretical content in practical applications. The content was new to many respondents and the researcher recognises the need for more integration of obtained information.

- “More case studies to be presented”
- “More visual material such as videos”
- “More case studies from the attendees”
- “Case studies from a psychiatrist”

- **Main theme 2: Theoretical content of course**

Comments and recommendations included specific needs with regard to theoretical content. Respondents indicated areas where they required information that is more specific.

- “More information on specific disorders, such as bipolar”
- “Familiarize more on different algorithms in mental health”
- “May have more information on the biology of the disorders”
- “More information on patient rights against the background of human rights and the consumer movement”

- **Main theme 3: Mental health team utilisation**

Respondents became aware of the roles and services of mental health team members. Comments and recommendations included the request for more information with regard to referral of mental health clients.

- “To discuss more referral pathways”

- “To present this course in conjunction with a psychiatrist”
- “It gave me a clear understanding of my role in mental health”
- “Gave insight to work more freely in a multi professional team”

- **Main theme 4: Duration of the course**

Comments with regard to the duration of the course were that, even though the training was over two days, a number of attendees requested more time for this training with recommendations of training up to 4 days. Only two respondents indicated that the training took too long.

- “More time needed a lot of information in short period.”
- “Need more time to do in-depth studies and discussions”
- “Time needed for more difficult case studies”
- “It is too much work for two days, rather present it over two courses”

A large number of respondents indicated that the training was informative, valuable and empowering. The main recommendations for this course is that more practical integration, case studies and audio visual examples should be included; more information on specific disorders were requested; a need for discussion with regard to the team approach was expressed and various comments were made that such a training should take place over more than two days.

Respondents were social workers from various backgrounds, levels of training and expertise, and different work experiences and the researcher therefore found it difficult to address the needs of all the respondents. However, the overall comments with regard to the training were positive and encouraging.

- **Other remarks**

In conclusion, respondents could add any other remarks. The remarks were overall positive and encouraging with various requests for follow-up training. Herewith some remarks:

- “Excellent course – Thank you.”
- “We need more courses like these in the social work profession to upgrade our recognition as a specialized field.”
- “Good training, very useful.”

### **CONCLUSIONS FROM THE ABOVE**

- Respondents indicated that they would recommend the inclusion of more case studies, visual material and examples.
- Some respondents stated that more opportunity should be provided to practically implement the knowledge.
- Respondents recommended that the training should take place over a longer period since two days were not sufficient.
- Many comments indicated that follow-up training would be valuable.
- In general, respondents experienced the training as positive and referred to the guideline as empowering with good content and professional presentation and material.
- Many respondents stated that the training program was an excellent course, useful and informative.
- The respondents experienced the training as an enhancement to their careers that empowered them with knowledge and confidence.
- Generally the remarks were positive in the closing statements and the majority of respondents showed gratitude for the training and for the effort that went into the programme.

### **5.3 SUMMARY**

This chapter represents the empirical data obtained from this study and consists of a comprehensive analysis of the quantitative data as well as summarized theme categories of the qualitative data.

The researcher made use of a comprehensive literature study regarding the DSM system, as well as the role of social workers in the field of mental health,

as the basis for the DSM systems' training programme and training manual. The programme was evaluated in a pilot study prior to the official presentation, in order to identify any shortfalls or errors.

The researcher presented the training over two days and did a preliminary of the programme in order to refine and enhance the content to maximize the value. Seventy-nine (79) respondents attended the first day, while seventy-five (75) respondents attended the second day.

The respondents completed a questionnaire on the first day, prior to the training. The pre-test questionnaire had two sections, section A which gathered biographical data, and section B, which assessed the respondents' views, knowledge and opinions regarding the DSM system. After the two-day training, the respondents had to complete the post-test questionnaire. The post-test questionnaire also consisted of section A, which focused more on the evaluation of the training programme, while section B had similar questions as in Section B of the pre-test, in order to compare the respondents' views, knowledge and opinions regarding the DSM system, after the completion of the training. .

The biographical data from the pre-test questionnaire indicated that the respondents' main expectation of the training programme was to obtain knowledge of the DSM system and to find clarity on mental health issues. Most of the respondents worked for the government, for NGO's or in the private sector and most of them had a graduate qualification. The majority of the respondents were between the ages of 30 and 49 years and assessed 10–49 clients per month. Most of the respondents did not receive any training in the DSM system, although a significant number of respondents attended additional training or conducted self-study to learn more about this system.

The pre and post-test comparison on the respondents' views, knowledge and opinions related to the DSM system indicated that the respondents felt that they have learned and developed from this DSM programme. The respondents

felt more knowledgeable and confident after the training in their ability to assess and assist mental health patients. Respondents' overall view on the DSM system was that the system is necessary, is useful and that it may enhance the social work profession. In conclusion of this section, the respondents indicated that prior to the training, they felt that their social work assessments were occasionally regarded as valuable by other professionals, while on completion of the training, they felt that their assessments could be of more value, if they as social workers were more knowledgeable in mental health issues.

In Section A of the post-test, the evaluation of the training programme indicated that eighty-four percent (84%) of the respondents were of the opinion that the training in the DSM system is beneficial to the social work profession to assist social workers to provide comprehensive assessments. The training empowered social workers and assisted them to formulate more appropriate treatment plans. Seventy-four (98.7%) of the 75 respondents responded that the training would assist them personally in their role as a professional social worker and indicated that they would recommend the training to their colleagues.